

VITALITY ATLAS

YOUR SOURCE FOR WORKING HEALTH SOLUTIONS

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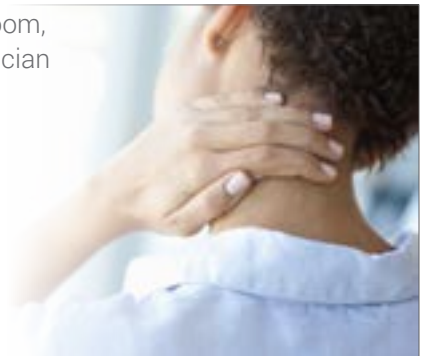
FIRST AID OR MEDICAL TREATMENT? Care Management at Injury Onset Improves Results

No matter how minor a work-related injury is, it can seem like a major issue for the employee who is experiencing it.

For employers, there is a sweet spot between downplaying and over-reacting to non-emergency work-related physical complaints such as sprains, strains, cuts, bruises, rashes and mild reactions to extreme temperatures. In many cases, first-aid remedies can be effectively provided onsite for these types of injuries and illnesses.

Care management immediately following first report of an injury or musculoskeletal discomfort is important because what may appear to be a relatively benign condition can quickly become complicated by potentially confounding factors such as:

- Going directly to a hospital emergency room, non-occupational clinic or personal physician
- Questions about whether an injury or illness is work-related
- The status of an injured employee’s physical and mental health
- Suspected on-the-job substance use or fraudulent behavior
- Managers without medical training needing to make clinical decisions



While each of these potential scenarios affects end results, this article focuses on two other related factors: 1) not understanding or misrepresenting the difference between first aid and medical treatment, and 2) failing to encourage early reporting of work-related injuries.

First Aid or Medical Treatment?

Medical treatment and OSHA-recordkeeping are inextricably linked. In essence, anything not on OSHA’s first-aid list is medical treatment that has to be reported.

– Continued on Page 2

EMPLOYEES HEALTHIER WHEN THEY FEEL USEFUL

Employees who are allowed to maximize use of their training and skills are happier, healthier and more productive, a new study shows. High skill utilization is associated with:

- Better self-reported health
- Reduced likelihood of hypertension and high cholesterol
- Improved eating and exercise habits

Why?

People are more likely to acquire and maintain a healthy lifestyle when they feel useful and believe in themselves.

How?

Employers can help employees by:

- Working with them to identify their most-valued skills
- Considering technical as well as organizational, problem-solving and social skills

To learn more, refer to [“Doing what I do best”](#). The association between skill utilization and employee health with healthy behavior as a mediator.

In addition to medical treatment “beyond first aid,” an injury or illness is recordable if it results in days away from work, restricted work or transfer to another job (DART), loss of consciousness or death. Significant injuries or illnesses diagnosed by a medical professional for which there is no medical treatment (e.g., a punctured eardrum) or the recommended solution is removal from an exposure hazard (e.g., lead intoxication) are also recordable.

Table 1 illustrates some of the differences between first aid and medical treatment. (The table is not comprehensive. Refer to [Recording and Reporting Occupational Injuries and Illnesses, 29 CFR, Part 1904](#), for a complete listing.) To clarify ambiguities in specific situations, the agency periodically issues Letters of Interpretation.

Table 1: First Aid or Medical Treatment?

	First Aid	Medical Treatment
Health care encounter	Observation, diagnostic testing, counseling, first-aid procedures	Any treatment not on the first-aid list
Medications	Non-prescription medications at non-prescription strength: ointment, cream, pill, liquid, spray, etc.	Prescription medication, whether or not it is filled or taken; non-prescription medication at prescription strength
Cuts, punctures, abrasions	Bandages: Band-Aids, gauze pads, butterfly, Steri-Strips, liquid; cleaning, flushing or soaking skin wounds; non-prescription antiseptic	Sutures, staples, surgical glue, prescription-strength antiseptic; surgical debridement
Inoculations	Tetanus immunization	Hep B, rabies vaccine, other vaccinations necessary for worker to perform duties
Strains, sprains, dislocations	Heat or ice, non-rigid support, finger guards, temporary immobilization devices for transport (splints, slings, neck collars), preventive exercise guidance, preventive massage	Casts, rigid braces, chiropractic manipulation, physical therapy, exercise regime recommended by a health care professional
Burns, skin rashes, blisters	Soaking, hot or cold therapy	Any treatment beyond first aid
Bruises, contusions	Soaking, hot or cold therapy	Draining bruises by needle
Foreign bodies and splinters	Eye irrigation or swab for foreign bodies in eye; irrigation, tweezers or other small tools for splinters	Foreign bodies/splinters requiring more than simple means to remove because of location, depth, size or shape

OSHA Logs Tell Stories

OSHA requires covered employers with more than 10 employees to keep records of occupational injuries and illnesses for each business location. For an update on recordkeeping rules, visit [OSHA's website](#).) Related records must be maintained at the worksite for at least five years. A triad of forms is utilized:

- **300 Log of Work-related Injuries and Illnesses:** A brief description of each recordable injury and illness.
- **300A, Summary of Work-Related Injuries and Illnesses:** A list of injuries and illnesses that were recorded on the 300 Log during the previous calendar year; it must be posted in the workplace from February to April.

- **301, Injury and Illness Incident Report:** This form is used to provide detailed information about each incident.

Employers with less than 11 employees and retail trade, finance, insurance, real estate and service industries are generally exempt from recordkeeping requirements.

From a public health perspective, the recordkeeping log was created as a tool to help measure the burden of occupational injuries and illnesses on society. The U.S. Bureau of Labor Statistics utilizes the data to track, analyze and report on industry trends. Collectively, injury and illness data help drive the allocation of federal occupational health and safety resources.

Many companies use incidence rates (the number of recordable injuries and illnesses occurring among a given number of full-time workers over a specific period of time) to assess their health and safety performance. OSHA tells employers they can use incidence rates to help “identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.”

Conversely, higher-than-average incident rates may trigger worksite inspections and lead to thousands of dollars in fines for employers who are found out of compliance with recordkeeping and other workplace safety and health standards.

Pain is Subjective



Sometimes recordability can be a misleading metric. During a recent webinar on care management sponsored by the International Powered Access Federation, Peter P. Greaney, M.D., WorkCare’s president and medical director, cited non-specific pain (not associated with a specific pathology) as an example.

Pain is a subjective experience. Some people have a higher pain tolerance than others. In some cases a person’s pain response to an injury is influenced by where an incident occurs. Studies show individuals with comparable minor-to-moderate injuries have a higher likelihood of seeking medical treatment when they are at work than when they are at home.

In addition, Dr. Greaney says many employees willingly work through what they consider to be manageable pain, “until at some point the pain becomes an event that results in a need for care.” When work-related pain is treated (too often with prescription opioids) and becomes a recordable case, “it has little to do with the attention an employer pays to safety, and is not a good surrogate” as a performance metric.

Early Intervention

WorkCare, which operates a 24/7 Incident Intervention contact center staffed by occupational physicians and nurses, finds that in non-emergency situations, employees with first-aid-type injuries generally do well when they:

- Receive immediate care guidance and reassurance from an occupational clinician
- Are able to make informed decisions about their own care
- Return to work and receive follow-up calls from a medical professional to assess their status

An initial encounter can be effectively managed in person by onsite clinic staff, over the phone or via a virtual telehealth connection. The occupational clinician can also help facilitate a visit to an offsite clinic for further evaluation and/or medical treatment, and engage in a peer consultation with the treating provider on return-to-work pathways.

Along with positive health outcomes, employers report that first-aid interventions – such as ice and over-the-counter medications for swelling and pain or Steri-Strips for cuts – help reduce lost work time, medical utilization and insurance costs, including premium rate hikes tied to workers’ compensation filing frequency and claim severity.

“During many years of operating a busy occupational medicine clinic, I found it didn’t sit well with employees when a supervisor told them they didn’t need care for their complaint,” Dr. Greaney said during the webinar. “That’s one of the main reasons why WorkCare developed a system for medical guidance to be provided by a trained professional.

“There are a lot of minor injuries, and pain is a common occurrence. In most cases employees who could file a claim choose not to when they receive immediate care guidance.

“We’ve learned that employees respond well when we provide care options and encourage them to apply the same rational behavior they would use in response to an incident at home to an incident at work. The return on investment is proven: Most cases close quite quickly.”

First-Aid Programs

Medical and first-aid services are addressed in regulatory standards for general industry, shipyards, marine terminals, longshoring and the construction industry. OSHA requires covered employers to provide medical and first-aid personnel and supplies commensurate with existing hazards.

OSHA supports workplace first-aid programs as part of a comprehensive safety and health management system. In its [Best Practices Guide: Fundamentals of a Workplace First-Aid Program](#), it describes four essential program elements:

- Management Leadership and Employee Involvement
- Worksite Analysis
- Hazard Prevention and Control
- Safety and Health Training



An emphasis on quick response to first-aid situations is incorporated throughout the program. Training elements include basic first-aid intervention, basic adult cardiopulmonary resuscitation (CPR) and universal precautions. Program elements also include training specific to the type of injury: shock, bleeding, poisoning, burns, temperature extremes, musculoskeletal injuries, bites and stings, medical emergencies and confined spaces.

Employers are responsible for the type, amount and maintenance of first-aid supplies needed for their particular program. The agency advises employers to consult with an occupational health professional for expert guidance. •

Ask Dr. Peter P. Greaney: First Aid or Medical Treatment?

Q: If an employee is working one-handed while healing from an injury and doing his or her regular job, is it OSHA-recordable?

A: Yes. It is still a restriction and it would be a recordable condition.

Q: Are vaccines recordable when they are used in a prophylactic manner?

A: Immunizations or inoculations, except tetanus immunizations that are classified as first aid, are medical treatment when given as a precautionary measure in response to a workplace exposure, injury or illness.

Q: Is it recordable medical treatment when a certified athletic trainer or other medical professional recommends stretching or exercise?

A: When a medical professional recommends specific stretches or an exercise regimen for an employee with signs or symptoms of a work-related injury, it is considered recordable medical treatment. General recommendations on stretching or exercise to help improve fitness and prevent injury does not need to be recorded.

Q: Is massage recordable medical treatment?

A: WorkCare Industrial Massage (WIM) is an example of a deep-issue technique that is not OSHA-recordable; it qualifies as first-aid-level care used to help relieve mild to persistently painful musculoskeletal disorders (MSDs) affecting the neck, shoulders, hands, arms, legs or lower back - before the need for medical treatment arises. If massage involves chiropractic manipulation, it is medical treatment.

Q: Is a combination of ice and compression medical treatment or first aid?

A: I recently requested OSHA's opinion on a system that provides active compression and cold therapy technology for injury treatment and post-operative recovery. OSHA interpreted this approach as first aid.

Q: If an employee independently buys and wears a rigid brace and a doctor tells the employee it's not necessary but that she should wear it if it makes her feel better, is that medical treatment?

A: In this case, the doctor's recommendation, though not fully affirmative, makes it a recordable case.

If you have questions for Dr. Greaney or other clinicians at WorkCare, please send them to Vitality Atlas Editor Karen O'Hara at karen.ohara@workcare.com.

CLIMATE CHANGE

Preparing for Occupational Exposure Risks

Changing global climatic conditions suggest employers should be preparing now to protect vulnerable working populations from potential exposure risks.

During a session on *Climate Change-related Health Problems* at the American College of Occupational and Environmental Medicine's (ACOEM's) recent annual national conference, OEM physicians were encouraged to assist employers with the development of workforce-specific preparedness and response plans.

"In many cases, climate-related factors are expected to result in amplification of existing hazards. We also need to be on the lookout for new or unanticipated changes," said Paul Schulte, Ph.D., director of the National Institute for Occupational Safety and Health (NIOSH) Education and Information Division. "Many workers will have more and greater exposures, and they won't have the option of taking shelter like other people."

Recognition of the relationship between climate change, working populations, and their health and safety is a relatively recent development that has not yet been fully integrated into preparedness planning. For example, specific protections for workers in certain outdoor occupations are not yet incorporated in most state climate-change action plans, Schulte said.

"We all need to think more comprehensively about the needs of workers exposed to climate-related hazards" and be available to advise employers "who are not prepared to institute sufficient or informed climate change-related risk management practices," Schulte told physicians who work in clinics or act in an advisory capacity to companies.

Exposure Hazards

Scientists have identified health concerns in association with a number of climate change-related conditions including:

- Higher ambient air temperature
- Air pollution and ground-level ozone
- Ultraviolet (UV) radiation
- Extreme weather events
- Changes in plant and animal habitats
- Heat-related illness

Fossil fuels such as coal and gas release carbon dioxide. When CO₂ builds up in the Earth's atmosphere, it traps in heat, in turn disrupting interconnected environmental systems, according to scientists at the Centers for Disease Control and Prevention (CDC). Rising ambient air temperature is considered the most immediate global health threat.



Higher average air temperature is associated with rising sea levels, coastal flooding, violent storms, population displacement and substantial changes in habitats.

Based on an analysis of thousands of reported heat-related illnesses and deaths in the U.S. from 2008-2014, NIOSH researchers have projected states and local regions where heat-related illness and fatality risk will be highest for workers by the year 2020: Hot spots dot the national map.

Schulte said higher global mean surface air temperature is connected to a continuum of health effects ranging from discomfort (heat rash or cramps) to serious illness (heat exhaustion) to potentially fatal (heat stroke). Heat exposure is also associated with fatigue, lower productivity, accidents and injuries, and chemical intolerance. Scientists are studying farmworkers in parts of India, Egypt and Central America, where exposure to heat, agrochemicals and chronic dehydration are suspected causes of kidney disease.

As a result of sea-level rise, scientists anticipate changes in construction methods and personal protective equipment will be needed. Meanwhile, more extreme temperatures are expected to increase the need for tighter, climate-controlled buildings, raising questions about effects on indoor air quality.

"Most employers are not prepared to address climate change hazard impacts. Education is needed. It's critically important."

Paul Schulte, Ph.D., NIOSH Education and Information Division

[Leadership in Energy and Environmental Design \(LEED\)](#), an initiative of the U.S. Green Building Council, is among organizations at the forefront of efforts to promote energy-efficient and environmentally compliant buildings that use less water and energy, and reduce greenhouse gas emissions.

Refer to WorkCare's Fact Sheet on [Heat-related Illness: Response and Prevention](#).



Air Pollution

Complex interactions among ambient air temperature, carbon emissions and other pollutants, such as smoke and ash from wildland fires, and their effect on outdoor workers is being studied. Air pollution is linked to both acute and chronic health conditions including heart and respiratory diseases and allergic disorders. It can trigger asthma and increase premature mortality risk.

An American Thoracic Society consensus statement cites clinical evidence of increased morbidity from respiratory and allergic disease. Air pollutants that are known to affect respiratory health include ground-level ozone and particle pollution. Current and forecasted air quality index information and local air quality action day alerts are posted at www.airnow.gov.

Refer to WorkCare's Fact Sheet on [Work-related Asthma: Exposure Risk and Prevention](#).

UV Radiation

UV radiation exposure risks are related to the interaction of greenhouse gases and stratospheric ozone depletion. The stratospheric ozone layer filters out UV radiation, which is associated with increased prevalence of skin cancer and eye cataracts, particularly in tropical regions. Workers are encouraged to wear UV-protection eyewear and sunscreen daily, even when it's overcast.

Extreme Weather

Extreme weather conditions such as electrical storms and hurricanes escalate exposure risks for certain occupational groups such as disaster management specialists; people in construction trades; firefighters, police, first responders, and other public safety personnel; utility and transportation workers; and abatement and clean-up crew members.

Working under extreme weather conditions contributes to physical and mental fatigue, stress, and higher likelihood of injury or illness. Heavy downpours may increase exposures to diseases in drinking and recreational water. Floodwaters can contain disease-causing bacteria, parasites and viruses. In addition, water can become contaminated with other pollutants including agricultural waste, chemicals and raw sewage. Flooded materials in homes, schools and businesses can cause mold to grow and be inhaled, contributing to respiratory problems.

Changing Habitats

As the land adapts to climate change, so do reptiles, spiders, mosquitoes, ticks and other creatures.

For example, the development and survival of ticks, their animal hosts (such as deer and rodents), and the bacterium that causes Lyme disease are influenced by climatic factors, especially temperature, precipitation and humidity, the CDC reports. The number of countries with high-risk for Lyme disease reportedly has increased 320 percent in the last 20 years.

In another example, changing habitats may influence the spread of mosquito-borne diseases such as malaria, West Nile and Zika virus, which has been confirmed as acquired in Florida and Texas. Non-vector-borne health threats include airborne allergens/molds, and more prolific growth of plants such as poison oak and poison ivy. The length of severity of pollen season is expected to increase, along with the increased with use of pesticides and herbicides.

Refer to [WorkCare's Fact Sheets](#) on insect bites and stings, Zika virus and snake bites.

Mental Health Effects

Climate change-related exposure threats and incidents affect both physical and mental health, experts say. Potential human responses to uncertainty, disasters, displacement, and loss of life include depression, anxiety, substance abuse, aggression and suicide.

Mental health professionals recommend providing adequate coverage for mental health services as part of disaster preparedness plans, including early identification of symptoms and psychosocial risk factors so they can be proactively addressed.

The extent of mental health interventions can be adjusted depending on the nature of a crisis. Annual training on resiliency, early detection of signs and symptoms of mental illness, and routine mental health first-aid response is also recommended by experts.

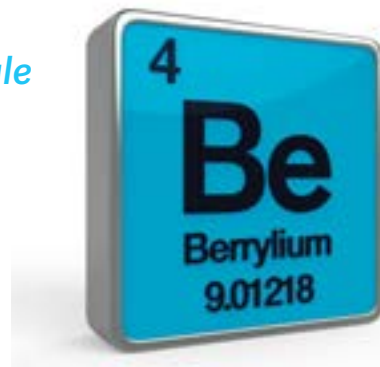
Moving Forward

A section of ACOEM is in the process of developing a framework to help address climate-related occupational hazards. At the ACOEM conference, physicians recommended a number of actions to ensure adequate protection for workers, including:

1. Identifying indicators of specific climate-related effects on workers and sentinel events.
2. Analyzing and preparing for interactions among climate, workers and work practices.
3. Identifying vulnerable occupations and workers and developing customized preparedness and response plans.
4. Creating more comprehensive approaches to mitigation strategies and hazard controls.
5. Refining and developing climate-change-conscious medical surveillance systems.
6. Using models that integrate occupational health and safety, climate and vulnerability data.
7. Developing and practicing precise risk management policies.
8. Understanding how to monitor toxins and identify, diagnose and treat the effects of pollutants, pesticides and allergens on employee health. •

REGULATORY UPDATES

OSHA Beryllium Rule



The U.S. Department of Labor delayed the effective date of the rule, [Occupational Exposure to Beryllium](#), to May 20, 2017, in response to a White House regulatory freeze pending review. The Occupational Safety and Health Administration (OSHA) published the final rule Jan. 9, 2017, and previously announced the effective date would be postponed to March 21, 2017. OSHA found “further delay is appropriate for the purpose of additional review into questions of law and policy.” Officials said extension of the effective date will not affect compliance dates.

Crystalline Silica Standard

OSHA also delayed enforcement of the [crystalline silica standard](#) that applies to the construction industry in order to conduct additional outreach and provide educational materials and guidance for employers. The agency said additional guidance is necessary because of “the unique nature of the requirements in the construction standard.” Enforcement will be delayed until Sept. 23, 2017. In the meantime, OSHA expects employers in the construction industry to:

- Continue to take steps either to come into compliance with the new permissible exposure limit, or implement specific dust controls for certain operations as provided in Table 1 of the standard.
- Prepare to implement the other requirements including exposure assessment, medical surveillance and employee training.

Process Safety Management

OSHA has released three guidance documents to help employers comply with the agency's [Process Safety Management](#) (PSM) standard. PSM is associated with safety programs that help prevent fires, explosions, large chemical spills, toxic gas releases, runaway chemical reactions and other major incidents. The new documents focus on PSM compliance for [Small Businesses](#), [Storage Facilities](#) and [Explosives and Pyrotechnics Manufacturing](#).

Workplace Violence



OSHA has issued instruction on [Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence](#). The instruction describes policies and procedures for field offices to apply when conducting inspections in response to incidents of workplace violence. It replaces Enforcement Procedures for Investigation or Inspecting Workplace Violence Incidents (September 8, 2011).

The instruction:

- Describes different types of health-care settings where violent incidents are reasonably foreseeable
- Expands on OSHA-recognized, high-risk industries to include correctional facilities and taxi driving
- Identifies additional resources for OSHA inspectors
- Explains the review process for settlement agreements
- Updates guidance on hazard alert letters

Area directors are instructed to use the guidelines to ensure that uniform inspection procedures are followed by compliance safety and health officers.

NIOSH Exposure Monitoring Resource for Health Care Facilities

The National Institute for Occupational Safety and Health (NIOSH) has established a web-based injury and exposure monitoring system for health care facilities. The secure [Occupational Health Safety Network](#) (OHSN) system enables health care organizations to analyze their worker injury and exposure data. Traumatic injury and hazardous exposure trends are depicted with a chart function. The system allows facilities to track five common work-related injuries and exposures in health care: sharps injuries; blood and body fluid exposure; slips, trips and falls; patient-handling injuries; and workplace violence.

Fall Protection Reminder



Falls are a leading but preventable cause of injuries and fatalities in the construction sector. NIOSH works to improve workplace safety through a government-labor management partnership. One product of this partnership is an annual [national fall prevention campaign](#) aimed at construction contractors, onsite supervisors and workers. The campaign features a voluntary stand-down to give construction employers the opportunity to speak directly to their employees about fall prevention. ●

CLINICAL CONVERSATIONS

Do You Have a Policy on E-Cigarettes?

Some employees are uncertain about their employer's policies on e-cigarette "vaping" at work and whether it differs from restrictions on tobacco smoking, according to survey results reported in the April 2017 *Journal of Occupational and Environmental Medicine*. Researchers concluded that it's important to have definitive policies on both.

Recognizing the health impact and economic costs of tobacco use, most companies have policies restricting smoking. By comparison, vaping policies have not fully gained traction, even though e-cigarettes are promoted as an alternative for those who want to stop smoking tobacco.

Xiaochuan Song and colleagues at the University of Alabama, Tuscaloosa, conducted a survey to assess employees' perceptions of their company's smoking and vaping policies. The study included responses from 456 employed smokers and/or vapers who reported their companies had the same policy for both smoking and vaping. Where there was a difference, employees perceived more restrictive policies regarding smoking than vaping. In addition, 12.5 percent of respondents were unaware of any company policy related to vaping and less than 20 percent said their employer offered smoking-cessation resources.

While proponents favor vaping for smoking cessation programs because it is considered to be less harmful than smoking cigarettes, many people believe further study is needed to evaluate long-term health risks and establish appropriate quality and use standards.

Citations: Exploring Organizational Smoking Policies and Employee Vaping Behavior; Song X, et al.; *JOEM*, 59(4):365-368, April 2017.

Safety evaluation and risk assessment of electronic cigarettes as tobacco cigarette substitutes: a systematic review; Farsalinos K and Polosa R; *Ther Adv Drug Saf*, 5(2): 67-86, April 2014.

To Exercise... Perchance to Dream

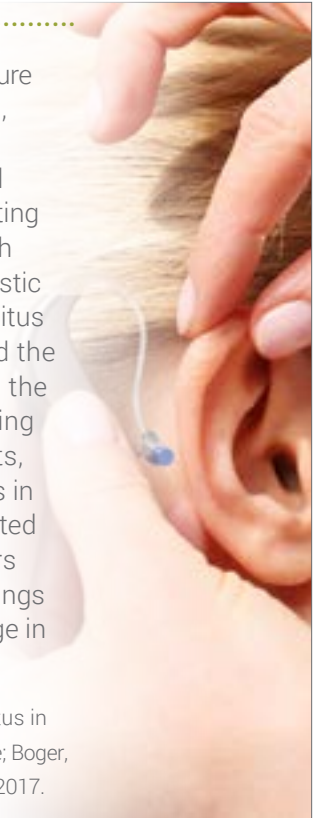
An inability to sleep or sleep well is a pervasive health and safety concern in the U.S. There is mounting evidence that physical exercise is an effective intervention for those who do not experience adequate sleep quantity or quality. A newly released study examines special conditions in which the sleep-exercise interaction is critical and calls for further research on related biological mechanisms.

Citation: Interrelationship Between Sleep and Exercise: A Systematic Review; Dolezal B, et al.; *Adv Prev Med*, March 26, 2017.

Hearing Loss Indicators

To learn more about noise exposure risks, hearing loss and tinnitus, researchers evaluated normal-hearing workers in metallurgical industries using a variety of testing methods. They observed a high prevalence of failure of otoacoustic emissions (40 percent) and tinnitus (66.6 percent). They also found the higher the frequency of sound, the worse the results. Despite having audiometry within normal limits, the results indicate that workers in the study population were affected by noise exposure. Researchers concluded that certain test findings are predictors of hearing damage in normal-hearing workers.

Citation: Analysis of Hearing and Tinnitus in Workers Exposed to Occupational Noise; Boger, ME, et al.; *Int Tinnitus J*, 20(2):88-92, April 2017.



MSD Psychosocial Factors in Nursing Staff

There is significant evidence that psychosocial factors are significantly associated with discomfort and painful musculoskeletal disorders (MSDs) in nursing staff. To learn more, investigators conducted a systematic review and meta-analysis of studies published in English, French, Italian, Portuguese and Spanish. Sixty-four studies were reviewed and 47 were accepted as medium or high quality.

The findings confirmed that occupational exposure to psychosocial factors such as stress, perceived high physical job demands or feeling unsupported is associated with discomfort and/or pain in different body areas. Researchers concluded that improvement of the psychosocial environment has an impact on the reduction and prevention of MSDs.

Citation: Occupational Exposure to Psychosocial Factors and Presence of Musculoskeletal Disorders in Nursing Staff: A review of Studies and Meta-Analysis; Ballester A and Garcia A; *Rev Esp Salud Publica*, 7:91, April 2017. ●

COMPANY PICNIC?

Eat Healthy, Stay Safe

Summer is approaching and companies are making plans to bring employees and their family members together for some outdoor fun.

Here are some tips for a healthy and safe company event.



On the Menu

1. Serve foods that will not spoil. Replace mayonnaise-based salads with fresh fruits and chopped vegetables. Put low-calorie dressings on the side. If serving meat, keep it refrigerated or on ice until it is ready to be cooked. Grill large vegetables and veggie burgers separately from meat.
2. In starchy salads, use whole-grain pasta instead of white pasta or sweet potatoes in place of white potatoes. Brown rice and whole-wheat couscous salads are tasty alternatives.
3. For snacks, substitute salty chips and sour-cream based dips with baked chips and crisp, raw seasonal vegetables. Hummus, salsa, fat-free beans and low-fat yogurt with herbs and spices are popular dips.
4. Rather than serve bread rolls and sandwiches, provide tortilla wraps or pita bread. They are easy to transport and nutritious when made with lean meat, veggies, salsa or light dressing.
5. Serve beverages that don't contain a lot of sugar. Flavored water and low-sugar fruit juices can stand in for soda.
6. If serving pie, cake, cookies, brownies and other treats, keep the portions small. Offer watermelon, cherries and other summer fruits for dessert. Rent a frozen fruit popsicle stand.

Simple Safety Precautions

1. If shade is limited, set up umbrellas or awnings. Have sunscreen available.
2. If preparing food, frequently wash surfaces and your hands with soap and water or use hand wipes.
3. Make sure guests stay well-hydrated. If serving alcohol, monitor consumption.
4. Have plenty of coolers on hand to store foods before serving.
5. Don't leave food out in the open any longer than necessary.
6. Check all protective gear and game equipment for damage or wear.
7. Avoid contact sports that could result in injury.

Remember, if an employee is injured at a company-sponsored event, it may be compensable if it is perceived to have occurred "within the scope of employment."

Deciding factors may include:

- Mandatory rather than voluntary attendance
- The event occurs on a workday and/or employees are paid while attending
- Business is transacted during the event
- The employer derives substantial benefits beyond social aspects •

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