

Activist's Guide to Safety and Health in the Workplace

————— 2026 Edition —————



The Importance of Workplace Safety & Health

Unions were built on fighting for the right to have a safe and healthy workplace. Even today, union member surveys show safety and health outweigh salary in terms of what's most important. 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.

Ultimately, it is the employer's responsibility 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.

Why is workplace safety and health so important to union members?

- For some members, working conditions are a matter of life or death.
- It is personal to everyone!
- It dictates fundamental working conditions.
- It affects every aspect of someone's life.
- It is essential to achieve a happy and healthy retirement.

As union leaders and activists, we must rise to the challenges of today's workplaces and relentlessly fight for every worker's right to a safe and healthy workplace.



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Introduction

Welcome and thank you for being a safety and health activist! Dealing with safety and health issues can seem daunting, but you are not alone and have many resources and people waiting to help.

Don't do it alone! Getting workers 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 all of the responsibility to fight for better working conditions. A local or unit is more effective when more members actively participate and see 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.



SAFETY MATTERS

Fifteen Things Every Union Leader Should Know About Safety and Health Programs

1. The goals of a union safety and health program are to prevent injuries, illnesses and fatalities by improving working conditions and building 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. 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 region, local and unit is required to have 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. (private sector locals are not required constitutionally to have a committee but still should)
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 labor-management (l-m) committee, you still need a union committee. The union committee can comprise union representatives on the joint labor-management committee, or a larger group.
8. The union members of the joint labor-management committee should meet by themselves as often as they meet with management. You need separate meetings to set union priorities and plan strategy.
9. You should never allow the employer to appoint your safety and health authorized employee representatives, veto the union's choices, or dismiss your representatives from their union positions. Never.
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 uncontrolled hazards are the cause of all of them. It's easier to fix hazards than to change workplace culture.
12. Safety programs with a behavior focus say members are the problem. In fact, members are the solution.
13. The best way to make the workplace safer is for union safety and health representatives to talk to every worker about their job, and how to make it safe and easier. Enlist members 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 many other resources are readily available.

What Every Leader Should Do About Safety and Health

1. Designate a person(s) to be in charge of occupational safety and health (OSH) issues. Select a local/unit officer or steward who 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 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. (Required by CSEA Local/Unit Constitutions). 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 resolve OSH issues and is required by local and unit constitutions. Much of the legwork should be done by this group.

Labor-management committees: 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. Establish your communications hub. OSH issues often require much legwork. Often, help is only a phone call away. There are many different types of help that you may need and they should all be on one list.

The following should be on your phone list:

- Worksite Safety and Health Officer (Safety Department)
- OSH Specialist
- Labor Relations Specialist

- Other union leaders representing workers at your workplace (AFSCME, PEF, Council 82, UUP, NYSUT, NYSCOBA)
- Management representatives from the labor-management OSH committee
- Contact information for other nearby CSEA locals or units
- Occupational & Environmental Health Clinic
- Asbestos Control Bureau
- Codes Enforcement
- COSH Group
- PESH Area Office and fax number

4. 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 29 CFR 1910 General Industry Safety and Health Standards or have internet access so you can reference the General Industry Standards from the OSHA website right on hand. CSEA, AFSCME, OSHA, NIOSH, New York State Department of Health 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 that we face we see again, keep that information for use again.

5. Get the pulse of your members. Know or learn your OSH issues. Survey the membership or conduct walkthroughs to determine the issues. If needed, an 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 the committee involved.

Union Safety and Health Roles

As you know, union members volunteer their time. As our days get busier, a variety of reasons can keep members from actively participating. Often, a few people end up doing it all. It is critical for the future of our union that as many members are actively involved as possible. Safety and health is a great way to get others involved.

Here are some of the key ingredients to gain and keep members engaged:

- Continuous Gratitude
- Rewards/Incentives
- Attainable Goals/Expectations
- Smaller Tasks
- Promoting Success
- Providing Tools and Support
- Training
- Networking
- Using Strengths/Passions

WAYS UNION MEMBERS CAN PARTICIPATE:

Large Commitments

- Safety and Health Committee Chair
- Peer Trainer
- Safety Grievance Representative
- Safety Steward
- Webmaster/Librarian
- Contract Committee

Task Specific Commitments

- Communication
- Social Media
- Article Writer
- Story Collector

Data Collection

- Injury Log Reviewer
- Surveyor
- Facility Mapper

Other

- PESH/OSHA Authorized Employee Representative
- Injured Worker/Victim Family Outreach

Medium to Large Commitments

- Safety and Health Committee Member
- Training Coordinator
- Communication Coordinator
- Incident Investigator
- Historian
- Community Outreach Coordinator

Hazards/Solutions

- Assessor
- Solution Researcher

Artistic Contributions

- Songwriters
- Artists
- Poets
- Crafters
- Writers

Union Safety and Health Committees

A union safety and health committee provides many opportunities to keep our union 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 serving on a committee takes time.
- Workers may feel that they need technical knowledge to become involved on a committee.
- Committee members may feel that they need training and can't afford it, or they don't know enough about issues and topics.
- Some workers may fear “sticking their necks out” and being seen as activists.

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 members. Ask them for their input and ideas. Keep them informed on the committee's progress. This is key to our strength.
- CSEA's Occupational Safety and Health Department can help with guidance and offers training on setting up a committee. Visit cseany.org/our-services/safety-health for contact information, or call your region office or the OSH Department at CSEA Headquarters.
- The benefits, successes, and the sense of empowerment that can be achieved by being part of a safety and health committee by far outweigh the risk workers may feel. 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 our strength by putting our 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.

WHAT DOES A LOCAL OR UNIT HEALTH AND SAFETY COMMITTEE DO?

Identify, evaluate and suggest solutions for safety and health hazards:

- Do regular workplace inspections to identify hazards.
- Review information about injuries and accidents to find out what is hurting workers.
- Do a questionnaire that workers fill out to tell the committee about safety and health problems.
- Do body mapping and hazard mapping with workers.
- Decide which hazards need to be fixed right away.
- Suggest ways management can improve safety and health at the workplace.

Provide information and education:

- Train workers on how to identify and report unsafe conditions.
- Keep union members and leaders informed.
- Make sure there is a way for union members to communicate their concerns to the committee.
- Make sure management does not do anything to discourage workers from reporting injuries and illnesses.
- Investigate accidents and injuries.
- Develop ways to report accidents, injuries and illnesses right away.
- Ask questions about what caused the problem and how it can be fixed.

Take action:

- Shut down an unsafe job until the hazard is fixed.
- Make sure management fixes health and safety problems.
- Check out workplace changes made by management to make sure the changes do not create more health and safety problems.
- File and follow up on PESH/OSHA complaints.
- Prepare for joint labor-management health and safety committee meetings.

Moving a Safety and Health Action

This is the 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 concerns

- 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?
 - > A commitment to make a specific safety change?
 - > A follow-up meeting with workers and a decision maker (either in management or in government) to discuss your concerns?
 - > A story in the media?
 - > A specific date for management to follow through on a promised reform?
 - > Just the chance to see the look in your boss's eye when you show up with 20 people to his office?
 - > Or something else?

What type of action best suits what you want to accomplish? Is the action at the worksite? At some other company location? In 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 slowly?

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?
 - A community forum to educate the public and ask them to take a specific support action
 - Leafleting customers, clients, or others who could move the company to make changes

2. Take Action

A. 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?

B. 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 the boss?
- Every worker should have some kind 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?

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

D. 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 as sweet as pie and tries to appease the crowd without making concrete commitments?

E. 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. Think about how can incremental victories help to build momentum rather than reduce the urgency to fight for lasting change?

F. How are you going to document what happened? Photos? Video?

3. Debrief

- A. Do a debrief with participants immediately after the action, and then maybe a second one with the campaign team a day or two later.
- B. What worked? What would you do differently next time?
- C. Did you accomplish your goal?
- D. 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?
 - Is the goal to escalate?
 - Is the goal to strengthen the leaders you already have?
 - Is the goal to involve more supporters?
 - Is the goal to educate all workers in the worksite, whether or not they are supporters?

Adapted by MASSCOSH, 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

Introduction

Getting educated does not necessarily mean sitting down for formal training. Training is important, but it is also important for safety and health activists to learn what hazards are present, what can be done about them and exactly who is getting injured or becoming ill when, where and how. Getting to the root cause of a hazard instead of employers blaming worker behavior is how to stop the cycle of illness and injury.

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 minutes, 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 routes 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 use 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 misses, 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 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:

- Total number of all incidents.
- Total number of lost workdays.
- Job titles affected by incidents.
- 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 10 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 10 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.

Requesting PESH/OSHA Logs

UNION RIGHTS TO REQUEST NYS SH-900/OSHA 300 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 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 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/300s. The employer must:

- provide the requester a copy of the Logs by the end of the next business day.
- include individual names on the 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 Work Related Injury and Illness Logs!

SAMPLE LETTER

(USE TO REQUEST COPIES OF THE EMPLOYER SH-900 LOGS OF WORK-RELATED INJURIES AND ILLNESSES FOR PUBLIC SECTOR WORKPLACES)

(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 Here)

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 12NYCRR 801.35(a)(2)(i) (derived from 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)

cc:

SAMPLE LETTER

(USE TO REQUEST COPIES OF THE EMPLOYER OSHA 300 LOGS OF WORK-RELATED INJURIES AND ILLNESSES- FOR PRIVATE SECTOR WORKPLACES)

(Date)

(Name of person responsible for maintaining logs)

(Title)

(Employer)

(Address)

SUBJECT: Request for completed Occupational Safety & Health Administration 300 Logs of Work-Related Injuries and Illnesses
(Employer or Specific Facility) for (List Years Here)

Dear (Name),

(I or We), (employee or employee representative), hereby request a copy of the completed OSHA 300 logs of Work-Related Injuries and Illnesses for (employer or specific facility) for (list years) years. According to the OSHA 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 OSHA 300 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)

cc:

Access to Employees Exposure and Medical Records

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 15 working days of the request.

Test results and medical records covered by this standard must be kept by the employer for 30 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)

Gathering Information from Workers

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 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 tracts 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 obtained 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 snapshot 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 co-workers 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.



Member Safety and Health Concern Form

To member: Complete the first section below and return to your Union Safety Activist.
If you would like a personal response, include your name and phone number.

Member name (optional): _____	Date: _____
Department: _____	Location of Concern: _____
Title: _____	Phone number: _____
Description of safety/health concern (be as specific as possible):	

FOR SAFETY COMMITTEE USE ONLY.	
Action taken:	

Follow-up action:	

Completion date: _____	UP/LP Signature: _____

Workplace Inspection Checklist

Names of Inspectors: _____

Location Inspected: _____

Date: _____

General	Yes	No	Notes
Floors: clean, dry, free from debris, clutter and trip hazards			
Signs are posted when floors are wet (e.g., when floors are washed, spills)			
Aisles are marked, clear and unobstructed			
Stairs and landings kept clear and unobstructed			
Stairwells adequately lit; steps, treads, etc., in good condition			
Furniture/office equipment secure from tipping; appropriate for work being done			

Exits, Entrances and Exterior Parking Lot	Yes	No	Notes
Doors are not blocked			
Routes, signs and doors clearly marked; exit signs easy to see; outside entrances and parking lots are clearly lit			
Walkways and parking lots are free from snow, ice, water, grease, etc.			
Outdoor stairs made of grating so that water and snow cannot build up on them			

Environment	Yes	No	Notes
Lighting levels adequate; work areas free from glare			
Air quality adequate			
Temperature and humidity adequate			
Noise levels appropriate, signs indicating hearing protection required where noise levels are high			
Workers trained in use of personal protective equipment (PPE)			

Health and Safety Bulletin Board Postings:	Yes	No	Notes
Occupational Health and Safety Act and Regulations			
Policies: Health and Safety; Violence and Harassment			
PESH/OSHA Injury/Illness Summary			
NYS RTK Poster			
Employment Standards Act poster			
Name of health and safety representative			
Workplace Inspection Report			

Fire Protection and Warning Systems	Yes	No	Notes
Emergency lighting; adequate lighting, tested and record of annual inspection			
Portable fire extinguishers: appropriate type, readily available and inspected			
Fire exit doors: in good repair, unlocked and free from obstruction (both sides)			
Fire/emergency alarm systems operational; fire exit signs lit			
Fire and evacuation plan is posted			
Workers know the plan (ask a worker)			

Hygiene and First Aid	Yes	No	Notes
Washrooms are clean (chemicals are stored)			
Washing facility available (soap, warm water)			
Temperature and humidity adequate			
First aid kits: supply inventory; treatment log; first aid training manual			
First aid certificates are posted and valid			
Emergency eyewash (or showers) available and in working order			
Employees know how to get first aid when needed (ask a worker)			

Material Handling and Storage	Yes	No	Notes
Materials are neatly and safely stored			
Storage shelves are loaded only to capacity and heavy, awkward items are lower			
Step/ladders have non-slip surfaces and are in good condition. Secured when stored			
Step/ladders are positioned and secured safely when in use (observe worker)			
Work done above 4 ft. follows "Working from Heights" policy and procedures			
Dockboards (bridge plates) used when loading or unloading from dock to truck			
Racks and platforms loaded only within the limits of their capacity			
Forklift operators are trained (ask a worker)			

Hazardous Substances	Yes	No	Notes
Hazardous substances are properly labelled, stored and disposed of (observe)			
A safety data sheet (SDS) for each product is available and accessible (ask a worker)			
Received annual Right-to-Know Training (ask a worker)			
Flammable products stored properly			

Personal Protective Equipment (PPE)	Yes	No	Notes
PPE is available and worn (observe)			
PPE is maintained (ask a worker)			
Training in PPE use and care (ask a worker)			

Electrical	Yes	No	Notes
Extension cords are secured and in good condition (no exposed wires or bent or missing prongs)			
Portable handtools are grounded or double insulated; cord in good condition			
Machines properly grounded			
Clear access to electrical panels and no combustible material stored/posted within or around 36 inches			

Tools and Machinery	Yes	No	Notes
Guarding and safety devices in place			
Start/Stop switches clearly marked and easy to reach			
Safe operating procedures available			
Lockout procedures available			
Defective tools are tagged and removed from service			
Proper training given in the safe use of tools and machinery			
Manufacturers' manuals available for all tools and machinery			

Security	Yes	No	Notes
Emergency numbers for internal and external contacts are easily available			
Visitor/contractor rules are in place			
Safety measures are in place for anyone working alone (ask a worker)			
Working with money: Safe procedures and emergency procedures are in place			
Training on workplace violence and harassment (ask a worker)			

Other	Yes	No	Notes

Finding Solutions

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

OSHA encourages all employers to:

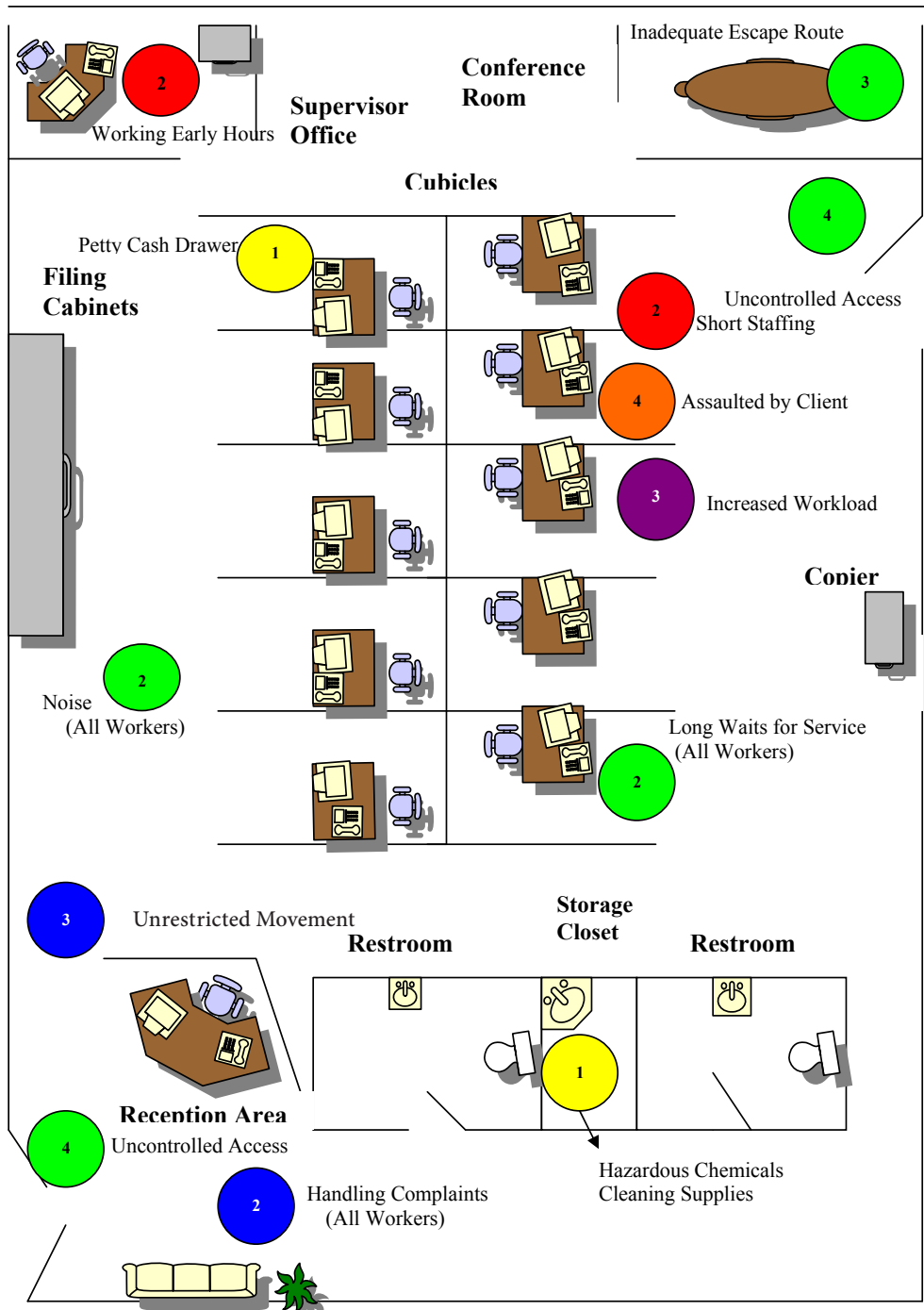
- Involve workers, who often have the best understanding of the conditions that create hazards and insights into how they can be controlled.
- Identify and evaluate options for controlling hazards, using a “hierarchy of controls.”
- Use a hazard control plan to guide the selection and implementation 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.

Hazard Mapping

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

The Hierarchy of Controls

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- clothing/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/Investigation

INCIDENT RESPONSE

Although all potential incidents can theoretically be planned for and prevention methods could be implemented. The reality is something may still happen at any 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 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, 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 noting “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.

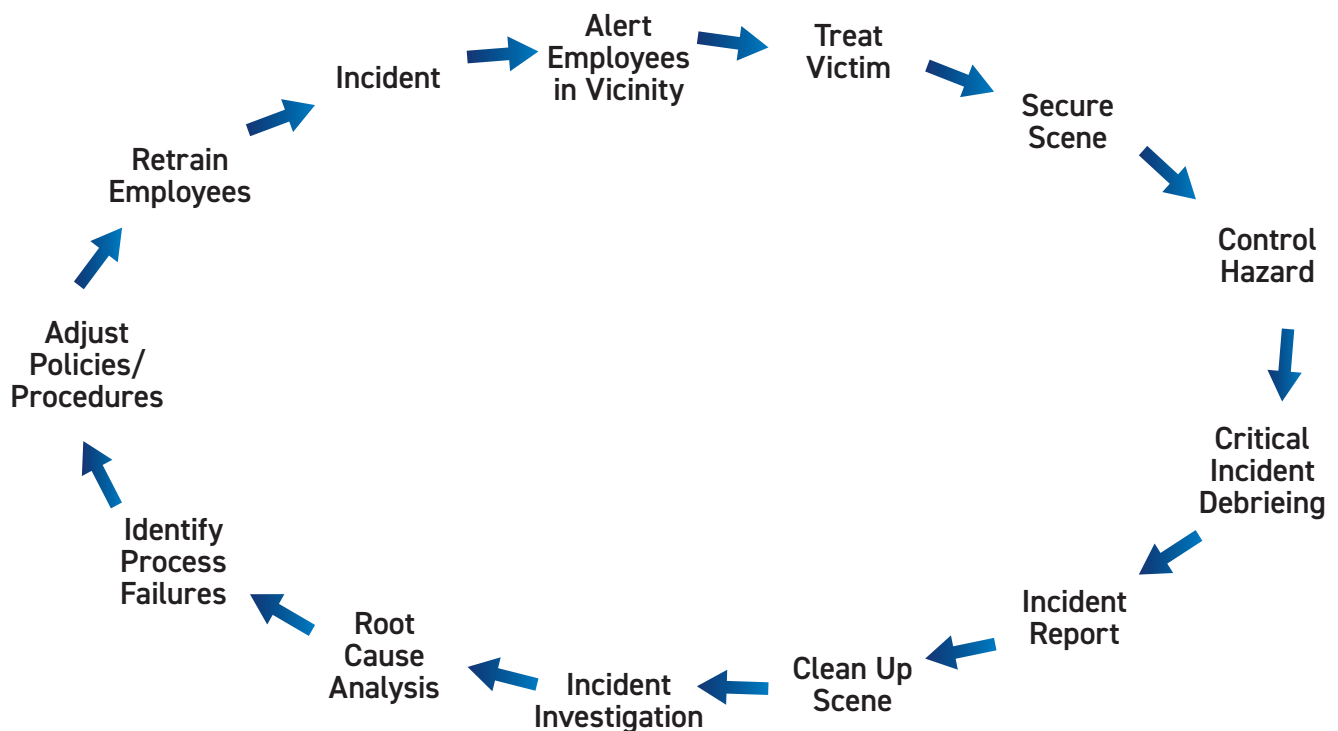
1. Why did the worker fall? They were standing on the top rung of the ladder.
2. Why were they standing on the top rung of the ladder? The light fixture being replaced was out of their reach.
3. Why didn't they get a longer ladder?
The employer does not own a longer ladder.
4. Why didn't they wait to 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.

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 to 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 and Zero Tolerance Policies

BEHAVIOR BASED SAFETY

Behavior Based Safety focuses not on the hazard but on the worker. This is why these policies are 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 occurs, they blame the worker’s physical health or personal habits instead of properly assessing the hazards and correcting them. For example, if a health care worker hurts their back lifting a patient, some employers blame their injury on the fact that they are older or overweight, when the real cause is that the employer requires them 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 remains focused on occupational safety and health instead of wellness programs. Wellness can have wonderful personal benefits when used correctly by an employer as an added benefit instead of 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, but 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 a 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.

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 six 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 the release of hazardous energy.

Every year on April 28, Workers' Memorial Day, we gather to mourn the loss of our fallen members and recommit ourselves to fight even harder for the living.

In most cases where there is a physical hazard, fatalities happen immediately or workers die from injuries sustained in the incident. When health hazards are involved, death may come many weeks, months or years. 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. 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 being said and done.
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/OSHA to be without management. Also, be there for management's interrogation of members. You can call a break at any time if you see it is getting too taxing on the person. Survivor's guilt is real and often, 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 family 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 worker 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 trainings 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 employer 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 many training topics through their 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 and 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 solid waste 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 that cover the health care industry, safe computer use and industrial ergonomics.
- 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 and Accident Investigation.
- Analyzing Injury Data, Asbestos and Infectious Diseases for statewide, regional, local or unit workshops, meetings or conferences.

CSEA also has a wide variety of webinars, many of which are available on-demand 24/7. Visit cseany.org/our-services/safety-health.

CSEA 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 worksite 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 allows 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 per 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 duty.

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 member 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 it to the required training.

ALL EMPLOYEES

Annual Required Training for All Workers

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

OPERATIONS

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

Operations Titles (Required Training Depends Upon Job Tasks Required)

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

Operation Titles Suggested Training

- Boiler Safety
- First Aid
- Heat/Cold Stress
- Indoor Air Quality/Mold
- Lithium Ion Batteries
- Mold Remediation
- OSHA 10/General Industry & Construction
- Outdoor Hazards
- Safe Refuse Collection

Below is an assessment form broken down by common job groups of CSEA members. Locals and units should sit down with their employer to discuss training requirements and priorities through the joint health and safety committee.

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

- Emergency Action Plans
- Fire Protection Plan

Suggested Training for All Workers

- Asbestos Awareness
- Back Injury

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 Y = 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

(Health care, Corrections, Day Care, Youth/School Aides, Police etc.)

Institutional Required Training

- Bloodborne Pathogens
- Work in a Laboratory? Y or N
- Tuberculosis
- Work with Soiled Laundry? Y or N

- Radiation Exposure? Y or N
- Formaldehyde Exposure? Y or N
- Ethylene Oxide 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, First Aid

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

Introduction

Ultimately, the employer is responsible for safety and health in the workplace, however 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 afterthought and everyone goes home safe and sound at the end of each workday.

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.

EMPLOYEE INVOLVEMENT

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.

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.

If a cooperative approach does not work, then it is up to the union to push management to act. This should always be done with a plan with escalating steps, that involves a team of action, also known as a strategic plan or campaign. This may include grievances if it is a contract violation and when all else fails calling PESH or OSHA, especially in an imminent danger situation where someone could get seriously hurt or killed.

Joint Labor-Management Committees

A joint labor-management health and safety committee does many of the same things as the local union committee. The union's job in the joint committee is to make sure management listens to workers' concerns and fixes health and safety problems. Some of the activities that joint labor-management health and safety committees can do include:

- Review all health and safety information. This includes SH-900/OSHA 300 injury and illness reports, complaints that have been filed, and results of workplace inspections.
- Investigate workplace accidents or "near misses" and any illnesses.
- Discuss ideas for changes that eliminate or help reduce hazards.

EFFECTIVE COMMITTEE CHECKLIST

- Does the union bring its own "agenda" (what it wants) to the committee and does the committee work on the union's issues?
- Do union and management have equal numbers of members on the committee?
- Does the union get to pick their members (and how many) on the committee?
- Do union committee members regularly meet separately from management to discuss union concerns and to plan for the joint meetings?
- Do union and management share responsibility for setting meeting agendas and goals, chairing meetings, and taking action on specific issues?
- Are union committee members paid their regular wages for meetings, inspections, and other committee activities?
- Can the committee make decisions and put them into effect?
- Can the committee make inspections of the workplace and shut down unsafe jobs?
- Does the committee have access to health and safety information kept by the employer (for example, injury and illness reports, test results of noise levels, list of chemical hazards at the workplace)?
- Does the local union regularly evaluate the effectiveness of the committee?

PROGRAM EVALUATION AND MODIFICATION

One of the most important tasks of a joint labor-management committee is to evaluate programs, 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:

- Find out if health and safety changes have eliminated the problem.

It is important that the union side be prepared before going into labor-management meetings.

- Submit YOUR agenda items. Don't let management dictate what will and won't be discussed.
- Do your homework before the meeting. Know and understand the hazards.
- Bring solutions.
- Take your own notes.
- Make them follow up on previous agenda items.

- 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.

Best 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 HIPAA violation.”	The employer must provide the requester with a copy of the SH-900/300 Logs by the end of the next business day that include individual names on the SH-900/300 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-900/300 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 assume. 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, 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 requirements 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 from people who know what 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.”	“I’m not allowed to break the law or go against state or local regulations. Will you put in writing what you are asking me to do? Why don’t we work together to find a way to do this safely? I will perform any other safe task in the meantime.”
“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 our union members? 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. This can actually increase injuries. No one is aware that a policy or procedure may need to be changed.”

Strategic Campaigns

Safety and health issues are some of the best issues to organize union members around. They are personal and often affect several people collectively. Some issues like workplace violence, working with hazardous substances, emergency planning and stress are what we call **Universal Hazards**, meaning that it affects everyone in the workplace.

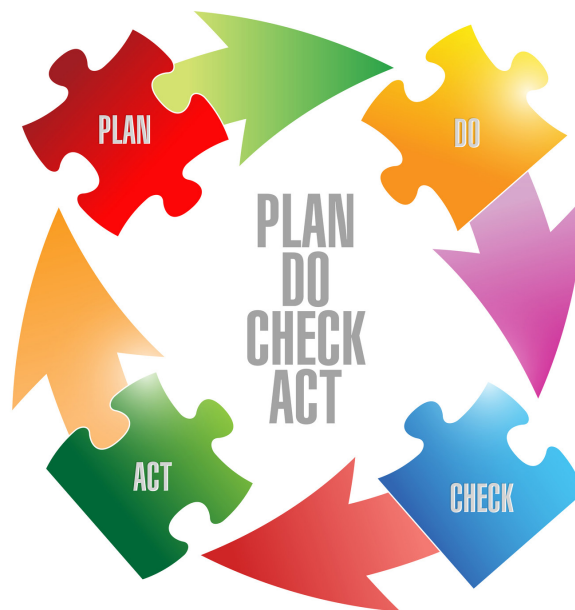
No matter how we decide to address an issue, we need a plan - **A UNION PLAN**- that motivates, internally organizes and engages union members.

With ever-changing locations and sizes in workforce and now more people working from home, we need to know who is working where and when and what tasks they are being asked to do and most importantly what hazards are they facing? The larger the local or unit, the more challenging that is, but it is critical information to know. The union lives in the workplace and we need to know where those places are and make sure there is a representative in each place.

There is always a lot of work to be done around safety and health, so it is important not just to have many hands doing the work, but to make priorities based on the most dangerous and frequently faced hazards.

Some safety and health hazards do not have contract language or even regulations for us to hold management to, so we have to get creative and prove that it is not just the right thing to do for the workforce, it is in their own best interest. Injuries like back and other musculoskeletal injuries can cost an employer millions of dollars for one worker alone! Arguments like these and other cost-benefit ideas can go a long way in getting the results we need.

And we must never forget to celebrate, share and document our wins! Too often, we just move on to the next problem and forget to communicate our winning strategies. You never know how your story can help someone else with the same issue.



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.

- One-on-one Conversations
- Walkthroughs
- Meetings
- Review Illness and Injury logs
- Surveys
- Hot Topic Training
- Focus Groups
- Social Media
- Phone Calls/Email/Text

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.

- Fact Sheet Distribution
- Webinar
- Live Awareness Training
- Talk with other Locals/Units
- Involve other Unions
- Involve Community and Safety Groups

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 is some criteria to help you decide what to handle first.

- Is there imminent danger? Are members in danger of losing their lives or becoming injured 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?

Priority List

- 1.
- 2.
- 3.
- 4.
- 5.

6) ASSESS MANAGEMENT RESPONSE & MOTIVATIONS

Management does not want to hear problems; they want solutions. One or two carefully constructed solutions can lead to a practical win. 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?

- Saving money
- Safety of Workers
- Overtime reduction
- Looking good to the public
- Keeping PESH away
- Fewer lost workdays

What are we asking them to do?

7) FIGHT FOR SOLUTIONS

When management won't listen to reason, it is 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 Work Force
- Website
- Press/Media
- Member Incentives
- Other

ACTION SUMMARY

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

Safety and Health Grievances

When management fails to act, it is time to take further action beyond just talking. **ALWAYS** make sure **ANY** safety and health issue is brought to the attention of the appropriate person (typically a supervisor) first. Do it in writing and keep a copy of a written response. If they do not give you a written response, ask for one. If they refuse, send them an email outlining their response, (per our conversation). **Document everything with times, dates and details.** Give them a reasonable amount of time to correct the issue.

What is reasonable? Typically, how long it would take to solve the issue, be it writing a new policy or procuring a new piece of equipment. If it is taking a while, ask for updates, in writing.

STRATEGIES

The first question you must answer: **Does your contract have safety and health language?** Safety and health grievances are unique and should be handled in conjunction with staff and leadership and should be part of an overall strategic plan.

- Allow time to collect needed supporting information and documentation.
- As much as possible, use similar language and phrases in the contract when describing the situation and demonstrate an obvious negative effect with evidentiary backup.
- Clearly and briefly, accurately describe the situation or condition and remedy.
- Provide for a reasonable remedy.
- Be aware, strictly from an injury and illness perspective, workers' compensation is how employees are made "whole" again.
- Don't use safety and health language alone to get time, seniority, or other accruals restored.

BURDEN OF PROOF

The burden of proof is on you, the one making the complaint to prove the hazard exists and can/does cause injury or illness. The intent of safety and health language is clearly spelled out. Typically, it is to prevent occupational injuries and illnesses AND resulting workers' compensation claims. **Management must be aware of the situation to act.** A strong grievance will include:

- An incident report, including the **WHO, WHAT, WHERE, WHY, and HOW.**
- Dates and names of management contacts and witnesses.
- Documentation of management's refusal to fix or discuss the hazard.
- Other medical documentation as necessary, ex. Doctor's notes and records.

TRICKS AND TRAPS

- Demonstrate that you've exhausted all internal processes (labor management).
- Be specific.
- Do not provide irrelevant or unneeded information.
- Be concise.
- Do not grieve a condition or situation covered by existing law or regulation. (example: the state contract explicitly forbids action under a-15 that are reviewable under existing laws and regulations).
- Provide a reasonable remedy.

If you skip this step, you WILL be sent back to do this all over again.

If the issue is still not resolved, go up the chain of command, of course with documentation. Try to resolve it with safety and health committees or human resources personnel or within your joint labor-management safety & health committee. At any time, you can ask for assistance from local/unit leadership, your labor relations specialist or OSH specialist or other internal unions. Create a strategic plan.

If a resolution still cannot be found, it may be time for a grievance.



ATTENTION CSEA MEMBERS!

Guidance for Imminent Danger Situations At Work

Imminent Danger is any condition or practice at work that presents a real and immediate threat of death or serious physical harm to employees.

Under certain circumstances you **may** have the right to refuse a task that places you in imminent danger. **All of the following must apply.**

- There is a reasonable fear of death or serious physical harm & you refused the task in good faith.
- You informed management & asked that the imminent danger hazard be corrected.
- You have no other option (management refused to correct the hazard or refused to assign you to another task).
- There isn't time for the PESH / OSHA complaint process to correct the hazard.

If you are directed to perform a task that places you in imminent danger, and the above conditions are met, your proper refusal to perform that imminent danger task is a protected activity. **CSEA will always defend members exercising their rights.**

If you must refuse an imminent danger task, take the following steps.

1. **First Report** the imminent danger hazard to your supervisor. "I feel that doing (describe the activity that puts you in imminent danger) could lead to serious physical harm or my death. I am not refusing to work; I just want to be safe from imminent danger. Is there another task I can be assigned to until the proper precautions can be put in place for me to complete this task safely?"
2. **Notify CSEA**, If the supervisor dismisses your concern, immediately notify your local CSEA leadership. If you are unable to contact your local leadership, contact the nearest CSEA region office (on back). If your supervisor still expects you to perform the imminent danger task:
3. **Remain**, While remaining in the work area and willing to work in general, "I can not perform the (assigned task) as presently directed, I'm still happy to do anything else."
4. **Notify PESH or OSHA**, Do not risk your life if your employer still expects you to perform any task that places you in imminent danger. Public sector members call (844) SAFE-NYS (723-3697) and report the hazard to the Public Employees Safety and Health Bureau (PESH). *Leave a detailed message if directed to a voice mail box.* Private sector members call (800) 321-OSHA (6742).

You most likely will be threatened with discipline. Properly refusing an imminent danger task is a protected activity. **CSEA members that are disciplined or punished for exercising their right to refuse an imminent danger task will be defended by CSEA.** CSEA Region offices have **Labor Relations Specialists & Occupational Safety and Health Specialists** that can assist you. Contacting (844) SAFE-NYS will prompt a PESH review & document that you took appropriate action. If you are punished for exercising these rights file a PESH discrimination claim within **30 days** of the retaliatory action.



Contact Information for Region and Satellite Offices

Long Island, Region 1

3 Garet Place, Commack, NY 11725
631-462-0030 • 631-600-4800

Metropolitan Region 2

125 Maiden Lane, 5th Floor, NY, NY 10038
212-406-2156 • 646-527-6500

Southern, Region 3

568 State Route 52, Beacon, NY 12508
845-831-1000 • 845-231-2060

Capital, Region 4

1 Lear Jet Lane, Suite #2, Latham, NY 12110
518-782-4400 • 800-874-7344

Plattsburgh, Region 4 Satellite

6 Booth Drive, Plattsburgh, NY 12901
518-563-0761 • 518-314-6000

Central, Region 5

6595 Kirkville Road, East Syracuse, NY 13057
315-433-0050 • 315-728-3360

Binghamton, Region 5 Satellite

71 State St, 1st Flr, Binghamton, NY 13901
607-772-1750 • 607-338-1130

Canton, Region 5 Satellite

7 Commerce Lane, Canton, NY 13617
315-386-8131 • 315-229-4340

Western, Region 6

120 Pineview Drive, Amherst, NY 14228
716-691-6555 • 716-799-8040

Rochester, Region 6 Satellite

3495 Winton Place, Bldg E-Suite 3,
Rochester, NY 14623
585-272-080 • 585-295-8600

**All imminent danger situations should be reported to the PESH Bureau or OSHA,
don't forget to call 844-SAFE-NYS or 800-321-OSHA.



CSEA Protest of Assignment Form

In accordance with the Public Employers Safety and Health (PESH) Act, I hereby notify management that I believe this assignment is unsafe, as denoted below, as it does not appear to meet the requirements of the applicable safety and health regulations, management's established safety program/procedure, or presents an immediate threat to my life or health or the lives or health of my co-workers, representing an imminent danger.

under protest and will carry out the portions of this assignment, or an alternate assignment, to the extent I have been trained and equipped to perform that work activity safely. Responsibility for the consequences of this assignment, and for the provision of a safe and healthy workplace rest upon my employer. I request that the administration take appropriate corrective action to ensure that no worker be placed in this situation in the future.

I have told my supervisor my concerns, which I am now documenting on this protest form. Because I may be subject to discipline by the employer for refusal to accept this assignment, I indicate my acceptance

CSEA may give copies of this form to any and all appropriate State and Federal agencies and private accreditation entities. I will retain a copy for my records.

Supervisor Notified: _____

Date/Time: _____

Employer: _____

Shift: _____

CSEA Local: _____

CSEA Unit: _____

Work Activity: _____

The following are some details including standards or practices that relate to performing this work activity and how they deviate from the established practices or the PESH regulatory requirements:

Name and Civil Service title of CSEA member completing form (please print and sign)

Print Name: _____

Signature/Title: _____

Date: _____

PESH/OSHA Complaints

The Occupational Safety and Health Administration is the federal agency that oversees workplace safety and health. They create standards that employers must comply with when 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, the 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/OSHA 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/OSHA can come in during routine work hours, to any employee work location. They must present their credentials and will first find the highest level of management.

UNION RIGHTS FOR PESH/OSHA 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 authorized 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 authorized 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 inspector should request management to contact the highest elected union official located at that worksite or refer to the provided list of authorized employee representatives.

The inspector must speak directly to the authorized employee representative, whether it is in person or by phone. They must make sure they have the correct union title for this individual. If the employee representative declines to participate, they must tell this directly to the inspector. The union official must be informed that they have the right to designate another union member to be their representative during the inspection. If no one is designated and the offer to participate is declined, PESH/OSHA's responsibility under the law is met.

The authorized employee representative will generally be someone located at that worksite. The law does not give PESH/OSHA 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, PESH/OSHA will ask management to contact the local president by phone. The PESH inspector should then speak to the local president and ask if they wish to designate a workplace representative for the inspection.

Shop Steward Declination: When the local president or any other authorized employee representative 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 they are 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 PESH/OSHA obligations under the law. The inspection narrative must contain the information on who was asked to accompany the inspector, what their 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 is given to employer. The inspection commences immediately. PESH has authority to stop the work under Section 200 of the Labor Law.

- **Accident Investigations Complaints (Serious Hazard Alleged)**

Any incident that is fatal to one employee or results in hospitalization of two or more employees. Employer must report incident to PESH within eight hours. PESH may inspect incidents which injure only one employee if resources 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 before 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**

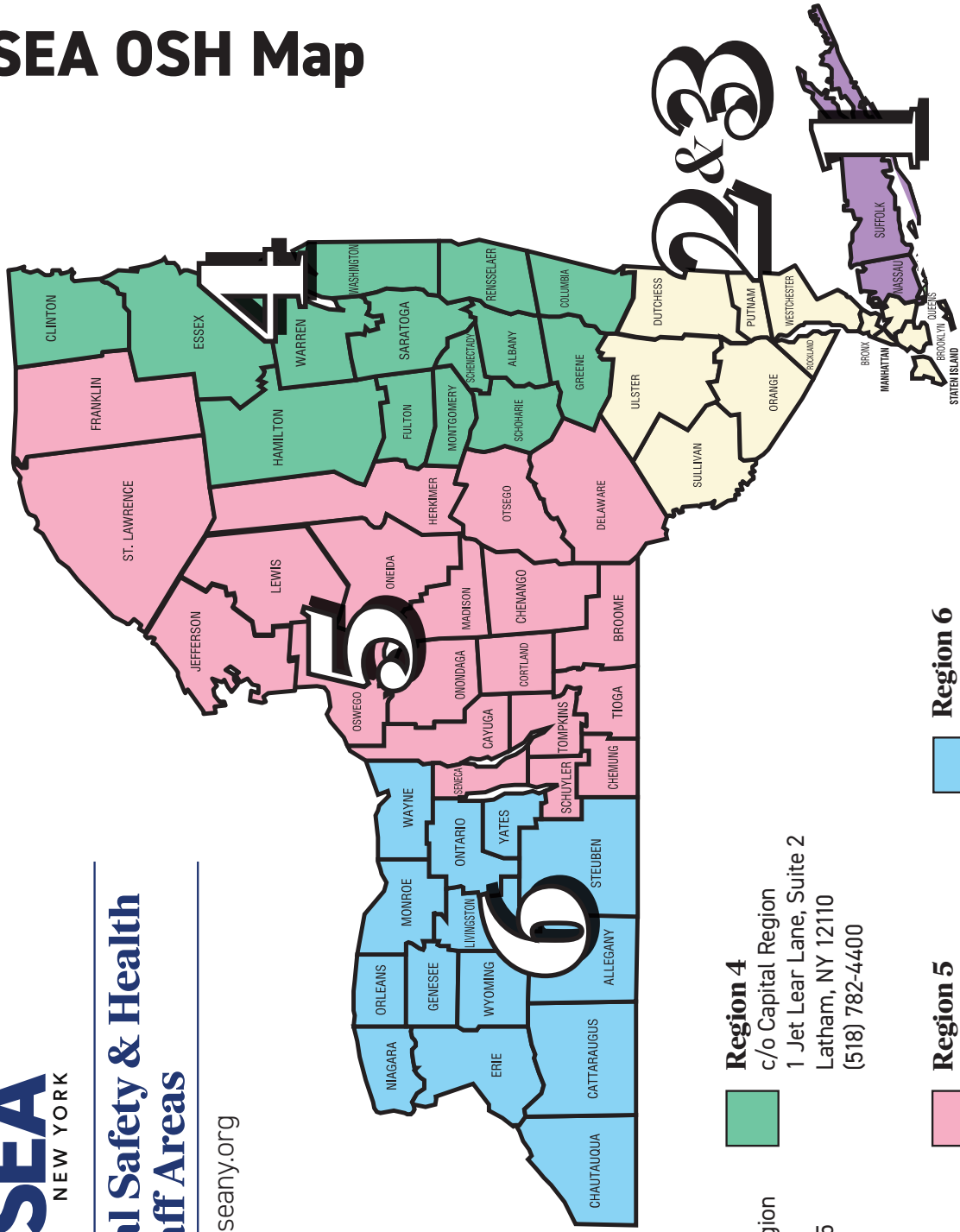
Conducted with the least burden to the employer BUT the employer does have to facilitate the inspection. Comprehensive in scope.

CSEA OSH Map



Occupational Safety & Health Staff Areas

cseany.org



Region 1
 c/o Long Island Region
 3 Garet Place
 Commack, NY 11725
 (631) 462-0030

Region 4
 c/o Capital Region
 1 Jet Lear Lane, Suite 2
 Latham, NY 12110
 (518) 782-4400

Region 6
 c/o Western Region
 120 Pineview Drive
 Amherst, NY 14228
 (716) 681-6555

Region 2&3
 c/o Metropolitan & Southern Region
 568 State Route 52
 Beacon, NY 12508
 (845) 831-1000

Region 5
 c/o Central Region
 6595 Kirkville Road
 East Syracuse, NY
 13057

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 locals and units including:

- Workplace 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 Specialists are assigned to regions; to determine who your OSH Specialist is. Select which part of the state you work in:

LONG ISLAND REGION 1

Nassau and Suffolk counties. The OSH Specialist for this region works out of the CSEA Region 1 office in Commack and can be reached at (631) 600-4847.

METROPOLITAN REGION 2 & SOUTHERN REGION 3

Bronx, Dutchess, Kings, New York, Orange, Putnam, Queens, Richmond, Rockland, Sullivan, and Ulster counties. The OSH Specialist for these regions works out of the CSEA Region 3 office in Beacon and can be reached at (845) 831-1000.

CAPITAL REGION 4

Albany, Clinton, Columbia, Essex, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties. The OSH Specialist for this region works out of the CSEA Region 4 office in Latham and can be reached at (518) 782-4420 or toll-free (800) 874-7344.

CENTRAL REGION 5

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 region works out of the CSEA Region 5 office in Syracuse and can be reached at (315) 782-3376 or toll-free (800) 559-7975.

WESTERN REGION 6

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

Every CSEA Region also has a **region safety and health 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 Occupational 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 region's Safety and Health Committee.

CSEA Website, Social Media and Other Resources

For more information and resources visit cseany.org/safety

THE SAFETY NET CSEA



SUBSCRIBE TODAY!

Do you have co-workers who might want to subscribe?
Share this newsletter with them and have them scan this QR code to subscribe.

OTHER RESOURCES

New York Committee For Occupational
Safety and Health
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
cnycosh.net
315-471-6187

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

OSHA
osha.gov

NYS DOL PESH
[labor.ny.gov/workerprotection/safetyhealth/
DOSH_INDEX.shtm](https://labor.ny.gov/workerprotection/safetyhealth/DOSH_INDEX.shtm)

National Institute of Environmental
Health Sciences
niehs.gov

National Institute of Occupational
Safety and Health
niosh.gov

Mental and Behavioral Health Resources

HOTLINES:

Suicide and Crisis Lifeline (988 Lifeline):

Are you in crisis, experiencing emotional distress, or worried about someone you know? Dial or text 988 or visit 988lifeline.org 24 hours a day, 7 days a week.

Crisis Text Line:

New York State has partnered with Crisis Text Line, an anonymous texting service available 24/7. Starting a conversation is easy. Text GOT5 to 741741.

NYS (OASAS)

New York State's 24/7 problem gambling and chemical dependency hotline. For help and hope, call 1-877-8-HOPENY or text HOPENY.

NYS Office for the Prevention of Domestic Violence (OPDV):

If you or someone else in a relationship is being controlled by another individual through verbal, physical, or sexual abuse, or other tactics, please text 844-997-2121 or visit opdv.ny.gov.

NYS Be Well:

bewell.ny.gov/support-and-resources

Substance Abuse and Mental Health Services Administration (SAMSHA):

Call 800-662-HELP (4357) or visit samsha.gov

Veterans Crisis Line: Dial 988 then press 1, text 838255, or visit veteranscrisisline.net

Essential Local and Community Services:
Dial 211 or visit 211.org

NY Law Enforcement Assistance Program (NYLEAP)- Serve and Protect (MH referrals):
Dial 716-858-2677, 206-459-3020, 615-373-8000 or visit nyleap.org/services-helplines

American Foundation for Suicide Prevention:
Dial 1-800-273-TALK (8255) or visit afsp.org

Alcoholics Anonymous:
Dial 1-212-870-3400 or visit aa.org

Depression and Bipolar Support Alliance (DBSA):
Dial 1-800-826-3632 or visit dbsalliance.org

NARCONON:
Dial 1-888-775-2497 or visit narconon.org

Narcotics Anonymous:
Dial 1-818-773-9999 or visit na.org

National Alliance on Mental Illness (NAMI):
Dial 1-800-950-6264 or visit nami.org

National Institute on Drug Abuse:
Dial 1-301-443-6441 or visit nida.nih.gov



Occupational and Environmental Health Clinic Network

The mission of the Occupational and 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
urmc.rochester.edu • FLOHS@urmc.rochester.edu

CENTRAL REGION

Central New York Occupational Health Center, affiliated with SUNY Upstate Medical University
315-432-8899
ohcupstate.org

SOUTHERN TIER REGION

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

ADIRONDACK REGION

Adirondack Occupational Health Center, affiliated with SUNY Upstate Medical University
315-714-2049 • ohcupstate.org

MID-HUDSON/EASTERN REGION

Occupational and Environmental Health Center of Eastern New York, affiliated with GHI
518-690-4420 • occmgroup.com

LOWER HUDSON VALLEY REGION

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

Bellevue/NYU Occupational & Environmental Medicine Clinic, affiliated with Health and Hospitals Corporation
212-562-4572
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)
northwell.edu/oemli • OEMLI@northwell.edu
Specialty Agricultural Clinic

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

*Counties Served: Cattaraugus, Chautauqua,
Erie, and Niagara*

Garden City District Office

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

Phone: (516) 228-3970

Fax: (516) 794-7714

Counties Served: Nassau and Suffolk

New York City District Office

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

Phone: (212) 775-3548

Fax: (212) 775-3542

*Counties Served: Bronx, Kings, New York,
Queens, and Richmond*

Rochester District Office

Phone: (585) 258-8806

Fax: (585) 258-8859

*Counties Served: Genesee, Livingston, Monroe,
Ontario, Orleans, Wayne, Wyoming, and Yates*

Syracuse District Office

450 South Salina Street,
Syracuse, NY 13202

Phone: (315) 479-3212

Fax: (315) 479-3451

*Counties Served: Cayuga, Cortland, Jefferson,
Onondaga, Oswego, and Seneca*

Utica District Office

207 Genesee Street, Room 701,
Utica, NY 13501

Phone: (315) 793-2258

Fax: (315) 793-2303

*Counties Served: Franklin, Fulton, Hamilton,
Herkimer, Saint Lawrence, Lewis, Madison,
Montgomery, and Oneida*

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*

Glossary

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) - 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 - 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, include 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 1 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 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 - 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, and 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).

CARBON MONOXIDE (CO) - 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 asphyxiate, it reduces the blood's ability to carry oxygen. Hemoglobin absorbs CO 2000 times more readily than it does oxygen.

CARBON DIOXIDE (CO₂) - 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 in 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) - A 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.

EPIDEMIOLOGY - 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 1.0µm 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 or 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.

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

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.

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) - includes 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 - are 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 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 specific organs or systems of the body. Neurotoxins harm the nervous system. Hepatoxins 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 eight hours or a 40-hour workweek, 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) - refers to concentrations of airborne toxic materials which have been weighted for a certain time duration, usually eight hours per day 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.

Acronyms

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

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

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