

VITALITY ATLAS

WINTER 2015 • Vol. 1, No. 2

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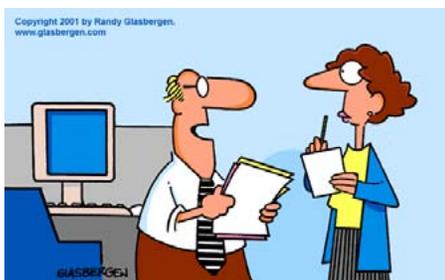
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“We’ve got 57 team managers, 36 project coordinators, 36 concept implementors—not bad for a company with only 18 employees!”



EMPLOYERS ARMING THEMSELVES IN BATTLE AGAINST OPIOID ADDICTION

By Karen O'Hara

The workplace has become a battle ground for employers who find themselves combatting the nation's prescription drug epidemic.

On any given day, an employee taking a legally prescribed pain killer may be functionally impaired, fighting addiction, taking more than the prescribed dose, and/or mixing medication with other legal or illegal substances.

When appropriately prescribed and taken for a limited time, opioid medications can provide effective pain relief. However, the risk of death, overdose, addiction or serious side effects outweigh benefits in the treatment of chronic, non-cancer conditions—including work-related low-back pain, according to a position paper published Sept. 20, 2014, in *Neurology*[®], the journal of the American Academy of Neurology (AAN).

The paper's author, Gary Franklin, M.D., M.P.H., a research professor in



Gary Franklin, M.D., M.P.H.

the Department of Environmental and Occupational Health Sciences at the University of Washington, Seattle, and medical director at the Washington State Department of Labor and Industries (L&I), is passionate about the subject.

“My hair is on fire about this. Prescription drug abuse is the worst man-made epidemic in history. It's up to us to turn it around,” he told physician-colleagues during a presentation at the fall 2014 Western Occupational and Environmental Medicine Association conference.



Studies have shown that 50 percent of patients taking opioids for at least three months are still on opioids five years later. Dr. Franklin said evidence to support long-term relief or improved function without serious health effects is insubstantial. Changes in government policies regulating drug use also have contributed to the death of more than 100,000 people from prescription opioids since the late 1990s, he added.

The human tragedy that plays out in association with opioid misuse simultaneously creates liability and increases risk for public and private-sector employers across the country. Prescription drug abuse is linked to:

- higher work-related injury and illness rates and workers' compensation costs
- emergency room visits and costly hospitalizations
- long-term disability and lost productivity
- impaired performance, mood swings, and diminished judgment and decision-making capability
- sleep disruption, leading to fatigue and inattention
- damage to company brands and business interests

In addition, according to the [National Safety Council](#), state courts have found employers and workers' compensation insurers financially responsible when an injured worker who is prescribed painkillers fatally overdoses.

Multi-disciplinary Response

Employers are often advised to work closely with insurers, legal, human resources, occupational

“ **Prescription drug abuse is the worst man-made epidemic in history..** ”

“How can we treat pain better and prevent the transition from acute and sub-acute pain to chronic pain?” he asks. “Opioids are not the answer; they are probably part of the problem.”

Opioid Effects

Psychotherapeutic drugs are often consumed for their effects on the central nervous system. They include opiates, sedatives, stimulants and hallucinogens. Opioid drugs are derived from morphine, codeine and other opium poppy extracts to relieve pain and anxiety. They comprise a class of medications including oxycodone, methadone, fentanyl and hydrocodone.

In 2013, about 62 percent of injured workers using prescription medications used opioid analgesics, according to industry drug trend reports. Meanwhile, in a [reference guide](#), Healthcare Solutions, a national claims management

company, lists 250 of the most commonly prescribed medications in workers' compensation: Among 35 drug classes, pain medications are the most frequently prescribed, accounting for about 25 percent of all drugs dispensed.

The [Substance Abuse and Mental Health Services Administration](#) reports approximately 3 percent of workers are under the influence of an illicit drug at any given time.

Between 2009 and 2013, nearly 60 percent of patients in the general population—many of whom are employed—were prescribed potentially dangerous mixtures of opioids and other medications, according to [A Nation in Pain](#), a report released Dec. 9, 2014, by Express Scripts, a pharmacy benefit management company. Two-thirds received prescriptions from two or more physicians. Nearly 40 percent filled their prescriptions at more than one pharmacy.

Prescription Drug Formularies Help Control Comp Costs

Drug formularies are widely used in group and federal health insurance programs to define the scope of approved drugs, and in some instances, control prices. Some states have mandatory formularies for workers' compensation.

A [California Workers' Compensation Institute study](#) shows that adopting a state-mandated workers' compensation prescription drug formulary could reduce California workers' compensation pharmacy payments by an estimated \$124-\$420 million a year while simultaneously improving care quality and reducing "frictional costs."

When Texas and Washington state workers' compensation formularies were theoretically applied in California, researchers found:

- application of the Texas formulary would exclude 17 percent of prescriptions and 29 percent of payments
- Washington's more restrictive formulary would exclude 39 percent of prescriptions and 70 percent of payments
- using Texas and Washington formularies in California would reduce:
 - brand-name drug payments between 42 and 95 percent
 - use of controversial Schedule II opioid painkillers by 36 to 45 percent
 - associated payments for these drugs by 65 to 78 percent

The study is based on data from 1.6 million California workers' compensation prescriptions filled between Jan. 1, 2012 and June 30, 2013.

health and safety, and mental health professionals to develop defensible drug-free workplace policies to protect workers, employers and the public from harm.

Expert collaboration is needed, in part, because employers lack access to validated instruments, regulations and guidelines for determining impairment in connection with the use of prescription medications, it says in an NSC white paper on the [Proactive role employers can take: Opioids in the workplace, saving jobs, saving lives and reducing human costs](#).

The white paper outlines recommendations for employers including:

- creating partnerships with insurance, medical, pharmacy benefit management and employee assistance program (EAP) providers
- clarifying terms and conditions for drug testing
- investing in management and employee education
- ensuring confidential access for impaired workers to seek support and treatment
- using benefit programs and prescriber interventions to track opioid use and prescribing patterns for workers' compensation claimants and other employees

Don Teater, M.D., a primary care physician and NSC prescription drug overdose initiatives medical adviser, points to the benefits of working with physicians and other clinicians who understand the gravity of the situation and

exercise sound judgment when treating injured workers:

"Medical providers treating workplace injuries have a choice and should be focused on the use of non-opioid pain medications whenever possible. Non-opioids have been shown to be as effective as opioid medications for most pain. Employers should understand and insist upon conservative prescribing guidelines for pain treatment for all participating providers in their medical, workers' comp and occupational health programs."



Don Teater, M.D.

Fitness for Duty

The ability to assess a worker's potential impairment and fitness for duty is of paramount importance, according to Peter P. Greaney, M.D., president, CEO and medical director of WorkCare, Inc. Dr. Greaney speaks frequently on fitness for duty in relation to the use of opiates, medical marijuana and other substances in the workplace. He said most health and safety risks, including

prescription drug abuse, are largely preventable when appropriate precautions are taken and reinforced.

Employers and their medial provider partners often face challenges when called on to assess impairment, particularly with respect to employees in safety-sensitive positions are who taking a legitimately prescribed pain medication. When performed by an experienced professional, the evaluation may be used to determine whether an employee's degree of physical and mental impairment exceeds the fitness threshold for his or her particular job while simultaneously informing treatment recommendations.

WorkCare's extensive experience with occupational health and safety interventions shows that outcomes improve when an experienced clinician intervenes early to educate injured employees about their condition, expected recovery and the therapeutic benefits of return to work. WorkCare has found that providing guidance on appropriate self-care measures and the use of over-the-counter, nonsteroidal anti-inflammatory medications (NSAIDS) for pain (as opposed to prescription pain killers) greatly reduces the likelihood of an injured worker succumbing to chronic pain, disability and drug dependence.

Dr. Greaney says a fitness-for-duty evaluation is a useful tool that should be incorporated in a comprehensive workplace policy that includes a drug testing program (random, pre-placement,



Peter P. Greaney, M.D.

for-cause and post-accident), counseling, ongoing awareness education for employees and managers, and simple mechanisms to report signs and symptoms of potential impairment.

According to Dr. Greaney, a fitness-for-duty evaluation is an orderly process that is:

- an employer's responsibility, even if not formal
- an effective way to prevent injuries, harm to others and property damage
- typically performed following a work-related or non-work-related absence prior to return to work
- triggered by observed behaviors such signs of pain, bleary eyes, limping, acting "crazy," accident-proneness, diminished productivity, and occasionally at a potentially impaired employee's request

Legislative Changes

A number of states, including Arizona, Ohio, Texas and Washington (see related story), have taken action to reverse lenient opioid dispensing laws. For instance, the Ohio Bureau of

Workers' Compensation adopted standard-dose weaning schedules for opiates and a specific set of benzodiazepines. Effective April 10, 2014, the rule allows payment denials for medications not on the schedule.

In Washington, tightened regulations reportedly have resulted in substantial declines in dosing, hospitalizations, time loss and deaths among workers' compensation claimants. Similar to Ohio, Washington is a monopolistic state: L&I acts as both insurer and administrator of the workers' compensation system. Its opioid dispensing guidelines for medical providers are based on best practices. Refer to:

- [Prescribing Opioids to Treat Pain in Injured Workers](#)
- Agency Medical Directors' Group's (AMDG) [Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain](#).

L&I reports its rules support key concepts in the agency's opioid guidelines, help ensure consistency with state health department pain management rules and describe specific prior-authorization requirements for payment.

At the federal level, effective Oct. 6, 2014, the U.S. Food and Drug Administration (FDA) moved hydrocodone combination products (HCPs) from Schedule III to the more-restrictive Schedule II category of drugs.

Schedule III medications can be refilled up to five times and prescriptions can cover a 180-day period. Under Schedule II, a new prescription is required after 90

days and refills are not allowed. Prescription and dispensing rules are contained in [21 CFR part 1306](#) and subpart C of [21 CFR part 1311](#). “Almost 7 million Americans abuse controlled-substance prescription medications, including opioid painkillers, resulting in more deaths from prescription drug overdoses than auto accidents,” said Drug Enforcement Administrator Michele Leonhart. “This action recognizes that these products are some of the most addictive and potentially dangerous prescription medications available.”



Michele Leonhart, DEA

The FDA reports it is continuing work to refine its risk evaluation and mitigation process to provide more informative guidance to physicians who prescribe opioids.

Guidelines and Position Statements

In March 2014, the American College of Occupational and Environmental Medicine (ACOEM) released an updated [medical treatment guideline](#) suggesting morphine equivalent doses (MED) should be limited to 50 milligrams (mg) in most

cases. (To determine MED, for example, if a patient is taking OxyContin®, which is more potent than morphine, 30 mg taken twice daily would convert to an approximate MED of 90 mg.) Previously, ACOEM recommended vigilance at doses above 120 mg MED.

The American Academy of Neurology's position statement provides the following suggestions for doctors to encourage safe and effective opioid dispensing practices:

1. Create a provider-patient opioid treatment agreement.
2. Screen for current and past drug abuse.
3. Screen for depression.
4. Use random urine drug screening.
5. Do not prescribe medications such as sedative-hypnotics or benzodiazepines with opioids.
6. Assess pain and function for tolerance and effectiveness.
7. Track daily MED using an online dosing calculator.
8. Use state prescription drug monitoring programs to track use.

The AAN recommends that doctors consult with a pain management specialist if dosage exceeds 80 to 120 mg per day, especially if pain and function have not substantially improved in their patients.

NARCOTICS MOST EXPENSIVE PRESCRIPTION MEDICATION CLASS

Pharmacy spending for workers' compensation increased 9.5 percent in 2013 compared to 2012, with 8.2 percent of the increase attributed to higher prescription costs, according to Express Scripts' 2013 [Workers' Compensation Drug Trend Report](#) released April 14, 2014. Express Scripts manages more than 1 billion prescriptions per year under all types of health plans.

Among key findings:

1. Narcotic analgesics continue to be the costliest therapy class for work-related injuries, accounting for 32 percent of overall pharmacy costs. While utilization has declined for the third straight year, costs continue to rise.
2. Cost per prescription for hydrocodone-acetaminophen, a long-standing generic, increased 7.2 percent, twice as much as in 2012.
3. Nonsteroidal anti-inflammatory drugs (NSAIDs) costs increased 19.4 percent.
4. Specialty medications such as those used to prevent blood clots following surgery, osteoarthritis and inflammatory conditions comprised only 1 percent of overall pharmacy spend in workers' compensation, but the average cost was more than \$1,119 per prescription—nearly nine times that of the average traditional medication.
5. Compounded medications accounted for the largest per-prescription cost increase—nearly 30 percent.

VITAMINS AND OTHER NUTRITIONAL SUPPLEMENTS: KNOW WHAT YOU ARE TAKING AND WHY

More than half of American adults collectively spend billions of dollars a year on vitamins, minerals, herbs and other nutritional supplements. However, many people don't fully understand their effects.

The vitamin and supplement manufacturing industry reports significant growth in the past five years as people have become more health conscious and sought remedies to counteract the effects of aging. This trend is expected to continue unabated.

Dietary Guidelines and Supplements

Experts recommend consuming foods that contain all the nutrients that are needed to remain healthy rather than relying on daily supplements.

The U.S. Departments of Agriculture and Health and Human Services jointly revise dietary guidelines every five years. The 2010 guidelines focus on balancing calories with physical activity and eating more vegetables, fruits, whole grains, seafood, and fat-free and low-fat dairy products while avoiding refined grains and foods containing sodium, sugar additives, and saturated and trans fats.

[The Dietary Guidelines for Americans, 2010](#) are the 7th edition released since 1980 and will remain in effect until [Dietary Guidelines for Americans, 2015](#) are released.



The U.S. Food and Drug Administration (FDA) does not determine whether dietary supplements are effective before they are marketed.

Scientific evidence shows that some dietary supplements are beneficial for overall health and managing some medical conditions, according to the [National Institutes of Health Office of Dietary Supplements](#). For example, calcium and vitamin D help keep bones strong; folic acid decreases the risk of certain birth defects; and omega-3 fatty acids from fish oils might aid those with heart disease. However, experts say other supplements need further study to determine their value.

Heart Health

According to the [American Heart Association \(AHA\)](#):

1. [Dietary Recommended Intakes \(DRIs\)](#) published by the Institute of Medicine are the best available estimates of safe and adequate dietary intakes. There is insufficient data to demonstrate that healthy people benefit from taking certain vitamin or mineral supplements in excess of the DRIs.

2. Almost any nutrient can be potentially toxic if consumed in large quantities over an extended period or when interacting with certain prescription drugs and/or a variety of dietary supplements taken at the same time. For example, experts warn against mixing high doses of iron and vitamins A, D and B6. Vitamin K can reduce the ability of the blood thinner Coumadin® to prevent blood from clotting. St. John's wort can reduce the effectiveness of certain drugs (including antidepressants and birth control pills). Antioxidant supplements like vitamins C and E may reduce the effectiveness of some types of cancer chemotherapy.
3. While some observational studies suggest that people who consume vitamin or mineral supplements lower their cardiovascular disease risk, many supplement users also have reduced risk because they are physically active and not overweight.

Antioxidants

Antioxidants contained in food and supplements help counteract the effects of oxidation (cell degradation) in the body. However, scientific evidence does not suggest that antioxidant vitamins replace the need for some users to take steps to lower their blood or cholesterol levels or stop smoking cigarettes.

Clinical trials reportedly are under way to determine whether increased vitamin antioxidant intake may have an overall benefit.

Omega-3

Fish oil has been associated with decreased risk of heart disease. On the basis of available data, the AHA advises healthy people to eat fish containing omega-3 (e.g., salmon, herring and trout) at least twice a week. Patients with heart disease are advised to take about 1 gram of EPA + DHA (types of omega-3 fatty acids), preferably from fish. A physician should be consulted first if EPA+DHA supplements are being considered. For people with high triglycerides (blood fats), 2 to 4 grams of EPA + DHA per day, in the form of capsules and under a physician's care, are recommended.

Vulnerable Populations

In addition to a healthy and balanced diet, the [Academy of Nutrition and Dietetics](#) reports some individuals may need nutrient supplements depending on their circumstances. For example, older adults may be deficient in vitamins B12 and D and pregnant women need folic acid and possibly iron supplements.

Others at increased risk of nutrient deficiencies include:

- dieters who consume less than 1,600 calories a day
- drug and alcohol abusers
- people who are undernourished or “food insecure”
- individuals taking certain medications or who have a medical condition that makes it difficult to eat or absorb nutrients
- people with food allergies
- those who voluntarily limit the types of food they consume, such as vegetarians

A physician can order tests to help determine whether a supplement is recommended. Medical professionals, including registered dietitians, also can provide recommendations on foods that provide the appropriate daily allowance of vitamins and minerals.



IS WHAT YOU EAT NUTRITIOUS ENOUGH?

While most experts agree that a balanced diet is the best way for adults to obtain required nutrients, scientists who study micronutrients—the small amounts of essential vitamins and minerals required for normal body function—at Oregon State University's [Linus Pauling Institute](#) do not rule out the benefits of supplements for the high percentage of Americans with poor eating habits. The institute reports:

- More than 93 percent of U.S. adults do not get the estimated average requirement of vitamins D and E from their diet, 61 percent not enough magnesium and 50 percent not enough vitamin A and calcium.
- Many sub-populations, including older adults, African Americans, obese persons and some people who are ill or injured have a more critical need for micronutrients.

“There’s strong evidence that a multivitamin/mineral supplement supports normal functioning of the body and helps improve overall health, and may even help lower chronic disease risk,” said Balz Frei, director of the Linus Pauling Institute, a professor and a biochemist in the OSU College of Science. “It’s irresponsible to ignore decades of nutrition research and tell the people of the United States they have no need for a supplement that could be so helpful” at a relatively low cost.

Citation: Balz Frei, et al.; Enough Is Enough. [Annals of Internal Medicine](#), 2014; 160 (11): 807 DOI: 10.7326/L14-5011; source: Oregon State University

CLINICAL CONVERSATIONS

INTERVENTIONS HELP LOWER WORKERS' COMP COSTS IN OHIO

In a study, researchers evaluated the effectiveness of a program in which the [Ohio Bureau of Workers' Compensation](#), acting in its role as an insurer, provided matching funds to insured employers to implement safety and health engineering controls.

Pre- and post-intervention workers' compensation metrics involving employees at 468 companies were reviewed; the study period was 2003 to 2009. Poisson, two-part and linear regression models were used to evaluate differences in pre- and post-data and control for time trends independent of interventions.

Among the findings:

- total workers' compensation claim frequency rates (medical-only and lost time) decreased 66 percent
- lost-time claim frequency rates decreased 78 percent
- paid cost per employee decreased 81 percent
- post-intervention mean paid claim costs decreased 30 percent
- reductions varied by employer size, specific industry and intervention type

Citation: The effectiveness of insurer-supported safety and health engineering controls in reducing workers' compensation claims and costs; S Wurzelbacher, et al.; [Am. J. Ind. Med. 57:1398-1412, 2014](#); © 2014 Wiley Periodicals, Inc.

Workplace Study to Evaluate Chronic Pain Self-Management

In a study, researchers will evaluate the effectiveness of an employer-sponsored group intervention program that applies self-management principles to encourage worker engagement and reduce functional limitations associated with chronic disorders.

They theorize that workers with chronic pain and other disabling health conditions may benefit from self-management guidance.

In a randomized controlled trial, workers participating in an employer-sponsored self-management group intervention are being compared with a no-treatment (wait list) control group. The study involves 300 volunteer employees from five participating employers randomly assigned to intervention or control.

Participants in the intervention group attend facilitated group workshop sessions (10 hours total) to explore methods for improving comfort, adjusting work habits,

communicating needs effectively, applying systematic problem solving, and dealing with negative thoughts and emotions about work. The sessions are held at the workplace during non-work hours.

"Work engagement and limitation" will be the principal outcomes used to measure program effectiveness. Secondary outcomes will include fatigue levels, job satisfaction, self-efficacy, turnover intention, sickness absence and health-care utilization. Measurements taken at baseline will be compared to results during six- and 12-month follow-ups. A process evaluation will be conducted and the findings will be published in 2015. The findings are expected to be most relevant in workplaces where some degree of job flexibility and decision-making autonomy can be afforded to affected workers.

Citation: Manage at work: a randomized, controlled trial of a self-management group intervention to overcome workplace challenges associated with chronic physical health conditions; W Shaw, et al., [BMC Public Health, May 28, 2014](#)



Obesity-Related Work Absence Costly for States

Obese employees miss an average of 1.1 to 1.7 more workdays than normal-weight workers at a cost of \$8.65 billion per year at the state level, according to a study published in the *Journal of Occupational and Environmental Medicine*.

Researchers at Yale University analyzed nationally representative data to assess obesity-attributable lost workdays missed due to a health-related complaint. The costs associated with obesity-related absences varied by state, mainly reflecting variations in average daily earnings. Obesity accounted for an average 9.3 percent of total absenteeism costs, ranging from 6.5 percent in the District of Columbia to 12.6 percent in Arkansas.

While obesity is associated with high direct costs for medical care, societal costs associated with health-related work absences and reduced productivity are an added burden. The researchers said it's important to quantify all costs because many obesity-related policies and interventions are implemented at the state and local level.

They conclude: "Obesity imposes a considerable financial burden on states. State legislators and employers should seek effective ways to reduce these costs."

Citation: State-level estimates of obesity-attributable costs of absenteeism; T Andreyeva, et al.; *J Occup Environ Med*; 56(11):1120-7, 2014



Developments in Physical Therapy Outcomes

The [American Physical Therapy Association \(APTA\)](#) has formed a partnership with [Quintiles](#), a provider of biopharmaceutical development and commercial outsourcing services, to develop an electronic repository called the Physical Therapy Outcomes Registry. According to the partners, the registry will:

- align with quality and compliance programs required by payers, such as the U.S. government's [Physician Quality Reporting System](#)
- collect data from multiple sources including electronic health records, billing and documentation systems used by health systems, APTA chapters, private practices and individual physical therapists

- support aggregation of large amounts of data across diverse patient populations and in clinical settings in which physical therapists practice

Meanwhile, the [Canadian Physiotherapy Association](#) reports it has established a rehabilitation functional outcome-based registry for its members in conjunction with U.S.-based [Focus on Therapeutic Outcomes, Inc.](#) (FOTO). The outcomes measures will be used to further refine treatment goals and track patient progress.

FOTO's database contains approximately 7 million patient outcome surveys compiled over a 20-year period. FOTO data has been cited in more than 85 articles on functional rehab outcomes published in medical journals.

STEPS TO STOP INFECTIOUS DISEASES IN THEIR TRACKS



The four confirmed cases of Ebola Virus Disease (as of Dec. 24, 2014) contracted in the U.S. has prompted employers to examine policies and procedures related to preventing and controlling the spread of all types of infectious diseases in the workplace.

With preparation and a sound response, the [likelihood of a worker in the U.S. contracting Ebola is low](#) compared to the risk in West African countries experiencing widespread transmission. Public health experts say employers should be equally as concerned about largely preventable and more commonly occurring infectious diseases such as influenza, pertussis (whooping cough), tuberculosis (infecting one-third of the world's population), Methicillin-resistant Staphylococcus Aureus (MRSA), some strains of hepatitis, rhinovirus and norovirus.

These diseases afflict millions of people each year around the globe.

Start With a Plan

Many employers are seeking advice from WorkCare and other occupational health experts on best clinical practices including vaccination, the use of personal protective equipment (PPE), travel restrictions, quarantines and other precautions. An effective infectious disease prevention and control plan typically features:

- vaccination (when applicable)
- an explanation of fundamental infectious disease management principles
- before, during and after scenarios
- comprehensive education and training
- medical surveillance
- elements of the federal Occupational Health and Safety Administration's (OSHA) bloodborne pathogens standard (29 CFR 1910.1030), including adoption of standard and universal precautions

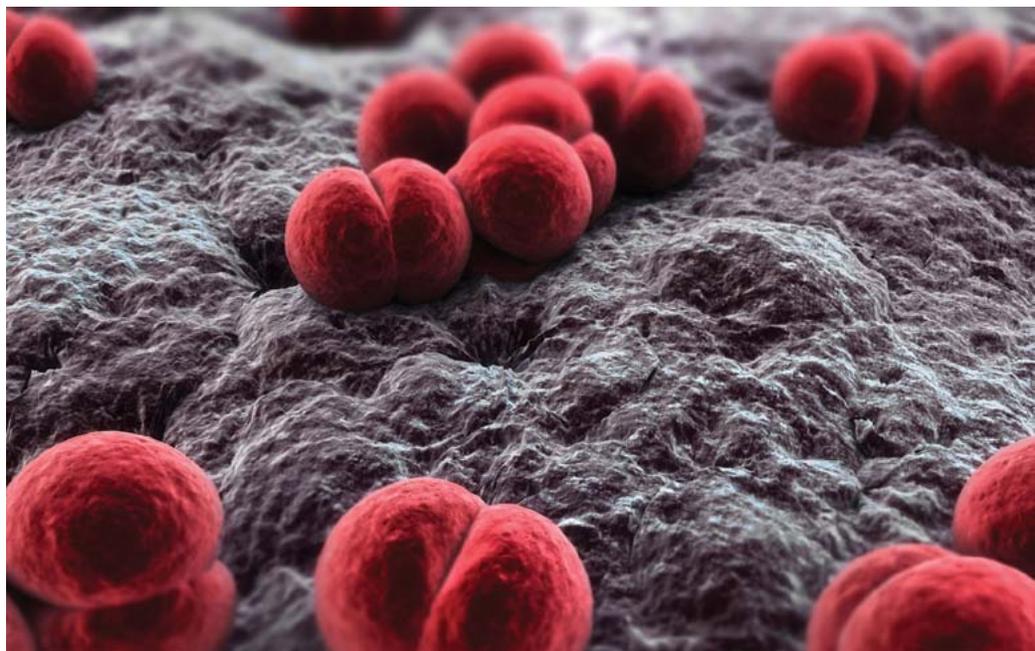
Additional recommended practices include:

- disinfecting surfaces such as countertops, phones and door handles
- staying home from work when ill
- practicing donning and doffing of PPE

Universal Precautions

OSHA's bloodborne pathogens standard requires covered employees to observe universal precautions to prevent contact with blood or other potentially infectious materials (OPIM). In addition to hand hygiene and respiratory protection, universal precautions include:

- flushing mucous membranes immediately after contact with blood or OPIM or PPE removal
- not eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses in areas where there is a reasonable likelihood of occupational exposure to blood or OPIM
- placing all needles and sharp objects in puncture-resistant, labeled, leak-proof containers
- disposing any potentially contaminated waste in sealable bio-hazardous waste bags and containers



Standard Precautions

Standard precautions are based on the assumption that all blood, body fluids, secretions and excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents. Similar to universal precautions, standard precautions include hand hygiene, gloves, gown, mask, eye protection, total face shield and/or safe injection practices.

Gloves should be worn whenever there is the likelihood of contact with blood, non-intact skin, mucous membranes or OPIM, and when handling or touching contaminated items or surfaces. Disposable gloves and mouthpieces should not be washed or decontaminated for reuse.

OSHA's [model Exposure Control Plan](#) includes all elements required by the bloodborne pathogens standard. The intent is to provide employers with a template to develop a written exposure control plan that can be adapted to the specific work environment. Exposure control plan elements include:

- determination of employee exposure
- implementation of various methods of exposure control such as universal precautions, engineering and work practice controls, PPE and housekeeping
- hepatitis B vaccination
- post-exposure evaluation and follow-up
- communication of hazards to employees and training
- recordkeeping

- procedures for evaluating circumstances surrounding exposure incidents

Pandemic Preparedness

Many companies consider pandemic illness as a potential threat to operations. A severe influenza pandemic (or another type of contagious disease) could affect a significant percentage of the population in the U.S. and other countries. During a pandemic, illness outbreaks typically occur in waves that can last from six to eight weeks and may continue for a year or more. In a pandemic, OSHA reports that employers should expect to experience:

- **Absenteeism** – Estimate up to 40 percent of the workforce absent during peak periods
- **Changes in patterns of commerce** – Consumers dictate supply and demand
- **Interrupted supply/delivery** – Delays or cancellations in supply and product shipments in affected geographic areas

According to OSHA, lack of pandemic preparedness can result in a “cascade of failures.” Occupational health and safety professionals can help create a surge of successes by assisting employers with the implementation of comprehensive preparedness plans to protect workers and the enterprise as a whole. This expertise includes identifying disease outbreaks and pandemic threats and providing recommendations to prevent the spread of disease (e.g., flu shots, administrative and engineering controls, PPE) at specific worksites.



The Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC) have published a [pandemic preparedness checklist](#) for business and industry that contains the following recommendations:

1. Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning.
2. Identify essential employees and other critical inputs (e.g. raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain operations by location and function during a pandemic.
3. Train and prepare an ancillary workforce (e.g. contractors, employees in other job titles/descriptions, retirees).
4. Develop and plan for scenarios likely to result in an increase or decrease in demand for products and/or services during a pandemic (e.g., increased need for employee health personnel).

OSHA ENFORCING REVISED FATALITY, SEVERE INJURY REPORTING RULE

Under a [revised recordkeeping rule](#), employers are now required to notify the Occupational Safety and Health Administration (OSHA) of work-related fatalities within eight hours and work-related in-patient hospitalizations, amputations or losses of an eye within 24 hours. OSHA previously required an employer to report only work-related fatalities and in-patient hospitalizations involving three or more employees.

All employers covered by the Occupational Safety and Health Act, even those who are exempt from maintaining injury and

illness records, are required to comply with the new severe injury and illness reporting requirements. Reporting is accomplished by calling the agency's confidential toll-free number (1-800-321-OSHA), the nearest federal OSHA area office during business hours or submitting an electronic form.

The new rule retains an exemption for any employer with less than 11 employees, regardless of their industry classification, from the requirement to routinely keep records.

Companies located in states that operate their own occupational health and safety programs are advised to check with their state agency about implementation dates.

Officials said the final rule allows the agency to focus its efforts

more effectively on prevention. The final rule is also expected to improve access by employers, employees, researchers and the public to information about workplace safety and health and increase their ability to identify and abate serious hazards.

Non-compliance with recordkeeping rules can result in citations and fines. For more information visit OSHA's [recordkeeping website](#).

THE LIGHTER SIDE OF NEW YEAR'S RESOLUTIONS

Making New Year's resolutions that are realistic and achievable can be a challenge. This year, you may want to resolve to go a little easier on yourself.

Here are five suggestions:

1. Short of being silly or inappropriate, try not to take yourself too seriously. People with an overly serious nature carry a heavy burden. Humor is a great equalizer and can be a useful tool in stressful situations.
2. Be honest with yourself, willing to admit you are fallible and forgiving of others' imperfections. It takes less effort to apologize for a mistake than it does to look for a scapegoat or be on the defensive.
3. Practice moderation. It's best to avoid too much of a good thing, or conversely, totally deprive yourself of something you enjoy and risk becoming obsessed about it.
4. Review the business classic [Seven Habits of Highly Successful People](#) by Steven Covey and add your own habits to the list.
5. Identify exactly what it is you think you need to feel fulfilled and keep your eye on the prize.



Vitality Atlas Vol. 1, No. 2

Executive Editor
William E. Nixon

Chief Financial Officer, WorkCare

Editor-in-Chief
Karen O'Hara

Director, Marketing and
Communications, WorkCare

Graphic Design
Jessica Ha

Senior Graphic Designer,
Communications and Multimedia,
WorkCare

Vitality Atlas is published four times a year by WorkCare, Inc., 300 S. Harbor Blvd., Suite 600, Anaheim, Calif. 92805
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Please send your questions, comments and editorial contributions to karen.ohara@workcare.com

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www.workcare.com
(800) 455-6155

