



Quad Cities Chapter American Society of Safety Engineers

**In January will be having the Holiday Social
and a traditional meeting.**
Details will be coming out soon.

Update Contact Information

Contact Diana Gilbert @ dlg1127@aol.com to up-date your e-mail address to receive the newsletter by e-mail, and emails from ASSE if you are not currently doing so.

We are always looking for input into the newsletter to better serve our members. Please send newsletter contributions to Diana Gilbert.



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**WHAT DO
YOU SEE?**

OSHA Embraces Leading Indicators

In the future, employers will need to deal with federal safety law compliance from an entirely new perspective. OSHA has announced it is moving away from relying on past employer safety data, or lagging indicators, to focus its enforcement efforts on what it defines as leading indicators.

Up until now, the agency chose to focus on “OSHA recordables,” or the number of work-related injuries contained in an OSHA 300 log, to assess safety in workplaces. “Leading indicators can play a vital role in preventing worker fatalities, injuries & illnesses & strengthening other safety & health outcomes in the workplace,” OSHA says. “Leading indicators are proactive & preventive measures that can shed light about the effectiveness of safety & health activities & reveal potential problems in a safety & health program.” On the other hand, the lagging indicators most employers are familiar with measure only the occurrence & frequency of events occurring in the past, such as the number or rate of injuries, illnesses & fatalities, the agency points out.

“While lagging indicators can alert you to a failure in an area of your safety & health program or to the existence of a hazard, leading indicators are important because they can tell you whether your safety & health activities are effective at preventing incidents.” “A good safety & health program uses leading indicators to drive change & lagging indicators to measure effectiveness.” OSHA also stresses applying leading indicators can improve organizational performance in a variety of ways. Employers may find they can prevent workplace injuries & illnesses; reduce costs associated with incidents; improve productivity & overall organizational performance; optimize safety & health performance; & increase worker participation.

How Leading Indicators Work

To assist employers in learning about the use of leading indicators in more detail, OSHA has published an 18-page detailed guide called: “[Using Leading Indicators to Improve Safety & Health Outcomes](#).” “Leading indicators are a valuable tool regardless of whether you have a safety or health program, what you have included in your program, or what stage you may be at in your program. “There is no ‘one size fits all’ way to use leading indicators. The guide explains three approaches for developing leading indicators: using data already collected to achieve a safety or health goal; controlling an identified hazard; & for improving a safety & health program element.

According to OSHA, leading indicators are based on data employers already are collecting. OSHA has scheduled a stakeholders meeting, to discuss the development & to seek answers from employers to the following questions:

- To what extent are leading indicators used in your workplace?
- Do you use leading indicators as a preventative tool for fixing workplace hazards, or as a tool for improving performance of your safety & health program?
- What leading indicators are most important in your workplace? Why were these indicators chosen?
- How do you determine the effectiveness of your leading indicators? How do you track your leading indicators?
- What leading indicators are, or could be, commonly used in your industry?
- What challenges, if any, have you encountered using leading indicators?
- How many employees are at your facility, & how many are involved in tracking leading indicators?
- How has the use of leading indicators changed the way you manage your safety & health program or other business operations?
- What should OSHA do to encourage employers to use leading indicators in addition to lagging indicators to improve safety management?

The new leading indicator policy is just the latest in changes the agency has made to its enforcement policy & practices. OSHA also recently began using a new system for [weighing & measuring enforcement priorities](#) that now includes added emphases depending on the type of hazard inspected & whether the actions were taken in pursuit of the agency’s enforcement initiatives.

David Sparkman | Nov 05, 2019

Recognizing on-the-job impairment

When you hear the words “impairment at work,” alcohol or substance abuse likely comes to mind. According to the Canadian Center for Occupational Health & Safety, impairment encompasses much more. Issues that may distract a person from focusing on their tasks include those relating to family or relationship problems, fatigue (mental or physical), traumatic shock, medical conditions or treatments, harassment, bullying, having an unresolved problem with a co-worker, or being distracted by a non-work-related event.

If an employee is experiencing impairment, their ability to work safely could be compromised by diminished cognitive abilities & judgment. They may exhibit erratic behavior, such as overreacting to criticism or being confrontational. If the employee’s impairment is because of alcohol-related issues, he or she may slur words, have an unsteady gait or smell of alcohol. The impaired worker may consistently be late, show a reduction in productivity or quality of work, or work in an unsafe manner.

What to do? CCOHS recommends educating workers on recognizing the signs & symptoms of impairment, & knowing how to report concerns to a supervisor. Likewise, once a supervisor has been alerted a worker is showing signs of impairment, they must take action right away. CCOHS recommends:

- Taking the employee to a private area to discuss concerning behavior. (If the worker needs help right away, go to the nearest emergency room or call 911.)
- Having another supervisor or designated person be present as a witness.
- Making sure the worker knows you’re not there to judge, & you’re concerned about their safety & the safety of others. Reassure the worker everything will be kept confidential. Ask the worker to explain what’s going on.

Depending on the situation, you’ll need to discuss the next steps. Follow your organization’s impairment policy. If necessary, notify senior management or a union representative of the situation. (Learn more about creating an impairment policy at ccohs.ca/oshanswers/hsprograms/impairment.html.)

It helps to be familiar with resources that can help affected workers, such as an Employee Assistance Program. Encourage use of all available support programs, & help the worker seek treatment, if possible. Does the worker need to leave the jobsite? If so, call a taxi or arrange an escort home – don’t allow the worker to drive.

First Aid Kit Requirements

Key points

- A revision to the standard, ANSI/ISEA Z308.1-2015, took effect in June 2016 & introduced two classes of first aid kits based on the quantity & assortment of supplies. “Class A” kits generally are suitable for all wounds, minor burns & eye injuries. “Class B” kits are designed to treat injuries more often found in densely populated workplaces with complex &/or high-risk environments, such as warehouses, factories & outdoor areas.
- Experts note that industrial distributors of PPE & safety equipment offer ANSI/ISEA-approved first aid kits, as do first aid organizations & suppliers of fire extinguishers.
- The ANSI/ISEA standard doesn’t allow for assembling supplies piecemeal to create a compliant kit. Workers may not subtract from the minimum kit requirements, but can add to it based on work environment.

“In the absence of an infirmary, clinic or hospital in near proximity to the workplace which is used for the treatment of all injured employees, a person or persons shall be adequately trained to render first aid. Adequate first aid supplies shall be readily available.” This wording comes directly from OSHA, in its medical service & first aid standard (29 CFR 1910.151). However, agency standards don’t list specific contents for first aid kits. OSHA guidance merely reiterates that supplies must be adequate & reflect common injuries related to the work environment. Kits must be stored in an easily accessible area in case of emergency.

Does OSHA guidance have any supply-related requirements pertaining to first aid kits?

OSHA cites the ANSI/ISEA standard as a recommended, non-mandatory resource. In an April 2002 letter of interpretation, the agency offered further insight: “The contents of the first aid kit listed in ANSI Z308.1 should be adequate for a small worksite. ... However, larger or multiple operations should consider the need for additional first aid kits, additional types of first aid equipment & first aid supplies in larger quantities. You may wish to consult your local fire & rescue department, an appropriate medical professional, your local OSHA area office, or a first aid supplier for assistance in putting together a first aid kit which suits the needs of your workplace. You should also periodically assess your kit & increase your supplies as needed.”

What supplies should be in my first aid kit?

A revision of the ANSI/ISEA standard, Z308.1-2015, took effect in June 2016 & introduced two classes of first aid kits. Identified as “Class A” & “Class B,” the kits are based on the quantity & assortment of supplies. Minimum kit requirements:

SUPPLY	MINIMUM QUANTITY		MINIMUM SIZE/VOLUME	
	Class A	Class B	United States	Metric
Adhesive bandages	16	50	1 x 3 in.	2.5 x 7.5 cm
Adhesive tape	1	2	2.5 yds. (total)	2.3 m
Antibiotic application	10	25	1/57 oz.	0.5 g
Antiseptic	10	50	1/57 oz.	0.5 g
Breathing barrier	1	1	N/A	N/A
Burn dressing (gel soaked)	1	2	4 x 4 in.	10 x 10 cm
Burn treatment	10	25	1/32 oz.	0.9 g
Cold pack	1	2	4 x 5 in.	10 x 12.5 cm
Eye coverings (w/means of attachment)	2	2	2.9 sq. in.	19 sq. cm
Eye/skin wash	1 fl. oz. total			29.6 ml
		4 fl. oz. total		118.3 ml
First aid guide	1	1	N/A	N/A
Hand sanitizer	6	10	1/32 oz.	0.9 g
Medical exam gloves	2 pair	4 pair	N/A	N/A
Roller bandage (2-inch)	1	2	2 in. x 4 yd.	5 cm x 3.66 m
Roller bandage (4-inch)	0	1	4 in. x 4 yd.	10 cm x 3.66 cm
Scissors	1	1	N/A	N/A
Splint	0	1	4 x 24 in.	10.2 x 61 cm
Sterile pads	2	4	3 x 3 in.	7.5 x 7.5 cm
Tourniquet	0	1	1 in. (width)	2.5 cm (width)
Trauma pads	2	4	5 x 9 in.	12.7 x 22.9 cm
Triangular bandage	1	2	40 x 40 x 56 in.	101 x 101 x 142 cm

Kits in compliance with Z308.1-2015 feature supplies arranged in uniform, color-coded boxes to ease organization: Blue for antiseptics, yellow for bandages, red for burn treatment, orange for PPE & green for miscellaneous items. In addition, kits are organized into one of four types based on work environment:

- **Type I:** Containers are mountable & intended for stationary, indoor settings.
- **Type II:** Portable & intended for indoor use.
- **Type III:** Must be portable, mountable & have a water-resistant seal.
- **Type IV:** Must be portable, mountable & waterproof.

Where can I buy an ANSI/ISEA-approved first aid kit?

Most industrial distributors of PPE & safety equipment offer compliant kits, also first aid organizations or suppliers of fire extinguishers are possible resources.

Can I assemble my own kit & be in compliance with ANSI/ISEA Z308.1?

No. Workers also can’t subtract from the minimum requirements of the kit, but may add to it based on expected injuries in a work environment. Examples of possible scenarios:

“People who work for utility companies might expect more thermal burns or electrical burns, so a kit could cater to that.” “Or, if you’ve got people working out in a forested area & it’s going to be pretty remote, then maybe having splints & other things that you might have to have because there’s nothing else (e.g., a nearby hospital) that’s really available.”

An AED is a common addition, experts say, as sudden cardiac arrest can be a hazard among workers across all industries. “All worksites are potential candidates for AED programs because of the possibility of SCA & the need for timely defibrillation,” OSHA states. “Each workplace should assess its own requirements for an AED program as part of its first aid response.”

Are any actions on the horizon for the standards?

OSHA is not planning any revisions or updates to its medical services & first aid standard, agency spokesperson Kimberly Darby confirmed in a Sept. 25 email. The ANSI/ISEA Z308.1 standard, however, may undergo changes. Fargo said the ANSI/ISEA first aid product group currently is assessing which areas or trends might need to be addressed for the next revision to the Z308.1 standard, adding that the group plans to update the document by the end of 2020.

HELP WANTED

To view the job listing please place cursor on the job title and then control + click.

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- [EHS Summer Intern, Dubuque IA](#)
- [Safety & Health Manager, Good Hope IL](#)
- [EHS Intern, Rockford IL](#)
- [Safety Manager – Transportation, Cedar Rapids, IA](#)
- [Safety & Quality Manager, Rockford IL](#)
- [EHS Manager, Streator IL](#)

See more job listings like these on the members' only page located at <http://members.asse.org> or <http://qc.asse.org/jobs/>

Pure Safety Group issues recall of fall protection devices

Houston — Pure Safety Group has issued an immediate recall and stop-use alert for its Guardian Fall Protection and Web Device 3-Way Rescue and Retrieval Self-Retracting Lifeline units. [Read more](#)

OSHA's Top 10 most cited violations for 2019

Safety+Health presents the data on OSHA's "Top 10" for fiscal year 2019. Also: An exclusive Q&A with Patrick Kapust, deputy director of the agency's Directorate of Enforcement Programs. [Read more](#)

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ASSP Educational Events Calendar

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SafetyFOCUS 2020

Spend a week taking immersive, engaging courses to improve your career. February 13-20 in Las Vegas, NV for more information visit https://safetyfocus.assp.org/?_ga=2.14105522.425818995.1573229374-652769593.1573229374

New Video; See How & Why OSHA conducts an inspection

[English](#) [Español](#)

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