

Safety Lines

2013: MNOSHA's year in review

By Shelly Techar, MNOSHA Management Analyst

Performance review highlights

Each year, Minnesota OSHA (MNOSHA) Compliance conducts a review of its projected performance as defined in its performance plan, which is generated prior to the start of the federal-fiscal-year, Oct. 1.

In federal-fiscal-year 2013, MNOSHA Compliance:

- visited 2,943 establishments and identified 5,373 hazards;
- generated safety inspection results within 21 days on average;
- generated health inspection results within 25 days on average;
- resolved contested cases within 131 days on average;
- conducted 104 outreach presentations with an average participation level of 36 people; and
- responded to approximately 4,165 phone calls and 1,778 written requests for assistance, primarily email messages, with a majority of these inquiries answered within one day.

Fifty percent of the total employee health and safety complaints resulted in an on-site inspection, with an average of 3.1 days response time. The remaining complaints were handled via the MNOSHA Compliance phone and fax system (nonformal complaint).

MNOSHA Compliance continues to provide a variety of safety and health information on its website, including printable handouts and information about its audio-visual library, which offers a selection of safety and health videos and DVDs available for a free two-week loan. The MNOSHA Compliance site also provides links to other websites where safety and health regulations and other information can be accessed. The website is updated regularly and is online at www.dli.mn.gov/MnOsha.asp.

For more information about MNOSHA Compliance's performance, the MNOSHA annual report will be posted online during the first half of the calendar year at www.dli.mn.gov/OSHA/Reports.asp.

MNOSHA's new five-year strategic plan

View MNOSHA's new five-year strategic plan for federal-fiscal-years 2014 through 2018 at www.dli.mn.gov/OSHA/Reports.asp.

Creating a successful safety committee

Employers with more than 25 employees are required to establish a joint labor-management safety committee.

Those employers with 25 or fewer employees are required to have a committee if:

- the employer either has a lost-workday case incidence rate in the top 10 percent of all rates for employers in the same industry; or
- its workers' compensation premium classification assigned to the greatest portion of its payroll has a pure premium rate as reported by the Workers' Compensation Rating Association in the top 25 percent of premium rates for all classes.

Minnesota Statutes 182.676 also requires that the employees select their own representatives and that the committee conducts regularly scheduled meetings. Further requirements for safety committees are contained in Minnesota Rules 5208.0010 through .0900.

Learn more about creating an effective safety committee on page 13 of this publication.



New data being collected for occupational injuries and illnesses

By Brian Zaidman, Research and Statistics

The federal Bureau of Labor Statistics (BLS) is sending 5,000 Minnesota employers response packets for the 2013 Survey of Occupational Injuries and Illnesses (SOII). In Minnesota, the SOII is conducted jointly by BLS and the state's Department of Labor and Industry (DLI). These employers were notified in January 2013 that their OSHA log data for 2013 will be submitted to calculate the incidence rates and case characteristics for the state and – together with employers across the country – for the nation. Employers' timely and accurate response to the survey will minimize costs and maximize the value of this vital workplace safety tool.

Notification letters were also sent to about 5,000 employers, explaining they have been selected to participate in the survey for 2014. The letter explains the need to keep an OSHA log for 2014, if they are not already required to keep one, and to report their results in 2015.

It is very important that employers that receive their 2013 survey packets begin to respond to the survey. The first task is to complete preliminary OSHA recordkeeping for the 2013 injuries and illnesses. Cases involving injured workers who are still away from work or on work restrictions will need to have estimates entered for the respective durations. Then the log totals are transferred to the log summary sheet and those totals are entered on the SOII Internet response screens.

All participating employers are required to respond, even if they have no recordable injuries and illnesses during the survey year. For many industries, the majority of work establishments have no recordable cases.



Completing the survey takes very little time if the OSHA recordkeeping requirements have been followed. To learn more about how to complete the OSHA log or the log summary sheet, review Recordkeeping 101 and 201 at www.dli.mn.gov/OSHA/Recordkeeping.asp. More information about the survey is available online at www.dli.mn.gov/RS/SoiiIntr.asp.

The DLI survey team is part of the Research and Statistics unit and is barred by federal law from sharing the survey responses with OSHA. The DLI survey team can answer questions about OSHA recordkeeping, the SOII and how to report the OSHA log information. Even if an employer is not participating in the survey, the DLI survey team can answer OSHA recordkeeping questions. The team can be reached at (651) 284-5428. Questions about submitting the survey online should be emailed to BLS at fdc.helpdesk@bls.gov.

JAN. 29, 2014

'Record' the date: OSHA log recordkeeping review

There will be a half-day training session about OSHA recordkeeping requirements on Jan. 29, 2014, from 9 to 11:30 a.m., at the Minnesota Department of Labor and Industry in St. Paul, Minn.

Topics will include a review of the fundamental requirements of OSHA recordkeeping and will expose the most common OSHA log errors. Participants may meet with Department of Labor and Industry recordkeeping experts to ask questions about their own recordkeeping situations and receive tips about how to improve the accuracy and usefulness of the injury and illness log.

For additional details, including links to the registration page and to directions to the Department of Labor and Industry, visit www.dli.mn.gov/OSHA/Recordkeeping.asp.

OSHA answers

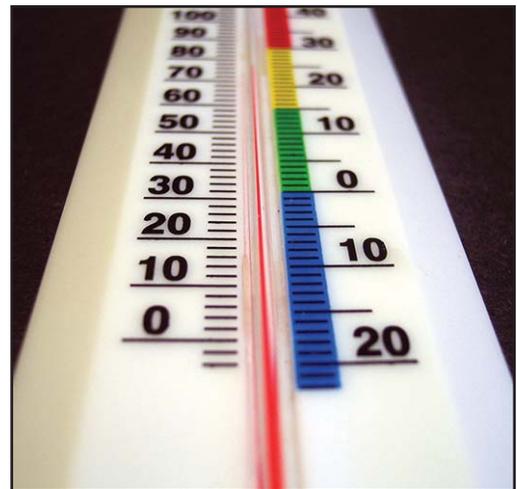
frequently asked questions

As part of its continual effort to improve customer service and provided needed information to employers and employees, Minnesota OSHA (MNOSHA) Compliance answers the most frequently asked questions from the previous quarter.

Q. **It's cold in our office. Is there a minimum temperature a workplace must be heated to?**

A. Yes, but it only applies to indoor workrooms in general industry. Minnesota Rules 5205.0110, subp. 3, requires indoor workroom temperatures be maintained at a minimum of 60 degrees Fahrenheit (°F) where strenuous work is performed or 65°F elsewhere. This limit does not apply where process requirements prohibit it. There is no equivalent rule in construction nor are there any restrictions on outdoor work in either general industry or construction.

Federal OSHA has developed a QuickCard™ about cold stress for employers and employees, online at www.osha.gov/pls/publications/publication.athruz?pType=Industry&pID=244 in both English and Spanish.



Q. **Are there any standards protecting construction workers from extreme cold?**

A. Yes, Minnesota Rules 5207.0800, Privies at Construction and Engineering Projects, requires privies be placed in heated buildings whenever possible. If it is not feasible to place them inside a heated building, the contractor must heat the privies to at least the amount of heat that can be emitted from the installation of a 1,300 watt heater. Under Minnesota Rules 5207.0810, jobsite shelters where employees can eat and change clothes must be provided from Nov. 1 to March 15. The temperature in these shelters must be maintained at a minimum of 50°F. Finally, the federal OSHA sanitation standard, 1926.51, requires temporary sleeping quarters be heated, ventilated and lighted.

Q. **Do operators of portable tower cranes need to be certified?**

A. Under 1926.1427, operators of 1- to 5-ton portable tower cranes were required to be certified by Nov. 8, 2014. However, federal OSHA recently announced it intends to extend this deadline to Nov. 10, 2017, for all types of cranes, including portable tower cranes. This does not negate the requirement under Minnesota Statutes 182.6525, Crane Operation, that requires anyone operating a mobile crane with a lifting capacity of at least 5 tons be certified now.

Do you have a question for Minnesota OSHA? To get an answer, call (651) 284-5050 or send an email message to osha.compliance@state.mn.us. Your question may be featured here.

Information about the case and demographic characteristics of OSHA recordable injuries and illnesses occurring in 2012, with one or more days away from work (DAFW), are now available on the Department of Labor and Industry (DLI) website for Minnesota's private-sector estimates and on the Bureau of Labor Statistics (BLS) website for national estimates:

- www.dli.mn.gov/RS/StatWSH.asp;
- www.bls.gov/iif.

The DLI website also has tables showing the OSHA recordable injury and illness rates and case counts, and tables and charts for injury and illness rates by industry. Many other survey results are also available, including data for local and state governments, for specific industries and occupations, and for each of the participating states. These may be accessed through the BLS Profiles tool at data.bls.gov/gqt/InitialPage or by emailing DLI Research and Statistics at dli.research@state.mn.us.

As an example of the injury and illness information available, Table 1 shows the distributions of all DAFW cases and musculoskeletal disorder (MSD) cases for selected worker characteristics and the percentage of the cases in each category that are MSD cases.

Table 1. Number of nonfatal occupational injuries and illnesses involving days away from work¹ by selected worker and case characteristics, all cases and musculoskeletal disorder cases², all ownerships, Minnesota, 2012

| Characteristic | All injuries and illnesses | Musculo-skeletal disorders | Pctg. of all cases MSD |
|---|----------------------------|----------------------------|------------------------|
| Total cases | 21,170 | 7,940 | 38% |
| Gender: | | | |
| Male | 12,440 | 4,720 | 38% |
| Female | 8,670 | 3,200 | 37% |
| Age: | | | |
| 16 to 19 | 540 | 140 | 26% |
| 20 to 24 | 1,890 | 660 | 35% |
| 25 to 34 | 4,730 | 1,760 | 37% |
| 35 to 44 | 3,890 | 1,530 | 39% |
| 45 to 54 | 5,720 | 2,410 | 42% |
| 55 to 64 | 3,540 | 1,300 | 37% |
| 65 and over | 840 | 130 | 15% |
| Length of service with employer: | | | |
| Less than 3 months | 1,910 | 490 | 26% |
| 3 months to 11 months | 3,250 | 1,270 | 39% |
| 1 year to 5 years | 6,480 | 2,310 | 36% |
| More than 5 years | 9,470 | 3,850 | 41% |
| Number of days away from work: | | | |
| Cases involving 1 day | 3,950 | 1,070 | 27% |
| Cases involving 2 days | 2,490 | 860 | 35% |
| Cases involving 3 - 5 days | 3,900 | 1,640 | 42% |
| Cases involving 6 - 10 days | 3,220 | 1,300 | 40% |
| Cases involving 11 - 20 days | 2,670 | 1,060 | 40% |
| Cases involving 21 - 30 days | 1,170 | 450 | 38% |
| Cases involving 31 or more days | 3,770 | 1,550 | 41% |
| Median days away from work ³ | 6 | 7 | |
| Day of Week: | | | |
| Sunday | 1,410 | 470 | 33% |
| Monday | 3,880 | 1,680 | 43% |
| Tuesday | 3,900 | 1,450 | 37% |
| Wednesday | 3,900 | 1,400 | 36% |
| Thursday | 3,450 | 1,230 | 36% |
| Friday | 3,090 | 1,020 | 33% |
| Saturday | 1,540 | 690 | 45% |

¹ Days-away-from-work cases include those that result in days away from work with or without job transfer or restriction.

² Musculoskeletal disorders (MSDs) include cases where the nature of the injury or illness is pinched nerve; herniated disc; meniscus tear; sprains, strains, tears; hernia (traumatic and nontraumatic); pain, swelling, and numbness; carpal or tarsal tunnel syndrome; Raynaud's syndrome or phenomenon; musculoskeletal system and connective tissue diseases and disorders, when the event or exposure leading to the injury or illness is overexertion and bodily reaction, unspecified; overexertion involving outside sources; repetitive motion involving microtasks; other and multiple exertions or bodily reactions; and rubbed, abraded, or jarred by vibration.

³ Median days away from work is the measure used to summarize the varying lengths of absences from work among the cases with days away from work. Half the cases involved more days and half involved less days than a specified median. Median days away from work are represented in actual values.

SOURCE: Bureau of Labor Statistics, U. S. Department of Labor, Survey of Occupational Injuries and Illnesses

Recalls and advisories

firefighter turnout gear, counterfeit UL mark; Philips AEDs

Firefighter product safety alert

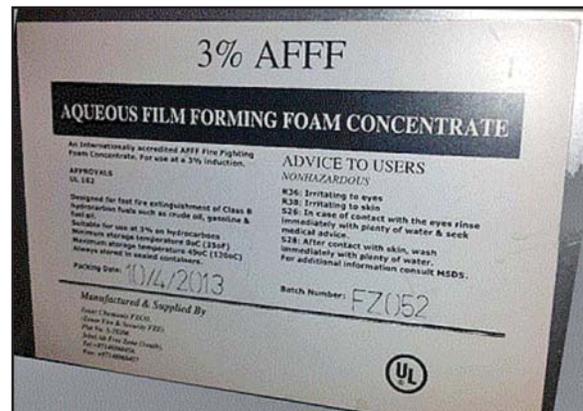
W.L. Gore and Associates, Inc. has issued an alert regarding some of their firefighter turnout gear. The alert applies only to gear that has been stored in its original packaging for three or more years.

The company has found that seam-tape separations have occurred in gear stored in this manner. When the seam-tape fails, the gear may not be resistant to liquid penetration, meaning the gear would no longer meet the requirements of NFPA 1971 Standard on Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting and NFPA 1851 Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting.

The garments in question were made with the Gore Type 2C and 2F CROSSTECH® and Types 3B and 3D GORE® RT7100 moisture barriers. The alert instructs how to check the turnout gear and what to do with any gear affected by the alert. For more information, visit www.goreprotectivefabrics.com/FirefighterProductSafetyAlert or call Gore toll-free at 1-800-455-4681.

UL warns of counterfeit UL mark on containers of fire foam liquid concentrate

Underwriters Laboratories (UL) issued a public notice Nov. 27, regarding a fire foam liquid concentrate manufactured by Zener Chemical FZCO. The firefighting foam, Aqueous Film Forming Foam Concentrate, 3% AFFF, is labeled as being certified by UL when it is not. The counterfeit markings on the label are shown below. The full notice is available on the UL website at www.ul.com (search “Zener”).



Photograph of the packing label

Maintenance advisories issued on Philips AEDs

The U.S. Food and Drug Administration (FDA) issued a Medical Device Safety Communication on Dec. 3 regarding several models of Philips Healthcare automated external defibrillators (AEDs). The models include the Philips HeartStart FRx (used primarily by first responders), HeartStart HS1 Home and the HeartStart HS1 Onsite (used primarily in public locations including airports, community centers, schools and government buildings). The AEDs could fail to provide a shock in the event of an emergency.

Philips issued a Voluntary Medical Device Recall in September 2012, regarding a defective electronic component that could cause the device to indicate it is ready for use when it is not. The company also issued a Medical Device Safety Notice on Nov. 19, updating the customers about the recall and including a maintenance advisory.

The defect is indicated by a series of triple chirping sounds. If you have one of these units and it has ever or does emit a pattern of triple chirps, call Philips Healthcare immediately at 1-800-263-3342 and select option 5 for technical support. Live technical support is available Monday through Friday, 5 a.m. to 3 p.m. Central Time. Keep the recalled HeartStart AED in service until Philips Healthcare replaces the device or you can obtain another working AED.

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If your Philips HeartStart AED is emitting a series of triple chirps during an emergency situation and you are unable to locate another working AED:

1. call emergency medical services (EMS) or 911 and start cardiopulmonary resuscitation (CPR);
2. press the flashing “i-button” and follow the voice prompts;
3. if there is an error message, remove and reinsert the battery to attempt to clear some errors and equip the device to deliver an electrical shock if needed (*Note: This step should be followed only during an emergency situation*);
4. if an advised electrical shock is not delivered, continue CPR while you wait for EMS; and
5. after the emergency is resolved, call Philips Healthcare for a replacement unit.

More information

FDA document – www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm376938.htm

Philips maintenance advisory – www.healthcare.philips.com/us_en/products/resuscitation/products/aeds/support/heartstart-maintenance-advisory.wpd

Philips statement regarding HeartStart FRx – www.healthcare.philips.com/us_en/products/resuscitation/aeds/heartstart_fr_x_statement.wpd?Int_origin=2_HC_landing_main_us_en_feature1_december2013

Agency experts available for speaking engagements

Department of Labor and Industry (DLI) staff members regularly speak to community, industry and school groups about issues that affect employees, employers and other DLI stakeholders.

As part of its outreach efforts to stakeholders, DLI’s speakers bureau can provide interested parties with a knowledgeable speaker in an array of topics. Visit www.dli.mn.gov/Speakers.asp for more details.

Nominations for DLI safety award recipient due March 30



Arthur E. McCauley Jr.

Nominations for the annual Arthur E. McCauley Jr., Minnesota Occupational Safety and Health Leadership Award are being accepted through March 30. The Minnesota Department of Labor and Industry (DLI) seeks to honor a safety or health professional who is an example of safety excellence.

The award is named for former Minnesota Safety Council member Arthur E. McCauley Jr., whose work as a safety professional encompassed the attributes of this award. McCauley was regarded for his work as a member of the Minnesota Safety Council and the Minnesota Occupational Safety and Health Advisory Council. He was known for his dedication and tireless efforts to improve the safety and health of Minnesota’s workplaces.

More information and the nomination form are online at www.dli.mn.gov/OSHA/McCauleyAward.asp. Interested parties may also contact Pam McLaughlin at (651) 284-5018 or pam.mclaughlin@state.mn.us.

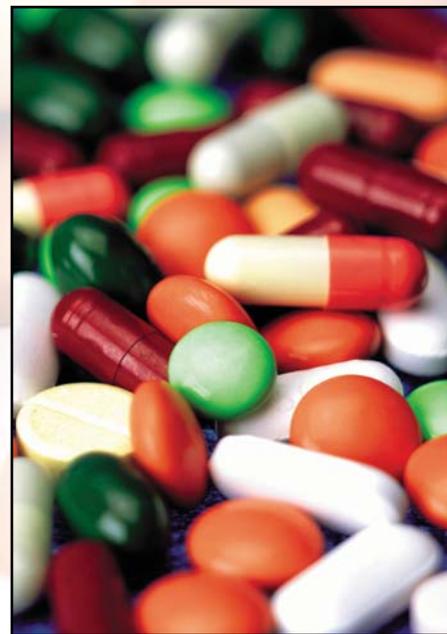
Hazardous drugs, part one: ***Antineoplastic and other hazardous drugs***

By 2030, the proportion of Americans 65 years and older is expected to increase to approximately 20 percent of the population. As the population ages, the health care system is changing to meet the challenge of delivering care. Care that was once provided at a hospital is now provided by other facilities, such as nursing homes, assisted living facilities or even in the home. One such form of care that has changed drastically is the administration of medicines. Drugs that were once administered in a hospital setting with a pharmacy are now being administered outside of a hospital and that can be a problem. In 2004, the National Institute of Occupational Safety and Health (NIOSH) issued an alert, *Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings*, with the warning that health care workers who work with or near hazardous drugs may suffer from skin rashes, infertility, miscarriage, birth defects and, possibly, leukemia or other cancers.

What is considered a hazardous drug?

A marketed drug may have up to three different types of names, including a company name, a generic name that is the drug's common scientific name and a brand name to make it stand out in the marketplace. Because drugs have many names, it is hard to determine if a certain drug is hazardous. Oftentimes, the drug is determined to be hazardous based on its active ingredient. Drugs have to be approved in the United States by the Federal Drug Administration (FDA) prior to use. On the FDA website – www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm – users can search by drug name or the active ingredient. Some common drugs being used that are on the NIOSH hazardous drugs list and their chemical names include the following.

- Carbamazepine (brand names Carbatrol, Epitol, Equetro, Tegretol, TEGretol, TEGretol XR) is used to treat seizures and nerve pain such as trigeminal neuralgia and diabetic neuropathy. It is also used to treat bipolar disorder.
- Clonazepam (brand names Klonopin, Klonopin Wafer) is used to treat seizure disorders or panic disorder.
- Paroxetine (brandnames Paxil, Paxil CR, Pexeva) is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors used to treat depression, obsessive-compulsive disorder, anxiety disorders and post-traumatic stress disorder.
- Finasteride (brand name Proscar) prevents the conversion of testosterone to dihydrotestosterone in the body and is used to treat symptoms of benign prostatic hyperplasia in men with an enlarged prostate.



How to determine if there are hazardous drugs in a facility?

Hazardous drugs, including those used for cancer chemotherapy, antiviral drugs, hormones and some bioengineered drugs, are considered hazardous due to their carcinogenicity, teratogenicity, developmental toxicity and reproductive toxicity. Each facility should generate an internal list of drugs and compare it to the *NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings 2012* (see next page for resources). This list is not all-inclusive, because new drugs are rapidly entering the marketplace. If there is a drug used that is not included on the NIOSH list, check available literature to see whether the unlisted drug should be treated as hazardous. Check the material safety data sheet (MSDS) or the proper-handling section of the drug's package insert. If any of the documents mention carcinogenicity, genotoxicity, teratogenicity, or

reproductive or developmental toxicity, use the precautions stipulated in the NIOSH alert. Other resources employers can use to find information related to drug toxicity include MSDSs, product labeling approved by the FDA (package inserts), special health warnings from drug manufacturers, reports and case studies published by professional groups and organizations in medical and health care profession journals, and evidence-based recommendations from other facilities.

How the drugs are being handled

Some drugs defined as hazardous may not pose a significant risk of direct occupational exposure because of their dosage formulation, for example, coated tablets or capsules – solid, intact medications that are administered to patients without modifying the formulation. However, they may pose a risk if solid drug formulations are altered, such as by crushing tablets or making solutions from them, for example, crushing a drug at the medicine cart in a nursing home and pouring the drug into a food product or drink to administer to a patient who cannot swallow pills. It is a common practice to crush pills that seniors cannot swallow, but one that is not allowed by OSHA because by crushing the pill, the final form of the drug is being changed and hazardous ingredients that were contained by the matrix of the pill or tablet are converted in to a powder form. This powder has the potential to expose the health care worker to the hazardous ingredients through various routes: the powder can get on the person's hand and the route of exposure would be dermal; it can also be ingested when the person eats or drinks something after handling the drugs; or it can be inhaled when the pill is crushed or transferred into a product for the resident.

How to handle hazardous drugs

All hazardous drugs should be labeled as such to prevent improper handling. Crushing tablets or opening capsules should be avoided and liquid formulations should be used whenever possible. During the compounding of hazardous drugs – crushing, dissolving or preparing a solution or an ointment – workers should wear nonpermeable gowns and double gloves. Compounding should take place in a ventilated cabinet whenever possible. Employers handling hazardous drugs should follow these precautions:

- label drugs to prevent improper handling, such as the label “Do not crush”;
- train employees about proper-handling techniques;
- provide proper personal protective equipment when employees handle hazardous drugs;
- do not allow drinking, eating or applying cosmetics where the handling of hazardous drugs occurs;
- provide proper ventilation based on the requirements of the drug being handled; and
- provide hand-washing facilities.

When working with any hazardous drug, health care workers should follow a standard precautions approach along with any recommendations included in the manufacturer's MSDS.

Resources

- MNOSHA Workplace Safety Consultation – (651) 284-5060 or 1-800-657-3776
- OSHA Hazardous Drugs – www.osha.gov/SLTC/hazardousdrugs
- Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs in Health Care Settings – www.cdc.gov/niosh/docs/2004-165
- NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings 2012 – www.cdc.gov/niosh/docs/2012-150/pdfs/2012-150.pdf
- Hazardous Drugs, Washington State Department of Labor and Industries – www.lni.wa.gov/Safety/Topics/AtoZ/HazardousDrugs
- U.S FDA Approved Drug Products – www.accessdata.fda.gov/scripts/cder/drugsatfda
- ASHP Guidelines on Handling Hazardous Drugs – www.ashp.org/s_ashp/docs/files/BP07/Prep_Gdl_HazDrugs.pdf

Annual report reviews efforts, accomplishments

Minnesota OSHA (MNOSHA) Workplace Safety Consultation follows a five-year strategic plan, based on the MNOSHA Compliance strategic plan, to focus efforts on industries where safety and health assistance is needed most.

Workplace Safety Consultation (WSC) compiles an annual report to review its efforts and accomplishments toward meeting the strategic plan. Following is a recap of some of WSC's recent accomplishments.

Consultation, training and technical assistance

During federal-fiscal-year 2012, WSC completed 936 initial and follow-up visits at employer worksites. In addition, 538 training visits and other interventions involving training and technical assistance were provided to more than 4,400 employer establishments and 9,800 employees.

WSC met or exceeded all mandated program activities for the year.

Marketing of services

WSC has an ongoing effort to reach those employers who would benefit from safety and health assistance and to encourage them to access WSC services. Updated brochures, banners, give-away items, mailings, online ads, Web pages, conference participation, and training and outreach presentations have helped communicate the availability of WSC safety and health services. In addition, with assistance from the Minnesota Department of Employment and Economic Development, notifications of available WSC safety and health services are now sent to new employers. The WSC Web pages continue to see activity, with 9,805 views of its main page during the fiscal year.

Youth/minority

Federal OSHA has focused a national effort on protecting young workers and minorities. In response, WSC has participated in multiple

presentations and partnerships that directly impact young workers and minorities. It has worked collaboratively with multiple state and community-based agencies, participating in multiple training programs designed to introduce and educate youth, women and minority workers about the construction trades, and safety and health in construction.

Participation in a Minnesota Department of Education work-based learning expo provided further exposure of safety and health requirements – and available WSC services – to job coordinators who are involved in career placement for young workers.

Nine presentations at various area high schools communicated the message of workplace safety to many students.



Alliances

Two alliances with health care groups were established to promote collaboration about workplace safety and health, with an emphasis on safe patient-handling. Technical assistance and collaboration about the emphasis area were provided through hands-on training, during on-site consultations and during “roundtable” discussions.

A third alliance was initiated to educate about prevention of occupational exposure to bloodborne pathogens through development of an exposure control plan.

WSC was also involved in the planning of a one-day safe-patient-handling conference within the Minnesota Safety Council's annual three-day safety and health conference.

Construction alliances have provided opportunities for ongoing technical assistance and training for contractors. The alliance activities have resulted in safety and health training for building contractors as part of a re-licensing requirement, development of a training course to raise the level of safety awareness

and overall worker expectations when working at construction sites, and training sessions about topics such as fall protection, electrical safety, rigging techniques, hazard recognition, ladder safety, focus-four hazards and OSHA-10 training.

For further information about WSC alliances, see page 11 or visit www.dli.mn.gov/Wsc/Alliances.asp.

Recognition programs

There are two MNOSHA safety and health excellence programs: Minnesota Safety and Health Achievement Recognition Program (MNSHARP) and Minnesota Star (MNSTAR) Program. Both have remained active for general industry and construction.

Each program is administered to provide incentive and recognition for employer worksites that have achieved a higher level of safety and health excellence, recognized through reduced injury and illness rates and the implementation of safety management attributes that comprise an effective management system.

The MNSTAR Program is available to businesses of any size that can demonstrate evidence of an effective safety and health management system; the program is similar to the federal OSHA Voluntary Protection Program. MNSHARP is dedicated to smaller employer worksites – those with fewer than 250 employees at the site and 500 companywide. The program provides ongoing assistance to guide employers committed to achieving safety excellence.

During the year, five worksites achieved MNSHARP status, four were construction sites involved in projects of 18 months or longer. In addition to the new sites, seven worksites were recertified. The MNSTAR Program certified three new worksites and recertified four.

LogSafe

To supplement the logger safety training, provided annually through a contracted vendor, WSC provides additional on-site assistance and training

for logging employers and those employers that have work activities relating to chain saw use and tree felling. Training sessions for chain saw safety and tree felling continued to be in high demand with more than 60 completed.

Ergonomics

Safe patient-handling in health care facilities continued to be an area of WSC's ergonomics focus. Forty-six initial consultation visits and 26 training and assistance visits were completed.

Initial visits included assessment of ergonomics risks, as well as assistance with other hazards and mandated health programs. Training topics included: safe patient-handling, exposure control, office ergonomics, ergonomic risk-factors, and other safety and health topics. Additional technical assistance was provided through the development of an example safe-patient-handling hazard assessment for dental clinics, intended to guide dental clinics in assessing safe-patient-handling needs.

Workplace violence prevention

There were eight workplace violence prevention training sessions provided in federal-fiscal-year 2012, with nearly 200 employers and employees participating. Sessions were provided to municipalities that requested an on-site consultation and to professional associations including the U.S. Department of Agriculture and the League of Minnesota Cities.

Technical assistance was provided during on-site consultation visits. In addition, frequently asked questions about workplace violence prevention were compiled and published online.

Safety grants

The Safety Grants Program awards funds up to \$10,000 for qualifying employers for projects designed to reduce the risk of injury and illness to their employees. The state awarded \$1,057,573.70 for safety grants in state-fiscal-year 2012; 144 safety grants were awarded to employers in both the private and public sector.

Alliances benefit Minnesota workers

Both Minnesota OSHA (MNOSHA) Compliance and MNOSHA Workplace Safety Consultation (WSC) recognize the importance and benefits of establishing ongoing partnerships with industry and labor organizations to maximize resources for improving workplace safety and health. WSC has actively sought opportunities for establishing alliances with organizations in an effort to work collaboratively toward understanding and improving worker knowledge of a particular safety or health issue. Alliances are typically focused on providing training about safety and health topics relevant to a specific industry, with a goal of impacting as many workers as possible within the industry. Information sharing is essential to an alliance so that training, technical assistance resources and recommended work practices that are developed can be spread to other employers and workers. Currently, 10 alliances are considered active of the 20 that have been established.

Workplace Safety Consultation has three active alliances with health care organizations.

- Care Providers of Minnesota** is a long-term-care association; the alliance focuses on safe handling of patients and MNOSHA standards compliance. Representatives of other member-facilities have participated in a scheduled on-site WSC consultation at a host worksite, which provided hands-on training about avoiding potential hazards that can be associated with this type of business. It also provided additional technical assistance and training about safe handling of patients through worksite assessment, assistance guides and training. Fifteen worksites have or will be participating as a host worksite.
- The Health Care Group**, an alliance to provide a venue for employees of health care facilities to discuss safe patient-handling (SPH), including current issues, challenges and recommended practices. The goals of the alliance are to give workers an opportunity to discuss challenges with others in a similar business and to understand successful practices that participants can take back and apply at their facility. The group has been meeting approximately every quarter for more than two years at the Department of Labor and Industry in St. Paul, Minn. Discussion SPH topics have included: committees, clinical settings, operating rooms, methods for bariatric patients and a road map to success. For more information about this group, contact Breca Tschida, WSC, at (651) 284-5343 or breca.tschida@state.mn.us.
- Minnesota Dental Association** (MDA) represents 77 percent of Minnesota-licensed dentists. This alliance was established to combine efforts toward educating dental clinic employers *and* employees about developing a plan to prevent occupational exposure to bloodborne pathogens. MDA provided an exposure control guidebook, developed through a separate OSHA alliance, with the goal of using the guide to assist dental clinics. WSC worked with MDA to revise the guide, making it a Minnesota-specific step-by-step tutorial about developing an exposure control plan that met requirements of the bloodborne pathogens standard – 1910.1030. The first of three scheduled training sessions had 88 participants, representing 40 employers. The guide will eventually be published online for other dental clinic employers and employees.



Related to health care, WSC was involved in the planning and development of two consecutive, one-day safe-patient-handling conferences through an ongoing alliance with the Minnesota Safety Council. Each one-day conference was concurrent with the Minnesota Safety Council's annual conference. WSC helped arrange speakers and plan the curriculum to address current SPH issues and challenges.

WSC has also established several ongoing construction alliances that have provided training and resource development opportunities for construction workers about relevant safety and health topics and development of safety-related programs.

- **Builders Association of Minnesota:** more than 40 presentations about various safety and health topics and involvement in multiple half-day sessions about construction safety as part of the state's contractor-relicensing requirements. More recently, presentations were provided to 16 chapters of the association about residential fall-protection.
- **The Builders Group:** 13 presentations about safety topics, with additional participation in multiple OSHA 10-hour and 30-hour courses.
- **Labor-Users-Contractors Council:** presentations about various safety and health topics and direct involvement in the development and delivery of training to union locals and contractors. Currently, WSC has been directly involved in development of the Pro-10 program to establish professionalism, mutual respect, risk avoidance and communication in construction.
- **The Minnesota Electrical Association:** more than 20 presentations about electrical safety, including review of electrical arc flash safety and NFPA 70E. WSC currently participates as an adjunct member of the association's safety committee.
- **Minnesota Mechanical Contractors Association:** safety and health presentations, including participation in OSHA 10-hour and 30-hour training. WSC also participated in the development of a behavior-based safety program.
- **Twin Cities Roofing Contractors Association:** multiple annual workshops with WSC presenting about relevant safety topics, including fall protection.



Past alliance activity has included the following.

- **American Physical Therapy Association:** as part of a national alliance, participated in an annual conference, with WSC presenting about safe patient-handling and how it can benefit physical therapists.
- **BS&B:** worked with the vendor to provide multiple training sessions about combustible-dust hazard recognition, prevention and control.
- **Printing Industry of Minnesota:** provided multiple training presentations about various topics, including NFPA 70E, respiratory protection, recordkeeping requirements and ergonomics.

Learn more about Workplace Safety Consultation alliances at www.dli.mn.gov/Wsc/Alliance.asp.

Creating a successful safety committee

By Dave Ferkul, Supervisor, Workplace Safety Consultation

Joint labor-management safety committees have been established and used as a means of engaging employees in the discussion and assessment of workplace safety and health, and establishing the ability for labor to communicate safety and health issues and concerns directly to those who make the decisions at the workplace.

Mission statement outlines purpose of committee

When gathering individuals together from varying organizational levels within a workplace, and with potentially limited safety management and/or committee participation experience, it is necessary to establish a committee mission statement that coincides with and supports the worksite's overall expectation about workplace safety.

A committee mission statement provides the general purpose of the committee. It can emphasize a committee's role in identifying and managing worksite risk, educating employees, establishing a means for communicating and discussing issues that impact worker safety, and promoting workplace safety. Depending on the type and size of the worksite, subcommittees may be established that have their own, specific mission statement that supports the overall safety committee's mission, through a more focused role.



Committee membership

Committee effectiveness must also consider the membership. Management and labor should each select its own members to the committee. The statute requires at least half of the membership must be labor representatives. This does not require an equal number of management members – just that at least half represent labor. This ensures labor representatives have adequate opportunity to guide the direction of committee recommendations and supports the effective concept of employee-driven safety program.

Committees with a membership that is heavy on management can result in decisions that may be perceived as adequate, but may fall short of the actual needs of the workers who are affected. Having sufficient labor representation on the committee will help prevent decisions that may fall short of the necessary expectations, by providing insight that can only be attained through direct experience with a work task or work area.

Selection of management members can be critical to a committee's effectiveness. A committee should include the facilities safety manager; ideally, it should also include management members who can make decisions about committee recommendations, without the need to continually take each issue to other levels of management for discussion. This can avoid excessive delay in a final outcome and will help create a positive perception of the committee as a group that can get things done.

Ultimately, selecting members who have specific skills and expertise to support the mission of the committee, and a desire to actively make a difference, are the members most beneficial to a committee.

The size of the committee will be dependent on the number of employees and complexity of the worksite. All major work departments or work activities should be represented on the committee, when possible.

Terms of participation of up to two to three years should be established, which allows opportunity for ongoing involvement of employees throughout the workplace. This provides opportunities for new members to revitalize the committee with new ideas and enthusiasm. To maintain a level of continuity with

the committee, avoid replacing more than half the members at one time and provide sufficient orientation for new members to keep the committee's actions moving forward.

Roles and responsibilities

A safety committee supports the workplace safety program. Specifying roles and responsibilities will help guide the committee on activities that will provide beneficial results.

Typical roles of a committee will support the safety program through identification and control of injury and illness risks, providing recommendations about safety and health goals, objectives and policies, promoting workplace safety through outreach and educational programs, and discussion of issues and concerns regarding workplace safety and health.

Specific responsibilities can then be established to support the committee roles. These commonly encompass activities such as: implementing a routine inspection program; identifying unsafe work practices; reviewing injury and illness data, as well as accident investigation reports; developing and implementing safety and health programs; and planning recognition and promotional events. A committee can also be active in: conducting baseline hazard-assessments that guide future safety and health priorities; initiating a job-hazard analysis program; analyzing a proposed change to a work process or work area; recommending and assessing proposed hazard controls; developing internal professional development programs focused on safety, health and wellness; coordinating routine emergency action drills; and more, whatever the needs of the workplace.

Clarifying roles and responsibilities provides a template for new members to become familiar with what is expected of them. Too often, newly chosen members are not provided sufficient orientation about the committee – what it is, what it does, where it's at – and this can hamper a committee's ability to maintain progress, in helping address safety and health needs. Stating specific roles and responsibilities, and providing orientation about what these responsibilities require, minimizes disruptions in the committee's efforts as new members replace existing members.

Specific training may be needed to help members meet their responsibilities. Training topics, such as accident investigation, safety and health hazard awareness, workplace inspection, conducting a job hazard analysis and an OSHA overview, can be helpful.

Committee meetings

The frequency of how often a committee should meet is really based on the extent of safety and health issues and needs of the workplace. Initially, a committee may meet more frequently due to the higher volume of issues that need to be acted upon. Over time, the frequency may become less, but it is recommended that meetings should still take place at least quarterly. Also, certain events may trigger the need for an unplanned meeting, such as a serious accident or injury event, a new proposed production process change, or another significant safety or health issue that cannot be tabled until the next scheduled meeting.

Committee meetings should be scheduled during normal work hours. Multi-shift workplaces will have an added challenge of scheduling meetings that will accommodate all members, but all members must be provided an opportunity to attend each meeting.

Maintain the meeting's focus by establishing an ongoing agenda of topic items to discuss. An agenda can include an approval of minutes from the most recent meeting, an action item update, reports from various departments and any new business. Consider establishing timeframes for each agenda item and

try to stick to the agenda. When appropriate, table issues for future meetings if they cannot be adequately resolved during the meeting.

How committee meetings are managed will have a big impact on the group's effectiveness. Establishing meeting etiquette with ground rules and selecting a meeting chairperson who demonstrates effective facilitation skills will greatly enhance a committee's ability to assess issues and determine appropriate recommended actions. The chairperson should focus on listening to and trying to understand ideas rather than disapproving or critiquing ideas. Allow the committee members to decide what to do.

A chairperson should encourage discussion from all members. If one person is allowed to dominate a discussion during a meeting, or continually interrupts with comments and ideas when others are speaking – even if his or her intentions are good – it can shutdown a significant portion of the group, and limit the discussion and feedback to just a few members. Having a pre-established set of meeting ground rules and effective facilitation will encourage participation by all members, keep the discussion on-topic, and promote discussion and understanding of ideas. This will keep everyone involved and motivated, maximizing the group's potential to achieve meaningful accomplishments.

Eventually, as ideas are discussed, final decisions must be made. Consensual decisionmaking is a preferred method to follow to reach agreement about a recommendation or other course of action. This prevents out-voting by one side or the other. The goal is that appropriate, feasible recommendations are generated through input and discussion by all members. Though not bound by decisions of the committee, the employer should be expected to seriously consider the committee's recommendations.

Great ideas, now what?

Safety committees can generate a lot of good ideas and recommended solutions. Tracking these is vital to ensuring action will be taken to implement the recommendations made. Meeting minutes must always be recorded and ideally by someone who is not a member of the committee. This will allow the minute-taker to focus on accurately recording the discussions and not be distracted by the need to participate in the discussions. The minutes should include who attended the meeting, the date of the meeting and provide a formatted list of issues that were discussed, recommended actions that were determined and other specific task assignments. Minutes can be used to track the ongoing status of action items. It's imperative that action items are prioritized, assigned and tracked to completion; otherwise, they become easily overlooked amongst the new issues that get brought up.

Publicize activities and accomplishments of the committee through meeting minutes and other internal publications.

Periodic self-evaluation of a committee is also a recommended practice. This will ensure the committee remains effective in achieving its responsibilities. A self-evaluation checklist can be used to acknowledge where the committee is effectively meeting responsibilities and where improvements can be made. For committees that are just starting out, a self-evaluation is recommended after six months.

For more information about safety committees, visit www.dli.mn.gov/WSC/Lmsc.asp.

MNOSHA spreads safety message at free Construction Seminars

Minnesota OSHA Compliance offers free (and citation-free) opportunities for those in the construction industry to learn more about a specific topic, ask questions, discuss specific situations or simply revive their focus on worksite safety and health during the Construction Seminar series.

This year's five seminars are at a new location less than 20 minutes north of downtown St. Paul, with ample free parking – the MnDOT Training and Conference Center, 1900 W. Cty. Road I, Shoreview, MN. Doors open at 6:30 a.m. and the program begins at 7 a.m., lasting about two hours.



Attendees at the Minnesota OSHA Compliance Construction Seminar, Nov. 20, take part in a discussion about the changing workforce, with panelists Lisa Hollingsworth, MNOSHA; Terry Hukriede, Adolfson & Peterson; and Chad Stuart, O3 Contracting, Inc.

This year's seminars are all planned to be panel discussions. MNOSHA Compliance and the Construction Seminar Steering Committee hopes to encourage more interaction with the audience, offer better understanding and provide more practical learning for those who attend.

Next up: MNOSHA statistics and update – Tuesday, Jan. 21

This seminar will present Minnesota OSHA's construction fatality and serious-injury statistics for the past five years, plus inform attendees about the most recent MNOSHA news from Compliance and from Workplace Safety Consultation. Reviewing fatality and serious-injury statistics illuminates areas where efforts still need to be taken to reduce worksite hazards. MNOSHA's news includes new standards requirements, national and local special emphasis programs, an update about construction partnerships and a review of the many programs that are offered at no cost.

Visit www.dli.mn.gov/OSHA/ConstructionSeminars.asp for complete information, to register for the free seminars or to be added to the email list for announcements about the seminars.

Register now for Construction Industry Conference



The state of Minnesota and its construction industry partners will host the first-ever Minnesota Construction Industry Conference on Feb. 6, 2014, in Bloomington, Minn.

This one-day conference will provide educational and networking opportunities for **highway/heavy, commercial building and residential contractors**, plus informative general sessions for the entire construction industry and continuing education units for attending select workshops.

» Visit www.dli.mn.gov/Construction to register.

» Download the conference app at <http://my.yapp.us/4RWA9F>.



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