



# EI ALERT

Vol. 9, No. 7

A Publication of EI, Inc.

## 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 October in New Orleans.

Jeffress states that the main priority for OSHA is "to send every worker home whole and healthy every day." Jeffress described a new way of working, a four-pillared approach to this goal through strong enforcement, partnership, training and education, and standard-setting.

OSHA has sent letters to 12,000 businesses in the U.S. with the highest injury and illness rates, based on their survey of approximately 80,000 worksites. Jeffress encourages these companies to establish safety and health programs through assistance from private consultants, insurance companies or voluntary state programs. OSHA will concentrate on inspecting site-specific companies whose injury and illness rates are four times as high as the private sector average.

After reviewing the success of the OSHA partnership Voluntary Protection Program, Jeffress stated that it is time to pronounce the 17-year partnership into law. He highlighted the program CARE (Construction Accident Reduction Emphasis) currently active in the State of Florida. This consultation program emphasizes outreach and education with enforcement, and holds construction safety courses in areas of hazard communication, lockout/tagout and trenching. One component of CARE is to focus on the four leading causes of death on construction sites: falls, electrical shock, falling equipment, machines or materials, and crushing injuries. Jeffress urges that this partnership program is a model for states where construction fatalities are high.

The last 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 encourages employers to analyze their worksites to identify and mitigate hazards. Future OSHA inspections should include more in-depth evaluations of safety systems, rather than limiting reports to tallying violations.

Jeffress also highlighted some specific programs OSHA will continue to focus on:

- OSHA's top priority performance standard is the Safety and Health Program Rule.\* These programs add value and reduce costs. Average companies can reduce injuries 20 to 40 percent by establishing safety and health programs. Several studies have estimated that safety and health programs save \$4 to \$6 for every dollar invested. Only about 30 percent of U.S. worksites have established these programs.
- Ergonomics Program Standard to reduce musculoskeletal disorders or MSDs. Each year more than 600,000 workers experience MSDs that cause them to miss work. Employers pay an estimated \$15 to \$20 billion in workers' compensation costs alone. Only 16 percent of employers nationwide have developed effective ergonomics programs.
- Recordkeeping Rule to take effect in January 2001 to reduce paperwork and introduce an improved and simpler recordkeeping form.\*
- Final rulings on tuberculosis and steel erection. Proposed rules for several air contaminants, such as total dust and silica, confined spaces in construction and others.

For more information on OSHA's ergonomics proposal, see page 2.

*EI's OSHA Compliance Department offers consultation advice on establishing and updating health and safety programs for your company. Please call us at 800-717-3472.*

*\*For further information on Safety and Health Program Rules or for background regarding the Recordkeeping Rule, see EI Alert Vol.9 No.3.*

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#### ENVIRONMENTAL

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## Proposed Safety and Health Program Rule

OSHA has published a draft of its Safety and Health Program Rule (29 CFR 1900.1). The proposed rule appears on OSHA's website at [www.osha.gov](http://www.osha.gov) and is summarized below. The purpose of the proposed Safety and Health Program Rule is to reduce the number of job-related fatalities, illnesses and injuries. If implemented in late 2000, the standard will require employers to establish a workplace safety and health program to ensure compliance with OSHA standards and the General Duty Clause of the Act (Section 5 (a) (1)).

### *Management Leadership and Employee Participation*

- Management must regularly communicate with employees and provide current information regarding workplace safety and health.
- Management must identify and then delegate safety and health program responsibilities throughout the workplace.
- Management must establish a process for hazard reporting and assign at least one supervisor or employee to **investigate and record a near-miss accident, work-related injury, illness or death**. Preventative measures implemented as a result of the incident should also be documented.

### *Training Requirements*

Employees must be advised as to the following:

- Task-related hazards and how to recognize other potential safety and health risks.
- Mechanisms designed to control hazards on the job.
- Protective measures each employee must follow to prevent or minimize exposure to task-related hazards.

### *Program Evaluation*

The employer must evaluate the effectiveness of the safety and health program on the following schedule:

- As often as necessary to ensure effectiveness
- At least once within the 12 months following the final compliance date
- At least once every two years afterward to correct deficiencies identified by the program evaluation.

## OSHA Publishes Ergonomics Proposal

November 22, OSHA announced that an average of 300,000 workers could be spared injuries and companies could save 9 billion dollars a year under a proposed ergonomic standard. OSHA's standard focuses on manual handling or manufacturing production jobs where work-related musculoskeletal disorders like back injuries and carpal tunnel syndrome are the most prevalent. Employers would have to stress ergonomics issues through a practical, flexible approach that is specific to each company's needs.

According to OSHA, only about 1.6 million employers would have a need to implement a basic ergonomics program, including assigning someone to manage that program. A full program is only required if one or more work-related MSDs occur. The full program would need to include six elements: management leadership and employee participation, hazard information and reporting, job hazard analysis and control, training, MSD management and program evaluation. OSHA's proposal does give employers a Quick Fix option to correct a hazard within 90 days, and provides a grandfather clause for companies that already have effective in-place ergonomics programs.

OSHA's ergonomics proposal stresses that "one size doesn't fit all," and notes that general industry workers, especially women, disproportionately suffer the most severe MSDs due to jobs associated with heavy lifting and repetitive motion.

*OSHA is accepting comments on the proposal until Feb. 1, 2000. Informal public hearings will begin on Feb. 22, 2000. If your organization needs ergonomic training or an industrial ergonomic evaluation, please call EI (800) 717-3472.*



**Check out our website:**  
[www.eil.com](http://www.eil.com)

## Governor Gilmore Announces \$500,000.00 Grant From EPA

Virginia's DEQ will receive \$500,000.00 from the EPA to streamline the reporting process of environmental data. The grant will go towards programs that will make it easier for the public to access environmental information such as hazardous chemical locations, monitoring and permitting. In order to achieve this goal, environmental permit holders will have to report data and statistics to the DEQ who will give the information to the EPA and make the information public.

Governor Gilmore declared that "these funds will help put DEQ on the cutting edge of efficiency and customer service by making electronic environmental permitting a reality." Virginia is one of four states to receive this grant, along with California, Michigan and Nebraska. The program is expected to reduce the amount of paperwork that previous permitting and reporting required. The long-term goal of the grant is to automate the exchange of data between environmental agencies, industry and the public through electronic reporting.

*Information regarding EPA Region III news is available on the EPA website "[www.epa.gov](http://www.epa.gov)". EI's Environmental Department provides consultation for EPA, OSHA and environmental compliance and permitting. Please call us (800) 717-3472.*

## OSHA Revises Voluntary Protection Programs

A press release from OSHA on October 12, 1999, asked for public comment on the revised Voluntary Protection Programs (VPPs). The revisions raise the levels of safety and health program achievements. Currently, OSHA has three levels of VPPs: Star (the highest level), followed by Merit and Demonstration. According to the OSHA press release, some of the changes to the VPPs include:

- Participants to report illness rates and numbers, in addition to previously required injury data.
- Companies participating in the Star program to have injury/illness rates *below* industry averages. OSHA previously required that these rates could be *at or below* industry averages.
- Participants to track and document management responsibility and accountability in their health and safety programs. Documentation must show appropriate resources and tracking systems for analyzing the health and safety program are available and in place. These systems must also cover the identification and control of these hazards. Also, employees must be involved in at least three different active and meaningful safety and health processes.
- Limitation of Merit Program participation to three years, to encourage achievement of Star Program quality and requirements.
- Expectation of VPP sites to participate in outreach activities to assist other workplaces and to accomplish OSHA goals.

OSHA has asked for public comments to be sent on or before November 26, 1999, by mail or electronic mail. More information is available on the OSHA web page: "www.osha.gov".

*For further information on OSHA's Voluntary Protection Programs, please see EI Alert Vol.9 No.4. If you would like EI to assist your organization in obtaining STAR OSHA status please call us at (800) 717-3472.*

## EPA Announces View of Gasoline Additive

On July 26, EPA Administrator Carol M. Browner issued a statement on the EPA's Blue Ribbon MTBE Panel Findings which were released the next day. Browner stated that the EPA's goal was to ensure Americans have cleaner water and air, but not one at the expense of the other. The Panel has been commissioned since November 30, 1998 to study MTBE's risk to water supplies, and released their findings on July 27. The Panel's findings supported Reformulated Gas (RFG) for its improvements to air quality, but recommended reducing usage of MTBE or other additives that would affect water supplies. Specific recommendations included:

- Improvements to the nation's water protection programs by enhancing Underground Storage Tank, Safe Drinking Water and private well protection programs.
- Federal and state rules established by Congress to reduce and possibly phase out use of MTBE.
- Removal of the Clean Air Act requirement that 2% of RFG, by weight, consist of oxygen (so fuel supplies can be blended in a cost-effective manner).
- Mechanisms to ensure current air quality benefits are not lost.

MTBE has been added to fuel since 1979 as an octane booster so gasoline could resist engine knock. When the 1990 Clean Air Act Amendments required oxygenating additives to gas for areas of high pollution in the U.S., the oil industry used MTBE. MTBE adds oxygen to gasoline which boosts octane concentration in gasoline, thereby reducing carbon monoxide emissions. Since MTBE concentrations in gas increased in the early 1990's (as much as 15% in some areas), air quality has shown significant improvements. However, MTBE is readily soluble in water, moves quickly through underground water aquifers and soil, and proves difficult to treat with microbial decomposition.

*continued on page 4*

## Industrial Truck Training Requirements: Deadline Approaching

OSHA has redefined training requirements for forklift and industrial truck operators in an effort to reduce the 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.

Increasing amounts of MTBE in ground and surface waters have caused concern over the possible health effects MTBE could cause. Extensive studies on MTBE health effects have been conducted by the EPA, the National Science and Technology Council and the Health Effects Institute. EPA released a drinking water advisory for MTBE in 1997, mainly to avert odor and taste effects to contaminated water. Though the advisory is not subject to primary drinking water regulation, the EPA has listed MTBE as a possible carcinogen.

Efforts are now focused on cleaning up sites with MTBE pollution. EPA's Blue Ribbon Panel found that the major source of MTBE groundwater contamination were releases from underground storage tanks (USTs). Upgrades to USTs will help prevent petroleum releases, although 20% of gasoline storage systems have not been upgraded to meet new UST standards.

*EI's Department of Environmental Services provides regulatory and compliance monitoring for soil and groundwater remediation. Please call (800)-717-3472 ext.230.*



## OSHA Targets High-Hazard Workplaces

**O**SHA Administrator Charles Jeffress has lately been discussing his agency's plan to crack down on industrial sites with high injury or illness rates. The new Site Specific Targeting (SST) Plan includes unannounced "inspections and stiff penalties" in an attempt to "get the attention" of sites whose injuries well exceed the national average.

The SST Plan, Directive Number 99-3, will initially focus on 2200 worksites with a lost workday injury and illness rate above 16 per 100 full-time employees. All workplaces on the targeted list are to be inspected by December 31, 1999. Jeffress concedes that "OSHA recognizes that an elevated lost workday injury and illness rate does not necessarily indicate a lack of interest in safety and health," but adds, "...whatever the cause, a high rate (of injury) is costly to your company in both personal and financial terms. Employers who lack expertise in workplace safety and health are urged to seek outside consultation to initiate a successful program."

The SST plan was launched in April when OSHA's efforts to implement its Cooperative Compliance Program (CCP) were blocked by a federal court decision. While voluntary compliance is preferred, Jeffress noted that compliance is unlikely, as 70% of manufacturers have no established health and safety program. Without a written plan to protect employees from workplace hazards, enforcement is the only option available to ensure compliance. Jeffress warns, "Workplaces with high injury and illness rates are on notice" (that OSHA will investigate their operation in the near future).

*If you have any questions about OSHA's Cooperative Compliance Program or establishing/reviewing your health and safety plan please contact EI Health and Safety Compliance Department at (800) 717-3472 or (804) 320-9300.*

## ASTM New Guidelines for Property Condition Assessments

**T**he American Society for Testing and Materials (ASTM) has developed a standard guide for Property Condition Assessments. The purpose of this new standard, E2018, is to define better commercial and customary practices for conducting a baseline property condition assessment (PCA) of improvements on commercial real estate parcels. Property condition assessments are often required by lenders as part of their due diligence in completing property transactions.

A property condition assessment conducted in accordance with the new standard requires a field observer with a well-rounded knowledge of pertinent building systems and components. Most assessments include a review of site drainage and access, utilities, structural components, roofing systems, mechanical and electrical systems, life safety issues and may include a comprehensive ADA compliance review. A walk-through survey with on-site document reviews and interviews with maintenance personnel is conducted to determine adequacy of property improvements. The report issued to the lender generally includes recommendations and cost estimates to remedy physical deficiencies. Prior to issuance of the ASTM Standard Guide for Property Condition Assessments, lenders had to rely on internally developed criteria for assessing the condition of the property. Use of this ASTM document will enhance consistency of assessments independent of the lender.

*EI performs property condition assessments for numerous lenders in Virginia. Our team of professional engineers are equipped to provide facility inspections, building engineering designs and construction management. Please call us 800-717-3472.*



## OSHA Proposes Changes to Fall Protection

**O**SHA has requested comments and any information on Fall Protection in an advance notice of proposed rule making (ANPRM). "Standards for Fall Protection in the Construction Industry," originally published August 4, 1994, 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. OSHA will review discussion on ten issues that employers have expressed concern about. Some of these issues include standards for fall protection in residential, precast concrete and post-frame construction, criteria for restraint systems, body belt usage with full body harnesses and rescue requirements.

Comments and claims must be supported by data and provide information on the costs of alternative approaches and the reduction in injuries that will be experienced. Comments must be received in duplicate by January 24, 2000. The deadline has been extended 90 days from the previous October 22, 1999, deadline due to requests from construction contractor associations.

*Please mail comments to the OSHA Docket Office, Docket S206C, Room N2625, U.S. Dept. of Labor, 200 Constitution Ave. NW, Washington, D.C. 20210. For more information on proposed regulations visit OSHA's website at "http://www.osha.gov" For more information regarding OSHA's regulations for Fall Protection in construction, please contact (800) 717-3472.*

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## 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 HIV and the Hepatitis C virus and requirements for effective, interactive training sessions when safer devices are implemented.

The new directive will help lessen serious health risks faced by workers who are exposed to BBPs, microorganisms, 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 BBPs compliance directive revision is one facet 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)

- *Preventative Work Habits: use commonsense good 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 when possible exposure may occur, think first, and wear PPE such as gloves, goggles, masks or aprons.*
- *Maintain 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 FR 1910.1030[g2], 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 modifications of tasks or procedures, that would affect occupational exposure, are implemented, employers shall provide additional training to addressing these new exposures.

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### MINIMUM ELEMENTS OF A BBP TRAINING PROGRAM

- *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 basis for selection of PPE;*
- *Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;*
- *Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;*
- *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[g1];*
- *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.

*The information reported in this article can be found on the OSHA webpage: "www.osha.gov" under the "Regulations" section. EI's Occupational Health Services provides training needs and health and safety consultation for your company's Bloodborne Pathogen Program. Please call us: 800-717-3472.*

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## EI Training Courses

### Health & Safety

Hearing Conservation: Refresher Course  
Hearing Conservation & Audiometric Testing,  
Certified Safety Professional Preparation Workshop

### OSHA Compliance

ADAction Plan, Bloodborne Pathogens, Confined Space, Construction Safety, Contractor Safety, Electrical Safety, Hazard Communication, HAZWOPER, Laboratory Safety and Compliance, Respiratory Protection and Fit Testing

### Safety/Health Program Management

Accident and Injury Prevention and Management, Advanced Occupational Safety and Health, Back Injury: Prevention, Management and Cost Containment, Cumulative Trauma Disorders, Developing and Managing a Safe Workplace, Ergonomics, Fundamentals of Occupational Safety and Health, Occupational Health Nurse Institute, OSHA Recordkeeping and Confidentiality, Spirometry and Pulmonary Function Testing, Stress Management for Professionals, Wellness Prescription: Worker's Compensation Management

### Industrial Hygiene

Indoor Air Quality, Industrial Hygiene Calculations, Noise Technician, Asbestos Awareness, Asbestos Operations and Maintenance, Asbestos Abatement Projects Supervision, Asbestos Containing Material Inspection, Asbestos Training and Refresher, Lead: OSHA General Awareness Training and Refresher

*If you would like more information regarding these and other training courses, please call EI at 1-800-717-3472.*

## Hurricane Floyd Flooding Produces Mold Problems

As flood waters recede from eastern North Carolina and southeastern Virginia, people will return to homes and businesses in these areas with an unwelcome guest: molds. Molds are parasitic, microscopic fungi that grow in damp conditions. Molds and fungi present a health risk for individuals in these buildings due to an increased level of airborne spores. Health effects from exposure to fungi range from infection, toxicosis, allergy and irritation.

- Infections can be classified as systemic (mostly when spores of fungi like Histoplasmosis are inhaled), opportunistic (when individuals have impaired immunological defenses), and dermatophytes (fungi that affect hair, skin and nails through direct contact of infected person or materials).
- Toxicosis results when an individual is exposed to toxic byproducts produced by fungi. Symptoms of exposure to these byproducts, or mycotoxins, may include cold and flu-like symptoms, headache, nose bleeds, dermatitis and immune suppression.
- Allergy, the most common symptom, occurs after initial sensitization from first exposure and often produces asthma and other reactions in sensitive individuals.
- Irritation occurs when fungi degrade, producing volatile organic compounds which can cause headaches and irritation to the mucous membranes.

In order to eliminate this health hazard for safe reoccupation of flooded buildings, the fungal growths must be removed along with materials deposited by flood waters. A building may be occupied safely when floodwater has receded and been removed from all building materials, including heating, ventilating and air conditioning (HVAC) systems, and when all building materials and HVAC systems are dried so fungal growth will not occur.

*EI's Industrial Hygiene branch can provide indoor air quality and water monitoring and testing for your facility in order to address building mold contamination. Thinking of renovations after flood water or storm damage? EI's construction services provide consultation on facility planning and design, creative renovations and even demolition. 800-717-3472.*

*EI is a full service consulting and training firm providing environmental, safety, industrial hygiene, occupational health and engineering services to industrial, business and governmental organizations. EI's staff of professionals includes geologists, environmental scientists, engineers, chemists, biologists, industrial hygienists, safety and occupational health specialists allowing EI to provide a variety of cost-effective services to our clients. Feel free to contact any of our professionals regarding issues in the EI Alert or any other technical or regulatory questions you may have.*



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