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Happy holidays!

The lead article in this edition of *Working Well*, “Mental Health in the Workplace,” exposes the high direct and indirect costs of mental illness and emphasizes a healthy work culture to improve mental health. “Where Rubber Meets the Road” is an article reprinted with permission from Curtis Moore, an attorney with Fisher Phillips. It describes how distracted driving is now recognized as a hazard under the General Duty Clause of the Occupational Safety and Health Administration and can evoke penalties for willful violations.

Fundamental information on the treatment technique of dry needling is presented in the article by physical therapist Amy McCraw. This treatment can be highly effective for types of musculoskeletal disorders. The influenza update article reminds us the flu is a contagious disease that costs lives and billions of dollars, and that the vaccine is the best protection against the flu. Finally, a great review on sleep deprivation and its hazardous consequences are discussed in the “Practitioner Pearls” section.

LMC Occupational Health welcomes Michelle Surret, FNP. She has years of experience in occupational medicine and is an exceptional primary care provider. She is a wonderful addition to our provider staff and our occupational health family!

I hope you enjoy our publication. Our goal is to provide current information on health, wellness and safety topics that are of interest to our client companies and their employees. As always, suggestions for health and/or safety articles or submissions of health or safety events are welcome. Contact me at darawl@lexhealth.org. Thanks for your support!

– Dana Rawl, MD, MPH

Mental Health in the Workplace

By Dana Rawl, MD, MPH

Employers largely focus on safety in the workplace to mitigate accidents and injuries. Environmental health and safety managers are highly trained and valuable team members in controlling company costs. The emphasis on general health and wellness in the workplace doesn't seem to be as great, but costs related to diseases and, in particular, mental illnesses are staggering if one includes indirect costs.

Mental illnesses top the list of the most burdensome and costly illnesses in the United States at more than \$200 billion a year, exceeding the cost burden of heart disease, stroke, cancer and obesity. About one-third of the cost burden from mental illness is related to lost productivity, including unemployment, disability and lower work performance.

Studies have shown that workers who were identified with mental health illnesses, such as severe depression, were significantly less productive, and a significant proportion of those workers with depression were not adequately treated. Growing evidence indicates that physical ailments could obscure treatment discrepancies for mental illnesses where the treatment focuses on physical symptoms as opposed to underlying mental illness. The reverse is also true. Poor mental health can lead to poor physical health and medical disease. All contribute to increased health care spending and diminished ability to perform at optimum levels.

Among adult workers, anxiety, depression and substance abuse disorders are the most common mental health issues, but at least half of these workers do not receive the mental health care they need. It has been shown that absenteeism from anxiety and stress is more prominent than from physical illness or injury. In addition to absenteeism costs, other indirect costs associated with mental illness include: increased short-term disability (depression is the leading cause of disability among U.S. adults ages 15–44) and health care insurance rates; increased safety incidents and workers' compensation claims; underperformance from presenteeism; increased stress imposed on team members; and costs involved in covering overtime, overstaffing, recruitment and retention.

The Integrated Benefits Institute noted unsupportive work cultures “characterized by unsafe working conditions, low respect and trust, lack of variety in tasks performed, high workloads and lack of control in decision making” exacerbate physical health and mental illness. Employer intervention starts with leadership buy-in to foster, build and sustain a workplace culture that enhances health and well-being. Physical and psychological job demands should be within the worker’s capabilities and designed to fit the worker. Workers



should be encouraged to actively engage in work process development and improvement. Supervisors and co-workers should monitor and assess workers’ skills and modify job demands as necessary. Workers are more productive in a workplace that provides health support and concern from their employer.

Health enhancement also includes providing methods for early detection of signs and symptoms of mental health disorders through monitoring and screening tools. Employers can increase mental health awareness and reduce the negative stigma through education and access to health resources, such as an employee assistance program or mental health counsellors.

Healthy company cultures identify individual and organizational needs and

blend those requirements to develop a work environment that rewards creativity, teamwork, safety and health for the benefit of the company and the worker. ☾

References:

Goetzel et al. *Mental Health in the Workplace; A Call to Action Proceedings From the Mental Health in the Workplace-Public Health Summit*. Journal of Occupational and Environmental Medicine: April 2018, Volume 60, Issue 4, p 322-330.

Supportive Performance Management
<https://www.workplacestrategiesformentalhealth.com/managing-workplace-issues/supportive-performance-management>



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Where Rubber Meets the Road

Distracted Driving Is Risky Business for Employers

By Curtis Moore

Distracted driving is dangerous, so it should come as no surprise to employers that distracted driving has been an area of emphasis for the Occupational Safety and Health Administration in recent years. Indeed, motor-vehicle collisions now account for more worker fatalities than any other cause – including machine guarding and lock-out tag-out violations. As a result, OSHA has taken the position that distracted driving is a recognized hazard under the OSHA General Duty Clause. Penalties for willful violations of the General Duty Clause can range up to \$132,598 per occurrence.

The National Highway Traffic Safety Administration defines distracted driving as anything that diverts the driver's attention away from the primary focus of operating the motor vehicle. Distracted driving is the cause of approximately one-quarter of all motor-vehicle crashes. Not surprisingly, texting and talking on hand-held and hands-free mobile devices while driving are common sources of distraction. Alarming, one study from researchers at the University of Utah concluded motorists distracted by a cellular device were as impaired as drunk drivers.

To prevent workplace injuries and deaths and to minimize potential legal liability, employers must draft effective distracted-driving policies. These policies will necessarily need to address the use of technology and mobile devices while driving. At a minimum, effective distracted-driving



policies should set forth the following standards:

- Prohibit driving under the influence of alcohol or drugs
- Mandatory use of seatbelts by drivers and passengers
- Prohibit eating and drinking while driving
- Prohibit emailing, texting and using social media while driving
- Prohibit the use of hand-held devices while driving

It should be noted that the National Safety Council considers hands-free devices to be just as distracting as hand-held devices while driving. As such, employers may wish to consider whether to allow their employees to use hands-free devices or modes of communication while driving. Some employers have adopted the policy that no phone calls or text messages should occur while a vehicle is in motion.

Instead, all calls should be taken or returned when the vehicle is parked in a safe location.

Enforcing distracted-driving policies is also critical. Written policies mean nothing if they are not effectively implemented and consistently enforced. Employers should train all employees on their distracted-driving policies, as well as the consequences for an employee's failure to follow the policies. Employers should have employees sign a written form that acknowledges the employee received the distracted-driving policy and was trained on the employer's expectations regarding the policy. Periodic refresher training opportunities are helpful in ensuring compliance. Employers should re-train on the policy any time they become aware of employee non-compliance.

Employees should also be disciplined for failing to follow the

distracted-driving policy. Discovering non-compliance or violations may be difficult because employees often drive alone and away from the employer's principal place of business. Some employers combat this problem by implementing controls that lock mobile devices from receiving or making calls or sending texts while the vehicle is in motion. Other employers have implemented GPS-tracking devices and in-vehicle cameras to encourage employee compliance with distracted-driving policies.

Regardless of the methods used to discover violations, employers must consistently audit the workplace for violations of the policy and must consistently mete out discipline for policy infractions. Failure to do so may place employees at risk for a motor-vehicle accident and the employer at risk for OSHA citations.

In today's technological age, employers must be diligent in drafting, reviewing and enforcing their distracted-driving and mobile-device policies to prevent workplace accidents and injuries. A failure to do so may result in OSHA citations and significant costs. Indeed, OSHA estimates that motor-vehicle collisions cost employers \$60 billion annually in medical care, legal expenses, property loss and lost productivity. Employers with effective distracted-driving policies may mitigate the risk of litigation and OSHA citations while also ensuring a safe and effective workplace for their employees. 🌿

About the Author

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Dry Needling

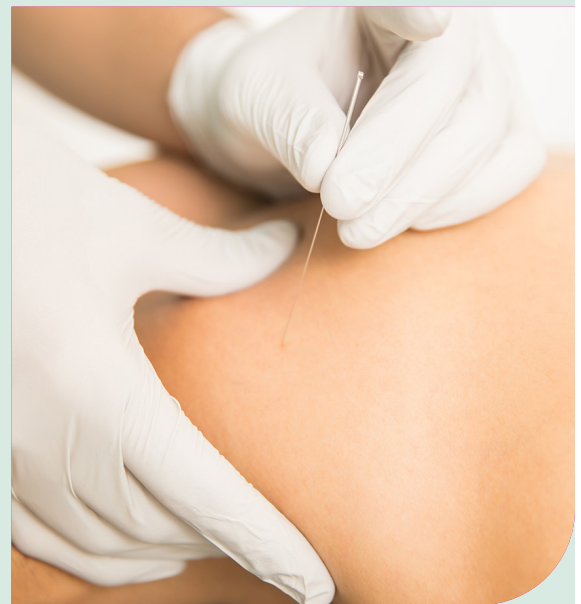
By Amy McCraw, DPT

Dry needling is a technique that physical therapists use to treat pain, improve movement patterns, reduce muscle tension, increase blood flow and improve muscle function. With dry needling, thin filiform needles penetrate the skin and stimulate underlying tissues, such as muscle and connective tissue that hands cannot reach. Dry needling is different from acupuncture in that it is based on western neuroanatomy and studies of musculoskeletal and nervous system anatomy. Dry needles are considered “dry” because they do not administer medication.

Physical therapists use dry needling as one treatment mode to target trigger points to improve muscle relaxation, improve movement patterns, decrease pain and increase blood flow to surrounding tissues. Trigger points are tight bands felt in muscle that often cause referred pain.

Importantly, dry needling is safe when performed by a skilled physical therapist, has minimal risk factors and is highly effective. It is not an end-all, be-all technique and is typically part of a broader physical therapy approach that utilizes exercise, manual therapy and neuromuscular re-education. Dry needling jumpstarts the healing process, decreases pain and allows clients to begin exercises that will contribute to long-term wellness.

Dry needling can be used to effectively to treat both chronic and acute pathologies. Common pathologies successfully treated with dry needling include, but are not limited to: arthritis; tendonitis; radiculopathy; disc pathology; migraines; tension headaches; phantom pain; complex regional pain syndrome; neuralgia; carpal tunnel syndrome; temporomandibular joint pain; and a variety of neurological disorders.



References

- APTA. Description of Dry Needling in Clinical Practice: An Educational Resource Paper. 2013.
- Cummings MT, White AR. Needling therapies in the management of myofascial trigger point pain: a systematic review. *Arch Phys Med Rehabil.* 2001; 82(7):986–992.
- Kalichman L, Vulfsons S. Dry needling in the management musculoskeletal pain. *J Am Board Fam Med.* 2010; 23(5):640–646.

Influenza Flu Vaccine Update for 2019–2020 Flu Season

By Stacy Gallaway, MD, MPH

Employers understand that supporting wellness in the workplace is an integral part of a successful corporate culture. Seasonal influenza prevention measures aimed at reducing the impact of influenza on the workforce are essential to business planning.

The Centers for Disease Control and Prevention reports that the flu costs the United States more than \$87 billion annually and is responsible for the loss of nearly 17 million workdays each flu season. Tens of thousands of people are hospitalized, and thousands die from flu-related illnesses in the United States each year. Infectious disease experts agree that annual influenza vaccination is the best protection against the flu. Employers have the opportunity to be corporate health and public health advocates by supporting annual influenza education and vaccination programs for their employees.

Influenza or “the flu” is a contagious disease that spreads around the United States every year, usually between October and May. Flu is caused by influenza viruses and is spread mainly by coughing, sneezing and close contact. Anyone can get flu. It strikes suddenly and symptoms can be severe, including fever and chills, sore throat, muscle aches, fatigue, cough, headache and runny nose.

Influenza infection is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with chronic health conditions or a weakened immune system are at greatest risk for hospitalization and death due to the infection. The CDC recommends annual vaccination for everyone 6 months of age and older. It’s especially important for people at high risk for serious complications, such as those with asthma, heart disease or diabetes. Although the flu is more dangerous for individuals with certain medical conditions, healthy people can become very ill and die from contracting the flu.

There are many different influenza viruses. Each year, a new flu vaccine is made to protect against viruses that are most likely to cause disease in the upcoming flu season. Importantly, influenza viruses are always changing. Predicting which viruses will be important in the upcoming flu season is not an exact



science. Even when the vaccine is not a perfect match to circulating virus strains, it may still afford some protection against infection or reduce the severity of an infection.

Flu vaccines are manufactured to protect against three or four viruses: H1N1; H3N2; and one or two influenza B viruses. Flu vaccines cannot provide complete protection from influenza infection caused by a virus not in the vaccine and does not protect against other viral illnesses that have symptoms similar to influenza.

For 2019–2020, the three-component vaccines will contain:

- A/Brisbane/02/2018 (H1N1) pdm09-like virus (updated)
- A/Kansas/14/2017 (H3N2)-like virus (updated)
- B/Colorado/06/2017-like (Victoria lineage) virus

Four-component vaccines will contain these three recommended viruses plus the B/Phuket/3073/2013-like (Yamagata lineage) virus.

Recommended Groups for Vaccination

Routine annual influenza vaccination is recommended for all persons 6 months of age and older. **Special emphasis should be placed on vaccination of high-risk groups and their household contacts and caregivers:**

- Children aged 6 months to 5 years old
- Adults 50 years old and older
- Persons with chronic diseases, such as asthma, diabetes and heart disease
- Persons who have a weakened immune system
- Pregnant women
- Residents of nursing homes and other long-term care facilities

- Persons who are extremely obese (body mass index of 40 or greater)
- Health care workers
- Caregivers and household contacts of those at high risk

People should speak with their doctor before getting vaccinated if they:

- **have any severe, life-threatening allergies.** If someone ever had a life-threatening allergic reaction after a dose of flu vaccine or has a severe allergy to any part of this vaccine, he or she may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- **had Guillain-Barré syndrome.** Some people with a history of GBS should not get this vaccine and should discuss with their doctor.
- **are ill.** It is okay to get flu vaccine when someone has a mild illness, but he or she might be asked to come back when the person feels better if he or she has a moderate to severe illness.

Serious reactions to the flu vaccine can occur, but they are treatable and rare. The risk of a serious reaction has been estimated at one or two cases per million people vaccinated. This rate is much lower than the risk of severe complications from contracting the flu. **The CDC has outlined some benefits of getting a flu vaccine:**

- Flu vaccination can keep someone from getting sick with flu.
- Flu vaccination can reduce the risk of flu-associated hospitalization.
 - Research indicates that people 50 years old and older who received a flu vaccine reduced their risk of being hospitalized from the flu by more than 50 percent.
- Flu vaccination is an important preventive tool for people with chronic health conditions.
 - Vaccination has been associated with lower rates of some cardiac events among people with heart disease, especially among those who had had a cardiac event in the past year.
 - Flu vaccination also has been shown to be associated with reduced hospitalizations among people with diabetes (79 percent) and chronic lung disease (52 percent).
- Vaccination helps protect women during and after pregnancy.
 - A study that looked at flu vaccine effectiveness in pregnant women found that vaccination reduced the risk of flu-associated acute respiratory infection by about one half.

- Studies show that flu vaccine in a pregnant woman can reduce the risk of flu illness in her baby by up to one half. This protective benefit was observed for up to four months after birth.
- Flu vaccination also may make the illness milder if someone does get sick.
- Getting vaccinated protects others, including those who are more vulnerable to serious flu illness, such as babies and young children, older people and people with certain chronic health conditions.

Clarifying a Common Myth About the Influenza Vaccine

There is no live flu virus in flu vaccines, so flu shots cannot cause the flu. This misconception is common. After getting a flu shot, some people may have a sore arm and a low fever or achiness. All these side effects are mild, short-lived and easily alleviated with simple measures, such as a cool compress on the arm or an over-the-counter pain reliever. Symptoms related to vaccination side effects are minor compared to the symptoms of influenza.

Businesses and employers should consider these strategies to help fight the flu:

- **Host a flu vaccination clinic in the workplace.** To minimize absenteeism, employers frequently offer onsite seasonal flu vaccination to employees at no or low cost to their employees.
- **Promote flu vaccination in the community.** Make sure employees know where they and their families can get seasonal flu vaccines in their community.

Employers can play a key role in protecting employees' health and safety while increasing productivity, reducing absenteeism, lowering health care costs and limiting other negative impacts of the flu. Make it your business to fight the flu! 🌱

References and Resources for Employers:

CDC Flu Resources for Business

<https://www.cdc.gov/flu/business/index.htm>

National Foundation for Infectious Diseases

<http://www.nfid.org/idinfo/influenza/flu-at-work.pdf>

Frequently Asked Flu Questions: 2019–2020 Influenza Season

<https://www.cdc.gov/flu/season/flu-season-2019-2020.htm>

Note: Reprint from *Working Well Fall 2017*, Centers for Disease Control and Prevention: "Make It Your Business to Fight the Flu" with updates on 2019–2020 flu vaccines

Warning: Not Sleeping Can Be Hazardous!

By Donna Padgett, ACNP

Every day, workers are exposed to safety and health hazards on the job; however, one of the most significant, and often overlooked, occupational hazards is neither a machine nor a chemical. According to the National Sleep Foundation, sleep deprivation increases the likelihood of a workplace accident by 70 percent. Human error is always possible, but lack of proper sleep increases the likelihood of an accident, many of which can result in major injuries or even fatalities.

The primary way sleep deprivation creates an unsafe workplace is through its effect on motor skills. The Journal of Occupational and Environment Medicine found that 17 to 19 hours without sleep can decrease performance levels comparable to a 0.05 percent blood alcohol level and cut response speeds in half. Like an intoxicated person, a sleep-deprived worker will have poor hand-eye coordination, depth perception and balance. Fatigue from sleep deprivation can impair a worker's ability to meet the physical demands of his or her job.

In addition to impaired motor skills, sleep deprivation can alter judgement and make it difficult to focus and retain new information. These effects can result in risky behavior, such as making impulsive decisions and not adhering to appropriate precautionary procedures. Distractions, errors and impaired short-term memory can lead to costly mistakes and serious health and safety hazards.

Sleep deprivation has been noted to be responsible for a productivity loss of \$136.4 billion annually in the United States. These costs are due to many factors, including "reduced efficiency, high injury and worker compensation costs, and increasing absenteeism for illness related to fatigue." It has been



suggested that "employers may lose the equivalent of [many] days of work throughout the year as ensuing fatigue influences efficiency and overall health."

In addition to work performance, sleep deprivation can have many lasting long-term effects. Illnesses caused by fatigue can be serious. Chronic sleep deprivation has been associated with obesity, worsening of diabetes and other chronic disorders, such as heart disease, digestion and stomach problems, depression, certain cancers, reproductive problems and sleep disorders. Fatigue also lowers immunity and makes workers more susceptible to viruses, such as colds and flu.

Knowing the consequences of sleep deprivation is important, but it is imperative to recognize the signs and symptoms of insufficient sleep. Symptoms of sleep deprivation include:

- loss of appetite;
- complaints of headaches and body pain;
- weariness;
- giddiness;
- mood swings or emotional outburst;
- sluggishness;
- paranoia;
- forgetfulness;

- weight gain;
- loss of balance or hand-eye coordination.

Individuals and employers should be aware of the symptoms and seek further medical evaluation of the affected person.

Finally, sleep deprivation is a growing concern in this country with 24/7 activities and disregard for sufficient sleep. Most adults require at least seven to eight hours of sleep daily. Mattress Advisor, a leader in the sleep industry, recommends workers follow these helpful sleep tips:

- Stick to a schedule and go to sleep at the same time every day.
- Avoid caffeine, alcohol and nicotine.
- Limit naps to make sure you are tired at bedtime.
- Wind down before bed and eliminate electronic devices and noise.
- Change your mattress if it is uncomfortable. 🌙

References

"Sleep Deprivation Hazards on the Worksite/OSHA: Learn 10 Dangers for Tired Workers." American Safety Council. <https://www.americansafetycouncil.com/content/osha-10-safety/>