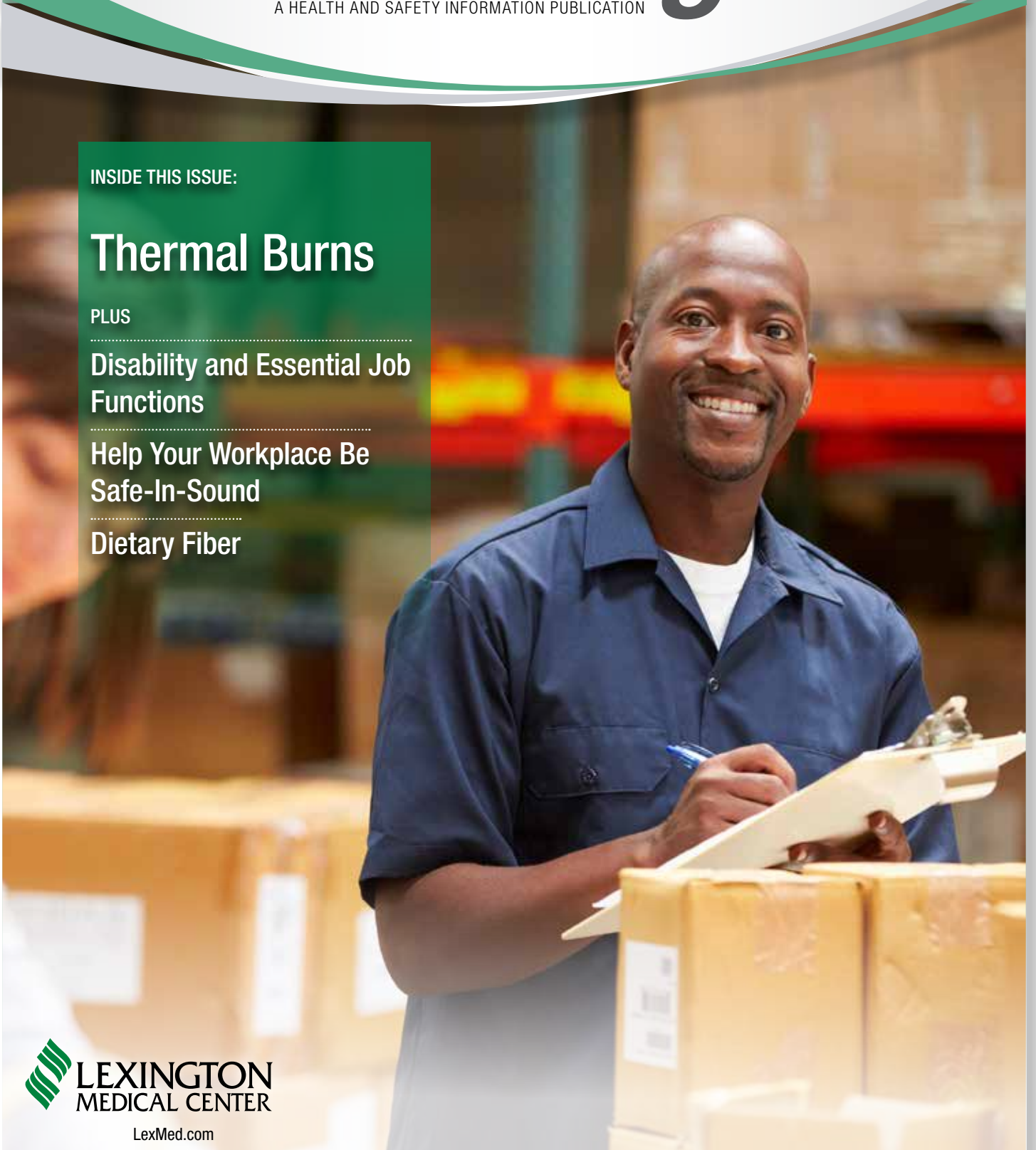
Occupational HEALTH
A Lexington Medical Center Physician Practice

FALL 2018

LMCOccHealth.com

Working Well

A HEALTH AND SAFETY INFORMATION PUBLICATION



INSIDE THIS ISSUE:

Thermal Burns

PLUS

Disability and Essential Job Functions

Help Your Workplace Be Safe-In-Sound

Dietary Fiber

LEXINGTON MEDICAL CENTER

LexMed.com

FALL 2018
Working Well

Happy fall to all!

I'm sure many of you will enjoy outdoor activities in the cool weather and sit by an open fire with friends and families. Be cautious of open flames. Thermal burns are common and painful. The article on burns emphasizes thermal burn classifications and highlights when first aid treatment should be rendered or whether specialized treatment is necessary.

The "Disability and Essential Job Functions" article examines some aspects of Title I of the Americans with Disabilities Act and how it applies to some specific cases under the law. A thorough understanding of the law and its implications may help prevent employee claims under the ADA.

Hearing loss is a costly workers' compensation liability, but it is preventable. Dr. Stacey Gallaway provides cost-saving suggestions and reference information to combat hearing loss in the workplace. Since physicians, nurse practitioners and physician assistants submit articles for *Working Well,* our "Nurse Practitioner Pearls" series has been changed to "Practitioner Pearls." This section will continue to provide usable health, wellness and safety information.

If you find the information in this publication helpful or would like to share successful safety stories or practices, please let me know at darawl@lexhealth.org. I am happy to anonymously publish your submission to benefit the health, safety and well-being of our workers. Thank you!

– Dana Rawl, MD, MPH

Thermal Burns

By Dana Rawl, MD, MPH

More than one million thermal burns occur in the United States annually. The vast majority are minor and can be treated in an outpatient setting without specialist referral. Basic recognition of the level of thermal burn can start with the first responder. Guiding appropriate initial treatment and/or referral can positively affect morbidity and burn outcomes.

The depth and size of the burn decides its classification. The appearance of the burn and its symptoms determine burn depth. Superficial (first-degree) burns involve only the epidermis and are red, dry and painful. Superficial partial-thickness (superficial second-degree) burns damage the upper layers of the dermis and appear wet with clear blisters over red skin. They are painful to touch. Deep partial-thickness (deep second-degree) burns involve the deep dermal skin layers and appear white and moist. These burns are painful. Full-thickness (third-degree) burns destroy through the dermis into the subcutaneous fat. They are dry and appear white, red, black, or brown with a leathery feel. They are insensitive to touch. Fourth-degree burns involve muscle, tendon and/or bone.

Estimating the percentage total body surface area (TBSA) of partial-thickness and full-thickness burns determines their size. Superficial burns are not included in estimation of burn size. A quick estimate of surface area for adults can be made using the "rule of nines." The head and neck total 9 percent, and each arm with the hand is 9 percent. The front and back of the trunk of the body are 18 percent each, and each leg with the foot are 18 percent. The genitalia is 1 percent. Another quick estimate for adults or children uses the palm of the patient's hand as 1 percent of the patient's body surface area.

An initial goal of burn management is to reduce burning. Remove any burned clothing and hot jewelry, and immediately flush the burn with cool running water to stop the burning, help reduce pain and clean the wound. Scrubbing the burn with antiseptic agents is not recommended because doing so can worsen the pain and irritate the burn. Generally, any blisters should be left intact. Topical care of a partial-thickness burn should include an anti-bacterial medication, such as bacitracin

Occupational health and primary care providers may be able to manage minor burns in the outpatient setting. Other, more significant burns are best managed in a burn treatment center.

or triple antibiotic, and an occlusive dressing. Covering the burn and using a topical antibiotic contributes to pain control, promotes healing and helps prevent infection. Over-the-counter medications, such as ibuprofen or acetaminophen, can help with pain control of superficial burns. More significant burns will require narcotic pain management. Superficial burns may not require more than first-aid treatment, but always ensure the patient's tetanus status is current.

Determining whether a burn is superficial, partial thickness or worse, and the extent of the burn are critical in referring a patient to appropriate care. Occupational health and primary care providers may be able to manage minor burns in the outpatient setting. Other, more significant burns are best managed in a burn treatment center. If there is any doubt about the severity of the injury, most providers will refer the patient for burn specialist treatment.

The American Burn Association has established criteria for minor burns:

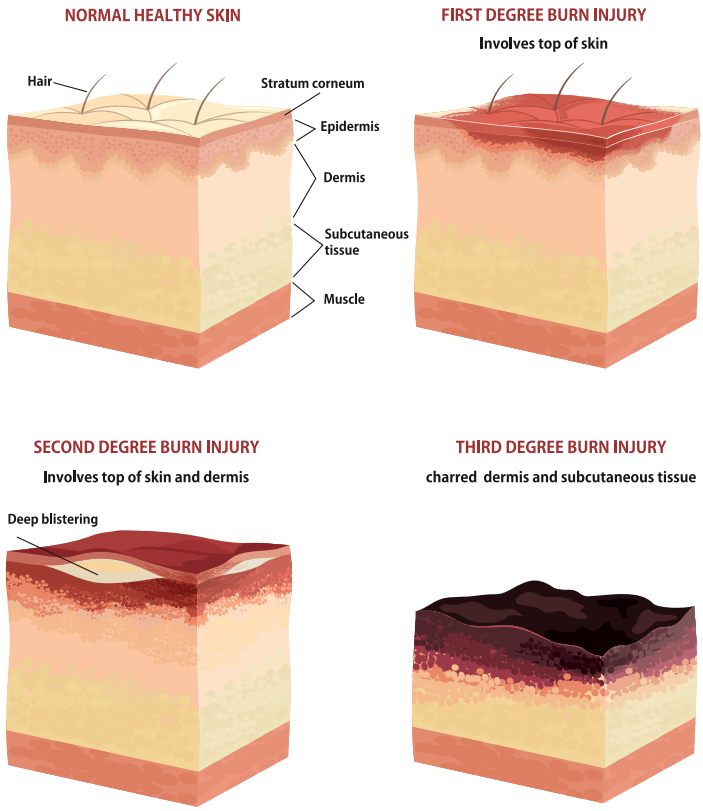
- Partial-thickness burns < 10% TBSA in patients 10 to 50 years old
- Partial-thickness burns < 5% TBSA in patients younger than 10 or older than 50 years of age
- Full-thickness burns < 2% TBSA without other injury

Additionally, minor burns must generally meet these criteria:

- Isolated injury (no suspected inhalational or high voltage injury)
- No involvement of face, hands, feet or perineum
- Does not cross major joints
- Not circumferential

In the company setting, assessment of a burn must first involve awareness of the circumstances surrounding the injury. Is the thermal burn just a thermal burn, or were there other possible injuries from trauma, chemicals or electrical hazards? If there are no suspected concomitant injuries,

VARYING DEGREES OF BURN INJURIES



initial evaluation of the burn can generally estimate the size and depth of the burn. That information will help determine if the person requires first aid treatment only, if outpatient care would suffice or if he or she needs emergency treatment and specialty referral.

References

- Wiktor, A., Richards, D., *Treatment of Minor Thermal Burns.* UpToDate.com/contents/treatment-of-minor-thermal-burns/print
- Lloyd, E.C.O., Rodgers, B.C., and et al., "Outpatient Burns: Prevention and Care;" American Family Physician, 2012 Jan 1; 85(1):25-32. AAFP.org/afp/2012/0101/p25.html

Disability and Essential Job Functions

By Dana Rawl, MD, MPH

The Americans with Disabilities Act became law in 1990 as a comprehensive civil rights law. It prohibits discrimination on the basis of disability in employment, state and local government programs, public accommodations, commercial facilities, transportation and telecommunication. In 2008, Congress passed the ADA Amendment Act, which clarified that the law was to be "construed in favor of broad coverage of individuals."

"Disability" is a legal term under the context of the ADA, and someone with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activity. Major life activities are those functions important to daily living, such as breathing, walking, talking, hearing, seeing, managing personal care, performing manual tasks and working. Major bodily functions, including bowel, bladder, neurologic, endocrine and reproductive functions, are also considered major life activities. The ADA protects individuals who have a disability, are regarded as having a disability, have a record of having a disability, or are associated with a person who has a disability from discrimination.

Title I of the ADA covers employment. To be covered, a person must meet the ADA definition of disability and must be qualified for the job. Job qualifications include having the skills, education and job-related requirements for the position, as well as the ability to perform essential functions of the job with or without reasonable accommodation. Essential functions are considered the basic duties necessary to perform the job.

To determine essential job functions, the ADA lists factors that should be considered:

- Employer's judgement regarding essential job functions
- Accurate job descriptions written prior to posting the job
- Amount of time spent performing the job function
- Consequences if the person is not required to perform the job function
- Any terms of a collective bargaining agreement
- Work experience of other employees in the same or similar job

Recent ADA cases may instruct employers how to defend against claims. Fisher Phillips attorneys, Myra K. Creighton and Richard R. Meneghello, cite several cases that question the definition of "disabled" and "essential functions" of the job under the ADA in On the Frontlines of Workplace Law issues No. 7, July 2018 and No. 8, August 2018.

Is there an ADA disability?

The first question to consider when approaching an ADA case is to determine if the employee has a disability under the ADA. Only those employees who meet the ADA criteria for a disability can claim relief under the ADA.

A senior claims representative for an insurance company complained of anxiety and stress from being overwhelmed by her workload. Shortly thereafter, she took a leave of absence for a few months for lower back pain. When she returned to work, her physician restricted her to not working more than eight hours. She again complained of being overwhelmed with her workload, especially now that she was restricted from overtime. The woman took another medical leave, but she did not return to work. She started a new job with a different insurance company and filed a lawsuit against her first employer for failure to accommodate her restrictions.

Even though the claimant provided evidence of medical impairments, such as depression, degenerative disc disease and migraines, the federal court pointed out that there was no evidence her conditions limited or restricted her daily activities. The only limitation was her physician's restriction of not working overtime. The court ruled that being able to perform regular job duties during an eight-hour day proved she was not disabled under the ADA definition, and her claim was dismissed.

Another case illustrates how a seemingly minor physical impairment may be a qualified disability. A woman in Indiana worked as a direct support professional for an association for retired citizens. One day, on arrival to work, she appeared confused and incoherent. She was instructed to get clearance from her doctor before she could return to work. She was diagnosed with a single syncopal (loss of consciousness) episode without determining a cause for the event. She returned to work with restrictions of no bending, stooping or prolonged standing, and no lifting more than 10 lb. The employer concluded there were no positions available within those restrictions and terminated the employee.

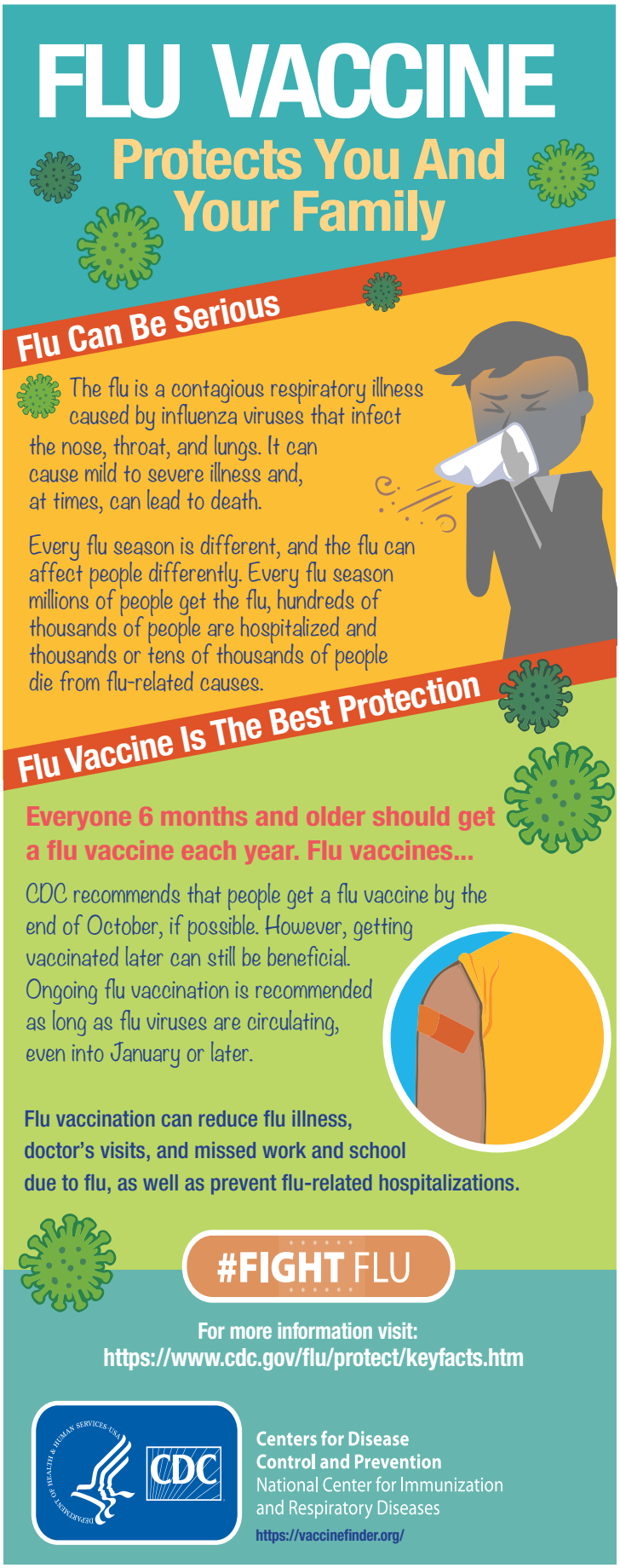
The woman brought a claim under the ADA. The employer defended the case stating the single syncopal episode did not support a finding that substantially limited the employee's major life activities, and thereby, it would not qualify as a disability. The court disagreed and pointed out that the employee's restrictions prevented her from walking, standing, lifting and bending to a certain extent. All of which were considered major life activities. Further, even though the woman's symptoms only lasted several weeks, the court noted there was "no time threshold for a restriction to overcome to substantially limit a major life activity."

Is the job requirement an essential function?

The second question to consider is whether the specific job requirement is an essential function of the job. Is the employee capable of performing essential functions of the job with or without reasonable accommodation? If the employee cannot perform essential job duties, even with accommodation, then he or she is not protected under the ADA.

A parcel delivery driver with 20 years on the job had back and hip problems. He returned to work with no restrictions after a six-month leave of absence for surgery. It was apparent on his return to his physically demanding job, working an average of 10 hours per day, that he was suffering. He received a restriction from his doctor to work no more than eight hours per day. He then requested accommodation from his employer. The employer responded by noting the ability to work overtime was an essential function of the job, and his inability to perform overtime rendered him unqualified for the job. The man filed a lawsuit claiming his employer violated the ADA by not providing him reasonable accommodation.

The courts dismissed the claim and sided with the employer that overtime was an essential function of the job. Four factors bolstered the employer's defense. First, within the employer's judgment, overtime was essential as volume, holidays and bad weather made workloads unpredictable, and required drivers' hours to be flexible and adaptable. Second, a written job description cited the requirement to work overtime. Third, an applicable collective bargaining agreement with the teamsters negotiated mandatory overtime



Disability and Essential Job Functions

Continued from page 5.

for the drivers. Finally, the consequences of not requiring workers to perform the essential function would force other drivers to finish deliveries, which would lead to untimely deliveries and adversely affect company business.

A campus security guard worked for eight years for the same employer. He had his work shift changed from eight to 12 hours by the new campus police chief. The guard developed physical ailments and high blood pressure that, according to his doctor, related to his 12-hour shift work. The man asked for accommodation to return to the eight-hour work shift, and his request was denied as unreasonable. He retired from his position, but he sued his employer under the ADA.

The employer argued the ability to work a 12-hour shift was essential for the job, and accommodation for one guard to an eight-hour shift would disrupt operations, lead to diminished manpower, and burden co-workers with overtime. The federal court jury trial awarded the guard $250,000 in lost wages, and mental and emotional anguish. The appeals court upheld the decision. The court pointed to the essential job functions outlined in the job description, which did not include the ability to work 12-hour shifts.

The above cases highlight the complexities of the ADA and hint at practical lessons. Sometimes it may be better and less costly to provide accommodation for an employee who claims a disability rather than trying to prove no disability under the ADA. Written job descriptions are paramount in defending essential job functions, but employers should consider a periodic audit to make sure the job description is "solidly anchored in the realities of the workplace." Bottom line: work with legal counsel for advice and guidance in matters regarding the ADA.

References

ADATA.org/publication/disability-law-handbook

On the Frontlines of Workplace Law. Issues No. 7, July 2018 and No. 8, August 2018. FisherPhillips.com

Help Your Workplace Be Safe-In-Sound

By Stacey Gallaway, MD, MPH

Noise-induced hearing loss is 100 percent preventable. Nevertheless, noise-induced hearing loss is one of the most common work-related illnesses in the United States. Each year, approximately 22 million U.S. workers are exposed to noise loud enough to damage their hearing.

One strategy to reduce noise in the workplace is to replace older equipment with quieter models. The National Institute of Occupational Safety and Health recommends creating a policy of "buying quiet" when the time comes to retire and replace tools and equipment. The practice of eliminating noise exposure through this method is more effective and is preferred over the use of personal protective equipment.

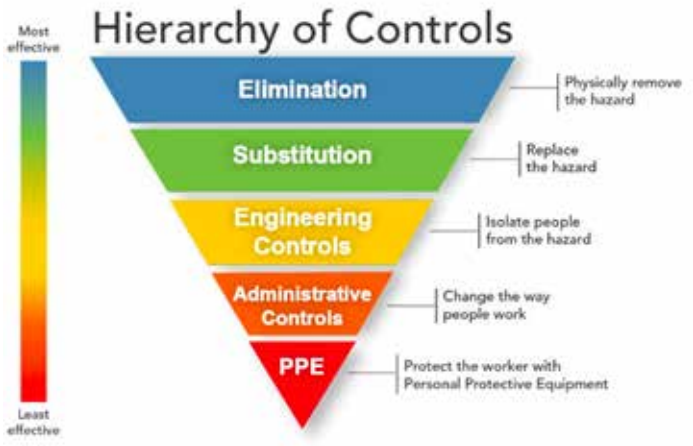
In many cases, quieter equipment is the least costly alternative when compared to the lifecycle costs of tools, possible workers' compensation claims, costs associated with a company's hearing conservation program, health care expenses, and the price of lost productivity. Conservative estimates claim a $100 per dBA savings when purchasing a quieter product. This savings applies across a wide variety of machinery and equipment.

Learn more about noise-induced hearing loss and strategies to promote health and safety in the workplace by reducing employees' exposure to noise by visiting the websites listed below.

References

CDC.gov/niosh/topics/noise/

CDC.gov/niosh/topics/buyquiet/default.html



Practitioner Pearls

By Dana Rawl, MD, MPH

Dietary Fiber

Everyone has heard that dietary fiber is good. But why?

Fiber is the indigestible part of plant foods that consists of non-starch polysaccharides, such as cellulose, pectins, waxes and oligosaccharides. There are two types of dietary fiber: soluble and insoluble. Soluble fiber dissolves in water, and insoluble fiber does not. Both types are found in plant foods but not necessarily in the same proportions.

Sources of soluble fiber include foods such as kidney beans, Brussels sprouts, broccoli, spinach, zucchini, apples, oranges, grapes, oatmeal and whole-wheat bread. Dietary soluble fiber helps reduce LDL ("bad" cholesterol) and total cholesterol, regulates sugar absorption, and improves immune and digestive health.

Sources of insoluble fiber include foods such as dark green leafy vegetables, fruit skins, whole-wheat products, wheat bran, nuts and seeds. Insoluble fiber in the diet helps promote regular bowel movements, prevents constipation, speeds up waste elimination through the colon, and contributes to an optimal pH in the gut.

Clinicians recognize multiple health benefits from dietary fiber. By reducing cholesterol, fiber is associated with protection against heart disease. Consistent dietary fiber intake may reduce the risk of colon cancer by decreasing carcinogen exposure to the gut. Diabetics who consume fiber tend to need less insulin to treat their disease because dietary fiber slows the absorption of sugar from the gut, reducing post-meal glucose spikes. A high-fiber diet can contribute to weight reduction as fiber creates a sense of fullness and satisfies the hunger center without absorbing additional calories. Finally, most high-fiber foods are rich in essential nutrients and vitamins necessary for overall good health.

The recommended daily consumption of fiber per day is about 25g. This amount includes both soluble and insoluble fiber. If you eat at least five servings of fruit and vegetables and some whole grain products every day, you should fulfill the recommended dietary fiber intake.

To your health!

References:

MedicalNewsToday.com/articles/146935.php

Occupational HEALTH
A Lexington Medical Center Physician Practice

3799 12th Street Ext., Suite 110
Cayce, SC 29033
(803) 755-3337 **phone**
(803) 955-2225 **fax**
LMCOccHealth.com

Providers

Dana Rawl, MD, MPH
Stacey A. Gallaway, MD, MPH
Will C. Floyd, MD, MPH
Donna B. Padgett, ACNP
Shanna H. Mack, FNP
Whitney Buckland, PA
Travis Stuckey, PA