

## OSHA Lite—The Real Story on Georgia's Funeral Home Inspection Sweep

By Gary Finch  
Editor

Oh, how I would love to mirror some of the national associations and report that Georgia's inspections are a significant event. I imagine it would make for great reading, perhaps even cause a minor crisis and cause you to focus on OSHA, and even my advice. I love it when an owner or manager is scared and really tunes to my words of wisdom.

But, fortunately for funeral homes, this local emphasis program that targets funeral homes and businesses using formaldehyde, seems to be a paper tiger. NFDA was first to suggest that this might be a prelude leading to OSHA funeral home inspections in the seven state region. This was subsequently changed to a suggestion that it might lead to nation-wide funeral home inspections. How do you

spell B-L-O-W-I-N-G  
S-M-O-K-E?

Let's examine the facts regarding this local emphasis inspection program. It is not even a statewide program. There are three OSHA offices in Georgia. Only one office is involved in this program, and it only covers a third of the state. It targets any business that has employees exposed to formaldehyde, not just funeral homes.

But what about the fact that local emphasis programs may lead to a nation-wide program for funeral homes and other businesses using formaldehyde? Well, it is certainly conceivable for federal OSHA to look at a local emphasis inspection. If the results are alarming, it might lead to a federal-wide inspection effort. The early exit polls say that will not be



*When you wipe away the smoke surrounding the OSHA inspection sweep, it looks more and more like business as usual.*

the case here. The first five funeral home inspections resulted in zero fines and in zero citations. The bottom line is that Georgia joins North Carolina and Virginia to make a trifecta of OSHA Lite inspection states.

While there is no crisis, it is still the law to comply. It is a law I would not ignore.

### **Compliance Tip** **Getting it Right for All the Wrong Reasons**

She said, "We sell all kinds of those items. My customers love them."

I said, "I don't want or care if they love them, they need them for compliance."

The she in this case is Jennifer Barnette, President of Southland Medical. I am

writing to salute Jennifer for staying on top of OSHA and safety in her catalog. OSHA requires you (funeral homes) to get safe sharps when they become available. Your fluid salesman couldn't care less about it, and you never hear about them.

Jennifer does not sell fluid, just supplies, and she stays on top of it. Order their catalog at 800-959-9160, or view their safety items online at: southland-med.com. If you don't have the safety items they show, then get them.

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#### SPECIAL POINTS OF INTEREST:

- *This issue focuses on the costs of injuries, both on and off the job.*
- *We explore the hidden cost of compliance.*
- *Keep It Simple Stupid*
- *Visit our new website*
- *kisscompliance.net*
- *Get the info on the Golden Shield Top Awards Program and other happenings.*
- *Want your 2005 safety training early? Call us and request we email it to you on MS Word and Power Point.*

## Life and Death in America—It's a Crap Shoot

By Gary Finch

Editor

The number one issue on my personal to do list for 2005 is to rewrite and update the first chapter in the Company Safety Plan manual. That includes developing reports on the costs of occupational injuries. This is important because there most employers, in and out of the funeral business, still don't get occupational safety. This is not simply my opinion. It is the opinion of a substantial majority of safety and compliance consultants in survey after survey, all across the country.

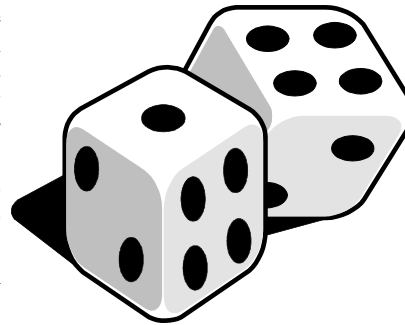
These executives are not ignorant. They are at the top of their company because they know how to generate maximum profits. They tend to view issues, including OSHA regulations, as a cost versus risk matter. What does it cost to comply with OSHA? What is it likely to cost if we do not comply, or only half-way comply? It's not an ideal mind-set to guide company safety policies, but it is corporate reality.

Our motive in including this information is not designed to change this culture. I am not that naïve. Rather, we want to provide some intelligence to the decisions makers. When they

figure the cost of non-compliance or lukewarm compliance, they need to know the true cost. That involves more than assessing what you pay your consultant, what it costs to train your employees, and what OSHA might fine you for failing to meet their regulations.

Even the most naïve decision makers realize that businesses that put employee safety on the front burner incur less occupational injuries than those that give it less priority. It is fair then, actually essential; that we make them aware what it will cost if their employees are injured. A significant portion of this cost is paid by the employer. So when an executive can cut this cost or potential cost, then it needs to be part of his or her bottom line assessment.

Our research is based on the latest reports from the National Safety Council. This issue of The ALERT will focus on some of the findings. In some respect, we just want to open your eyes and make you aware of the risk, the cost, and the odds of sustaining an injury or fatality in your workplace. More specific data will be included in the re-write of Chapter One, which you will receive later this year.



*The cost of compliance pales in comparison to the cost of treating occupational injuries.*

## The Odds of Dying by an Injury in US for 2001

The table has four columns. The first column gives the manner of injury such as motor-vehicle crash, fall, fire, etc. The second column gives the total number of deaths nationwide due to the manner of injury in 2001 (the latest year for which data is available). The third column gives the odds of dying in one year due to the manner of injury. For example, referring to the first line, the odds of dying from an accident in 2001 were 1 in 1,781. The lifetime odds of dying from an injury for a person born in 2001 were 1 in 23. To view the complete report, go to <http://www.nsc.org/lrs/statinfo/odds.htm>. Think about these odds the next time you buy a lottery ticket with odds of 1 in 15,000,000.

Type of Accident or Injury	Death	One Year Odds	Lifetime Odds
All external causes	160,099	1,781	23
Transportation accidents	101,537	2,808	36
Falls	15,019	18,982	246
Foreign body entering through skin or natural orifice	33	8,639,206	111,907
Drowning	3,281	86,892	1,126
Lightening	44	6,479,405	83,930
Operations of war & sequelae	17	16,770,624	217,231
Med. & surgical complications	3,021	94,371	1,222

## Worker Deaths and Injuries On and Off the Job

When a worker is injured and the injury causes the worker to miss work, it costs the employer. This is true even if the injury occurred away from the job. This is primarily due to a loss in production. In 2003, off-the-job injuries to workers resulted in 160,000,000 missed work days. Injuries to workers at work resulted in 70,000,000 days. This does not account for workers being sick from being exposed to influenza from another worker.

Nine out of ten deaths and about two thirds of disabling injuries suffered by workers in 2003 occurred off the job. Production time lost in future years due to off-the-job injuries in 2003 will reach an estimated 405,000,000 days. Off-the-job injuries in 2003 cost the nation at least \$205.3 billion in 2003.

The results prove that even the best

employee safety programs are marginal in lowering the likelihood that you will incur an off-the-job injury. They impact on-the-job injuries significantly.

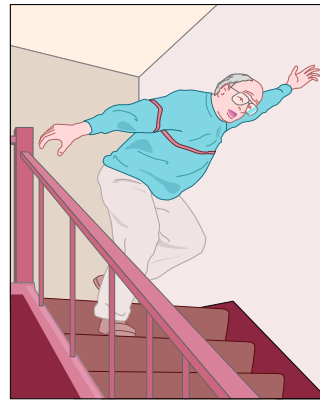
The first recorded worker deaths in a national study was conducted in 1912. How do you suppose unintentional (non suicide) deaths in 1912 compare to those in 2003? We have more deaths today as the work force is four times larger. We produce nine times as much. But the rate of on-the-job unintentional deaths is 93% less in 2003.

The statistics show us the value of employee safety programs. They do work. Yet, they are marginalized when

you account for off-the-job injuries that are the primary contributor to lost work days. This is doubly significant as most

employers indemnify all or part of the employee's lost pay and healthcare costs for off-the-job injuries.

There is a gradual movement to include off-the-job safety education to employees as part of their on-the-job safety training. As they see it, off-the-job accidents affect their bottom line.



*Worker's Compensation for falls average \$19,000 per claim.*

## OSHA Enforcement Projections for the Next Four Years

What can we expect from OSHA over the next four years under President George W. Bush? For one thing, none of the hundreds of chemicals OSHA is trying to establish lower Permissible Exposure Limits on will change. There could be two exceptions, including one for glutaraldehyde.

For the 25 states operating under federal OSHA, there will be no planned inspections. Complaint inspections will

be the rule, if the complaint is deemed to be warranted. Many complaints will be handled as employer investigations. In an investigation, OSHA mails a letter or calls the employer to notify them of the complaint. The focus is on fixing the problem rather than on fining the employer.

Not all employers will be exempt from planned inspections. The idea is to focus planned inspections on indus-

tries with the highest accident rates.

As for the 25 states that operate under a state safety program, some are following the federal OSHA policy and some are not. A state by state forecast is offered as our feature article on our new website. Please feel free to check it out at [kisscompliance.net](http://kisscompliance.net)

KISS Compliance Network is the parent company for Compliance Plus.

## Smokers Fired, Fat Employees the Next Target

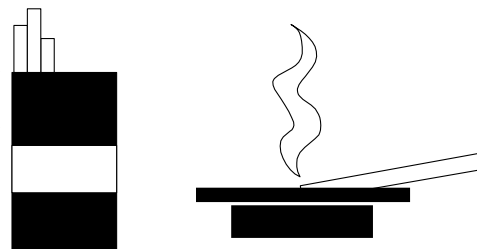
A Michigan Health Care Company fired four employees in February after they refused a company ultimatum to quit smoking, both on and off the job. In 2004, the company outlawed smoking at work, and backed it up by assessing a \$50 fee for those smoking at home. In 2005, they issued a 24/7 ban on tobacco use of any type.

The company owner says he will target overweight workers next. A week after the firings, no legal action had been taken by the fired workers, but

most observers expect there will be.

The firings are conversation fodder for talk radio. Conservatives are torn between the right of an employer to establish rules versus the rights of an employee when they are not on company time. Here, the employees were dismissed for using a legal product on their own time.

It will probably take years for this issue to be settled in the courts. I'll report on it when there is any breaking news.



*Is this about smoking? Or is it about employee rights? Is this about health costs? Do smokers make healthcare more expensive? Do smokers die early, thereby saving Medicare and social security billions of dollars?*

## Worker Compensation Claims - 2001-2002 Costs

The data in graphs and tables on page 4 and 5 are from the National Council of Compensation Insurance. Their information was obtained using random data from lost time claims in 41 states. Injuries that result in medical payments only, without lost time, are not included.

The average cost for all claims combined in 2001-2002

was \$15,865, up 16% from the 2000-2001 average of \$13,719. The following reports focus on the Cause of Injury, The Nature of Injury, and the Part of Body that was injured.

The charts tell part of the story. For more compliance information visit our website, [kisscompliance.net](http://kisscompliance.net)

### Average Total Costs Per Claim by Cause of Injury 2001-2002

<b>Burn</b>	<b>\$11,339</b>
<b>Caught In or Between Objects/Equipment</b>	<b>\$14,850</b>
<b>Cumulative Trauma</b>	<b>\$13,479</b>
<b>Cut/Punch/Scrape</b>	<b>\$9,535</b>
<b>Fall/Slip</b>	<b>\$18,838</b>
<b>Miscellaneous Cause</b>	<b>\$16,243</b>
<b>Motor Vehicle</b>	<b>\$27,558</b>
<b>Strain</b>	<b>\$15,232</b>
<b>Striking Against</b>	<b>\$12,972</b>
<b>Struck By</b>	<b>\$14,042</b>

### Average Total Incurred Costs Per Claim By Nature of Injury 2001-2002

<b>Amputation</b>	<b>\$31,546</b>
<b>Burn</b>	<b>\$11,003</b>
<b>Carpal Tunnel</b>	<b>\$17,202</b>
<b>Contusion/Concussion</b>	<b>\$12,314</b>
<b>Fracture/Crush/Dislocation</b>	<b>\$21,476</b>
<b>Infection/Inflammation</b>	<b>\$15,304</b>
<b>Laceration/Puncture/Rupture</b>	<b>\$13,521</b>
<b>Occupational Disease Cumulative Injury</b>	<b>\$14,252</b>
<b>Other Trauma</b>	<b>\$18,524</b>
<b>Sprain/Strains</b>	<b>\$14,097</b>

### Average Total Incurred Costs Per Claim by Part of Body 2001-2002

Ankle	\$10,358
Arm/Shoulder	\$16,564
Chest/Internal Organ	\$11,759
Face (includes teeth, mouth, and eyes)	\$10,547
Foot/Toe	\$9,588
Hand/Finger/Wrist	\$10,243
Head/Central Nervous System	\$40,392
Hip/Thigh/Pelvis (includes sacrum and coccyx)	\$16,279
Knee	\$16,966
Leg	\$17,034
Lower Back	\$17,738
Multiple Body Parts	\$23,903
Multiple Injuries to Trunk/Abdomen	\$11,005
Neck	\$23,862
Upper Back	\$11,533

### Frequency of Injuries by Part of Body 2001-2002

Head (except eyes)	3.3 percent
Eye	2.9 percent
Neck	1.6 percent
Trunk (except shoulder and back)	6.5 percent
Shoulder	5.8 percent
Back	24.0 percent
Upper Extremities (except wrist, hand, and finger)	5.7 percent
Wrist	4.8 percent
Hand (except finger)	3.9 percent
Finger	8.5 percent
Lower Extremities (except knee, foot, and toe)	9.1 percent
Knee	7.9 percent
Foot (except toe)	3.2 percent
Toe	1.0 percent
Multiple Parts	9.7 percent

## Q & A's on Back Support Belts - MSDS's - Hepatitis B Booster

Rarely does a day go by that we don't have one of our customers call in with a question. Here are three of the best questions, with answers explained in detail.

**Q. If I (an employee) request a back support belt, is my employer required to provide it to me free of charge?**

No, the employer is not required to provide back support belts, although many employers choose to do it. The use of back belts in industry is a topic of repeated debate. The available scientific data, to date, neither completely supports nor condemns the wearing of back belts to control low back injuries. Promotion of belts as a "quick fix" solution to the injury problem may not be the most effective method of reducing the risk of injury/illness and controlling costs. The National Institute for Occupational Safety and Health (NIOSH) does not recommend the use of back belts to prevent injuries among uninjured workers and together with the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) does not consider back belts to be personal protective equipment. NIOSH emphasizes that back belts do not mitigate the hazards to workers posed by repeated lifting, pushing, pulling, twisting or bending. Despite inconclusive evidence, some individuals perceive a benefit from wearing a belt, but they are not a substitute for a comprehensive back injury prevention program.

Belt wearers must receive education and training. Education should include information on how injuries occur, ways to minimize low back stress and loading, the importance of early reporting of discomfort and ways to report ideas involving ergonomic changes. Training should include the proper use of mechanical materials handling equipment and the proper performance of body mechanics, exercise and appropriate lifting techniques. All training must have daily follow through with supervision, observation and correction to assure safe job performance.

*"A back support belt may help alleviate the symptoms or pain of a back injury, but they do not treat the injury."*



*Hard hats and steel tipped footwear are considered PPE and must be provided cost-free to an employee, but not back support belts.*

**Q. OSHA requires we keep Material Safety Data Sheets (MSDS's) for thirty years after we stop using the product. I read the Hazard Communication Standard three times and there is nothing in it about keeping records thirty years. Are you sure you don't have this mixed up with medical records?**

If I told you there was no requirement that you had to keep MSDS's for thirty years, that would be correct but it would not be accurate. You read up on the hazard communication standard, which is 1910.1200 in the code of regulations. There is another standard that governs Exposure Records. That standard is 1910.1020. That standard makes it clear that MSDS's are considered exposure records, just like medical records.

However, that standard also allows you to substitute chemical inventory and productivity records for MSDS, so you have a choice of which record to retain. Funeral homes don't normally keep chemical inventory records, so in our case, we don't really have that choice. Thus, we are required to maintain MSDS records for thirty years from the date you last used the product.

**Q. I had my hepatitis B shots in 1992. Since it has been twelve years, do I need a booster and if so, do I have to pay for it?**

This is a popular misconception, even in some health-care circles. Let me quote from the CDC on this matter.

*"Current data shows that vaccine-induced hepatitis B surface antibody (anti-HBs) levels may decline over time; however, immune memory remains intact indefinitely following immunization. Persons with declining antibody levels are still protected against clinical illness and chronic disease."*

*"For health care workers with normal immune status who have demonstrated an anti-HBs response following vaccination, booster doses of vaccine are not recommended nor is periodic anti-HBs testing."*

So the employer is not required to pay for testing or booster shots. The CDC and OSHA do not recommend it and do not think it is necessary.

# The Hidden Cost of OSHA Compliance and Employee Safety

By Gary Finch  
Editor

There are two questions I frequently ask groups of funeral directors when I present a program. "What is the main benefit you get from your employee safety program?"

Regardless of the audience size, there is usually a single answer. "It is required because OSHA regulations are law. You can be fined if you do not have written plans and employee safety training programs."

True enough, but I would like to offer a second reason. Accident and injury costs are so high today, it makes good sense for the workforce to be trained in safe work practices.

Numerous studies have proven that employee safety programs reduce accidents. It does not always show up in small workplaces in the first year or two, but it does over the long haul, even in the smallest workplaces.

So what is it worth if your safety program institutes work practice procedures that would reduce accidents? I submit that it is worth a good bit, but don't take my word for it. Just refer to the figures in the charts that are on page 5.

If your workplace has one less needlestick over the next five years, you would save over \$10,000. And that is based on 2003 figures. The fees go up around 15 percent each year.

If you avoided an eye injury, one which required medical treatment, that saved you another \$10,000 plus.

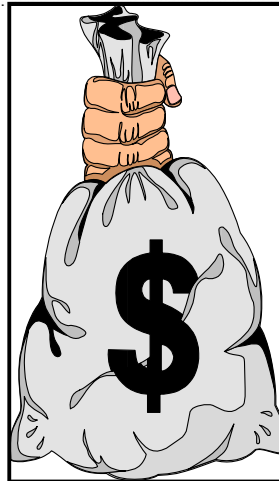
You save \$17,000 for every back injury you avoid. I sometime will ask an audience of funeral directors to raise their hand if they have had a back injury or hernia

that resulted from lifting a body. The normal response is 15 to 25 percent have. That is an epidemic.

So who pays for this? You pay for it. And if you have worker's compensation insurance, it does not mean you do not pay. If anything, you pay more because they earn from what you pay too. However you cut it, on the job injuries are paid for by the employer. As injury costs increase, so does your need for a job safety and accident prevention program.

The second question I will ask is, "What does it cost you to comply with OSHA?". All too often, I hear about my charges and nothing else.

Let me give you a quick 101 on compliance costs. When you pull a workforce out of their normal jobs



*In one fashion or another, it is the employer who pays for employee injuries.*

records, housekeeping and waste disposal, training certificates and a number of OSHA related documents. Finally, add in the time a designated safety officer spends to keep up with changes in OSHA standards or new standards.

I could keep adding to this list, but the point has been made. The fee you pay to Compliance Plus or some other consultant is only a fraction of your overall compliance costs.

So with all of this money being laid out for OSHA compliance and employee safety, who is getting ripped off? The victims are funeral homes that run sloppy safety programs.

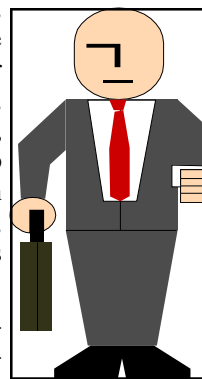
These firms have the PPE, exits, fire extinguishers, eye-washes, and many of the things OSHA requires. But they don't have a program that ties it together. They do not train new employees in the required areas, and they don't conduct the required annual safety training. Some of the employees have shots, but others do not. If OSHA walked in on them, it would be lights out.

I call them victims because all of them have made a commitment to compliance, but in every case, it is a 50 or 75 percent effort, and they never closed the sale. These are the funeral homes that really need a safety consultant. They are so close, yet so far from being there. There are a lot of funeral homes that fall into this category. Don't let yours be one of them.

*"The victims are funeral homes that run sloppy compliance programs."*

to sit in a safety meeting, when they have to drive some distance to that training, or when you purchase training materials, these are compliance costs. So is your emergency eye-wash, drench shower, PPE, and even your prep room sink. You can add fire extinguishers, hand rails, exit markers and other signage.

Program maintenance is a major expense. That includes keeping the MSDS file up to date, all of the employee medical re-



*If OSHA shows up, it's lights out for these funeral homes.*

employee medical re-

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*Compliance Plus is a subsidiary of KISS Compliance Network., Inc. Our corporate name reflects our 'keep it simple stupid' philosophy on OSHA compliance. This month we are proud to launch [kisscompliance.net](http://kisscompliance.net). Visit us on the Internet. Our feature article this month is a projection of 2005 OSHA funeral home inspections on a state by state basis. Anyone can view. Visitors can request a complimentary issue of *The ALERT*. You will also find our corporate history and biographies on three licensed funeral directors and embalmers that make up the Compliance Plus staff.*

*We invite calls from funeral homes interested in an OSHA compliance program.*

*Gary Finch, President 800-950-1101*

## **New Alternative Wound Closure Products**

I'll admit it. When OSHA added sharps safety to the bloodborne pathogen standard in 2002, I was a skeptic. It might have been fine for healthcare, but most of the products hitting the marketplace were not appropriate for funeral homes. We had all of the paper work and none of the benefits. I was not sure there ever would be products introduced that would be adaptable to our needs.

Following is a list of new products to hit the market place. I am not aware if any of them are offered by our industry suppliers.

Clozex® Wound Closer - Manufactured by Clozex Medical LLC

The Clozex Wound Closer has been used by plastic surgeons. It works on surgical incisions up to 80 mm. It gives a cleaner and straighter seam than a sutured seal, and it is a good bit faster. You can see a video demonstration of this product at [www.clozex.com](http://www.clozex.com). This seems to be a very impressive product.

DermaSeal® Skin Closure Strips - from Personna Medical

These strips are listed on the International Health Care Workers Safety Center. They are advertised to be reinforced and flexible.

Dermabond Topical Skin Adhesive - from Ethicon, Inc.

They are also on the IHCWSC list. This may be another Super Glue type adhesive or it may be something different.

It should be noted that the products listed here are new and probably are not even available to our suppliers at this time. However, I intend to give Southland Medical a heads up on the wound closer. Also listed on this site are Blunt Suturing Needles. This product is intended for internal suturing through soft tissue. It is not designed to suture through skin.