

# TCOM NEWSLETTER

A health and safety publication of Total Care Occupational Medicine  
a division of Priority Medical Care

Volume 14

Winter/Spring 2009

## MEDICAL NEWS BRIEFS

### Study Links Obesity and Worker Compensation Costs

Obese workers have twice the rate of worker compensation claims as non-obese co-workers. Researchers at Duke University found that the fattest workers had 13 times more lost workdays due to work injuries, and claims for those injuries were seven times higher than non-obese co-workers.

**COMMENT:** *Obesity has reached epidemic proportions in this country with many related illnesses – heart disease, diabetes, sleep apnea, carpal tunnel syndrome, and arthritis affecting the health and productivity of workers. Besides the already proven decrease in productivity and increase in absenteeism related to obesity, this research demonstrates increased costs in worker compensation. For as long as there have been overweight people, there have been diets; and none of them seem to work for everyone. Rather than restricting what we eat, a more natural and promising diet is to change how we eat. See <http://www.amihungry.com> for information on this new and promising approach to weight loss. – Dr. Kusnetz*

### Germs at Work

University of Arizona investigators say that the average office toilet seat has 400 times fewer germs than the average office work space. Although the workspaces of women are thought to look cleaner than those of male counterparts, researchers found that women tend to keep cosmetics and food in their desks – items that easily transfer germs. Desks of female workers had three to four times the amount of bacteria compared to desks of male workers. Telephones were found to harbor the highest surface concentration of bacteria. Using a disinfectant or sanitizing hand lotion are effective means of eliminating germ transfer.

**COMMENT:** *Contrary to common perception, using an alcohol based skin cleaner (such as Purell™) is less irritating and drying to the skin than soap and water. These alcohol based cleaners have replaced soap and water hand washing for most hospital workers. The product should have an alcohol content of 60% or more. Keeping a small container in your desk drawer or purse isn't a bad idea. – Dr. Kusnetz*

### Skin Cancer & Drivers

A study presented at the American Academy of Dermatology suggests that drivers have a higher

incidence of skin cancer on the left side of the body. Researchers analyzed almost 900 patients with skin cancer on one side of the body, and found that more than half of these cancers were on the left side, especially the cheek, arm, scalp and hand. Men averaging 3 hours of driving had a higher incidence of cancers on the left than did women, who averaged about one hour a week behind the wheel. In countries where the driver sits on the right side of the vehicle, researchers found the opposite - with most of the cancers occurring on the right. Although auto glass may be tinted with UV protection, this protection wears away after about five years. These findings complement studies of asymmetric hearing loss in drivers, which also found predominately left sided hearing losses in drivers who roll the window down while driving.

### Teen Worker Safety

According to the Occupational and Safety Health Administration (OSHA), 2.3 million teenagers aged 16-17 years old worked in the U.S. in 2005. There are roughly 70 work fatalities per year in the under-18 age group, and in 2003, there were 54,800 reported work-related injuries in that age group. Because many injuries only go to an emergency room for one visit, the actual number of injuries is more likely to be 160,000. OSHA has devoted a whole section of its web site to educate employers and workers about risks to teens in the workplace.

Adolescent workers are protected by laws enforced by the Department of Labor. The Fair Labor Standards Act, OSHA Act, and each state also have labor laws designed to protect young workers.

OSHA advises employers to first know the rules and laws. A 15 minute video entitled “**Youth Rules! Protecting the Working Teen**” is available to help employers understand their responsibilities in providing a safe workplace for teens. Secondly, employers should ensure that work place training adequately addresses hazard recognition and that teens are competent in safe work practices. Appropriate supervision is necessary for teens so that compliance with safe work practices can be monitored.

Additional recommendations include a mentoring or buddy system for new teen workers. Teens should be paired with an adult or experienced worker who can answer questions and help the new worker learn the ropes of the job. Safety should be stressed, especially by



front line supervisors who have the greatest opportunity to influence teens and their work habits. Equipment that teens are not allowed to operate should be clearly labeled as such. A sticker specifically designed for forklifts is available.

These and additional recommendations, lists of prohibited activities, and other resources are available at [www.osha.gov/SLTC/teen](http://www.osha.gov/SLTC/teen)

# Maxing your health & safety investment

With the tumbling economy, every company wants to minimize expenses while maximizing productivity and output. In terms of employee health and safety, the following steps have **proven** effective with a demonstrated return on investment:

**Vaccination against Influenza:** Flu vaccination reduces lost time/absenteeism in vaccinated employees. Employees receiving the flu vaccine average one less sick day per flu season than those who do not get vaccinated, and ranks 6<sup>th</sup> amongst 25 general preventive measures for evidence based cost effectiveness. A study in the Archives of Internal Medicine demonstrated positive return on investment for an employer sponsored vaccination program. Vaccination season is October to February each year.

**Employee Assistance Program:** Going back to the 1990's, research showed that providing short term counseling for employees provided a five dollar return for each dollar invested. Employee Assistance Programs, also known as EAPs, provide confidential assessment, treatment and referral for stress, marital problems, depression, anxiety, alcohol or substance abuse - all of which increase lost time and decrease performance on the job. Until mental health benefits come on par with medical benefits, EAP programs will continue to provide services that many employees cannot afford.

**Employee Safety Program:** OSHA analysis claims a return of \$4-\$6 for every dollar invested in effective safety programs. Liberty Mutual Insurance Company released a survey of executives in which over 60% said that \$3 is saved for every \$1 invested in worker safety programs. Program constituents differ according to the type of business and existing safety initiatives. Effective safety programs don't penalize or discourage employees from reporting injuries or unsafe conditions. In manufacturing and production operations, engineering controls of dangerous operations and product substitution for less dangerous ones are a mainstay of safety programs. In all work settings from warehousing to office work, selecting the proper tools and replacing them when worn out is equally important. *For more information on workplace safety programs, see <http://www.nonprofitrisk.org/tools/workplace-safety/nonprofit/wsp.htm>*

## TCOM Office Upgrades

Most TCOM clients are now familiar with our upgraded **Employer Discharge Summary** which is faxed to the employer representative following an employee injury visit. This report summarizes a) description of the injury, b) the treatment given, c) diagnosis, d) time that employee came and left the office, e) next appointment, f) name of the treating physician, and g) release to work status (full, none, or modified with specific restrictions).

What the employers may not have seen is the customized patient instruction hand-out that each employee now receives at the end of the visit. These forms are designed to improve communication, instructions regarding medication, and activity / work restrictions.

TCOM's new discharge instructions, Employer Discharge Summary, and order entry are parts of our transition to electronic medical records made possible by our state of the art office software.

## FMCSA Proposes National Registry of Certified DOT Medical Examiners

In response to long held complaints from industry, safety experts and physicians, the FMCSA published a proposed rule making notice in December, 2008 to establish a National Registry of Certified (DOT) Medical Examiners. The FMCSA would only consider as valid Medical Examiners who completed specific training, passed a certifying examination, and participated in continuing education and re-testing. A list of qualified Medical Examiners would be available to employers. Currently, any licensed health care provider may be considered a Medical Examiner. There is no existing mechanism to verify the Medical Examiner's knowledge of Transportation Medicine, DOT regulations, or compliance with existing medical guidelines. The proposal would establish a standard of qualifications for those performing DOT medical examinations.

## Diabetes Doesn't Increase Risk for Work Accidents

Researchers at the University of Iowa studied almost 200,000 Americans from 1997 to 2005 but did not find an association between diabetes and increased risk of work injuries. The exceptions to that finding (subgroups that did have an increased rate of injuries) were diabetics who were not receiving medical care for the disease, or who were diabetic for longer than 12 years.

**COMMENT:** *While this report reassures physicians and employers that diabetics receiving medical treatment generally do not have an increased risk of work injury, it also shows that diabetics who are not under medical care, or who have long-standing disease, may in fact have increased rates of work injuries (up to 3.8 times the risk). The value of pre-placement examinations is enhanced with screening for diabetes and counseling regarding the need for continued treatment and follow up. – Dr. Kusnetz*

## And you think that *you've* got problems?

Two recent studies looking at psychiatric problems show that many workers have high levels of psychiatric distress that isn't being treated, and that overtime work doesn't help the situation.

In the July 2008 edition of the Journal of Occupational and Environmental Medicine, Dr. Michael Hilton writes that there is a lot of evidence that employee mental health problems are associated with substantial decrements in productivity. His study of 60,000 workers found that high psychological distress is present across all employee groups, and that it remains largely untreated. Of employees found to be in high distress, only 22% were receiving treatment.

**SEE PAGE 2 "MAXIMIZING YOUR HEALTH AND SAFETY INVESTMENT" AND THE VALUE OF EMPLOYEE ASSISTANCE PROGRAMS**

Meanwhile, researchers at the University of Bergen report that overtime workers have significantly higher levels of anxiety and depression compared to those who work normal hours. They found that the longer people worked, the more likely they were to suffer from depression or anxiety.

## MIGRAINE

Doctors at Albert Einstein College of Medicine report that workers with migraine headaches lose substantial amounts of work time.



38% of workers with a history of migraine headaches reported some lost time in the preceding two weeks. Lost time increased in workers with higher headache frequency and reported higher pain intensity.

## Total Care Occupational Medicine *YOUR ADDRESS FOR*

- ✓ Worker Compensation Injury Care
- ✓ Disability Evaluation
- ✓ Second Opinion
- ✓ Causation Determination
- ✓ In-house Orthopedics
- ✓ Medical Fitness for Work Determination
- ✓ Pre-placement, DOT, HAZMAT, Crane Operator, Respirator, and Powered Industrial Vehicle Operator Exams
- ✓ Qualitative Respirator Fit Testing
- ✓ Urine Drug Screen and Breath Alcohol Test
- ✓ Certified MRO Services/ DOT Random Selection Management
- ✓ PPD/ Tuberculosis Screening
- ✓ Workplace Allergy Evaluation
- ✓ Medical Surveillance

If it's not on our list, but it is on yours, just give us a call: 732-748-1900. Central New Jersey's most comprehensive Occupational Health program will find an answer for your needs.



Don't lose hope, though. Their research indicates that just lowering the intensity of the headache might be enough to control lost productivity. Employees with the most severe headaches comprised 19% of cases, but represented 33% of the lost productivity. The researchers suggest that properly treated migraine pain would allow many migraine sufferers to continue working despite the headache.

[www.tcomocmed.com](http://www.tcomocmed.com)

# WORK RELATED ANIMAL BITES AND SCRATCHES

Many jobs expose the employee to the risk of a bite or scratch from animals. Besides the physical trauma associated with the injury, animal bites can cause difficult to treat infections.

The most common occupational biter is man's best friend. Employees in postal, utilities, delivery, law enforcement, home repair and service professions are at risk of bites from domesticated dogs that are unfamiliar with the employee. As long as the owner can document that the dog has had a rabies vaccination, concern for the employee can be limited to the trauma and risk of infection. Pit bulls, malamutes, chows, Rottweilers, huskies, German shepherds, and wolf hybrids have been associated with fatal attacks, with pit bulls causing 41% of fatal dog attacks. Other aggressive breeds include collies, terriers, and Danes.

Dogs are capable of producing tremendous tissue damage, sending bacteria deep into the wound. Fifteen to 20% of bites will become infected. Immediate irrigation of the wound and prescription antibiotics are indicated for most bites. Bites on the hand or near joints must be carefully observed and at times require hospitalization for intravenous antibiotics. Tetanus booster vaccine should be given if immunization status is out of date or uncertain.

Rabies is a fatal viral infection. Rabies can result from a bite or scratch from an unvaccinated dog, cat, or undomesticated animal including raccoon, skunk, or bat. These animals should be considered potential rabies carriers. Rodents (mice, squirrels, rats, rabbits), cattle, and herbivores almost never carry rabies.

Bites from the undomesticated animals are less common than domestic animal bites except for employees with specific risks (animal control handlers, animal lab technicians, and park rangers). When possible, the attacking animal should be observed for 10 days (if a pet), or quarantined by the health department (if undomesticated). If none of the above are possible, rabies vaccine should be administered.

Cat scratch fever is less commonly seen in the occupational setting. A minor scratch can result in an infection that causes a small lesion at the site of the scratch. Within two weeks, painful swelling of the lymph nodes and fever develop. In a few of cases, conjunctivitis and neurological symptoms occur. The infection is typically treated with local heat and analgesics. It isn't certain if antibiotics are helpful in cat scratch disease.

Laboratory animal technicians can develop allergic reactions to proteins in rodent saliva. Redness and swelling occur within minutes and should be treated as any other severe allergic reaction.



## Preventing Dog Bites

- Remain calm when threatened by a dog
- Don't run in the presence of a dog
- Don't greet the dog with an outstretched hand
- Do not pet a dog without allowing it to sniff you
- Avoid direct eye contact
- In the presence of an aggressive dog, *stand like a tree* with feet together, fists folded under the neck, and arms against the chest
- If knocked down by the dog, *lay like a log* – legs together, fists behind the neck with forearms covering the ears

## OSHA Revises Respiratory Protection Standard

New Assigned Protection Factors (APFs) have been incorporated into the revised Respiratory Protection Standard issued in 1998. The APFs are numbers that indicate the level of workplace protection that a respirator or class of respirators is expected to provide to employees. An APF table is included in the final standard to help employers select the proper type of respirator. Employers must follow these new requirements and use APFs to select the appropriate type of respirator based on the exposure limit of a contaminant and the level of that contaminant in the workplace. The final standard on APFs is available on the OSHA web site ([www.osha.gov](http://www.osha.gov)).