Working In Hot Environments

Each year, thousands of workers become ill from exposure to hot work environments – some even die.

Who is at risk when the temperature goes up? Construction workers account for about one third of heat related worker deaths but workers in every industry where exposure to the outdoors occurs such as agriculture, oil and gas operations, landscaping and transportation are also at risk.

Following a few general guidelines, employers can prevent illnesses and deaths caused by hot work environments.

1. Closely supervise workers for the first 14 days of work in hot environments to give their bodies’ time to adjust to the elevated temperature. Most heat-related deaths occur within the first three days of beginning work in a hot environment.
2. Workers should drink about one cup of water every 15 minutes. Sports beverages should be consumed when prolonged duration of work in hot environments occurs.
3. Provide cool down areas. Rest areas that are shaded or air conditioned should be available and workers should be encouraged to use them. Provide enough rest periods for workers to adequately cool down.
4. Personal protective equipment is available for hot work environments. Water or air-cooled

July 14, 2016
“The 3-D’s of Safe Driving”
David Valentine
Construction Account Specialist—St. Louis Hartford Insurance Group

Spotlight Company

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Stark County Safety Council Mission Statement: To provide a forum for safety and health information, education and networking in Stark County, through leadership, innovation, facilitation, program, and support, in partnership with other public and private organizations.
garments, cooled hats and vests, wetted garments and heat reflective garments are invaluable to workers in the heat.

5. Train all workers to identify signs and symptoms of heat illness. Heat exhaustion symptoms include dizziness, headache, profuse sweating, nausea and vomiting. Heat stroke is characterized by dry, hot, red skin, convulsions, fainting and confusion.

6. If workers identify symptoms in themselves or coworkers they should be trained to notify their supervisor immediately. Use the buddy system in extremely hot environments.

7. Know what to do in case of an emergency. If you or a coworkers are experiencing a medical with the affected worker.

ROBIN’S CORNER
By Robin Watson, Ohio BWC Representative

Q. What am I required to do based on OSHA’s New Recordkeeping Final Rule? 

A: OSHA’s Final Rule To Improve Tracking Of Workplace Injuries & Illnesses.

Effective January 1, 2017, certain employers will be required to submit their injury and illness information electronically. (This information is already required to be recorded on the OSHA 300, 301, & 300A forms) This requirement applies to:

• Establishments with 250 or more employees that are currently required to keep OSHA injury and illness records must electronically submit information from OSHA forms 300 – Log of Work-Related Injuries and Illnesses, 300A – Summary of Work-Related Injuries and Illnesses, and 301 – Injury and Illness Incident Report.

• Establishments with 20 – 249 employees that are classified in certain industries with historically high rates of occupational injuries and illnesses must electronically submit information from OSHA Form 300A.

The electronic submission requirements do not change an employer’s obligation to complete and retain injury and illness records.

The following is the phase in period:

<table>
<thead>
<tr>
<th>Submission Year</th>
<th>Establishments with 250+ employees</th>
<th>Establishments with 20-240 employees</th>
<th>Submission Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>Form 300A</td>
<td>Form 300A</td>
<td>July 1, 2017</td>
</tr>
<tr>
<td>2018</td>
<td>Forms 300A, 300, 301</td>
<td>Form 300A</td>
<td>July 1, 2018</td>
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Beginning in 2019, the submission deadline will be changed from July 1st to March 2nd.
The Zika virus is transmitted by the Aedes mosquito, a bug that in the United States is found mostly in the South and Southwest, though its range can spread in the summer. No one has been infected with Zika by a mosquito in the continental United States, but health experts expect it to happen. According to the Centers for Disease Control and Prevention (CDC), the Zika virus is a part of the same family as yellow fever, West Nile, chikungunya and dengue. But unlike some of those viruses, there is no vaccine to prevent Zika or medicine to treat the infection. Zika is grabbing local and national attention because of a connection between the virus and microcephaly, a neurological disorder that results in babies being born with abnormally small heads that causes severe developmental issues and sometimes death. Since October, Brazil has seen over 500 confirmed cases of microcephaly in newborns. At least seventeen of those cases have a link to the Zika virus.

In most people, symptoms of the virus are mild, including conjunctivitis, fever, joint pain and a rash. Eighty percent of those infected never know they have the disease. That's especially concerning for pregnant women, as this virus has now been shown to pass through amniotic fluid to the growing baby.

The virus is most commonly transmitted when an Aedes mosquito bites a person with an active infection and then spreads the virus by biting others. Those people become carriers when they have symptoms. This year, the CDC reported the first case of locally acquired Zika virus in the United States, but it was not from a mosquito bite. It was passed via sex. The individual had sex with a partner who had recently returned from South America infected with the mosquito-borne virus. The patient had not traveled.

The Zika virus is now being locally transmitted in Aruba, Barbados, Bolivia, Bonaire, Brazil, Colombia, Puerto Rico, Costa Rica, Curacao, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Marshall Islands, Martinique, Mexico, Nicaragua, Panama, Paraguay, Saint Martin, Suriname, Trinidad and Tobago, U.S. Virgin Islands, Venezuela, American Samoa, Samoa, Tonga and Cape Verde according to the CDC. Zika has arrived in the United States from travelers returning from these infected areas and, in one confirmed case, through sexual transmission. The concern is whether imported cases could result in more locally transmitted cases within the United States.
Continued from previous page

With no treatment or vaccine available, the only protection against Zika is to avoid traveling to areas with an active infestation, and strict adherence to mosquito protection measures which includes wearing long-sleeved shirts and long pants, sleeping in air-conditioned or screened rooms, treating clothes and gear with permethrin and using an EPA-approved insect repellent.

If you have Zika, you can keep from spreading it to others by avoiding mosquito bites during the first week of illness. The female Aedes is an aggressive biter, preferring daytime to dusk and indoors to outdoors. Keeping screens on windows and doors is critical to preventing entry to homes.

For women of childbearing age, the CDC recommends strategies to prevent unintended pregnancies.

US Department of Health and Human Services, Center for Disease Control and Prevention material contributed to this article. More detail information can be obtained from www.cdc.gov/zika

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Important Dates to Remember

Happening in July
- Semi-annual reports will be forwarded to all members on July 1st and must be completed and returned by July 15, 2016
- The BWC announced recently they will continue the safety council rebate program for another fiscal year. The FY17 rebate period will be begin July 1, 2016 and run through June 30, 2017.

Happening in August

Happening in 2017
- Ohio Safety Congress & Expo is March 8-10, 2017—save the date!