

Excerpts from JJ Keller's Online Weekly Updates

- *ES&H News and Alerts* -



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OSHA supports new worker safety and health guidelines for use during National Emergency Incidents

OSHA announced its support for the National Response Plan unveiled recently by the Department of Homeland Security (DHS) which includes a new *Worker Safety and Health Annex*. The Annex provides guidelines for implementing worker safety and health support functions during national incidents, including acts of terrorism, major natural disasters, or man-made emergencies.

"*The Worker Safety and Health Annex* is an important contribution to emergency management," said Acting Assistant Secretary of Labor for OSHA Jonathan L. Snare. "It provides direction for the coordination and process by which responder safety and health will be conducted and it can serve as a template for state and local response organizations to follow."

The Annex is designed to provide a consistent high level of protection for all organizations involved in nationally significant events. Proper management of responder safety and health could be beyond any one organization's capabilities due to the vast number of people who are involved in major disasters.

The Worker Safety and Health Annex provides for the coordination of federal safety and health assets for proactive consideration of all potential hazards; ensures availability and management of all safety resources needed by responders; shares responder safety-related information; and coordinates among Federal agencies, State, local, and tribal governments, and private-sector organizations involved in responses to nationally significant events.

The Department of Homeland Security's NRP establishes a unified and standardized approach within the United States for protecting citizens and managing homeland security incidents. The NRP standardizes federal incident response actions by integrating existing and formerly disparate processes and establishes standardized training, organization, and communications procedures through the National Incident Management System (NIMS), and clearly identifies authority and leadership responsibilities.

Study: Workers with early symptoms of carpal tunnel syndrome find relief with night-time splinting

After a long day on the job, tired minds and sore feet look forward to a long night of rejuvenating rest. A new study finds that nocturnal rest can do a world of good for your hands and wrists too, especially if you are one of the millions of American workers who are just beginning to feel the common pain and discomfort linked to carpal tunnel syndrome.

The findings, made by a team of researchers with the University of Michigan Health System, the VA Ann Arbor Healthcare System, show that night-time splinting can effectively improve hand and wrist discomfort for active workers with early symptoms of carpal tunnel syndrome.

The results from the study are published in the January issue of the *Archives of Physical Medicine and Rehabilitation*.

While carpal tunnel syndrome is a common work-related disorder and a major cause of impairment and disability in the workplace, the use of initial medical treatment protocols for the disorder — wrist splints, modification of hand activity, non-steroidal anti-inflammatory medication, diuretics and steroid injections — have widely varied across the United States and Western Europe, says lead author Robert A. Werner, M.D., MS, professor in the Department of Physical Medicine and Rehabilitation at the U-M Health System.

"Workers with carpal tunnel syndrome have more lost work time than any other work-related injury. Additionally, CTS is frequently misdiagnosed and there's very little scientific research to show which initial treatments are actually the most effective for those with symptoms of carpal tunnel syndrome," says Werner, the chief of Physical Medicine and Rehabilitation at the VA Ann Arbor Healthcare System and an associate research scientist with the U-M Center for Ergonomics.

The first line of conservative treatment for carpal tunnel syndrome, both from doctors and self-prescribed, is typically nocturnal splinting. Splinting, Werner says, reduces stress on the peripheral nerve in the wrist, allowing it to heal and avoids awkward wrist positions as a person sleeps. It is not recommended for active day-time use when workers are active because it may cause additional strain on the wrist.

To determine the effectiveness of nocturnal splinting, Werner and his colleagues studied 112 active workers at a Midwestern automotive assembly plant with symptoms consistent of carpal tunnel but who had not sought medical treatment.

Subjects were selected if they experienced numbness, tingling, burning or pain in the median nerve of the hand for more than a week or for more than three times in the past six months. Werner notes that automotive assembly workers are five to ten times more likely to develop carpal tunnel than people than the general population and people who type for a living. Workers in the group too, miss, on average, a month of work, especially those who seek surgical intervention for advanced symptoms of carpal tunnel.

As part of the randomized controlled study, 63 study participants were fitted with a custom wrist-hand splint that maintained the wrist in a neutral posture overnight and were instructed to wear the splint at night for a period of six weeks. This group, along with the remaining 49 participants, also viewed a 20-minute video on carpal tunnel syndrome and how to reduce ergonomic stressors at work and home.

After the six week trial, about half of the splinted group reported significant improvement in their symptoms, with one participant reporting complete relief of symptoms. Compared to the group assigned to just watch the video, the splinted group had significantly decreased hand, wrist, elbow, and forearm discomfort after three months.

After 12 months, the improvement seen in each group was greatly dependent on the individual's level of hand/wrist nerve damage. Of those in the non-splinted group, participants with healthy nerves noted reduced hand/wrist discomfort, while those with injured nerves felt no improvement over time.

Those who used the splint — both with healthy and injured nerves — saw significant improvement in hand/wrist discomfort, and participants who initially reported higher levels of discomfort at the start of the study saw the greatest improvements with splint use. Additionally, 10 percent of the participants in this group continued to wear the splint at night beyond the initial six-week trial.

Prior to the study, nearly half of the participants used non-steroidal anti-inflammatory drugs and ice/heat treatments to treat their hand and wrist discomfort, while less than 25 percent had previously sought physical therapy for their carpal tunnel symptoms.

Despite relief from NSAIDs and other home remedies, Werner says using a custom fit or store-bought splint for night-time use is the best first line of defense when symptoms of carpal tunnel begin. Splinting, he notes, has minimal effect on those with advanced carpal tunnel.

“Early intervention with splinting is key to effective management of carpal tunnel syndrome,” says Werner. “It’s very cost-effective and the odds are very good that you will feel the benefits.” Werner hopes to build on the findings from this study by conducting a larger study to determine the cost-effectiveness of splinting and its long-term benefits for patients.

Managing Space Surrounding Your Vehicle

Safe driving includes managing all space surrounding the vehicle. This includes the space ahead, behind, above, below, and around the vehicle.

Space ahead

The amount of space needed depends on the speed of the vehicle and road conditions. One rule of thumb to follow (in good driving conditions) is to allow one second for each 10 feet of vehicle length at speeds below 40 mph. At greater speeds add an additional second. In poor driving conditions (rain, ice, snow) allow for a greater stopping distance.

Space behind

It is impossible to keep other drivers from following too closely, but there are some things that can be done to make it safer. Stay to the right, slow down, and give the tailgater plenty of chances to pass.

Space to the sides

Commercial motor vehicles often take up most of a lane. There are several things a driver should try to avoid:

- don't hug the center line (it becomes very easy to drift across the line into another lane of oncoming traffic);
- don't hug the right side of the road (a soft shoulder can cause control problems);
- and don't travel alongside other vehicle

There are two dangers in traveling alongside other vehicles:

- another driver may change lanes suddenly turning into the commercial motor vehicle;
- or the commercial motor vehicle may be trapped, unable to change lanes.

Drivers also need to keep an eye out for strong winds, especially cross winds. The problem is most prevalent for empty or light trucks. Drivers should try to avoid driving alongside others in this situation.

Turning space

Correct procedures are important when making turns. Because of wide turning and offtracking, commercial motor vehicles run the risk of hitting other vehicles or objects during turns.

- *Right turns:* When making a right turn, the driver must proceed slowly, giving himself/herself and others time to avoid trouble. The driver needs to keep an eye on the right side of the vehicle assuming that smaller vehicles may try to pass on the right.
- *Left turns:* When executing a left turn the driver needs to make sure the vehicle has reached the center of the intersection before starting the turn. Starting it too soon can lead to offtracking, causing the left side of the rig to hit another vehicle.

Teach your driver to keep their heads on a swivel and scan their mirrors constantly. Hopefully they see and react to a situation before it leads to an accident.

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