



AMERICAN SOCIETY OF SAFETY PROFESSIONALS

Connecticut Valley Chapter

MAY

MONTHLY OBSERVANCES

Water Safety Month
 Building Safety Month
 Healthy Vision Month
 Sun Safety Week (4-10th)
 Women's Health Week (10-16)
 Mother's Day (10th)
 Heat Awareness Day (29th)

Sun Safety Facts

- The sun is strongest -- and most dangerous -- between 10:00 a.m. and 4:00 p.m.
- The minimum SPF number recommended by the AAD is 30.
- Surfaces such as sand or water reflect up to 85 percent of the sun's damaging rays. It's especially important to protect your skin and eyes around these surfaces.
- Sunscreen takes about half an hour before the chemicals can begin working to protect the skin.
- About 23 percent of lifetime sun exposure occurs before the age of 18.

Home Offices & OSHA

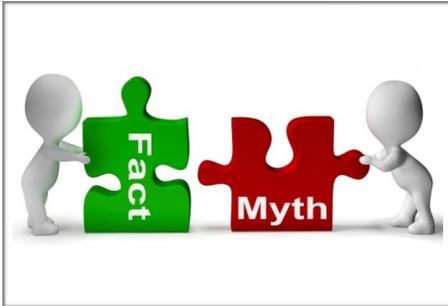
While employers' responsibilities for the safety and health of their at-home workers is less than those in the office or onsite, some do still exist. OSHA distinguishes between home offices and other home workplaces.

OSHA's compliance directive on home offices is pretty clear:

- OSHA will not conduct inspections of employees' home offices.
- OSHA will not hold employers liable for employees' home offices, and does not expect employers to inspect the home offices of their employees.
- If OSHA receives a complaint about a home office, the complainant will be advised of OSHA's policy. If an employee makes a specific request, OSHA may informally let employers know of complaints about home office conditions, but will not follow-up with the employer or employee.

How do I decide if a case is work-related when the employee is working at home? Injuries and illnesses that occur while an employee is working at home, including work in a home office, will be considered work-related if the injury or illness occurs while the employee is performing work for pay or compensation in the home, and the injury or illness is directly related to the performance of work rather than to the general home environment or setting.





Vision Myths

Myth 1: Eating carrots will improve your vision. False. While eating foods rich in vitamin A can help you maintain good eyesight, it won't improve your vision or keep you from needing glasses

Myth 2: Using computers can damage your eyes. False. Looking at a computer screen will not harm your eyes, but doing so without breaks can contribute to eyestrain, tired eyes or dry eyes.

Myth 3: Reading in the dark will damage your eyes. False. While reading in low light may cause eye fatigue and, possibly, a headache, it cannot cause permanent damage.

Myth 4: Eye exams are not necessary unless you are having an eye problem. False. There are many silent enemies of the eyes – glaucoma, macular degeneration, diabetes and hypertension to name but a few – that only a routine eye examination can pick up. It is recommended to have an eye exam every 2 years for people under 65 and yearly when over 65.

FUN FACTS

- Your eyes blink around 20 times a minute. That's over ten million times a year!
- Earwax is actually a type of sweat!
- North Korea and Cuba are the only places you can't buy Coca-Cola.
- There are only three countries in the world that don't use the metric system. Liberia, Myanmar, and the United States.
- California is home to the "Artichoke Capital of the World"
- Shakespeare invented the name Jessica. The electric chair was invented by a dentist.
- In Welsh folklore, corgis transported fairies.
- A jellyfish's mouth is also its anus.
- France didn't stop executing people by guillotine until 1977.
- Karaoke means "empty orchestra" in Japanese.
- The king of hearts is the only king without a mustache.
- Catfish are the only animals that naturally have an odd number of whiskers.
- The voices of Yoda and Miss Piggy were done by the same person.
- The fur of polar bears is not white but transparent.
- On average you fart enough in one day to fill a party balloon.
- The average nose produces about a cupful of nasal mucus every day!



CAPTION CONTEST

Join Us! The object of the contest is to write the funniest “safety related” caption to accompany the Safety Photo of the Month.

The winning caption for the March photo is: “Not another shameless plug....” submitted by Josh Muszynski. Thank you for your entry and sense of humor Josh!



The May photo in need of a caption is:



Submissions should be emailed to Laura Casey and place “Caption Contest” in the subject : casey@safeconsolutions.com



Bleach and Water for Decontamination By Chip Darius

Under the new COVID-19 protocols, many employers have employees handling and dispensing bleach, mixing bleach & water solutions, and spraying bleach & water solutions using spray bottles. Fire/Rescue organizations are using a special pressurized delivery system with self-contained breathing apparatus bottles to quickly disinfect ambulances and rescue vehicles.

Safety Data Sheets (SDS) and product labels tell us that bleach is a corrosive chemical which can cause injuries to eyes, skin and respiratory system. There is the possibility of bleach or bleach & water solution getting into the eyes or face of employees during use.

OSHA standard 29 CFR 1910.151(c) states, “Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.” OSHA determines whether facilities are “suitable” by referring to ANSI standard Z358.1-2014, American National Standard for Emergency Eyewash and Shower Equipment. A suitable eyewash station must deliver at least 15 minutes of flow at a specified rate. Note that a regular shower is not considered a drench shower because the flow rate is too low.

The gold standard is a plumbed eyewash/drench shower station with automatic tempering so that all water delivered is at a tolerable temperature. Given the ongoing nature of this public health emergency, employers should be planning to meet this need for months, or longer. Here is an example:

As an interim measure or where the entire body may not be at risk, to protect only the eyes and face, a freestanding unit such as this one can be hung on the wall:



Freestanding units come in 2 styles: cartridge or user-filled. Cartridge units have a bag of solution which requires no ongoing maintenance, is typically changed at 6 month intervals, and if activated the bag must be replaced. User-filled units must be filled with water and have an anti-microbial agent added, and the solution must be drained and changed at typically 3 month intervals. Cartridge units are higher cost per bag but lower maintenance; user-filled are lower cost per unit but higher maintenance. There is no temperature control with freestanding units.

Given the chemicals in use, one of the above must be provided where employees are at risk for exposure to these chemicals. ANSI Z358.1-2014 section 5.4.2 requires the unit to be in accessible locations that require no more than 10 seconds to reach, on the same level as the hazard, with the path of travel free of obstructions.

Employers should consider the need for eyewash/drench shower stations as part of their risk management response to COVID-19. Units are readily available from a wide variety of safety equipment vendors. Safety professionals provide risk management, safety and health advice, and OSHA compliance support for employers. Any employer with questions or comments on the subject matter covered in this article may contact the ASSP Connecticut Valley Chapter at vp@ctvalley.assp.org.

Counterfeit Respirators / Misrepresentation of NIOSH Approval **By Laura Casey**

The global COVID-19 pandemic has created an unprecedented need for respiratory protection. Suppliers around the globe, even unusual suppliers are trying to respond to the call. Unfortunately, that opens the door for scams and those willing to leverage our collective vulnerabilities. On April 28th the CDC released a publication detailing how to identify a NIOSH approved respirator in light of counterfeit respirators flooding the market. Here are some excerpts of their publication. [For the full text, visit www.cdc.gov]

NIOSH-approved respirators have an approval label on or within the packaging of the respirator (i.e. on the box itself and/or within the users' instructions). Additionally, an abbreviated approval is on the FFR itself. You can verify the approval number on the NIOSH Certified Equipment List (CEL) or the NIOSH Trusted-Source page to determine if the respirator has been approved by NIOSH. NIOSH-approved FFRs will always have one the following designations: N95, N99, N100, R95, R99, R100, P95, P99, P100.

Signs that a respirator may be counterfeit:



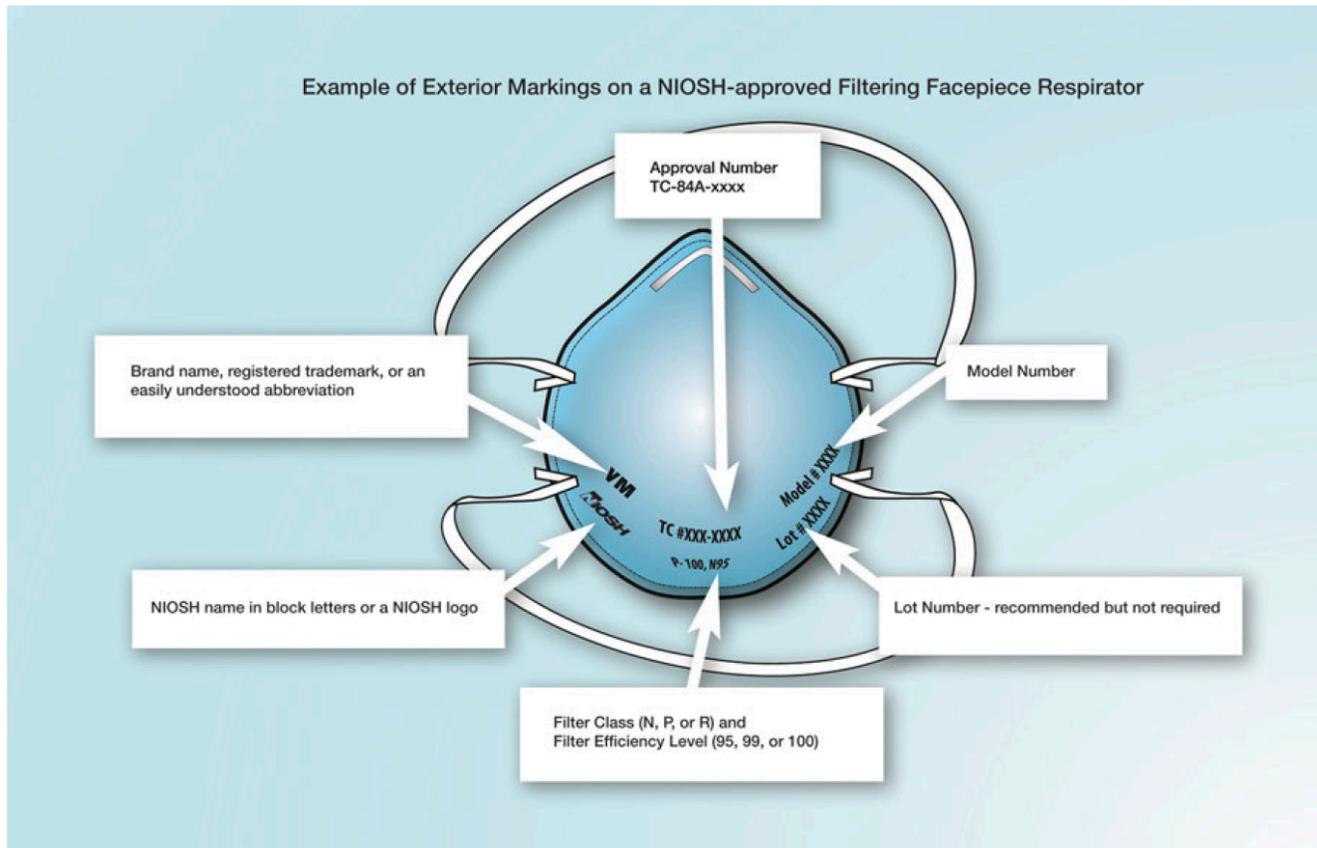
- No markings at all on the filtering face-piece respirator
- No approval (TC) number on filtering face-piece respirator or headband
- No NIOSH markings
- NIOSH spelled incorrectly
- Presence of decorative fabric or other decorative add-ons (e.g., sequins)
- Claims for the of approval for children (NIOSH does not approve any type of respiratory protection for children)
- Filtering face-piece respirator has ear loops instead of headbands

The full document is full of sample photos of the counterfeits in an effort to draw attention to the details that differentiate the counterfeits from the actual NIOSH approved devices. Some sample photos are presented here:



The document then provides guidance on how to identify actual NIOSH approved devices by providing this illustration:

Example of the Correct Exterior Markings on a NIOSH-Approved Filtering Facepiece Respirator



Please be vigilant if your stock runs low and you are searching for alternative sources of PPE during the pandemic.

The Bottom Line - By Ed Zimmer

Hello fellow CT Valley Safety Professionals. As of this writing, both CT & MA non-essential employees are still working from home. Safety Professionals are relied upon to define and design safe work practices. This holds more true now than ever before. I work with a janitorial firm and we have been helping our clients to plan on re-opening their buildings. The planned amount of downsizing as well as removal of cubicles and conference rooms is staggering. The “new normal” will definitely be new to many of us.



I hope that you and yours are staying healthy. Personally, I have known two people that have died due to complications of COVID-19. So please follow CDC guidelines and wear your masks when in public.

Also, as of this writing, the election of the 2020-2021 Officers has not been finalized. Be sure to check your website (<https://ctvalley.assp.org/>) for updates. Speaking of officers, we are planning a Past Presidents dinner and Officer Transition meeting at Bridgeport (CT) Brewing on July 16. More info will be posted on the website, so watch the website for more info.

Speaking of meetings, Walt Tucker's meeting/talk for April 23 has been rescheduled to June 18. Keeping fingers crossed on this date. The Joint CT ABiH meeting scheduled at Mystic Aquarium for May 7 has been rescheduled for June 30. Tickets already purchased will be good for the new dates. These dates may need to move to the right as they are COVID-19 precautions dependent. Please hold off on requesting a ticket refund until we get closer to the event date.

Bottom line: Stay healthy and check your Chapter website often to stay in the know.

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|---|--|
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