As part of its annual national agenda, ASSE’s Council on Practices and Standards (CoPS) has asked the practice specialties, branches and common interest groups to submit key issues they plan to address throughout the next year.

This document includes key issues from eight practice specialties, three branches and one common interest group. Each submission outlines:

- Why the issue is important
- Members’ views of the issue
- Suggested actions

Readers who would like to work on these issues should contact the respective Administrators or Chairs at the e-mail addresses shown.
**Academics Practice Specialty**

**Key Issue 1: Need for Occupational Safety Ph.D. Programs**

**Why This Issue is Important**
There exists an overwhelming need for terminally degreed professors of occupational safety in the U.S., and at present, only one institution, the University of West Virginia, offers a Ph.D. program in occupational safety.

It is important for accreditation, both regionally and through ABET, to have (in-field) terminally degreed professors teaching the occupational safety professionals of the future. Colleges and universities are currently forced to hire professors with master degrees and/or doctorates out-of-field because of the shortage.

During faculty searches, other disciplines, such as sociology or history, may average 100+ resumes for each open faculty position while departments of occupational safety report an average of less than ten (sometimes less than five) resumes for each faculty search. Of that number, only half will have a terminal degree of any kind and usually one (or none) in-field.

**Members’ Views of This Issue**
Academics Practice Specialty (APS) members agree that a real and substantial problem exists with regard to this issue and that it will only get worse with the attrition of occupational safety faculty. They also agree that one university (or two or three) will not fill the void that currently exists in this area. Even if a university set about promulgating a Ph.D. program today, it would take approximately 18 months to two years before the program could enroll the first students and another four to six before the first Ph.D. graduate.

**Suggested Actions**
APS will continue to investigate this critical issue. Indiana University of Pennsylvania is in the preliminary stages of formulating a Ph.D. program in occupational safety. APS Advisory Committee members agreed to make this critical academic need a front-burner issue and to promote and encourage other institutions to consider offering a Ph.D. in occupational safety and health as soon as possible. It was suggested that a consortium of universities consider a combined program for the future. APS will keep its membership informed of any new developments.

**Administrator:** Wayne D. Jones, wjones@se.edu
**Academics Practice Specialty**

**Key Issue 2: Need for More Online Undergraduate Occupational Safety Academic Programs**

**Why This Issue is Important**
While there exists a large group of university programs dedicated to offering master’s-level occupational safety and health academic programs in an online format, there does not seem to be any desire to develop online bachelor degree programs. With the small number of bachelor’s-level undergraduate programs in occupational safety and health, rarely is a program within easy reach of most of the country’s population or manufacturing centers. This is especially true west of the Mississippi River.

What options do companies have if they want their safety professionals to obtain undergraduate academic courses in occupational safety and health? What options do safety professionals have if they want to further their careers with a bachelor of science degree in the field?

**Members Views of This Issue**
The issue has proponents and opponents within the academic world. Most agree that a genuine need exists to extend occupational safety academic programs to the masses, but the opinion pool is evenly split as to whether online instruction is the way to do it.

Some occupational safety and health courses do not lend themselves to online instruction. Lab-based courses are particularly unsuited for that mode of instruction. Programs involved with online graduate instruction are struggling with this issue. Is a hybrid course (or program) the answer?

Quality of instruction is the major sticking point of this issue. Academics Practice Specialty (APS) members generally agree that online instruction is not equivalent to a live classroom setting. As with face-to-face instruction, the instructor’s qualification also comes into question, and for 10-15% of ABET-accredited occupational safety academic programs, continued accreditation is a concern.

In addition, APS members do not want online instruction to turn into a diploma mill for occupational safety and health professionals, thereby sacrificing program reputation to churn out more graduates. In this time of economic squeeze on universities, it is paramount that the issue be academics or training needs-based rather than budget-driven.

**Suggested Actions**
APS will continue to investigate this critical issue. It is suggested that ASSE’s Educational Standards Committee consider this issue as well. APS will keep its membership informed of any new developments.

ASSE may also want to convene a meeting of regionally accredited colleges and universities offering online instruction to discuss this issue and to brainstorm possible solutions. ASSE’s annual Professional Development Conference might be a suitable location for such a meeting.

**Administrator:** Wayne D. Jones, wjones@se.edu
Key Issue 3: Merging/Enhancing the Health Component in Safety, Health & Environmental (SH&E) Education

Why This Issue is Important
Optimizing employee health remains the largest potential cost savings of SH&E programs. Yet, surprising numbers of both academic and worksite safety programs do not include or measure health endpoints as their main focus. Neither safety academics nor safety students adequately understand how to measure the impacts of safety programs on employee health or how to translate improved health status into economic gains for the organization. Given the aging U.S. workforce and the persistent need to demonstrate the business case for safety programs at the worksite, it seems imperative to stress adult health education as a core component within safety education.

Members’ Views of This Issue
Since 2004, the National Institute for Occupational Safety and Health (NIOSH) and the Centers for Disease Control and Prevention (CDC) have produced two national symposia focusing on the connections between health and safety at the worksite. The first, “STEPS to a Healthier U.S. Workforce,” was held in October 2004, and the second, “The Worklife 2007 Symposium,” was held in September 2007. Both symposia explored the logic, tools and methods necessary to demonstrate the synergies available when worksite safety and health programs work together. Further research demonstrates that the economic value added to an organization is optimized when worksite health promotion activities work in concert with safety programs. Clearly, the federal government is beginning to show an almost unprecedented interest in the connections between safety and health at the worksite and methods that optimize both to enhance employee health and save money.

Cross training in safety and health is logical considering that both safety and health share a common clientele, have similar professional training and pursue a similar mission. Yet, safety and health professionals often compete for organizational resources (time and access to employees).

Traditional health promotion curricula emphasize adult education and behavior change, epidemiology, alcohol and drug abuse, human factors, marketing, nutrition, health psychology and economic analysis. Even though each of these issues is easily tied to many current safety challenges at the worksite, none appears in the structure of safety curricula (see ABET criteria).

Suggested Actions
The Academics Practice Specialty (APS) is ideally situated to work with ASSE’s Educational Standards Committee to produce a white paper that explores how safety educational criteria might best be modified to include the traditional components and principles of traditional health promotion programs.

In addition, APS can use the Journal of Safety, Health and Environmental Research (JSHER) and the annual Academic Forum to further disseminate and motivate research.

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Academics Practice Specialty

Key Issue 4: Need for Safety Engineering Bachelor of Science Programs

Why This Issue is Important
Engineering schools have turned out large numbers of graduates in various areas of engineering. However, none have graduated with “safety engineering.” And no engineering school or program has safety as a topic taught or included in its curriculum.

Some engineers have shown interest in safety engineering and have joined a program that specializes in occupational safety and health. However, these students have become engineers in their original field of study or safety professionals with an engineering background that is specific to their particular discipline.

Most “safety engineers” of today have no formal education in engineering, let alone safety. The majority has received the title by historically practicing safety or by being forced into the field by upper management. These safety engineers have received their safety knowledge by attending non-credit OSHA training sessions or are self-taught, but none have training or education in engineering.

Members Views of This Issue
Under engineering classifications (No. 14), the Classification of Instructional Programs (CIP) does not have a discipline titled “safety engineering.” However, there is an overwhelming need for safety engineers in the U.S. and globally, yet no university was found to offer a degree in safety engineering. Those who offer a close discipline to safety engineering will have it combined with industrial, chemical or other discipline of engineering, but no standalone safety engineering programs exist in the U.S.

Programs that offer bachelor of science, master of science and Ph.D. degrees in safety engineering should be developed to fill the void in that field. The curriculum should include topics related to specific safety issues. These should include topics from mechanical, civil, chemical and industrial engineering curricula.

Suggested Actions
The Academics Practice Specialty and the University of Houston-Clear Lake will continue to investigate this critical issue and will propose to develop a standalone safety engineering program aimed at providing education and training in that field. Other institutions should be encouraged to consider offering degrees in safety engineering as soon as possible.

Administrator: Wayne D. Jones, wjones@se.edu
Academics Practice Specialty

Key Issue 5: Incorporating More Biological Safety into the Environmental Health & Safety (EHS) Curriculum

Why This Issue is Important
Biological safety training and education is becoming more of an issue for those institutions involved with research and diagnostic work. Increased press coverage has highlighted facilities where lapses have recently occurred. Problems at laboratories have raised concerns that the research conducted to protect the public’s health may instead place workers and the community at greater risk of exposure to harmful biological agents.

The public is also concerned about facilities engaged in research with biohazards in general, which is highlighted by the Congressional hearings on the safe operation of BSL-3 and BSL-4 laboratories built in the U.S. Witnesses for the hearings include representatives from the Government Accountability Office (GAO), the Centers for Disease Control and Prevention (CDC), the National Institutes of Health, the Department of Homeland Security (DHS), the Federal Bureau of Investigation (FBI) and others.

Different agencies estimate the current number of BSL-3 laboratories in the U.S. at anywhere from 277 to over 600. It is expected that the number of high-containment laboratories in operation will be expanded at least tenfold in the U.S. This rapid expansion has raised many health and safety issues, including the adequacy of personnel training in biological safety. With more people working in containment and high-containment laboratories, adequate education of personnel is of the utmost concern. While many workers receive on-the-job training related to the hazards of their particular job task, it is not nearly enough to properly educate the workforce of researchers and technicians to ensure a safe and productive laboratory.

Members’ Views of This Issue
This issue has supporters in the academic arena. Discussions with other faculty members indicate a clear need to incorporate more biological safety education into EHS curriculum. These members also recognize that the current curriculum is loaded, and an entire course dedicated to biological safety is not practical at this point. However, due to the significance of the subject matter, it has been suggested that the topic of biological safety become a larger component of an already established course and that the amount of in-class time be extended on this subject. This subject matter could also be incorporated into a laboratory in an industrial hygiene course. A second option could be to offer a course on biological safety as an elective.

By educating our safety and health students on the concerns with high-containment labs and biological safety issues in general, we can provide a more educated resource for those researchers and technicians in the field and potentially protect the community as well. Furthermore, many of our safety students are graduating and working in laboratories, research facilities and government and healthcare facilities where an extremely high likelihood of potential exposure to biological agents exists.

Suggested Actions
Faculty members could work with the American Biological Safety Association (ABSA) and other leading members in the field to determine what critical components of biological safety should be included in either an elective course or in an already established course. This group could also assist faculty members with the development of a laboratory tailored toward biological safety. In addition, the Academics Practice Specialty can also work with ABSA to learn more about the field of biological safety and its relevance in the EHS curriculum.

Administrator: Wayne D. Jones, wjones@se.edu
**Consultants Practice Specialty**

**Key Issue 1: Small Business Outreach on Health & Safety**

*Why This Issue is Important*

While small businesses represent a sizeable number of U.S. employees, they receive very little health and safety focus. These businesses may not be in the position to need a full-time SH&E professional or be able to afford one. They control safety from anecdotal experience and “common sense” because they do not have availability of the tools that an SH&E professional brings to the table.

The U.S. Occupational Safety and Health Administration (OSHA) is hesitant to bring too much attention to this group, as their normal incentive of compliance and citations may be steep enough to drive the small company out of business.

Even with all of these issues, this group stills needs SH&E help. All of the hazards present in large companies are present in smaller companies. In fact, larger companies have an added bonus because their pool of employees is large enough to see the hierarchy of injuries. The smaller company will experience injuries but is not in a position to see the escalation of injuries.

*Members' Views of This Issue*

Consultants Practice Specialty (CPS) members feel that this issue can be controlled through continued outreach to the small-business community. Discussions and a panel were held with OSHA last year, and this must continue and expand. OSHA, working with the general ASSE membership and CPS, must develop a formalized outline of outreach efforts. The general ASSE membership brings its knowledge on the subject, OSHA lends its authority as a regulator and CPS brings the small-business perspective.

*Suggested Actions*

CPS members propose that this agenda issue be discussed during future ASSE symposia, seminars and forums.

*Administrator:* William “Bob” Coffey, wrcoffey@wrcsafety.com
Consultants Practice Specialty

Key Issue 2: Tools for Determining the Level of SH&E Staffing

Why This Issue is Important
Determining needed resources is a constant struggle for all businesses. This is also true when trying to determine the level of help a company or facility needs in its SH&E efforts. The facility or company must address harsh logistic realities. They must decide how to place their resources into all management functions, not just SH&E. SH&E departments can sometimes have their resource needs downplayed due to the lack of concrete tools to determine what levels are needed to meet SH&E goals.

Members' Views of This Issue
Consultants Practice Specialty (CPS) members feel that this issue can be controlled through the general ASSE membership bringing their collective experience together and developing:

- Guidelines to show when SH&E resources are not adequate to the task
- Evaluation tools developed to determine the SH&E resources to complete projects
- Best practices on building cases for additional SH&E support

CPS believes these elements are available among the general ASSE membership and asks members to bring forth these items to highlight the number of tools already in use.

Suggested Actions
CPS members propose that this agenda issue be discussed during future ASSE symposia, seminars and forums.

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**Consultants Practice Specialty**

**Key Issue 3: Travel Safety**

**Why This Issue is Important**
For many safety professionals, travel is a fact of life. Individuals spend up to 90% of their work time in transit of one form or another. This can include flying around the world to driving to various worksites in a two-state area. Travel has become a fact of life.

With this statement, what efforts have been put forth to reduce risk and stress on the traveler? As SH&E professionals, we pride ourselves on contingency planning, but have we done the same when it comes to travel? If, while traveling, a family member became ill, how would the SH&E professional return home in a timely manner? This is only one of many questions that must be answered.

The SH&E professional must develop a set of guidelines and tools for helping those who travel as part of their job duties.

**Members’ Views of This Issue**
CPS members feel that this issue can be controlled through the general ASSE membership bringing their collective experience together and developing:

- Guidelines for safe traveling. This would include obtaining information on a destination, planning the best way to travel, emergency planning as well as other items.
- A best practice forum where frequent travelers can share travel advice. This forum can be broken down by travel mode, destination and activities while traveling. The forum can include notes on safe recreation while traveling. Evaluation tools can be developed to determine SH&E resources to complete projects.

CPS believes that pieces of these elements exist in the general ASSE population and that asking members to bring forth these items will highlight the number of tools already in use.

**Suggested Actions**
CPS members propose that this agenda issue be discussed during future ASSE symposia, seminars and forums.

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Environmental Practice Specialty

Key Issue 1: Environmental Professional Certifications

Why This Issue is Important
ASSE members may wish to obtain professional environmental certifications as credentials to help demonstrate their competence in the environmental field. Over 300 SH&E and/or ergonomic credentials are available. Public agencies, private entities and professional societies created these credentials. Approximately three dozen of the credentials contain the word “environmental.” In addition, other credentials contain terms or phrasing such as “hazardous materials” or “hazardous waste,” which appear to come within the purview of the environmental discipline. Thus, at least 50 credentials are related to the environmental discipline in some degree.

Members’ Views of This Issue
Many Environmental Practice Specialty (EPS) members have expressed the view that information on evaluation criteria for professional environmental credentials would be of assistance in their pursuit of professional certification.

One of the issues that EPS members have questioned is the differentiation between a license, a certification and accreditation. A license is a government authorization given as official permission to do something, either from government or under a law or regulation. A certification is a voluntary measure of capability to perform a function. Accreditation has been defined as official recognition of a person or organization having met a standard or criterion.

Suggested Actions
Appropriate evaluation of environmental credentials is the subject of ongoing discussions within EPS as well as within the environmental profession. One approach was the ASTM standard, E-1929-98 Standard Practice for Assessment of Certification Programs for Environmental Professionals: Accreditation Criteria. The standard was developed under the jurisdiction of the ASTM Committee on Environmental Assessment and is the direct responsibility of the ASTM Subcommittee on Commercial Real Estate Transactions. This standard was distributed to the EPS environmental certification subcommittee members for assessment of certification criteria.

EPS has presented several sessions on this topic at ASSE’s annual Professional Development Conference. The EnviroMentor also featured an article on this subject.

EPS will continue to track hundreds of various environmental credentials and will provide guidance to ASSE members to assist in the selection of the best environmental credential for their specific needs.

Note: In January 2007, ASTM withdrew the E-1929-98 standard “...in accordance with section 10.5.3.1 of the Regulations Governing ASTM Technical Committees, which requires that standards shall be updated by the end of the eighth year since the last approval date.”

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Environmental Practice Specialty

Key Issue 2: Environmental Essentials for the Safety Professional

Why This Issue is Important
As companies consolidate and downsize, it is becoming more important for safety professionals to take on environmental responsibilities. Many safety professionals entering the environmental field find that they are not prepared for these new responsibilities.

The Environmental Practice Specialty (EPS) has identified eight main environmental topic areas that are essential for the safety professional. These topics include:

2. Air Emissions Control/Clean Air Act.
4. Spill Prevention, Countermeasure and Control (SPCC).
5. National Pollution Discharge Elimination System (NDPES).
6. Emergency Planning and Community Right to Know (EPCRA).
8. Environmental Sustainability.

Members’ Views of this Issue
A Fall 2007 EPS membership survey indicated that members who started in safety and took on environmental responsibilities:

• Did not realize the vast scope of environmental regulations
• Were not prepared to handle the complicated nature of the regulations
• Would have taken more environmental courses in school
• Have had to seek out environmental compliance courses to strengthen their knowledge

However, EPS members also indicated that environmental compliance was complicated by differences in state and local mandates. Other members found similar compliance challenges dealing with international environmental regulations as well. Overall, members have found that knowledge of both safety and environmental issues is critical for the SH&E professional to maintain value to their employers.

Suggested Actions
EPS has several initiatives to aid members with environmental compliance issues. Each issue of the EnviroMentor contains overviews of new regulations. Also, the EnviroMentor now includes a “Back to Basics” column, which provides a general overview of a particular environmental regulation for novice members.

Each year, EPS presents several environmental sessions at ASSE’s annual Professional Development Conference. EPS continues to provide webinars on environmental topics for its membership, and authors are encouraged to submit environmental articles to Professional Safety.

EPS will also work to provide regional environmental roundtables where members can interact with regulatory and environmental professionals on cutting-edge topics affecting the profession.

Administrator: Judy L. Freeman, judyfreeman@comcast.net
**Environmental Practice Specialty**

**Key Issue 3: Handling Both Safety & Environmental Responsibilities**

**Why This Issue is Important**
Most Environmental Practice Specialty (EPS) members have the dual responsibility of managing both safety and environmental issues to one degree or another.

The dual responsibilities can create several challenges for the safety, health and environmental (SH&E) professional. These challenges include:

- Weakness in knowledge and/or understanding of one of the disciplines
- Difficulty managing competing priorities
- Lack of standardization of professional competencies and qualifications
- National/international/multinational coordination
- Variable management priorities between the two disciplines
- Overemphasis or focus on one discipline at the expense of the other discipline
- Bias toward one discipline due to personal experience or educational background
- Perception by management or staff that issues for one or both disciplines are not promptly addressed
- In attempts to delegate workload, a perception is created that others are doing SH&E work that is the responsibility of the SH&E manager
- Coordination of required comprehensive EHS training

These challenges provide several areas where EPS can support the SH&E professional.

**Members' Views of This Issue**
EPS members feel that this issue can be addressed by providing a forum for members to discuss these challenges and lessons learned along the way. To this end, EPS sponsored a roundtable discussion on “Wearing Two Hats” at Safety 2007 in Orlando, FL.

Additionally, EPS surveyed its membership to seek insight and feedback on these challenges. A white paper has been published that summarizes the findings of this survey. EPS membership was also asked to answer several questions and to share their experiences in handling the challenge of being responsible for safety and environmental issues. These experiences were summarized and added to the white paper.

EPS members believe that the challenges and lessons learned from handling both safety and environmental issues should be discussed during future ASSE symposia, seminars and forums.

**Suggested Actions**
EPS will continue to research these challenges and issues with its membership. An annual update and report of findings will be communicated to its membership. Members will submit additional newsletter articles and future presentation proposals for ASSE’s Professional Development Conference. A follow-up survey will be sent to the EPS membership and to other non-ASSE members who participate in environmental organizations.

**Administrator:** Judy L. Freeman, judylfreeman@comcast.net
**Ergonomics Branch**

**Key Issue 1: U.S. & Individual State Ergonomics Legislation**

**Why This Issue is Important**
The U.S. Occupational Safety and Health Administration (OSHA) failed to pass the first ergonomics standard in 2001. OSHA has since issued several ergonomics guidance publications and citations under the general duty clause. It can be reasonably expected that new legislation will be introduced. Several states have taken up the issue, including California, which passed ergonomics legislation into their state OSHA plan.

**Members' Views of This Issue**
The Ergonomics Branch of the Industrial Hygiene Practice Specialty should be viewed as a valuable resource. Branch members' expertise and experience can help develop policy suggestions and responses to proposed rulemaking.

**Suggested Actions**
Branch members should be involved in ASSE ergonomics taskforces and have liaison members on the Government Affairs Committee.

**Chair:** Jeremy Chingo-Harris, jeremy.chingoharris@ge.com
**Ergonomics Branch**

**Key Issue 2: Conducting a Cost-Benefit Analysis to Justify Ergonomics Solutions Within an Organization**

**Why This Issue is Important**
It can often be difficult to effectively “sell” a new ergonomics solution to decision makers. This is due largely to the lack of solid data when it comes to potential savings that could be experienced by implementing ergonomic solutions. Many companies rely on how the bottom line will be impacted and will not take up the issue merely out of doing what is right for employees.

**Members’ Views of This Issue**
Ergonomics Branch members believe that ASSE can provide guidance to help members justify ergonomics. As SH&E professionals, we know companies can realize other benefits beyond the financial for implementing ergonomics solutions.

**Chair:** Jeremy Chingo-Harris, jeremy.chingoharris@ge.com
Ergonomics Branch

Key Issue 3: Ergonomics & the Safety Professional

Why This Issue is Important
Ergonomics is a broad topic within the safety industry that presents issues in many other realms within safety. More information could be provided to members in other practice specialties and branches who are also affected by ergonomics issues.

Members’ Views of This Issue
Ergonomics Branch members believe that the Branch needs liaison members within other practice specialties and branches that may be impacted by ergonomics. With alliances formed, we can better understand how the Ergonomics Branch can best benefit all ASSE members by broadening its scope of newsletter articles and web postings.

Chair: Jeremy Chingo-Harris, jeremy.chingoharris@ge.com
Fire Protection Branch

**Key Issue 1:** Mandatory Sprinkler Initiative for New Construction & Retrofit of Existing Special Structures (educational, group homes, industrial occupancies) with Automatic Sprinkler Systems

**Why This Issue is Important**
- Reduction in civilian fire deaths
- Reduction in firefighter deaths and injuries
- Reduction in property losses

**Members' Views of This Issue**
Cost-benefit analysis continually shows that sprinkler protection is a low-cost fire control measure. Many fire-related deaths can be prevented by automatic sprinkler protection. With the advent of new sprinkler technologies that continue to lower the cost of new and retrofit construction, it is time for legislation that encourages or requires installation of automatic sprinkler protection.

**Suggested Actions**
- Develop a body of knowledge to determine which states have mandatory sprinkler laws
- Develop a body of knowledge to determine what state/federal economic incentives exist or have been proposed to encourage sprinkler installation
- Continue to educate the ASSE membership on the benefits of automatic sprinkler systems
- Initiate outreach to industry, construction groups and local governments to encourage adoption of best practices and legislation that promote installation of automatic sprinkler systems

**Chair:** Frank Baker, fire@safetydude.com
Fire Protection Branch

Key Issue 2: Encouraging Improved Preventative Maintenance, Testing & Training for Fire Protection Systems (portable fire extinguishers, hose streams, automatic sprinkler systems, fixed extinguishing systems, detection and alarm systems, personal protective equipment, etc.)

Why This Issue is Important

- Ensure that systems are in a ready state prior to an emergency
- Ensure that employees are qualified to use and maintain systems
- Incorporate systems into the facility emergency action plans
- Fire protection systems are mandated by the U.S. Occupational Safety and Health Administration and recognized as best practice through the National Fire Protection Association and the insurance industry

Members’ Views of This Issue

Employers are tasked to provide systems capable of detecting fire events and equipment to respond to such an event. Human error continues to be the cause of most fire protection system failures.

Suggested Actions

- Continue to educate the ASSE membership on best practice fire protection system technology, preventative maintenance practices and training.
- Promote outreach to employers to adopt best practice fire protection system technology, preventative maintenance practices and training.

Chair: Frank Baker, fire@safetydude.com
**Fire Protection Branch**

**Key Issue 3: School Campus Fire Safety Initiative**

**Why This Issue is Important**
- Ensure life safety of students in classroom, dormitory and off-campus settings
- Eliminate fire-related student deaths

**Members’ Views of This Issue**

Fire events in educational settings continue to cause unfortunate and preventable loss of life. Many events could have been prevented through simple education and adoption of best practice fire prevention and life safety strategies.

**Suggested Actions**
- Encourage adoption of best practice fire prevention and life safety strategies by educational facilities and off-campus student organizations
- Continue outreach and education to school campuses at the student and parent level to encourage fire prevention and life safety initiatives

**Chair:** Frank Baker, fire@safetydude.com
**Healthcare Practice Specialty**

**Key Issue 1: Infection Control**

**Why This Issue is Important**
During the past five years, infection control issues have emerged as challenges for workplaces beyond the healthcare industry. In 2004, an infection control plan was developed for SARS. Business travelers were banned from traveling to certain geographical areas in Asia and North America. Many people were guaranteed to contain infection in regions. And then surfaced the manmade infection control nightmare. Anthrax contamination challenged occupational safety, health, security, environmental, human resources and administration to rethink mail handling procedures and mailroom air handling systems.

In the last few years, Avian Flu and the potential for flu pandemic have forced us to ask, “Do we have a plan to handle infectious diseases in the workplace?” Infection control is a coalesce issue. We must develop workplace infection control policies and provide tools to control infections in the workplace.

Emerging healthcare issues for infection control are as follows:

- Potential mutation of Avian Flu virus
- Possible flu pandemic
- Community-acquired MRSA
- Multidrug-resistant tuberculosis
- Clustered adenovirus infection
- Airborne, contact and bloodborne sources of weapons of mass destruction

**Members’ Views of This Issue**
1. A taskforce or “think tank” should be developed to expand the horizon of the workplace SH&E environment to embrace infection control practices beyond the healthcare industry.
2. The implications of work/community-acquired bacterial infections are in the infancy stage.
3. Factors to consider include:
   a. Risk management, workers’ compensation, preplacement screening, etc.
   b. Should we conduct baseline screening for MRSA as preplacement? Since we do not conduct baseline screening for MRSA as a preplacement test and if any employee acquires MRSA by using the workplace gym, playground or equipment, how will we manage the workers’ compensation claim?
   c. Many workplaces offer wellness programs, including onsite fitness centers. It is important to institute good hygiene practices before and after using the equipment. Could this be another issue for workers’ compensation claims?
   d. Should it be mandated that sick employees stay home to control workplace airborne infections?
   e. Is an N95 mask enough to prevent bacterial and viral infections? We should collaborate with personal protective equipment manufacturers and the Centers for Disease Control and Prevention (CDC) to develop effective personal protective equipment and other work practice guidelines.
   f. Hand washing is the best way to prevent the spread of infection. Should it be made mandatory? A recent study indicated that 50-70% men do not wash their hands after using the toilet.

Other statistics include the following:

- Up to half to three-quarters of all men and 40% to one-quarter of women fail to wash their hands after they have used the toilet.
- Right-handed people tend to wash their left hand more thoroughly than their right hand and vice versa.
- There are between two and ten million bacteria between the fingertips and elbow.
- Damp hands spread 1,000 times more germs than dry hands.
The number of germs on your fingertips doubles after you use the toilet
- Germs live on hands for up to three hours
- Millions of germs hide under watches and bracelets, and there could be as many germs under your ring as there are people in Europe

The Joint Commission and other healthcare quality oversight organizations have developed the National Patient Safety Goals. Hand washing and infection control standards require 100% compliance. As such, healthcare organizations have embraced this challenge by instituting hand washing as an integral part of their quality management practice. Hand-sanitizing pumps have been installed to increase compliance with hand washing near patient care areas, on entry to the hospital, emergency room, cafeteria, conference rooms, nursing stations, medication carts/rooms and other heavy-traffic areas. The taskforce will need to develop similar recommendations for other workers to prevent spread of infection.

**Suggested Actions**

The Healthcare Practice Specialty proposes that ASSE executive members budget for and develop a strategic plan for addressing infection control practices. Infection control should also be discussed during future ASSE symposia, seminars and forums.

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Healthcare Practice Specialty

Key Issue 2: Nursing Shortage/Aging Healthcare Workforce/Musculoskeletal Injuries in Healthcare Industry: Patient Handling Challenges

Why This Issue is Important
Nearly every person’s healthcare experience involves the contribution of a registered nurse. Birth, death and all various forms of care in between are attended by the knowledge, support and comfort of nurses. Few professions offer such a special opportunity for meaningful work as nursing. Yet, this country is facing a growing shortage of registered nurses. When there are too few nurses, patient safety is threatened and healthcare quality is diminished. Indeed, access even to the most critical care may be barred, and the ability of the healthcare system to respond to a mass casualty event is severely compromised. The impending crisis in nurse staffing can potentially impact the very health and security of our society if definitive steps are not taken to address its underlying causes.

The shortage of registered nurses is already having ill effects on the U.S. healthcare delivery system. Ninety percent of long-term care organizations lack sufficient nursing staff to provide even the most basic of care as listed below:

1. Home healthcare agencies are being forced to refuse new admissions.
2. There are 126,000 nursing positions currently unfilled in hospitals across the country.
3. News of the shortage has reached the American public: 81% are aware that a shortage exists, 93% believe that the shortage threatens the quality of care and 65% view the shortage as a major problem.
4. Further, the current nursing staff shortage is burgeoning at a time when patient acuity is higher, care more complex and demand for services often exceeds capacity. What is already a bad situation only threatens to worsen. The baby boom generation is aging. More so than generations before them, baby boomers in their old age will have access to scientific advances and technologies that will help them live longer if the healthcare system can deliver. Given this anticipated additional demand for healthcare services, it is estimated that by 2020, there will be at least 400,000 fewer nurses available to provide care than will be needed.
5. Nurses are also aging. The average age of a working registered nurse today is 43.3, and that average age is increasing at a rate more than twice that of all other workforces in the U.S.
6. Only 12% of registered nurses in the workforce are under the age of 30, a decline of 41% compared to a 1% decline for all other occupations since 1983.
7. By 2010, it is projected that the average age of the working registered nurse will be 50.
8. As the growing numbers of nurses reach retirement, far too few are coming forward to fill their ranks. Higher-acuity patients plus fewer nurses to care for them is a prescription for danger. According to Joint Commission data, staffing levels have been a factor in 24% of the 1,609 sentinel events—unanticipated events that result in death, injury or permanent loss of function—that have been reported to the Joint Commission as of March 2002.
9. Other identified contributing factors, such as patient assessment, caregiver orientation and training, communication and staff competency, implicate nursing problems as well. Conversely, several studies have shown the positive impacts on quality, costs and health outcomes when nurse staffing levels are optimized—fewer complications, fewer adverse events, shorter lengths of stay and lower mortality.
10. In addition to its impact on patient safety and healthcare quality, the nursing shortage diminishes hospitals’ capacity to treat patients. In a recent study conducted on behalf of the American Hospital Association, respondents reported that the nursing shortage has caused emergency department overcrowding in their hospitals (38%), diversion of emergency patients (25%), reduced number of staffed beds (23%), discontinuation of programs and services (17%) and cancellation of elective surgeries (10%). In this same study, nearly 60% of respondents reported that nurses feel it is more difficult to provide quality care today because of workforce shortages.
11. With its recent reports on patient safety and healthcare quality, the Institute of Medicine provided a call to action for the healthcare industry to substantially reduce the frequency of preventable medical
errors and resulting adverse events. In the wake of these reports, healthcare organizations have rallied around the safety issue, introducing a variety of measures to reduce error.

To add to the shortage of nurses and other healthcare professionals, there is the issue of occupational exposure of manual patient and material handling. Musculoskeletal injuries continue to be the leading cause of injury in healthcare. Nursing-related professions are consistently listed as one of the top ten occupations for work-related musculoskeletal disorders, with an incidence rate of 8.1 per 100 full-time equivalent (FTE) employees in hospitals, and 9.1 per 100 FTE in nursing and residential care facilities (Bureau of Labor Statistics, 2005).

While other work-related injuries in and outside of healthcare have decreased over the past few years, nursing musculoskeletal injuries have been on the rise (Nelson and Baptiste 2006). Studies have shown that every day in the United States, 9,000 healthcare workers sustain a disabling injury while performing work-related tasks (Brown 2003). Due to the risk in this occupation, an estimated 12-18% of nurses will leave the profession due to chronic back pain, and another 12% will consider leaving the profession (Nelson and Baptiste 2006). This statistic could devastate a profession that already faces an estimated shortage of one million nurses by the 2012 (Waters et al., 2006).

The unique and complex nature of healthcare makes implementing solutions challenging. There is rarely a single intervention that results in widespread success across multiple patient care units. According to Nelson (2006), comprehensive programs addressing specific risks and tasks within each setting are finding more successes. However, important elements of a patient handling system need focused review. Essential elements of a patient handling program should include:

- Patient-handling equipment
- No-lift policies
- Fundamental management skills
- Practices that provide management support by encouraging staff participation
- Monitoring processes and practices
- Adjusting systems as needed

Research is becoming available that supports the use of both patient-handling equipment and a no-lift policy in effectively reducing risk and subsequent injuries (Nelson 2006). Despite this evidence, implementing successful injury reduction programs continues to be a struggle for many healthcare institutions due to the multitude of challenges involved in providing safe, quality care for patients in a physical environment where barriers and obstacles exist.

**Suggested Actions**

The Healthcare Practice Specialty proposes that ASSE executive members focus on occupational exposure and workplace injury in the healthcare industry. They should budget for and develop a strategic plan for managing and controlling patient-handling processes, and they should discuss this topic at future ASSE symposia, seminars and forums. At a minimum, ASSE must have a focused taskforce to drill this important topic further and must collaborate with human factors specialists, the Centers for Disease Control and Prevention, The Joint Commission, the U.S. Occupational Safety and Health Administration and other healthcare occupational safety and health leaders to design engineering equipment for patient handling and to train nursing staff.

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Healthcare Practice Specialty

Key Issue 3: Emergency Response in Healthcare Industry/Developing Surge Capacity

Why This Issue is Important
Nationally, we have been on High Alert for the last several years. This has resulted in changing systems for managing safety and security in public places. The goal for instituting the screening system is to prevent outcomes that could negatively impact the safety of local and national security and safety. Systems for managing traveler surge are reviewed and revised continually to ensure effectiveness. Likewise, community first responders in collaboration with hospitals and other healthcare organizations have been challenged to design systems for managing surge to enhance their capacity or to provide healthcare services. In the planning phase, healthcare organizations have learned that although they may have a plan for managing surge, they may need to consider contingencies when executing their surge plan.

In recent years, healthcare institutions have been challenged to address and treat “surge.” After 9/11 and the hurricanes in the Gulf Coast region, the healthcare community quickly mobilized to provide care to thousands of people who were injured during 9/11 or who were caught in the storms’ paths in the Gulf Coast. In Houston, TX, the sports arena and other public halls were rapidly redesigned to house Hurricane Katrina victims. Many people forced to take shelter in Houston required medical care. Many Houston residents volunteered to provide healthcare in these public places. Additionally, healthcare providers from across the U.S. helped manage the surge. Government oversight institutions were criticized for not developing effective rapid response plans for managing surge.

The U.S. Occupational Safety and Health Administration requires employers to develop emergency response plans. In recent years, the Joint Commission has revised the Leadership and Environment of Care standards that require Joint Commission-accredited healthcare organizations to develop surge plans.

Hurricane Katrina flooded many Gulf Coast healthcare facilities, causing devastation to the greater New Orleans healthcare facilities and to other buildings in the region. This forced many healthcare organizations to set up temporary facilities called “surge hospitals” in public buildings like shuttered retail stores, athletic arenas and veterinary hospitals. These temporary facilities were established to serve as a stopgap measure to provide necessary medical care until the healthcare organizations could reopen. The severity of damage to the greater New Orleans healthcare facilities raised questions about the nation’s lack of planning for managing similar emergencies or catastrophes that could result from weapons of mass destruction. Healthcare oversight agencies have developed plans that can be tailored to meet individual healthcare planning needs. The Joint Commission, the U.S. Department of Health and Human Services (DHHS) and some states have provided funding and emergency equipment for planning, building and operating effective surge hospitals to handle people needing healthcare treatment and services.

The Agency for Healthcare Research and Quality (AHRQ), a branch of DHHS, has developed guidelines on using closed hospitals to expand surge capacity in an emergency. The agency recommends the following events when the surge plan execution is warranted:

1. Community mass casualty events.
2. Cases in which quarantines must be instituted to guard against transmission of an infectious agent or communicable disease and/or controlling occupational or community exposure to radioactive agents, chemicals or such weapons of mass destruction. Any institution contemplating the use of a closed hospital to expand surge capacity should ideally engage in advance planning to thoroughly assess the facility, although it must be acknowledged that in many cases the urgency of a situation often calls for swifter action. The best approach might be for an existing hospital or other healthcare organization to acquire the shuttered hospital as a satellite of the medical center so that patient services such as a pharmacy and laboratory can be extended to the satellite. Whether the site is a shuttered hospital or a closed hospital ward, the first staff to enter the facility should be an environmental crew that cleans the facility to ensure that the water, air and general environment are sanitary and adequate for their intended use.
Suggested Actions
The Healthcare Practice Specialty proposes that emergency response and surge capacity issues be at the forefront for the ASSE executive planning team. They should budget for and develop a strategic plan for addressing surge capacity during emergencies and should discuss this topic at future ASSE symposia, seminars and forums.

Administrator: Mark Shirley, shirlem@sutterhealth.org
Industrial Hygiene Practice Specialty

Key Issue 1: Confined Spaces & Their Hazards

Why This Issue is Important: Employees continue to die in confined space accidents on a daily basis. These accidents are preventable with proper training and equipment in use.

Members’ Views of This Issue: Industrial Hygiene Practice Specialty (IHPS) members feel this issue can be corrected through a new reemphasis on training. Use of a safety management system, such as OHSAS 18001 or the ANSI Z10 standard, along with a focus from regulatory authorities, can improve safety and compliance.

To achieve improved safety and compliance in confined spaces, IHPS members believe that employers must use known resources within the SH&E community such as the U.S. Occupational Safety and Health Administration’s website (www.osha.gov), professional organizations, suppliers and consultants to review their systems and procedures used for confined space entries.

Administrator: Eric Stager, estager@occuhealth.com
**Industrial Hygiene Practice Specialty**

**Key Issue 2: Personal Protective Equipment (PPE)**

**Why This Issue is Important:**
Employers still struggle with PPE assessments and certifications, proper PPE selection and who will pay for certain PPE that is not job-specific, such as boots and prescription glasses.

**Members’ Views of this Issue:** Industrial Hygiene Practice Specialty members believe this issue should be addressed through comprehensive risk assessments in the workplace, working with suppliers and vendors to improve PPE selection and improved training on equipment use.

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Industrial Hygiene Practice Specialty

Key Issue 3: Chemical Exposures & Hazard Communication

Why This Issue is Important
New materials are in use everyday, and most have no occupational exposure guidance of any kind in place. Employees work with these materials without the benefit of a fully integrated risk assessment of these chemicals to protect themselves and their co-workers from potentially harmful exposures. Most of the U.S. Occupational Safety and Health Administration’s Permissible Exposure Limits (PELs) are based on 1960s and 1970s data. These PELs have not been updated except for a few of the potential carcinogens and heavy metals. In the SH&E community, data has been collected, which indicates that updated PELs are needed.

Members’ Views of This Issue
Industrial Hygiene Practice Specialty members feel that this complex issue should be addressed through review of exposure data in U.S. workplaces. Employers should review the best data available from around the world and apply it to their operations. A fully integrated risk assessment would include toxicology data review, exposure guidance documentation from around the world and a management system to implement the proper controls.

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International Practice Specialty

Key Issue 1: China—Restriction on the Use of Hazardous Substances (RoHS)

Why This Issue is Important
Electronics manufacturing companies conducting business in China must be aware that China RoHS primarily targets the same substances restricted by the EU RoHS directive. The China policy includes items (such as automotive electronics, radar equipment, medical devices, semiconductor and other manufacturing equipment, components, some raw materials as well as packaging materials) that are currently out of scope for the EU directives, and compliance can only be verified by testing conducted in accredited Chinese laboratories. As such, the composition of the product may become known and intellectual property documented.

Members’ Views of This Issue
The China RoHS Directive took effect on March 1, 2007. The initial requirement for this date is for a mark and disclosure for six identified hazardous substances and their locations within the product in a prescribed format in Chinese. This should not be confused with the full requirements.

The stage compliance will be required with the release of a catalogue of products, which will need to comply with actual prohibitions of listed substances. Actual compliance will be tested in a Chinese laboratory. Companies must also be aware that the scope of China RoHS is broader than the EU and includes product categories such as test equipment, medical, subassemblies and electronic components that are not currently within the EU scope. Other differences include variable implementation dates, mandatory inspection and testing as well as clearly marking the actual packaging with the appropriate symbol and words. In addition, an Environment Friendly Use Period (EFUP) must be included as part of the symbol to denote which hazardous substances are present. This represents the period in years during which any of the substances present will not leak out and cause environmental pollution.

Suggested Actions
Initially, labels will need to be designed for new products and change orders issued for products and packaging already in the pipeline in order to comply.

Four marks are required:

1. A label defines whether or not the products contain any of the six hazardous substances. If they are present, the EFUP must also be determined and indicated.
2. A table in the product documentation must disclose which hazardous substances are contained in the product and the component(s) in which they are present. If you have acquired vague certificates of compliance with EU RoHS or e-mail assurances that the parts you use are compliant with EU RoHS, you do not have the information necessary to correctly define this table.
3. Packaging material must be disclosed on the outside packaging.
4. The date of manufacture must be marked on the product if the EFUP label is required.

All required information is to be translated into Chinese.

Visit http://www.chinarohs.com/ for more information and English language translations of the China RoHS requirements.

Administrator: Jack Fearing, jack_fearing@aon.com
International Practice Specialty

Key Issue 2: Working Conditions at Toy Plants in China

Why This Issue is Important
A U.S.-based workers’ rights group and China Labor Watch recently found substandard working conditions as well as labor violations at eight toy plants in China. This issue is not specifically confined to toy manufacturers but exists across the whole supply chain of products from developing countries.

Plant workers often receive low wages and little or no benefits and are exposed to dangerous working conditions. The manufacturers in question have been openly accused of ignoring worker and product safety.

China Labor Watch recommends that international firms that do business with these and similar supplier factories:

- Pay factories a reasonable price for their products
- Help factories correct violations
- Take responsibility for suppliers’ legal infractions
- Pay better wages
- Publicize factory audit results

While these steps may help correct or eliminate poor working conditions in China, more must be done to protect Chinese workers and to alert international firms to this issue.

Members’ Views of this Issue
International Practice Specialty (IPS) members feel that this issue can be controlled through improved supply chain management and vendor assessment. Use of the ISO 9000 and SA 8000 standards along with other existing methodologies for product specification, sampling and audits can improve safety and compliance as well as employee working conditions.

However, to achieve improved safety and compliance in China, IPS members believe that importers, distributors and retailers must be better educated on the conditions under which the products they purchase are manufactured. These groups must understand the value and importance of investing in required assessments and of verifying that manufacturers produce to known Good Manufacturing Practice Regulations.

Members also believe that increased integration of voluntary safety management and quality system standards, both in China and the U.S., can help set an example for working conditions in manufacturing plants.

IPS members propose that this agenda issue be discussed during future ASSE symposia, seminars and forums.

Suggested Actions
IPS will continue to review this issue and report to its membership. There might be additional articles and presentation proposals for the ASSE Professional Development Conference in addition to ASSE representation on ANSI or other such standards-developing bodies. If government action is taken to provide further regulation, IPS leadership will alert its membership and provided any needed updates at the appropriate time.

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International Practice Specialty

Key Issue 3: EU Registration, Evaluation, Authorization & Restriction of Chemical (REACH) Substances Legislation

Why This Issue is Important
U.S. companies have much at stake according to Penelope Naas, Director of the Office of EU and Regional Affairs for the U.S. Department of Commerce. EU and U.S. markets are intricately linked. U.S. chemical trade across the Atlantic is worth $600 billion every year, but more importantly, she says, U.S. companies have $2.5 trillion invested in Europe. Less well known, particularly to firms outside of the EU, are the provisions of REACH related to articles that are exported to the EU or manufactured within the EU. The REACH Regulation defines an article as "...an object which during manufacture is given a special shape, surface or design which determines its function to a greater degree than does its chemical composition."

Members’ Views of This Issue
Be aware of the exemptions from many or all of the provisions of REACH. Some structurally simple and benign substances are exempted (and listed in the Annexes to the Regulation). Other chemicals or preparations already regulated are exempt from certain provisions such as those in medicinal products or in foods.

Those substances falling within the scope of the initial action for industry will pre-register their substances. This should take place in a six-month window starting 12 months after entry into force (June to December 2008). The subsequent registration procedure requiring submission of data and dossiers (with risk assessments) are to be carried out over a period of 11 years. The first deadline is for substances imported or manufactured at tonnages above 1,000 tons per annum or substances already classified as dangerous over 100 tons per annum.

Subsequent deadlines in 2013 and 2018 are for lower tonnage substances (above 100 and 1 ton, respectively). The registration process is based on the principal of one substance one registration (OSOR). All firms that pre-register the same substance will be encouraged to work together and to share data.

The main driver for REACH is concerned with the authorization or restriction of substances. Substances of very high concern (SVHC) cannot be used or placed on the EU market without a specific authorization, granted from the Chemicals Agency. In some circumstances, restrictions will apply and some substances, based on their risks to humans and the environment, will be banned.

Suggested Actions
It is essential to either increase or reallocate manpower within a company to (a) obtain a clear view of your obligations and (b) establish what is required and when. Firms should consider involving staff who work not only in the environmental, health and safety (or regulatory) functions, but also those who work with the supply chain.

Article manufacturers or importers must understand the composition of their articles and whether the constituent substances are expected to be released during normal or foreseeable circumstances. The release of SVHC during disposal needs particular attention. Populating an article and substance (cross-referenced) inventory will enable tonnages, properties of those substances in scope, exemptions and so on to be established. Questionnaires and other communication with suppliers (or subsidiary or importer within the EU) are necessary to establish an understanding of REACH and their degree of compliance.

The REACH regulation will have a major impact on U.S. firms that manufacture/import chemical preparations and articles to the EU. This impact is probably less obvious to manufacturers/importers of articles. The EU guidance document (R.I.P. 3.8) contains a list of sources of government and industry information on substances in articles.

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Management Practice Specialty

Key Issue 1: Dealing with Human Error & How to Avoid It

Why This Issue is Important
Dealing with human error means dealing with behaviors, usually at-risk behaviors. If 85% of workplace accidents and injuries are a result of unsafe acts (human error), we should spend more of our efforts and time addressing behavior/human error than on hazards and unsafe conditions.

Members' Views of This Issue
It is much easier to recognize and correct workplace hazards, and it is something that is much more quantifiable and measurable. On the other hand, human error and associated behaviors present more of a challenge from a measurement and corrective measures standpoint. Therefore, the ways in which we can minimize human error are less definitive and vary considerably from location to location. Also, from a measurement of progress standpoint, we are usually dealing with very small elements of change when we have a recordable rate of 1.0 or less. It presents a different set of challenges, which must be closely monitored and adjusted routinely to ensure continuous improvement.

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Management Practice Specialty

Key Issue 2: Sustaining Dramatic Safety Improvement Through Management Systems & Employee Involvement

Why This Issue is Important
More often than not, many companies put much time and effort into improving their SH&E process only to let it backslide in subsequent years with a corresponding increase in incidents and injuries. A system must be implemented to sustain and monitor this progress with elements for continuous improvement on an ongoing basis with employee involvement maintained at a maximum level.

Members’ Views of This Issue
Other ASSE members have said that about every ten years, they must revisit similar issues and wonder what they can do to break this cycle. It is fairly simple but time-consuming to address. It requires a systematic approach to improving some portion of your EHA process every year as well as monitoring and measuring that progress for validity. It is the age-old adage, “What gets measured gets done.”

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Management Practice Specialty

**Key Issue 3: What Safety Management Needs to Know About Planning for a Pandemic**

**Why This Issue is Important**
Most experts agree that a global pandemic is a growing and significant threat, but that there is no way to predict exactly when it might occur or its impact. As with any of the risks we face as a country, it is imperative that all segments of society be prepared for such a threat.

In addition to the threat that a pandemic could pose to human health worldwide, few industries will be insulated from the economic effects resulting from absenteeism in the workplace or from the downstream effects stemming from supply chain and travel disruption.

It is important for business owners and leaders to know the risks associated with the threat of an influenza pandemic and in turn to be adequately prepared for the possibility of a pandemic that would have significant social and economic costs.

**Members’ Views of This Issue**
Management Practice Specialty (MPS) members believe that management can be better prepared through contingency planning. Many tools are available to help with planning so that employees can be better prepared and protected from exposure.

The continued spread of the highly pathogenic avian H5N1 virus across eastern Asia and other countries represents a significant threat to human health. The H5N1 virus has raised concerns about a potential human pandemic because:

- It is especially virulent
- It is spread by migratory birds
- It can be transmitted from birds to mammals, and in some limited circumstances, to humans
- It continues to evolve

MPS members also believe that increased employee awareness and family preparedness will help reduce risks.

**Suggested Actions**
MPS members propose that this agenda issue be discussed during future ASSE symposia, seminars and forums.

**Administrator:** Christopher Gates, cgates@rm.sbccounty.gov
Manufacturing Branch

**Key Issue 1: NFPA 70E**

**Why This Issue is Important**
Many manufacturers are not in compliance with NFPA 70E. Some do not understand 70E, and some do not have resources to apply towards compliance.

**Members’ Views of This Issue**
Manufacturing Branch members feel that this situation can be improved with additional training on this topic.

**Suggested Actions**
Manufacturing Branch members propose that this issue be discussed during future ASSE symposia, seminars and forums.

**Key Issue 2: Employee Participation in Safety Training**

**Why This Issue is Important**
Many safety professionals do not recognize the value of involving employees in developing and performing safety training.

**Members’ Views of This Issue**
Manufacturing Branch members feel that this issue can be improved by educating safety professionals on the value that employees have to offer in training their coworkers.

**Suggested Actions**
Manufacturing Branch members propose that this issue be discussed during future ASSE symposia, seminars and forums.

**Key Issue 3: NFPA 1600 Business Continuity**

**Why This Issue is Important**
Manufacturers usually have effective emergency action plans. Unfortunately, they have not taken the next step—moving beyond the emergency or disaster and planning how to get their business functioning again.

**Members’ Views of This Issue**
Manufacturing Branch members feel that this can be improved by training on this topic and advising businesses of the resources available to them.

**Suggested Actions**
Manufacturing Branch members propose that this issue be discussed during future ASSE symposia, seminars and forums.

**Key Issue 4: Leading Safety Indicators for Manufacturing**

**Why This Issue is Important**
Many safety professionals struggle with developing Leading Safety Indicators that will be effective for their organization.

**Members’ Views of This Issue**
Manufacturing Branch members feel that this situation can be improved with additional discussion and research on this topic.

**Suggested Actions**
Manufacturing Branch members propose that this issue be discussed during future ASSE symposia, seminars and forums.

**Chair:** Michael Coleman, mtcoleman@rocklineind.com
Public Sector Practice Specialty

Key Issue 1: School Safety

Why This Issue is Important:

School shootings and violence affects many of our nation’s schools and universities. These incidents make the national news; however, accidental injuries occur far more often to students and faculty. Furthermore, sports injuries to students can cause everything from school absences to lifelong paralysis. Finally, natural disasters, such as tornados and hurricanes, are also threat and should be adequately prepared for.

Of the many areas of safety within the school system, the following deserve special focus:

- School violence (high school and college levels)
- Sport injury prevention (high school and college levels)
- School bus safety (elementary and high school levels)
- School crossing safety (elementary school level)
- Playground safety (elementary school level)
- Emergency preparedness (elementary and high school as well as college)

Members’ Views of This Issue

Most U.S. schools and universities are public, and many elementary and high school facilities are also used as shelters by municipalities in preparation for and in response to natural disasters. Public sector safety professionals believe that these public institutions are a heritage of the nation and as such should be maintained at the highest standards with appropriate security and safety measures enacted. This is especially highlighted by the need for sound physical structures for the public to seek refuge from disaster. All public schools and university facilities should be inspected and hazards abated as quickly as possible to prevent needless accidents. Where appropriate, chemical and hazardous substances should also be properly controlled and all personnel trained.

Public sector safety professionals also believe that the young people attending these public institutions should be provided a safe and healthful place in which to grow and learn without the fear of accident or violence. To be prepared, emergency plans must be developed and tested to ensure that when an emergency occurs a solid response will prevent needless death and injury. Agreements must also be in place with local police, fire, emergency medical services and local hospitals to support emergencies.

Suggested Actions

Public Sector Practice Specialty members recommend this issue be discussed during future ASSE symposia, seminars and forums.

Administrator: Fred Fanning, fanningf@netscape.com
Key Issue 2: Pandemic Influenza

Why This Issue is Important
Influenza viruses have threatened the health of animal and human populations for centuries and have thwarted the U.S. government's efforts to develop both a universal vaccine and highly effective antiviral drugs. Three human influenza pandemics occurred in the 20th century, each resulting in illness in approximately 30% of the world population and death to an estimated 0.2% to 2% of those infected. It is projected that a modern pandemic could lead to deaths of 200,000 to two million U.S. residents. In the event of a pandemic influenza, most public organizations will need to sustain services to the general public. This means that all public organizations must be prepared to withstand a pandemic influenza and must continue to operate and provide essential services.

The overarching objectives of any pandemic influenza preparedness are to:

a. Maintain continuous command and control of the public organization
b. Ensure the continuous performance of identified essential functions and operations
c. Mitigate disruptions to operations
d. Protect the safety and security of employees
e. Achieve a timely and orderly recovery from a pandemic event and resumption of full service to customers
f. Support the overall federal, state and municipal preparedness and response efforts
g. Communicate preparedness, response and recovery guidance to organization stakeholders

Members' Views of This Issue
Public sector safety professionals believe that public organizations must be prepared to withstand a pandemic influenza and must continue to operate and provide essential services.

In preparation for a pandemic influenza, public sector safety professionals believe that public organizations should be:

a. Providing coordination, support and technical guidance to its employees
b. Tracking outbreaks to determine their impact on the public organization
c. Monitoring occurrence of disease to determine its impact on the public organization’s personnel
d. Preparing for a pandemic
e. Preparing to stockpile equipment and cleaning supplies
f. Participating and supporting the federal, state and municipal interagency activities
g. Communicating preparedness guidance to the public organization’s stakeholders

Suggested Actions
Public Sector Practice Specialty members recommend this issue be discussed during future ASSE symposia, seminars and forums.

Administrator: Fred Fanning, fanningf@netscape.com
Public Sector Practice Specialty

Key Issue 3: Automatic External Defibrillators

Why This Issue is Important
On any given day in America, you will find Automatic External Defibrillators (AEDs) in public buildings. The presence of these devices causes a public perception that they were properly chosen, are in good working order and that employees of the public facility are prepared to use AEDs to save a life.

In the U.S., approximately 220,000 victims suffer sudden ventricular fibrillation cardiac arrest per year. Early CPR and defibrillation within the first 3-5 minutes of collapse followed by early advanced care can result in a greater than 50% long-term survival rate.

Members’ Views of This Issue
The general public is making many assumptions that public sector safety professionals do not believe are true, and in many cases, the public is at risk and they do not even know it.

Recent changes in guidelines have not been widely publicized to the public sector so many AED programs are not up-to-date. Secondly, many AEDs were purchased years ago and do not represent the latest technology. Public sector safety professionals do not believe that proper inspection and maintenance programs are in place to ensure that AEDs would actually work if called upon. Lastly, lay personnel programs do not provide enough trained AED users to respond to emergencies, and passersby may also believe that they can use the devices.

In preparation for an effective AED program, public sector safety professionals believe that public organizations should:

a. Provide training to public employees who are responsible for the management of these programs
b. Ensure that AED guidelines are widely distributed within public organizations
c. Identify public employees who will serve as lay personnel
d. Ensure that lay personnel are properly trained, tested and exercised
e. Ensure that lay personnel are available to perform AED.
f. Ensure that all AEDs are properly inspected, maintained and replaced when outdated so they will work when called upon.

Suggested Actions
Public Sector Practice Specialty members recommend this issue be discussed during future ASSE symposia, seminars and forums.

Administrator: Fred Fanning, fanningf@netscape.com
Safety Professionals & the Latino Workforce (SPALW)

Key Issue: Disproportionate Fatality Rate Among the U.S. Latino Workforce Due to a Communication Gap & Misunderstanding of Culturally Sensitive Issues & Factors by Business

Why This Issue is Important
Spanish-speaking employees in the U.S. suffer a 21% higher fatality rate compared to any other ethnic group. Latinos have a higher probability of dying on the job in the U.S. than any other ethnic group.

Why is this happening? Can something be done to turn this around? What are the issues at hand, and can these accidents be prevented?

Factors include:
- Language barriers
- Cultural differences
- Traditions and values in conflict with workplace safety
- Lack of proper training
- Employee ignorance about workplace safety
- Company management personnel's lack of understanding to close the communication and cultural gap

While the reasons for this high fatality rate can be numerous and at times complicated to understand, many simple strategies can be implemented to improve this situation. Strategies include using a qualified bilingual safety trainer, conducting safety training in Spanish and making an effort to understand the basic traditions and values of the Spanish-speaking workforce. These serious accidents and fatalities can be prevented and reduced through the introduction of more resources and efforts in this specific area.

Members’ Views of this Issue
Safety Professionals and the Latino Workforce (SPALW) members feel that serious accidents and fatalities within the Latino workforce in the U.S. can be prevented by focusing on communication skills, training and cultural issues. To do this, we must increase awareness for business owners and develop new methods to educate the Spanish-speaking workforce.

Suggested Actions
SPALW members propose that this issue be discussed during future ASSE symposia, seminars and forums:
- Through the promotion of safety among the Hispanic workforce in the U.S. (first) and the rest of the world (second)
- By providing SH&E resources to those who manage or train Spanish-speaking workers
- By influencing regulatory bodies/processes to benefit the Hispanic workforce

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