

## CHARLES JEFFRESS “FUTURE DIRECTIONS FOR OSHA” NATIONAL SAFETY CONFERENCE

Charles Jeffress, Assistant Secretary of Labor for OSHA, gave the keynote speech on “Future Directions for OSHA” at the National Safety Council’s Congress & Expo, held in October in New Orleans. EI’s *Alert* Vol. 9, No. 7 summarized the major programs Jeffress emphasized; EI now presents updates to follow the progress of new developments to these issues.

Jeffress stated that the main priority for OSHA is “to send every worker home whole and healthy every day.” Jeffress described a four-pillared approach to working safely through strong enforcement, partnership, training and education, and standard-setting.

### ***SAFETY AND HEALTH PROGRAMS***

OSHA’s top priority performance standard is the Safety and Health Program Rule. The OSHA Health and Safety Program proposal is scheduled for its comment period later this year, but delays to the proposal’s finalization have occurred. \*

### ***ERGONOMICS***

OSHA’s proposed Ergonomics program is currently in the comment period. Scheduled hearings are to take place in Washington, DC from March 13 through April 7 and from May 8-12 with meetings in Chicago, IL and Portland, OR, in between these periods.

### ***RECORDKEEPING RULE***

OSHA’s Recordkeeping proposal is scheduled to be finalized by the middle of this year, and should take effect by January 1, 2001.

### ***HOME-BASED WORK INSPECTIONS***

OSHA announced in a February press release that it will not be inspecting home offices for health and safety violations and that employers are not expected to conduct home inspections either. Employers are still responsible for hazards created by equipment and materials they provide or require for the home office and should also maintain injury and illness records for these sites. OSHA still plans to investigate complaints regarding hazardous factory work, such as assembling electronics, at home offices, though the inspection will be limited to the work area.

### ***CONSTRUCTION SAFETY***

On February 14, 2000, OSHA and the Associated Building Contractors (ABC) announced a partnership to become industry’s model for construction health and safety promotion. The ABC program includes four steps, the highest level being platinum.

Criteria for platinum status include an occupational injury and illness rate of less than 8.0, an ANSI or OSHA site-specific written safety and health program including employee involvement, training for employees on specific job hazards and effective supervisor training modeled on OSHA’s 10-hour construction safety course.

### ***OTHER***

Other issues Jeffress emphasized for future OSHA programs were to provide more training and education for employers and to provide more performance-oriented standard setting. Jeffress stated that a systems approach to safety is “risk-based” rather than “rule-based” and encouraged employers to analyze their worksites to identify and mitigate hazards. Future OSHA inspections should include more in-depth evaluations of safety systems, rather than limited reports which only tally violations.

*\*EI’s OSHA Compliance Department offers consultation advice on establishing and updating health and safety programs for your company. For further information please refer to EI Alert Vol. 9 No. 7. Need tips on creating or revising ergonomic programs? For more in-depth reading on North Carolina ergonomics please review EI Alert Vol.9 No.3. Recordkeeping requirement questions? See EI Alert Vol.9 No.2*

### ***ALSO IN THIS ISSUE...***

- **OSHA UPDATES BLOODBORNE PATHOGEN COMPLIANCE DIRECTIVE**
- **ASBESTOS IN CONSTRUCTION REGULATIONS**
- **HEARING CONSERVATION**

## OSHA UPDATES BLOODBORNE PATHOGEN COMPLIANCE DIRECTIVE

Last year, OSHA requested comments regarding the 1991 final regulation on occupational exposure to bloodborne pathogens (BBP). OSHA received almost 400 suggestions and recommendations from health care facilities, workers and other interested parties. Charles Jeffress states that these comments “told us that safe medical devices already available are effective in controlling hazards and that wider use of such devices would reduce thousands of injuries each year.”

OSHA’s revisions to the BBP compliance directive reflect these suggestions and stress the availability of advanced medical technology and improved devices without placing new requirements on employers. The new directive enforces previous standards established in a 1992 directive covering occupational exposure to these substances and also ensures consistent inspection procedures are used. The directive emphasizes the importance of safety and health programs, annual reviews of the employer’s BBP program, the use of safer medical devices to reduce needlestick injuries, personal protective equipment (PPE) and basic work practices. In addition to these points, the following are also included: guidelines regarding vaccinations against the Hepatitis B virus, guidelines on post exposure evaluation and follow-up for human immunodeficiency virus (HIV) and the Hepatitis C virus, and requirements for effective, interactive training sessions, when safer devices are introduced.

The new directive will lessen serious health risks faced by workers who are exposed to BBPs and other potentially infectious materials. Nearly six million workers in health care and health-related occupations are at risk of exposure to bloodborne diseases such as human immunodeficiency virus (HIV), hepatitis B and hepatitis C.

The revised BBP compliance directive is part of a three-pronged approach by OSHA to help reduce the risks of occupational exposure to bloodborne diseases due to needlestick injuries. Labor Secretary Alexis M. Herman announced in May 1999 that OSHA has already proposed a requirement in the revised Recordkeeping Rule that all needlestick/sharps injuries are to be recorded on OSHA logs and that the agency will place these types of injuries on its regulatory agenda this fall in order to amend the BBP standard.

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### PRECAUTIONS AGAINST BLOODBORNE PATHOGENS (BBPS)

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- *Preventative Work Habits: use common sense habits such as avoiding touching your face with your hands, washing hands before eating, drinking or smoking and removing potentially infected clothing.*
- *Personal Protective Equipment (PPE): in situations where possible exposure may occur, think first, and wear PPE such as gloves, goggles, masks or aprons.*
- *Maintain a clean environment: if surfaces or objects come in contact with potentially infectious materials, clean with a*

*proper disinfectant while wearing PPE. Watch out for broken glass, needles or other sharp objects and use a brush or broom, NOT your hands. Properly dispose of waste in a sturdy, labeled container that will not be disturbed before disposal. Even if wearing gloves or other PPE, wash hands thoroughly after cleanup.*

Currently, according to OSHA 29 CFR 1910.1030 (g)(2), employers shall ensure that all employees with occupational exposure participate in a training program that must be provided during working hours at no cost to the employee. Annual training for all employees shall be provided within one year of their previous training. When tasks or procedures that may affect occupational exposure are modified, employers shall provide additional training to address these new exposures.

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### MINIMUM ELEMENTS OF A BBP TRAINING PROGRAM

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- *Accessible copy of the regulatory text of the OSHA BBP standard contained in 29 CFR 1910.1030 and an explanation of its contents;*
- *A general explanation of the epidemiology and symptoms of bloodborne diseases;*
- *An explanation of the modes of transmission of BBPs;*
- *An explanation of the employer’s exposure control plan and the means by which the employee can obtain a copy of the written plan;*
- *An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;*
- *An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and PPE;*
- *Information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE;*
- *An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;*
- *Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;*
- *An explanation of the signs and labels and/or color coding required by 29 CFR 1910.1030 (g)(1);*
- *An opportunity for interactive questions and answers with the person conducting the training session.*

The person conducting the training must be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

*EI has assisted numerous industrial operations and public sector clients in complying with OSHA’s Bloodborne Pathogen requirements. If you are interested in EI’s Bloodborne Pathogen compliance and training programs, please call us at (800)717-3472.*



## OVERVIEW OF AMENDMENTS TO ASBESTOS IN CONSTRUCTION REGULATIONS

Five years ago, the Occupational Safety and Health Administration (OSHA) finalized the “Asbestos in Construction” standard (29 CFR 1926.1101). The standard has impacted a wide variety of workplaces, such as commercial office buildings and manufacturing plants. The standard includes employer requirements for training, asbestos identification, air monitoring, work practices and communication. The standard applies to asbestos activities involving demolition, removal or renovation. The facility owner and the renovation/demolition contractor are responsible for ensuring compliance with this regulation. The requirements of the standard are summarized below.

### REGULATED FACILITIES, MATERIALS AND ACTIVITIES

According to the regulation, asbestos management activities are required in buildings known to contain asbestos, as well as in those **built prior to 1981**. This requirement not only regulates asbestos-containing materials (ACMs) but “Presumed Asbestos-Containing Material” (PACM) as well. PACM includes such materials as thermal system insulation (TSI), surfacing material, vinyl floor tiles and floor coverings in pre-1981 buildings.

In addition, under the rule, regulated work activities are broken into “classes” of work activities as follows:

- Class I* - Actual asbestos removal of TSI or surfacing ACM or PACM
- Class II* - Removal of ACM which is not TSI or surfacing.
- Class III* - Repair and maintenance operations where ACM, including TSI and surfacing material is likely to be disturbed.
- Class IV* - Maintenance and custodial activities for employees involved in contact or clean-up of ACM and PACM or waste containing ACM and PACM.

### ASBESTOS IDENTIFICATION AND NOTIFICATION

Employers must ensure that a “competent person” is available to: identify asbestos and hazardous, unsanitary, or dangerous conditions; select control strategies; and promptly implement corrective measures. This person must have completed the necessary training requirements specific to the class of the asbestos project.

Prior to commencing work in buildings or facilities subject to this regulation, **building/facility owners** must notify the following people verbally or in writing:

- 1) *all prospective employers/contractors bidding for work whose employees reasonably can be expected to work in or adjacent to areas containing ACM or PACM;*
- 2) *any employees of the building owner working in or adjacent to areas containing such material;*
- 3) *all employers on multi-employer work sites who will be working in or adjacent to areas containing ACM or PACM;*
- 4) *tenants occupying areas containing ACM or PACM.*

Contractor employers must inform the following persons of the location and quantity of ACM and/or PACM and of the necessary precautions to ensure that airborne asbestos fibers are confined to the area:

- 1) *building/facility owners;*
- 2) *employees working in the area;*
- 3) *employers of workers in adjacent areas. At least 10 days prior to project completion, contractor employers must also inform the building or facility owners and employers of final air monitoring results and of the current location and quantity of ACM and/or PACM remaining in the area.*

### TRAINING

For Class I and II asbestos work, a competent person must be trained in all aspects of asbestos handling and removal. Such training can be obtained during a 40-hour comprehensive course for supervisors.

For Class III and IV asbestos work, a competent person should be trained in aspects of asbestos handling appropriate for the nature of the work such as glove bagging procedures, use of mini-enclosures, use of wet methods, and the identification of asbestos. Class III employees must receive at least 16 hours of training, or the equivalent to the Operations and Maintenance (O&M) course developed by EPA for maintenance and custodial workers. Class IV employees must receive at least 2 hours of “awareness training”. Lifetime annual medical surveillance must be provided to employees

### EI Has the Following Professionals on Staff:

Certified Industrial Hygienists  
Licensed Asbestos and Lead Paint Inspectors  
Licensed Asbestos Management Planners  
Licensed Asbestos Project Designers  
Licensed Asbestos Project Monitors  
Certified Safety Professionals

who perform 30 or more days of Class I, II, or III work per year, and for employees who wear negative pressure respirators.

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### WARNING SIGNS AND LABELS

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The building owner is required to post signs at the entrance to mechanical rooms and other areas which contain thermal insulation (TSI) and surfacing ACM/PACM which employees can be expected to enter. The signs should identify the material present, its location, and appropriate work practices needed to ensure that ACM/PACM will not be disturbed. Signs must be posted at such a distance from the regulated area that an employee may read the signs and be able to take the necessary protective steps before entering the area marked by the signs.

Labels should be affixed to all products and containers containing asbestos, including waste containers. Where feasible, installed asbestos products should contain a visible label; however, OSHA's intent was not to require conspicuous warning labels in "public areas". Labels should contain a warning statement against breathing asbestos fibers.

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### RECORD-KEEPING

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Records must be maintained (generally for 30 years) of any exposure measurements, bulk sample data and any medical surveillance records, if required.

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### OTHER REQUIREMENTS

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Building owners are also subject to other regulations such as the EPA National Emission Standards for Hazardous Air Pollutants (NESHAP) and North Carolina Department of Health and Human Services (NCDHHS) regulations. These regulations require the building owner/operator to ensure that an inspection has been performed to determine if any ACMs are present prior to any renovation or demolition at a regulated facility. The NCDHHS Health Hazards Control Branch must be notified up to 10 days prior to all demolitions of regulated facilities (regardless of whether or not ACMs are found during the inspection) and any renovation which may potentially disturb ACMs. All persons performing asbestos-related activities (workers, supervisors, inspectors, management planners, abatement project designers, air monitors, etc.) must have a current license from NCDHHS Health Hazards Control Branch. In addition, abatement project licenses and waste disposal permits must be obtained from NC DHHS.

## Review of Changing OSHA Rules On Construction Industry Compliance

**D**uring the last several years, OSHA has issued final or draft standards which apply to the construction industry. Among the standards which have the most effect on companies involved in construction is the revised fork truck standard. OSHA is also expected to issue draft standards on fall protection and exposure to silica this year.

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### POWERED INDUSTRIAL TRUCKS

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OSHA has redefined training requirements for forklift and industrial truck operators in an effort to reduce that high rate of injuries resulting from inadequate instruction. The revision, effective March 1, 1999, lists specific topics that must be included in **formal training and offered by a qualified instructor**.

The new standard specifies 14 different truck-related topics and nine different workplace-related issues for training inclusion. The only sections that may be disregarded are those not applicable to the specific work site. Refresher training is required under the following conditions:

- The driver operates the vehicle in an unsafe manner.
- The operator has been involved in an accident or near-miss incident.
- The operator's evaluation indicates that more instruction is needed.
- The operator is assigned a different type of truck.
- The workplace changes in a manner that could affect the safe operation of the truck.

The employee must also participate in practical operating exercises and demonstrate an ability to safely operate a truck. A document certifying completion of required training must record the date and identity of the evaluator and be retained for future reference. Additionally, operator performance must be evaluated every three years following initial instruction.

**New training requirements must be met** prior to operation of powered industrial trucks if the employee is hired **after** December 1, 1999. Employees hired **before** December 1, 1999, have until that date to complete initial training. This standard applies to all industries that utilize trucks except agricultural operations.

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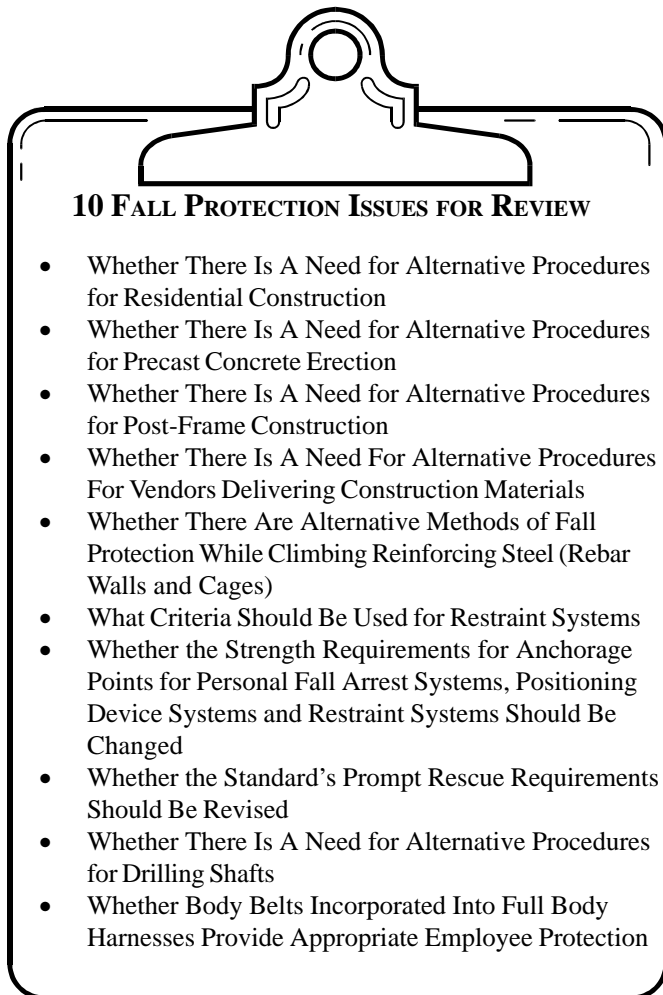
### FALL PROTECTION UPDATE

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"Standards for Fall Protection in the Construction Industry," was originally published August 4, 1994, and requires that employees exposed to a fall hazard of greater than six feet have to be protected by equipment to prevent or stop the fall. Since 1994, OSHA has received comments and information on fall protection, specifically regarding situations where this rule seems infeasible with certain jobs such as erecting precast concrete, climbing reinforced steel or providing rescue. OSHA issued an Advance Notice of Proposed



Rule Making (ANPRM) in July, 1999 which will review discussion on ten issues over which employers have expressed concern.



**10 FALL PROTECTION ISSUES FOR REVIEW**

- Whether There Is A Need for Alternative Procedures for Residential Construction
- Whether There Is A Need for Alternative Procedures for Precast Concrete Erection
- Whether There Is A Need for Alternative Procedures for Post-Frame Construction
- Whether There Is A Need For Alternative Procedures For Vendors Delivering Construction Materials
- Whether There Are Alternative Methods of Fall Protection While Climbing Reinforcing Steel (Rebar Walls and Cages)
- What Criteria Should Be Used for Restraint Systems
- Whether the Strength Requirements for Anchorage Points for Personal Fall Arrest Systems, Positioning Device Systems and Restraint Systems Should Be Changed
- Whether the Standard's Prompt Rescue Requirements Should Be Revised
- Whether There Is A Need for Alternative Procedures for Drilling Shafts
- Whether Body Belts Incorporated Into Full Body Harnesses Provide Appropriate Employee Protection

OSHA accepted comments and claims for the proposed rule until January 24, 2000.

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### CRYSTALLINE SILICA

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Crystalline silica is a basic component of sand and granite. Inhalation of crystalline silica can cause silicosis. The disease results in fibrosis or scar tissue formations in the lungs that decrease the lung's ability to work to extract oxygen from the air. There is no cure for silicosis, only prevention. Exposure to crystalline silica has also been associated with other diseases such as tuberculosis and lung cancer.

Although the most severe worker exposure to crystalline silica results from exposure during sandblasting, even materials containing small amounts of crystalline silica may be hazardous if they are used in ways to produce high dust concentrations. Construction workers can be exposed to silica when using concrete or masonry products that contain silica sand when executing such tasks as chipping, hammering, drilling, crushing or hauling rock; and sawing, hammering drilling and sweeping concrete or masonry.

Currently, there is no comprehensive OSHA standard for exposure to crystalline silica. Rather, exposures are regulated by a number of OSHA standards. These include (but are not limited to):

- 29 CFR 1926.27 and 29CFR 1926.51 (Sanitation -hygiene)
- 29 CFR 1926.28 (Personal Protective Equipment)
- 29 CFR 1926.103 and 29 CFR 1926.134 (Respiratory Protection)
- 29 CFR 1926.55 (Gases, Vapors, Fumes, Dusts, and Mists - PELs)
- 29 CFR 1926.57 (Ventilation)
- 29 CFR 1926.59 (Hazard Communication)

OSHA plans to publish a proposed comprehensive rule concerning personal exposure to airborne crystalline silica this year (2000) to protect workers in general industry, construction and maritime. In 1996, OSHA initiated a Special Emphasis Program that involved extensive public outreach to encourage the implementation of silicosis programs and inspections that are designed to reduce the incidence of silicosis. Although OSHA has an existing PEL, OSHA has continued to find evidence of significant overexposures, a lack of effective workplace controls and inadequate medical evaluations of employees. The new comprehensive standard for crystalline silica may include product substitution, engineering controls, medical screening and surveillance coupled with training and education. A risk assessment is ongoing to determine whether the exposure limit should be reduced and whether a new standard is technically and economically feasible.



### AWARENESS OF HEARING CONSERVATION AT THE WORKPLACE

**H**earing loss, like musculoskeletal injuries, often goes unnoticed and unreported. Several years may pass before damage or injury become apparent, when it is too late to implement corrective or follow-up programs. OSHA has required hearing conservation programs for workplaces exceeding 85 decibels (dBA) per day since 1983. Even after 17 years of hearing conservation programs, some employees in these programs have developed hearing loss. Often, there is a lack of evidence that hearing loss has occurred or is occurring.

*Here are some current statistics regarding hearing conservation:*

- Noise-Induced Hearing Loss (NIHL) is one of the most common occupational diseases and the second most self-reported occupational illness or injury.
- 30 million Americans are exposed to hazardous noise at work resulting in a permanent hearing loss for about 10 million workers

- An additional 9 million workers are at risk of hearing loss from other agents such as solvents and metals.
- Noise induced hearing loss is preventable.

Currently, according to the occupational noise exposure standard, 29 CFR 1910.95, OSHA requires employers to administer a continuing, effective hearing conservation program when employees are exposed to noise at or above 85 dBA over an 8-hour time-weighted average (TWA). OSHA's hearing conservation program requires employers to monitor noise exposure levels for these employees, provide audiometric testing and evaluation, keep records of audiometric monitoring, provide hearing protectors, provide employees with training, and ensure workers are complying with PPE requirements. Audiometric monitoring should be repeated when changes in production, process, or controls increase noise exposure. The employer shall establish and maintain an audiometric testing program including baseline audiograms, annual audiograms, training and follow-up procedures. It is important to test hearing on an annual basis to identify deterioration in hearing ability so that protective follow-up measures can be initiated before hearing loss progresses.

***How do I ensure that the hearing conservation program for my workplace will be effective?***

- Custom-tailor your hearing conservation program for each work station or individual worker. Hearing protection devices can be chosen to meet objectives such as the amount of noise reduction they provide, the type of sounds they block out, whether they are pre-molded or flexible foam, etc.
- Train workers on how to properly wear and use their hearing protection. Ensure that they know why it is needed, where it is needed and the health risk of developing NIHL if PPE is not properly worn.
- Follow-up after training occurs to ensure that workers are using PPE correctly and consistently throughout the duration of the task that requires the use of PPE.
- Develop incentives and positive reinforcement for workers who comply with PPE regulations.
- Focus on both management reinforcement for positive safety behavior and confront negative disregard for safety rules immediately.

The best method to reduce noise levels in the workplace is to implement engineering controls in place of or along with a hearing conservation program. If noise levels are reduced to below 85 dBA by engineering controls, a hearing conservation program is not needed. Adding enclosures or mufflers to loud equipment may be the key to a better control of workplace noise levels.

*EI's Industrial Hygiene and Occupational Health Departments can assist your organization in meeting OSHA's requirements for noise monitoring and annual audiometric testing. EI's Engineering Department can also assist in redesigning or creating a workplace with enhanced noise control levels. Please call us at (800) 717-3472.*

<b>HEALTH &amp; SAFETY CONFERENCE SCHEDULE FOR 2000</b>	
March 29-31	AIHA (American Industrial Hygiene Assoc.): Carolinas' Section Spring Conf. University Hilton                      Charlotte, NC
April 19-20	Charlotte Regional Safety & Health School Hilton Charlotte & Towers              Charlotte, NC
May 9-12	NC Statewide Safety Conf. Holiday Inn                                      Greensboro, NC
Sep 19-20	ASSE (American Society of Safety Engineers): Region VI Professional Development Conf. Kingston Plantation                      Myrtle Beach, SC
Sep 20-22	Charlotte Chamber of Commerce: Carolinas' Environmental, Health & Safety Conf. Renaissance Suites                      Charlotte, NC
Oct 10-13	NC/SC AOHN (Association of Occupational Health Nurses) Spring Maid Beach Resort                      Myrtle Beach, SC
Oct 25-27	CAPCA (Carolinas' Air Pollution Control Association) Wyndham Resort                                      Myrtle Beach, SC