

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:

- Christian J. Anderson, Western Co. of Texas – (Denton, TX)
- Luis Baeza, Phelps Dodge Copper Products – (El Paso, TX)
- Timothy D. Ervine, Duke Energy – (Charlotte, NC)
- Roberto Minjares Ramirez, R&S Minjares y Asociados – Hermosillo, Senora - Mexico)
- Xiaobo (Jeff) Mu, Dell, Inc. – (Round Rock, TX)
- Debbie Thompson, City of San Antonio – (San Antonio, TX)

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 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.

The NSMS “Blog” is Here

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.

OSHA Inspection Plan Targets About 4,250 High-Hazard Worksites

About 4,250 high-hazard worksites are on OSHA's primary list for unannounced comprehensive inspections over the coming year.

"Our targeted inspection program maximizes the effectiveness of our inspection resources to those workplaces with the highest safety and health hazards," said OSHA Administrator Edwin G. Foulke Jr. "This program gives us the opportunity to focus our enforcement efforts where it will have the most benefit for workers and employers."

Over the past eight years, OSHA has used a site-specific targeting inspection program based on injury and illness data. This year's program (2006 site-specific targeting or SST-06) stems from the agency's Data Initiative for 2005, which surveyed approximately 80,000 employers to attain their injury and illness numbers for 2004.

This year's program will initially cover about 4,250 individual worksites on the primary list that reported 12 or more injuries or illnesses resulting in days away from work, restricted work activity, or job transfer for every 100 full-time workers (known as the DART rate). The primary list will also include sites based on a "Days Away from Work Injury and Illness" (DAFWII) rate of 9 or higher (9 or more cases that involve days away from work per 100 full-time employees). Employers not on the primary list who reported DART rates of between 7.0 and 12.0, or DAFWII rates of between 5.0 and 9.0, will be placed on a secondary list for possible inspection. The national incident DART rate in 2004 for private industry was 2.5, while the national incident DAFWII rate was 1.4.

OSHA will again inspect nursing homes and personal care facilities, but only the highest 50 percent rated establishments will be included on the Primary List. Inspections will focus primarily on ergonomic hazards relating to resident handling; exposure to blood and other potentially infectious materials; exposure to tuberculosis; and slips, trips, and falls.

The agency will also randomly select and inspect about 175 workplaces (with 75 or more employees) across the nation that reported low injury and illness rates for the purpose of reviewing the actual degree of compliance with OSHA requirements. These establishments are selected from those industries with above the national incident DART and DAFWII rates.

In the SST-06, the agency has revised a provision concerning the Enhanced Enforcement Program (EEP) to allow for the deletion of certain establishments if they have had a comprehensive safety inspection (or a focused inspection for those in SIC 805) within the previous 12 months.

Finally, the agency will include on the primary list some establishments that did not respond to the 2005 data survey.

The 2006 site-specific targeting plan can be accessed (PDF format) at http://www.osha.gov/OshDoc/Directive_pdf/CPL2_06-01.pdf.

OSHA Offers Best Practices Guide To Developing Workplace First Aid Programs

There are a number of elements to include when planning a first aid program for a particular workplace. OSHA has issued a document to help employers and employees develop such programs: *Best Practices Guide: Fundamentals of a Workplace First-Aid Program*.

"Workplace first-aid program is a key component of any comprehensive safety and health management system," said OSHA Administrator Ed Foulke. "Our new guide offers practical information on how to help employers plan and implement first-aid programs as well as effective training."

The new OSHA guide identifies four essential elements for first-aid programs to be effective and successful; management leadership and employee involvement, worksite analysis, hazard prevention and control, and safety and health training.

The guide details the primary components of a first-aid program at the workplace. Those elements include:

- Identifying and assessing workplace risks.
- Designing a program that
 - Aims to minimize the outcome of accidents or exposures
 - Complies with OSHA requirements relating to first aid
 - Includes sufficient quantities of appropriate and readily accessible first-aid supplies and first-aid equipment, such as bandages and automated external defibrillators.
 - Assigns and trains first-aid providers who:
 - receive first-aid training suitable to the specific workplace
 - receive periodic refresher courses on first-aid skills and knowledge.
- Instructing all workers about the program, including what to do if a coworker is injured or ill. Policies and program should be in writing.
- Evaluating and modifying program to keep it current, including regular assessment of the first-aid training course.

The guide also includes best practices for planning and conducting safe and effective first-aid training. OSHA recommends that training courses include instruction in general and workplace hazard-specific knowledge and skills, incorporating automated external defibrillator (AED) training in to CPR training if an AED is available at the work site, and periodically repeat first-aid training to help maintain and update knowledge and skills.

There were 5,703 work-related fatalities in private industry in 2004. In that same year there were 4.3 million total workplace injuries and illnesses, of which 1.3 million resulted in days away from work.

Occupational illnesses, injuries and fatalities in 2004 cost the United States' economy \$142.2 billion, according to National Safety Council estimates. The average cost per occupational fatality in 2004 exceeded one million dollars.

The guide can be accessed at <http://www.osha.gov/Publications/OSHA3317first-aid.pdf>. For additional information, see OSHA's Safety and Health Topics page on Medical and First Aid at <http://www.osha.gov/SLTC/medicalfirstaid/index.html>.

OSHA e-HASP Software – Version 2.0 is Available

OSHA has updated the computer software for generating a site-specific health and safety plan (HASP) for hazardous waste sites required under the Hazardous Waste Operations and Emergency Response standard. OSHA conducts inspections of hazardous waste site activities. During these inspections, deficiencies in written Health and Safety Plans

(HASP) are commonly found. These deficiencies generally indicate a lack of knowledge and/or understanding of the required content of the HASP. The most consistent deficiency is a lack of site-specificity in the plans.

The e-HASP2 program is more practical and user friendly to health and safety professionals for providing "model" language acceptable to OSHA in preparing a site's HASP, officials said. It also features an updated chemical database and embedded decision logic to assist in identifying hazards associated with site-specific contaminants and choosing effective site controls for worker protection.

The e-HASP2 software includes fifteen chapters and these are listed below:

- Organizational Structure
- Job Hazard Analysis
- Site Control
- Training Program
- Medical Surveillance Requirements
- Personal Protective Equipment (PPE)
- Exposure Monitoring
- Thermal Stress
- Spill Containment Program
- Decontamination Program
- Emergency Response Plan
- Standard Operating Procedures
- Confined Space Programs
- Hot Work
- Lockout/Tagout

The e-HASP2 program can be accessed at:
<http://www.osha.gov/dep/etools/ehasp/index.html>.

MSHA Issues Final Rule On Diesel Particulate Matter Protections

MSHA on May 18 issued a final rule on protections for miners exposed to diesel particulate matter (DPM) from diesel exhaust in underground metal and nonmetal mines.

Diesel particulate matter consists of tiny particles present in diesel engine exhaust that can readily penetrate into the deepest recesses of the lungs. The confined underground mine work environment may contribute to significant concentrations of particles produced by equipment used in the mine.

The final rule phases in the DPM final limit of 160 micrograms of total carbon per cubic meter of air over a two-year period, based on technological feasibility information in the

record. On May 20, 2006, the first phase of the final limit of 308 micrograms of elemental carbon per cubic meter of air will become effective. On Jan. 20, 2007, the DPM limit will be reduced to 350 micrograms of total carbon per cubic meter of air. The final limit of 160 micrograms of total carbon per cubic meter of air will become effective on May 20, 2008. Mine operators must continue to use engineering and administrative controls, supplemented by respiratory protection when needed, to reduce miners' exposures to the prescribed limits. Like the existing DPM limit, MSHA will enforce the final limits as permissible exposure limits (PEL).

Furthermore, this final rule establishes new requirements for medical evaluation of miners required to wear respiratory protection, and transfer of miners who are medically unable to wear a respirator. It deletes the existing provision that restricts newer mines from applying for an extension of time in which to meet the final concentration limit.

Additional information on the rule, "Diesel Particulate Matter Exposure of Underground Metal and Nonmetal Miners," including a May 18 *Federal Register* notice, can be accessed at: <http://www.msha.gov/01-995/dieselpartmnm.htm>.

Hurricane Planning Safety Tips Courtesy of EPA.

In May the National Weather Service predicted a "very active" hurricane season for 2006, with 8-10 hurricanes of which 4-6 could be major (Category 3, 4, or 5). However, NOAA does not currently expect a repeat of 2005's record season. Hurricane season began on June 1 - The start of hurricane season is a reminder to make any preparations that can minimize injury and property damage. Households and businesses should take this opportunity to start planning well in advance before a hurricane is predicted.

EPA is providing information for people, businesses and state and local governments on preparations to make before hurricane force winds or storm flooding may occur. This information is available at: <http://www.epa.gov/hurricanes>. Households and businesses should take the opportunity to start planning at the beginning of the hurricane season and prepare well in advance.

Companies Need More Global Approach To Prepare For Potential Flu Epidemic

An avian flu pandemic requires global, holistic planning by companies, according to a new report from The Conference Board, a global research and business membership organization.

The avian flu virus, which has spread rapidly in wild-bird and fowl populations through Asia, Europe and Africa, has killed about half the people who have contracted the virus from birds. While the timing and severity of a worldwide pandemic are difficult to predict, the report warns that "to gamble that it won't happen or its impact will be minimal could prove catastrophic for businesses."

Responding to a flu pandemic requires a different kind of business response than natural disasters and other crises. "Unlike most business continuity planning efforts, coping with a pandemic requires a more holistic response," said Ellen Hexter, director of The Conference Board Integrated Risk Management Program and author of the report. "Most crisis management and business continuity plans are built on the expectation of loss of infrastructure or data, for example. An avian flu pandemic would be nearly the opposite, impacting the workforce in one's own company and throughout the supply chain."

Pandemic crisis management requires a range of tools, from scenario planning to creating global, company-wide strategies to deal with potential disasters. The creation of crisis management and business continuity planning can help transform risk mitigation strategies into business processes to manage extraordinary events, The Conference Board stated.

For more information on avian flu preparedness visit:

http://www.conference-board.org/knowledge/resources/resource_avianFlu.cfm

Mississippi AG Releases Workplace Violence Guide

State Attorney General Jim Hood announced on May 22 the launch of a new initiative to prevent workplace violence. He is joined in the effort by Blake Wilson, president of the Mississippi Economic Council (MEC) and Jay Moon, president of the Mississippi Manufacturers Association (MMA). The AG's office offers a booklet, "Workplace Violence Prevention: A Guide," which can be downloaded at no charge, that is designed to help prevent workplace violence by providing a profile of a potentially violent employee and establishing a protocol for employees and management to report information. This guide also includes tips on how to respond during a violent event in the workplace and where to get help afterward. Many acts of workplace violence can be prevented if employees and management know the signs that are common in potentially violent employees and how to confidentially report these factors to a designated law enforcement officer trained to intervene.

A copy of the guide can be downloaded at no cost on the Attorney General's Web site at <http://www.agjimhood.com>. Copies can also be ordered by calling (601) 359-6766 or (800) 829-6766.

Study: Early Occupational Exposure To Lung Irritants Results In Ailments Years Later

Occupational exposure to lung irritants early in a young worker's career can lead to increased doctor visits for lung problems in later years, according to a study presented on May 21 at the American Thoracic Society International Conference (<http://www.thoracic.org>).

The study looked at four groups of apprentices: painters, machinists, electricians and insulators; all of these 348 apprentices were in their early 20s in 1988. The researchers evaluated medical records of the apprentices' physician visits from 1991 to 2002.

They found that those workers who developed the worst sensitivity to lung irritants over the first two years of employment were more likely to visit the doctor for both asthma and bronchitis in later years. Machinists were most likely to have the worst cases of new sensitivity to lung irritants.

"We know that exposure to irritants in the workplace can change people's lung function later in life, but we can't predict who will go on to develop lung disease," says lead researcher Cheryl Peters, of the Occupational and Environmental Hygiene Department at the University of British Columbia in Vancouver (http://www.soeh.ubc.ca/About_Us/Current_Students.stm). "We hope this study may begin to answer that question. We are following workers over time and looking at patterns in their healthcare utilization records."

She noted that this is part of a larger study which also is recording workers' physical measurements, such as lung function. A 15-year followup of the workers is currently underway, in which workers' medical records and lung function will be compared.

Peters stated that painters, particularly auto painters, are exposed to chemicals in paint called isocyanates, which are known to cause asthma. Machinists in the study may have been exposed to chemicals or contaminants in metal working fluids that could be a risk factor for developing both asthma and bronchitis, she said.

Study: Lead Exposure Results In Brain Cell Loss, Damage Years Later

People who worked with lead have significant loss of brain cells and damage to brain tissue 18 years after the exposure, according to a new study published in the May 23 issue of *Neurology*, the scientific journal of the American Academy of Neurology.

The study examined 532 former employees of a chemical manufacturing plant who had not been exposed to lead for an average of 18 years. The workers had worked at the plant for an average of more than eight years.

The researchers measured the amount of lead accumulated in the workers' bones and used MRI scans to measure the workers' brain volumes and to look for white matter lesions, or small areas of damage in the brain tissue.

The higher the workers' lead levels were, the more likely they were to have smaller brain volumes and greater amounts of brain damage. A total of 36 percent of the participants had white matter lesions. Those with the highest levels of lead were more than twice as likely to have brain damage as those with the lowest lead levels. Those with the highest levels of lead had brain volumes 1.1 percent smaller than those with the lowest lead levels.

"The effect of the lead exposure was equivalent to what would be expected for five years of aging," said study author Walter F. Stewart, PhD, of the Center for Health Research of the Geisinger Health System in Danville, Pa., and the Johns Hopkins Bloomberg School of Public Health in Baltimore, MD.

Stewart said the results confirm earlier findings in this same population that people with occupational lead exposure experience declines in their thinking and memory skills years after their exposure. "The effect of lead on the brain is progressive," Stewart said. "These effects are the result of persistent changes in the structure of the brain, not short-term changes in the brain's neurochemistry."

The findings raise new questions, according to Andrew S. Rowland, PhD, of the University of New Mexico in Albuquerque, who wrote an editorial accompanying the article. "There have been many studies done on the effects of lead on children's IQ, but the possible effects in other areas, such as attention, aggression, or any mental disorders, have gotten less attention. Exposure to inorganic lead, like that found in paint, remains an important public health problem. And those of us who grew up before the late 1970s still carry high lead levels in our bodies. We need more studies addressing the potential chronic health effects of those exposures."

Study: Nearly 18 Million Americans Lack Basic Driving Knowledge, Exhibit Dangerous On-Road Behavior

One in 11 U.S. drivers -- nearly 18 million people -- would fail a state drivers test, according to results from the second annual GMAC Insurance National Drivers Test. Furthermore, the study shows drivers deliberately disregard pedestrians and treat driving as the new "down time," where they catch up on the day's activities, diverting their attention from the road.

The results come one year after GMAC Insurance first set out to gauge the knowledge of the American driving public, when licensed drivers were administered 20 questions found on a typical DMV written drivers test. The 2006 findings indicate drivers still do not have adequate knowledge of basic rules of the road, and they exhibit bad habits behind the wheel. For the second year in a row, Oregon drivers ranked highest on the test, with an average score of 91 percent (70 percent or higher is required to pass a standard drivers test), and Rhode Island ranked lowest, with an average score of 75 percent.

"The rules of the road should not be something you learn once when you are 16 years old," said Gary Kusumi, CEO and president, GMAC Insurance - Personal Lines. "We want to remind everyone that they need to work on their driving skills every day. If we're all diligent, we can avoid many accidents and stay safe."

The drivers test administered in the study is available to the public online at www.gmacinsurance.com, as well as additional resources such as tips to stay safe on the road and the most common accident causes.

Drivers Disregard Pedestrians

Results suggest that many Americans exhibit shocking driving behaviors that not only endanger themselves, but jeopardize others both on and off the road. Roughly one in three drivers usually do not stop for pedestrians -- even if they're in a crosswalk or at a yellow light. At least 1 out of 5 drivers do not know that a pedestrian has the right of way at a marked or unmarked crosswalk, according to the findings.

According to the Insurance Institute for Highway Safety (IIHS), pedestrians constitute the second largest category of motor vehicle crash deaths after vehicle occupants, accounting for 11 percent of fatalities.

Forty-three percent of all pedestrian injuries and 22 percent of fatal injuries to pedestrians occur in collisions with motor vehicles at intersections. In addition, many pedestrians are killed on sidewalks, median strips and traffic islands.

Driving is the New "Down Time"

The study unearthed a growing trend in which Americans treat driving as a time to catch up on activities they didn't get to in their hectic day. Results show that while driving,

American drivers engage in a variety of distracting behaviors, including chatting on a cell phone, sending text messages, E-mailing friends, selecting songs on iPods, applying makeup, changing clothes and reading. Eating and talking on a cell phone are by far the most common activities (42 percent eat and 40 percent chat on cell phones).

Younger drivers aged 18-24 who are accustomed to always being "plugged in" have the most mentions for every distracting situation while driving:

- Eat -- 62 percent
- Talk on a cell phone -- 71 percent
- Send text messages -- 24 percent
- Select songs on an iPod -- 20 percent
- Apply makeup -- 8 percent
- Change clothes -- 8 percent
- Read -- 4 percent
- Send E-mails -- 1 percent

"We need to remember that when we turn the car on, we need to turn the gadgets off," Kusumi said. "It is critical that all of us focus on the roads, so that we are better, safer drivers."

How Drivers Rank By State

- Overall, drivers in the Northeast region are most apt to fail the test, with state failure rates of 16 percent or more.
- Drivers in the Pacific Northwest and Midwest regions are the most knowledgeable, with state failure rates ranging from 1 percent to 7 percent.
- Drivers under 35 years old are most likely to fail a written driving test (18-24 year olds have the lowest average test scores); experienced drivers ages 35-60+, are most likely to pass a written driving test.

More Bad Driving Habits

- Nearly one-quarter of Americans believe there are circumstances in which it's acceptable to not wear a seatbelt.
- 1 in 7 Americans have packed their car so tightly that their vision was obstructed.
- At least 1 in 5 drivers do not know:
 - When to properly use their high-beam headlights or what to do when bright headlights come at them at night.
 - That highways are the most slippery just when it starts to rain after a dry spell. In fact, this is the question most often answered incorrectly for the second year in a row. Fortunately, 97 percent of those tested know what to do when they hydroplane.

Paper Shredder Safety

Paper shredders help companies maintain confidential records. For employers who are concerned about the maintenance and storage of sensitive documents like payroll records, company trade secrets, and privileged client information, a paper shredder offers the easiest way to destroy a document and any concerns about privacy.

The Consumer Product Safety Commission data indicates a total of approximately 2,000 people were treated in hospitals for business and office machine injuries during 2003. About 30 percent of the total injuries involved lacerations to the fingers from paper shredders. Most of these injuries were due to operator inattention or error.

To prevent injuries from paper shredders, employers should:

- develop, use, and enforce a lockout/tagout program to protect employees from potentially hazardous energy
- develop, implement, and enforce a comprehensive safety program that includes, but is not limited to, training in all hazard recognition and abatement
- consider redesigning the paper flow in the paper shredder, or procure new/different equipment to alleviate paper jam problems.

Pre-Use Procedures

Before using a paper shredder, employees should:

- thoroughly review and understand information provided in the paper shredder operator's manual noting the description of safety procedures
- inspect the paper shredder for damages or disrepair and the electrical cord and plug for defects
- notify a supervisor and remove the shredder from service by attaching a lockout tag that states "Do Not Use" if the paper shredder fails the pre-use inspection.

Operating Precautions

- Locate the paper shredder and power cord outside of foot traffic areas.
- Locate the paper shredded at least 4 inches from walls or furniture to allow air to freely flow through ventilation slots.
- Always be alert and focus on the shredding task when using a paper shredder.
- Keep jewelry, long hair, neckties, lanyards, etc. away from the paper shredder feed opening.
- Never put fingers or objects other than paper (i.e.: paper clips or staples) into the shredder feed opening.
- Feed paper smoothly into the shredder. Never force paper into a shredder.
- If the shredder motor overheats, turn the shredder off and allow the motor to cool for at least 15 minutes before using again.

- Always disconnect the power source before removing and emptying the waste container or when cleaning the shredder.
- Do not use aerosol cleaners to clean paper shredders. Only use manufacturer's recommended products.

Jams

If there is a jam in any type of paper shredder, check to make sure that its circuit breaker is working correctly. If the jam is not moving at all, do not try backing it out using the forward and reverse buttons. If the motor is not moving at all, it can burn out relays, switches, or perhaps the motor. Contact a qualified person to make repairs.

Shredders, children and pets

If a shredder is being used in an office environment where there may be children or animals, the paper shredder should be unplugged when not in use. Small fingers or animal parts can get caught in a shredder.

Fact sheet courtesy of the Texas Department of Insurance, Division of Workers' Compensation: E-mail ResourceCenter@tdi.state.tx.us or call (512) 804-4620 for more information.

Safety Training Strategies – Sizzling Chicken

This is an idea is meant to enhance your next electrical safety training. If you have an in-house electrician, put him or her to work by making an electric chicken sizzler. It's a simple device that runs current through a chicken leg. As the current runs through the chicken, it sizzles, pops, and burns, usually from the inside out. The point of the demonstration is to show the danger of exposure to electrical current. A individual tried this and got a standing ovation from his audience. That's not easy to do when conducting a safety meeting.

Turning "Throwaways" Into "Keepers" (by Tonya Cheek)

I always called them handouts. Most, if not all the trainers and speakers I worked with have also called them handouts. Yet, recently a colleague told me he was working on some throwaways for an upcoming course. What do you mean by throwaways I asked? "You know, he replied, the folders and stuff you give everyone before the training starts." "You call them throwaways?" I asked incredulously.

“Yeah, why not?” You know everyone either throws the material you give them in the trash or at best sticks it on a shelf. Then a few years later your work gets the heave-ho when the person changes jobs or cleans out his office.”

At first I wanted to smack my honest colleague upside his head. But after a few moments of reflection, I sensed the truth in his words. More than once I’ve either thrown away the handouts from a course I just attended or stored them in a box for several years. Now with the Internet, e-books and electronic slides I rarely keep any "hard copies"-- of anything--even my software manuals are electronic.

No doubt, if you have ever conducted a training course or even a short briefing to update employees about a recent change in your safety procedures, you have given out written material to supplement your presentation. Do you think the handouts made a difference? Or was the stuff simply filler, nothing more than a waste of good paper? Handouts, if properly used, can greatly enhance audience attention and interest. On the other hand, if not properly used, they can be more than waste. They can cause you to lose the audience.

Everyone who makes a living talking to an audience has opinions about handouts. I only have three handout rules which to date have been a success:

1. Give your audience what they need to participate and learn during the course, but nothing more.
2. Will your audience need to take notes? Then give them a few blank sheets with lines and subject titles. Will they need to fill in a questionnaire? Include the questionnaire. As for the five pages of test results you discuss save it for your good-bye gift.
3. Give them everything you covered after the course is over. Tell your audience early in your presentation that you will be distributing several pages of intricate information at the end of the session, which they can use for future reference. Or try this, which has gotten me more response (and a more than a few gigs) than handing out hard copies after the training/talk: pass out a card that asks for the attendees e-mail addresses (unless you already have them of course) and tell your audience you will send everyone who hands in a card a script/highlights of the session or something that will satisfy their need to have more information about your wonderful session.

Here is a final way to turn throwaways into cherished gifts. Include several amusing quotes, interesting stories and lists such as “Ten Ways to Say No to Your Boss” into the stuff you hand out, and it will be more likely to stay out of the circular file. (Or include a list of the Top Twenty Websites" on the topic you covered.)

Safety Training Strategies – Teach Me!

For your training of a tough, seasoned group of workers, "the guys" know right off the bat if you're not "qualified" (from personal in-the-field experience) to teach them a darn thing. If that is the case and you are thrust into this situation, let them know and asked them to go through your training materials and correct the stuff that they saw wrong, make suggestions for additions to the materials and, basically, "teach you" about dealing with the training topic versus you trying to teach anything to them.

Tough-guys that barely grunt a hello may become very vocal about the topic. They take a great deal of pride in the work that they do and the fact that they are able to do it. They can share a ton of information about what they experience and how to cope with it, what to tell new guys coming in and how to prepare for work and work safely.

The training outcome can be that the seasoned workers really get into sharing their knowledge and know-how and the more recent hires may jump in with questions and what-ifs to further the conversation.

Opening up the floor for your workers to "teach you" (and, by extension, each other) may work very well and could become the most involved training session that you can experience with this group. Jumped in occasionally with statistical information and medical facts, but let the ones in the know teach the class--and many will gain from their wisdom and experience.

Bring In The "Intensivist"

The next time you or someone you know is going into intensive care you may want to ask for an "**Intensivist.**" It's a new and difficult-to-pronounce medical specialty that focuses on identifying trouble with intensive care patients. An intensivist monitors your chart to spot infections, pneumonia, or other problems that frequently kill intensive care patients. Studies show that your odds of dying in an intensive care unit are lessened by 30 percent if an intensivist is on duty. Better yet, over 20 percent of hospitals currently have intensivists working at least one shift, 10 percent have them working full-time, and the numbers are growing.

Five Myths About Sunglasses (This is a good time of the year to include some "out in the sun" safety):

Myth #1) "Sunglasses are really just for looks."

That, of course, is not true. Bright sunlight can damage the cornea, the lens, and the retina of the eye. And while squinting and the natural constriction of the eye's pupil do a lot to filter out sunlight, good sunglasses can do a lot more.

Myth #2) "All sunglasses are essentially the same."

Actually, some glasses offer little added protection. Make sure any pair of sunglasses you buy screens out at least 80 percent of the sun's harmful ultraviolet rays. The label should state the level of protection. The best glasses screen out 95 percent.

Myth #3) "If the sunglasses are expensive, they must be good."

Price and protection are not necessarily related. Don't assume anything; read the label.

Myth #4) "Lens color isn't important to safety."

Yellow or blue-colored lenses may make a fashion statement, but they distort colors and are not good choices for driving. Also, if you can still easily see your eyes in a mirror, the lenses probably aren't giving you much protection from ultraviolet light.

Myth #5) "Lens material and type don't matter."

That depends on what you are doing. The Food and Drug Administration requires all sunglasses to be "impact resistant," but that doesn't mean glass lenses won't shatter. For sports and active work, go with plastic lenses. In addition, polarized lenses are a plus around water and snow because they reduce reflection and glare. Gradient lenses are good for driving because they are darker at the top and lighter at the bottom, giving you a better look at the road ahead.

Ten "Off-the-Beaten-Path" Safety and Health Tips

These tips are mostly about off-the-job health and safety where most of the accidents and health problems in our life occur.

1. When is a fire too big for a homeowner to handle? Generally, if you can't get within 10 to 12 feet of the flames, you need to get out and call the fire department immediately. (Call them for small fires, too.)
2. When fitting a hand-held sander with new sandpaper always unplug it.
3. One of the most common places where cars are stolen is in the owner's driveway while he or she is at work or asleep in bed. Keep your car locked and the alarm activated even when it is parked in your driveway.

4. Tripping over or stepping backwards onto a vacuum cleaner is one the leading causes of falls in the home. Poor lighting is often a contributory factor. Before you retire for the evening, make sure your vacuum is not a tripping hazard.
5. If a stranger asks you for change, or if you give money to someone begging in the street, do NOT take out all your money. Carry spare change in a pocket.
6. At motor-sports events avoid positions by the rails at dangerous corners.
7. Don't be tempted to drape a cloth or place a paper bag over a light to dim it. Use a low-wattage bulb, a dimmer switch or a safety-approved nightlight.
8. The stereotype of the burglar with a sock over his head, or wearing a black mask with a torch, climbing down a ladder at night is misleading. About half of all domestic burglaries happen during daylight hours while most people are at work.
9. Avoid sucking on lemons or chewing aspirin or vitamin C tablets. The acid wears away tooth enamel.
10. Do not become angry when you find yourself awake at 3 a.m. Anger only excites you, preventing sleep. Instead, fix your mind on a single relaxing image. If you are still awake after 30 minutes, go to another room and do something until you are sleepy. Tossing and turning in bed waiting for sleep to arrive is frustrating and useless.

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

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

- On average, every year in the United States one hundred people choke to death on ballpoint pens.
- Currently, only 1 person in two billion lives to be 116 or older.
- Researchers have found that mosquitoes are most attracted to people who have recently eaten bananas.
- Vermont state representative Robert Kinsey introduced a bill to require CPR training as a condition for a marriage license.
- Number one reason Americans visit the emergency room: Stomach pain.
- The tongue is your strongest muscle.
- Odds that a call to 911 really is an emergency: 1 in 20.
- A University of Arizona study of public restrooms found that the stall closest to the door was the one that consistently had the least traffic, and therefore the lowest levels of bacteria.
- The risk of dying this year from an accident in your bathtub (or shower): 1 in a million.
- Volcanic ash has been known to retain its heat for over 100 years.