

Welcoming Our New 2006 NSMS Members

On behalf NSMS President Roosevelt, the NSMS Executive Committee and the NSMS Board of Directors, we like to thank all members who have renewed their 2006 membership to the National Safety Management Society. We would also like to acknowledge and welcome the following new members to our Society:

- June A. Parker, Russell Corporation – (Alexander City, AL)
- Tracy L Richter, Installed Building Products – (Columbus, OH)

We appreciate your interest in furthering your skills, knowledge and abilities in the management of safety and risks, as well as your interest to networking and professional development. Welcome again to NSMS!

Calling All NSMS Members: Volunteers Are Needed for Our National Conference Planning Committee

NSMS is still seeking volunteers to form a working committee for planning our 2006 National Conference. We need the efforts and support of all members to keep the information exchange and networking possible. Without a working group, our goal of a conference may not be met this calendar year. If you are interested in participating, please email us at nsmsinc@yahoo.com or call and leave a message at (800) 321-2910. Please spread the word and get involved! Thank you.

Meet Our New NSMS Webmaster



Steve Geigle has taken over as NSMS' website manager, effective June 1, 2006. He has assumed the duties vacated by Michael Wong who has helped maintain our site for over two years and has done an excellent job keeping our information flow uninterrupted and web pages current. We are looking forward to Steve's expertise and energy to develop further features, services and online training programs to our membership. Steve envisions developing a "members only" page that will be password protected and provide our current dues-paying members access to jobs listing, member directory, safety presentations, training and reference materials, etc.

Here Comes the NSMS “Blog”

Steve Geigle has created and launched the “NSMS Blog” on the NSMS website. It will allow members and others to post comments, remarks and initiate discussions about a variety of safety management topics and issues. You can participate in the Blog by going to the NSMS website (<http://nsms.us>) and look for the link on the home page along the left-hand column of navigation areas.

FREE ACCESS: Online Certified Safety and Health Manager (CSHM) Educational and Exam Preparation Reference Materials

As a benefit for our current and future dues-paying members, NSMS is **permanently** offering free access to the Certified Safety and Health Manager (CSHM) preparation and educational materials. The online resources, created by NSMS member Steve Geigle, can be found at www.cshmprep.com and the only action an NSMS member needs to take is to email Steve requesting access from that website. You will need to include your current NSMS member number (found on your membership card and certificate). Once the number is verified, you will be granted a username and password to access the online reference materials. This is a great opportunity to brush up on your safety management and technical knowledge and prepare for a successful passing of the CSHM certification examination.

Free NIOSH Web-Based Trenching Training

NIOSH offers a Web-based training exercise containing material on conducting a safe trenching operation. Topics include the four types of trench collapse, the frequency and cost of trench collapses, trench soil types and common trench protective systems.

View the Trench Safety Awareness Web-based training at <http://www.cdc.gov/niosh/docs/2006-133D/flash/index.html>

CDC Estimates Lifetime Costs of Injuries Within Single Year at \$406 Billion In Medical Expenses, Productivity Losses

New findings released on April 18 by the Centers for Disease Control and Prevention (CDC) highlight the staggering economic impact of injuries. According to CDC, the lifetime cost of injuries occurring in a single year in the United States totals an estimated \$406 billion in medical expenses and productivity losses (including lost wages, fringe benefits, and ability to perform normal household responsibilities).

Nearly \$80.2 billion is attributed to medical expenses, while \$326 billion is estimated for lifetime productivity losses for the almost 50 million injuries that required medical treatment in 2000. These costs begin to accumulate when the injuries occur and are spread over each injured person's expected lifetime.

"The financial and economic impact of injuries in the United States is serious," said CDC Director Dr. Julie Gerberding. "However, by expanding our science-based injury prevention programs, we can drastically reduce these costs and even more importantly help people live longer and healthier lives."

The new data and findings were released in the book "The Incidence and Economic Burden of Injuries in the United States," by scientists from the CDC, as well as scientific research contractors at RTI International and the Pacific Institute for Research and Evaluation. The book, which is the most comprehensive analysis of the economic costs of injuries to date, makes use of 2000 data to update and expand a 1989 Report to Congress.

Researchers noted that actual costs of injuries are likely greater than the figure reported. Police services, caregiver time, costs for pain and suffering, and other non-monetary costs are not included in this analysis.

Additional findings include:

- Males account for approximately 70 percent (\$283 billion) of the total costs of injuries, largely due to higher rates of fatal injury and the magnitude of their lost wages.
- People aged 25 to 44 years represent 30 percent of the U.S. population and 40 percent (\$164 billion) of the total costs of injuries.
- Motor vehicle account for 22 percent (\$89 billion) and fall injuries account for 20 percent (\$81 billion) of the total costs of injuries.

"Many of the nearly 50 million injuries that occur each year in the United States are preventable," said Dr. Ileana Arias, director of CDC's National Center for Injury Prevention. "To accomplish that, though, we need greater recognition of the value of our prevention efforts. As this study shows, the benefits of preventing things like motor vehicle crashes, falls, residential fires, childhood abuses and other injuries are significant."

CDC supports effective interventions to save lives and reduce the cost of injuries, including increased use of child restraint systems, smoke detector programs, multifaceted interventions to prevent falls among older adults, and programs working with parents and others to prevent child maltreatment.

Additional information about this book, the cost of injuries in the United States and CDC's injury prevention work can be found at CDC's Web site -- <http://www.cdc.gov/injury>.

Supervisor Response to Injury May Reduce Claims

Companies that improve the way supervisors respond to employees' work-related health and safety concerns can produce significant and sustainable reductions in future injury claims and disability costs, according to a study from the Liberty Mutual Research Institute for Safety, Hopkinton, MA.

Supervisors trained to properly respond, communicate and problem-solve with employees reduced new disability claims 47 percent and active lost-time claims 18 percent, the study found

Earlier studies from the institute have shown supervisor response to work injuries influences whether injured workers have rapid returns to work or prolonged disabilities.

Study Ranks Workplace Fatality Risk at Small Business Worksites

Fatal accidents were most common at small worksites with fewer than 20 workers that were operated by middle-sized businesses -- defined as those with 20 to 999 employees, according to a RAND Corporation study.

Fatality rates at these worksites were 2 to 5 times higher than similar worksites operated by either small or large businesses. Although the study shows that, within a given firm, smaller establishments are riskier than larger establishments, the research also indicates that small workplaces that are a business' only location are among the safest places to work.

The reasons for this "protective effect" are unclear, although it is possible that the presence of an owner on-site may help to improve safety, the researchers said.

"At a small workplace, one person can make more of a difference, and it seems plausible that an on-site owner might feel more responsibility to try to avoid injuring workers than a hired manager would," said John Mendeloff, the study's lead author and a professor of public policy at the University of Pittsburgh.

The finding provides an important exception to research that workers in small workplaces are at greater risk of fatal accidents than those in larger workplaces, according to an examination of federal workplace fatality reports from 1992 to 2001.

Researchers say the study's findings are important because businesses with fewer than 100 employees play a vital role in the U.S. economy, employing more than half of all American workers.

The research was funded by the Kauffman Foundation and carried out by the Kauffman-RAND Center for the Study of Small Business and Regulation, which is a part of the RAND Institute for Civil Justice.

RAND researchers identified trends in fatal workplace accidents by analyzing more than 17,000 workplace deaths investigated by OSHA. The analysis did not include deaths from assaults and highway crashes, because they are not usually investigated by the agency, the researchers said.

The study identified trends involving both the size of the individual worksite (number of workers at a single location) and the overall number of workers a business employs at multiple locations.

The researchers found that the smallest worksites operated by a business with multiple worksites are likely to be the riskiest. For example, among manufacturing businesses with 1,000 or more workers, the fatality rate at worksites with fewer than 20 workers was 3 times higher than worksites with 20 to 49 workers and 8 times higher than locations with 1,000 or more workers.

Similar patterns were seen for businesses with fewer than 1,000 employees and for most other industries including transportation, public utilities, wholesale, and services, according to the study.

Some policymakers have argued that the burden of health, safety and environmental regulations falls too heavily on small businesses, which have less ability to keep up with regulatory requirements and can't take advantage of economies of scale to meet safety standards.

For example, study co-author Christopher Nelson of RAND said that the information provided by a safety professional might have the same cost regardless of whether it goes to 20 workers or to 1,000.

These results suggest that the safety records of single establishment small firms may justify lighter regulatory intervention there. In addition, it might make sense for OSHA to focus more effort at middle-sized firms that have small establishments, because they present by far the highest fatality risks.

Additional information on the report, "Small Businesses and Workplace Fatality Risk: An Exploratory Analysis," can be accessed at http://www.rand.org/pubs/technical_reports/TR371.

Study: Job Insecurity Takes a Major Toll on Worker Health

Amid growing news of layoffs, outsourcing, corporate bankruptcies and downsizing, a University of Michigan study found feeling insecure about your job takes a toll on physical and mental health—whether or not you actually lose your job.

In fact, the health effects of job insecurity are at least as great as the health effects of a serious or life-threatening illness, according to the study, which was presented April 1 in Los Angeles at the annual meeting of the Silver Spring, MD-based Population Association of America.

Researchers found respondents who reported feeling insecure about their jobs rated their own health significantly lower than respondents who did not report feeling insecure about their jobs. Private-sector employees were more vulnerable to the negative health effects of job insecurity than were public-sector employees.

Job insecurity took a particularly high toll on African American workers, researchers found. African Americans who were chronically insecure about their jobs were nearly three times as likely to report very high depressive symptoms as Caucasians who were insecure about their jobs.

Researchers Document Eyeglass-Related Injuries

An estimated 27,000 people were sent to the emergency department in 2002 and 2003 due to injuries related to wearing glasses, according to a new study.

Researchers said that such injuries could be avoided if people would wear protective eyewear during activities that put them at high risk of eye injury.

The researchers estimated that, in 2002 and 2003, some 27,000 people went to the emergency department seeking treatment for injuries related to wearing glasses. More than 1,000 of these cases were admitted to the hospital for further treatment.

"We also found that injuries related to wearing glasses vary by age and gender," said Huiyun Xiang, a study co-author and an assistant professor of pediatrics at Ohio State University.

For example, people 65 and older were much more likely than younger adults to fall and hit their head, thus causing a glasses-related injury. Sports-related eyeglass injuries were more common in children 17 and younger.

The researchers also found that injuries to the eyeball were much more prominent among people age 18 to 64, compared to children and older adults.

Xiang and his colleagues report their findings in a recent issue of the journal *Ophthalmic Epidemiology*. Xiang conducted the study with lead author Sara Sinclair, a research associate at the Center for Injury Research and Policy at Columbus Children's Hospital, and Gary Smith, the Center's director.

The researchers defined glasses-related injuries as a traumatic event in which the glasses were directly involved in the injury and resulted in a visit to the emergency department. Cases in which a foreign body entered the eye while the person was wearing glasses were also included.

"Injuries related to eyeglasses represent a significant public health problem in all age groups, but eye injuries among working-age adults are one of the leading causes of blindness," said Xiang, who also is an investigator with the Center for Injury Research and Policy at Columbus Children's Research Institute. Some 96 million people in the United States wear prescription glasses.

The researchers gathered data from the National Electronic Injury Surveillance System (NEISS), which is run by the Consumer Product Safety Commission. The NEISS provides data on injuries related to consumer products and sports activities treated in emergency departments in the United States. The NEISS database, which is updated daily, receives data from a network of 98 nationally representative hospitals.

The researchers weighted 642 cases of eyeglasses-related injuries to come up with national estimates. Based on the original number of cases, they estimated that 27,152 injuries related to wearing glasses were treated in emergency departments in the United States in 2002 and 2003.

Of these, 1,031 (3.8 percent) cases were estimated to result in admittance to the hospital for further treatment.

The researchers separated the cases into three age groups: children 17 and younger; working-age adults aged 18-64; and adults age 65 and older. They found that the cause of injury differed considerably by age group.

Falls were by far the greatest cause of glasses-related injuries in older adults, accounting for 90 percent of the injuries in this group. Falls were also the predominant cause of glasses-related injuries in the working-age group, accounting for just over a quarter (26.7 percent) of the injuries in this group.

Sports and recreation activities were the greatest sources of glasses-related injuries in children, and caused 36.6 percent of eye injuries in this group.

Lacerations, or cuts, to the face, head or eyeball were the most common injury among all groups, accounting for about two-thirds (64.7 percent) of the overall glasses-related injuries. Contusions and abrasions were a distant second, making up about 20 percent of all injuries.

Older adults were nearly 30 percent more likely to injure their face and head than working-age adults. The working-age group was by far the most likely to directly injure an eyeball: 37 percent of working-age adults compared to 13 percent of children and just below 7 percent of older adults, suffered eyeball injuries.

The researchers also found that as age increased, so did the number of women who suffered from glasses-related injuries -- women 65 and older comprised nearly two-thirds (65.5 percent) of glasses-related injuries in that age group.

While face and head injuries were more common than eyeball injuries among both males and females, males had a higher percentage of eyeball injuries.

"Some 90 percent of eye injuries are preventable with better education and appropriate use of safety eyewear during activities with a high risk of eye injury," Sinclair said. "While it can be quite costly to put special prescription lenses into already expensive, yet safe, frames, working-age adults who work in hazardous areas may want to consider using protective safety goggles.

"For children who wear glasses, it's important that parents know that prescription eyeglasses aren't able to take the same kind of impact that sport-specific eyewear can," she continued. "These kinds of glasses are typically much more flexible and impact-resistant."

Study Highlights Hazards of Hotel Housekeeper Work

In a survey of more than 600 hotel housekeepers, 91 percent reported experiencing workplace pain, with 66 percent of hotel housekeepers who reported workplace pain saying they took pain medication and 67 percent saying they visited a doctor.

These are the findings of a new study, "Creating Luxury, Enduring Pain." which is based on recent work by a group of occupational medicine experts in conjunction with the union UNITE HERE.

According to the union, the report uses the first comprehensive analysis of employer records of worker injuries, including records of the major five hotel companies. The analysis covers seven years (1999 - 2005) and more than 60 hotel properties with approximately 40,000 hotel employees. The report claims that not only are housekeepers injured more frequently than other hotel and service workers, but this problem is only getting worse as hotel companies implement room changes including heavier beds and linens and in room amenities like coffee makers and treadmills.

Housekeepers endure this workplace pain and continue to work because they value their jobs and their customers. Valessie McCaskill, a housekeeper at the Chicago Hilton and Towers said, "Some days my leg would swell up and I would literally limp from room to

room. When the pain was at its worst, I would sit on the beds and cry because it hurt so much. In the rooms, at least no one would see me."

The results of the study were presented at NIOSH's 2006 National Occupational Research Agenda (NORA) symposium in April. Using hotel employer records of housekeeper injuries, combined with evidence from earlier surveys, the study reveals that housekeepers face prevalent pain and disproportionate rates of workplace injury.

Findings include:

- In the 1999 to 2005 period, hotel housekeepers faced an injury rate of 10.4 percent, which is more than 86 percent higher than the injury rate experienced by non-housekeepers (5.6 percent).
- Between 1999 and 2005, housekeepers faced a 61.4 percent higher risk of injury compared to all hotel workers.
- Hotel rooms have become more hazardous places to work in recent years. Between 2002 - 2005 period, housekeepers had a 71 percent higher risk of injury relative to all hotel workers compared to 47 percent in the 1999 - 2001 period.

According to Laura Punnett, an occupational epidemiologist and ergonomist at the University of Massachusetts Lowell and one of the coauthors of the recent NIOSH presentation on housekeeping health and safety: "Work like hotel room cleaning has been shown over and over again to increase the risk of musculoskeletal disorders, such as low back pain and tendonitis. The prevalence of low back pain and related symptoms is unusually high in hotel workers."

For more information, go to <http://www.hotelworkersrising.org>.

OSHA Launches Summer Job Safety Campaign For Teen Workers

Teen workers are the focus of a new campaign launched on April 6 by Assistant Secretary of Labor for Occupational Safety and Health Ed Foulke.

"Summer is peak time for teen employment," said Foulke, who was sworn in April 3 as the new OSHA assistant secretary. "We're launching this safety campaign now to help educate teens on workplace dangers and offer solid safety tips that will help them stay safe and healthy on the job."

The Teen Summer Job Safety Campaign, sponsored by OSHA, is a multi-year project to increase awareness about workplace hazards, and provide possible solutions to those hazards, for young workers and their parents. The campaign will focus on industries in which young people are likely to work during their high school and college years. The first year will target the landscaping industry. The kick-off event also highlighted the

Department of Labor's Youth Rules! Initiative to bring teens, parents, educators, employers, government, unions and advocacy groups together to ensure young workers have safe and rewarding work experiences.

The safety campaign stems from OSHA's ongoing efforts to design new ways to raise job safety and health awareness among teens. OSHA is launching the campaign from Edison Academy which is affiliated with SkillsUSA, a national organization of nearly 300,000 high school and college students and professional members enrolled in training programs in technical, skilled and service occupations. OSHA signed an alliance with that organization last October.

This year's campaign theme is "Landscaping -- Plant Your Feet on Safe Ground." OSHA developed a resource kit, or "tool box," designed to help prevent injuries on the job in landscaping. The kit includes materials from OSHA, the Wage and Hour Division, the Environmental Protection Agency and other organizations on potential industry hazards, including machinery, sun and heat, and pesticides, and ways to avoid them.

The kit can be downloaded from OSHA's Teen Workers Web page at <http://www.osha.gov/SLTC/teenworkers/index.html>.

Tips: Highway Worker Safety

"Working at the Speed of Night" was the theme for this year's National Work Zone Awareness Week, the seventh annual event that highlights safety awareness for workers in highway work zones.

Sponsored by the Federal Highway Administration (FHWA), the event ran from April 3-9 and focused on the dangers associated with night work zones. The FHWA, along with the American Association of State Highway and Transportation Officials and the American Traffic Safety Services Association, established the annual National Work Zone Awareness Week held every year in April. Through a large network of government and industry partners, including OSHA, the week of national, state and local public activities seeks to raise public awareness about the need for driving safely in work zones.

The FHWA offers the following worker safety tips:

Worker training:

- Workers should be trained in how to work near traffic.
- Workers responsible for temporary traffic control should be adequately trained.
- Work rules should be established and enforced to minimize worker risks from traffic.

High-visibility apparel:

- All workers should wear high visibility apparel.
- Worker visibility during dawn or dusk conditions may be enhanced by the use of fluorescent colored high-visibility apparel.
- The use of colors such as yellow-green for the worker apparel may help to differentiate the worker from the orange colored work vehicles, signs, drums, etc.

Activity area planning:

- Routes should be identified and marked to allow workers and work vehicles to safely enter and exit the work space.
- Backing should be controlled by spotters or other positive means wherever workers or pedestrians may be present.
- Overhead and underground utilities should be located and marked to prevent contact by equipment and workers.

Speed control:

Compliance with posted speed limits is important to protect workers and the traveling public. The following strategies can be used to control traffic speeds through work zones, whether or not the speed limit is reduced:

- Establish appropriate speed limits for work zone.
- Properly posted regulatory speed limits.
- Law enforcement.
- Radar activated changeable message signs.
- Flaggers (under some conditions).

Positive separation of traffic and work activities:

Separating traffic from work activities by the use of temporary traffic barriers, shadow vehicles with truck-mounted attenuators, or similar devices minimizes risk for both workers and travelers. The need for positive separation should be based on work zone factors including:

- Traffic speed and volume.
- Distance between workers and traffic.
- Duration and type of work operations.
- Physical hazards present in the work zone.
- Alignment of traffic lanes through the work zone

Lighting:

Temporary lighting should be used in night work zones to accomplish the following:

- The work area and its approaches should be lighted to provide better visibility for drivers to safely travel through the work zone.
- Illumination should be provided wherever workers are present to make them visible.
- Glare must be controlled so as not to interfere with the visibility of the work zone by drivers and workers.

Worker safety planning:

Planning, implementation, and oversight of worker safety should be the responsibility of a competent safety specialist, and should adequately address the requirements of OSHA and the Manual on Uniform Traffic Control Devices (MUTCD). In particular:

- A hazard assessment of the work site should be conducted to identify worker risks.
- Engineering and administrative controls and personal protective measures should be implemented to protect workers from the identified risk.

Special devices:

Judicious use of special traffic control devices may be helpful in reducing worker risks in certain work zone situations. These include:

- Rumble strips
- Changeable message signs
- Intrusion alarms
- Spotters

According to the FHWA, the seven-year period ending in 2004 saw nearly a 50 percent increase in work zone fatalities. In 2004, there were an estimated 1,068 fatalities in work zones. While 80 per cent of those fatalities involved motorists, construction workers and other employees laboring in highway work zones do fall victim to work zone hazards.

More information on highway work zone safety in general and the week's events in particular, is available on FHWA's Safety Page on its Web site:

<http://safety.fhwa.dot.gov/index.htm>

Chronic Pain Impacts Both Workers, Employers

Social stigmas and job fears help mask the true size of chronic pain's impact on workers and employers, according to a researcher.

"Generally speaking, chronic pain and other physical and mental disorders have been categorized as 'silent disorders' in the workplace simply because most employees are afraid of the consequences if employers find out," said Wayne Hochwarter, an associate professor of management in Florida State University's College of Business in Tallahassee, Fla.

He has conducted several studies to examine the role of chronic pain on work factors such as job stress, employee performance and organizational profitability. Chronic pain, which is any physical discomfort lasting for at least six months, affects up to 50 million Americans, most of whom work full time. Common forms of chronic pain include headaches, backaches, arthritis, respiratory conditions, and ailments caused by sports injuries or other traumas, such as car accidents.

Hochwarter's research indicates that chronic pain at work has a significant effect on both the worker and the organization. For example, higher levels of chronic pain are associated with:

- More conflict on the job
- Less-effective communication
- An inability to focus on tasks that require sustained concentration
- Less enthusiasm for the job
- Fewer favorable interactions with coworkers and supervisors
- Less support from the organization
- More job tension
- Higher levels of depressed mood (feeling "blue" on the job, etc.)

Hochwarter also was interested in gauging the bottom-line consequences of chronic pain for sufferers.

"For those experiencing even moderate levels of chronic pain, the financial consequences are staggering," he said.

In one study, Hochwarter asked more than 2,000 employees to report the number of hours per week that pain caused them to be ineffective.

"The results indicate that chronic pain accounts for over five hours per week of lost productivity," he found. "When projected over the course of the year, we are talking about more than \$5,000 per employee."

According to Hochwarter, this result does not take into consideration indirect costs, which can double or triple the amount.

"An inability to be productive also affects customer retention and increases bottlenecks caused by not keeping up with others, not to mention the costs associated with absenteeism, tardiness and ongoing medical treatment," he said.

Hochwarter suggested that a proactive approach by employers may help minimize some of these undesirable effects.

"First, education and communication can go a long way in reducing the stigma of chronic pain as a weakness," he said. "Also, organizational support, even if it is only in the form of empathy, may help sufferers get through the roughest days."

Warning Signs That Should Never Be Ignored!

Too many times people (especially men) ignore their body's warning signals of a serious problem. According to the American College of Emergency Physicians, here are the seven warning signs that indicate a medical emergency which should **NOT** be ignored:

1. Chest pain or upper abdominal pain or pressure.
2. Fainting or feeling faint.
3. Difficulty in breathing or shortness of breath.
4. Dizziness, sudden weakness, or sudden change in vision.
5. Sudden severe pain anywhere in your body.
6. Severe or persistent vomiting.
7. Suicidal or homicidal feelings.

Safety Training Strategies – The Echo Syndrome *(Never Do This When It's Your Turn to Talk)*

Repetition is a fine way to emphasize. Not only that, you can also emphasize something with repetition. Not only that, but one way to emphasize a point is by repeating it. Not only that, but repetition is also a fine way to irritate your audience.

Certainly one of the principal ways you can help your audience fix in mind what you say is to repeat the points that are important. However, we often go overboard and repeat an idea (or complicate it) to the point where it loses its impact.

There are three main reasons why we exhibit this Echo Syndrome:

1. We have more time than material.
2. We are unprepared or unfamiliar with the subject.
3. We are unusually nervous.

This disease comes in two varieties: repeating the same thing over and over again syndrome, and complicating an idea to an extreme degree syndrome.

No matter which strain you have, here are five remedies you may want to try:

REMEDY #1

Finish early. Even if it means the meeting will end much sooner than scheduled. As Winston Churchill put it, “say what you have to say and the first time you come to a sentence with a grammatical ending sit down.” Unless you are being paid as a professional speaker, no one will mind that you ended early.

REMEDY #2

Divide your presentation into sections based on the main ideas. Allot a specific amount of time to each section. Then monitor yourself while you practice and while you present. Unless the setting allows for questions throughout the meeting or program, stick to the timing you decided on.

REMEDY #3

Edit your notes with the goal of removing redundant words or phrases. Use a thesaurus to find new ways to describe your ideas.

REMEDY #4

According to Thomas Jefferson, the most valuable of talents is that of never using two words when one word will do. Instead of saying the door which you see indicated with a circle, just say, the door with a circle or the door that circled. Also, keep a check on the words you use. For instance, methodology is a five-syllable mouthful that can be replaced with the simple two-syllable word, method. (Most words with logy as a suffix are four letters too long.)

REMEDY #5

If you are unfamiliar with the topic, rambling repetitions won't help. Say what you can and then cut it. If your audience is a small group of friends, it may help to explain your dilemma.

Safety Training Strategies – Be Negative *(Never Do This When It's Your Turn to Talk)*

An in-house training seminar was conducted about a month ago. It was a dreadful waste of my time. Attendees hated it because the instructor hated it. And he let everyone in the room know he hated it. Attendees were told several times that the material was boring, unnecessary, and ridiculous. Many came to the session calmly and without prejudice, but left with anger and a headache.

The trainer started the seminar with, "I'm sorry you all have to be here today for this, so let's just get through the material." That sure didn't excite people; many felt their neck muscles tighten, veins in their forehead popped, and if they weren't holding a cup of coffee, there was sure to be bloodshed. However, after a few raging moments, people began to calm down; some even thought that maybe there was some work in their briefcases. Some whispered to themselves, "perhaps there is a lesson plan they could revise or a form they hadn't filled out."

Painfully, many tried to pay attention but just couldn't get past the instructor's negative attitude. Neither could anyone else. The negativity was contagious. Everyone's body language said bored, frustrated, or let's form a mob so we can end this misery.

In desperation, some began to open the handout material to find some white space to doodle on. Instead, they began reading the material. To their surprise, it wasn't bad stuff. In fact, it made good sense. People couldn't understand why this guy didn't present the topic in a positive way. If the instructor had, people would have listened, gladly participated, and left without a headache.

Even when the material is dry, an instructor should still present it without complaint. This is not difficult. All a person has to do is keep these five points in mind:

Point One: Most audiences will mimic your emotions. If you display anger or frustration, so will they.

Point Two: YOUR reputation NOT the material is what will be affected by a negative attitude.

Point Three: Time seems to pass faster when you are enjoying yourself. If you wish to ease the pain of a boring subject, entertain your audience.

Point Four: Even if the material doesn't apply to the type of work your audience does, they will still enjoy learning from you if you use interesting techniques.

Point Five: Just because YOU dislike the topic, it doesn't mean your audience will.

Safety Training Strategies – Taste and Touch Test (HazCom Training)

Here is a way to get a reaction in your next Hazard Communication (HazCom) training session. Fill up three small cup sized containers with water, then add blue food coloring to one and yellow to another, and leave the last one clear. The thought is to make them look like window cleaner, pinsol, bleach or chemicals with that color.

As the class enters the room, have the three containers sitting in front of them. Tell the attendees that you went into the work areas and found a few chemicals. Also ask if anyone could tell you what they are, then pass them around.

Most people will dip a finger in it to feel the consistency. Other people will try to smell it. Very few people will try to taste it. There are a handful of people that will not do anything because they know that touching, smelling, or tasting a chemical could cause serious damage. Of course it's water and no matter what the people do, they will not get hurt, but what if it was a chemical? Then follow up with some chemical injury stories that bring the point of labeling the chemicals home. This should help your employees with HazCom training.

Safety Training Strategies – Drawing Pennies

When conducting a safety meeting people feel they have heard it all before and don't want to pay attention. Here is a training strategy to get your point across that there is always something to learn. Have the attendees to your training session do the following:

- 1) Ask people to guess how many pennies they have seen in their lifetime and write down some of the numbers called out.
- 2) Then tell them that the US Treasury says that on average you see 1,000 pennies per every year of your life (i.e. 35 years old = 35,000 pennies).
- 3) Give each person a blank piece of paper and ask them to label one side front and the other side back.
- 4) Next, ask them to draw the front and back sides of a penny.
- 5) Then watch to see how everyone is doing. The vast majority of people will have this befuddled look and cannot draw the penny.
- 6) Hand out a penny and ask everyone how their drawings compared. Every once in a while you'll get someone who was able to draw the penny, but most people can't.

Point out to your attendees that they typically see a penny 1,000 times per year and yet most of them still could not draw it. So, even if they have heard all this safety information before, chances are they only retained a small portion of the information and can still learn at least one thing today. This exercise seems to get everyone's attention and you'll have a lot more participation in your training classes!

Safety Tidbits (from "Safety Stuff" by Richard Hawk Inc.

<http://www.richardhawking.com>)

- Ulcers are more aggravated by decaf than by regular coffee.
- The most likely day of the week to die: Saturday.
- A champagne cork leaves the bottle at approximately 60 mph.
- About 70 percent of the people who die in survivable plane crashes reportedly die of smoke inhalation after the plane has come to a stop.
- A 130 lbs woman wearing stiletto heels exerts 552 pounds of pressure per square inch at the heel.
- Though riding a bus is one of the safest modes of transportation in reference to serious injuries and death, more people are hurt (minor injuries) riding buses than any other form of transit.
- The safest piece of playground equipment is a spring-loaded seesaw.
- Only 12% of those arrested for murder are women.
- A common cause of death among cowboys in the "old west": prostate cancer.

Longest Lasting

... **Tornado on record:** On May 26, 1917, a tornado traveled 293 miles from western Illinois to eastern Indiana--more than seven hours on the ground.

... **Tire fire:** In 1983 nearly 7 million tires on a West Virginia ranch burned for more than 9 months. (It took 22 years and cost more than \$11 million to clean it up.)

... **Volcanic eruption:** The volcano on the Italian island of Stromboli has been erupting continually since 450 B.C.

... **Human:** Jeanne Louise-Calment of Arles, France, died in 1997. She was 122 years old.

HUMOR CORNER: “THE HUSBAND ALLERGY “

Doctors used to laugh when ladies came in complaining that they must be allergic to their husbands, but now we know that you can develop an allergy to just about anything-- including husbands!

One lady became allergic to her hubby after 25 years of happy marriage. As soon as he came into the house she became uncomfortable with various aches and pains for which her physicians could find no solution. The couple was actually forced to live apart for months before the source of the problem was discovered: the husband was a dentist and had switched to a new type of anesthetic for his patients, and his unfortunate wife was reacting to the residues of these substances.

So, how'd they solve their problems? Thorough washing by the dentist and a quick change of clothing before coming home restored their conjugal bliss.

Source: *Condensed Knowledge* by Will Pearson, Mangesh Hattikudur and Elizabeth Hunt