Dr. Corinne Peek-Asa

Violence in the workplace. Each year some 2 million American workers are victims of workplace violence. It is estimated that the cost of workplace violence to employers is in the billions of dollars, and the emotional toll on the workforce is difficult to measure. (Workplace Violence: A Report to the Nation, 2)

In 2000, the Bureau of Labor Statistics recorded 677 work-related homicides in the United States. Although this figure represents a decline from a high of 1,080 in 1994, it shows an increase of 32 over 1999 figures. Homicide remains the second leading cause of occupational fatalities for all workers and the second leading cause of fatal occupational injuries for women.

In Iowa, there have been 16 work-related homicides since 1995. Nebraska reports 17 deaths due to workplace violence since 1993. Wisconsin reports 43 deaths since 1995.

Documented workplace violence data covers mostly fatal events. There is less information available concerning injuries from non-fatal events, economic impact on employers, lost productivity and other costs. (Workplace Violence: Report to the Nation, 5)

In April 2000, The University of Iowa Injury Prevention Research Center took an important step to examine workplace violence by sponsoring the Workplace Violence Intervention Research Workshop in Washington, DC. The goal was to examine issues related to violence in the workplace and to develop recommended research strategies to address this public health problem. (Workplace Violence: A Report to the Nation, 2)

A review paper published in the American Journal of Preventive Medicine, in conjunction with the Workplace Violence Intervention Research Workshop, describes violent events that occur in the workplace. Events can be categorized by focusing on the perpetrator’s relationship with the employer.

(Continues on page 2)
Effective Date Delay for Steel Erection Standard

OSHA’s final steel erection standard will go into effect January 18, 2002, not July 18, 2001 as originally planned. "This is the first OSHA safety standard developed under the negotiated rulemaking process, and it’s important that we continue to work cooperatively in order to protect the safety of America’s iron workers,” said Acting OSHA Administrator R. Davis Layne.

Additional information can be found on the OSHA website at http://www.osha-slc.gov/FedReg_osha_data/FED20010717.html


Henshaw Confirmed as Assistant Secretary of Labor for OSHA

John Henshaw is the new Assistant Secretary of Labor for Occupational Safety and Health, the new head of OSHA. Henshaw has 26 years experience in the safety and health profession.

He is a member of the American Industrial Hygiene Association and the American Society of Safety Engineers and was president of the American Industrial Hygiene Association from 1990 to 1991.


On August 6, 2001, Secretary of Labor Elaine L. Chao said, “American workers win with John Henshaw. John is the perfect person to lead an effort to create the safest and healthiest environment for American workers.”

Workplace Violence

Drs. C. Peek-Asa, C. Runyan, and C. Zwerling summarized violence to workers and described the four categories of violence:

- **Criminal Intent**: Perpetrator has no legitimate relationship to the employer or its employers (i.e. robbery, shoplifting and trespassing).
- **Customer/Client**: Perpetrator has a legitimate relationship with employer and becomes violent during a business transaction (i.e. customers, clients, patients, students, inmates).
- **Worker-on-Worker**: Perpetrator is an employee or past employee who attacks or threatens another employee(s) or past employee(s).
- **Personal Relationship**: Perpetrator does not have a relationship with employer but has a personal relationship with the intended victim, includes domestic violence victims assaulted at work. (141-142)

Retail and service industries are at greatest risk. The occupations of taxicab driver, sales clerk, and security professionals are at high risk, as is work in liquor stores, gas stations/convenience stores, and bars. (Journal of Preventive Medicine, 145)

Occupations reporting the highest number of non-fatal workplace violence events include retail sales, law enforcement, teaching, health care, mental health care, transportation, and private security. (Journal of Preventive Medicine, 146)

The Workplace Violence: Report to the Nation identifies three general approaches to preventing workplace violence:

- **Environmental**: adjusting lighting, entrances and exits, security hardware, and other engineering controls to discourage would-be assailants;
- **Organizational/Administrative**: developing programs, policies, and work practices aimed at maintaining a safe working environment;
- **Behavioral/Interpersonal**: training staff to anticipate, recognize and respond to conflict and potential violence in the workplace. (6)

The Occupational Safety and Health Administration (OSHA) has developed voluntary guidelines for the prevention of workplace violence, including guidelines for specific industries such as late-night retail, health care and social service, and community workers. (Workplace Violence: Report to the Nation, 6)

According to the Workplace Violence: Report to the Nation, representatives of organized labor have pushed for the recognition of workplace violence as an occupational hazard, not just a criminal justice issue. In general, labor unions favor an increase in voluntary implementation of workplace violence intervention by employers, coupled with some mandatory provisions such as state legislation or a mandatory OSHA standard (10).
Employers must be aware of the risk factors for violence in the workplace and take measures to prevent violent events. Evidenced-based prevention is the most effective approach and requires several organized steps. The steps include:

- Surveillance including at-risk populations and the scope of the problem;
- Identification of factors that place certain workers at higher risk;
- Design, application, and evaluation of intervention programs. (Journal of Preventive Medicine, 141)

As more is learned about the effects of violence in businesses, it becomes clear that injury is just one of many adverse outcomes. Other outcomes include lost productivity, job stress and the desire to change jobs. There are also related indirect costs including medical care, workers’ compensation and replacement costs. (Journal of Preventive Medicine, 146)

It is up to individual employers to develop a prevention plan for their workplace. It is known that no single strategy can be effective in all work environments. Guidance may fall under OSHA’s general duty clause. Some state-guided OSHA programs have detailed programs. For example, the California Occupational Safety and Health Administration requires all businesses in California to implement an injury and illness prevention program. The essential elements of an effective workplace security plan include:

- Commitment (from management)
- Compliance (a system to ensure employees comply with safe work practices)
- Communication (mechanisms by which employees can inform employers of hazards and visa versa)
- Hazard Assessment (procedures for identifying workplace security hazards)

According to John Lundell, MA, Deputy Director of The University of Iowa Injury Prevention Research Center, “It is extremely difficult to obtain information regarding workplace violence prevention programs from employers”. Lundell says “Employers are often reluctant to share what they consider proprietary information regarding their own experiences with violence in the workplace and/or their prevention programs.” Lundell reminds employers and employees that prevention is far better than reaction to a violent event at a workplace.

Many businesses have not addressed violence as a hazard in their workplaces. Barriers to implementing prevention programs include not knowing what to do, worry that the cost is prohibitive, and not realizing that the risk is present. While employers are often hesitant to implement prevention programs, the consequences of violent events deem a prevention approach much more effective than a reactive approach. Many prevention approaches, such as increasing communication, improving the security of the physical environment, and training, are highly cost effective, especially when considering the human, legal, and workplace costs associated with even one violent event. Information about prevention programs is included in the links listed below.

The complete Workplace Violence: A Report to the Nation can be accessed at www.public-health.uiowa.edu/iprc

The OSHA web site on workplace violence, which includes recommendations for prevention at http://www.osha.gov


National Institute for Occupational Safety and Health: http://www.cdc.gov/niosh

American Federation of State, County and Municipal Employees: http://www.afscme.org/health/faq-viol.htm

California OSHA web site on Workplace Security: http://www.dir.ca.gov/DOSH/dosh_publications/index.html

If you have questions or need additional information related to workplace violence, contact

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Influenza: "The Flu"

What is the Flu?

Influenza (the flu) typically occurs during the winter months and is responsible for an average of approximately 20,000 deaths per year in the United States.

Influenza viruses are spread from person-to-person by the coughing and sneezing of infected persons. The incubation period for influenza is 1 to 4 days. The average is 2 days. Persons can be infectious starting the day before symptoms begin as well as up to about 5 days after illness onset; children can be infectious for a longer period.

The "flu" or influenza illness is characterized by:

- the sudden onset of fever
- myalgia (aching muscles)
- headache
- severe malaise (feeling tired & run down)
- nonproductive cough
- sore throat
- rhinitis (runny nose)

The flu typically lasts several days, although cough and malaise can last up to 2 weeks or more. In some persons, influenza can make other medical conditions worse, for example, lung or heart disease. The flu can lead to pneumonia. It has also been associated with other more serious complications like, swelling of the brain and infection of the heart.

The Flu Vaccine

Influenza vaccination is the primary method for preventing the flu and its complications.

The flu vaccine is thought to reduce:

- influenza-related respiratory illness
- physician visits among all age groups
- hospitalization and death due to the flu and its complications
- reduce work absenteeism among adults

Influenza vaccine contains three strains (i.e., two type A and one type B), representing the influenza viruses likely to circulate in the United States in the upcoming winter. The vaccine is made from highly purified, egg-grown viruses that have been made noninfectious (i.e., inactivated).

In the United States, the flu season can begin as early as November or December but does not usually reach its peak until late December through early March. Adults develop peak protection against the flu about 2 weeks after vaccination. Therefore, vaccine administered after November is likely to be beneficial in most influenza seasons. Although timing of influenza activity can vary by region.

Side Effects

The inactivated influenza vaccine contains noninfectious killed viruses and cannot cause the flu.

Local Reactions

In controlled studies, the most frequent side effect of vaccination is soreness at the vaccination site. The soreness usually lasts 1 to 2 days. This reaction is generally mild and does not interfere with the person's ability to conduct normal daily activities.

Systemic Reactions

Other body symptoms can occur following vaccination. These reactions begin 6 to 12 hours after vaccination and can persist for 1 to 2 days. Systemic reactions include but are not limited to:

- Fever
- Malaise
- Muscle Aches
Allergic Reactions

Hypersensitivity (allergic) reactions to any vaccine can occur. If one has had a reaction to the flu vaccine in the past, is allergic to any component of the vaccine or has other complicating factors, they should not receive the vaccine. It is advised that persons with questions or concerns speak with a health care provider prior to receiving the vaccine.

Additional information can be found on the CDC website. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5027a3.htm
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5004a1.htm


Questions:

Can you draw a typical psychological profile of a potentially violent worker?

Are there warning signs that could alert co-workers or supervisors of potential trouble?

Answer:

Dr. Corinne Peek-Asa responds, "I don’t believe it is possible to define a ‘typical’ profile of a potentially violent worker. There are many lists of characteristics that might indicate the potential for violence, but it is important to realize that most of the people with these characteristics will not become violent. In worker-on-worker violent events, a common thread is the real or perceived belief that conditions are unfair. The conditions may in fact be unfair, and there are management policies and actions that can greatly reduce this perception. I believe management commitment to prevention is the better approach than identifying individuals because it both reduces the risk of violence and improves working conditions (which often has the added benefit of increased productivity). Having said this, there are usually warning signs prior to violent behavior. These can include a distinct change in a worker’s behavior, known major stressors at work or home, frequent talk of violence, and threatening behavior. It is important to have policies to report and act on all suspicious activity so that it does not appear that only certain workers are 'picked on'."

Readers may direct questions to:

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Flu Season is Coming, Is the Vaccine?

The Center for Disease Control (CDC) announced in July 2001 that the projected total of available influenza (flu) vaccines will be greater than in 2000, but the distribution of the vaccine may once again be delayed. Predictions of vaccine distribution vary by manufacturer, and providers will probably receive vaccines on different schedules.

The Advisory Committee on Immunization Practices (ACIP) recommends that manufacturers delay distribution of vaccine to worksites making the early-season vaccine available to providers of high-risk patients.

Check with your provider to determine availability of the 2001—02 influenza vaccine.

Source: CDC. Prevention and control of influenza: recommendation of the Advisory Committee on Immunization Practices (ACIP) via website at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5027a3.htm
HEALTH & SAFETY REPORT

Forklift Alert


The Alert provides information and guidance for workers and employers. The first edition of this Alert applied only to forklifts operated in a sitting position. The new edition includes recommendations for stand-up forklifts with rear-entry access.

The Alert begins with a WARNING! Workers who operate or work near forklifts may be struck or crushed by the machine or the load being handled.

The Alert continues by stating:

Workers: if you operate or work near forklifts take these steps to protect yourself:

- Do not operate a forklift unless you have been trained and licensed
- Use seat belts if they are available
- Report to your supervisor any damage or problems that occur to a forklift during your shift
- Do not jump from an overturning, sit-down type forklift. Stay with the truck, holding on firmly and leaning in the opposite direction of the overturn
- Exit from a stand-up type forklift with rear-entry access by stepping backward if a lateral tipover occurs
- Use extreme caution on grades or ramps
- On grades, tilt the load back and raise it only as far as needed to clear the road surface

- Do not raise or lower the forks while the forklift is moving
- Do not handle loads that are heavier than the weight capacity of the forklift
- Operate the forklift at a speed that will permit it to be stopped safely
- Slow down and sound the horn at cross aisles and other locations where vision is obstructed
- Look toward the travel path and keep a clear view of it
- Do not allow passengers to ride on forklift trucks unless a seat is provided
- When dismounting from a forklift, set the parking brake, lower the forks or lifting carriage, and neutralize the controls
- Do not drive up to anyone standing in front of a bench or other fixed object
- Do not use a forklift to elevate workers who are standing on the forks
- Elevate a worker on a platform only when the vehicle is directly below the work area
- Whenever a truck is used to elevate personnel, secure the elevating platform to the lifting carriage or forks of the forklift
- Use a restraining means such as rails, chains, or a body belt with a lanyard or deceleration device for the worker(s) on the platform
- Do not drive to another location with the work platform elevated

NIOSH reports that most fatalities occur when a worker is crushed by a forklift that has overturned or fallen from a loading dock.

NIOSH investigations of forklift-related deaths indicate that many workers and employers:

(i) may not be aware of the risks of operating or working near forklifts and

(ii) are not following the procedures set forth in the Occupational Safety and Health Administration (OSHA) standards, consensus standards, or equipment manufacturer’s guidelines.

This Alert describes seven incidents resulting in the deaths of seven workers who were either operating or working near forklifts. In each incident, the deaths could have been prevented by using proper safety procedures and equipment and by following the provisions of the OSHA standards.

Modified: Saturday, August 18, 2001
Case Management: Caring for Work-Related Injuries
October 12, 2001
8:00 a.m. to 4:00 p.m.
The University of Iowa, Oakdale Hall Auditorium, Iowa City, IA

This conference will provide current information on medical care and treatment relative to work-related injuries, including eye injuries, burns, chronic pain, upper extremity injuries, back injuries, and impairment evaluations.

Sponsors: UI Health Works, University of Iowa Hospitals and Clinics Office of Work-Related Health Care, University of Iowa College of Public Health Heartland Center for Occupational Health & Safety

The New DOT Rules and Regulations
October 30, 2001
8:00 a.m. to 12:00 p.m.
Council Bluffs Library, Council Bluffs, IA

This program is sponsored by Jennie Edmundsen Business Health featuring Terry Stephenson from the Federal Motor Carrier Safety Administration. Cost is $25 includes breakfast. Contact Jennie Edmundson Business Health at (712) 328-7654 for details.

November 9, 2001
7:45 a.m. to 4:00 p.m.
Mercy Hospital, Iowa City, IA

This conference will allow participants to enhance their knowledge of current issues in occupational health and safety.

Sponsors: University of Iowa College of Public Health Heartland Center for Occupational Health & Safety, Northeast Iowa Association Of Occupational Health Nurses, Mercy Iowa City

NIOSH- Approved Spirometry Training for Workers Screening Course
November 15 & 16, 2001
The University of Iowa, Oakdale Hall, Iowa City, IA

This NIOSH-approved course is designed to provide a comprehensive theoretical framework combined with practical training necessary to conduct spirometry testing and screening for workers. Enrollment is limited to 10.

Sponsors: University of Iowa College of Public Health, WORKSAFE IOWA and Heartland Center for Occupational Health & Safety

Occupational Hearing Conservationist Certification and Recertification Courses
March 6, 7 & 8, 2002
University of Iowa Oakdale Hall, Iowa City, IA

The Occupational Hearing Conservationist Certification course is planned for March 6, 7 & 8, 2002. In addition, a one-day Recertification Course will be offered on March 7. A CAOHC-certified course director will teach the courses. For more information or a registration form, contact Jennifer Clougherty, College of Nursing, The University of Iowa, Iowa City, IA. Telephone 319/335-7119, Fax 319/335-7129, e-mail Jennifer-clougherty@uiowa.edu

Sponsors: University of Iowa College of Nursing and College of Public Health Heartland Center for Occupational Health & Safety

4th Annual Occupational Health Symposium
March 13 & 14, 2002
Iowa Memorial Union, The University of Iowa, Iowa City, IA

This symposium will provide current information on health and safety regulations, workplace illnesses and injuries, health care delivery, and management issues. It will also provide important resources and networking opportunities necessary for keeping current in occupational health. Details will be forthcoming.

For further information on any of the above programs contact:
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