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Weekly Safety Tip

Life Is All About Choices!®

July 6, 2015

SCI Safety: Is alcohol hurting your employees' health—and your bottom line?

Date: July 2, 2015

Source: <http://www.blr.com>



Some 15 million full-time American workers are heavy drinkers of alcohol. Is it time you took a hard look at the impact of employee drinking on your business? Keep reading to learn more about this pervasive problem.

The National Council on Alcoholism and Drug Dependence (NCADD) says heavy drinkers are frequently absent from work, suffer from diverse health problems, and are at greater risk of injuring themselves and others. Other potential problems include the potential for falling asleep on the job, poor decision-making, and morale issues that affect other workers.

According to the NCADD, two types of behavior particularly impact work performance—drinking right before or during work hours and heavy drinking the night before that results in a workday hangover. For many employers, an Employee Assistance Program (EAP) has proven to be the best solution for identifying and addressing employee [alcohol](#) issues. NCADD created the EAP model as a joint labor-management program and says millions of people have been served since the first EAPs were started more than 50 years ago.

“By encouraging and supporting treatment,” says NCADD, “employers can dramatically assist in reducing the negative impact of alcoholism in

SCI Safety Slogan

**An ounce of
prevention is worth a
pound of cure**

James Lehrke-SCI

the workplace, while reducing their costs.” The organization says alcohol treatment pays for itself in reduced healthcare costs that kick in as soon as treatment begins. Improved performance leads to an increase in productivity.

Sobering facts about the impact of alcohol at work

Consider the following:

- Workers with alcohol problems were 2.7 times more likely than other employees to have injury-related absences.
- Among patients with an occupational injury treated in emergency rooms, 35 percent were at-risk drinkers.
- About 20 percent of workers and managers say a coworker’s drinking has jeopardized their own safety and productivity.

Train your supervisors to look for these signs of alcohol or drug problems:

- Inconsistent work quality;
- Poor concentration and lack of focus;
- Lowered productivity or erratic work patterns;
- Unexplained disappearances from the jobsite;
- Carelessness, mistakes, or errors in judgment;
- Needless risk taking;
- Disregard for personal and co-worker safety;
- Extended lunch periods and early departures;
- Frequent financial problems;
- Blaming others for problems and shortcomings; *and*
- Deterioration in personal appearance or hygiene.

For more information, contact the NCADD at <http://www.NCADD.org> or the U.S. Substance Abuse and Mental Health Administration at <http://www.samhsa.org>.



SCI OSHA News: OSHA announces increased enforcement at hospitals

Source: <http://www.blr.com> (Part 1)

Date: July 1, 2015

The rate of work-related injuries and illnesses at U.S. hospitals is nearly twice as high as the overall rate for private industry. OSHA has asked inspectors to focus on five key hazards at hospitals and other inpatient care sites including nursing homes. Get details on the hazards and find out why OSHA is so concerned about this vulnerable worker population.

Although the agency has officially ended a three-year National Emphasis Program for [healthcare](#) workplaces, its focus on the industry remains strong. In a recently published guidance document, OSHA reminds inspectors to continue to look for these leading causes of injury and illness:

- [Musculoskeletal disorders \(MSDs\)](#) due to patient handling;
- Bloodborne pathogens;
- Workplace violence;
- Tuberculosis; *and*
- Slips, trips, and falls.



In addition, OSHA has asked inspectors to check for other hazards, including exposure to multi-drug resistant organisms such as MRSA, and exposure to hazardous chemicals like sanitizers, disinfectants, anesthetic gases, and hazardous drugs.

The challenge of protecting healthcare workers is considerable, with U.S. hospitals recording nearly 58,000 work-related injuries and



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Quick Tips for Healthy Living

Water Content of Food and Beverages

Beverages:

Beverages with few or no calories meet fluid needs without contributing to weight gain. Pure and simple water is the best option for low calorie fluid intake. However, all beverages except alcohol assist in meeting fluid needs. Sweetened, low nutrient beverages (such as flavored waters) and high calorie options (such as soda) should be consumed in moderation.

Caffeine and Artificial Sweeteners:

These act as diuretics by increasing urine output. Although they contribute to daily fluid intake, you require greater fluid intake to balance the increased output.

Fun Fact:

Beverages make up 20% of the average U.S. diet. Be aware of extra calories consumed from beverages.

A study from the University of Washington Center for Public Health Nutrition in 2007 suggested a relationship between increased sugar sweetened beverage intake (i.e. soda, juice, and sports drinks) and obesity. Weight change may depend on the purpose, context, and mode of liquid calories. However, increased no or low calorie fluid intake was also related to weight loss and fewer feelings of hunger between meals. Moderation is key.

Low Calorie Beverages

- Water
- Tea
- Coffee
- Low fat, skim milk, soy milk
- Low calorie artificially sweetened beverages (Ex: Coke Zero, Gatorade G2)

Food:

Fluid needs can be met by more than just water. Many foods have a high moisture content.

- Most fruits and vegetables contain up to 90% water.
- Many meats and cheeses contain at least 50% water.

Try to meet fluid needs with low calorie beverages, fruits and vegetables. Limit diuretic and high calorie beverages such as coffee and non-diet caffeinated sodas.

Source: <http://www.med.umich.edu/docs/tip-2011/hydration-0711.pdf>

illnesses in 2013. According to OSHA chief David Michaels PhD, “Workers who take care of us when we are sick or hurt should not be at such high risk for injuries—that simply is not right.” Noting that OSHA has provided training and resource materials, Michaels adds, “It’s time for hospitals and the healthcare industry to make the changes necessary to protect their workers.”

Important information about hospital hazards

The following are OSHA’s focus hazards for hospitals and care facilities.

MSDs and overexertion. Nearly half of all reported injuries in health care were attributed to overexertion-related incidents. In 2013, orderlies, nursing assistants, and personal care aides continued to have some of the highest MSD rates of all occupations.

Workplace violence. Violence is a recognized hazard in hospitals and nursing and residential care facilities, and the rate increased for the second year in a row to 16.2 cases per 10,000 full-time workers. There were approximately 14,440 assaults in hospitals and healthcare facilities.

Bloodborne pathogens and tuberculosis. The [bloodborne pathogens](#) standard, 29 CFR 1910.1030, is one of the most frequently cited standards in healthcare workplaces. And according to CDC, employees in nursing and care facilities are among the occupational groups with the highest risk for exposure to TB.

Slips, trips, and falls (STFs). Taken together, overexertion and [slips, trips, and falls](#) accounted for 69 percent of all reported cases with days away from work in hospitals and care facilities.

Continued next week, What questions do OSHA inspectors ask?



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