

# SAFETY / OSHA UPDATE

A Newsletter from High Safety Consulting Services, Ltd.

Information on Safety & Health in Your Workplace



## I NEVER PROMISED YOU A ROSE GARDEN

Yes it has been a while since I issued safety update! – No you didn't miss several issues. I try to do a Safety Update monthly, but I don't PROMISE it. – I learned a long time ago that maintaining a regular newsletter is a big commitment that can be difficult to keep -- especially when more pressing issues surface. That is why this newsletter is not a "monthly" newsletter. Keep that in mind, if you decide to start a safety newsletter for your company. You must have the resources and time to commit to it every period. Or you could take my approach: when I have time AND if I have something to discuss...I issue a newsletter. Here it is...

## RISK CONTROL IN THE 21<sup>ST</sup> CENTURY

The BLS has released the accident statistics for 2004. Last year our nation had 5,703 workplace fatalities. While this is much better than the 1970 numbers which averaged about 14,000 deaths per year, nearly every one of these fatalities could be avoided.

The challenges we all face with injury prevention I believe centers around several elements. **(1) Identifying the risks** – In a few cases, the risks may be obscure or not easily perceived by those involved in the process. This is perhaps the most challenging type of risk to control, but in my experience this does not account for the majority of the incidents. Most risks are easily identified by individuals involved in the process and/or other experienced risk control personnel outside the process. **(2) Understanding the risks** – Often we look at a risk and either over-estimate or under-estimate the potential impact of the risk. An under-estimation of risk results in a lack of attention, until the risk is realized in an injury or fatality event. How might the risk be assessed appropriately? Looking at national statistics, evaluating the potential outcomes and probabilities of the outcomes based on empirical data can help us understand the true risk potential. **(3) Taking Action** – Clearly it is not enough to identify and understand a risk. We must assure that something is done to remove or mitigate the risk – otherwise the risk will continue!! – This ain't rocket science! I refer to this as the rule of the Status Quo: Same Actions → Same Results. This is perhaps the hardest part of risk control. In some instances the 'taking action' aspect is hindered by the lack of an effective solution or solutions which involve large capital expenditures. But in my experience, most risks can be controlled by changes that are comparatively modest. Sometimes actions are taken but they simply are not enough or they may not have "staying power" required to assure old behaviors / exposures do not re-appear.

I am sure that as a reader of this newsletter, you can identify several risks in your organization or your job right now. In fact, go ahead, write them down! -- No, really write them down! - Now consider: 1) Why are these risks still in the job or company? 2) Are there solutions to control the risks? (If not – call us and we'll do our best to determine a solution to your hazards). 3) What are the potential outcomes of this risk? What is the likely injury event? What is the worst case injury event? How many people could be affected? How often are individuals exposed to this risk?

Consider that the worst case potential outcome of the risk is realized. Consider the excuses you provided for why these risks are still present (Item 1). A final question: Was it worth it? Do the reasons hold up as valid after a worse-case event?

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I think about the decision that some companies have made NOT to place an [AED](#) in the workplace. Worse case event: Cardiac arrest and subsequent death which could have been prevented with a workplace AED. Reasons for not purchasing one may range from "It's not in the budget (<\$2000)", "We never had a problem" to "We are concerned about the liability". Would these reasons hold up to the family that lost their father, mother, brother or sister?

The challenge we have as individuals concerned with risk is to **identify**, properly **assess** and effectively **control** risks. Now how about the list of risks you made? Just Do It! – To quote a famous marketing slogan!

### **A CLOSER LOOK...AND A TANGENT**

Each year I look forward to the release of the BLS statistics. It is a measure of how effectively US workplaces are controlling risk. It is interesting to note that in the 1990's the fatality count was always above 6000, hitting the high of 6632 in 1994. In the year 2000, the total count dropped to 5920 and throughout this decade, the counts have remained under 6000. The death rate (which considers the working population) has also declined over the past two decades. The most deadly jobs include loggers, aircraft pilots and fishermen (those Alaskan crabbing boats). Transportation accidents still account for the majority of the deaths (43%)! This is also the largest accidental death source for the general public with approximately 45,000 deaths EACH YEAR on our nation's highways. (The Tangent) It amazes me that our society accepts this risk with limited protest, while the response to the Katrina tragedy is such that the US will spend billions of dollars to 1) re-build and 2) reduce this risk for the future not only in the affected areas, but throughout the country. The current death toll is under 1500. This type event occurs rarely. But ANNUALLY we lose 45,000 to vehicle deaths! So by comparison, we should be spending thirty times the amount we will expend on storm response and prevention, assuming all fatalities are created equal (30 x 1500 = 45000)...every year.

There are very specific reasons why this type of risk is accepted which I've discussed in earlier newsletters. I am not suggesting that we ignore the potential for catastrophic events. New Orleans and the Nation failed in not only taking action to prevent a levee failure but also in the response to the event. Specific actions taken before the flood and immediately following would have provided a better outcome. (It is always easier to be a Monday morning quarterback than to perceive the hazard and control it before it is realized!). In any case, as safety professionals, the allocation of limited resources to control losses is important, sometimes risks receive heightened attention because of their catastrophic nature and others continue to be accepted, year-after-year. I also don't mean to sound cold or harsh. The New Orleans's event is a terrible tragedy that has negatively affected many people in very real ways. I hope that you have found some way to help support those in need – through financial support, prayers and/or contributions.

### **OSHA UPDATE**

The Acting Deputy Secretary of Labor, Jonathan Snare was recently replaced by the a new head, Edwin Foulke Jr., former chair of the Occupational Safety and Health Review Commission (ORC), to be assistant secretary of labor for OSHA. Mr. Foulke certainly understands OSHA having written decisions at the ORC for years. I believe that his position on the ORC provides him with a very good understanding of what's 'right and wrong' within the agency. He seems to have stood-up for issues that need addressed, while applying some reasonableness to what is expected from companies.

### **INDUSTRIAL PRESS OPERATION COURSE – SIGN UP NOW!**

Industrial power presses and brake presses are integral to many production operations. These pieces of equipment are fairly complex and pose very serious hazards to those who use and maintain them. OSHA's special emphasis program (SEP) on amputation injuries has resulted in an increased awareness of compliance for these pieces of equipment. Outside of notifying OSHA of a fatality or a catastrophe (3 or more admitted to a hospital), this is the only other OSHA standard which requires a formal report be sent to the agency following an injury involving a powered industrial press! See: 29 CFR 1910.217(g). If you have industrial presses in your operation **you shouldn't miss signing up for an up-coming program** being sponsored by High Safety Consulting Services, Ltd. We have Rockford Systems of Illinois scheduled to present an industrial press and related equipment safety course at our facility in Lancaster, PA. [Rockford Systems](#) is a recognized leader in providing guarding and control systems for presses and we are looking forward to this full-day program scheduled for November 29. The cost is \$265 per person and includes lunch. Register at [www.highsafety.com](http://www.highsafety.com). The course is about 1/3 full, so if you have any interest, I'd encourage you to sign-up now.

**NO DR. PHIL (A re-run from the March 2005 issue)**

Okay I am stretching for this headline! I'm NOT referring to the somewhat spacey-eyed, shiny-headed psychologist that pumps out solutions to everyone's problems on OPRAH. What I am referring to is a break-through in Automated External Defibrillators (AED's) by Phillips -- a well-known and well-respected manufacturer of medical devices. Phillips has created a new AED which has been approved by the FDA to be sold without a prescription (No Dr). While medical oversight is a required aspect for nearly all AED programs, the Phillips unit is the first on the market which is specifically approved to be used without a prescription. High Safety has taken on the Phillips line of AED's and has this unit available for delivery.

In addition we still carry Cardiac Science AED's. Personally, I still like the concept of increasing energy shocks. The Phillip's model we are offering will not provide increasing shock levels. The Cardiac Science units do. Each unit has its own benefits and features. Either device can save your life. They are an important addition to your workplace. I am still amazed at company officials (most of whom are over the age of 45 and at which point heart disease is the number one cause of death!) who have not made the \$2000 investment which can do so much to save themselves or their co-workers!

An effective AED program includes: 1) Maintenance, 2) Training, and 3) Response Planning. We can assist with all phases of implementation of an AED program. We can assist in setting up and critiquing an AED drill event. This is the best way to find out what needs to be improved and to maintain your response capability at its peak efficiency.

If you would like to see a demonstration of the Phillips or Cardiac Science AED's, give us a call at 717-209-4045 or toll-free at 877-285-1129. We also have a special purchase opportunity for PA Chamber members! So, No doctor prescription required with Phillips AEDs. ***I have a brand new Cardiac Science First Save Unit available which retailed at \$2995 available to the first company that calls and provides a method of payment for only \$ 995! I am only offering one at this price, so if you want it, call now!***

#### UPCOMING PROGRAMS OFFERED BY HSCSL

##### OSHA 30 HOUR GENERAL INDUSTRY COURSE:

This in-depth program will provide you with a very good understanding of the OSHA rules and regulations that affect the general worksite. We are running the course at the end of the month from 10-24-05 to 10-28-05. This program is perfect for new safety directors or coordinators. It is also ideal for safety committee members or leaders, maintenance personnel, human resource managers, production managers or supervisors. I am excited to use a new text in this course which offers over 500 pages of resource information, supplementing the OSHA standards. Not only will you receive this text, but you will get a current copy of the OSHA standards for general industry. These two texts alone retail for over \$80! For a more complete summary of this program visit our website or [click here](#). Both new and experienced individuals will find value in this program. I was working in safety for three years before I attended this type of program. It was extremely helpful in providing me with a clear understanding of the rules but also what I should do to be successful. Our course includes discussions on safety management and administration of the safety function. If construction is your thing, see our OSHA 30 Hour Construction Course scheduled for January 2006.

Our complete course listing can be found on our website <http://www.highsafety.com/hsl/resources/courses/>.

In addition, I will be presenting at the upcoming Risk & Insurance Management Society's meeting on October 18, 2005 in Harrisburg. The topic is "Putting the Cost of Risk on the Bottom-Line, Where it Belongs". In this session a demonstration of the [Allocator™](#) will be made. For contact information on this program visit the [RIMS' website](#). I don't believe they have current presentation information posted, but if you are interested you can call them for a registration form.

**NOTE: All of our prior newsletters are archived on our website under the "Contact Us"**



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