

# OHG Standard

Setting the *standard* in Occupational Medicine

April 2002

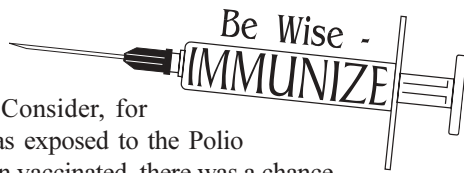
**Occupational Health Group** is a service offered to the business community of North Alabama by Decatur General Hospital and Huntsville Hospital Systems

## Vaccinations: What's The Big Deal?

**Shanon Smith, MD, MS**

Today is a good day to be alive and healthy. Maybe this is a rather obvious statement but there are several reasons why this is true for you, on this day. Over the past few decades, positive developments have occurred in the field of medicine affecting mankind and civilization, in general. One of these areas of development, in particular, has been in vaccinations. Presently, many of these immunizations are effective, readily available and life saving. However, for a vaccine to be effective it must be given. There in lies the problem.

Our memory is fading; we have forgotten the value of vaccinations. Consider, for example, a child who was exposed to the Polio virus. If they had not been vaccinated, there was a chance, several years ago, that this child would become paralyzed and possibly be required to live in an "Iron Lung" machine for the rest of his/her life. Likewise, naturally occurring Anthrax was at one time a deadly illness associated with the trade known as "Woolsorters". Occasionally, the Anthrax bacteria would be inhaled and cause disease. Today, however, the disease is not seen in this occupation due to routine vaccinations of workers. Smallpox has also been eradicated according to the World Health Organization. This is due to a successful vaccine campaign. Now that the virus polio appears "controlled" in the U.S., anthrax is preventable, and smallpox is extinguished, what diseases do we have to fear? Well, numerous diseases and viruses still exist and we must be cognizant of their recurrence. Proof is the current experiences of several developed countries after they let their immunization levels drop. Great Britain, Sweden and Japan reduced the rate of Pertussis (Whooping Cough) vaccine due to a fear of the vaccine side effects. The effect was dramatic and immediate. In Great Britain, a drop in Pertussis vaccination in 1974 was followed by an epidemic of more than 100,000 cases and 36 deaths by 1978. In Japan, a drop in vaccination rates from 70% to 20%-40% led to a jump in Pertussis from 393 cases and no deaths in 1974 to 13,000 cases and 41 deaths in 1979. Thus, without vaccinations, disease would eventually be epidemic. To further illustrate the need for vaccinations, Diphtheria (which has a death rate of 1 in 20) is now an epidemic in the former Soviet Union. Low immunization rates have resulted in an increase from 839 cases in 1989 to nearly 50,000 cases and 1,700 deaths in 1994. There have already been at least 20 imported cases in Europe and two cases in the U.S. from citizens working in the former Soviet Union. In summary, no one can escape an epidemic without a good vaccination program. Some programs may accentuate work-related illnesses while others may focus on general public health. Furthermore, a vaccination program is imperative for people traveling internationally, as it only takes one virus to create disease in a susceptible person at work or at home.



So, with regard to infectious diseases, how can you protect yourself and co-workers, with the increase in immigration rates, rapid speed of airplane transport from country to country, and international travel by domestic personnel? The answer is to be vigilant, informed, and consult your medical director. Specifically, your company should consider the following:

- (1) Review workforce population and childhood vaccination rate completion.
- (2) Implement Tuberculosis (TB) screening. The North Alabama region has one of the highest rates of TB in the state with Madison County ranking 3<sup>rd</sup>, Morgan County came in at 17, and Jackson County ranked 37<sup>th</sup>.
- (3) Offer Hepatitis B vaccinations, to be compliant with OSHA mandates for pre-employment, for at-risk personnel and needlestick/sharps post-injury evaluations.
- (4) Vaccinate with the new Varicella (Chickenpox) vaccine, if you employ healthcare workers.
- (5) Immunize for Tetanus (a death rate of 3 in 100) during pre-employment evaluation, if a future risk of work-related lacerations exists (Please see Td shortage notice in this newsletter.)
- (6) Promote flu shots annually.
- (7) Schedule employees for any travel outside the continental United States, physical examinations and immunizations, such as Hepatitis-A, Malaria, Diphtheria, Polio, and other travel medicine prevention assessments several months prior to travel.

If we do not learn from history, we are destined to repeat it. Let us not forget the value of vaccines for your employees, working both domestically and abroad. Simultaneously, you can protect workers while reducing lost time from illness, costly healthcare insurance premiums and on-the-job illness workers' compensation claims.

## How is Your Hearing Conservation Program?

**Jennifer Eliason, M.S., COHC**

Hearing loss continues to plague our nation's workforce. According to Occupational Health and Safety Administration (OSHA) estimates, "at least 1 million workers in the manufacturing industries alone have sustained job-related hearing loss". When considering all types of employment, more than 9 million workers are exposed to potentially hazardous noise levels. The good news is that all noise-related hearing loss can be prevented with a comprehensive hearing conservation program. There are many benefits of a hearing conservation program. They include the following:



- 1. Prevention of noise-induced hearing loss.** Currently, there is no cure for noise-related hearing loss. That is why prevention is so important.
- 2. Preservation of quality of life.** Many employees say that they do not care if they lose their ability to hear high-pitch tones as a result of noise-induced hearing loss. However, they may not realize that they will lose the ability to hear birds chirp or the ability to hear their grandchildren's voices. Hearing loss definitely affects one's quality of life.
- 3. Decrease in worker's compensation costs.**
- 4. Compliance with OSHA requirements.**

Every company, that has employees exposed to more than 85dB for an 8-hour Time Weighted Average (85 TWA), needs to have a hearing

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conservation program in place to be compliant with Federal Standard OSHA 29CFR 1910.95. There are seven basic components to a hearing conservation program (HCP). Let's briefly review each of these components.

**1. Noise measurement.** Noise monitoring is required to determine employee exposure levels, who to include in your hearing conservation program and the amount of attenuation that hearing protectors must provide to employees. Noise monitoring needs to be repeated whenever a change in production, process, equipment or controls increases noise exposures to the extent that additional employees may be exposed at or above an 85 TWA or to the extent that current hearing protectors used by employees may become inadequate.

**2. Engineering noise control.** Companies should take all the necessary steps to make their equipment as quiet as possible through engineering controls.

**3. Audiometric testing.** It is recommended that you obtain a baseline audiogram for all new employees and at least annually obtain a new audiogram for each employee exposed at or above an 85 TWA. Remember, the testing must be provided at no cost to employees.

**4. Hearing protection.** Employers need to make hearing protectors available to all employees at or above an 85 TWA. Hearing protectors need to be replaced as necessary. It is best to give employees a choice among ear plugs (both fitted and expandable) and ear muffs. Remember, the best hearing protection device is whatever the employee will consistently and properly use, all day, every day.



**5. Employee training and education.** An annual hearing conservation training program needs to include the following information: the effects of noise on hearing, the purpose of hearing protectors, the advantages, disadvantages, and attenuation of various types, and instructions on selection, fitting, use and care.

**6. Record keeping.** Employers are responsible for maintaining accurate records for the following: (a) audiometric calibrations, both daily and annual, (b) sound pressure levels in the audiometric test room, (c) employee exposure measurements, (d) individual audiometric tests, (e) any employee follow-up reports of actions including notifications of standard threshold shifts, meetings regarding employee use of hearing protection, and any disciplinary action taken regarding use of hearing protection, (f) employee training (g) examiner's certificates and (h) OSHA log. Length of retention for OSHA on any medical test is term of employment plus 30 years. (NOTE: The Hearing Conservation Amendment stated "length of employment", but that has since been revised under the Medical Records standard)

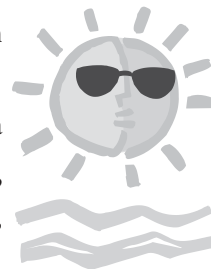
**7. Evaluation.** Evaluating the effectiveness of your hearing conservation program involves many important steps. Ask yourself if the program: (a) prevented or limited noise-induced hearing loss, (b) improved

job performance, (c) included all OSHA requirements and (d) limited workers' compensation costs.

Next month look for more information about hearing conservation programs. We will focus our attention on how to choose a vendor to provide your audiometric testing.

## Do You Need a "Summertime Check-up"?

- ◆ Can your employees recognize if a coworker is showing signs of heat exhaustion?
- ◆ Is your first aid kit properly stocked and in order?
- ◆ Is your rabies vaccination up to date?
- ◆ Are you prepared for an employee suffering a severe allergic reaction to a bee sting?
- ◆ Is your company's emergency plan up-to-date?
- ◆ Can your employees recognize poison ivy, poison oak & poison sumac?



If you answered "no" to any of these questions, you may want to speak to an OHG representative about an in-house educational session. OHG offers training and steps to take to avoid heat exhaustion. Also, your representative will be happy to work with you and your employer to address any needs to prepare for the hot summer months. To contact a representative, you can go to [www.OHGonline.org](http://www.OHGonline.org), click on "Contacts" and send a request or contact your local clinic listed on the front of this newsletter.

## Holiday Closings

Memorial Day - May 27, 2002  
Independence Day - July 4, 2002



**NOTICE:** The **nationwide tetanus vaccine shortage** should end in July or August 2002. The U.S. Centers for Disease Control and Prevention (CDC) issued interim recommendations because there is a shortage of tetanus vaccines caused by the discontinuation of production by one of the manufacturers.

Aventis Pasteur is now the sole manufacturer of certain tetanus-containing vaccines and has been working with the CDC to address this shortage. Part of the challenge in meeting the nation's tetanus vaccine needs is that it takes 11 months to manufacture the tetanus/diphtheria vaccine. At the present time, the company is rationing Td vaccine by evaluating orders based on the CDC recommendations and the available supply. To learn more about this subject visit [www.OHGonline.org](http://www.OHGonline.org) (click on "In the News") or go to [www.CDC.gov](http://www.CDC.gov).

# OHG

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*It's not too late...*  
If you have not registered for the April 17<sup>th</sup> Occ Health, Safety & Workers' Compensation Seminar you can still do so. For registration information, visit our website: [www.OHGonline.org](http://www.OHGonline.org) or call 256/864-3697.



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