



OCCUPATIONAL SAFETY & HEALTH

Activist's Guide to Safety and Health in the Workplace

2018 Edition



BUILDING OUR UNION THROUGH SAFETY AND HEALTH



Getting members involved in workplace health and safety issues is a great way to increase union participation and to solve problems together. All too often it is the same people who bear the responsibility to fight for better working conditions. A local or unit is more effective when more members actively participate and experience the results of what can be accomplished when working together.

Workplace safety and health is a great issue to involve members because:

- health and safety affects all workers, usually in a deeply personal way.
- health and safety concerns can move workers to take action.
- health and safety issues can be won and greatly impact our lives.

Nearly all deaths, illnesses and injuries on the job can be prevented. They are not really “accidents” because most have well known root causes that can be addressed. The employer is responsible for providing a safe and healthy workplace. Workers can be a big part of the solution to issues that arise in the workplace.

As many protections are under attack, CSEA and other unions are fighting to keep life-saving OSHA regulations in place, worker’s compensation benefits in tact and protect our environment from pollution and hazardous waste. “Right-to-Work” laws threaten worker’s rights, including safety and health rights.

In Right-to-Work States:

- Workplace deaths are 51% higher.
- 21% more people lack healthcare.
- Make an average \$5,333 less.
- The poverty rate is higher.

Staying union is our only hope of fair compensation, affordable healthcare and most importantly, to keep the right to be able to go home alive and well at the end of a workday. Every worker deserves a safe and healthy workplace and the ability to work to retirement age without workplace injuries and illnesses.

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The Elements of a Comprehensive Safety & Health Management System

A comprehensive safety and health management system or process should be followed to address safety issues. This approach follows the basic program elements to ensure a hazard is effectively addressed.

The system elements are:

- Management Commitment
- Employee Involvement
- Hazard Identification
- Hazard Control
- Worker Training, Information and Reporting
- Program Evaluation and Modification

Management Commitment

Any program that does not have the backing of all levels of management will fail.

Management commitment is demonstrated by:

- Developing a clear policy statement through established labor/management channels in conjunction with established collective bargaining agreements.
- Top managers down to supervisors who visibly support the program.
- Supervisors who account for and ensure that employees who are assigned to committees are given the time to attend meetings and to conduct other program activities.
- Devoting appropriate resources to program areas when necessary.
- Assigning managers with authority to committees that address the implementation of program components.

Employee Involvement

Employee involvement is equally vital to the success of any occupational program. The best way to ensure that workers follow policies and procedures is to involve them in the process. Employee involvement is demonstrated by:

- Authorized employee representatives are involved in policy and program design and implementation.
- Employee representatives, designated by the union, sit on committees.
- Employees are given time to conduct program functions and attend committee meetings.
- Employees are given an opportunity to select and implement control measures.
- Employees follow established rules and procedures.
- Employees report incidents.

Hazard Identification

Hazards must be identified before protective measures can be implemented. It is important to get to the root cause of a problem. Fixing the symptom is temporary and is not the solution. A thorough assessment of the workplace must be performed to identify all hazards and dangerous tasks. Hazards can be identified by:

- Analyzing the Log of Occupational Injuries and Illnesses (SH-900 or OSHA 300).
- Analyzing Workers' Compensation data.
- Analyzing incident and accident reports.
- Reviewing insurance audits.
- Reviewing Job Hazard Analyses.
- Conducting physical inspections.
- Conducting employee surveys.
- Holding focus groups.
- Utilizing hazards mapping and other techniques.

Hazard Control

Once identified, hazards must be corrected. OSHA's Hierarchy of Controls must be followed when selecting control methods. The hierarchy states that the most effective means to control a hazard should be implemented rather than using a less effective method. Employees should be involved in the selection of control methods. Hazards can be controlled by:

- Acting on the findings of the workplace assessment.
- Making changes to the physical plant.
- Purchasing needed equipment.
- Implementing safe work practices.

Worker Training, Information, and Reporting

All employees must be trained on workplace policies and procedures. Workers must know what hazards they are exposed to and what is being done to protect them. Managers need to know what the problems are in order to fix them. Effective communication is vital to program success. This can be demonstrated by:

- Training all levels of employees.
- Sharing information with management and union leadership.
- Facilitating access to assessment results and program components.
- Establishing an effective reporting system to report incidents.
- Establishing an effective system to notify employees of emergency information.

Program Evaluation and Modification

Programs must be evaluated, at least annually, to determine if they are successful. As deficiencies are uncovered, updates may be required. Each incident should be used as a learning experience with appropriate changes made accordingly. This can be demonstrated by:

- Comparing injury and illness rates.
- Comparing Workers' Compensation premiums.
- Comparing incident reports.
- Updating policies and procedures as appropriate.
- Conducting surveys and focus groups to determine program success.

Management Commitment & Employee Involvement

Ultimately, it is the responsibility of the employer to provide a safe and healthy workplace and ensure that all safety rules and regulations are followed. The truth is that there is not a single workplace that is 100% compliant. It is rare to see an employer have a safety and health professional on staff and if they do, those individuals are tasked with more work than one person can ever do and additionally given non-safety and health related work. Most managers that are tasked with fulfilling these obligations for their employers are rarely properly trained or given the necessary resources/time to comply with PESH/OSHA standards. These are not excuses, they are obstacles that must be overcome. Workplace safety and health is often pushed aside, however it is not an employee benefit. It is a part of the job and standard operating procedures.

This is why employee involvement is critical to the process of bringing solutions and helping management overcome obstacles to provide a safe and healthy workplace. No one knows the workplace better than those doing the work. Period. The knowledge and experience of the workers combined with the authority and commitment of management is the winning combination to solving any safety and health issue. Without both it is almost impossible to implement solutions that truly work.

In order to change the culture from, “This is how we have always done it” or “Just get it done.” to a culture of safety, worker buy-in is a must at every level. With a cooperative approach, it is possible to have a workplace where safety is not an after thought and everyone goes home safe and sound at the end of each workday.

FIFTEEN THINGS EVERY UNION LEADER SHOULD KNOW ABOUT SAFETY AND HEALTH PROGRAMS

- 1) The goals of a union safety and health program are to improve working condition and to build the union. They are equally important. In fact, you can't do either one well unless you do both.
- 2) Management has different goals, even enlightened management. They may care about safety in its own right, but are probably more concerned about workers' compensation costs. Building the union is never one of management's goals.
- 3) What you do with the employer on safety and health is a form of collective bargaining, even if you don't see it that way, they do.
- 4) Safety and health isn't a technical issue. Technical knowledge helps, but there are plenty of places to get technical information. Strategy and organization are much more important.
- 5) Every local union needs a union safety and health committee. You should set one up even if you don't have a joint safety and health committee. You don't need the employer's permission to establish a union committee.
- 6) It's also good to have a joint safety and health committee with representatives from the union and from management. The joint committee is a good way to resolve safety and health problems.
- 7) Even if you have a joint committee, you still need a union committee. The union committee can be comprised of union representative on the joint committee, or a larger group.
- 8) The union members of the joint committee should meet by themselves as often as they meet with management. You need separate meetings to set union priorities and plan strategy. Can you imagine what would happen if your negotiating committee met only with the employer at contract time and never by itself?
- 9) You should never, ever, allow the employer to appoint your safety and health representatives, veto the union's choices, or dismiss your representatives from their union positions. Never. Ever.
- 10) Union safety and health representatives should think of themselves as organizers who promote safety and health in a way that builds the loyalty and commitment of your membership. That means involving the membership whenever you can. It also means good communication with your membership, both written and by word of mouth.
- 11) Behavior contributes to some accidents, but hazards are the cause of all of them. It's easier to fix hazards than to change human nature.
- 12) Safety programs that focus on behavior says our members are the problem. In fact, our members and their union are the solution.
- 13) The best way to find hazards is for union safety and health representatives to talk to every worker about his or her job, and how to make it safe and easier. It's even better to enlist that member in pushing for improvements.
- 14) And what's the best way to build the union through safety and health? See #13 above.
- 15) You're not alone. Every CSEA region has an Occupational Safety and Health Specialist and resources are available.

WHAT EVERY UNION LEADER SHOULD DO ABOUT SAFETY AND HEALTH

1. Designate a person to be in charge of occupational safety and health (OSH) issues.

Select a local/unit officer or steward that is genuinely interested in safety and health. OSH issues should be this person's primary responsibility. OSH problems often require special attention and can take a long time to resolve. It is not wise to have the local/unit OSH person to be responsible for too many things as OSH can get lost in the shuffle if it is a person's secondary responsibility.

2. Designate an OSH Committee.

Union only Committee- Locals and units need to have a union OSH committee that will be responsible for addressing local / unit OSH issues. A union only committee is vital to adequately prepare for labor-management meetings and resolving OSH issues and is required by local and unit constitutions. Much of the legwork should be done by this group.

Labor-Management Committee- OSH is a mandatory subject of bargaining, simply put management must discuss these issues with the Union. Labor-Management committees are avenues we can use to make changes in the workplace and to ensure that our issues are heard and are not put on the back-burner.

3. Affiliate your Local/Unit with the area COSH group.

Currently all CSEA regions have a COSH group. COSH's provide resources and training for their members. The more access to resources that you have as a union leader can only help. COSHs can assist you in getting resources for your library/bulletin boards and provide training and speakers for membership meetings.

4. Establish your communications hub.

OSH issues often require much legwork. Often times help is only a phone call away. There are many different types of help that you may need and they all should be on one list. The following should be on your phone list:

- PESH Area Office and fax number
- Worksite Safety and Health Officer (Safety Department)
- OSH Specialist
- Labor Relations Specialist
- Asbestos Control Bureau
- Codes Enforcement
- COSH Group
- Management representatives from the labor-management OSH committee
- Other union leaders representing workers at your workplace (PEF, Co. 82 UUP, NYSUT)
- Contact information for other nearby CSEA locals or units

5. Start your OSH library.

Many resources are essential to address OSH issues. It is a great benefit to have access to those resources at your workplace. Have a copy of 29CFR1910 (General Industry Safety and Health Standards) or have internet access in which you can reference the General Industry Standards from the OSHA website right on hand. Also CSEA, AFSCME, OSHA, NIOSH, NYS DOH and other entities all have publications that will prove to be helpful. Keep material picked up at conferences, information days, or documents printed from the internet that you used to address a problem. Many times the hazards we face we see again, keep that information for use again in the future.

6. Get the pulse of your membership.

Know or learn your OSH issues. Survey the membership or conduct walkthroughs to determine the issues. If needed information request can be submitted to obtain injury and illness data that can be reviewed to determine where problems lie. These are great ways to get your committee involved.

A UNION SAFETY AND HEALTH COMMITTEE- SHOW YOUR STRENGTH!

A Union Safety and Health Committee provides a host of opportunities to make workers strong and to accomplish positive change in the workplace. Committees can reach out to people in different work areas and job titles. Involving the workers and coming forward in a union committee gives strength and “oomph” (yes, it is a word) in achieving your objectives.

CHALLENGES

- Committees are made up of volunteers and it takes a little time to devote to being a committee member. (See below)
- Workers may feel that they need technical knowledge to become involved on a committee. (See below)
- Committees may feel that they need training and can't afford it, or they don't know enough about issues and topics. (See below)
- Some workers may fear “sticking their necks out” and being seen as activists. (See below)

OVERCOMING CHALLENGES

- Hold short meetings whenever possible and stick to a written agenda to move things along and to stay on task. Meet regularly. Each committee member, or in pairs or groups if that works better, can take-on manageable assignments that they can complete on their own whenever they have time so that the burden does not fall on a select few.
- Technical knowledge is not necessary to form or sit on a committee. Committee work, in itself, is training because you learn as you go along especially when you have a vested interest. Committees can also invite people with expertise to help them become more familiar and to get a better understanding of topics and issues.
- Involve the workforce. Ask them for their input and ideas. Keep them informed on your progress. This is the key to your strength.
- CSEA's Occupational Safety and Health Department can help with guidance and offers training on setting up a committee. Log on to www.cseany.org and click on Safer and Healthier Workplaces for contact information or call your Region Office or CSEA Headquarters and ask for the Safety and Health Department.
- The benefits, successes, and the sense of empowerment that can be achieved by being part of a safety and health committee by far outweighs the risk workers may feel. You also need to know that you are legally protected against employer retaliation.

When you have a union safety and health committee where you can meet and discuss issues from a union standpoint, then you can show your strength by putting your issues on the table and getting some real results with a labor-management committee. If your workplace does not have a labor-management committee, form a union committee and demand one.

Moving a Health and Safety Action

This fact sheet describes a process for planning and carrying out health and safety actions, which are usually part of campaigns to build worker power. This process contains four critical steps:

- **Preparation**
- **Action Logistics and Considerations**
- **Debriefing Activities**
- **Follow Up for Next Activities**

1. Prepare

A) Decide the issue

- What affects the most workers?
- What has the potential to injure workers?
- What will build the most worker power?
- What is possible leverage to force the boss to make changes?

B) Document your health and safety.

- How can the issues be documented? [for workers, employer, public or enforcement agencies?]

Consider:

- How do you talk about technical issues in a way that is factually accurate but still allows regular people to understand the concern? What can you say about how widespread the issue is in the worksite?
- Do you have worker stories that put a personal face on the safety issue?
- What are ways the boss might retaliate and what is the plan to respond?

C) Define what victory looks like.

- Is this the action that's going to solve or directly address the problem? Or is it to set things in motion?
- What specific outcome do you want?
 - o A commitment to make a specific safety change?
 - o A follow-up meeting with workers and a decision maker (either in management or in government) to discuss your concerns?
 - o A story in the media?
 - o A specific date for management to follow through on a promised reform?
 - o Just the chance to see the look in your boss's eye when you show up with 20 people to his office?
 - o Or something else?

What type of action best suits what you want to accomplish? Is the action in the worksite? At some other company location? In the public? With the press? With elected officials, regulators, or other decision makers?

In the Shop:

- Targeted concerted actions to make safety changes in specific work areas (for example—demand an SDS sheet for a chemical they work with, fix a machine that is unsafe, etc.)
- Marches on the boss to demand broader safety reforms, or to get documentation from the company (like OSHA logs)
- Forming safety committees to start “acting like a union.”

With PESH/OSHA Itself:

- Can filing complaints be an event in itself?
- What can you do to re-engage OSHA if they aren't responding to your concerns or moving too slow?

In Public:

- Is the issue ripe to go to the press, or is it too early? If you've already involved the press, what is new that might get them interested in covering the issue again?
- Are there other ways to engage the public without the press?
 - o A community forum to educate the public and ask them to take a specific support action
 - o Leafleting customers, clients, or others who could move the company to make changes

2. Take Action

D) Which workers participate in the action?

- Just the workers who are directly affected by the safety issue?
- Or do other workers join them in solidarity?
- Do union members join them in support? Community? Clergy?
- What about temporary workers?

E) Assign roles

- Who are the spokespeople who will speak on behalf of the group? Does it make sense to have different spokespeople for different audiences? For example, would a specific individual be the best person to talk to the press? Would someone different be the best one to address management? Is there a worker who might not be comfortable confronting
- Every worker should have some sort of a role, even if it's not a speaking part. Who are the marshals? The drivers? The workers who can help keep up everyone's energy? etc.

F) What materials (if any) do you need to make the action work?

G) Role play the action before it happens.

- Try out different scenarios. What happens if you can't get in the door—what's the plan to rescue the action? If the target is hostile? What about if the target is sweet as pie and tries to appease the crowd without making concrete commitments?

H) Inoculate workers about what management or government officials might say.

- Address workers' fears about retaliation.
- If you're going the OSHA route, prepare workers about the work and time it takes to make the process successful.
- Don't let workers win the battle and lose the war—how can incremental victories help to build momentum rather than reduce the urgency to fight for lasting change?

I) How are you going to document what happened? Photos? Video?

3. Debrief

J) Do a debrief with participants immediately after the action, and then maybe a second one with the campaign team a day or two later.

K) What worked? What would you do differently next time?

L) Did you accomplish your goal?

M) Did anything unexpected happen—good or bad?

4. Follow Up and Adjust Where Needed

- How do you address the concerns participants raised during the debrief?
- How do you share what happened with workers who didn't participate in the action?
- How do you share your successes within your union or community organization—especially to those who are less familiar with the potential for health and safety to play a role in organizing?
- Take credit for any immediate changes that result from the action.
- If the boss threatens workers who participated, how can other workers, community members, and union members rally behind them? Do you file charges with OSHA or the NLRB?
- If the boss starts spreading misinformation, do you respond? If so, how?
- What is the next action?
 - o Is the goal to escalate?
 - o Is the goal to strengthen the leaders you already have?
 - o Is the goal to involve more supporters?
 - o Is the goal to educate all workers in the worksite, whether or not they are supporters?

Adapted by MassCOSH; www.masscosh.org from material developed by Chris Schwartz for National COSH

ACTION PLAN WORKSHEET

Workplace: _____

Location/Department: _____

Date: _____

ISSUES

What safety and health issue have been identified?

List by Priority: _____

GOALS

What do you want to accomplish? (Short-Term)

List: _____

What do you want to accomplish? (Long-Term)

List: _____

OBSTACLES

What must you deal with in accomplishing your goals?

List: _____

IDEAS/TACTICS/STRATEGIES

Best Arguments for Safety and Health

It is crucial to be prepared for any labor-management meeting. Below are some common responses that labor hears at joint labor-management committee meeting and some tried and true counter-arguments.

Arguments	Counter-Arguments
"I'm not prepared to address this now. I'll look into it."	"I have the information you need." Be prepared, have laws and regulations and whatever info they might need. "Let's make a plan." Get commitments and deadlines. Write it down.
"We will contract it out."	"That will be a waste of time and money. Contracting out does not release you from liability. You will have less control and oversight over how the job is done and usually we have to go in and fix their work after they are done, making taxpayers pay twice for the same job. No one knows this place better than us."
We don't have the money. We are broke and on the verge of bankruptcy.	"Doesn't it make more sense to spend the money on being compliant than wasting it on PESH fines, and unnecessary workers compensation costs? It will certainly be less expensive in the long run and a better use of taxpayer dollars. One injury can cost upwards of a million dollars alone. You will be saving money".
It's not in the budget.	"Can we get a budget review and see if there is room or if this can be a priority over something else? And what can we do to get it in next year's budget"?
No.	"Why not?" If no is repeated, remind them that they are making a choice to break regulations or hurt someone. If a regulation applies let them know. "I have the cure, you choose the medicine. I can call PESH, but I'd rather we worked it out amongst ourselves and avoid the fines and hassle".
"There is a lot going on right now."	"If not now, when? Are you willing to risk our lives and your career waiting for the "right" time"?
"You should do training on your own time."	"It is the employer's responsibility to provide training for the assigned tasks and it must be on work time".
"I'll take care of it." But nothing happens.	Remind them of past deadlines. Ask them how you can help resolve the situation and that you would rather not take it to the next level but you will if need be.
"That's a HIPPA violation."	The employer must provide the requester a copy of the SH-900 Logs by the end of the next business day that include individual names on the SH-900 Logs – only names for "privacy concern cases" may be excluded and copies of the logs must be provided free of charge the first time they are requested.
"You're going to have to FOIA that."	If it is SH-900 logs, then the employer is required to provide them. Also, most safety policies and programs must be shared with employees and their authorized employee representative. Some even require input.

Arguments	Counter-Arguments
“The union has no right to see our policy.”	“The workers are the union and if you expect us to follow policy and procedures we certainly should see them.” Depending upon the regulation, union involvement may be mandatory.
“We don’t have the equipment.”	“It is the employer’s responsibility to provide the appropriate equipment in order to do the job safely”.
“We only do that a few times a year.”	“That does not mean that you get a pass on safety precautions. PESH doesn’t discriminate based upon frequency; neither does injury, illness or death”.
“They shouldn’t be doing that.”	People make lots of assumptions on how other people should do their jobs. It is important to not assume or let others. Quite often we don’t know the details of how an assigned task should or can be completed. Before we make the statement or let anyone else make that statement, we must push for assessing the job task to see how it can be done safely and what is required to get the job done.
“That’s the employees’ responsibility.”	“The OSH Act very clearly states that the employer is responsible for the health and safety in the workplace. Employees are required to follow compliant procedures and regulations; however the employer must provide them with the necessary equipment and training to perform the required job safely. If there is deviation by the worker, we suggest re-training and investigating as to the reason for the deviation and if there is a problem with the policy and procedure, however, keep in mind that the ultimate responsibility for workplace safety rests with the employer”.
“We have been doing it this way for 20 years. We never had a problem before.”	“Is that what you would like me to say to your family at your funeral to comfort them? And if you are still eager to ignore safety will you make me the beneficiary of your life insurance policy”?
“They don’t wear it [PPE].”	“Is there a problem with what was provided and is it causing a greater hazard? Have you asked the workers why they don’t wear it? Is there something that would work better?”
“They were trained.”	“Was the training adequate? Did it cover all safety precautions and include specifics about our workplace? Is the employer providing required policies, work practices and equipment as the training suggested“? Ask to see a copy of the training program that was presented.
“Not enough staff.”	“Low staffing itself is a safety issue and not an excuse to ignore safety. Safety must be a priority and if staffing is getting in the way you better advocate hiring more staff”.

Arguments	Counter-Arguments
“It’s Albany’s fault.”	“Then who from Albany should we be talking to in order to resolve this issue? How can we help you get the message to Albany that changes must occur”?
“I’m on your side.”	“There are no sides here. We are all in this together and safety affects everyone and we have to get on the same page. If you agree with what we are suggesting then help us advocate and make positive changes”.
“Fine, we will privatize.”	“And when that is all said and done we will still be right back here having the same conversation, except it will be OSHA instead of PESH doing the enforcement. Privatization does not excuse you from health and safety and you may be held to a higher standard in fact because injury and compensation costs eat into profits and owners don’t like that. Let’s just fix this now and the lower injury rates. It will save us a lot of money”.
“We are doing our best.”	“Then let’s work together to find resources and help that knows what to do. We have to do better than this”.
“You have no right to be here [denied access].”	“Safety is a mandatory subject of bargaining and I am the authorized employee representative. I have every right to be here”.
“We knew about it.”	“Then you realize that by not acting to fix the situation you are willfully negligent and we are documenting that you have full knowledge and are making a choice to break regulations and operating procedures”?
“CSEA trained these guys.”	“Was it an awareness training or a compliance training that was provided? Are your policies and procedures in place? ”
“No, I’m not going to discuss this.”	“I am trying to help you and safety and health is a mandatory subject of bargaining so we must discuss this.”
“I wish someone had told us. This is the first time I’m hearing about it.”	If that is true then work together to find the communication breakdown. If they have heard about it before, remind them with documentation when it was they heard about it and start discussing deadlines for progress.
“Our attorney/management can represent the workers.”	“Absolutely not. Workers are represented by their union, not their employer”.
“Why are you doing this to me?”	“No one is doing anything to you. This has all been brought on by your own choices. This is not about you but about worker safety. Why are you doing this to us”?
“Where is this coming from?”	“It is coming from the fact that our employer is not providing us a safe and healthy workplace as required by law. Most provisions should have been in place 20-40 years ago and this workplace is still not in compliance.”

Arguments	Counter-Arguments
“The attorney needs to look at it.”	“We have the regulation right here, but that is fine. Just understand that if we don’t hear back from you in a reasonable amount of time your attorney will be talking to our attorney”.
“I don’t want to use it.”	“Why not? It could save your life? Is there something wrong with it?”
Just get it done.	“So you are asking me to break the law or go against state or local regulation. Will you put that in writing and can you demonstrate for me how to do this so I don’t die or get hurt. Why don’t we work together to find a way to do this safely?”
PESH told me it was ok that we ignored it.	Who from PESH told you that and let’s give them a call for clarification. “I have PESH on speed dial.”
“It’s not a union priority.”	What is more important than the lives of your brothers and sisters? It is their right and our duty to protect that right. And also remember that members can’t pay dues if they’re dead or permanently disabled and positions are not being filled these days. This union will cease to exist unless we protect workers.
“I’m not required to do so by law.”	“You are required to provide a safe and healthy workplace. If that is not incentive enough for you, let’s talk about how many people this workplace needlessly hurts every year and how much it costs the taxpayers. I’m sure they would find that interesting”.
“We are implementing an incentive program”.	“Incentive programs can be very dangerous and discourage reporting of incidents which actually increases injuries. No one is aware that a policy or procedure may need to be changed.”
www.cseany.org/osh	14

Hazard Identification

Workplace Hazards can be broken down into two categories, *physical hazards* and *health hazards*. Physical hazards cause injuries while health hazards cause illnesses. Exposure to a hazard at a dangerous level can cause acute (immediate) effects like coughing, dizziness, or pain for minute hours or days or chronic (long-term) effects like cancer, asthma, or pain that is permanent. Some hazards can cause both acute and chronic symptoms. Exposure to hazardous substances can come from any of the four route of exposure: inhalation, absorption, ingestion or injection.

The Importance of Identifying Hazards

The first step to prevent injuries and illnesses at your worksite is to identify the hazards. You must get to the root cause of current incidents and future potential incidents. All work areas and assignments must be assessed.

Hazard Identification Methods

There are many methods to identify hazards at your workplace. You may need to utilize all of these methods to identify all potential hazards. No single method will give you all the information that you need; each method has its limitations. The following methods should be used to accurately identify the scope and extent of each hazard at your worksite and can predict potential future incidents.

- Records Review
- Employee Surveys
- Focus Groups
- Physical Inspections
- Hazard Mapping

Records Review

What information will these documents provide?

- **Who-** Who has been injured in the past year? What job titles? How many employees?
- **What-** What kinds of injuries and incidents have occurred? What are the most prevalent? What is the frequency of the same types of injuries and illnesses? What are the most common?
- **When-** At what days/times/shifts are injuries and incidents occurring? How often are incidents occurring?
- **Where-** Where are the injuries and incidents occurring? In what specific area and location?
- **How –** What caused the incident? How are workers being injured? How many lost workdays did each incident accumulate?

What information is missing?

- Any incident that does not result in death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness will not be reflected.
- In addition to minor injuries and near hits, the logs will also not capture harassment incidents.
- In many cases, incidents are not reported, it is important to encourage employees to report all incidents.

Underreporting & Incentive Programs

There are many reasons why workers do not report incidents. Some feel that it is just a part of their job and expect to be hurt or injured. It is vital to help these people to understand that it is NOT a part of their job. Others are in denial that they are being hurt or going through some kind of repression or suppression of what is really happening. Some fear reprisal from their employer or other co-workers. Whatever the reason, employers must make the reporting process easy, confidential and without reprisal or further pain for the victim. [2008 Congressional Report from the Committee on Education and Labor of the U.S. House of Representatives] Incentive programs or rewards for fewer injuries, actually lead to more injury because no one wants to report and ruin the incentive for everyone. It leads to gross underreporting and when no one reports injuries and hazards- root causes are not found and injuries increase.

How to Analyze Records

Step 1 - Gather the forms from several previous years (3-5 years). Make sure that all privacy concern cases have been properly handled.

Step 2 - Identify all potential workplace violence incidents and obtain the SH-900.2 or OSHA 300A or 301 forms (or equivalent) for more information.

Step 3 - Look at each significant case and determine how and why each case happened.

Step 4 - Look for trends in incidents. Perhaps one control method can eliminate the risk of several different incidents.

Step 5 - Prepare a summary report of the following:

1. Total number of all incidents.
2. Total number of lost workdays.
3. Job titles affected by incidents.
4. Work location of incidents.

Injury and illness logs, workers' compensation reports, incident reports, and incident investigation reports are commonly kept employer records that will assist you in determining the scope and extent of hazards in your workplace. Many records must be kept as requirements of other laws.

Injury and Illness Logs and Reports

SH-900 or OSHA 300 forms are logs, summaries and incidents reports to record workplace fatalities, injuries and illnesses. These forms are used for developing information regarding the causes and prevention of occupational injuries and illnesses, and for making public periodic reports of work-related deaths, injuries and illnesses. This information must be kept and reported as per the requirements of 12NYCRR Part 801 or OSHA Standard 29 CFR 1904.

The SH-900 (public sector) or the OSHA 300 (private sector) form is the Log of Work Related Injuries. The SH-900.1 or the OSHA 300A is the Annual Summary of Work-Related Injuries and Illnesses. The SH-900.2 or the OSHA 300.1 form is called the Injury and Illness Incident Report. Employers may use an equivalent form and often use the Worker's Compensation C-2 Form.

Recording Requirements

Each employer (that employs more than ten people) is required to keep records of fatalities, injuries, and illnesses and must record each fatality, injury and illness that:

- Is work-related (an event or exposure in the work environment that either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness).
- Results in any of the following: death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness.
- Involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.

In addition:

- The employer must keep a separate log for each establishment that is expected to be in operation for one year or longer.
- The employer must record on the SH 900 or OSHA 300 Log the recordable injuries and illnesses of all employees on the employer's payroll, whether they are labor, executive, hourly, salary, part-time, seasonal, or other workers.
- The employer also must record the recordable injuries and illnesses that occur to employees who are not on the employer's payroll if the employer supervises these employees on a day-to-day basis.
- The employer must save the logs, the privacy case list (if one exists), annual summary, and the incident report forms for three to five (3-5) years following the end of the calendar year that these records cover.
- The employer must make the log available to all current employees, former employees, and employee representatives by the end of the next business day.
- The employer must leave the names on the log. However, to protect the privacy of injured and ill employees, the employer may not record the employee's name on the log for certain "privacy concern cases."

At the end of each calendar year, the employer must:

1. Review the logs to verify that the entries are complete and accurate, and correct any deficiencies identified.
2. Create an annual summary of injuries and illnesses recorded on the log form,
3. Post the annual summary, for the previous calendar year, from February 1 through April 30 each year.

“Privacy Concern Cases” and Confidentiality

If the case is to be considered a "privacy concern case," the employer may not enter the employee's name on the log. Instead, the employer must enter "privacy case" in the space normally used for the employee's name. This will protect the privacy of the injured or ill employee when another employee, a former employee, or an authorized employee representative is provided access to the log. The employer must keep a separate, confidential list (the Privacy Case List) of the case numbers and employee names for the employer's privacy concern cases so the employer can update the cases and provide the information to the government if asked to do so.

The employer must consider the following injuries or illnesses to be privacy concern cases:

- (1) an injury or illness to an intimate body part or the reproductive system;
- (2) an injury or illness resulting from a sexual assault;
- (3) mental illnesses;
- (4) HIV infection, hepatitis, or tuberculosis;
- (5) needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material; and
- (6) other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log. [Effective January 1, 2004, musculoskeletal disorders (MSDs) are not considered privacy concern cases].

Workers Compensation Reports

The C-2 Form is the Employer's Claim for Compensation to the Insurance Company or third party designee. These forms:

- must be filed within ten days of the incident.
- must be kept on file for 18 years.
- must be copied and available to the employee upon request.

The C-3 Form is the Employee's Claim for Compensation to the Employer. This form must be filed within two years following the incident or onset of an occupational disease and the individual should give a trusted authorized employee representative a copy.

Incident Reports

Each agency/facility should have a system and form to report incidents that includes harassment incidents. Union Officers and Stewards should work with victims on filling out an incident report for the union.

Police Reports

These reports will show the circumstances of the incident, including the time of day, date, specific location, and weather conditions at the time. They can also give information of anyone who might have witnessed the incident, or who arrived on the scene soon afterward.

Other Reports

Some other records may be helpful as well, such as, medical records provided by victims, insurance records, incident investigation records and training records. If you know of an incident that was investigated by the union, union officers can call and receive copies of training records or incident investigations done by the union.

UNION RIGHTS TO REQUEST NYS SH-900 WORK-RELATED INJURY AND ILLNESS LOGS

The New York State Department of Labor Public Employee Safety and Health (PESH) Act requires the employer to maintain records of all work related injuries, illnesses and fatalities under Labor Law Section 27-a, Part 801.

It is important for union representatives to request the SH-900 logs because they:

- Identify who is getting hurt, where they are getting hurt and how severe the injury
- Assist in building a union argument for contract language that strengthens worker safety
- Help safety and health committees focus on eliminating hazards that result in injury or illness
- Hold employers accountable to provide a safe and healthy workplace
- Verify information in the logs are correct
- Ensure employer compliance with this regulation

Employers must keep records of fatalities, injuries and illness that result in any of the following:

- Death
- Days away from work, restricted work, or transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- Significant injury or illness even if it does not result in the above outcomes

Employers must:

- record injuries and illnesses that occur to employees who are not on the employer's payroll if the employer supervises these employees on a day-to-day basis, i.e., executive, hourly, salary, part-time, seasonal or temporaries.
- post the previous year summary from February 1 through April 30.
- save SH-900 Logs, privacy case list, annual summary, and the SH-900.2 Incident Report forms for each of the last five (5) years. Privacy cases include:
 - an injury or illness to an intimate body part or the reproductive system
 - an injury or illness resulting from a sexual assault
 - mental illness
 - HIV infection, hepatitis or tuberculosis
 - needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potential infectious material, and
 - other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

Employees, former employees, personal representatives or union representatives can ask for copies of the SH-900's. The employer must:

- provide the requester a copy of the SH-900 Logs by the end of the next business day.
- include individual names on the SH-900 Logs – only names for “privacy concern cases” may be excluded.
- not charge for the copies the first time they are provided.

**Don't let employers off the hook! Hold them accountable!
Request copies of the employer's SH-900 Work Related Injury and Illness Logs**

SAMPLE LETTER
USE TO REQUEST COPIES OF THE EMPLOYER SH-900 LOGS
OF WORK-RELATED INJURIES AND ILLNESSES

(Date)

(Name of person responsible for maintaining logs)

(Title)

(Employer)

(Address)

SUBJECT: Request for completed New York State Department of Labor SH-900 Logs of Work-Related Injuries and Illnesses (Employer or Specific Facility) for (List Years)

Dear (Name),

(I or We), (employee or employee representative), hereby request a copy of the completed New York State Department of Labor SH-900 logs of Work-Related Injuries and Illnesses for (employer or specific facility) for (list years) years. According to the New York State Department of Labor Public Employee Safety Health Bureau Regulation 29CFR1904.35, "When an employee, former employee, authorized employee representative, or personal representative of an employee asks for copies of the employer's current or stored safety and health S&H Log(s), the employer must give the requester a copy of the relevant S&H 900 Log(s) by the end of the next business day."

Please send the requested records in accordance with this regulatory requirement.

Send the requested forms to:

(Name)

(Address)

Sincerely,

(Your name and title)

Access to Employees Exposure and Medical Records (1910.1020)

Under this standard, employers must provide workers and their representatives (their unions, doctors and lawyers) copies of various types of employer health and safety records when requested, including:

- **Exposure records:** If the employer, PESH or someone hired by the employer tests the air to measure toxic chemicals, noise, heat, radiation, or other hazardous exposures in the workplace, the results of this testing must be made available under this standard. Results of biological monitoring (measuring actual levels in the body, such as lead in blood) must also be made available.
- **Medical records:** Workers have the right to ask for and get any of their own medical records kept by the employer. For unions or other designated representatives to have access to medical records they must have specific written consent from the affected workers. However, union representatives are entitled to “summary data” from the medical records of workers they represent (for example, the union representative can obtain information on how many workers suffered hearing loss if hearing tests were done) and consent of individual workers is not required.

This standard does not require an employer to do any exposure monitoring or medical examinations; but once an employer does such tests, the standard requires that the test results must be made available to workers and their representatives. The employer must provide a worker and/or the union copies of requested records within fifteen days of the request.

Test results and medical records covered by this standard must be kept by the employer for thirty years.

Sample Written Consent Letter for Union or Other Representative to Get Access to Employee Medical Records

I, (worker name), hereby authorize (employer who has the records) to release to (union or other representative) the following information from my medical records: (briefly describe the information to be released).

(print worker's name)

(worker's signature)

(date)

Sample Request for Personal or Environmental Testing Results Letter

Pursuant to 29CFR1910.1020 I am requesting copies of the testing results (if known specify the type personal or environmental testing and what was tested for e.g asbestos) taken in (Specify location) on (Specify date or approximate dates).

(print worker's name)

(worker's signature)

(date)

EMPLOYEE SURVEYS

Surveys are a great method of reaching out to workers one-on-one. Surveys can be completed in person by an interviewer, called a researcher-administered survey, or surveys can be completed privately through a questionnaire. Many workers are reluctant to speak with managers about problems they have with work related functions. Employees do not want to be labeled a troublemaker or a loudmouth; so when asked, they often respond that everything is ok! Confidential surveys often are the best way to get information out of a person. All workers should be surveyed so that everyone at least has an opportunity to express their opinion.

Confidential Surveys are:

- An efficient means to sample large populations;
- Flexible to collect a wide range of potential information;
- Easy to administer;
- Focused on the information the researcher is looking for;
- Good for employers with large numbers of workers; and
- Good for employers with many different functions and work environments.
- Good for employers with work areas outside their control. (private residences, parks, roads)

Surveys are limited by a number of factors such as;

- Response rate. (For a survey to be accurate, it must be representative of the total population. If one surveys 500 workers and only gets back 15, that is not a representative sample of the population and could give you incomplete results). Workers should be given time and space to complete the survey at work. Workers should be given the opportunity to complete the survey at home if they desire. This should increase the response rate.
- Bias. (Survey responses can be inaccurate due to "biases" in the available responses).
- Opinion, memory or recollection. (Respondents to surveys can include opinion or misleading facts based on memory or recollection that can yield inaccurate results).
- Misleading questions. (Surveys can yield inaccurate results if the questions are confusing or misleading).

FOCUS GROUPS

Focus groups are an effective means to conduct qualitative research on a topic. It is important to always ensure that workers in a focus group have something in common. It would be ineffective to conduct a focus group combining workers with very different job functions. For example, Intensive Case Managers who work in the community in troubled neighborhoods encounter very different hazards than the clerical staff in the administration building. Each group may face some similar hazards, but job functions and the work environment are very different. The information collected would be too broad and not "focused" on the actual risks encountered by each specific "group" of workers.

Focus groups can prove to be extremely useful for worksites that have a high frequency of workplace violence incidents or for worksites that have work environments that are very large or outside the direct control of the employer. For example, it would be impossible for Forest Rangers who are responsible for large tracks of state land to inspect every square foot of the park, campground, or preserve for potential hazards. The employer can effectively identify the hazards of working in these areas through a focus group of forest rangers that know what the hazards are and where.

Focus Groups can tell:

- How groups of workers think or feel.
- Why certain opinions are held.
- How to improve planning and design of programs and procedures.
- How well existing programs or procedures are working.
- Where breakdowns in communication or process failures happen.

Focus Groups cannot tell :

- How individuals think or feel.
- How things have changed over time. (Survey results can be compared to the exact same data obtain in the exact same manner previously).
- Information that can be applied generally or to other groups of workers.

Focus Group Advantages:

- Data can be obtained from illiterate or non-English reading workers.
- Maximizes participation.
- Relatively easy and cost effective to conduct.
- Allows for interaction between the researcher and the worker to collect high quality information.
- Flexible, in that they can be used for other topics, groups of workers, or settings.
- Results are typically easy to understand.

Focus Group Disadvantages:

- Less control on what data will be produced.
- The data is more "chaotic" than survey results.
- Can be difficult to apply to very large populations.
- Requires a facilitator that is prepared and understands how to extract the data and to keep the group on track.

PHYSICAL INSPECTIONS

Physically observing the work environment is an essential component of the workplace examination. Inspections are an excellent way to verify environmental conditions at a specific time. Typically, an assessment tool is used to guide the inspector and to record conditions while conducting the inspection. Inspectors should be encouraged to speak with workers while conducting the inspection.

There are several types of inspections:

- Wall-to-wall. Every square inch of the facility or work environment is thoroughly observed. Wall to wall inspections occur less frequently, often annually and frequently take a lot of time.
- Walkthrough or area. Certain departments or areas are observed. Walkthrough inspections occur more frequently. For example, monthly, to quickly gauge the status of an area or department.
- Targeted. Specific locations or tasks are observed. Targeted inspections are more detailed and focused, typically occurring as a result of an incident, injury, or complaint.

Inspections are not without limits. Data and observations drawn from inspections are a "snap-shot" of the work environment at that time. Often times, at night and on weekends the work environment is very different. If something is not happening while the inspection is taking place it may not be captured on that inspection and subsequently overlooked. The timing of an inspection can be everything.

Inspections can be difficult to complete if the area is a private residence or business, park, or roadway. Environments not directly under the control of the employer may require other forms of assessment.

HAZARD/RISK FACTOR MAPPING

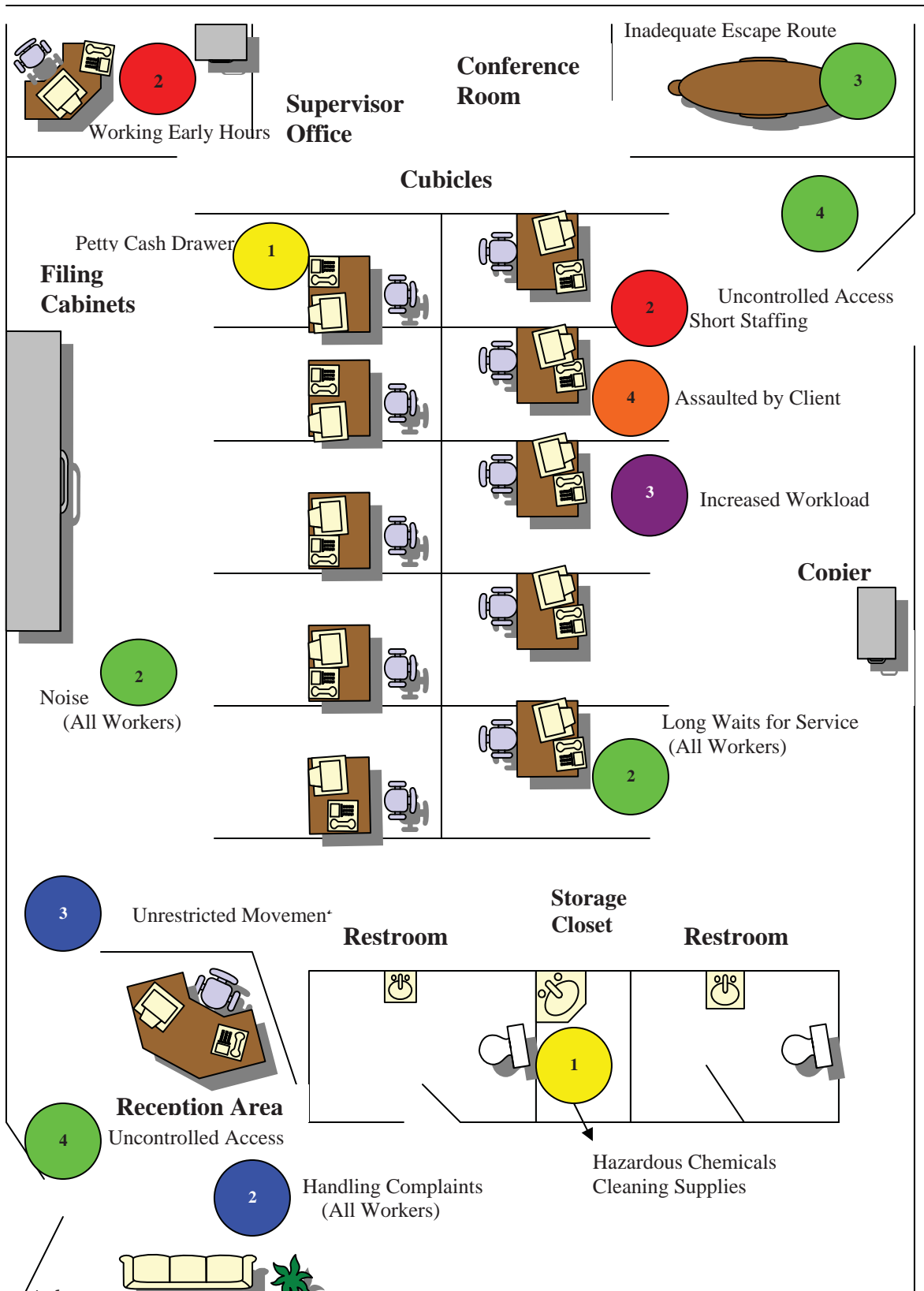
A Risk Factor Map is a visual representation of the workplace where there are risk factors that could cause injury or illness, even death. The process can be used to identify risks at an entire facility and to specify hazards associated with an area, building, job classification or process.

The point of Risk Factor Mapping is to gather knowledge from all coworkers about risk factors to identify, eliminate or control those risk factors. Risk Factor Mapping also assists in prioritizing long lists of risk factors that must be addressed. Risk Factor mapping can be used to identify any hazard in an area.



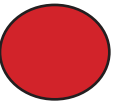
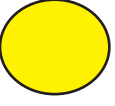


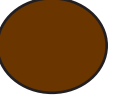
Hazard Mapping

Example of an Administrative Setting

A Complaint Department



HAZARD CODE KEY

Contact With The Public	Blue	
Environmental Factors	Green	
Administrative Factors	Red	
Dangerous Weapons	Yellow	
Stress	Purple	
Previous Occurrences	Orange	
Other (Specify)	Brown	

LEVEL OF HAZARDS KEY	
1	Low Hazard
2	Medium Hazard
3	High Hazard
4	Very High Hazard

Hazard Control

Finding solutions to hazards can be the most difficult part of the process, however with new technologies and information being developed every day, there are more options to choose from than ever.

OSHA encourages all employers to:

- Involve workers, who often have the best understanding of the conditions that create hazards and insights into how they can be controlled.
- Identify and evaluate options for controlling hazards, using a “hierarchy of controls.”
- Use a hazard control plan to guide the selection and implementation of controls, and implement controls according to the plan.
- Develop plans with measures to protect workers during emergencies and non-routine activities.
- Evaluate the effectiveness of existing controls to determine whether they continue to provide protection, or whether different controls may be more effective. Review new technologies for their potential to be more protective, more reliable, or less costly.

PRINCIPLES OF HAZARD CONTROL

Hierarchy of Controls

1	Eliminate the Hazard – remove it completely from your workplace.
2	Substitute the Hazard –use a safer alternative.
3	Isolate the Hazard – keep workers away as much as possible.
4	Engineering Controls – use of tools or equipment to reduce risk.
5	Administrative Controls – implementing policies, procedures and training.
6	Personal Protective Equipment – garments/equipment designed to protect the wearer from injury or infection.

Eliminating the hazard is the most effective way to deal with a hazard and personal protective equipment is the least effective means.

The hierarchy of controls is the best method to use when controlling a hazard. First see if you can eliminate or substitute. The most effective method of dealing with a hazard is by getting rid of it. This is not always possible so the second best way to handle a hazard is by substitution. Using a safer chemical to do patch work could be an example.

Using engineering controls is next on the list such as:

- Automated machinery.
- Lifts, cranes, carts, and other lifting devices.
- Machine guards.

If that is not possible or does not solve all of the hazard issues, administrative controls can be used. This involves changing work practices and training.

- Create written programs and standard operating procedures.
- Establish equipment specific safety procedures.
- Warning Signs
- Train all workers.

The least effective way of dealing with a hazard is personal protective equipment. It may protect you, but the hazard and the danger is still present. Often when dealing with hazards using several of the methods is what will give workers the most protection.

Every hazard needs a plan and a proper hazard analysis to make sure the proper controls are being used.

INCIDENT RESPONSE

Although all potential incidents can theoretically be planned for and prevention methods could be implemented, the reality is something still may happen at some time. Employers must be prepared to deal with incidents before they happen to reduce further bodily harm, property damage, and loss of production. An effective incident response system is essential to deal with unexpected or unusual situations.

Be Prepared: Have a Plan

When an incident occurs, employers and their employees must be ready. Specific procedures must be created for all anticipated events. An effective response to an emergency situation would be a set sequence of events put in place immediately following an incident that manages the crisis. All employees should be trained and be able to demonstrate knowledge of the incident response system.

Be Prepared: Know What to Do

All employees must be trained to react when a problem occurs. In emergency situations seconds become critical and problems can, and will, compound quickly if there is a delay in response. For an effective response, the actions immediately after an incident must be second nature to the workers. There will be no time to look up the proper procedure in the middle of a crisis situation.

Responses Will Vary

Response procedures will vary depending on the work environment. If an inmate in a correctional facility were to strike a correction officer the response would be different if a member of the general public were to strike a clerk at the DMV.

Employers will need to create step-by-step process that will be followed each time an incident occurs. Existing procedures can be used but must be evaluated for effectiveness.

INCIDENT INVESTIGATION

Part of the incident response system is incident investigation. Thorough incident investigation can provide valuable insight into the cause of what caused the problem and identify potential process breakdowns. Every incident should be used as a learning experience and work practices should be adjusted as appropriate following each incident. The objective of incident investigation is to determine cause, not assign blame. It is important to get to the “root-cause” of a problem in order to correct it. Investigations that do not get to the “root-cause” are a waste of time. If the real cause of a problem is not corrected it is likely to happen again. Often times, there are multiple “causes” for an incident. All contributing factors must be addressed.

For example: An employee is hurt after a fall from a ladder. In the course of the investigation it was found that the employee was standing on the top rung of the ladder, a practice forbidden by the SOP. One could easily blame the worker for an unsafe act, deducing that the injury was caused by the worker’s behavior of standing on the top rung. Case closed? Not even close. Two months later the same thing happens...

Was the incident really caused by an unsafe act?

Digging a little deeper, it was found that there was no ladder available long enough to reach the job, the employee was ordered to “just get the job done”, the warning sticker “do not stand on the top rung” had fallen off, and the employee was never trained on safe ladder use.

The most important question that can be asked in an investigation is why? Ask why until you can't get any more answers.

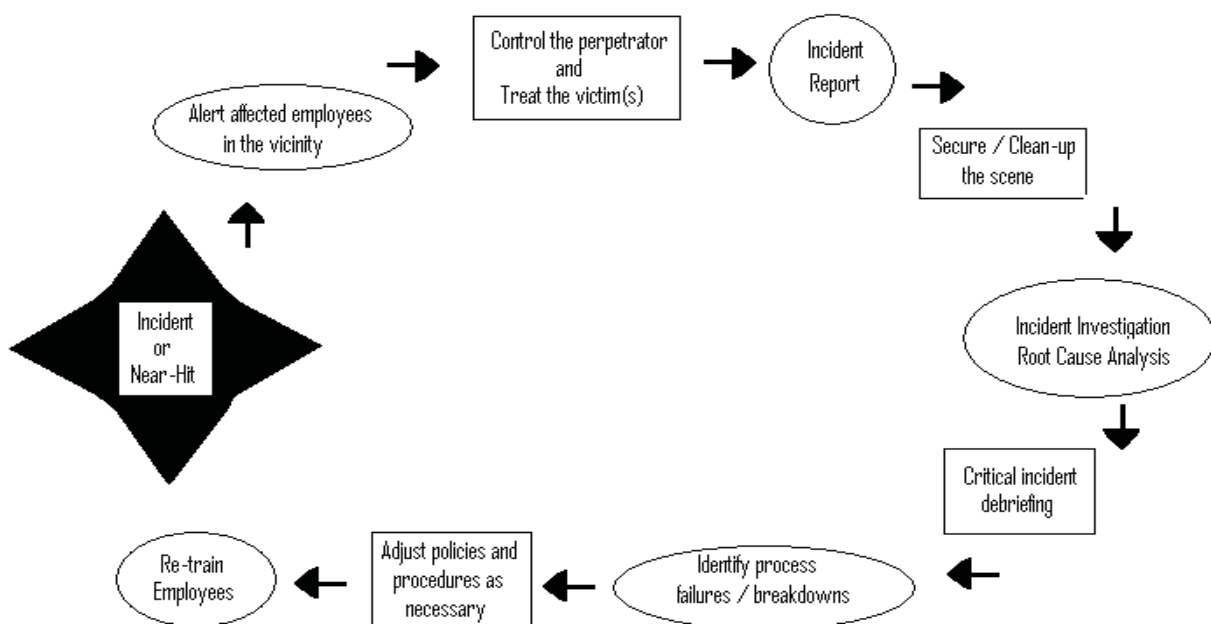
1. Why did the worker fall?
He/she was standing on the top rung of the ladder.
2. Why was he/she standing on the top rung of the ladder?
The light fixture being replaced was out of his/her reach.
3. Why didn't he/she get a longer ladder?
The employer does not own a longer ladder.
4. Why didn't they wait to get proper equipment?
The job HAD to be completed today.
5. Why did it have to be completed today?
The supervisor was being pressured by the operations manager in lieu of a deadline.
6. Why did the supervisor and employee risk injury to meet a deadline?
They weren't aware that it was a hazard.
7. Why didn't they know this was a hazard?
Neither the supervisor nor the employee received ladder training.

Eureka! We have just gotten to the root cause of the problem. It was not careless or unsafe behavior by the employee but rather the lack of proper equipment and training.

Not only do actual incidents need some sort of follow up action so do "near-hits". "Near-hits", often referred as "near-misses", can identify program deficiencies. Near-hits should be used as a learning experience to prevent future incidents. The depth of each incident investigation will vary. The time and resources devoted to the investigation should vary depending upon the scope and severity of the incident. All incidents and near hits should be investigated appropriately and procedures adjusted accordingly.

POST INCIDENT FOLLOW UP

Once an incident has been investigated it is essential to learn from the experience. Similar to the process that immediately follows an incident, a process must be followed to assess the effectiveness of the prevention program.



BEHAVIOR BASED SAFETY

Behavior Based Safety focuses not on the hazard but the worker. This is why it is often called “Blame the Worker” policies. Workplaces have changed significantly in the past 20 years, with employers doing little to assess how those changes affect the safety and health of the workers. They continue to try to fit the worker to the job when instead they should be fitting the job to the worker. When injury or illness occur, they blame the workers physical health or personal habits instead of properly assessing the hazards and correcting them. For example, if a healthcare worker hurts their back lifting a patient, some employers blame their injury on the fact that they are older or overweight, when in reality the cause of the injury is being required by their employer to repeatedly lift more weight than the human spine allows. Employers should continually be assessing hazards, operating procedures, the work environment and stressors. Behavior Based Safety policies are why CSEA OSH remains focused on Occupational Safety and Health instead of Wellness programs. Wellness can have wonderful personal benefits when used correctly by an employer as just that- an added benefit-not an excuse to shirk their responsibilities to provide a safe and healthy workplace by replacing hazard assessments with personal employee responsibility.

ZERO TOLERANCE POLICIES

Zero Tolerance policies sound good in theory, however most employers use them as an excuse to get out of doing a proper incident investigation. Root cause analysis takes time and issues are often complicated, but it is crucial to finding solutions. Zero tolerance policies are often used against workers and give an employer the opportunity to discipline or terminate an employee without proper examination and cause. Labor-Management is good place to work out a procedure for incident investigation and make sure that labor is at the table and a part of these investigations and the solutions put in place to end the conflict.

OSHA & PESH STANDARDS

The Occupational Safety and Health Administration is the federal agency that oversees workplace safety and health. They create standards that employers must comply with specific hazards are present or a specific kind of work is being done. In New York State, public employees have a state plan called The Public Employee Safety and Health Bureau (PESH), created in 1980. PESH enforces safety and health standards promulgated under the United States Occupational Safety and Health Act (OSHA) and several state standards.

Public sector employers include:

- State
- County
- Town
- Village governments
- Public Authorities
- School Districts
- Paid and Volunteer Fire Departments

Standards have specific guidance for employers. Whenever the words “*shall*” or “*must*” are used they employer is obligated and must comply with the direction. When the word “*should*” is used it means that this is guidance and if the employer decides not to comply, they better have a good reason for not doing so such as the action would create a greater hazard. The word “*may*” means that the item is optional and is usually a good idea or best practice. Remember that standards are the bare minimum and an employer can always go above and beyond the minimum requirements. **Often “legal” does not necessarily mean “safe”.**

OSHA and PESH standards are classified into a few different groups. The main groups that CSEA members deal with are General Industry Standards (Code of Federal Regulation 1910) and Construction (Code of Federal Regulations 1926).

When labor-management fails and all other means have been exhausted PESH can be called to come into the workplace and cite employers on the parts of a standard they have not complied with. Usually once employers are cited they are given a period of time in which they must have the hazards addressed called the *abatement* date. This date can be negotiated and extended if the employer proves that it is needed.

Imminent Danger

Any conditions or practices in any place of employment, in which a danger exists which could reasonably be expected to cause death or serious physical harm immediately or before the danger can be eliminated through applicable regulatory enforcement procedures.

Serious Physical Harm: Serious physical harm means physical injury which creates a substantial risk of death, or which causes death or serious prolonged disfigurement, prolonged impairment of health or prolonged loss or impairment of the function of any bodily organ.

Workers covered by PESH/OSHA have a right, under certain conditions, to refuse hazardous work but this does not apply to New York State public employees. If an employee encounters an imminent danger situation, instead of refusing to work, be a part of the solution. Work with management to assess and control the hazards until the task is safe or volunteer to perform another task until the issues have been dealt with and you are comfortable performing the task. At any time, a union representative can be called in to help with the situation. If you are still asked to perform the task and the issues have not been addressed, get your union representative on the phone immediately. You can also call PESH and let them know that you have an imminent danger situation. PESH prioritizes imminent danger complaints, and will attempt to send a **Compliance Safety and Health Officer (CSHO)** as quickly as possible. Unlike a complaint inspection, the CSHO comes to determine if imminent danger is present and what safeguards need to be put in place if it is determined that an imminent danger situation exists.

PESH Inspections

INSPECTION PROCEDURES

Each inspector is assigned a geographical area and moves through that area on a door to door basis inspecting high hazard workplaces. The Act and Part 802 call for a structured inspection:

No Advanced Notice- PESH can come in during routine work hours, to any New York State public employee work location. They must present their credentials and will first find the highest level of management.

UNION RIGHTS FOR PESH INSPECTION PARTICIPATION

Inspectors shall determine as soon as possible after arrival whether the employees at the worksite to be inspected are represented and, if so, shall ensure that employee representatives are afforded the opportunity to participate in all phases of the workplace inspection. If an employer resists or interferes with participation by employee representatives in an inspection and this cannot be resolved by the CSHO, the employer shall be informed of the right of the employee representative to participate. Continued resistance shall be construed as a refusal to permit the inspection and the supervisor shall be contacted

To assure proper representation, the PESH inspector should request management to contact the highest elected union official located at that worksite.

The PESH inspector must speak directly to the union representative, whether it is in person or by phone. Make sure that you have the correct union title for this individual. If the employee representative declines to participate, he must tell this directly to the PESH inspector. The union official must be informed that he has the right to designate another union member to be his representative during the inspection. If no one is designated and the offer to participate is declined, our responsibility under the law is met.

The authorized employee representative will generally be someone located at that worksite. The law does not give us the authority to permit a union representative to travel from one site to another at the expense of the employer to be the authorized employee representative.

If there is no elected union official at a particular worksite, ask management to contact the Local President by phone. The PESH inspector should then speak to the President and ask if he wishes to designate a workplace representative for the inspection.

Shop Steward Declination: When the Local President declines to participate, the union has given up its right for representation. If a lower level officer or shop steward declines to accompany the inspector, it must be ascertained that he is the highest ranking officer at the facility and has the authority to make the decision.

CSEA Complaints: The CSEA complaint form lists three Authorized employee representatives. CSEA's intent is to have the complainant list three union officials or members designated by the local president to be representatives. Their names need not be held confidential; therefore, at the opening conference ask management to contact either the CSEA Local President or one of the three people listed on the complaint. A declination from one of these union officials (without them designating another representative) is sufficient to meet our obligation under the law.

The inspection narrative must contain the information on who was asked to accompany you, what his/her title is, and if they declined, a statement so indicating.

Opening Conference - The inspector shall inform the employer of the purpose of the inspection and shall obtain the employer's consent to include participation of an employee representative, when appropriate. The opening conference shall be kept as brief as possible, normally not to exceed one hour. Conditions of the worksite shall be noted upon arrival as well as any changes which may occur during the opening conference. The employer and the employee representatives shall be informed of the opportunity to participate in the physical inspection of the workplace. Whenever practicable, a joint opening conference shall be held with the employer and the employee representatives. The inspector shall outline in general terms the scope of the inspection, including private employee interviews, physical inspection of the workplace and records, possible referrals, discrimination complaints, and the closing conference(s).

Walk Around Inspection- One or more employee representatives shall be given an opportunity to accompany the inspector during the walkaround phase of the inspection, to provide appropriate involvement of employees in the physical inspection of their own places of employment, and to give them an opportunity to point out hazardous conditions. The main purpose of the walkaround is to identify potential safety and/or health hazards in the workplace. The inspector shall conduct the inspection in such a manner as to eliminate unnecessary personal exposure to hazards and to minimize unavoidable personal exposure to the extent possible. Even when employees are represented on the walkaround, the inspector shall consult with any employee who desires to discuss a possible violation. Upon receipt of such information, the inspector shall investigate the alleged violation, where possible, and record the findings.

Closing Conference-At the conclusion of an inspection, the inspector shall conduct a closing conference with the employer and the employee representatives. The inspector shall describe the apparent violations found during the inspection and indicate the applicable sections of the standards which may have been violated. During the closing conference, both the employer and the employee representatives shall be advised of their rights to participate in any subsequent conferences, meetings or discussions.

TYPES AND PRIORITY OF INSPECTIONS

Imminent Danger

A condition which is likely to cause death or serious physical injury or illness. Advance notice given to employer. Inspection commenced immediately. PESH has authority to stop the work under Section 200 of the Labor Law.

Accident Investigations Complaints (Serious Hazard Alleged)

Any incident which is fatal to one employee or results in hospitalization of two or more employees. Employer must report incident to PESH within 8 hours PESH may inspect incidents which injures only one employee if assets are available.

Complaints (Non-Serious Hazard Alleged)

Must be in writing and must be signed.

Complainant may request that name be withheld.

Must allege a hazard PESH investigates every complaint.

Employer is provided with a copy of the complaint at the opening conference.

Complaints are reviewed and prioritized based upon the hazard to employees.

The higher the hazard the higher the priority.

Complainant may be asked to provide additional information prior to inspection.

Referrals

Hazards identified in the news media Referrals from another agency Referrals from another discipline.

Follow up Inspections

Conducted to verify compliance after all abatement dates have passed. Penalties are issued for uncorrected violations. Generally limited in scope.

Programmed Inspections

Conducted with the least burden to the employer BUT the employer does have to facilitate the inspection.

Comprehensive in scope.

FATALITIES

In a perfect world we would never have to suffer the loss of another CSEA Member, however the staggering reality is that an average of 3 CSEA Members die a year from preventable workplace injuries and illnesses. The hazards that have killed the most members are traffic (work zones and sanitation), workplace violence, and by far, the release of hazardous energy.

Every year on April 28, Worker's Memorial Day, we gather to mourn the loss of our fallen brothers and sisters who have died from proven work-related injuries and illnesses. On this day we also recommit ourselves to fight even harder for the living.

In most cases where there is a physical hazard, fatalities happen immediately or they die from injuries sustained in the incident. However when health hazards are involved, death may come many weeks, even years later. This is why employers are required to keep exposure records for 30 years and why it is so important to report it if a worker has been exposed to a hazardous substance. Those that responded and cleaned up after 9/11 are now seeing cancer and respiratory health issues.

If a fatality happens in your workplace, CSEA leaders and activists have critical roles to play throughout the process. It will be some of the most difficult days of your life, so it is important to be prepared in case tragedy does strike your workplace and membership.

- 1) Of course call 911 immediately. Fight to ensure that if someone is working alone or in a remote area that they always have some kind of way to summon emergency responders.
- 2) Contact your OSH Specialist immediately. They, or another staff person will get to the scene as soon as possible. If they are unreachable, contact the OSH Department at CSEA Headquarters- 1-800-342-4146.
- 3) Do not let anyone clean up the scene. They are removing and tampering with evidence. Take photos and document everything that you can.
- 4) Be there for witnesses and co-workers. If they are interrogated, they have the right to union representation being present, even if it is the police doing the interrogating. The Employer's legal team are not their representatives, CSEA is. You can request interrogations by the Police or PESH to be without management. Also, be there for management's interrogation of your members. You can call a break at anytime if you see it is getting too taxing on the person. Survivor's guilt is real and often times they will begin to blame themselves for what just happened. They are in shock, even for days after and you want to avoid the employer shifting blame on an innocent worker when the real culprit was an unaddressed hazard.
- 5) Avoid talking to the press unless it is much later down the road and you need their support to get your employer to address the hazard. Ask management and Police to not comment until a proper investigation has occurred.
- 6) Insist on a proper incident investigation. Your OSH Specialist has been trained to perform this. Don't let the blame game begin, focus on the hazards.
- 7) Your Employer is required to call PESH within 8 hours or it is a violation. Make sure they do not wait. You can contact them as well and they will send someone immediately to begin their investigation. Follow up with them frequently. Their investigation can last well over a year.
- 8) Contact their family to see if there is anything the Local/Unit can do to help out. Keep them informed about the investigations. Also, let your OSH Specialist or LRS know who the next of kin is as soon as possible. A Family Resource Guide will be sent detailing possible death benefits.
- 9) Be prepared for insurance companies and management to try to assign blame and discipline to members to avoid civil lawsuits. Press them to find the root cause and fix the hazards.
- 10) Don't let them divide the workforce and pit union brothers and sisters against each other. Do all you can to keep rumors and gossip out of the workplace by communicating facts.

Training

Safety and health training is proven to save lives, reduce workplace injuries and prevent occupational illnesses. Training is a fundamental part of worker protection.

Some PESH/OSHA regulations require training for hazards, however not all do. Nor does every workers need every kind of safety training that is out there. The required amount of safety training is based on where you work and the specific tasks that are performed in the course of employment. Training that is required by a standard must be provided by the employer on work time.

Many employers are choosing to use online training programs as opposed to live courses with an instructor. In some cases this may be effective, however for most applications it is not considered an effective means of training. Some standards require that your employer test your proficiency on the use of specific equipment and that cannot be accomplished with a computer program. What must be measured above all is the effectiveness and compliance of any training course. Does it meet the compliance factors of a standard and does it properly communicate the hazards and how the employer will control them.

Some training are also required to be site-specific and contain details for all the places that you perform work. Consultants are often hired to do training but rarely are they familiar with your worksite or standard operating procedures, costing your employers thousands of dollars for ineffective and non-compliant training. It is best to review their training before you buy it.

CSEA DIRECT TRAINING

CSEA locals and unit have access to a broad array of training topics through the “area Occupational Safety and Health Specialist” at little or no cost.

CSEA Staff are able to deliver training on the following topics:

- Safety and Health Committee Training: For CSEA unit, local safety and health committees.
- Workplace Violence Prevention: For CSEA local or unit labor management committees responsible for all aspects of the workplace violence prevention law.
- Work Zone Safety: CSEA offers temporary traffic control, Flagger and all-hazards training for road workers.
- Clean-Up Safety: For CSEA members who are required to pick-up trash or other debris.
- Hazardous Waste Operations & Emergency Response: CSEA can provide training at the First Responder Awareness Level.
- Ergonomics: CSEA has several comprehensive ergonomics programs which cover the health care industry, safe computer use and industrial ergonomics.
- OSHA 10-Hour training: For both general industry and construction. (Cards are \$5 per person).
- Custom programs upon request: With years of practical hands-on experience, the CSEA OSH Department can deliver programs on almost any topic area, including Indoor Air Quality, Accident Investigation, Analyzing Injury Data, Asbestos and Infectious Diseases for statewide, regional, local or unit workshops, meetings or conferences.

CSEA'S PEER TRAINER PROGRAM

Our Mission

Every worker not only deserves a safe and healthy workplace, it is their right. CSEA's Peer Trainer Program focuses on the most hazardous job duties that workers face such as road construction and maintenance, confined space entry, emergency response and working with dangerous chemicals. The main objective of the program is to eliminate all preventable fatalities and injuries that can result from such hazardous work. No one knows their work site better than those who work in it. This cost-effective, labor/management initiative creates an internal safety and health training structure that allows for a site-specific, compliant training for workers by workers.

How the Program Works

This program is funded through grants from the National Institute of Environmental Health Sciences (NIEHS) and allow CSEA to bring this training to CSEA represented sites free of charge. Employers are required to provide release time for selected Peer Trainers to attend Train-the-Trainer sessions and then to prepare for and provide direct training at the worksite. All CSEA members and their employers are eligible to join this program as long as the courses are applicable to the work being done and there is a commitment to bring the training back to their work sites. A labor-management agreement must be mutually agreed upon containing all of the program requirements. 32-40-hour Train-the-Trainer courses are offered 3-5 times a year in various locations throughout New York. Class sizes for the Train-the-Trainer course are approximately 10-24 people based upon the topic and the hands-on activities required for the program. The Employer, along with the CSEA Local/Unit President, select two people that have a background in either training or performing that type of work and are willing to speak in front of others. At least one member of the team must be a CSEA member and is appointed by the CSEA Local/Unit President. The other designee is appointed by management and may have any union affiliation or be M/C. If someone has a health and safety title, we encourage management to choose them as it is their primary job duties. CSEA provides all hotel accommodations, travel and meal reimbursement. CSEA Occupational Safety and Health Staff are the instructors for the course along with selected peer trainers who share their knowledge and expertise. After an intense week of training, the peer trainers go back to their workplaces to schedule and deliver the training. All employees are eligible to receive this direct training, not just CSEA members. At the first training, a CSEA Staff Members is provided for technical and moral support and to ensure quality and accuracy in training.



Peer Trainer Program Course Offerings

- Asbestos Awareness
- Clean-Up Safety/Safe Refuse Collection
- Confined Space Entry
- Emergency Action Planning
- Hazardous Waste Operations- First Responder at the Awareness Level
- Hazard Communication/Right-to-Know
- Lock-Out/Tag-Out
- Mucking & Gutting After Flooding
- Protecting Yourself While Helping Others
- Temporary Traffic Control for Emergency Response
- Trenching & Excavation for Emergency Response
- Work Zone All Hazards

For more information, contact the CSEA Peer Trainer Program Coordinator at 1-800-342-4146, ext. 1287

TRAINING ASSESSMENT

It is important for every employer to know what training is required, however there is no cookie cutter solution. Each employer needs to assess the job tasks that each individual worker is required to perform and match required training. Below is an assessment form broken down by common job groups of CSEA members. Locals and Units should sit down with their employer or discuss training requirements and priorities in your joint health and safety committee.

ALL EMPLOYEES

Annual Required Training for All Workers

- Hazard Communication and/or Right-to-Know
- Workplace Violence or SAVE
- Fire Extinguisher Training (For all who are required to use them).

Required Training at Hire or When Duties/Plans Change for All Workers

- Emergency Action Plans
- Fire Protection Plan

Suggested Training for All Workers

- Back Injury
- Asbestos Awareness

OPERATIONS (Maintenance, Custodial, DPW, Wastewater, Highway, Police, Inspectors, Code Enforcers, Sanitation, Equipment Operator, Mechanics, etc.)

Operations Titles (Required Training Depends Upon Job Tasks Required)

- | | |
|---|---|
| <input type="checkbox"/> Lead (Annual) | <input type="checkbox"/> Bloodborne Pathogens |
| <input type="checkbox"/> Lock-Out/Tag-Out | <input type="checkbox"/> Roof Repairs? Y or N Y=Fall Protection |
| <input type="checkbox"/> Confined Space Entry | <input type="checkbox"/> Compromise Roadways?
Y or N = Temporary Traffic Control |
| <input type="checkbox"/> Asbestos Awareness | <input type="checkbox"/> Electrical? Y or N |
| <input type="checkbox"/> Handle or Remove Asbestos? Y or N | <input type="checkbox"/> Use Chainsaws? Y or N |
| <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Use Forklifts? Y or N |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Use Cranes? Y or N |
| <input type="checkbox"/> Rabies/Lyme | <input type="checkbox"/> Use Mechanical Power Presses? Y or N |
| <input type="checkbox"/> Trench over 5Ft. Y or N | <input type="checkbox"/> Use Forging Machines? Y or N |
| <input type="checkbox"/> Welding? Y or N | <input type="checkbox"/> Use Respiratory Protection? Y or N? |
| <input type="checkbox"/> Ships/Receives/Transports Hazardous
Chemicals? Y or N Y= DOT HAZMAT | <input type="checkbox"/> Service Rim Wheels? Y or N |
| <input type="checkbox"/> Radiation Exposure? Y or N | <input type="checkbox"/> Use Aerial Lifts? Y or N |
| <input type="checkbox"/> Potential to be the first on the scene of an uncontrollable spill of a hazardous substance?
Y or N Y= HAZWOPER FRAL | |
| <input type="checkbox"/> Emergency Response Workers? Y or N | <input type="checkbox"/> Work on Hazardous Waste Site? Y or N |

Operation Titles Suggested Training

- | | |
|--|--|
| <input type="checkbox"/> Safe Refuse Collection | <input type="checkbox"/> Boiler Safety |
| <input type="checkbox"/> Indoor Air Quality/Mold | <input type="checkbox"/> OSHA 10/General Industry & Construction |
| <input type="checkbox"/> Outdoor Hazards | <input type="checkbox"/> Mold Remediation |
| <input type="checkbox"/> First Aid | |

TRANSPORTATION (Bus Drivers, Monitors, Drivers, Messengers, Crossing Guards, Police etc.)

Transportation Required Training

- HAZWOPER First Responder at the Awareness Level
- Servicing Rim Wheels
- Personal Protective Equipment
- Ships/Receives/Transports Hazardous Chemicals? Y or N Y= DOT HAZMAT
- Transport Children? Y or N= Bloodborne Pathogens

Transportation Suggested Training

- Ergonomics for Transportation and Trades
- First Aid
- Transport Special Needs Children? Y or N Y = Safe Patient Handling & Movement
- Act as Crossing Guard? Y or N Y = Flagger
- OSHA 10 General Industry

INSTITUTIONAL (Healthcare, Corrections, Day Care, Youth/School Aides, Police etc.)

Institutional Required Training

- Bloodborne Pathogens
- Tuberculosis
- Radiation Exposure? Y or N
- Ethylene Oxide Exposure? Y or N
- Work in Laboratory? Y or N
- Work with Soiled Laundry? Y or N
- Formaldehyde Exposure? Y or N

Institutional Suggested Training

- Lift/Move/Reposition Patients/Students/ Inmates? Y or N Y=Safe Patient Handling
- First Aid

FOOD SERVICE (Cooks, Cafeteria Workers, etc.)

Food Service Required Training

- Personal Protective Equipment

Food Service Suggested Training

- OSHA 10-Hour General Industry which would include: Machine Guarding, Cuts & Burns, General Housekeeping, Heat/Cold Stress, Walking & Working Surfaces, Electrical, Fire Protection

ADMINISTRATIVE (Clerical, Finance, IT, HR, Data Entry, Librarian, Clerks etc).

Clerical/Librarian Suggested Training

- Office Ergonomics
- Indoor Air Quality/Mold
- Lead Awareness

ANIMAL CONTROL

Animal Control Required Training

- Rabies/Lyme
- Personal Protective Equipment
- Enter Confined Spaces? Y or N

911 DISPATCHERS

911 Dispatcher Required Training

- HAZWOPER First Responder at the Awareness Level
- Part of the Confined Space Rescue Program? Y or N

Program Implementation, Evaluation & Modification

Once most written programs are completed, they are put in a binder and put on a shelf to collect dust. It is crucial to remember that programs are *NEVER* finished and that they are always a work in progress. The key to having a successful program is:

- 1) Program Implementation
- 2) Program Evaluation
- 3) Program Modification

PROGRAM IMPLEMENTATION

For everyone to play by the same set of rules, everyone first must be told the rules. This is why compliance training is not the first step- it is the last step. Training must not just discuss theory or regulations, it must include site-specific information. This is how the implementation of your program begins. Communication is key. Start with foreman and supervisors and make sure they understand the changes that have been made and why. It is frustrating for workers to receive the training and then go back and have problems with supervisors who do not know or understand the changes that they have been taught. It is a guarantee that your program will fail if everyone is not brought up to speed and on the same page. It is also incredibly unfair to workers to be forced to choose between disobeying policies or their supervisor. Top management must be on board. Programs are created from the workers up and implemented from the top down.

Don't expect changes to be made overnight. This is a process and it takes time, however labor and management should agree on an approximate timeline for implementation based upon the complexity of the program and control measures to be introduced.

PROGRAM EVALUATION

Some standards, like Confined Space Entry (1910.146), require an annual review of programs and changes be made if problems occur. This is a best practice for all of your employer's safety and health programs. This is best done in a joint labor-management safety and health committee. Create a routine schedule or break into sub-groups in order to accomplish such a large task. Some simple questions and looking at a few indicators of success will make the process go much faster.

- Have there been any incidents? Near misses? (Look at logs and incident reports).
- Has new technology been introduced?
- Is the procedure working? Were methods able to be implemented?
- Is there resistance over a procedure? Why?
- Is there a better/easier way of completing tasks?
- Was the training adequate?
- Do the workers have any concerns?
- Have new hazards been created?

Always get to the root cause of any problem. Ask why until you have found the source of the issue.

PROGRAM MODIFICATION

Be sure after the evaluation process is complete, that changes are actually made in writing and communicated effectively to all affected employees. Training at this level does not have to be a full on compliance training. It can be a tailgate to discuss changes or train on new equipment.

This process needs to be done over and over again. Personnel changes happen and program champions can retire or move on to other employment. Pass the torch before you leave and ensure that your employer doesn't fall back into old habits.

Stay Union- Stay Alive

This section is a road map on how to put everything that you have learned so far into practice by making a plan. Go through each of the following sections together and then summarize what decision you have made. Create a to-do list and assign tasks and deadline.

- 1) Create a Team**
- 2) Map Each Workplace**
- 3) Identify Safety and Health Issues**
- 4) Learn More-Share More**
- 5) Prioritize**
- 6) Assess Management Response and Motivations**
- 7) Fight for Solutions**
- 8) Share Success**

3) IDENTIFY SAFETY & HEALTH ISSUES

No one knows the workplace better than those who are doing the work. Members are the best resource for finding out what hazards and issues are present. Safety is a perfect way to start conversations and show members that CSEA cares and is working to help them every day. There are also a variety of other ways to learn about how members are getting injured.

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> 1 on 1 Conversations | <input type="checkbox"/> Walkthroughs | <input type="checkbox"/> Meeting |
| <input type="checkbox"/> Review Illness and Injury logs | <input type="checkbox"/> Surveys | <input type="checkbox"/> Hot Topic Training |
| <input type="checkbox"/> Focus Groups | <input type="checkbox"/> Social Media | <input type="checkbox"/> Phone Calls/ E-mails |

4) LEARN MORE-SHARE MORE

Seek out more information about hazards and solutions. The more you know and understand the root cause of a hazard and potential solutions, the better you can assess the best path and timeline for success.

- | | | |
|---|---|---|
| <input type="checkbox"/> Fact Sheet Distribution | <input type="checkbox"/> Webinar | <input type="checkbox"/> Live Awareness Training |
| <input type="checkbox"/> Talk to other Locals/Units | <input type="checkbox"/> Involve other Unions | <input type="checkbox"/> Involve Community & Safety Groups (COSH) |

5) PRIORITIZE

Knowing and understanding all the issues of any workplace is overwhelming. Breaking into groups to tackle more than one issue at a time may be the best strategy. What resources do you have and need and how many things can you tackle at one time? Here are some criteria to help you decide what to handle first.

- | | |
|---|---|
| <ul style="list-style-type: none">• Is there imminent danger? Are members in danger of losing life or limb right away?• Does it affect many members? How frequent?• How severe are the injuries? How many days lost?• Is the solution something that can be implemented right away or will it take a long time?• Are there solutions?• Is there passion/momentum around the issue? | <p>Priority List</p> <ol style="list-style-type: none">1)2)3)4)5) |
|---|---|

6) ASSESS MANAGEMENT RESPONSE & MOTIVATIONS

Management does not want to hear problems, they want solutions. A carefully constructed solution or two can get a win and one that makes sense. Joint labor management committees can be an effective way to discuss safety issues, however we must have solutions that are generated from the knowledge and experience of the workers. Before we go to the table we must be prepared. We must convince management that our ideas will be a win-win for everyone and sometimes that takes knowing what will motivate management to act and constructing a strategy around them.

What motivates your management to act?

- | | | |
|---|--|---|
| <input type="checkbox"/> Saving money | <input type="checkbox"/> Safety of Workers | <input type="checkbox"/> Overtime reduction |
| <input type="checkbox"/> Looking good to public | <input type="checkbox"/> Keeping PESH Away | <input type="checkbox"/> Fewer Lost Work Days |

What are we asking them to do?

7) FIGHT FOR SOLUTIONS

When management won't listen to reason it's time for the hard fight to begin. This is when an escalating strategy comes into play and you must choose your messaging, how and which allies to get on your side and what tactics you will use.

Social Media

Rallies

PESH/OSHA

Press/Media

Stickers/Buttons

Grievances

8) SHARE SUCCESS

When we win, we need to share and celebrate our success. A win for one of us is a win for all of us and every story has valuable lessons, tactics and ideas that can help others. When you engage and include members in the process, a win binds everyone together and strengthens their connection to CSEA. How will you share your success?

Social Media

Contact the Workforce

Website

Press/Media

Member Incentives

Other

ACTION SUMMARY

Remember to include what needs to be done, who will do it and a deadline.

Glossary & Acronyms

OSH speak can be very daunting, however it doesn't have to be. Here is a list of commonly used words and phrases so you can always be at the head of the class and prepared for management.

Acronyms or abbreviations are used very often these days. This list will help you decipher just what these letters mean in the world of safety and health.

ACID - a compound with a pH of less than 7.0 which can burn the skin, mucous membranes, the lungs or the eyes. An acid will react to produce hydrogen ions in the presence of certain solvents, or water. An acid reacts with an alkali to form a salt and water. It turns litmus paper red.

ACTION LEVEL (AL) - is a term used by OSHA and NIOSH to express the level of toxicant which requires medical surveillance and other activities. The AL is usually one-half of the PEL. The AL is the exposure level at which OSHA regulations to protect employees take effect (29 CFR 1910.1001 - 1047). Generally, once an action level has been reached for a specific time, the employer must initiate workplace air or noise analysis, employee training, medical monitoring, and record keeping.

ACUTE EXPOSURE - Exposure of short duration, usually to relatively high concentrations or amounts of material.

ACUTE HEALTH EFFECT - are the result of brief exposures to a substance, usually because of an accident, leak or spill. These effects occur immediately or shortly after exposure. Many acute effects are reversible and will disappear soon after the exposure stops. However, some exposures could cause permanent injury. Depending upon the substance and the level of exposure, acute exposures can cause effects that run the gamut from minor irritation to death. Examples of acute effects would be the immediate irritation to the respiratory tract from inhaling hydrogen fluoride, the burning of skin corroded by caustic soda, or the binding up of red blood cells and eventual death because of carbon monoxide poisoning.

ACUTE TOXICITY - Adverse health effects resulting from brief exposure to a chemical (e.g. seconds, minutes, hours).

ADMINISTRATIVE CONTROLS - Several measures used to reduce worker exposure, including work practices, labeling and warning devices, training, environmental monitoring, assignment scheduling, housekeeping, maintenance, and management.

ALKALI - An inorganic or organic chemical that: 1) is usually corrosive to human tissue and must be handled with care; 2) has a pH of more than 7.0; 3) neutralizes acids to form salts; 4) dissociates in water yielding hydroxide ions; 5) turns litmus paper blue; and 6) may also be called a base or caustic. Examples are oxides and hydroxides of certain metals belonging to group IA of the periodic table (Li, Na, K, Rb, Cs, Fr). Ammonia and amines may also be alkaline. Common commercial alkalis are sodium carbonate (soda ash), caustic soda and caustic potash, lime lye, waterglass, regular mortar, Portland cement, and bicarbonate of soda. See Acid; Base; pH.

ALLERGY - A condition in which an initial symptomless exposure to a specific allergen later gives rise to sensitivity to further exposure. Symptoms may be exhibited in a variety of ways, sneezing and skin eruptions are common. In more serious instances the throat swells, leading to respiratory distress.

ASBESTOS - A group of impure magnesium silicate minerals typically used for their heat-insulating properties that when friable present a health hazards airborne and inhaled. Their use is now banned or severely restricted by the EPA.

ASPHYXIA - Suffocation from a lack of oxygen. Chemical asphyxia limits or blocks an adequate supply of oxygen to the cells. For example, carbon monoxide combines with hemoglobin to reduce the blood's capacity to transport oxygen. Hydrogen cyanide is another example of a chemical asphyxiant. This asphyxiant blocks oxygen from getting to the cells. Hydrogen sulfide paralyzes the respiratory center of the brain and the olfactory nerve. (This nerve is part of the sense organ for smell). At high enough levels, all three of these chemicals can cause almost instantaneous collapse and unconsciousness.

BASE OR ALKALI - is a compound that has the ability to neutralize an acid and form a salt. A base will turn litmus paper blue. An example of a base or alkali would be sodium hydroxide, or caustic soda or lye. A caustic substance strongly irritates, burns, corrodes or destroys living tissue. Corrosives with a pH above 7.0 are considered to be basic (or caustic).

BERYLLIUM - A metal that can be hazardous to health, typically when inhaled as airborne particles. A human carcinogen (IARC).

BIODEGRADABLE - An organic material's capacity for decomposition as a result of attack by microorganisms. Sewage-treatment routines are based on this property. Biodegradable materials do not persist in nature.

BLACK LUNG - Name given to the lung disease caused by the inhalation and prolonged retention of abnormal amounts of coal dust in the lungs. Also known as coal workers' pneumoconiosis.

BOILING POINT - the temperature at which a liquid boils or becomes a gas. The lower the boiling point, the quicker the substance will evaporate, putting potentially harmful vapors into the air. A special fire hazard is indicated if a flammable material has a low boiling point. Chemicals with boiling points below 100°C (212°F) require special caution. When water is heated until it becomes steam, it has reached its boiling point. The boiling point of gasoline is 100°F.

CANCER - An abnormal multiplication of cells that tends to infiltrate other tissues and metastasize (spread). Each cancer is believed to originate from a single "transformed" cell that grows (splits) at a fast, abnormally regulated pace, no matter where it occurs in the body.

CARCINOGEN - a substance or agent capable of causing or producing cancer in mammals, including humans. A chemical is a carcinogen if it has been evaluated by the International Agency for Research on Cancer (IARC) and found to be a carcinogen or potential carcinogen, or it is listed as a carcinogen or potential carcinogen in the Annual Report on Carcinogens, published by the National Toxicology Program (NTP), or it is regulated by OSHA as a carcinogen.

CAUSTIC - See Alkali. **CAUSTIC SODA** - Sodium hydroxide. Strong alkaline substance used in cleaning products, detergents.

CEILING LIMIT (C or TLV-C) - the maximum amount of a toxic substance allowed to be in workroom air at any time during the work shift that an employee may be exposed to. A ceiling is the upper limit for any TWA or STEL and should never be exceeded unless the substance is listed in OSHA's Subpart Z, Table Z-2, where a material has an acceptable time-limited maximum peak (P). This ceiling (C) limit is set usually for those substances which are predominantly fast acting. Whenever the written limit of a substance is preceded by the letter C, the PEL shown will be the ceiling value. For example, chloroform's PEL is C 50 ppm; nitrogen dioxide's PEL is C 5 ppm.

CHRONIC HEALTH EFFECTS - in contrast to acute effects, are the result of repeated exposures to a substance. These effects or illnesses are characterized by symptoms or disease of long duration or frequent recurrence. Chronic effects often develop over a long period of time and often produce irreversible damage. The symptoms in a chronic poisoning are usually different from those seen in acute poisoning by the same toxic agents, and the level of contaminant is relatively low. These factors contribute to the worker's unawareness of the exposure as it occurs. Examples of chronic effects include cancer, lung diseases resulting from prolonged exposure to dusts, adverse reproductive problems and early senility caused by exposure to solvents. Exposure to benzene over a long period of time can cause leukemia; exposure to arsenic can cause lung cancer.

CHROMIUM - Heavy metal. Hexavalent chromium compounds are human carcinogens and corrosive.

CHRONIC EXPOSURE - Continuous or intermittent exposure extending over a long period, usually applies to relatively low material amounts or concentrations.

CHRONIC HEALTH EFFECT - An adverse effect on a human or animal body with symptoms that develop slowly over a long time period and persist or that recur frequently. See Acute Health Effect.

CHRONIC TOXICITY - Adverse health effects resulting from long-term exposure to a chemical (e.g. months, years, decades).

CO, CARBON MONOXIDE - A colorless, odorless flammable, and very toxic gas produced by incomplete combustion of carbon compounds and as a by-product of many chemical processes. A chemical asphyxiant, it reduces the blood's ability to carry oxygen. Hemoglobin absorbs CO 2000 times more readily than it does oxygen.

CO2 CARBON DIOXIDE - A dense, colorless gas produced by combustion and decomposition of organic substances and as a by-product of many chemical processes. CO2 does not burn and is relatively nontoxic and unreactive. High concentrations, especially if confined places, and create hazardous oxygen-deficient environments that can cause asphyxiation. CO2 is 1.5 times as dense as air, making it useful as a fire extinguishing agent to block oxygen and smother a fire.

COMBUSTIBLE - Able to catch on fire and burn. Solid substances such as wood and paper are ordinary combustibles. Combustible liquids are those having a flashpoint at or above 37.8°C (100°F). It is the vapors of these liquids that combine with air, not the liquids themselves, that ignite and burn. Airborne combustible dust can be hazardous. Combustible dusts on beams, machinery and other surfaces are subject to flash fires. Severe explosions can occur when combustible dusts suspended in the air are ignited.

COMPETENT PERSON - One who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.

COMPLIANCE - Meeting the requirements of laws and regulations.

COMPRESSED GAS - Any material which is a gas at normal temperature and pressure, and contained under pressure as a dissolved gas or liquefied by compression or refrigeration.

CONFINED SPACE - Generally, refers to spaces which are dangerous for a worker or occupant due to limited means for escape combined with other possible hazards such as exposure to dangerous air contaminants, suffocation, or asphyxiation. A worker must be able to enter, they have a limited means of egress and are not designed for continuous human occupancy.

CORROSION - The degradation of metals or alloys by chemical reaction with their environment (moisture, oxidation); by contact with other chemical substances (acids, bases) or dissimilar metals.

CORROSIVE - A corrosive can be a liquid or solid that causes visible destruction or permanent damage to living tissue on contact. Corrosives also have a destructive effect on other substances, particularly on combustible materials, which can result in a fire or explosion. Corrosives are usually caustics (alkalis) or acids. Acids that are corrosive to skin include carbolic, cresylic, oxalic and sulfuric. Alkalis that are very corrosive to skin include potassium hydroxide, sodium hydroxide, and sodium silicate.

CUBIC FEET PER MINUTE (CFM) - Means of quantifying the volume of air exchanged in a workplace in a period of time.

DECIBELS (dB) - Unit of measurement of sound level. A small increase in decibels means a large increase in sound energy. Each increase of 3dB represents a doubling of the sound energy; an increase of 20dB represents a one hundredfold increase in sound energy. Employees whose noise exposure equals or exceeds the TWA of 85dB must be included in a hearing conservation program according to OSHA rules. The program mandates exposure monitoring, testing, training, record-keeping and protection. Hearing protectors must be made available to all workers exposed to a TWA of 85dB or more at no cost to the employees. Exposure to loud noise can cause permanent hearing loss.

DENSITY - Ratio of weight (mass) to volume of a material, usually in grams per Cubic centimeter or pounds per gallon.

DERMAL TOXICITY - Adverse effects resulting from a material's absorption through skin. Ordinarily used to denote effects on experimental animals.

DISINFECTANT - A chemical that kills pathogenic organisms. Chlorine is often used as a disinfectant.

ENDOTHERMIC - A chemical reaction that absorbs heat.

ENGINEERING CONTROLS - Engineering control systems reduce potential hazards by isolating the worker from the hazard or by removing the hazard from the work environment. Methods include substitution, ventilation, isolation, and enclosure. This is preferred over administrative controls and personal protective equipment.

EPIDEMIC - Widespread outbreak of a disease, or many cases of a disease in a single community or relatively small area.

EPIDEMIIOLOGY - The study of the relationships between diseases and the various factors that could determine their frequency and distribution in populations.

ERGONOMICS - The study of human characteristics for appropriate design of living and work environments.

FIBERS - These solid particles have a slender, elongated structure with a length several times as great as their diameter. Examples of fibers include asbestos, fibrous talc and fiberglass. Airborne fibers may be found in mining, construction activities, friction product manufacturing and fabrication, and demolition operations.

FLAMMABLE - Easily ignited and capable of burning rapidly. Liquids having a flash point of 37.8°C (100°F) or less are flammables. Vapor from a flammable liquid is usually invisible and may be difficult to detect without instrumentation. In most cases, the vapor is heavier than air and can settle to the floor or lower levels such as basements and the bottom of elevator shafts or stairways. Frequently, because of vapor travel, the source of ignition of a fire can be at a considerable distance from the source of the vapor.

FLASH POINT - The lowest temperature at which a liquid gives off enough vapor to form an ignitable mixture with air and produces a flame when a source of ignition is present. A material should not be stored or worked with at temperatures above its flash point without special precautions. Liquids with flash points below 100°F are considered flammable, and liquids with flash points between 100°F and 200°F are considered to be combustible. Hazard is indicated if the flash point is less than 60°C (140°F). The lower the flash point, the greater the danger.

FUMES - Are formed when the material from a volatilized (evaporated) solid condenses in cool air. The solid particles that are formed make up an extremely fine fume, ranging from 0.001 to 1.0 um in diameter. Fumes usually result from molten metals. All metallic fumes are irritating, especially when freshly generated. The following metals and their compounds can have a toxic effect when their fumes are inhaled: arsenic, antimony, cadmium, chromium, lead manganese, mercury, selenium, tellurium, thallium and uranium. Gases and vapors are not fumes, although the terms are often incorrectly interchanged.

GASES - Are formless fluids that readily and uniformly expand to occupy the space or enclosure in which they are confined. Gases are a state of matter in which the molecules are unrestricted by cohesive forces. The material has very low density and viscosity. Gases expand and contract greatly in response to temperature, and pressure changes. They easily diffuse into other gases. A gas can be changed to its liquid or solid state only by the combined effect of increased pressure and decreased temperature.

HAZARDOUS MATERIAL or SUBSTANCE - Any substance or compound that has the capability of producing adverse effects on the health and safety of people. Many factors contribute to determining the degree of a hazard, including the route of entry, the length of time of exposure, dosage, physiological state and environmental variables, among others. Health hazards have the potential to cause adverse health effects. They are known or expected to occur as a result of exposure or overexposure to a product or its components, or a substance or compound, or to a physical agent such as cold, heat, noise or radiation, or a biological agent. Ergonomic hazards also represent a threat to health. These hazards include improperly designed tools or work areas or job tasks.

IDLH (IMMEDIATELY DANGEROUS TO LIFE OR HEALTH) - Concentrations or conditions that pose an immediate threat of severe exposure to contaminants such as radioactive materials which are likely to have adverse cumulative or delayed effects on health. These concentrations are established by NIOSH and their purpose is to ensure that workers could escape without injury or irreversible health effects from an IDLH exposure in the event of the failure of respiratory protection equipment. This escape must be accomplished within 30 minutes if the IDLH is to be protective.

IGNITION TEMPERATURE - The lowest temperature at which a combustible material ignites in air and continues to burn independently of the heat source.

INCOMPATIBLE - Describes materials that could cause dangerous reactions and the release of energy from direct contact with one another.

INGESTION - As a route of entry; ingestion of contaminated food or the transfer of material from hands to mouth can result in significant exposure. Contaminated work areas can contaminate fingers and hands and lead to accidental oral intake when a worker touches food, smokes, or drinks. Even licking a finger to turn a page can contribute to exposure. Although ingestion is not usually an expected route of exposure at work and the amounts ingested are usually very small, a substance that is highly toxic or one that concentrates in the body over time can cause serious harm.

INHALATION - As a route of entry; the primary route of exposure to chemicals in the workplace is through inhalation. Nearly all materials that are airborne can be inhaled. Most exposure limits are based on inhalation exposure. The total amount of toxic compound that can be inhaled depends, in part, on its concentration in the air. The higher the air concentration, the greater the inhalation hazard. Also important in determining the amount of toxic compound inhaled is the duration of the exposure and the volume of air reaching the lungs (which increases with the greater physical exertion of higher work loads).

IONIZING RADIATION - Is a form of physical energy, e.g., X-rays and gamma rays, which flows through space in wavelength motion. The term refers to electrically charged or neutral particles or electromagnetic radiation which will interact with gases, liquids, or solids to produce ions. If an atom is ionized, it is no longer a part of the molecule that it came from. The five major types of ionizing radiation are: alpha, beta, X (or X-ray), gamma and neutrons. This radiation can change an atom's structure and is one of the more dangerous physical agents. It can kill living cells and cause cancer, sterility and birth defects. Exposure to very high levels causes acute radiation sickness accompanied by nausea, vomiting, diarrhea, skin burns and hair loss, and it can cause death.

JOB HAZARD ANALYSIS - A process by which workplace hazards are determined and safe work practices are instituted to adequately protect workers.

MALIGNANT - Cancerous.

MAXIMUM CONTAMINANT LEVEL - The maximum permissible level of a contaminant in a public water system. MCLs are enforceable standards per the Safe Drinking Water Act.

MELTING POINT - The temperature at which a solid becomes a liquid at standard atmospheric pressure. For example, ice melts to form water at 32°F.

MERCURY - A highly toxic, heavy metal that can accumulate in the environment and in body tissues. Chronic exposure may result in permanent nervous system damage.

METABOLISM - The process of change some chemicals go through after absorption by the body.

METASTASIS - The transmission of a disease from one part of the body to another

METHANE - Colorless, nonpoisonous, flammable gas from the anaerobic decomposition of organic compounds. A simple asphyxiate.

MISTS - Airborne droplets of a substance which is a liquid at room temperature and pressure, or suspended liquid droplets generated by condensation from the gaseous to the liquid state. Mist can be formed by the breaking up of a liquid into a dispersed state, such as by splashing, foaming or atomizing.

MUTAGEN - A chemical or physical agent that can alter a cell's genetic information. Mutagens may cause cancer, miscarriages or lead to undesirable inherited conditions. Workers handling a certain chemical may not be hurt by it, but their offspring can be, and sometimes this occurrence takes generations to come about. Since mutations do not show up until the next generation at the earliest, it is often difficult to make the connection between the hazard and the genetic damage.

NARCOSIS - Sleepiness or a state of unconsciousness caused by a chemical.

NATURAL GAS - A combination of mostly methane and ethane that occurs naturally within the earth.

NEUTRALIZE - To render less chemically reactive; to change the pH to about 7 (neutral) by adding acid to a basic compound or base to an acidic compound.

NON-IONIZING RADIATION - A form of physical energy that flows through space in wavelength motion. This electromagnetic radiation does not cause ionization. Included in this category is ultraviolet, laser, infrared, microwave, radio frequency radiation, and very low frequency (VLF) and extremely low frequency (ELF) electromagnetic fields (EMF). Non-ionizing radiation is not as powerful as ionizing radiation.

ODOR THRESHOLD - The minimum concentration of a substance at which most average persons (with respect to their sense of smell) can detect and identify the characteristic odor of a substance. If a TLV is much lower than the odor threshold and a worker can smell the substance, the concentration is over the TLV. It is possible to recognize if a TLV has been exceeded by using odor thresholds. Air monitoring is a much more reliable method to detect the chemical hazards of many substances.

OXIDIZERS - Oxidizing materials are those chemicals that will decompose readily under certain conditions making oxygen available. Oxidizers may cause a fire when in contact with combustible materials, can react violently with water and, when involved in a fire, can react violently. Oxidizers can cause materials normally hard to burn to burn at much higher temperatures. Therefore, these substances, which can be extremely dangerous, must never be stored near combustible or flammable chemicals.

PARTS PER MILLION (ppm) - An expression of small amounts of one substance in another; parts of vapor or gases per million parts of contaminated air by volume at room temperature and pressure. One part per million is equal to: one drop of dye in 18 gallons of water, one inch in 16 miles, one cent out of \$10,000, one ounce of salt in 62,500 lbs. of sugar, one ounce of oil in 7,812.5 gallons of water, one minute of every two years.

PERMISSIBLE EXPOSURE LIMIT (PEL) - An exposure limit for a substance that is published and enforced by OSHA as a legal standard.

pH (POTENTIAL HYDROGEN) - The term pH describes the degree of acidity or basicity of a solution. The pH scale ranges from 0 to 14. Seven (7.0) is the pH of distilled water, which is neutral. Any number less than 7.0 is an acid. The lower the pH number, the stronger the acid. Any pH number higher than 7.0 is a base (also referred to as an alkali or caustic). The higher the pH number, the stronger the base. The term pH is an abbreviation for "potential hydrogen".

PPE (PERSONAL PROTECTIVE EQUIPMENT) - Items such as hard hats, respirators, gloves, safety glasses, ear plugs, and steel-toe work shoes. These devices are worn by workers to protect them from work-related hazards such as falling materials, air contaminants and noise. In many cases, PPE is required to protect the worker, however, often it represents the failure or absence of better methods to eliminate these threats. PPE is relied upon when elimination, substitution, engineering and administrative controls are inadequate. Often, PPE provides only minimal protection and should only be utilized when all other efforts have been initiated to correct unsafe working environments.

REACTIVITY - A substance's susceptibility to undergo a chemical reaction or change that may result in a dangerous side effect, such as an explosion, burning, corroding or toxic emission.

REPRODUCTIVE HEALTH EFFECTS - Are produced by agents capable of causing harmful effects on the adult female or male reproductive systems or on the embryo, fetus, or child. Such hazards affect workers in diverse ways, such as loss of sexual drive, impotence, infertility, sterility, mutagenic effects on germ cells, teratogenic effects on the fetus, and cancer in the offspring.

ROUTES OF ENTRY - The paths by which chemicals can enter the body. The routes of entry are by inhalation through the lungs; absorption through the skin or eyes by direct contact or elevated airborne concentrations; ingestion through the mouth or injection into some part of the body. An SDS should indicate the possible route(s) of entry of its subject chemical.

SENSITIZER - A material such as a chemical, plant substance or biological agent that can cause some people to develop an allergic reaction of the skin or respiratory system. Some primary skin irritants also sensitize. A worker can develop a dermatitis that previously hadn't occurred after exposure to a very low non-irritating concentration of a sensitizing compound.

SKIN ABSORPTION - The skin is an important route of entry. In some cases, the skin can act as an effective barrier, in other cases a substance can react with the skin and cause local irritation, or produce skin sensitization, or a substance can penetrate to the blood vessels under the skin and enter the bloodstream which carries the chemicals to other body organs where damage can occur. Many solvents will enter the bloodstream in this manner. Some chemicals can directly damage the skin by defatting it, causing dryness and dermatitis. Some chemical vapors can be absorbed from the air through the eyes or the linings of the nose, mouth and throat.

SOLVENTS - Substances that dissolve other substances and form a uniform single-phase mixture. Water is the most common solvent. However, the term is commonly used to mean organic solvents. Many of these chemicals do not mix easily with water, but do dissolve other organic materials such as greases, oils, and fats. Solvent vapors enter the body mainly by inhalation, although some skin and eye absorption can occur. Vapors enter the bloodstream through the lungs and are distributed mainly to tissues with a high content of fat and lipids, such as the central nervous system, the liver, and bone marrow.

TARGET ORGAN EFFECTS - Health hazards that impact on specific organs or systems of the body. Neurotoxins harm the nervous system. Hepatotoxins harm the liver. Other target organs are blood, lungs, kidneys, the reproductive system, eyes and skin.

THRESHOLD LIMIT VALUE (TLV) - A time-weighted average airborne concentration of substance under which it is presumed that most people can work consistently for 8 hours a day, day after day, with no harmful effects. A table of these values and accompanying precautions is reviewed, updated and published annually by the American Conference of Governmental Industrial Hygienists (ACGIH). Control of the work environment is based upon the assumption that for each substance there is some safe or tolerable level of exposure below which no significant adverse effect occurs.

TIME-WEIGHTED AVERAGE CONCENTRATION (TWA) - Concentrations of airborne toxic materials which have been weighted for a certain time duration, usually 8 hours or a 40-hour work week, to which it is presumed that nearly all workers may be repeatedly exposed, day after day, without adverse effect. The TWA must not be exceeded.

TOXICITY - A relative property of a chemical agent or material which can cause a harmful effect on some biologic mechanism by other than mechanical means. Toxicity entails a definite dimension involving quantity or amount. The toxicity of a chemical depends upon the degree and mode of exposure.

VAPOR - The gaseous form of a solid or liquid substance given off as it evaporates. Evaporation is the process whereby a liquid is changed into the vapor state and mixed with the surrounding atmosphere. Solvents with low boiling points volatilize readily at room temperature. Some of the most common inhalation exposures in industry are to the vapors of organic solvents. All organic solvents affect the central nervous system, acting as depressants and anesthetics. Also, depending upon the degree of exposure and the solvent involved, these effects can range from mild stupor or intoxication to death from respiratory arrest. The air contaminant concentration of vapors (and gases) is measured in ppm (parts of contaminant per million parts of contaminated air by volume).

VAPOR DENSITY - A measure of the relative weight or "heaviness" of a vapor compared with an equal volume of air. A vapor density of less than one (Density <1) means that the vapor is lighter than air and will rise in the air to the highest point in an area. A vapor density greater than one (Density >1) is heavier than air and will sink to the floor and hug the ground, collecting in pits or the bottoms of reaction vessels or stairwells, creating fire and health hazards.

VOLATILE ORGANIC COMPOUNDS (VOCs) - Chemicals that contain carbon and vaporize at room temperature and pressure. There are thousands of these substances which are released from solids or liquids as gases. Some common examples are formaldehyde, benzene, toluene, xylene, carbon tetrachloride, and ethyl and methyl alcohol. VOCs are a major source of indoor air pollution problems in buildings, as they are commonly found in a wide range of building materials and furnishings, as well as being emitted by workplace processes and equipment.

VOLATILITY - The tendency or ability of a liquid to vaporize. Liquids such as alcohol and gasoline tend to evaporate rapidly and are called volatile liquids. A volatile liquid has a high vapor pressure and may be readily inhaled. A measure of how quickly a substance forms a vapor at ordinary temperatures.

ABIH	American Board of Industrial Hygiene
ACM	Asbestos Containing Material
ADA	American with Disabilities Act
ADM	Annual Delegates Meeting
AFL-CIO	American Federation of Labor/Congress of Industrial Organizations
AFSCME	American Federal State County and Municipal Employees
AIDS	Acquired Immune Deficiency Syndrome
AIH	Association of Industrial Hygienists
ANA	American Nurses Association
ANSI	American National Standard Institute
APHA	American Public Health Association
APIH	Association of Professional Industrial Hygienists
ASHRAE	American Society of Heating, Refrigerating, and Air Conditioning Engineers.
ATC	Alcohol Treatment Centers
ATSSA	American Traffic Safety Services Association
BBP	Blood borne Pathogen
BBS	Behavior Based Safety
BLS	Bureau of Labor Statistics
BOD	Board of Directors
CAIH	Certified Associate Industrial Hygienist
CAS	Contract Administration Specialist
CDC	Center for Disease Control
CF	Correctional Facility
CFR	Code of Federal Regulations
CHP	Certified Health Professional
CIH	Certified Industrial Hygienist
CNYCOSH	Central New York Committee on Occupational Safety & Health
CO	Carbon Monoxide
CO2	Carbon Dioxide
CPL	Compliance Directive
CPWR	Center to Protect Workers Rights
CSEA	Civil Service Employees Association
CSP	Certified Safety Professional
CTS	Carpal Tunnel Syndrome
CWA	Communication Workers Association
DAV	Disabled American Veterans
Db	Decibel
DC	Developmental Center
DC-37	District Council 37 (New York City Public Employees)
DDSO	Developmental Disabilities Service Offices
DMNA	Department of Military and Naval Affairs
DMV	Department of Motor Vehicles
DOB	Division of Budget
DOCS	Department of Corrections
DOH	Department of Health
DOL	Department of Labor
DOT	Department of Transportation
DPW	Department of Public Works (Municipalities)
DV	Domestic Violence
EAP	Emergency Action Plan or Employee Assistance Program
EBF	Employee Benefit Fund
ENCON	Department of Environmental Conservation
EOL	Employee Organization Leave
EOP	Emergency Operations Plan
ERG	Emergency Response Guidebook
ERGO	Ergonomics
FDA	Federal Drug Administration
FRAL	First Responder at the Awareness Level
GOER	Governor's Office of Employee Relations
HAB	Hazard Abatement Board
HAZCOM	Hazard Communication
HAZMAT	Hazardous Materials
HAZWOPER	Hazardous Waste Operations and Emergency Response

HDPTP	Hazard and Disaster Preparedness Training Program
HIV	Human Immunovirus/Immunodeficiency Virus
HWWTP	Hazardous Waste Worker Training Program
IAQ	Indoor Air Quality
IH	Industrial Hygienist
INSP	Inspection
JACHO	Joint Commission on Accreditation of Healthcare Organizations
JCHB	Joint Committee on Health Benefits
L/M	Labor Management
LOTO	Lock Out/Tag Out
LP	Local President
LRS	Labor Relations Specialist
MASSCOSH	Massachusetts Committee on Occupational Safety & Health
MHTA	Mental Health Therapy Aide
MOU	Memorandum of Understanding
MSD	Musculoskeletal Disorder
NATCOSH	National Committee on Occupational Safety & Health
NENYCOSH	North Eastern New York Committee on Occupational Safety and Health
NFPA	National Fire Protection Association
NIEHS	National Institute of Environmental Health Sciences
NIOSH	National Institute for Occupational Safety and Health
NLRB	National Labor Relations Board
NOD	Notice of Discipline
NYCOSH	New York Committee on Occupational Safety & Health
NYSOPBA	New York State Correctional Officers and Police Benevolent Association
NYSNA	New York State Nurses Association
NYSP	New York State Police
NYSUT	New York State United Teachers
OASAS	Office of Alcohol and Substance Abuse Services
OCA	Office of Court Administration (same as UCS)
OCFS	Office of Children and Family Services
OEHC	Occupational and Environmental Health Clinic
OGS	Office of General Services
OMH	Office Mental Health
OPWDD	Office for Persons with Developmental Disabilities
OSH	Occupational Safety & Health
OSHA	Occupational Safety & Health Administration
OTDA	Office of Disability and Temporary Assistance
PAC	Political Action Coordinator
PC	Psychiatric Center
PEF	Public Employees Federation
PEL	Permissible Exposure Limit
PESH	Public Employees Safety & Health
PPE	Personal Protective Equipment
PPM	Parts Per Million
RN	Registered Nurse
RTK	Right to Know
SDS	Safety Data Sheet
SEIU	Service Employees International Union
SEMO	Office of Emergency Management
SIF	State Insurance Fund
SPH	Safe Patient Handling
SUNY	State University of New York
TB	Tuberculosis
UAW	United Auto Workers
UCS	Unified Court System
UP	Unit President
UUP	United University Professionals
VDT	Video Display Terminal
WCB	Workers Compensation Board
WNYCOSH	Western New York Council on Occupational Safety & Health
WTC	World Trade Center

Resources

For more information and resources visit:

www.cseany.org/osh



Follow the CSEA Canary on:



HELP & CSEA OSH DEPARTMENT SUPPORT

Help with safety and health issues is just a phone call away! If help is required it is important to contact your Labor Relations Specialist and your Occupational Safety and Health Specialist.

Occupational Safety & Health (OSH) Specialists are your first line of defense for safety and health matters at the workplace. OSH Specialists can provide a wide array of safety and health services for CSEA local and units including:

- Work place inspections and audits.
- Provide technical assistance for local and unit officers.
- Evaluate and interpret testing and lab results.
- Provide recommendations and guidance on safety and health issues for labor management and safety & health committee meetings.
- Provide education and training for local, unit and regional meetings and events.

CSEA has OSH Specialists across the state to address local and unit safety and health concerns. OSH Specialist are assigned to geographic areas by county; to determine who is your OSH Specialist select which part of the state you work in:

Central New York: Broome, Cayuga, Chemung, Chenango, Delaware, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Schuyler, Seneca, Tioga and Tompkins counties. The OSH Specialist for this area works out of the CSEA Region 5 office in Syracuse and can be reached at (315) 782-3376 or toll-free (800) 559-7975.

Down-State Area: New York City, Nassau, Suffolk and Westchester counties. The OSH Specialist for this area works out of the CSEA Region 1 office in Commack and can be reached at (631) 600-4847.

Eastern New York: Albany, Clinton, Columbia, Dutchess, Essex, Greene, Montgomery, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren and Washington counties. The OSH Specialist for this area works out of the CSEA Region 4 office in Latham and can be reached at (518)782-4420 or toll-free (800) 874-7344.

Western New York: Allegany, Cattaraugus, Chatauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Steuben, Wayne, Wyoming and Yates counties. The OSH Specialist for this area works out of the CSEA Region 6 office in Buffalo and can be reached at (716) 799-8062 or toll-free (866) 568-7734.

Every CSEA Region also has a **Regional Health and Safety Committee**. This committee works on issues that are frequently happening in your region, provides resources to all health and safety committees and plans programming for regional conferences. Each region also has a member from that committee sit on the **Statewide Standing Safety and Health Committee** which makes recommendations to the CSEA President on actions CSEA should take to fix issues and hazards. They also plan the Statewide Conference on Occupational Safety and Health. Contact your Region Office to get connected to your Regional Safety and Health Committee.

Other Resources

New York Committee For Occupational Safety and Health www.nycosh.org (212) 227-6440

Northeast New York Committee for Occupational Safety and Health (518) 210-8238

Central New York Committee for Occupational Safety and Health www.cnycosh.net 315-471-6187

Western New York Council on Occupational Safety and Health www.wnycosh.org 716-833-5416

OSHA www.osha.gov

NYS DOL PESH https://labor.ny.gov/workerprotection/safetyhealth/DOSH_INDEX.shtm

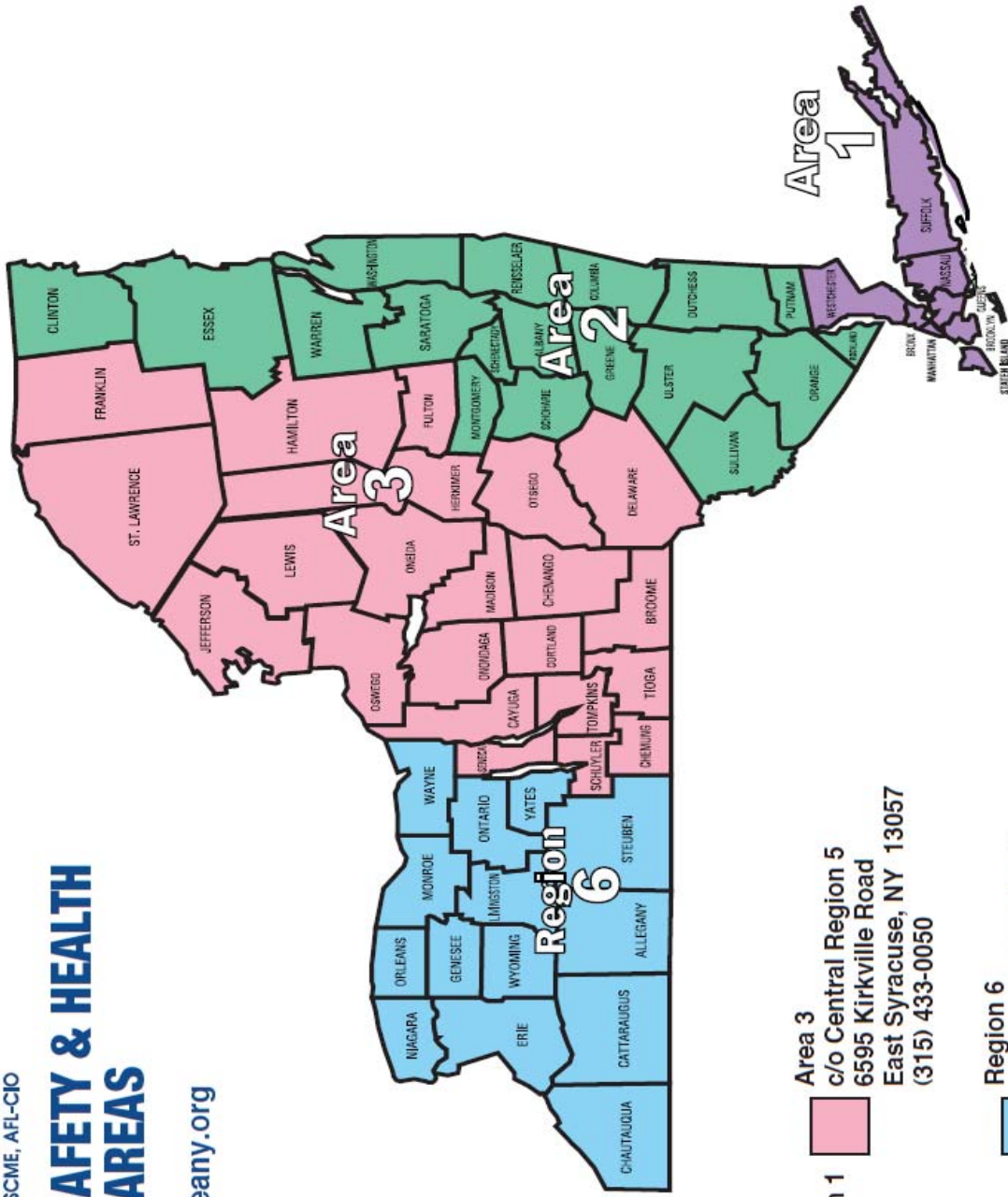
National Institute of Environmental Health Sciences www.niehs.gov

National Institute of Occupational Safety and Health www.niosh.gov



OCCUPATIONAL SAFETY & HEALTH STAFF AREAS

www.cseany.org



- Area 1**
 c/o Long Island Region 1
 3 Garet Place
 Commack, NY 11725
 (631) 462-0030
- Area 2**
 c/o Capital Region 4
 1 Lear Jet Lane, Suite 2
 Latham, NY 12110
 (518) 782-4400
- Area 3**
 c/o Central Region 5
 6595 Kirkville Road
 East Syracuse, NY 13057
 (315) 433-0050
- Area 4**
 c/o Western Region 6
 120 Pineview Drive
 Amherst, NY 14228
 (716) 691-6555
- Area 5**
 c/o Capital Region 4
 1 Lear Jet Lane, Suite 2
 Latham, NY 12110
 (518) 782-4400
- Region 6**
 c/o Western Region 6
 120 Pineview Drive
 Amherst, NY 14228
 (716) 691-6555

OCCUPATIONAL AND ENVIRONMENTAL HEALTH CLINIC NETWORK

The mission of the Occupational & Environmental Health Centers is to address the medical, psychological and social needs of workers with occupational illness, as well as workers at risk for occupational disease and those with suspected environmental illness through:

- Diagnosis
- Treatment management
- Prevention
- Education
- Documentation
- Research and epidemiology

The staff consists of physicians (specializing in occupational medicine), occupational health nurses, social workers, certified industrial hygienists, administrators and support staff. Every effort is made to prevent cost from being a barrier to our services.

Western Region

Center for Occupational Health and Environmental Medicine of Western New York, affiliated with Erie County Medical Center
716-898-5858

Finger Lakes Region

Finger Lakes Occupational Health Services, affiliated with the University of Rochester
585-244-4771
800-925-8615
www.urmc.rochester.edu
Email: FLOHS@urmc.rochester.edu

Central Region

Central New York Occupational Health Center Tier, affiliated with SUNY Upstate Medical University
315-432-8899
www.ohccupstate.org/

Southern Tier Region

Southern Tier Occupational Health Center Tier, affiliated with SUNY Upstate Medical University
607-584-9990
www.ohccupstate.org/

Adirondack Region

Adirondack Occupational Health Center Tier, affiliated with SUNY Upstate Medical University
315-714-2049
www.ohccupstate.org

Mid-Hudson/Eastern Region

Occupational and Environmental Health Center of Eastern New York, affiliated with GHI
518-690-4420
www.occmedgroup.com
www.cseany.org/osh

Lower Hudson Valley Region

Selikoff Centers for Occupational Health, affiliated with the Icahn School of Medicine at Mount Sinai
888-702-0630 (Yonkers, Monroe)
www.mountsinai.org

New York City Region

Selikoff Centers for Occupational Health, affiliated with the Icahn School of Medicine at Mount Sinai
888-702-0630 (Manhattan, Staten Island)
www.mountsinai.org

Bellevue/NYU Occupational & Environmental Medicine Clinic, affiliated with Health and Hospitals Corporation
212-562-4572
www.med.nyu.edu/pophealth/bellevue-nyu-occupational-environmental-medicine-clinic

Long Island Region

Occupational & Environmental Medicine of Long Island, affiliated with Northwell Health
516-492-3297 (New Hyde Park)
631-686-6390 (St. James)
www.Northwell.edu/oemli
Email: OEMLI@northwell.edu
Specialty Agricultural Clinic

New York Center for Agricultural Medicine and Health, affiliated with Bassett Hospital
607-547-6023
800-343-7527
www.nycamh.com

PESH District Offices

Albany District Office

State Office Campus, Building 12, Room 158, Albany, NY 12240

Phone: (518) 457-5508 FAX: (518) 485-1150

Counties Served: Albany, Clinton, Columbia, Dutchess, Essex, Greene, Rensselaer, Saratoga, Schenectady, Schoharie, Ulster, Warren, and Washington

Binghamton District Office

44 Hawley Street, 9th Floor, Binghamton, NY 13901-4409

Phone: (607) 721-8211 FAX: (607) 721-8207

Counties Served: Allegany, Broome, Chemung, Chenango, Delaware, Otsego, Schuyler, Steuben, Sullivan, Tioga, and Tompkins

Buffalo District Office

65 Court Street, Buffalo, NY 14202

Phone: (716) 847-7133 FAX: (716) 847-7108

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Garden City District Office

400 Oak Street, Suite 101, Garden City, NY 11530

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One Hudson Square, 75 Varick Street (7th Floor), New York, NY 10013

Phone: (212) 775-3548 FAX: (212) 775-3542

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Syracuse District Office

450 South Salina Street, Syracuse, NY 13202

Phone: (315) 479-3212 FAX: (315) 479-3451

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Utica District Office

207 Genesee Street, Room 701, Utica, NY 13501

Phone: (315) 793-2258 FAX: (315) 793-2303

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White Plains District Office

120 Bloomingdale Road, Room 250, White Plains, NY 10605

Phone: (914) 997-9514 FAX: (914) 997-9528

Counties Served: Orange, Putnam, Rockland, and Westchester