Yay for Yoga

Frontline professionals from education, health care, human services and corrections participated in a RISE (Resilience, Integration, Self-awareness, Engagement) program and completed questionnaires for comparisons before, immediately after and at two months post-program.

Paired samples (t tests) revealed improvements in mindfulness, stress level, resilience, affect and sleep quality from baseline to the two-month follow-up. Participants also reported increases in exercise time and eating more fruits and vegetables post-program. While better eating habits persisted, exercise time had dwindled after two months.

Detecting Health Hazards

During a Worksite Checkup

By Karen O'Hara

Failure to identify or anticipate exposure risks can be a root cause of workplace accidents and injuries.

Health and safety hazards evolve along with advances in technology, workforce demographic shifts, and changes in workstation design, products, processes, equipment and tools. Periodic worksite walkthroughs are a cost-effective, low-tech way to identify existing hazards so they can be addressed before they cause harm.

A walkthrough is typically conducted by an internal team that may include an environmental, health and safety (EH&S) professional, site manager, frontline supervisor, and employee or labor representative. The team usually follows a checklist with sections relevant to the industry and site-specific exposure risks.

In Guidelines for Safety and Health Programs, the federal Occupational Health and Safety Administration (OSHA) recommends the development of a written hazard identification plan, but unlike some state-run agencies, it does not require employers to have one. Regardless of the jurisdiction, hazard identification is necessary in regulated workplaces in order to comply with mandated training of employees and supervisors on exposure risks and control measures.

According to OSHA, hazards such as slippery surfaces, broken stair rails, poor lighting and frayed electrical cords can be easily identified during a walkthrough using common knowledge. They should also be routinely reported by anyone who notices them between inspections.

— Continued on page 2
Some hazards can elude detection during a walkthrough no matter how well it is executed.

Identifying work exposures to health hazards is typically more complex than identifying physical safety hazards, OSHA states in the hazard identification and assessment section of its recommended practices for safety and health programs.

For example, gases and vapors with the potential to be harmful may have no odor and not be visible. Cumulative health effects of repetitive or physically demanding tasks also may not be apparent without specialized assessments. Health hazard categories that apply during a walkthrough include:

- Chemical (e.g., solvents, adhesives, paints, toxic dusts)
- Physical (noise, radiation, heat)
- Biological (infectious diseases)
- Ergonomic (repetition, vibration, lifting, pushing/pulling, reaching)

An occupational physician who is familiar with a company’s regulatory compliance mandates, medical surveillance requirements, and work-related injury and illness management practices can be a valuable addition to a walkthrough team. An occupational physician is also qualified to review medical records within the confines of privacy rules to connect worksite conditions with reported injuries and illnesses.

To qualify to take an examination to become certified in occupational medicine by the American Board of Preventive Medicine, physicians must complete at least 15 equivalent hours of graduate-level courses in biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences. The exam has three components: clinical care, administration and systems-based practice, and prevention, exposure assessment, hazard recognition and control. Subtopics in the third category include:

- Hazard characterization (e.g., walkthroughs and industrial hygiene surveys)
- Toxicological principles (metals, gases, dusts, pesticides, hydrocarbons, solvents)
- Ergonomic evaluation and control
- Physical hazards (radiation, noise, temperature, vibration, lasers)
- Chronobiology (fatigue, shift work, travel)
- Safety and industrial hygiene (engineering and administrative controls)
- Environmental health
- Risk assessment

Tips for Identifying Workplace Health Hazards

- Chemical – Review safety data sheets and product labels to identify chemicals with low exposure limits, that are highly volatile, or are used in large quantities or in unventilated spaces. Assess activities that may result in skin exposure to chemicals.
- Physical – Identify exposures to excessive noise, extreme temperatures and sources of radiation (radioactive materials, X-rays or radiofrequency radiation).
- Biological – Determine whether workers may be exposed to sources of infectious diseases, molds, toxic or poisonous plants, or animal materials (fur or scat) capable of causing allergic reactions or occupational asthma.
- Ergonomic – Examine work activities that require activities such as heavy lifting, work above shoulder height, reaching, repetition or tool vibration.
- Quantitative exposure assessments – When possible, use air sampling or direct-reading instruments.
- Review medical records – Identify cases of musculoskeletal injuries, skin irritation or dermatitis, hearing loss or lung disease that may be related to workplace exposures.

Refer to: OSHA Recommended Practices for Safety and Health Programs: Action Item 3: Identify Health Hazards
Physician Perspective

Peter P. Greaney, M.D., president, CEO and medical director of WorkCare, Inc., who is board-certified in occupational medicine and has additional training in toxicology, has leveraged his knowledge while participating in worksite checkups throughout his career. He uses these checkups as an opportunity to gain insights into workplace operations, inform his medical practice, assist employers with regulatory compliance, and protect and promote employee health.

“Prior to a site visit, I want to review the past two years of OSHA logs to get familiar with types of injuries and possible causative factors,” he said. “Are there any OSHA citations, and if so, what type?”

To be thoroughly prepared, other factors Dr. Greaney takes into consideration include:

Background
- Culture
- Litigation history
- Community concerns
- Historical aspects of the facility
- Nature of neighboring facilities

Management
- How EH&S is organized internally
- Presence of an onsite clinic and staffing
- Evidence of corporate support for health and safety
- Workers’ compensation carrier or third party administrator input

Review
- Medical surveillance requirements and processes
- Safety data sheets (formerly called MSDS)
- Industrial hygiene surveys (including noise)
- Use of personal protective equipment (PPE)
- Wellness and health promotion programs
- Injury management practices
- Emergency planning and first responders

“During a plant walkthrough, I usually like to start where the raw ingredients come in and go from there through assembly and warehousing,” Dr. Greaney said.

Exposure Risk Assessment Reminders

Methodology
1. Collect and review information about existing hazards or those likely to be present.
2. Establish a baseline and conduct periodic inspections to identify new or recurring hazards.
3. Investigate injuries, illnesses, incidents and close calls/near misses to understand root causes.
4. Group similar incidents to identify trends in injuries, illnesses and reported exposure risks.
5. Consider hazards associated with emergency and non-routine situations.
6. Evaluate the severity and likelihood of incidents that could result from hazards.

Inspection
1. Include all areas and activities in inspections, such as storage and warehousing, facility and equipment maintenance, purchasing and office functions, and the activities of on-site contractors, subcontractors and temporary employees.
2. Regularly inspect plant vehicles (forklifts, powered industrial trucks) and transportation vehicles (cars, trucks, heavy equipment).
3. Use a checklist customized for the setting, including but not limited to:
   - General housekeeping
   - Slip, trip and fall hazards
   - Emergency procedures
   - Electrical hazards
   - Equipment operation and maintenance
   - Fire protection
   - Work organization and process flow
   - Ergonomics

Response
1. Use collected information to prioritize corrective actions
2. Before implementing changes, seek the input of workers.
3. Establish a timeline for introducing corrective action items.
4. Evaluate the effectiveness of interventions.
Sometimes a relatively obvious exposure risk may be overlooked by others because it is accepted as a routine part of doing business. Peter Swann, M.D., M.P.H., a board-certified physician who is vice president and associate medical director at WorkCare, cites this example:

“During a facility walkthrough for an employer that had experienced a number of shoulder injuries, I noticed many of the workers were short, necessitating overhead work a significant percentage of the time. After the walkthrough we discussed deficiencies and observations and decided to address the overhead work issue through engineering. Specifically, mobile platforms were created, adjustable to the height of the worker doing the task. As a result, the company subsequently experienced fewer shoulder injuries from overhead work.”

Part of Dr. Swann’s preparation for a site visit includes reviewing results from prior walkthroughs with the employer’s health and safety representative to better understand the nature of findings and evaluate the effectiveness of any corrective actions that may have been taken. He also reviews the inspection checklist and suggests additional items, as relevant to the facility.

During a walkthrough, Dr. Swann said he pays particular attention to:

1. Covering all items on the checklist.
2. PPE, noting instances where it is not used properly or should be used.
3. Ergonomics, body mechanics and injury risk during employee tasks.

After the walkthrough, he typically:

1. Meets with health and safety representatives to review the checklist, observations and deficiencies.
2. Provides recommendations on ways to mitigate deficiencies. Solutions may include:
   • Engineering controls
   • Procedural changes
   • PPE
   • New or revised training

**Ergonomic Assessments**

A worksite walkthrough can be enhanced when a clinician with expertise in ergonomic assessments participates. The evaluator may have obtained specialized training and/or certification as an ergonomic assessment specialist. Physicians, physical therapists and athletic trainers are among professionals with a background in bio-mechanics who may assume this role.

An ergonomic specialist can be expected to have an injury prevention orientation and make suggestions on the use of non-invasive approaches to relieve aches and pains before they result in the need for medical treatment. Workstation adjustments, stretching and fitness programs, and deep tissue manual therapy are among examples of interventions that do not constitute medical treatment as defined by OSHA.
“An athletic trainer in the workplace functions as a communicator in the same way he or she functions in an athletic setting, pulling together all members of a team to focus on injury prevention, recovery and return to work,” said Daniel Nevarez, a regional occupational health manager at WorkCare who is certified as both an athletic trainer and ergonomic assessment specialist.

While ergonomics is often defined as the science of fitting a worker to a job (and vice versa) to optimize human performance, Nevarez says more nuanced definitions suggest that ergonomics considers safety, quality and worker efficiency.

As one of the maintenance associates and one member of the administrative team do not have direct contact with nuisance dust, there are other issues or possible causes. The air conditioning may lack humidity and/or there is cross contamination of the air intake with nuisance dust. It is possible that both conditions are at play with the rashes in non-nuisance-dust exposed workers. It is my opinion that there are two separate clusters. It is also possible that other plant personnel have similar issues but are unaware of the cluster.

The remedy may involve multiple steps including:

- Revamping PPE usage and training
- Training on donning and doffing
- Hygiene and showering prior to leaving work
- Copious use of barrier creams
- Investigation of the air conditioning and adding humidification
- Investigation and elimination of any cross-contamination

With these recommendations, the employer reported successful resolution of the exposure issue.

“Athletic trainers bring learned experiences to the work environment that have a positive effect on interactions with workers, equipment, workstations, tools, and other factors affecting human performance,” Nevarez said. “When we discuss ergonomic principles, we think about how they apply to prevention.”

During a walkthrough, an ergonomic specialist will consider ergonomic and personal risk factors for the development of musculoskeletal disorders (MSDs) that affect muscles, nerves, ligaments, tendons and blood vessels. Common MSDs include low back strain, carpal tunnel syndrome (numbness, tingling, pain and weakness in the hand) and tendonitis (inflammation or irritation of fibrous tissue that attaches muscle to bone).

**Examples of Ergonomic Factors**
- Awkward positions
- Static postures
- Contact stress
- Forceful exertion
- Repetition
- Vibration
- Continuous motion

**Examples of Personal Factors**
- Age and gender
- Genetic makeup
- Rest and fatigue cycles
- Physical fitness
- Body weight
- Postural tendencies
- Hobbies/recreational activities
Ergonomic assessments made during a brief walkthrough help identify workers who would likely benefit from further evaluation. On follow-up, observational methods such as those used to analyze whole body or upper extremity posture, force and repetition may be used to better understand MSD exposure risks. Another option is to use advanced technology to better understand how a worker’s body reacts to stresses and strains on a micro-level while performing routine tasks.

Anthony Harris, M.D., M.B.A., M.P.H., an associate medical director at WorkCare, has been instrumental in developing the use of wearable bio-sensors (surface electromyography) and clinical algorithms to obtain accurate physiological response data while workers perform routine tasks. Wearable ergonomic assessments provide detailed insights into individual injury risk and optimal worker-job matching. The assessments are replicable with a high degree of accuracy.

Potential applications include:

- Individual work practice adjustments
- Workstation, tool and equipment redesign
- Shift work and job rotation scheduling
- Functional written job descriptions
- Training and injury prevention programs
- Pre/post functional capacity exam comparisons

“Employers can apply collective findings to support continuous quality improvement efforts and guide the development of cost-effective engineering and administrative controls enterprise-wide,” Dr. Harris said.

**Related Resources**

- ANSI/ASSE A10.38 Basic Elements of an Employer’s Program to Provide a Safe and Healthful Work Environment
- Associated Builders and Contractors Safety Best Practices
- Inspection Checklist – Sample for Manufacturing Facilities (Canada)
- Inspection Checklist – Sample for Offices (Canada)
- OSHA Hazard Identification Training Tool
- NIOSH Health Hazard Evaluations (search for reports by topic)
- Self-Inspection Checklists (source: Rochester Institute of Technology)

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**OSHA Offers Advice on Safety Walk-Arounds**

In a recently updated fact sheet on Safety Walk-Arounds for Managers, OSHA cites two primary reasons for employers to conduct periodic safety checks:

- Show commitment to workforce well-being
- Assess effectiveness of abatement efforts over time

In the fact sheet, OSHA describes three steps to the walk-around process for managers:

1. **Preparation:** Decide who will participate and keep the group small. Define a route based on incident experience and hazards. Identify PPE that needs to be worn during the inspection.

2. **Onsite visit:** Make sure PPE fits and is being properly used by the inspection team. Take note of and prioritize existing and potential exposure hazards. Ask employees for input.

3. **Response:** Establish a timeline for introducing corrective actions and a process for evaluating the effectiveness of interventions.
Dealing With Springtime Allergies at Work

Spring is the time of year when employees seem to complain the most about allergies, although about two-thirds of U.S. adults have year-round allergy symptoms.

Allergies are an immune system overreaction to allergens such as pollen, mold spores, dust mites and animals. Common symptoms of allergic rhinitis include sneezing, runny or stuffy nose, fatigue, and itchy, watery eyes. Unlike the temporary effects of a cold or the flu, allergy symptoms can linger for weeks.

In some cases, allergic reactions can trigger or exacerbate asthma, result in a sinus infection or cause skin eruptions such as eczema or hives. Symptoms also interfere with sleep and cause daytime sleepiness, in turn affecting concentration and increasing risk for errors, accidents and injuries.

Allergic Rhinitis

Allergy symptoms may be seasonal or perennial. Seasonal symptoms can occur in spring, summer and early fall, usually in response to airborne pollens or microscopic mold spores. There are seasonal variations in the way grasses, trees and plants, including ragweed, pollinate. Year-round allergies are typically caused by mold, dust mites or pet dander. Underlying or hidden food allergies rarely cause perennial nasal symptoms.

Some people may have year-round symptoms that get worse during certain seasons. Irritants such as cigarette smoke, perfumes, cleaning products and other strong odors may also aggravate symptoms.

Mold, Dust and Animals

Mold spores: There are about 1,000 species of mold in the U.S. Mold thrives in damp places and humid climates. Allergy experts recommend keeping track of symptoms and locations visited over a two-week period in order to identify and avoid or eliminate the source.

Dust mites: These microscopic organisms feed off of dust, dead skin and moisture. Dust mite particles are often encountered when cleaning closets and cupboards, bedding and mattresses, carpeting and upholstered furniture. In addition to allergic rhinitis, a dust mite allergy can trigger asthma or a flare-up of eczema (atopic dermatitis), a chronic skin condition that causes an itchy rash.

Animals: Protein that causes allergies is found in an animal’s dander, saliva and urine. The fur of a dog, cat or horse can collect allergens such as pollen and mold spores. Cats seem to be more allergenic than dogs. Dander is the most common cause of an allergic reaction to horses.

Hives, Asthma and Sinusitis

Hives: Also known as urticaria, hives usually start as an itchy patch of skin that turns into welts, or raised red bumps. Hives may be triggered by seasonal allergies or any number of other factors including bacterial infections, certain foods, medications, insect stings or bites, sun exposure, extreme temperatures, exposure to latex and stress.
Asthma: This potentially disabling lung disease is characterized by difficulty breathing. Symptoms include chest tightness, wheezing, cough and shortness of breath. Asthma is caused or exacerbated by inhaling or touching allergens and irritant substances. An estimated 1 in 12 people in the general U.S. population have asthma, including many who also have seasonal allergies. For supervisors, it's important to respond quickly when an employee has a serious asthma attack.

The following are some additional recommendations for symptom relief:

- Rinse nose with a saline solution using a bulb syringe.
- Inhale steam vapors in the shower or from a warm bowl of water.
- Apply a warm, wet face towel to relieve nasal pressure.
- Drink water and avoid alcohol – it increases swelling.
- Use over-the-counter drops to reduce eye discomfort.

Prevention

The best way to prevent an allergic reaction is to avoid known allergens. When that's not possible, there are ways to help employees reduce exposure to pollen, mold spores, dust mites and animal allergens:

- Plan ahead. Check the local weather and daily pollen counts. Limit outdoor exposure to the extent feasible, especially in the morning.
- Encourage employees to frequently wash their face and hands and avoid bringing allergens inside on their clothing.
- Keep windows and doors closed at peak time.
- Consider installing high-efficiency media filters in heating and cooling systems to remove particulates. Use HEPA filters in vacuums.
- Allow employees to wear a NIOSH-rated 95 mask to reduce inhalation of small particles.
- Lower indoor relative humidity to discourage mites and mold growth.

To learn more, visit websites for these organizations:

- American Academy of Allergy, Asthma and Immunology
- American College of Allergy, Asthma and Immunology
- Asthma and Allergy Foundation of America
- National Institute of Allergy and Infectious Diseases

Sinusitis: Nose cavities and sinuses can get inflamed and swell up while trying to flush out allergens. When mucus becomes trapped, pressure builds up and causes sinus pain. In some cases an infection develops. In addition to common allergy symptoms, signs of sinusitis include congestion; thick, discolored mucus; feeling puffy around the forehead, eyes and cheeks; headache, jaw or tooth pain; post-nasal drip; bad breath; cough; sore throat and low fever.

**Seasonal Allergy Remedies**

When allergy symptoms affect quality of life and productivity, it's time to consult a medical professional. An allergy test may be recommended to identify the source(s) so a targeted response can be developed. Some people get allergy shots to reduce symptoms and desensitize themselves to allergens over time.

For seasonal allergies, a doctor may recommend starting medications to alleviate symptoms two weeks before they are expected to begin. In such cases, it's important for an employee to inform the provider about his or her job responsibilities, especially if safety-sensitive duties are involved. A doctor or pharmacist can provide advice about over-the-counter nasal spray, pain relievers, antihistamines or decongestants that will not cause drowsiness.
Three related publications under the name, Filtering out Confusion: Frequently Asked Questions about Respiratory Protection, have been released by the National Institute for Occupational Safety and Health. The topics are fit testing, user seal check, and respirator reuse and extended use.

Over 3 million employees in approximately 1.3 million U.S. workplaces are required to use respiratory protection. Under OSHA’s Respiratory Protection standard, 29 CFR 1910.134, covered employers are required to provide an annual fit test for employees to confirm the fit of any respirator that forms a tight seal on the wearer’s face. Once a fit test has been done to determine the best respirator model and size for a user, a check should be done every time the respirator will be worn to ensure an adequate seal is achieved. All equipment should also be checked periodically for damage and effectiveness.

Flight Crew Health Risks

Flight attendants are considered an understudied occupational group despite their risk of job-related exposures. To expand on current knowledge, researchers compared health profiles of cabin crew members to the general U.S. population.

In comparison to National Health and Nutrition Examination Survey cohort data using age-weighted standardized prevalence ratios, flight attendants had:

- Higher rates of specific adverse health outcomes
- Associations between longer tenure and health conditions
- Higher prevalence of female reproductive cancers
- High prevalence of sleep disorders, fatigue and depression

Health conditions that increased with longer job tenure were sleep disorders, anxiety/depression, alcohol abuse, any cancer, peripheral artery disease, sinusitis, foot surgery, infertility and several perinatal outcomes. Researchers said the “results provide new information to guide future research,” and they recommended the use of longitudinal studies to “evaluate specific exposure-disease associations” among flight crew members.

Citation: Estimating the health consequences of flight attendant work: comparing flight attendant health to the general population in a cross-sectional study; E McNeely, et al.; BMC Public Health; 18:346, March 23, 2018.

Germs in Flight

NIOSH engineers use mock-ups on the ground to replicate conditions in airplanes.

For example, they recently reported findings from an 11-row mock-up of a twin-aisle passenger jet with seven seats per row used to study the transmission of simulated contagious substances (tracer gas, inert particles and live bacteria) from an imaginary passenger source. The simulation was similar to a case study in which flight attendants and passengers flying from Hong Kong to Beijing on March 15, 2003, contracted severe acute respiratory syndrome (SARS).
Using computerized diagrams to calculate relationships between contaminants, surfaces, crew and passengers, researchers found exposure to contagious substances via small, airborne droplets occurred across several rows. The next step is to improve the measurement tool’s accuracy by incorporating information from different types of aircraft and passenger cabins, and sources including live virus, NIOSH researchers said.

Citations:


Flu Vaccine Research

In the midst of the 2017-18 flu season, the National Institute of Allergy and Infectious Diseases (NIAID) unveiled a strategic plan for the development of a universal influenza vaccine that would be at least 75 percent effective against multiple viruses, provide protection for a year or more and be suitable for all age groups.

The current practice is to use influenza vaccines that are made annually to best match the strains projected to circulate in the upcoming season. However, this approach has limitations and difficulties. To reduce public health consequences, vaccines must be more broadly and durably protective, NIAID officials said.

Meanwhile, the National Institutes of Health announced two new NIAID clinical trials on an experimental vaccine to prevent influenza caused by an H7N9 influenza virus, a strain of bird flu found to affect people in China. No human cases of H7N9 influenza have been detected in the U.S. The virus is primarily spread by exposure to infected poultry or contaminated environments, not people. However, if the virus mutates and becomes easily transmissible among humans, it could result in an influenza pandemic because most people have little to no immunity to it. H7N9 has a high mortality rate, resulting in death in 39 percent of reported cases, health officials said.

Citations:


CDC website on influenza Type A viruses carried by birds.

Shared Decision-Making

Effective communication is a key ingredient in shared decision-making and the delivery of “safe, high-quality health care,” according to the Agency for Healthcare Research and Quality (AHRQ).

The agency describes shared decision-making as “a collaborative decision-making process between the patient and provider for preference-sensitive treatment decisions that take into account patient preferences and values. The goal is to empower people to participate as active partners in their health care decisions.”

AHRQ research has found:

• Consumer participation can increase patient satisfaction and lead to better health outcomes.
• People who are empowered to make decisions about their health that better reflect their personal preferences often experience more favorable health outcomes such as decreased anxiety, quicker recovery and increased compliance with treatment regimens.
• Greater consumer involvement in decision-making leads to lower demand for health care resources.

These principles apply to both group health and work-related care settings.

Volume 4, Issue 3
Workers’ Comp Roundup ...Industry worries, marijuana, opioids, low back disability

What Worries Insurers?

Workers’ compensation insurance carrier executives cited the following as their top six concerns in a survey released this year by the National Council on Compensation Insurance (NCCI):

1. Rising costs, advances and uncertainty in health care
2. Political, regulatory, legislative and legal environment
3. Maintaining profitability today and tomorrow
4. The changing workplace and workforce
5. Future of the workers’ compensation industry
6. Opioid abuse and medical marijuana

NCCI tracks workers’ compensation trends. Marijuana and opioid use are among issues on its watch list:

Marijuana: States continue to legalize marijuana for medical and recreational use. However, it is still illegal and classified as a Schedule I drug at the federal level. The U.S. Department of Justice rescinded guidance on enforcement of federal marijuana laws on Jan. 4, 2018. Eight states have legalized recreational marijuana for adults age 21 and up. At least 25 other states are considering legalizing either medical or recreational marijuana.

The association between recreational marijuana use and occupational injury is a concern for employers. In Colorado, for example, from 2014 to 2015, 14.6 percent of 10,169 adult workers reported using marijuana in the past 30 days. The highest prevalence of use was among young adults and men working in the accommodation, food services and food preparation industry. Refer to Current Marijuana Use by Industry and Occupation — Colorado, 2014–2015; MMRW, 67(14), April 13, 2018.

Opioids: Several states are considering legislative and regulatory measures to control the use and distribution of opioids. Proposals include adopting drug formularies, limiting physician dispensing and use of repackaged drugs, promoting treatment and restricting supplies of painkillers.

State Fund Tackles Opioids

In a recent Managed Care Matters blog post, Joe Paduda, principal of Health Strategy Associates, cites results from the California State Fund showing reductions in workers’ compensation opioid medication use and costs. From 2014 to 2017, the State Fund noted the following:

- 60 percent reduction in total opioid prescriptions to injured workers
- 74 percent in opioid spend
- 31 percent decline in total opioid prescriptions
- Across-the-board morphine equivalency dosage reductions

Paduda attributes the findings to two primary interventions: reducing opioid subscriptions on initial treatment and weaning claimants off of long-term use.

Low Back Disability

Longer-term prescribing of opioids causes substantially longer durations of time off during recovery (temporary disability) among employees with work-related low back injuries, according to a 2018 Workers Compensation Research Institute (WCRI) study.

“While medical practice guidelines often advise against routine use of opioids for the treatment of non-surgical low back injuries, opioid prescribing in these cases is common,” said John Ruser, WCRI’s president and CEO. “Based on the results of this study, there is a clear implication that policies addressing inappropriate longer-term opioid prescribing will result in faster return to work.”

According to the study, The Impact of Opioid Prescriptions on Duration of Temporary Disability, longer-term opioid prescriptions resulted in durations of temporary disability that were more than triple the durations of temporary disability for claims with no opioid prescriptions. A small number of opioid prescriptions over a short period of time did not lengthen temporary disability.

The findings are based on 2008-2013 data from 28 states.
Guide to Healthy Snacking

A common excuse people use for poor eating habits relates to not having enough time or energy to shop for healthy ingredients and prepare balanced meals.

One way to help fill the gap is to bring healthy snacks to work. If you are a commuter, you can also keep snacks in your car and cooler bag.

It’s important to snack healthfully between well-balanced meals. Missing a meal and making up for it by munching on junk food can affect your blood-sugar level, productivity and ability to concentrate.

When choosing snacks, a mix of protein and fiber will help keep you satisfied until your next meal. Recommended snack foods include:

- Yogurt or cottage cheese
- Dried or whole fresh fruit
- Raw vegetables with hummus dip
- Apples or celery with nut butter
- Roasted or raw nuts
- Roasted chick peas
- Low- or no-salt trail mix
- Protein bars
- Low-sodium crackers
- String or cubed cheese
- Oatmeal with nuts
- Protein shakes or fruit smoothies
- Natural jerky
- Unsalted sunflower seeds
- Water

It’s important to drink plenty of water throughout the day to stay hydrated. Dehydration can cause fatigue and dizziness. Plain drinking water has zero calories, helps with weight management and reduces cravings for sugary beverages.

Caffeine

It’s tempting to drink coffee during the day to get an energy boost. Limiting consumption to one cup in the morning helps prevent a caffeine crash later in the day. Not adding sugar or cream cuts calories.

Beware the Carolina Reaper

A healthy 34-year-old man experienced an emergency episode of thunderclap headache after consuming a Carolina Reaper – the world’s hottest chili pepper – during a pepper-eating contest, according to BMJ Case Reports.

A presumptive diagnosis of thunderclap headache (brief, extremely painful neck and head pain) secondary to reversible cerebral vasoconstriction syndrome (RCVS) was made based on findings. According to the report, no cases of RCVS secondary to peppers or cayenne were previously reported, but ingestion of cayenne pepper has been associated with coronary vasospasm (sudden constriction of blood vessels) and heart attacks.

Treating providers concluded it is “plausible that our patient had RCVS secondary to the Carolina Reaper.” Symptoms improved with supportive care and the headaches did not reoccur.