

Weekly Safety Tip



"Your Connection for Workplace Safety"

Phone: 920-208-7520

We're about service, commitment, results, and accountability!

Our Weekly Safety Tip provides valuable and current safety information relevant for Work, Home & Play.

And, you will be kept current on the latest Safety Compliance issues.



SCI SAFETY NEWS OR TIP



SCI OSHA NEWS OR COMPLIANCE



SCI HEALTHYLIVING and WELLNESS NEWS

We want to hear from you! Send us your feedback and give us ideas for future safety topics.

Let us know how you feel about our new look!

Safety Slogan

Safety success is no accident

James Lehrke-SCI

of the week

SCI Safety Tip: Why Drug-Free Workplace Programs Fail

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

Date: June 29, 2010

Working Partners for an Alcohol- and Drug-Free Workplace (a division of the U.S. Department of Labor) has identified the top reasons drug-free programs fail. You may wish to benchmark your program against these.

Working Partners says that drug-free workplace programs fail for these nine reasons:

- 1. The program isn't tied into the organization's safety plan since OSHA doesn't require it.** Incorporating the drug-free program into a safety plan sends a clear signal to workers that you're serious about substance abuse. Because the Human Resources department often oversees drug programs, linking substances and safety can require connecting the right people.
- 2. The policy exists on paper, but no one knows what it says.** Without a widely understood policy, you don't have a program. Policy details should be openly discussed, as should the impact of drug use on business. Employees should have a chance to ask questions and should be required to sign an "acknowledgment of receipt" form.
- 3. There is a misconception that once a policy is in place, it's too late to change it.** A drug-free policy is not written in stone and should evolve to meet changing needs. Enforcement should be consistent, while affording you flexibility in managing specific situations. Policies should be reviewed periodically to see what's working and what needs fixing.
- 4. Employees consider drug testing invasive and won't go for it.** In fact, testing protects the company and contributes to an employee's job security and personal safety, says Working Partners. Many unions support the practice when it is implemented with procedures that ensure the integrity, accuracy, and confidentiality of test results, and when it provides opportunities for workers to get help and keep their jobs.
- 5. Employers believe that if applicants are drug-tested, no one will ever be hired.** If the level of drug use at your workplace is that high, you're already at risk for increased absenteeism and medical costs and lower productivity. Says Working Partners: "No company has ever gone out of business because it could not find drug-free applicants." The organization urges employers to promote their programs and to communicate that testing is a condition of employment. "Nonusers will find you and appreciate the safety and security of staying on your payroll."

6. Employers say testing doesn't really improve safety since it only reveals use, not impairment. The cost of preventing an incident from occurring is typically 10 times less than costs related to a drug- or alcohol-related accident. Positive drug tests that show recent use have become de facto legal evidence of impairment, according to Working Partners. And courts have sided with employers that take disciplinary action against employees who test positive, especially when safety is involved. Policies should prohibit employees from reporting to work with detectable levels of drugs in their system, not just "working under the influence."

7. Employers wonder why they should bother to test when employees can cheat the test. The Substance Abuse and Mental Health Services Administration (SAMHSA) says that good labs can beat the cheaters by testing for adulteration, substitution, or other schemes. When choosing a lab, make sure it has this capability, and ask for documentation that these services are offered.

8. Management believes EAPs and other types of assistance are luxuries they can't afford. In fact, studies suggest that Employee Assistant Programs save money by helping to reduce turnover, absenteeism, and healthcare costs, and by increasing productivity. They also provide a means of early intervention and treatment.

9. Employees don't trust EAPs and think they are a way to get rid of problem workers. Employees should be informed that EAPs are staffed by trained professionals who provide confidential services. They make organizations safer and more productive, which benefits everyone.

OSHA News: OSHA review project eliminates outdated requirements, brings standards up-to-date

Source: <http://www.osha.gov>

Date: July 2, 2010

WASHINGTON - OSHA announced today [Standards Improvement Project \(SIP\)-III](#), a proposed rule to revise and remove requirements within several OSHA standards that are outdated, duplicative or inconsistent. This rulemaking will help keep OSHA standards up-to-date and will help employers better understand their regulatory obligations. For example, OSHA is proposing in SIP-III to update the definition for "potable water" in the Sanitation standard (1910.141) with the current Environmental Protection Agency clean water standard. OSHA is also proposing to remove an outdated provision in the Bloodborne Pathogens standard (1910.1030) that requires employers to provide hand dryers that use warm air. This will allow use of newer technologies that use room temperature air. These SIP-Phase III recommendations evolved through the agency's review of its standards, suggestions and comments from the public, and recommendations from the Office of Management and Budget. The proposal builds on the success of SIP-Phase I published June 18, 1998, and SIP-Phase II published Jan. 5, 2005. Those interested in submitting comments for this proposed rule can submit them through the Federal eRulemaking Portal at <http://www.regulations.gov>. Comments may also be submitted by mail to the OSHA Docket Office, Docket No. OSHA-2006-0049, U.S. Department of Labor, Room N-2625, 200 Constitution Ave., N.W., Washington, D.C. 20210. Submissions can also be faxed to the OSHA Docket Office at 202-693-1648. OSHA will accept comments until Sept. 30, 2010. General information inquiries should be directed to Ryan Tremain, OSHA Directorate of Standards and Guidance, at 202-693-1950. Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to assure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit <http://www.osha.gov>.

SCI Health Study: World Health Organization has Interphone study reports on mobile phone use and brain cancer risk

Source: http://www.iarc.fr/en/media-centre/pr/2010/pdfs/pr200_E.pdf (see the full study)

Date: May 17, 2010

Union against Cancer) to guarantee the independence of the scientists. Most of the rest of the 5.5 million € came indirectly to individual centers from mobile phone operators and manufacturers, for example, through taxes and fees collected by government agencies. Only 0.5 million € (2.5%) of the overall study costs were provided directly by the industry, in Canada and France, under contracts which preserved the independence of the study. Other funding was provided by the European Commission (3.74 million €) and national and local funding sources (9.9 million € in total) in participating countries.

Additional funding for the extension of the research to younger and older age groups was received directly from mobile phone operators in the UK under contracts which preserved the independence of the study.

SCI can deliver culture base training to change the culture of business!

SCI Testimonial

Jim came in and showed us that it is necessary to change the culture of the work place to make it safer. He also taught us that it needs to follow through away from the work place. To use Jim's phrase, Life is about choices. Through their training and assistance we have gone from a company about to be put in the workers comp. pool, to a company that is now three plus years with out a reportable accident. We are very pleased with Safety Connections and the support they have given us.

Sincerely Al Feld President

Results

The Interphone Study Group summarized its findings as follows:

"A reduced odds ratio (OR) related to ever having been a regular mobile phone user was seen for glioma [OR 0.81; 95% confidence interval (CI) 0.70-0.94] and meningioma (OR 0.79; 95% CI 0.68-0.91), possibly reflecting participation bias or other methodological limitations. No elevated OR was observed ≥ 10 years after first phone use (glioma: OR 0.98; 95% CI 0.76-1.26; meningioma: OR 0.83; 95% CI 0.61-1.14). ORs were < 1.0 for all deciles of lifetime number of phone calls and nine deciles of cumulative call time. In the tenth [highest] decile of recalled cumulative call time, ≥ 1640 h, the OR was 1.40 (95% CI 1.03-1.89) for glioma, and 1.15 (95% CI 0.81-1.62) for meningioma; but there are implausible values of reported use in this group. ORs for glioma tended to be greater in the temporal lobe than in other lobes of the brain, but the CIs around the lobe-specific estimates were wide. ORs for glioma tended to be greater in subjects who reported usual phone use on the same side of the head as their tumour than on the opposite side."

Conclusions

The Interphone Study Group concluded with the following key message:

A reduced OR for glioma and meningioma related to ever having been a regular mobile phone user possibly reflects participation bias or other methodological limitations. No elevated OR for glioma or meningioma was observed ≥ 10 years after first phone use. There were suggestions of an increased risk of glioma, and much less so meningioma, in the highest decile of cumulative call time, in subjects who reported usual phone use on the same side of the head as their tumour and, for glioma, for tumours in the temporal lobe. Biases and errors limit the strength of the conclusions that can be drawn from these analyses and prevent a causal interpretation.

Change in pattern of use

The majority of subjects were not heavy mobile phone users by today's standards. The median lifetime cumulative call time was around 100 hours, with a median of 2 to 2½ hours of reported use per month. The cut-point for the heaviest 10% of users (1640 hours lifetime), spread out over 10 years, corresponds to about a half-hour per day.



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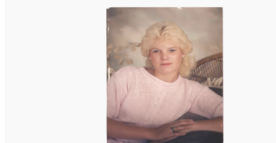
jlconnections@aol.com

See us at:

<http://www.safetyconnections.com>

In Loving

Memory of Jessica Lehrke



Today, mobile phone use has become much more prevalent and it is not unusual for young people to use mobile phones for an hour or more a day. This increasing use is tempered, however, by the lower emissions, on average, from newer technology phones, and the increasing use of texting and hands-free operations that keep the phone away from the head.

What next?

Dr Christopher Wild, Director of IARC said: "An increased risk of brain cancer is not established from the data from Interphone. However, observations at the highest level of cumulative call time and the changing patterns of mobile phone use since the period studied by Interphone, particularly in young people, mean that further investigation of mobile phone use and brain cancer risk is merited."

Professor Elisabeth Cardis said that "the Interphone study will continue with additional analyses of mobile phone use and tumours of the acoustic nerve and parotid gland." She added: "Because of concerns about the rapid increase in mobile phone use in young people – who were not covered by Interphone –, CREAL is co-ordinating a new project, MobiKids, funded by the European Union, to investigate the risk of brain tumours from mobile phone use in childhood and adolescence."

IARC has scheduled a comprehensive review of the carcinogenic potential of mobile phone use under the auspices of its Monographs Programme. The review, scheduled for 24-31 May 2011, will consider all published epidemiological and experimental evidence, including the new data from the Interphone study.