

Working Well

A HEALTH AND SAFETY INFORMATION PUBLICATION

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Working Well

Wow! Spring of 2020 has been a challenge. No one could have predicted such a devastating pandemic and the enormous effect it has had on our medical system, economy and way of life. As my brother says, “it is what it is.” We will adjust accordingly and get back to a routine.

The first article in this issue of *Working Well*, “COVID-19 Back-to-Work Considerations,” describes actions to take to reduce or mitigate COVID-19 exposure as businesses re-open. Practicing infectious disease precautions is paramount in reducing exposure and spread of the disease. Learning these techniques and implementing them in the workplace and in daily life will undoubtedly reduce morbidity and mortality.

The next article, “Revised Enforcement Guidance for Recording COVID-19” outlines recordkeeping parameters for chronicling and reporting COVID-19 infections that occur in the workplace. The new guidance became effective May 26, 2020 and expands recording obligations for workplace COVID-19 illnesses to all employers.

“My Popping, Snapping, Cracking Back” explains why your back makes noises and whether it is a serious condition or not. The ergonomics article emphasizes the need and benefits of instituting an ergonomic plan and philosophy in the workplace to improve health and decrease musculoskeletal injuries. Finally, “Provider Pearls” by Michelle Surrent, NP, gives us clues that indicate level of hydration and tells us how to replenish fluids to prevent dehydration, helping you stay healthy in the heat of the summer.

Thank you for letting us assist you in your occupational health needs. We strive to resolve the challenges posed by this pandemic while continuing to provide our client companies with excellent service.

– Dana Rawl, MD, MPH

COVID-19 Back-to-Work Considerations

By Dana Rawl, MD, MPH

As America returns to the workplace in the era of COVID-19, employers and employees will be subject to a new normal. As with 9/11, our world and the way we conduct ourselves has changed. The threat of infectious disease transmission will be on the minds of all Americans for years to come. Even if the White House relaxes all stay-at-home recommendations, we will continue to be suspicious of asymptomatic co-workers, acquaintances, friends and family, wondering who may harbor an invisible, contagious, potentially life-threatening virus.

So, how do we return to close quarters and begin to make America work again? Now is the time to work smarter and diligently practice the Centers for Disease Control and Prevention recommendations that we know will help protect us from disease exposure and transmission.

Businesses should provide specific guidance to achieve workplace social distancing, such as physical separation, barrier separation and/or utilize telecommunication. Where social distancing is not possible, define other methods to decrease the potential of exposure by implementing engineering and administrative controls, including ventilation systems or staggered work schedules. Protocols on using personal protective equipment like masks, gowns and gloves should be clearly stated, while

Businesses should provide specific guidance to achieve workplace social distancing, such as physical separation, barrier separation and/or telecommunication.



emphasizing proper wearing of the equipment. There should be specific guidelines to reduce viral transmission in the workplace, including disinfecting surfaces and hand-washing instructions. There should also be policies for employees who are ill or become ill at work or for those returning from an illness to reassure co-workers that the company is mitigating the spread of disease.

Current testing for COVID-19 for active infection and for immunity from a past infection of the virus is not perfected but, in time, these tests will be critical for decision making to quarantine an employee and/or return an employee to work. Ultimately, employee health and

public health will benefit by knowing who is infected, who is immune and who is susceptible to infection. It will still be prudent for employers to screen employees for evidence of illness upon entering the workplace until reliable testing of the general population indicates a safer COVID-19 environment.

The specialty of occupational and environmental medicine is uniquely trained to understand workplace challenges including those posed by an infectious disease. Utilize your occupational health team to assist with infectious disease control planning and education. We are your advocates for health, wellness and safety. 🌿

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Revised Enforcement Guidance for Recording COVID-19

By Dana Rawl, MD, MPH

In an enforcement memorandum dated May 19, 2020, the Occupational Safety and Health Administration updated interim guidance for COVID-19 recordkeeping requirements, which will require covered employers to increase their efforts to determine whether or not to record and report coronavirus [SARS CoV-2 or COVID-19] cases in the workplace.

The new standard went into effect on May 26 and changes the earlier agency policy that had given OSHA enforcement discretion regarding recordkeeping obligations for employers not in the health care, corrections and emergency responder industries. OSHA will now enforce recordkeeping requirements for employee COVID-19 illnesses for all employers, not just those in high-risk industries. OSHA does recognize that certain small employers lack access to employees' medical information, and they will not aggressively enforce the requirement against those employers.

As a rule, OSHA recordkeeping requirements mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log. COVID-19 is a recordable illness and must be recorded if:

- the case is a confirmed COVID-19 illness, as defined by the Centers for Disease Control and Prevention.
- the case is work-related as defined by 29 CFR § 1904.5.
- the case involves one or more of the OSHA general recording criteria set forth in CFR § 1904.7: results in death; days away from work; restricted work or transfer to another job; medical treatment beyond first aid; or loss of consciousness.

OSHA understands the difficulty in determining work-relatedness for COVID-19 infections and will assess employers' efforts in making work-related determinations. A variety of factors will be considered to establish whether

an employer has complied with the obligation to make a reasonable work-relatedness determination. These factors include:

- Reasonableness of the employer's investigation into work-relatedness. For most employers learning of a COVID-19 illness in an employee, (1) it is sufficient to ask how he or she may have contracted the illness, (2) talk to the employee about his or her work and away-from-work activities that may have led to the COVID-19 illness, and (3) review the employee's work environment for potential SARS-Cov-2 exposure.
- Evidence available to the employer. Consider what information was available to the employer at the time work-relatedness was determined.
- Evidence that COVID-19 was contracted at work. When there is no alternative explanation, a case is likely work-related:
 - when several cases develop among employees working closely together.
 - if it is contracted after lengthy, close contact with a customer or co-worker who has confirmed COVID-19.
 - if an employee's job duties include frequent, close exposure to the general public in a locality with widespread transmission.

OSHA has determined that employers do not need to record the illness if they make a reasonable and good faith inquiry but cannot determine whether an employee's



OSHA understands the difficulty in determining work-relatedness for COVID-19 infections and will assess employers' efforts in making work-related determinations.

COVID-19 case is more likely than not related to a workplace exposure.

The new OSHA guidance emphasizes the need for employers to implement preventive measures and procedures for contact tracing as employees return to the workplace. Employers should focus on minimizing exposure risk and develop procedures to investigate the circumstances around those employees who test positive for COVID-19 while respecting the employee's privacy. This OSHA guidance is intended to be time-limited with respect to the current

COVID-19 public health crisis. Check OSHA's website at [OSHA.gov/coronavirus](https://www.osha.gov/coronavirus) for updates. 🌐

References

<https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>

<https://www.fisherphillips.com/resources-alerts-osha-ramps-up-employers-covid-19-recordkeeping>

My Popping, Snapping, Cracking Back: Why Does My Back Make Noise?

By Dana Rawl, MD, MPH

Snap, crackle and pop aren't reserved for breakfast cereal! Most of us will experience a noisy, non-painful, but occasionally achy, back in our lifetime. The sounds the back makes are usually not related to a surgical problem (e.g., herniated disk), but if there is significant pain involved and/or neurological symptoms, further evaluation may be necessary.

There are several theories as to the causes of back sounds. The back has two facet joints with each vertebral body. These joints are not unlike any other joint in our body because they allow for movement and are "oiled" with synovial fluid for smooth movement. One thought is that sudden movement creates either a vacuum or an air cavity in the synovial fluid of the joint, and we hear a pop or snap with the quick collapse of that air pocket.

As we age, arthritic changes can affect the facet joints, causing degenerative changes that lead to loss of cartilage and narrowing of the joint. If the damage is severe, movement of arthritic joints can cause a grinding sensation and cracking or popping sounds.

Muscles, tendons and ligaments attach to the lattice work of the prominent spinous processes and other bone structures that make up the spinal column. As the spine moves,



the muscles contract and ligaments and tendons tighten. When a tense ligament or tendon is pulled across bone, cartilage or another tendon or ligament, it can create a snapping or popping sound. It's like pulling a bow string and letting it go. If the forces are strong enough, the stretched tendon or ligament will also cause sharp pain.

Some people intentionally "crack" their back or neck because it reduces tightness and pressure in the joints or muscles. Others seek manual manipulation of the spine to crack their back or neck. These adjustments seem to help decrease spinal stiffness, relax muscles, improve range of motion

and temporarily decrease pain. Even though the exact mechanics of facet joint cracking are not fully understood, it does feel good.

As noted above and as an important precaution, your primary care provider should evaluate significant pain and/or neurological symptoms associated with back sounds. Otherwise, the sounds the back makes are normal and are not cause for alarm. Stretching the back helps maintain range of motion, mobility and overall back health. So, having your snap, crackle and pop in your daily exercise routine is a good thing! 🌿

Ergonomics: Prevention of Musculoskeletal Disorders

By Dana Rawl, MD, MPH

Musculoskeletal disorders (MSDs) account for 33 percent of all worker injury and illness cases in 2013, according to the Bureau of Labor Statistics. Needless to say, preventing or reducing MSDs in the workplace would reduce workers' compensation costs, lost productivity and disability.

Ergonomics essentially fits the job to the worker. Physical abilities vary greatly in workers, but all are human and subject to musculoskeletal injury. Applying ergonomic concepts to the workplace can reduce risk factors for injury, such as heavy lifting, bending, over-head reaching, working in awkward positions and repetitive work.

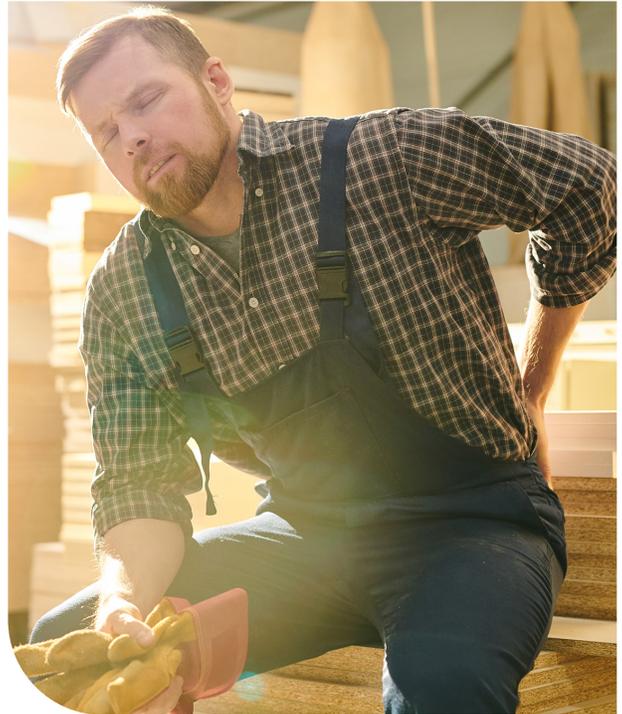
Establishing and implementing an ergonomic process to reduce MSDs is part of providing a safe workplace, but there must be buy-in from management first. Management commitment is paramount to an ergonomic program to establish clear goals and objectives as well as defining responsibilities and guidance necessary for positive outcomes.

Another element needed in developing a successful ergonomic process is worker involvement. Utilizing knowledge and experience from workers performing the essential job duties helps identify potential hazards related to specific tasks, create solutions and provide feedback on process changes. Worker involvement in the process also develops a sense of ownership, pride and job satisfaction for the worker. Other elements in implementing a successful ergonomic process include training and education to ensure employee

awareness of ergonomics and its benefits, early reporting of any injuries for treatment to reduce impairment and identify any injury trends and process evaluation for periodic assessment of goals and continuous improvement.

After identification of potential or existing hazardous activities, successful integration of ergonomic solutions in many industries has reduced musculoskeletal injury by eliminating or substantially reducing MSD injury risk. Those practices and controls implemented in order of least effective to most effective fall into three categories: personal protective equipment; administrative and work practice controls; and engineering controls.

Personal protective equipment is used to reduce exposure to ergonomics-related risk factors, such as providing padding to reduce contact with hard, sharp or vibrating surfaces or using thermal gloves to reduce cold exposure. Administrative and work practice controls provide more efficient procedures to reduce risk, such as rotating workers away from tasks to reduce exposure time to repetitive motion, awkward positions or continued exertion or requiring two persons to lift heavy objects to limit forceful exertion. Engineering controls are most effective



as these controls create a physical change to the workplace that eliminates or reduces the hazardous task, such as installing and using lifts to reduce force exertion, repositioning worktables or using lift tables to allow more neutral work positions to avoid awkward positions or reaching.

Identifying, developing, implementing and accessing an ergonomic process has been and continues to be a significant way to eliminate or substantially reduce risk of MSDs in the workplace. It is a process that can reduce injury rates, save workers' compensation costs, increase worker engagement, improve worker health and morale, and potentially improve work efficiency and productivity. For more information and reference materials, visit [OSHA.gov/SLTC/ergonomics/](https://www.osha-slc.gov/SLTC/ergonomics/). 🌿

Staying Hydrated in Summer Months

By Michelle Surrett, NP

Heat-related illnesses are a serious hazard on industrial work sites, especially during hot summer months. Temperatures in some areas soar past 100 degrees Fahrenheit, which increases the need for workers to stay hydrated. Many industrial workers are also required to wear personal protection equipment due to exposure to operational hazards. This equipment combined with high-heat environments increase the risk of dehydration dramatically. Dehydration can negatively affect the worker's ability to maintain focus, perform safely and function effectively.



To prevent dehydration, some general guidelines for workers are to: drink one cup of water every 15 to 20 minutes if you are moderately active; limit caffeine and alcohol; and drink eight to 10 glasses of water a day regardless of activity level.

According to the Centers for Disease Control and Prevention, the human body has roughly 2.6 million sweat glands. For workers to appropriately replace lost fluids, they should drink water every 15 minutes.¹ The Occupational Safety and Health Administration suggests workers who are exposed to temperatures between 103 and 115 degrees Fahrenheit drink four cups of water per hour.² Water is the best choice of beverage over soft drinks, coffee or alcoholic beverages because alcoholic and caffeinated beverages pull water from the body which promotes dehydration.

A good way to identify if you drink enough water to stay hydrated is to look at the color of your urine. The darker your urine, the more dehydrated you are. Normal urine color is pale yellow. Urine color ranging from lemonade to a brighter shade that

resembles light beer means that you're hydrated. If you have amber-colored urine, you should probably drink some water. Urine that is any shade of brown or dark orange could mean that you are severely dehydrated.

In addition to darkly colored urine, you may also experience the following symptoms of dehydration:

- Excessive fatigue
- Trouble focusing

- Extreme thirst
- Nausea, dizziness or confusion
- Dry mouth
- Rapid heartbeat

Most healthy adults can easily recover from dehydration by drinking a lot of water and fluids high in electrolytes, such as sports drinks. You should seek immediate emergency care, however, if you experience symptoms of confusion, difficulty staying awake, persistent lightheadedness, little to no urination or loss of consciousness.

Prevention is the key to minimizing the risk of dehydration. As we enter into the summer months, make sure you have water readily available at your workstation and that you take appropriate measures to keep cool. ☁

References

¹<https://blogs.cdc.gov/niosh-science-blog/2011/08/12/heat-2/>

²https://www.osha.gov/SLTC/heatillness/heat_index/protective_high.html

TRANSPARENT
You are over-hydrated! No need to drink any more as of now.

LEMONADE
You're doing great! This is a healthy level of hydration.

LIGHT BEER
This is still a healthy level of hydration. Keep up the good work!

AMBER
It's time to drink some water. Try to aim for a lighter color.

DARK ORANGE
You're dehydrated! Drink lots of water and get some electrolytes in your system.