

SAFETY ZONE

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POINTS OF INTEREST

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Amber: "Learn CPR and First Aid—it can save a person's life or prevent further injury."

TOM'S CORNER: A MESSAGE FROM THE COUNTY SAFETY OFFICER

On Thursday, January 3, 2002 the County Safety Office offered the "new" CPR and First Aid Training course, as required by the American Red Cross. CPR now consists of 4—10 question quizzes, with an emphasis of preventing disease transmission by using breathing barriers, protective gloves and washing hands. Cleaning up blood spills and disposal of contaminated materials in "approved" biohazard containers is also covered.

Training presentation has changed as follows:
1. Initial CPR and CPR re-certification is now combined; class runs from 8:00 A.M.

until 2:00 P.M., approximately.

2. 1st Aid will be offered immediately after CPR and will run to 5:00 P.M., approximately. First Aid requires a 10 question quiz, in addition to the hands-on skills evaluations.

3. There are new videos; a new Student Booklet and a First Aid Skills Card the student takes with after class.

4. Automated External Defibrillator (AED) Certification is available upon a departments request. Allow an additional hour of training. **IMPORTANT:** Your current First Aid and CPR cards are still valid to the expiration date indicated on them.

HYPERTENSION—"The Silent Killer"

High Blood Pressure (hypertension) is known as the "Silent Killer" because often the patient does not experience any obvious symptoms. However, if high blood pressure is left untreated, it may lead to complications such as heart attack, congestive heart failure, stroke or kidney disease.

It is estimated that as many as 50 million Americans have high blood pressure. Because it usually has no symptoms, only half of those who have it know about it. Worse still, up to half of these who know they have it may not be taking adequate measures to control it.

There is no magic formula for determining whether you may be at risk

of developing high blood pressure. Anyone in any walk of life, no matter his or her lifestyle, can develop it, although a healthy lifestyle can help control high blood pressure. There are, however, certain groups who have a slightly higher risk of high blood pressure. Those who consume excessive amounts of alcohol, sodium or the physically inactive, are a few that quickly come to mind. Consult with your doctor to see if you may be at risk.

The commonly held image of a person with high blood pressure is someone who is nervous, anxious or angry and who seems like they're about to blow his or her top. While being "tense" or "stressed" can cause high blood pressure, it can also occur in even the most calm, serene people. The only way to

By Becky Perkins, OHNC

find out if you have high blood pressure is to have a regular blood pressure check!!

It is important to have your blood pressure checked regularly. If you are diagnosed with high blood pressure, there are many ways you can be treated. Discuss with your healthcare provider these treatments which may include changes in diet (eating more fruit, vegetables, grains and low-fat dairy foods, limiting salt in-take) quitting smoking, losing weight, getting regular exercise and taking medication.

High blood pressure is usually quite controllable, but left to its own device, can cause irreparable harm to your body.

CONFINED SPACE

By Pat English, Safety Coordinator

Confined spaces are those that, by design, have limited openings for entry and exit, unfavorable ventilation, and are not intended for continuous occupancy by employees. They come in a variety of configurations (enclosed, restricted or confined) and pose a variety of hazards.

Confined spaces may include storage tanks and compartments, process vessels, pits, silos, vats, boilers, ventilation and exhaust ducts, sewers, tunnels, underground utility vaults, pipelines, and other like structures. To be considered a confined space, a work area must have one or more of the following:

1. A hazardous atmosphere,
2. Materials that can engulf an entrant,
3. Hazardous internal configurations,
4. Any other recognized serious safety or health hazard

Occupational injuries and illness associated with confined spaces are:

- Inhalation of harmful substances,
- Oxygen depletion,
- Engulfment in materials.

According to the National Safety Council, an analysis by the Bureau of Labor Statistics from 1992 through 1999, for enclosed, restricted or confined spaces resulted in the following occupational injuries on average:

- 38 annual deaths and 78 non-fatal accidents due to inhalation of harmful substances,
- 7 deaths annually for oxygen depletion,
- 58 fatalities and nearly 240 non-fatal injuries annually for engulfment in materials.

Inhalation of harmful substances is something easily avoided if you have an emergency plan and follow it. Injuries and liability often results from a failure to follow through on plans or proce-

dures that are in place. The development of your emergency plan should begin with an evaluation of your environment that focuses on determining which process, operation, jobs or tasks would most likely result in exposure, then establish controls such as:

1. ENGINEERING CONTROLS

- Air sampling equipment
- An industrial vacuum cleaner with a HEPA filter
- Exhaust ventilation fans
- Air curtains in areas where large concentrations of inhalants may be present
- Personal Protective Equipment (PPE) - respiratory protection, gloves, coveralls, booties, head cover—caps, etc.

- Safety signage

2. ADMINISTRATIVE CONTROLS:

- Training on emergency plans and procedures
- Permitting
- Inspection of the site prior to commencement of work activity, on-going during activity, and upon conclusion of the work.
- Strategies should be developed to limit the number of persons working in or near the inhalant hazard.
- Restrictions should be in place to limit the number of people entering areas when secondary exposures to inhalant particles may be generated.

An oxygen-deficient (asphyxiating) atmosphere is one in which there is not enough oxygen to sustain normal respiratory functions. A normal atmosphere consists of approximately 21% oxygen, 78% nitrogen, 1% argon, and very small traces of other gases. Decreased levels of oxygen will cause discomfort, decreased performance, injury or even death. When the oxygen level drops below approximately 19.5%, a worker will experience an increase in breathing volume and increased heart

rate—a hyperventilating reaction.

Engulfment in materials most commonly occurs during excavation and because of a lack of proper inspection and cave-in protection. The primary purpose of trench inspections is to identify the type of soil; Cal/OSHA has three classifications of soil defined as:

- **Type A**—Cohesive soils with an unconfined, compressive strength of 1.5 ton per sq ft or greater. Example: clay, silty clay, sandy clay, clay loam, also, cemented type soils such as caliche and hardpan.
- **Type B**—Is layered soil, meaning different types of soil, and one on top of another.
- **Type C-1**—Is unconfined soil with a compressive strength of 0.5 tsf or less,
- **Type C-2**—Granular soils including gravel, sand, and loamy sand,
- **Type C-3**—Submerged soil or soil from which water is freely seeping,
- **Type C-4**—Submerged rock that is not stable, or
- **Type C-5**—Material in a sloped, layered system where the layers dip into the excavation or a slope of four horizontal to one vertical or steeper.

If your work involves working in confined spaces consider the following safety precautions:

- Consistently follow approved training, signage, permitting, inspection and ventilation plans,
- Conduct thorough pre-entry and ongoing checks for possible inhalants, harmful substances, and other hazards,
- Check safe oxygen levels for a confined space: 19.5 % to 23.5%, and
- Never smoke or carry smoking materials into a confined space.

Safety Inspection Tips By Steve Hutchings, Safety Coordinator

The **County Safety Office** conducts safety inspections at all County facilities where County employees are located, some of the inspections are unannounced and It is important these inspections are not taken lightly. The main objective here is a safe work environment for all employees and the public.

Most department's facilities do well and have no major hazards noted during their annual safety inspection. However, some facilities continue to have "repeat violations" each inspection. We point out safety violations to help you and your facilities to better prepare for these inspections and it is up to you to correct them.

It is important that discrepancies are addressed within the 30-day period by corrective actions or a letter of "intent to correct", to the County Safety Office, explaining how and when it will be corrected, as some items may require bids, work-orders or special services to correct. Regardless, start corrections immediately. Don't wait for a written inspection report .

The following is a list of items that must be in place or accomplished prior to an inspection.

Do You Have The Following In Place?

1. **County Safety Manual**—*Accessible to all employees at all times; and updated.*

2. **Disaster/Emergency Action Plan**—*Accessible at all times; designed specifically for your facility*

3. **Hazard Communication Plan/ Material Safety Data Sheet (MSDS)** - *Accessible at all times, in a "Yellow" binder.*

4. **Monthly Safety Meeting Minutes**—*Accessible at all times, signatures of persons attending; topics covered.*

5. **Monthly Safety Self-Inspection Documents**—*Accessible at all times; done monthly and signed.*

6. **Emergency Evacuation Drills** for April and October of each year—*Accessible at all times; signatures of persons participating; evaluation of drill.*

7. **All Employee Rights and Safety Posters**—*Accessible and unobstructed at all times; no copies, originals only.*

8. **Injury Illness Prevention Program (IIPP)**—*An IIPP will be established for each department and/or each facility—site specific, when required.*

Some of the most frequently found discrepancies are as follows:

1. **Safety Self Inspections:** The safety self-inspections should be done monthly, documented, retained and presented when asked for during an inspection by outside agencies or

the County Safety Office.

2. **MSDS Binder:** You must have an MSDS (Material Safety Data Sheet) for all products used in your office that may cause fire or health problems if ingested, inhaled or contact with skin such as toners, color markers, ink pads, all aerosols and all household cleaners, as examples.

3. **Shelves and Cabinets:** All cabinets and shelving higher than five feet will be secured. Items stored or placed on top must also be secured to prevent from falling. Additionally, any cabinet or shelf unit that is less than five feet, which may fall in an path of egress, must also be secured.

4. **Monthly Fire Extinguisher Inspections:** This must be done every month. Inspect the fire extinguisher for damage, service or charged. Report any needed service. Initial the card and write-in the date inspected.

5. **Minimum 24" Pathway Clearance:** A twenty-four-inch minimum clearances is always needed between office furnishings.

Refer to your County Safety Manual for guidelines or contact the County Safety Office and our staff will assist you in the items mentioned.



Saying . . . "I Love You" . . . To Express . . . Happy Valentines Day

English: *I Love you*

French: *Je t'aime*

Spanish: *Te amo*

Italian: *Ti amo*

Japanese: *Ai shite imasu*



German: *Ich liebe dich*

Portuguese: *Eu te amo*

Korean: *Sarang hae*

Hawaiian: *Aloha wau la oe*

Punjabi: *Main tuhanoo pyar kar da haan*



Thai: *Chun ruk ter*

Czech: *Miluji ti*

Chinese: *Wo ai ni*

Eskimo: *Naglivaget*

Arabic: *Anee ba habak*



COUNTY SAFETY OFFICE

3901 Lime Street
Suite #100
Riverside
Office Hours: Monday—Friday
7:30 A.M. to 5:30 P.M.

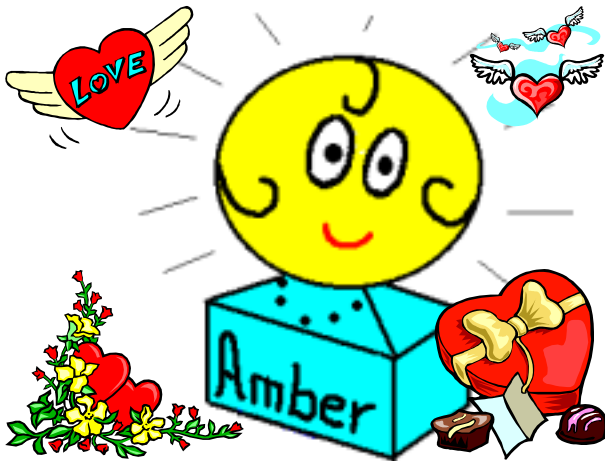
Phone: 909-955-3520

Fax: 909-955-9200

Email: Safety Office Publications

Safety Hotline: (909) 955-5868

Web site: <http://intranet.co.riverside.ca.us/safety>



AMBER: "Surprise someone special—Let them know . . . they are special"

County Safety Office Staff are available to assist you at all times. Our office is in the (909) area code, on MICRO and all have Email.

COUNTY SAFETY OFFICER

Tom Sproal, County Safety Officer 955-5859

Safety Personnel

Mike Bowers, RCRMC Safety Coordinator 486-4689

Ken Brooks, Safety Coordinator 955-9205

Pat English, RCSD Safety Coordinator 955-2493 or 955-5853

Lou Giantonio, Safety Coordinator 955-3522

Tony Gonzales, Safety Coordinator 955-5881

Steve Hickam, Safety Specialist II 955-5892

Steve Hutchings, Safety Coordinator 358-5272 or 955-3521

Art Pereida, Safety Coordinator 955-5883

Becky Perkins, Occupational Health Nurse Consultant 955-5854

Dave Rich, Safety Coordinator 955-9527

Joe Salinas, Transportation Safety Coordinator 955-6788

Brian Teig, Safety Specialist II 955-5880

Safety Office Support Personnel 955-3520

Tawni Grubbs, OA III

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Jan Zimmermann, OA II

Driving to distractions

By Joe Salinas, Safety Coordinator

Driving may be the last thing on many motorists' minds to safety's detriment. Researchers are finding out that inattention and distraction may play a bigger role in traffic crashes than anyone previously imagined. Calling the boss from a cell phone is an activity that clearly interferes with the safe operation of driving.

The National Highway Traffic Safety Administration (NHTSA) estimates that driver distraction is involved in 20 to 30% of crashes. When one considers the speeds that vehicles usually travel on the freeways and roads, a distraction can lead to a crash.

Many believe that the percentages above are conservative, It's not really

known what the magnitude of the problem is. Finding out is proving difficult. Unlike alcohol or drugs, driver distraction can't be detected in blood or breath test. Providing a distraction role in a crash often depends on the driver admitting his or her actions. Of 32,303 vehicle crashes studied, 35.9% couldn't be determined or attributed to driver inattention. The NHTSA, conducted a study on the effects of distractions on drivers. The study found that 49% of drivers were inattentive. More than 8% were distracted. Of those, 29% were distracted by something outside of their vehicle. 11.4% were distracted by passengers. Other activities, each pertaining to less than 5% of distracted drivers, included moving objects in the vehicle, adjusting

vehicle or climate controls, eating or drinking, and smoking. Cell phone use was the reported distraction for just 1.5%.

The findings do not exonerate the use of cell phones while driving. A study conducted in the state of North Carolina identified 42 cases that were directly attributed to distractions caused by the use of cell phones by the vehicle operators. Drivers don't admit to being distracted, especially by cell phones. After all who wants to admit they were involved in a crash while on a cell phone. Regardless of the final percentages as to whether or not cell phones distract vehicle operators, no phone call is worth a life. It's more an issue of individual responsibility. Safety is first.