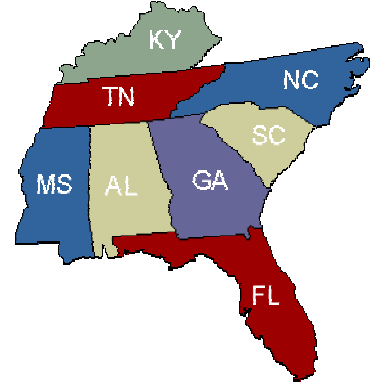




News from Region IV
Serving the Southeast



Focus on Fatalities

Regional Emphasis Program Focuses on Electrical Hazards

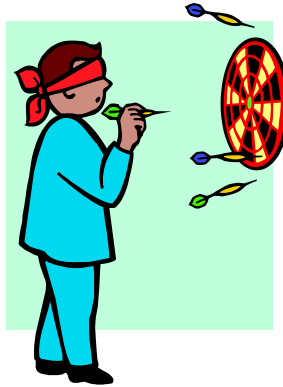
A Regional Emphasis Program has been developed effective May 2003 that directs compliance officers in Region IV to target work activities that occur near overhead electrical power transmission lines.

During a four-year period from 1999 to 2002, **65** workers were **killed** due to contact with electrical overhead power transmission lines! That figure represents 47% of all occupational fatalities that occurred within Region IV during that time frame.

The Regional Emphasis Program on Electrical Hazards requires compliance officers to stop at sites wherever work near overhead electrical power lines is observed. If work is ongoing, the site will be inspected to assure employees are not at risk of electrical contact while performing their work. If the site does not have work ongoing the compliance officer will conduct an intervention which will include providing materials related to proper personal protection and work procedures (including proper grounding techniques) to site personnel. Interventions are considered to be compliance assistance activities rather than enforcement. This unique provision allows compliance officers to visit work sites even if no hazards are observed.

Electrical Outreach CD Now Available

A new training aid has been developed and is ready for distribution concurrent with the Regional Emphasis Program on Electrical Hazards. The Electrical Outreach CD contains the Regional Directive on Electrical Hazards along with numerous photographs that depict electrical hazards with descriptions of the hazard and the appropriate OSHA Standard reference. The CD contains hazard information that is deemed **useful in any industry**. A copy can be obtained through your local area office Compliance Assistance Specialist or Duty Officer.



What You Can't See Can Hurt You!

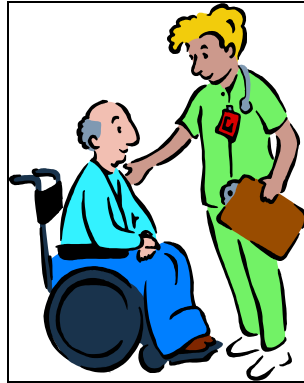
To the contrary, six workers died during FY 2002 because of what they couldn't see. These workers had one thing in common – they were all working in attic space installing wiring or ductwork when they came in contact with energized conductors.

Residential construction workers are at risk when working in areas such as attic space where wiring and electrical components are often hidden from plain view because of insulation or construction materials. Areas should be inspected prior to work commencing and when appropriate, electrical and/or other energy sources should be isolated by employing lock-out/tag-out procedures.

During FY 2002, three workers died when they leaned or fell against conduit that separated and exposed energized conductors. One worker died when he came in contact with an energized ceiling grid as he used a power drill to install air conditioning duct work. One worker died when he contacted concealed 120-volt power as he installed air conditioning duct work. One worker died when working on junction boxes in the attic space of a residential home when a worker turned the power on at the breaker box.

A Hazard Alert Letter was sent to electrical and HVAC contractors in Region IV with information concerning the potential of contact with energized conductors when working in attic space.





Ergonomic Guidelines for Nursing Homes

Less than a year after OSHA issued a comprehensive plan to reduce ergonomic injuries through a four-pronged approach, the first industry specific guidelines have been issued. Nursing home workers experience a high number of ergonomic-related injuries during patient handling, which has resulted in a large number of nursing homes being placed on OSHA's strategic targeting system.

OSHA's "Guidelines for Nursing Homes" focuses on practical recommendations for employers to reduce the number and severity of workplace injuries by using methods that have been utilized in the nursing home environment. The Guidelines are divided into five sections:

- 1) *Developing a process for protecting workers.*
 - a. Provide Management Support
 - b. Involve Employees
 - c. Identify Problems
 - d. Implement Solutions
 - e. Address Reports of Injuries
 - f. Provide Training
 - g. Evaluate Ergonomic Efforts
- 2) *Identifying problems and implementing solutions for resident lifting and repositioning.*
 - a. Analyze resident lifting and repositioning tasks.
 - b. Assess the needs and abilities of the resident involved.
 - i. The level of assistance the resident requires.
 - ii. The size and weight of the resident.
 - iii. The ability and willingness of the resident to understand and cooperate.
 - iv. Any medical conditions that may influence the choice of methods for lifting or repositioning.
- 3) *Identifying problems and implementing solutions for activities other than resident lifting and repositioning.*

4) Training.

- a. Nursing Assistants and other workers at risk of injury.
- b. Charge Nurses and Supervisors
- c. Designated Program Managers

5) Additional sources of information.

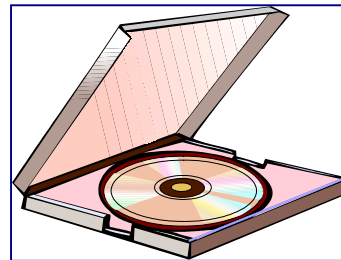
Specific measures or guideline implementations may differ from site to site. Still, the agency recommends that all facilities **minimize manual lifting of residents in all cases, and eliminate such lifting when feasible.**

The guidelines are specifically designed for the nursing home industry, however employers in other environments, such as assisted living centers, homes for the disabled, homes for the aged, and hospitals will find the information useful in implementing ergonomic programs in their workplaces.

For more information, visit OSHA's website at:

<http://www.osha.gov/ergonomics/guidelines/nursinghome/index.html>; for information on other industry ergonomic guidelines visit:

<http://www.osha.gov/SLTC/ergonomics/guidelines.html> .



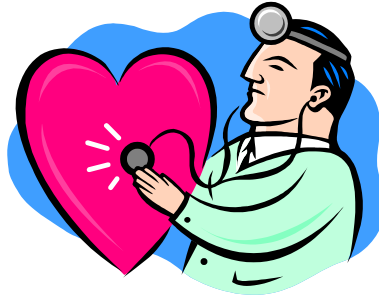
Region IV Photo Archive CD Now Available

Taking Compliance Assistance one step further, Region IV has produced a Photo Archive CD for use by employers, employees and interested safety and health groups. The CD makes available photos of hazards, identification of applicable OSHA standards and abatement assistance measures. The CD is an excellent resource for training as well as individual company application.

This CD has been developed utilizing state of the art technology and allows the user to select photos that have been categorized into various groups such as scaffolding, fall protection, machine guarding, electrical, bloodborne pathogens, etc. Photos included on the CD were taken on actual enforcement inspections depicting real hazards in real life settings.

Along with the photos of hazards, a Special Report on Region IV Fatalities for FY 2002 is included. The Special Report identifies the types of fatalities by SIC, by area office and by type. Two Power Point presentations are also included which identify fatalities by type and by SIC Code.

Compliance Assistance Specialists in area offices have been provided a supply of the CDs. You can contact your local area office to obtain a copy for your use.



OSHA Supports Use of Automated External Defibrillators (AEDs)

(An excerpt from OSHA Technical Information Bulletin TIB01-12-17)

Sixty-one million Americans have cardiovascular disease, resulting in approximately 1 million deaths per year. One-third of these (300,000 – 400,000) are due to cardiac arrest, the sudden and unexpected loss of heart function. Survival rates for out-of-hospital cardiac arrest are only 1 to 5 percent. Most often cardiac arrest is due to chaotic beating of the heart (ventricular fibrillation), which can be restored to a normal rhythm if treated early with electric shock (defibrillation). Treatment of witnessed ventricular fibrillation with immediate defibrillation can result in greater than 90 percent survival. With each minute of delay in defibrillation, nearly 10 percent fewer survive, so that at 10 minutes, survival is dismal. In June 1999, Chicago's O'Hare and Midway Airports installed automated external defibrillators (AEDs) to respond in 1 minute of cardiac arrest. In the first 10 months, 14 cardiac arrests occurred, and 9 of the 14 victims (64%) survived.

In 1999 and 2000, 815 out of 6,339 (13%) workplace fatalities reported to OSHA were due to sudden cardiac arrest. Work factors that may aggravate or contribute to cardiovascular disease are carbon monoxide, halogenated hydrocarbons, smoking, extreme heat or cold, stress, and shift work. Electrical hazards may produce cardiac arrest (ventricular fibrillation). Exposure to noise, lead, or arsenic may produce high blood pressure, increasing the risk for heart disease.

About 400 workplace deaths from cardiac arrest are reported to OSHA annually. Assuming an average time to defibrillation of 5 minutes would produce a 40% survival rate, 160 lives per year could be saved!

Employers should consider use of AEDs at their worksites to reduce the time to defibrillation with the goal of improving survival.

Consult the Department of Health and Human Services, Federal Occupational Health <http://www.foh.dhhs.gov/Public/WhatWeDo/AED/AED.asp>, the American Red Cross <http://www.redcross-cmd.org/Chapter/Courses/aeds.html> and OSHA <http://www.osha.gov/> for additional documents related to AEDs.

Regional Response

OSHA Region IV will respond to workplace fatalities resulting from cardiac arrest by sending a letter to the employer that encourages the consideration of the purchase and use of AED(s) at their facility. AED research has resulted in safe, affordable and user-friendly devices that could significantly enhance the survival of an employee.

Every Minute Counts		
	Time from notification to Defibrillation	Survival Rate*
Rehabilitation Centers	Immediate defibrillation (1-2 minutes)	90%
Model Community	Early defibrillation (6 minutes)	45%
	Early defibrillation (7 minutes)	30%
Typical Community	Delayed defibrillation (> 10 minutes)	< 5%
		* For victims of sudden cardiac arrest in witnessed ventricular fibrillation.



**National Center for
Early Defibrillation**
Community Resources to Help Save Lives



**Because so many
more can survive...**

Fast Facts

Did You Know?

The annual incidence of sudden cardiac arrest is higher than the annual incidence of car accidents, breast cancer, prostate cancer and house fires combined.

Automated external defibrillators (AEDs) cannot be made to shock anyone who does not need to be shocked.

Few medical interventions are as inexpensive to implement and successful at saving lives as early defibrillation.

The cure for many cases of sudden cardiac arrest (SCA) is immediate treatment with a defibrillator.

Learning to use an AED is simple and intuitive. Formal training takes about two to four hours (including CPR), but many untrained laypersons have been able to use AEDs successfully in actual emergencies.

The provision of CPR, while waiting for the defibrillator is vitally important since it contributes to the preservation of heart and brain function. On average, only 7% of sudden cardiac arrest victims in the United States survive. In some settings, survival rates of 50% have been achieved. If even 20% could survive, 50,000 lives could be saved each year.

State and federal Good Samaritan laws protect individuals who use automated external defibrillators (AEDs) in good faith from legal liability risk

There are no reported lawsuits involving the use of an automated external defibrillator (AED). All lawsuits revolve around the failure to have or use an AED.

If a cardiac arrest victim is shocked with a defibrillator within the first minute of collapse, the chances for survival are close to 90%. If the victim is not defibrillated until 10 minutes after collapse, the chances of survival are close to zero.

Voluntary Protection Program - VPP

Ever wondered how to get national recognition for an exemplary safety and health program at your work site? OSHA's Voluntary Protection Program (VPP) may be what you're looking for. In the VPP, management, labor, and OSHA work together to establish cooperative relationships at workplaces that have implemented safety and health management systems that result in lower than national average lost workday rates, lower worker compensation costs and more efficient operations. Approval into VPP is OSHA's official recognition of the outstanding efforts of employers and employees who have worked together to achieve superior safety and health working conditions at their site. For more information about VPP, visit OSHA's website: <http://www.osha-slc.gov/dcsp/vpp/index.html>.

On a national level, the Voluntary Protection Program Participants' Association (VPPPA) consists of over 900 member companies that are in OSHA's VPP. The association also has regional chapters that serve to encourage and mentor companies that are interested in becoming a VPP site. For more information about the national VPPPA, visit their website: <http://www.vpppa.org/> or Region IV's VPPPA chapter <http://www.vpppa.org/Chapters/index.cfm> - 4



Regional Voluntary Protection Program (VPP) Officers

Each state in Region IV with federal enforcement jurisdiction has a designated Voluntary Protection Program Officer (VPPO) whose responsibility is to coordinate and carry out the activities associated with VPP evaluations and re-certifications.

VPPOs conduct pre-site visit evaluations of VPP applications, coordinate team members for each site visit, schedule on-site visits, and assure that proper processing of recommendations for acceptance into the VPP is transmitted to Washington, D. C.

Susan Sikes is the Regional VPP Coordinator and is located at the Atlanta Regional Office. The VPPOs are located in OSHA field offices in Alabama, Mississippi, Georgia and Florida.

Questions about VPP can be directed to the VPPOs:

Alabama*

Leigh Jackson, VPPO
<mailto:jackson.leigh@dol.gov>
 Mobile Area OSHA Office
 3737 Government, Suite 100
 Mobile, AL 36693
 251-441-6083

*Area covered includes Southern Alabama
 and Florida Panhandle

Mississippi*

Ivory Williams, VPPO
<mailto:williams.ivory@dol.gov>
 Jackson Area OSHA Office
 3780 I-55 North, Suite 210
 Jackson, MS 39211-6323
 601-965-4606

*Area covered includes Mississippi and
 Northern Alabama

Georgia*

Bill Harrington, VPPO
<mailto:harrington.bill@dol.gov>
 Atlanta East Area OSHA Office
 LaVista Perimeter Office Park
 Building 7, Suite 110
 Tucker, GA 30084

*Area covered includes North Georgia
 (Macon and above)

Florida*

Dan Dehart, VPPO
<mailto:dehart.dan@dol.gov>
 Jacksonville Area OSHA Office
 1851 Executive Center Drive
 Suite 227
 Jacksonville, FL 33207
 904-232-2895

*Area covered includes South Georgia
 and Florida

Regional Events

The following is a list of safety and health related events that will be held in the coming months:

Alabama

**16th Annual Alabama Governor's
 Safety and Health Conference**
Perdido Resort Hotel
Orange Beach, Alabama

August 25 – 27, 2003

For more information contact:
 Safe State
 Ph: 205-348-3025

Tennessee

Tennessee Governor's Safety and Health Conference
Opry-land Hotel
Nashville, TN

July 20 – 23, 2003

For Information contact:
 TOSHA
 Ph: 615 - 741-2793

Florida

Florida Annual Safety and Health Conference/Annual Worker's Compensation Education Conference

Orlando World Center Marriott

August 17 – 20, 2003

For more information contact:

Ph: 850-425-8156

<http://wwwfwciweb.org/>

Florida Association of Homes for the Aged 40th Convention

Boca Raton, FL

July 8, 2003

For more information contact:

Rhanda McKown

850-671-3700

Georgia

**Construction Business Management Institute
Small Business Government Symposium**

Augusta, GA

July 25, 2003

For more information contact:

404-894-2646

e-mail at: <http://www.oshainfo.gatech.edu/>

Nursing Home National Emphasis Program Seminar

North Metro Tech

Atlanta, GA

August 6, 2003

For information contact:

Georgia Nursing Home Association

e-mail: <http://www.gnha.org/>

Small Business Development Center Outreach Seminar
Augusta, GA

September 16, 2003

For information contact:
Connie Boisclair 706-737-1790

Small Business Government Symposium

Atlanta, GA

FREE

July 8, 2003

For more information contact:
<http://alliance-gov.kintera.org/>

Mississippi

Mississippi Labor Management Conference

Isle of Capri Hotel & Conference Center

Biloxi, MS

July 21-23, 2003

For more information contact:
Robert Shaffer
601-948-5761

OSHA'S NEW STRATEGIC PLAN

OSHA's goal is to reduce workplace fatalities by 15% and workplace injuries and illnesses by 20% by 2008. Each year, OSHA will emphasize specific areas to achieve this broader goal; for example, in 2003-2004 OSHA's goal is a three percent drop in construction fatalities and a one percent drop in general industry fatalities, as well as a four percent drop in injuries and illnesses in construction, general industry, and specific industries with high hazard rates including landscaping/horticultural services, oil and gas field services, blast furnace and basic steel products, ship and boat building and repair, and other high hazard industries.

OSHA's strategic management plan also covers issues not traditionally addressed by the agency but that nevertheless account for many work-related injuries, illnesses and deaths, such as workplace violence and work-related motor vehicle accidents.

OSHA intends to use a variety of cooperative programs and outreach efforts to assist employers and employees in addressing these problems. In addition, the agency will focus on emergency preparedness, helping workplaces get ready to respond to workplace emergencies such as natural disasters or terrorist attacks.

Under OSHA's 1997-2002 strategic plan, injuries and illnesses declined in the 100,000 workplaces where there were direct OSHA interventions (such as the consultation program to help small business address its needs); amputations declined by 24% and lead exposures by 69% -- the original goal was a 15% reduction in each; fatalities in construction declined 9.5% -- just short of the original goal of 11%; and injuries and illnesses were cut by 47% at worksites engaged in cooperative relationships with OSHA.

Faced with both new challenges and persistent safety and health issues, OSHA is committed to focusing its resources on achieving three overarching goals:

- 1. Reduce occupational hazards through direct intervention**
- 2. Promote a safety and health culture through compliance assistance, cooperative programs and strong leadership; and**
- 3. Maximize OSHA's effectiveness and efficiency by strengthening its capabilities and infrastructure**

You can read the plan and supporting materials that describe its goals on the OSHA Home page at <http://www.osha.gov/StratPlanPublic/index.html>.

***Safety and Health Add Value
To Your Business
To Your Workplace
To Your Life***

New Appointments

William “Bill” Grimes

Assistant Regional Administrator for Cooperative Programs, Atlanta Regional Office
(Bill was formerly an Assistant Area Director in Atlanta East)

Bill has responsibility for administering all the Cooperative Programs in Region IV including Voluntary Protection Programs, Partnerships, Alliances, Federal Agency Programs, and State Consultation Programs.

Brian Hennessey

Assistant Area Director for the Tampa Area Office (Brian was formerly a compliance officer in the Tampa Area Office).

Update on Alliances

Alabama

Alabama Struck-By Alliance

Alabama Struck-By Alliance focuses on training for employees exposed to being struck by motorized construction equipment on construction sites and over-the-road motor vehicles during highway/road/bridge construction.



Members of the Alabama Struck By Alliance Committee



Treasury Secretary Kay Ivy reads Alabama Governor Bob Riley’s Proclamation Declaring April 16, 2003 as “Alabama Struck By Alliance Day”

Mississippi

OSHA, Northrop Grumman Ship Systems, Inc., and its Unions form Safety and Health Alliance

The Northrup Grumman/OSHA Alliance focuses on shipyard safety and includes employee training in hazard recognition. Four locations are covered by the Alliance, two in Mississippi and two in Louisiana.

Signatories to the Alliance



Electric Power Associations of Mississippi

The Occupational Safety and Health Administration (OSHA) and Electric Power Associations of Mississippi (EPA of MS) have formed an Alliance to provide EPA of MS members and others with information, guidance, and access to training resources that will help them protect employees' health and safety, particularly in reducing and preventing exposure to electrical transmission and distribution equipment hazards.



Jackson Area Director, Clyde Payne (right) after signing ceremony May 23, 2003.

Florida

Florida Institute of Safety and Construction

The Occupational Safety and Health Administration (OSHA) and Florida Institute of Safety and Construction (FISC) at Florida Atlantic University (FAU) have formed an Alliance to use their collective expertise to help foster a culture of prevention while sharing best practices and technical knowledge. The alliance is designed to assist in identifying and removing safety hazards at construction sites.



June 20, 2003 - Luis Santiago, OSHA Area Director, Ft. Lauderdale, FL signs the Alliance with B. Ray Holland, Dean of the School of Continuing Education and Open University.

** Note: The main campus of FAU is located in Boca Raton, FL. FAU offers an Accredited Program for Construction Safety (APCS). Information about the program can be obtained at 954-229-4179 or 1-800-228-5845 ext. 4179.*

For more information about Alliances visit:

<http://www.osha.gov/dcsp/alliances/index.html>

Summer Sizzlers!

Don't let the heat and humidity of summer add to OSHA recordable illnesses! **Last summer four employees became fatal victims of the summer's heat.** It's time to train employees on the effects of heat stress and how to avoid becoming a victim of summer's heat. Use the following graphics to help get your point across!



Stop for the Signs of Heat Stress!



Thirst
Headache
Nausea
Dizziness
Weakness

OSHA
Region IV



Don't Get Grilled
In the Sun!
Heat Stress Kills!

OSHA *Region IV*

Newsletter Content and Graphics
Developed by
Lana S. Graves
<mailto:graves.lana@dol.gov>
Regional Compliance Assistance Liaison
(Ph : 251-441-5192)