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Modify Workplace Safety for Older Labor Force

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*Kansas Municipal Insurance Trust
300 SW 8th Avenue
Topeka, KS 66603
Phone: (785) 354-9565
Fax: (785) 354-4186
wflowers@lkm.org*

Modify Workplace Safety for Older Labor Force

As the “baby boomer” generation ages, the workforce is also shrinking, the American Society of Safety Engineers is urging businesses to modify their workplace safety efforts to accommodate a changing workforce.

Currently, workplace injury rates for older workers are the lowest of any age group, but their fatality rate is the highest. To adapt to the aging workforce and to work to reduce fatality rates, businesses should design a safe workplace for these aging, but valuable and knowledgeable employees.

“Businesses must act now to accommodate and provide a safer work environment for the aging worker, a valuable and experienced group, or their bottom line will be impacted negatively,” said ASSE President Jack H. Dobson, Jr., CSP. “There are easy and economical ways to do this that in the long run will save time, increase output, and contribute positively to the business.”

The U.S. Department of Labor’s (DOL) workplace statistics for 2006 show that those 64 years old and older had the lowest number of workplace injuries, but the fatality rate for those 55 years old and older rose by 10%. In 2007, workers 65 and older “continued to record the highest fatality rate of any other age group, more than three times the rate of fatalities for those age 25-34,” according to the DOL. Most of these fatalities were transportation-related, from falls, from being struck by an object, and from homicides.

As baby boomers begin to retire over the next few years, the DOL notes the workforce will shrink as those born from 1965 to 1985, a time with a declining birthrate, enter the workforce. According to *American Demographics* magazine, there are currently 76.9 million baby boomers in the U.S. The majority of boomers live in California, Florida, Illinois, Michigan, New Jersey, New York, Ohio, Pennsylvania, and Texas.

“As the percentage of the workforce age 55 and over increases, injury rates for the entire work population decreases while productivity increases,” said ASSE member Dr. Joel M. Haight,

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P.E., CSP, researcher and faculty member at Penn State University.

An estimated 3.9 million occupational injuries and illnesses were treated in hospital emergency departments among all industry and occupation groups for workers age 15 and older. The highest numbers of these injuries and illnesses occurred among workers age 25-44.

“Data suggests there is no age-related safety performance issue between the 25-54 year age group and that of the over 55 years age group, according to 2001-02 statistics,” writes ASSE member and Colorado resident Alma Jackson, R.N., MS, COHN-S in a paper titled *Health and Safety in an Aging Workforce*.

“Older workers are not more prone to injury and illness than other workers. Older workers have fewer avoidable absences, a lower turnover rate, and fewer work-related accidents. To increase workplace safety, employer fixes – environmental changes – can cost next to nothing yet the return on investment is very high,” said Jackson.

The Society for Human Resource Management’s (SHRM) 2005-06 workplace forecast identified the following trends:

- 1) The aging workforce;
- 2) Eldercare;
- 3) Having both childcare and eldercare responsibilities;
- 4) Changing family patterns;
- 5) An increase in the unskilled workforce.

“Management needs to be prepared to accommodate the number of changes older workers may face such as physical, sensory, and perhaps some mental impediments,” said ASSE member Bruce Tulgan, Founder and President of Rainmaker Thinking, Inc., a New Haven, CT-based workplace research firm. “As we age, we get shorter and heavier; our muscle strength decreases and by age 65, the mean maximum aerobic power – the level at which oxygen uptake levels off – is about 70 % of what it was at age 25. Hearing and vision is also diminished as one ages.”

Most experts agree that despite the aging process and its risks, older workers are not likely to take it easy on the job. “Even though older workers face additional obstacles to performing their job, they bring experience and knowledge and an excellent work ethic to the job making them a valuable part of the work force,” Tulgan said. “Equipment, facilities, and work processes can be improved to account for the limitations of the aging workforce and to take advantage of their experience and capabilities.”

Knowing that there is no one-size-fits-all solution, the following are suggestions from ASSE members that can increase workplace safety for an aging workforce:

- Improve illumination, add color contrast.
- Eliminate heavy lifts, elevated work from ladders and long reaches.

- Design work floors and platforms with smooth and solid decking while still allowing some cushioning.
- Reduce static standing time.
- Remove clutter from control panels and computer screens and use large video displays.
- Reduce noise levels.
- Install chain actuators for valve hand wheels, damper levers or other similar control devices – this brings the control manipulation to ground level – helps reduce falls.
- Install skid resistant material for flooring and especially for stair treads – helps reduce falls.
- Install shallow-angle stairways in place of ladders when space permits and where any daily elevated access is needed to complete a task – helps reduce falls.
- Utilize hands free volume adjustable telephone equipment.
- Increase task rotation which will reduce the strain of repetitive motion.
- Lower sound system pitches, such as on alarm systems, as they tend to be easier to hear.
- Lengthen time requirements between steps in a task.
- Increase the time allowed for making decisions.
- Consider necessary reaction time when assigning older workers to tasks.
- Provide opportunities for practice and time to develop task familiarity.

Implementing these changes would not only help older workers, but would benefit all workers.

Frostbite

Frostbite is an injury to the body that is caused by freezing. Frostbite causes a loss of feeling and color in affected areas. It most often affects the nose, ears, cheeks, chin, fingers, or toes. Frostbite can permanently damage the body, and severe cases can lead to amputation. The risk of frostbite is increased in people with reduced blood circulation and among people who are not dressed properly for extremely cold temperatures.

Recognizing Frostbite

At the first signs of redness or pain in any skin area, get out of the cold or protect any exposed skin—frostbite may be beginning. Any of the following signs may indicate frostbite:

- A white or grayish-yellow skin area.
- Skin that feels unusually firm or waxy.
- Numbness.

A victim is often unaware of frostbite until someone else points it out because the frozen tissues are numb.

What to Do

If you detect symptoms of frostbite, seek medical care. Because frostbite and hypothermia both result from exposure, first determine whether the victim also shows signs of hypothermia, as described previously. Hypothermia is a more serious medical condition and requires emergency medical assistance.

If (1) there is frostbite but no sign of hypothermia, and (2) immediate medical care is not available, proceed as follows:

- Get into a warm room as soon as possible.
- Unless absolutely necessary, do not walk on frostbitten feet or toes—this increases the damage.
- Immerse the affected area in warm—not hot—water (the temperature should be comfortable to the touch for unaffected parts of the body).
- Or, warm the affected area using body heat. For example, the heat of an armpit can be used to warm frostbitten fingers.
- Do not rub the frostbitten area with snow or massage it at all. This can cause more damage.
- Don't use a heating pad, heat lamp, or the heat of a stove, fireplace, or radiator for warming. Affected areas are numb and can be easily burned.

These procedures are not substitutes for proper medical care. Hypothermia is a medical emergency and frostbite should be evaluated by a health care provider. It is a good idea to take a first aid and emergency resuscitation (CPR) course to prepare for cold-weather health problems. Knowing what to do is an important part of protecting your health and the health of others.

Taking preventive action is your best defense against having to deal with extreme cold-weather conditions. By preparing your home and car in advance for winter emergencies, and by observing safety precautions during times of extremely cold weather, you can reduce the risk of weather-related health problems.

Hypothermia

When exposed to cold temperatures, your body begins to lose heat faster than it can be produced. Prolonged exposure to cold will eventually use up your body's stored energy. The result is hypothermia, or abnormally low body temperature. Body temperature that is too low affects the brain, making the victim unable to think clearly or move well. This makes hypothermia particularly dangerous because a person may not know it is happening and won't be able to do anything about it.

Hypothermia is most likely at very cold temperatures, but it can occur even at cool temperatures (above 40°F) if a person becomes chilled from rain, sweat, or submersion in cold water.

Recognizing Hypothermia

Warnings signs of hypothermia:

- Shivering, exhaustion.
- Confusion, fumbling hands.
- Memory loss, slurred speech.
- Drowsiness.

What to Do

If you notice any of these signs, take the person's temperature. If it is below 95°, the situation is an emergency—get medical attention immediately.

If medical care is not available, begin warming the person as follows:

- Get the victim into a warm room or shelter.
- If the victim has on any wet clothing, remove it.
- Warm the center of the body first—chest, neck, head, and groin—using an electric blanket, if available. Or use skin-to-skin contact under loose, dry layers of blankets, clothing, towels, or sheets.
- Warm beverages can help increase the body temperature, but do not give alcoholic beverages. Do not try to give beverages to an unconscious person.
- After body temperature has increased, keep the person dry and wrapped in a warm blanket, including the head and neck.
- Get medical attention as soon as possible.

A person with severe hypothermia may be unconscious and may not seem to have a pulse or to be breathing. In this case, handle the victim gently, and get emergency assistance immediately. Even if the victim appears dead, CPR should be provided. CPR should continue while the victim is being warmed, until the victim responds or medical aid becomes available. In some cases, hypothermia victims who appear to be dead can be successfully resuscitated.

The Benefits of Returning Injured Employees to Work

Although return to work is viewed as a way to control indemnity costs, it's also vital to controlling medical costs, because claims are usually closed more quickly and with fewer complications when employees are kept on the job. Cases that stay open not only require medical care for a longer period, which automatically increases cost, but also they can lead to more invasive treatment and to long-term use of expensive drugs.



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Returning to work can result in faster healing because the stress or anxiety of disability can make physical conditions more serious. While some injured workers will regard a disability as a sort of holiday, most experience a great deal of anxiety and stress when their jobs and their futures seem at risk due to their inability to work. Stress can magnify symptoms. In the worst cases, employees are caught in a trap where the more they worry, the more it hurts, and the more it hurts, the more they worry.

The Bottom Line: Keeping injured employees on the job helps to control both your indemnity and medical expenses.

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Kansas Municipal Insurance Trust
300 SW 8th Avenue
Topeka, KS 66603