

## Chapter Officers and Committee Chairs

### Chapter President

Nate Fague [nathanfague@gmail.com](mailto:nathanfague@gmail.com)

### President Elect

Allison Bresloff [allibrez@gmail.com](mailto:allibrez@gmail.com)

### Vice President

Walt Tucker [walt.tucker@att.net](mailto:walt.tucker@att.net)

### Secretary

Mike Stanczyk [mikes@mcpheeusa.com](mailto:mikes@mcpheeusa.com)

### Treasurer

Tom Benedict [tbenedict99@comcast.net](mailto:tbenedict99@comcast.net)

### Past President

Marc Nettleton [mnettleton@themdc.com](mailto:mnettleton@themdc.com)

### Western MA Section Chair

Maryanne Steele [msteele@ehs.umass.edu](mailto:msteele@ehs.umass.edu)

### Membership Chair

Sylvia Malinski [smalinski1@msn.com](mailto:smalinski1@msn.com)

### Construction Chair

Joe Bongiovanni [jbongiovanni007@gmail.com](mailto:jbongiovanni007@gmail.com)

### Government Affairs Chair

Walt Tucker [walt.tucker@att.net](mailto:walt.tucker@att.net)

### Newsletter Editor

John Able, CSP [able.john@dol.gov](mailto:able.john@dol.gov)

### Communication & Jobs Chair

Mike Nielsen [michael.nielsen@tradebe.com](mailto:michael.nielsen@tradebe.com)

### Awards & Honors Chair

Dave Boutin, CSP [boutin.david@dol.gov](mailto:boutin.david@dol.gov)

### Nominations Chair

Will Reardon [will.reardon@canberra.com](mailto:will.reardon@canberra.com)

### Student Affairs Chair

Tim Healey [timothy\\_healey@hsb.com](mailto:timothy_healey@hsb.com)

### Chapter Historian

Tim Healey [timothy\\_healey@hsb.com](mailto:timothy_healey@hsb.com)

### Foundation Liaisons

Tom Benedict [tbenedict99@comcast.com](mailto:tbenedict99@comcast.com)

Jack Braddock [john.braddock@cox.net](mailto:john.braddock@cox.net)

### Scholarship Chair

Ralph Willing [willingrvw1@cox.net](mailto:willingrvw1@cox.net)

### Delegates

Marc Nettleton [mnettleton@themdc.com](mailto:mnettleton@themdc.com)

Nate Fague [nathanfague@gmail.com](mailto:nathanfague@gmail.com)

### NAOSH PDC Planning Chair

Walt Tucker [walt.tucker@att.net](mailto:walt.tucker@att.net)

### New England Area PDC Planning Committee Chairs

Dave Gelpke [dave.gelpke@canberra.com](mailto:dave.gelpke@canberra.com)

Tim Healey [timothy\\_healey@hsb.com](mailto:timothy_healey@hsb.com)

## The Chapter Has a New Communications Chairperson!

Mike Nielsen ([michael.nielsen@tradebe.com](mailto:michael.nielsen@tradebe.com)) has volunteered to be the new Communications & Jobs Chairperson. Mike will be the main line of communication between the membership and board members, and will also communicate job postings, newsletters, web site updates and other chapter activities. We welcome Mike to this essential position, thank him for volunteering to do this, and look forward to another successful year. <http://ctvalley.asse.org>

## The 17<sup>th</sup> Annual New England Area PDC Registration Link is Open!

Check it out!

<http://region8.asse.org/event-registration/?ee=11>

When: Tuesday and Wednesday, November 17 and 18, 2015.

Where: Crest Beach Hotel, North Falmouth, MA. Save the dates!



## ACCIDENTS DON'T JUST HAPPEN

Joseph J. Werbicki, M.S., CSP

The ongoing and never-ending goal of all safety professionals is to reduce as much as possible the risk of injury to their workforce.

Some people may accept the fact that “accidents just happen” – that’s why they are called accidents. We need to look at an accident as a failure to reduce risk to a low enough level that an accident can’t happen.

Let’s use the example of a child picking up a sharp knife. If you take away the knife, you have eliminated the risk of an accident. In much the same way, if you replace all fixed-blade box cutter type knives with self-retracting blade knives, you will have completely eliminated that risk.

We all need to be continually on the alert for risk of injury. Risk can take the form of unsafe working conditions, such as a slippery floor, exposed electrical wires, missing machine guards, and the like. Identifying hazards is the first step in eliminating them, thus removing the risk.

There are risks that can’t be removed by simply writing a work order. These involve personal behaviors, such as inattention to and lack of awareness of safety hazards, rushing a job function, and, maybe, even the attitude that “I’ve been doing this job for a long time. You can’t tell me how to do it.”

It may sound like placing blame, but Bureau of Labor Statistics data indicates that more than 80% of accidents have what they call a “human factor.” In other words, while equipment and workplace environment can be significant factors, we can never neglect awareness and attention to detail when it comes to safe practices, whether it be at work, or, at home.

Behavior Based Safety was the darling of safety professional in the late 90’s. The idea behind this concept is to identify risky behaviors, work with at-risk employees, in order to come up with a safer way to do the job, and to then encourage the new-found awareness. This is not a way to place blame, nor to abrogate management’s

responsibility to provide a safe workplace. It addresses behavior, which also can be called a culture change, an attitude shift, or, just plain improved awareness. Basically, watch out for yourself and each other. Point out unsafe actions. Keep each other safe.

If you know something poses a safety hazard, and you think before you act, or, talk yourself through it, you can’t help but be safer at work and at home.

Getting back to an employer’s obligation to provide a safe workplace, each individual sees the workplace through their own eyes and their own experiences. However, no one person can see everything. Reporting unsafe conditions must be part of a safety culture aimed at keeping everyone safe.

Joseph Werbicki is a Safety Consultant with over 30 years of safety management experience. He is a Certified Safety Professional, with a Master’s Degree in Chemistry. He served as President of the Safety Association of Rhode Island, and as Chairman of the Board of the Massachusetts Safety Council. Contact him at 774-991-3945, or, at [jwerbicki@comcast.net](mailto:jwerbicki@comcast.net).

## The Aging Workforce

Joseph Charlot, MD, MPH, FACPM

How old will I be when I become an “older” worker? Some say that we are as old as we feel and there is not much consistent guidance beyond that on what constitutes an older worker. Age 55 years and older and age 65 and older are commonly used. The Age Discrimination in Employment Act of 1967 mentions employees 40 years old and older. According to the Bureau of Labor Statistics, 40.5 % of the nation’s workforce were comprised of adults ages 55 and older in 2012, up from 29.7% in the year 1992 <sup>1</sup>. By 2022, older adults are projected to account for 41.5 percent of the workforce<sup>1</sup>. (See Figures 1,2,3,4) Cohorts of older Americans are getting larger due to longer life expectancy, aging Baby Boomers and decreased fertility rates<sup>2</sup>. It is important for the Occupational Medicine provider to understand and be equipped to handle the aging workforce.



The American Association of Retired Person (AARP) highlights the following benefits of older workers to employers: greater loyalty and dedication to the company; come to work on time; low absenteeism; commitment to doing quality work; dependable performance; solid experience in job/ industry; reliable basic skills in reading, writing, arithmetic; get along with co-workers<sup>3</sup>. According to the 2003 Society for Human Resource Management/National Older Worker Career Center Older Workers Survey, there are also many reasons to hire older workers: more willing to work different schedules; serve as mentors; invaluable experience; stronger work ethic; more reliable; add diversity of thought/approach; more loyal; take work more seriously; have established networks; higher retention rates<sup>4</sup>. On the other hand, there are some challenges of the older worker to employers: older workers have a higher incidence of chronic disease which may complicate recovery from work related injury and disease; injury recovery may also be negatively affected by the biological effects of aging, such as slower tissue repair and less smooth muscle elasticity. Although the incidence of injury is generally reported to be higher for younger workers, older workers take longer to return to work than their younger colleagues<sup>5</sup>.

Over the years several laws passed to assist older Americans and older workers. It would be prudent for the Occupational Medicine Provider to be aware and understand these Federal laws apply to the older worker.

- 1) The Social Security Act of 1935 created “a system of Federal old-age benefits” for workers and their families and was amended in 1965 to provide disability benefits<sup>6</sup>.
- 2) The Older Americans Act of 1965 provides critical services—such as home-delivered and congregate meals, family caregiver support, in-home assistance, preventive health services, transportation, job training, protection from abuse and other supportive services<sup>7</sup>.
- 3) The Age Discrimination in Employment Act (ADEA) of 1967 is a federal law that

protects workers and job applicants age 40 and over from age-based discrimination in all aspects of employment<sup>8</sup>.

- 4) The Employee Retirement Income Security Act of 1974 is a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for individuals in these plans<sup>9</sup>.
- 5) The Older Workers Benefit Protection Act (OWBPA) of 1990 protects individuals who are 40 years of age or older from employment discrimination based on age and it applies to both employees and job applicants<sup>10</sup>.

Medical treatment of the older worker is similar to treatment for workers of all ages; however, there needs to be sensitivity to the possibility of healing slower from their injuries and increased risk of side effects when medications are prescribed because of higher comorbidity in older persons. Besides a good history and physical, an Occupational Medicine provider should review the job description and, if possible, perform a worksite visit to provide an older injured worker appropriate medical treatment, a physical for a new hire or evaluation of a return to work/fitness for duty. Knowledge of chronic diseases (Harrison's Principles of Internal Medicine, 18th Edition and/or Up to Date website ([www.uptodate.com](http://www.uptodate.com)) and normal recovery times from Reed Group Disability Guidelines ([www.mdguidelines.com](http://www.mdguidelines.com)) are useful. Good communication with employers, insurance companies and patients is always important to explain how older workers are different, such as their slower recovery times.

The Older Worker is a unique and growing population of an Occupational Medicine practice. The astute Occupational Medicine Provider should be ready to evaluate and treat the older worker appropriately and effectively and keep them working as long as they can.

***Dr. Joseph Charlot is Medical Director at Saint Francis Center for Occupational Health in Torrington, CT.***



Figure 1

U.S. Bureau of Labor Statistics  
Economic News Release

**Table 2. Civilian labor force participation rates by age, sex, race, and ethnicity, 1992, 2002, 2012, and projected 2022**

Table 2. Civilian labor force participation rates by age, sex, race, and ethnicity, 1992, 2002, 2012, and projected 2022 (in percent)

Group	Participation rate				Percentage-point change			Annual growth rate		
	1992	2002	2012	2022	1992-2002	2002-2012	2012-2022	1992-2002	2002-2012	2012-2022
Total, 16 years and older.....	66.4	66.6	63.7	61.6	0.2	-2.9	-2.1	0.0	-0.4	-0.3
Age, years:										
16 to 24.....	66.1	63.3	54.9	49.6	-2.9	-8.4	-5.3	-0.4	-1.4	-1.0
25 to 54.....	55.6	53.4	45.4	41.0	-2.2	-8.0	-4.6	-0.4	-0.2	-0.1
55 and older.....	29.7	34.5	40.5	41.5	4.9	6.0	1.0	1.5	1.6	0.3
Sex:										
Men.....	75.8	74.1	70.2	67.6	-1.7	-3.9	-2.6	-0.2	-0.5	-0.4
Women.....	37.8	39.6	37.7	36.0	1.8	-1.9	-1.7	0.3	-0.3	-0.3
Race:										
White.....	66.0	66.0	64.0	61.7	0.0	-2.0	-2.3	0.0	-0.4	-0.4
Black.....	43.9	44.0	41.5	39.8	0.1	-2.5	-1.7	0.1	-0.5	-0.3
American Indian and Alaska Native.....	46.5	47.2	43.9	43.2	0.7	-3.3	-0.7	0.1	-0.5	-0.1
All other groups (1).....	-	-	63.9	63.2	-	-	-	-	-	-
Ethnicity:										
Hispanic origin.....	44.8	45.1	44.4	43.9	0.3	-0.7	-0.5	0.3	-0.4	-0.1
Other than Hispanic origin.....	66.4	66.2	63.2	60.7	-0.2	-3.0	-2.5	-0.0	-0.5	-0.4
White non-Hispanic.....	66.7	66.5	63.5	60.8	-0.2	-3.0	-2.7	-0.0	-0.5	-0.4

(1) The "all other groups" category includes (1) those classified as being of multiple racial origin and (2) the race categories of (a) American Indian and Alaska Native and (b) Native Hawaiian and Other Pacific Islanders.  
Note: Dash indicates no data collected for category. Details may not sum to totals because of rounding.

Figure 2

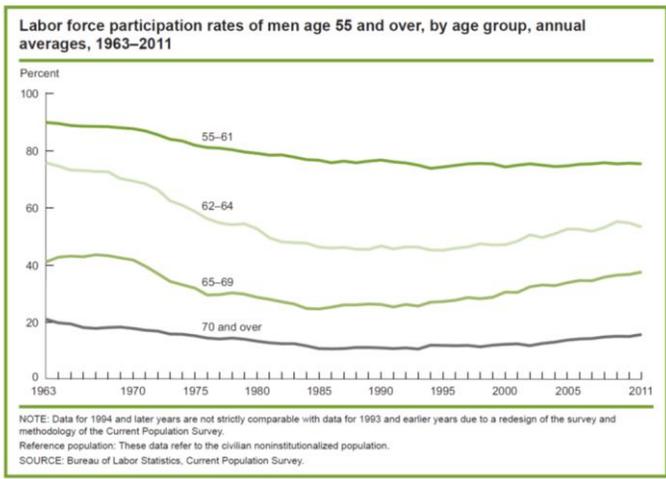


Figure 3

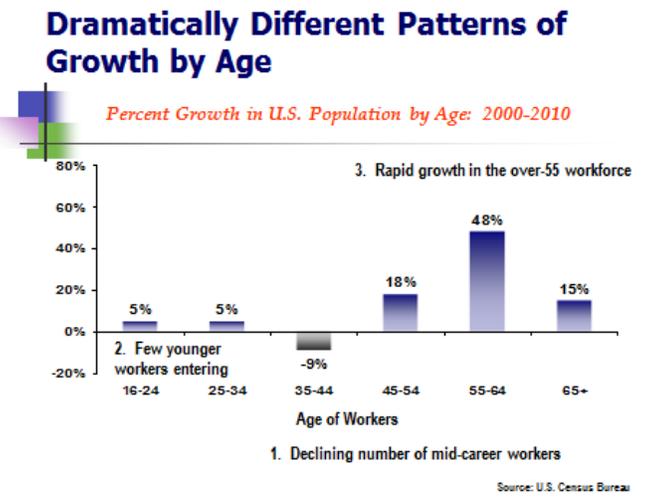
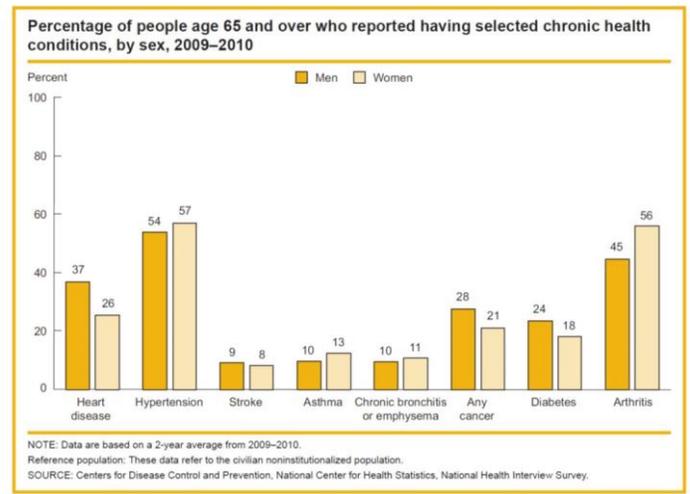


Figure 4



References:

- <http://data.bls.gov/cgi-bin/print.pl/news.release/ecopro.t02.htm>; accessed 3/2015
- US Census Bureau
- AARP, Business Executives' Attitudes Toward the Aging Workforce: Aware But Not Prepared? BusinessWeek Research Services, October 2006.
- Adapted from the 2003 Society for Human Resource Management/National Older Worker Career Center Older workers survey
- "Impact of Aging on Work Disability and Return to Work", JOEM Volume 54, Number 3, March 2012, p 318-326
- [http://en.wikipedia.org/wiki/Social\\_Security\\_Act](http://en.wikipedia.org/wiki/Social_Security_Act); accessed 3/2015
- [http://en.wikipedia.org/wiki/Older\\_Americans\\_Act](http://en.wikipedia.org/wiki/Older_Americans_Act); accessed 3/2015
- [http://en.wikipedia.org/wiki/Age\\_Discrimination\\_in\\_Employment\\_Act](http://en.wikipedia.org/wiki/Age_Discrimination_in_Employment_Act); accessed 3/2015
- [http://en.wikipedia.org/wiki/Employee\\_Retirement\\_Income\\_Security\\_Act](http://en.wikipedia.org/wiki/Employee_Retirement_Income_Security_Act); accessed 3/2015
- <http://www.eoc.gov/eoc/history/35th/thelaw/owbpa.html>; accessed 3/2015

