EDITORIAL

Summer is upon us and our thoughts turn to pools, barbeques, golf, fishing and vacations. We would like to add one more item to the list, ISHM Safety Management Professional of the Year.

ISHM will be accepting applications from July 1 to August 15. This year the award will be presented in San Diego probably on September 15th. Since the awardee’s airfare (US only) and hotel room, for the awardee only, will be paid for by ISHM and Westex this would make for a great vacation.

Having more EHS professionals certified by ISHM increases the stature of the certs and makes them even more valuable. It would be wonderful if each person would make an effort to recruit one new professional for certification this year. Word of mouth is the best advertisement an organization can have. If you could make that commitment ISHM would double in size this year. Oh yeah that would really help.

When is smoking not smoking

Along with the explosion of e-cigarettes comes issues that will sooner or later need to be resolved.

Most companies now ban smoking in the work place and many ban all tobacco products (snuff, chew, et al).
There have been a couple of blogs that folks are weighing in with their opinions. All well and good but the real issue is ‘what is your company doing’?

Vaping (a new word in our dictionary) has created controversy. Some vapor products have no nicotine, others have it available in varying levels. Do the vapors pose a health issue for non-vapor folks?
Tomatoes, potatoes, eggplant, teas, cauliflower, peppers and capiscums all contain measurable amounts of nicotine. Do we now need to ban those products in the workplace?

As long as there are options there are controversies. It is probably going to be an issue in your workplace if it does not already exist.

Many states and cities have chosen to treat e-cigarettes the same as smoking.

What is your policy now or what will it be?

Attached are a couple of articles one by Sara Boyns, ‘Legal implications of e-cigarettes in the workplace’ and another by ASH which makes for interesting reading and may help your cause whichever way you wish.

Larry Curtis

The opinions expressed here are my own and do not reflect the thoughts of ISHM or any other entity.

Board of Director Thoughts, This Month Judd Christensen

After participating in a blog and reviewing responses for the last four months that asked the question of classroom training versus computer based training (CBT) discussion became heated several times. There seems to be three positions. 1. Classroom training 2. CBT 3. the combination of both.

There are advantages and disadvantages to both, more times than not CBT is provided to save time and money. It is hard to pull a whole crew off the floor shutdown a jobsite to train them, no one wants the down time as we live in a production driven society. The one thing we miss when we use CBT is the Instructor and student's knowledge/experience to draw from in the classroom. You can also have a better feel for the class when you see the interaction and/or reaction from the students. You can't read body language online! I have taken both in my career and will say that some of my online courses were more exciting than that monotone Instructor that puts you to sleep as soon as they speak or “death by power point “and you also have that computer voice that can’t pronounce words clearly. There are plenty of examples for the pros and cons of each.

One issue that came up was testing or quizzing. Some CBT training requires you to pass a quiz before you can proceed to the next section which usually makes the student pay more attention. Usually classroom training doesn’t require a quiz, just a test at the end and sometimes not even that!

Another issue is the person who is actually taking the CBT. Is it the person that is getting credit/certification for it or is it the person’s son, daughter, or fellow employee taking the training. Now you have someone with a
certificate that didn’t even take the training. How safe is your place of employment now? We have a lot of multi-lingual places of employment and they are far and few between that meet those with CBT.

How about the old adage “I read I know, I speak I understand, I do I remember”, there is not much practical when using CBT as opposed to classroom training. I remember taking a 40hr HAZWOPER class in person and one online. We sat in the classroom for several days and then we went outside for the hands-on training. I remember watching the first couple of guys going thru de-contamination waiting for my turn and the instructor asked the guy if he had children and if they played on the floor “of course” he said. The instructor said “you just killed your children”. He then explained that when he rotated on the bench he actually stepped in the contaminated solution and now you’re bringing that home. The 40hr I did on-line was very thorough, but didn’t drive it home like being with an instructor. It was a great refresher though. Safety knowledge can be tested by assessing the practical application in the workplace. Monitored and reviewed. Online training is good for installing knowledge: It has its challenges when assessing the application.

When we stop and think about training there is no end in sight with the advances of CBT applications. From chalkboards to smart boards, from talking about a scenario to working with a simulator and soon there will be holograms with other advances. Our young students today are learning through the use of tablets, iPads and mobile devices. The information age is upon us. We can either embrace it and grow or resist it and fall behind. CBT may not completely replace classroom training. At the very least, the transformation of classroom training will be hard to recognize traditional classroom training.

If you have the time and resources collect and analyze data. Look at course evaluations, pre and post test scores, audit results, and incident statistics. The course content (i.e. specific to your employee’s education level and local policies) is more important than how the content is delivered. Every form of training has value and benefit in one aspect or another. Every form of training is appropriate for one scenario, but maybe not another. Take every weapon in the arsenal to keep materials fresh and interesting for employees to better retain information and be more enthusiastic about participating. In the end, “Think Safety, Act Safely, and Be Safer”.

Judd Christensen, CSHM  
Board of Directors ISHM

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**Ask the Lawyer**

**Question:** OSHA’s recordkeeping requirements are baffling. Can you explain why bug bites are recordable?

**Response:** OSHA’s recordkeeping requirements are baffling because they are not intuitive. The requirements are set forth in section 1904 of OSHA’s regulations. (29 CFR § 1904) The key provisions for purposes of determining whether an injury or illness is recordable are sections 1904.4 (Recording Criteria), 1904.5 (Determination of Work-Relatedness), 1904.6 (Determination of New Cases), and 1904.7 (General Recording Criteria).

Under section 1904.4, employers must record each fatality, injury or illness that is work-related, a new case and meets the general recording criteria. Under section 1904.5, a fatality, injury or illness is presumed to be “work-
related” if it results from an event or exposure occurring in the work environment, unless it falls within one of the defined exceptions set forth in section 1904.5(b)(2). Under section 1904.6, an injury or illness is presumed to be a “new case” if the employee has not previously experienced a recorded injury or illness of the same type that affected the same part of the body, or if the employee had completely recovered from a prior injury or illness. Finally, under section 1904.7, an injury or illness meets the “general recording criteria” if it results in death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, loss of consciousness, or is diagnosed by a physician or other licensed health care professional as significant.

Given this regulatory backdrop, bug bites may or may not be recordable depending on the entirety of the circumstances. The first part of the analysis – work-relatedness and new case – is simple. If the bug bite occurred in the work environment and resulted in a new injury or illness, it is considered work-related and a new case. There is no exception under section 1904.5(b)(2) for bug bites.

The second part of the analysis is whether any of the general recording criteria applies. Quite frankly, in almost all cases, bug bites are just an annoyance and are not recordable. At times, however, a person may be allergic or may otherwise suffer a bad reaction to the bite and, as a result, may miss time from work or require medical treatment beyond first aid. For example, a victim of a bug bite may be prescribed an antibiotic lotion to apply to the wound. Prescription medication is considered “medical treatment beyond first aid” under the general recording criteria. Under these circumstances, the bug bite is considered recordable.

The lesson is that every injury or illness must be separately assessed. Under certain circumstances, an event, such as a bug bite, that leads to an injury or illness may be recordable; under other circumstances, it may not be recordable.

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