ACCHS Workgroup

Meeting Minutes 03-05-2020 Emerging and Current Issues

Call to order

Kevin Cannon welcomed everyone to the call with brief remarks and introduced Scott Earnest and Greg Sizemore as the co-chairs of the Workgroup.

Emerging and Current Issues conference all began at 03-05-2020 at approx. 1:00 P.M. eastern

Type of meeting

- Conference Call

Attendees ***(see highlighted names below)***

ACCSH Chair- Kevin Cannon

Co-Chairs- Scott Earnest, Greg Sizemore,

Workgroup Members- Cindy DePrater, Richard Krocka, Chris Fought, Richard Tessier, Randy Krocka, Chuck Stribling

OSHA Staff- Damon Bonneau, Joey G., Sam I., Mike P., and Alicia O. (not sure I have all OSHA staff)

Guest Speakers- Rick Rinehart, and Michelle Walker

Members not in attendance *(see non-highlighted above)*

Approval of minutes

Motion made by:

Second by:

Approved (yes/no)- (insert response here)

Reports and Updates

None

Discussion

Kevin C began the call with an overview of the WG focus and topics (Opioid Addiction and Suicide in the Construction Industry).

Scott E provided some background on the Opioid Overdose problem, cited statistics based upon published research and introduced Rick Rinehart of CPWR.

Opioid Addiction- Presentation (see attachment) by Rick Rinehart, ScD Deputy Director, Center For Construction Research and Training (CPWR)

Notables:

- Based on 2017 study, construction workers are 6 to 7 times more likely to die of an overdose compared to workers in other groups
- Workers with injuries are more likely to die by opioid overdose or suicide
- A CPWR Quarterly Data report indicated overdose fatalities 2011-2017 25% of construction workers with workplace injuries were prescribed opioids. Uninsured construction workers were more likely to use illicit drugs for pain rather than prescribed opioids.
- NATBU Opioid Task Force was charged with Establishing Path Forward Responses to Societal Crisis revealed 3 types of overdose death prevention
    1. Primary Prevention- prevent workplace injuries that cause pain
        - Action: basic awareness, training and communication
    2. Secondary Prevention- educate on effective treatment of workplace injuries and associated pain
        - Action: education
    3. Tertiary Prevention- substance use disorder treatment
        - Action: ongoing recovery support
- Most of the conversation is about workers that have substance abuse issues, we need a new way to talk about it and focus on the ***primary prevention*** through peer support networks.
- CPWR has developed many resources such as Hazard Alert, Toolbox Talks, Physician/Practitioner Alert, Infographic, and education (two-hour awareness module). Note: these are all free resources on their website **https://www.cpwr.com/research/opioid-resources**
- The education is currently in a beta form and being piloted by key stakeholders for feedback.
- What could OSHA do?
    1. Create Opioid and Musculoskeletal Disorder (MSD) special emphasis
    2. Outreach efforts
    3. Add to safety and health management programs
    4. Develop leading indicators

Rinehart concluded: CPWR's next steps are to continue to develop the training program, conduct communications research to inform framing and prevention activities, and a deep dive into peer support networks.

WG- Q&A

What are injuries that can be sited as a leading tie to opioid addiction? Most common soft tissue or muscular skeletal disorders.

How much has to do with prescribed verses illicit? We don't know the answer to that however, we do know that long term use leads to illicit use.

Has a significant feedback been collected from the pilot? Trainers agree there need to be more evaluation of participant understanding pre and post training, it could be longer than 2 hours, and there is an unfamiliarity with the topic by trainers in general and in some cases the participants know as much if not more than the facilitator (i.e. slang, and use).

Has there been any engagement with workers compensation providers? The Center for WC research has some proposed factors contributing to opioid use and back injuries but no real connection at this time.

WG- Comments

Could this be a component of the OSHA 10 or 30 or Foundations of Safety Leadership?

Whatever is done we need to consider videos, on-line, short easy to access, do not just tell them the statistics we need to make sure we normalize the conversation (how do we help people get ok to talk about the subject on a project?)

Topic Tabled at approx. 2:00 P.M.

Scott opened with suicide statistics and advised there is a disproportionate impact on construction workers and introduced Michelle.

Suicide Prevention- Presentation (see attachment) by Michelle Walker, Chair of the Construction Industry Alliance for Suicide Prevention (CIASP)

Notables:

- The impact of the problem is significant and ignoring and thinking that "*we don't have a mental health or suicide" problem* isn't a solution.
- Depression plays a big part in construction suicide (helplessness and hopelessness) and is the leading cause of disability claims.
- The number of deaths by suicide in the construction industry is greater than deaths from all of the construction Focus Four causes combined. (The Focus four includes: falls, struck-by, caught in and in between, and electrocutions) In 2018, there were 1,008 construction worker fatalities (9.5/100k rate). In the same year, there were 5,242 construction worker suicides resulting in a much higher fatality rate (49.4/100k rate).
- Mental illness leads to $193 billion loss earnings
- A $1 investment in mental health results in a $4 ROI
- CIASP has resources focused on the construction industry and is constantly looking at new communication strategies to raise awareness of the construction suicide epidemic.
- What could OSHA do?
    1. Similar to the recommendation on opioids include this in OSHA 10-30 or FSL
    2. Continue to promote as part of safety stand downs and website
    3. Add to safety and health awareness campaigns
    4. Develop leading indicators

Walker concluded: This will only be effective ~~as~~ when a company makes a corporate cultural shift and it begins at the top of the organization. Equipping, educating and empowering employees to watch out for each other, re-thinking how crews work together so they are more aware of the signs, ensuing they have the proper resources in place both from an assistant and intervention as well as crisis response. CIASP website preventconstructionsuicide.com

WG- Q&A

Is it more of a large or small contractor issue? No significant evidence of the number of deaths by suicide in large or small firms. Keep in mind that these are not just deaths on jobsites, many (if not most) occur off the project. It might be understandable how a smaller firm might have a slight advantage because intact or smaller crews interact with each other more often and can see changes in behaviors.

Is there a correlation between the 2 (opioid and suicide)? Yes, there is. Think about it this way. If you address one topic, it will make some difference. If you address both topics, it makes a big difference.

WG- Comments and Question

Both of these should be incorporated into some other training that is already occurring or required.

Should this be a special emphasis program? It probably shouldn't be handled in a special program due to the structure and perceived outreach and enforcement requirement.

Can OSHA make a presentation in April about what all they are currently doing in both of these areas? ***(see action item below)*** Damon-Yes, however it would be a request made by the work group, presentation to be made to the work group and the WG would report out and bring any recommendations back to the ACCSH committee when the large meeting reconvenes.

Action Items

Damon needs to clarify process for a request- OSHA presentation on what they are and have been doing in the area of Opioid and Suicide.

New business

None

Closing comments and Questions:

Kevin Cannon- **Is everyone supportive of looking at plugging into OSHA existing 30 in some form?** *Unanswered the work group needs to see more of what OSHA is doing now in these areas. If we have a WG presentation, then we may a recommendation to ACCSH to pass along to OSHA.*

Impact of COVID-19

Will WG allow presentations from the public? Yes

How many participants on the call? 156

What is the meeting time for April? 28th WG- Edu. 9:00-12:00 WG-Emer. 1:00-4:00 and 29th ACCSH 9:00-4:00

Impact of COVID-19

Will travel restrictions impact our meeting scheduled in April? Too early to tell.

Will call in for the April meeting be available? It will be taken into consideration.

Meeting concluded at approx. 3:10