

MJS Legacy Safety Consulting Services LLC

continues to focus our attention on
'Providing Great Service and Building Lasting Relationships'

It has been our distinct pleasure to serve the needs of businesses both big and small since 1995. MJS Safety transitioned to **MJS Legacy Safety Consulting Services** in 2021 with the passing of our founder, Mike Stookey. But our goal has not changed. We continue to grow the legacy of customized service and individual attention that we have provided to so many companies in Colorado, Wyoming, Montana, and surrounding states. Meeting your unique safety and regulatory needs is our mission.

We look forward to continuing a productive and successful business relationship with you through **MJS Legacy Safety Consulting Services** for many years to come.

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DOL Adjustments to OSHA Civil Penalties for 2024

The U.S. Department of Labor announced changes to **Occupational Safety and Health Administration** civil penalty amounts based on cost-of-living adjustments for 2024 on January 11.

In 2015, Congress passed the **Federal Civil Penalties Inflation Adjustment Act Improvements Act** to advance the effectiveness of civil monetary penalties and to maintain their deterrent effect. Under the Act, agencies are required to publish "catch-up" rules that adjust the level of civil monetary penalties and make subsequent annual adjustments for inflation no later than January 15 of each year. In 2024, January 15 is a federal holiday. Therefore, new **OSHA** penalty amounts became effective Jan. 16, 2024.

OSHA's current maximum penalties for serious and other-than-serious violations are \$16,131 per violation. Failure to Abate, \$16,131 per day beyond the abatement date. The maximum penalty for willful or repeated violations is \$161,323 per violation.

- Visit the [OSHA Penalties page](#) for more information.
- Inspections, Citations, and Proposed Penalties Standard Number: [1903.15](#)



► **DOL Adjustments to OSHA Civil Penalties for 2024**

The U.S. Department of Labor changes to **Occupational Safety and Health Administration** civil penalty amounts based on cost-of-living adjustments for 2024. [read more...](#)

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Your Right to Know

► **Requiring Employers to Keep Employees Informed**

A new topic every month..... "Know Your Rights: Workplace Discrimination is Illegal" [read more...](#)

TRANSPORTATION NEWS SUMMARY

► **Reminder - Revised Federal Drug Testing Custody and Control Form Mandatory...** [read more...](#)

► **DOT Imposes 2024 Regs Violation Penalty Increases to Keep Up with Inflation** [read more...](#)

► **Inspection Bulletin**

2024-01 – Unified Carrier Registration Enforcement Bulletin for 2024 Registration Year [read more...](#)

► **UCR fees for 2024 registration year** are approximately 9% less than fees for 2023 [read more...](#)

► **Best Practices to Protect Roadside Construction Workers**

Many road crew accidents and fatalities can be avoided... [read more...](#)



▶ **Which Prescription Meds are Banned for Commercial Drivers?**

When meds can sideline your commercial driving [read more...](#)

▶ **Drug and Alcohol Clearinghouse**

CDL Drivers in a "prohibited" status in the Clearinghouse will lose their commercial driving privileges [read more...](#)

▶ **Action Required: UPDATES TO FMCSA ACCOUNT LOGINS COMING**

To ensure access to the **FMCSA Portal**, users were instructed to set up a MFA Login.gov account by Dec.1. [read more...](#)

▶ **Colo. Law: Move Over for Me** *"Slow Down, Move Over" protections to ALL disabled vehicles.* [read more...](#)

▶ **FMCSA Could Remove 16K DOT Docs from Registry**

Examiners who have failed to access their Registry acct using [login.gov](#) and update profile info as required. [read more...](#)

▶ **ATA Re-Launches Women In Motion Program as Council**

... opening the door for women across the trucking and transportation industry [read more...](#)

MSHA NEWS SUMMARY

▶ **The Mine Safety and Health Administration is now on FACEBOOK!** [read more...](#)

▶ **MSHA reports Mining Fatalities ending 2023 – and beginning the new year** [read more...](#)



MONTHLY SAFETY & HEALTH TIP NEWS SUMMARY

▶ **Boosting Mental Resilience: HOW TO SAFEGUARD CONSTRUCTION WORKERS' WELL-BEING**

The first step is understanding just how this industry can affect the psyche of the workers within it.

[read more...](#)



COVID/RSV/FLU INFORMATION/RESOURCES SUMMARY

For your convenience, we have moved all COVID/flu/RSV information and resource [links](#) to the last page of the newsletter.



“Training Spotlight”

(a different course will be featured monthly)

> LOCKOUT/TAG OUT TRAINING - AWARENESS AND AUTHORIZED/AFFECTED EMPLOYEES

Employees engaged in activities that involve the control of hazardous energy must be trained to ensure that they understand the proper procedures to utilize during Lockout / Tag Out operations. This course covers the requirements of the 29 CFR 1910.147.

For all of our Course Offerings visit the [MJS Legacy Safety website](http://www.mjslegacysafety.com)

Schedule of classes February 2024: • TRAINING CENTER - 1760 BROAD ST, UNIT H, MILLIKEN, CO 80543

- *PEC Safeland Basic Orientation: NEW 2021 SAFELAND: Feb 7, 9, 19; 8 – 4:30;
• *First Aid/CPR/AED/BLOODBORNE PATHOGENS (We offer MEDIC FIRST AID): Feb 12, 27; 8 – noon;
In Person Classes: This class is also available for blended learning (online) with remote or in-person skills assessment
• *Hydrogen Sulfide Awareness [ANSI Z390 -2017 Course]: Feb 12, 27; 12:30 – 4:30;
This class available via Instructor Led video conference
• *H2S Clear – Spanish : Feb 3; 8 – noon;
• *Fall Protection – 4 hour End User – Spanish : Feb 5; 8 – noon;

To sign up for one of these classes, or inquire about scheduling a different class, Call Carrie at 720-203-4948 or Jeremy at 720-203-6325
Need any classes in Spanish? Contact Carrie to schedule.
For any last minute schedule updates, go to www.mjslegacysafety.com

► MJS Legacy Safety also offers custom classes to fit the needs of your company ◀

— FEATURED TRAINING PROGRAMS —

- Safeland Basic Orientation • Hydrogen Sulfide Awareness • First Aid/CPR
• OSHA 10 Hour for General Industry or Construction • Confined Space for Construction
• Competent Person for Excavations • HAZWOPER 8, 24 & 40 hr Courses

Order First Aid & other Safety Supplies www.mjslegacysafety.com Jeremy 720-203-6325 Carrie 720-203-4948

Want to schedule a class On-Site at your Facility... ~ or ~ Attend a class at our Training Center? Just give us a call !!

Need Help With ISNetwork World PEC/Veriforce NCMS Avetta/BROWZ TPS ALERT CALL US!!!

→ Distance Learning & Video Conference classes: Through the Pandemic we have been able to offer Safeland and the PEC H2S Clear courses via video conferencing, and Veriforce has extended the authorization to continue this until at least June 2023. We are also able to offer the 1st aid/ CPR classes with an online blended learning option, and remote skills verification – as well as our In-House H2S Awareness Course. Ask about other distance learning opportunities for more information.

→ Video Conference Courses Must Be Scheduled Separately and Are Available Upon Request.

SOURCES FOR THIS ISSUE INCLUDE: OSHA FMCSA ISHN US DOL CDC CWPMA FDA ROCO Rescue World Mental Health Day Roger B. Mortimer M.D. Ken Zafren M.D. National Library of Medicine MSHA Overdrive CDOT ATA

► MJS Legacy Safety can help guide you through training requirements. Call us! ◀

Drug Testing

More and more of the 3rd Party Auditing companies like NCMS and TPS Alert are requiring drug testing levels slightly above the levels of some of the regulatory levels to ensure drug testing is being completed each quarter.

MJS Legacy Safety Services conducts both drug testing and Auditing account management for our in-house consortium clients as well as the management of other client drug testing consortium accounts, such as DISA. Many have modified their random selections process to work more effectively when a policy is tied to multiple auditing agencies. In specific situations, this may result in slightly more random selections being generated than clients are previously used to seeing to ensure compliance with both the regulatory requirements as well as client specific requirements.

Drug testing policies typically mirror the requirements of an auditing agency (e.g. DOT, DCC, DISA Monitoring, NCMS, etc.). When customers setup a single policy for more than one monitoring agency, and these auditing agencies require different random percentages, the number of random selections generated may be lower than one of the two agencies requires.

**If you have questions on the selection process,
need assistance with the management of your TPS Alert, NCM, or
other drug testing audit accounts,
or need to sign up for a consortium, give us a call!**



Report a Fatality or Severe Injury

- All employers are required to notify **OSHA** when an employee is killed on the job or suffers a work-related hospitalization, amputation, or loss of an eye.
- A fatality must be reported within 8 hours.
- An in-patient hospitalization, amputation, or eye loss must be reported within 24 hours.

To Make a Report

- Call the nearest [OSHA office](#).
- Call the OSHA 24-hour hotline at [1-800-321-6742](tel:1-800-321-6742) (OSHA).
- [Report online](#)

Be prepared to supply: Business name; names of employees affected; location and time of the incident; brief description of the incident; contact person and phone number. [FAQ's](#)



Injury Tracking Application



Collecting data on workplace injuries and illnesses is an important element of the **Occupational Safety and Health Administration's** mission to improve workplace safety and health.

Establishments in [certain industries](#) **Must Submit Required Injury And Illness Data** for each calendar year by **March 2** of the following year using Form 300A.

Employers must post their most recent Summary of Work-Related Injuries and Illnesses (Form 300A) from February 1 through April 30 in a visible location for their employees' awareness.

OSHA's Form 300A (Rev. 04/2004)
Summary of Work-Related Injuries and Illnesses

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restrictions	Total number of other recordable cases
0	0	0	0

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0

Injury and Illness Types	

OSHA provides a [secure website](#) that offers three options for injury and illness data submissions. If your establishment is required to submit this data, you must use OSHA's [Injury Tracking Application](#), or ITA. At this link you'll find detailed information on the following:

- Launch the Application
- Who is covered by this reporting requirement?
- What must covered establishments submit?
- FAQs
- Job Aids (How-To)
- When must covered establishments submit their completed Form 300A?
- How do I submit my establishment data?

All current and new account holders must connect your ITA account to a [Login.gov account](#) with the same email address in order to submit your data.

Need more assistance? Use the [help request form](#).

To report safety and health violations, file a complaint, or ask safety and health questions, call 800-321-6742 or visit [osha.gov/ContactUs](#).

Did You Know?

OSHA is hosting a webinar on electronically submitting workplace injury and illness data using the [Injury Tracking Application](#) on February 7 from 1–2 p.m. EST. [Registration is free](#) and Spanish translation will be available.

¿Sabías?

OSHA organiza un seminario web sobre el envío electrónico de datos sobre lesiones y enfermedades en el lugar de trabajo mediante la [aplicación de seguimiento de lesiones](#) el 7 de febrero de 1 a 2 p.m. EST. La [inscripción es gratuita](#) y habrá traducción al español disponible.

DOL Rule Expanding Submission Requirements for Injury, Illness Data Provided by Employers in High-Hazard Industries

Final rule took effect Jan. 1, 2024, for certain employers



The U.S. Department of Labor's final rule requires certain employers in designated high-hazard industries to electronically submit injury and illness information – that they are already required to keep – to the department's **Occupational Safety and Health Administration**.

The [final rule, effective starting Jan. 1, 2024](#), now includes the following submission requirements:

- Establishments with 100 or more employees in certain high-hazard industries must electronically submit information from their Form 300-Log of Work-Related Injuries and Illnesses, and Form 301-Injury and Illness Incident Report to OSHA once a year. These submissions are in addition to submission of Form 300A-Summary of Work-Related Injuries and Illnesses.
- To improve data quality, establishments are required to include their legal company name when making electronic submissions to OSHA from their injury and illness records.

OSHA will publish some of the data collected on its website to allow employers, employees, potential employees, employee representatives, current and potential customers, researchers and the general public to use information about a company's workplace safety and health record to make informed decisions. OSHA believes that providing public access to the data will ultimately reduce occupational injuries and illnesses.

"Congress intended for the Occupational Safety and Health Act to include reporting procedures that would provide the agency and the public with an understanding of the safety and health problems workers face, and this rule is a big step in finally realizing that objective," explained Assistant Secretary for Occupational Safety and Health Doug Parker. "OSHA will use these data to intervene through strategic outreach and enforcement to reduce worker injuries and illnesses in high-hazard industries. The safety and health community will benefit from the insights this information will provide at the industry level, while workers and employers will be able to make more informed decisions about their workplace's safety and health."

The final rule retains the current requirements for electronic submission of information from Form 300A from establishments with 20-249 employees in certain high-hazard industries and from establishments with 250 or more employees in industries that must routinely keep OSHA injury and illness records.

Learn more about [OSHA's injury and illness recordkeeping and reporting requirements](#).

Fee Changes for Student Course Completion Cards for Outreach Training Program

Effective Oct. 1, 2023, OSHA increased the fee for new course completion cards from \$8 to \$10 per card to address significant cost changes associated with producing and distributing the cards. The new fee reflects the first cost increase since 2017.



OSHA will adjust the fee every two years if needed based on the Consumer Price Index.

Fees for **replacement cards**, established by the **Authorizing Training Organizations**, may also be **affected by this cost** increase. Workers who **already have outreach cards** ***do not*** need to request replacements.

OSHA has created 10- and 30-hour basic safety courses tailored to construction, maritime and general industry, as well as 7.5- and 15-hour classes for disaster site workers. These courses **cover the basics of worker rights and OSHA protections.** They **also describe how to identify, avoid and prevent workplace hazards.** **OSHA does not require these courses but some municipalities, unions, employers and other organizations do.** In fiscal year **2022**, the program **trained more than one million students.**

To obtain **copies of course completion** documents, such as **student course completion** cards, students **must contact the original training provider.** Please note, **replacement student course completion** cards for **OSHA Outreach Training Program** classes **cannot be issued for training completed more than five years ago.** Only **one replacement card** may be issued **per student per class.**

MJS Legacy Safety

is an [Authorized Outreach Trainer](#).

We offer the OSHA 10 & 30 hour courses for students.

WE CAN HELP WITH REPLACEMENT STUDENT COURSE COMPLETION CARDS IF THE COURSE WAS TAKEN WITH CARRIE AND IS LESS THAN 5 YEARS OLD.

Give us a call!

[Authorized outreach trainers and online providers](#)

[More about OSHA's voluntary Outreach Training Programs](#)

Final Rule will help Employers Distinguish Between Employees and Independent Contractors

On January 10, 2024, the U.S. Department of Labor published a [final rule](#) (RIN1235-AA43), effective March 11, 2024, revising the Department's guidance on how to analyze who is an employee or independent contractor under the [Fair Labor Standards Act](#) (FLSA). This final rule rescinds the Independent Contractor Status Under the Fair Labor Standards Act [rule](#) (2021 IC Rule), that was published on January 7, 2021 and replaces it with an analysis for determining employee or independent contractor status that is more consistent with the FLSA as interpreted by longstanding judicial precedent.



The misclassification of employees as independent contractors may deny workers minimum wage, overtime pay, and other protections. This final rule will reduce the risk that employees are misclassified as independent contractors while providing a consistent approach for businesses that engage with individuals who are in business for themselves.

Independent contractors in business for themselves play an important role in our economy – and this rule won't change that. What it will do is ensure employees receive the protections and benefits they are due.

[Learn more about the independent contractor final rule](#)

FILING A WORKPLACE COMPLAINT CHOOSING THE RIGHT ONE



Workers have the right to report injuries, safety issues, and actions taken against them for speaking up including being fired, demoted, or disciplined. Workers have the right to file a [whistleblower](#) or [safety and health complaint](#), and in some instances both.

This [chart](#) outlines the differences.

Remember, employers are required to follow safety laws and keep you safe. Employers must also maintain a workplace free from retaliation for voicing concerns about hazards or violations of federal law.

January 11, 2024 – Source: CWPMA



The U.S. Food and Drug Administration (FDA) issued a **public safety alert** on **November 21, 2023**, after receiving **multiple reports** of **serious medical injuries** related to **"Neptune's Fix."** Neptune's Fix is labeled to **contain the dangerous** and **addictive ingredient tianeptine**.

Tianeptine is **not approved** for any **medical use** in the United States and is **often unlawfully labeled** or sold as a **dietary supplement**. FDA **continues to receive** reports of consumers who **have suffered seizures**, **loss of consciousness** or other **adverse health events** after **ingesting** this product.

Most consumers report purchasing this product at local gas stations or convenience stores.

FDA is urging all retailers to STOP selling Neptune's Fix and any tianeptine-containing products. We are asking that trade associations please share the message above and press releases below to keep consumers safe:

- FDA warns consumers not to purchase or use Neptune's Fix or any tianeptine product due to serious risks:
<https://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-consumers-not-purchase-or-use-neptunes-fix-or-any-tianeptine-product-due-serious-risks>
- Tianeptine Products Linked to Serious Harm, Overdoses, Death:
<https://www.fda.gov/consumers/consumer-updates/tianeptine-products-linked-serious-harm-overdoses-death>

Further, **FDA is actively investigating** new reports in **conjunction with local** and **state health departments**. We are also aware that **Neptune's Fix** and other **tianeptine-containing products** are sold **illegally online** and in other **retail locations**. At least **twelve states have banned** the sale of **tianeptine**.

According to the [CDC](#), the **clinical effects** of **tianeptine abuse and withdrawal** can mimic **opioid toxicity/withdrawal**.

Consumers and **retailers should report** adverse events or **side effects related** to the use of **Neptune's Fix** and **similar products** to **FDA's MedWatch Safety Information and Adverse Event Reporting Program**:

- Complete and submit the report online at [MedWatch Online Voluntary Reporting Form](#), or;
- Download and complete the [form](#), then submit it via fax at 1-800-FDA-0178.

For any additional information or clarification:

Health Fraud Branch
Office of Regulatory Affairs
U.S. Food and Drug Administration
email: FDAAdvisory@fda.hhs.gov

MJS Legacy Safety

offers training regarding opioids in the workplace.

This component can be added to the First Aid/CPR class upon request.

Give us a call!

Welding Fumes: MINIMIZE EXPOSURE, MAXIMIZE WORKSHOP SAFETY

Welding is so common across industries that its hazards are easy to overlook. Most professionals already understand the need for eye protection and burn prevention, but gas hazards deserve attention, too. Welding fume safety is an essential, if less evident, part of workshop safety.

All major welding types — arc, tungsten inert gas (TIG) and metal inert gas (MIG) — can produce hazardous fumes. Any welding operation must recognize this hazard and minimize its effects.

Welding fume risks

Welding fumes are unavoidable to an extent, as the very act of welding produces them. The flame or arc's high temperature vaporizes the metal you're working with, causing metal particles to drift through the air. Inhaling them can have severe health consequences.

Most welding fumes contain manganese, which [can damage the lungs](#), kidneys, liver and central nervous system in high concentrations. Prolonged exposure can cause Parkinson's disease-like symptoms, such as tremors, loss of balance and slow movement. Men may also be at greater risk of infertility after enough manganese exposure.

Manganese aside, inhaling foreign particles of any kind can be hazardous. It can lead to eye, nose and throat irritation, pneumonia, and asthma attacks.

Unlike burns and shocks, these effects may not manifest immediately, making them all the more threatening. Without weld fume extraction systems or similar protections, workers may not notice these risks until it's too late.

How to ensure welding fume safety

You can work without worrying about these effects if you follow proper welding fume safety procedures. Here's what a comprehensive safety plan should include.

▪ Emphasize fume safety in training

As with other hazards, training is the first and most important step in welding fume safety. All welders should understand the risks of fume exposure and know which practices prevent it.

Welders should know what PPE is necessary for their job and how to wear it properly. Similarly, they should learn to inspect all equipment for leaks, cracks, broken seals or other issues before using it. Training employees to ensure proper ventilation before welding is also crucial, as a lack of airflow will make inhalation more likely.

While prevention is key, welders should also know how to recognize fume hazards to respond if something's wrong. Early physical warnings include irritated eyes and nausea, so workers must stop immediately if they experience these symptoms. Unusual smells and hissing noises should also warrant further inspection.

▪ Use a weld fume extraction system

It's also essential to use a weld fume extraction system. It's always best to eliminate hazards entirely, but that's impossible with weld fumes. However, you can minimize exposure by using a procedure to remove fumes from the area before employees can inhale them.



Outdoor employees can enable natural fume extraction by remaining upwind. Indoor welding environments need mechanical ventilation systems. Fume hoods are ideal as they can vent toxic gases closer to the source, minimizing inhalation risks. Fume

extractor guns can provide more targeted and portable ventilation where hoods aren't viable.

Exhaust is another important part of weld fume extraction systems. Always position exhausts away from workers and toward open spaces. Employees should avoid walking too close to prevent inhaling these contaminants while not working.

▪ Equip welders with appropriate PPE

PPE is another crucial component of welding fume safety. Most welders know they need gloves and weld masks to prevent burns and eye damage, but respiratory PPE is easier to miss.

OSHA only requires [respiratory protection in poor ventilation](#), but it's safest to exceed the minimum standard. All welders working indoors should wear respirators, even with a weld fume extraction system in place. Air-supplied respirators may be unnecessary, but standard industrial respirator masks should be part of every welder's PPE.

Safety instructors must also ensure their teams understand how to wear and inspect PPE properly. Before working, employees should check their respirators for cracks, tears or other damage that may hinder their effectiveness. Workplaces should replace respirator cartridges at least every six months, even with light use.

▪ Inspect and maintain equipment

Equipment failures can make welding fume hazards more prevalent. Consequently, ensuring all welding materials remain in top condition is essential. Broken or malfunctioning machines could cause leaks, leading to fume exposure even when workers aren't actively welding.

Welders should inspect gas tanks, hoses and other equipment for damage at the start of each shift. Proper maintenance and storage are also essential. If inspections reveal any issues, workers should report them immediately to enable quick fixes. At the end of a shift, welders should store gas cylinders upright in a cool, dry and preferably locked area.

Some welding operations may have more complex maintenance needs. Facilities using robots to alleviate worker shortages should use Internet of Things (IoT) sensors to monitor these machines' condition. That way, they can respond to maintenance issues before they become noticeable and expensive.

▪ Monitor weld fume exposure levels

Ongoing monitoring is the final step in weld fume safety. Some equipment issues or workplace hazards may remain unnoticeable to human senses for extended periods. Regularly measuring metal contaminant levels provides a solution to that awareness gap.

NIOSH recommends manganese levels stay [below 1 milligram per cubic meter](#) of air. That's five times less than the legal permissible exposure level (PEL). Workshops should adhere to this stricter standard when measuring contaminant levels to minimize risks.

Workers will still likely be safe if responses are slow and levels fall slightly above that benchmark.

Manual measurements are acceptable but not ideal. When budgets allow, workshops should implement automated air quality monitoring systems. These advanced alternatives enable continuous checking without hindering efficiency, facilitating faster responses and ensuring workers don't rush.

Welding Fume Safety Is A Must

Ignitions, burns and eye damage may be the most obvious welding hazards, but they're not the only ones. Welding fume safety is also essential, especially because it may not be as evident in light of these other threats.

These five steps provide proper welding fume safety in any workspace. All welders should recognize the importance of these measures and implement them in their regular workflows to stay safe and work efficiently.

LET MJS Legacy Safety BE YOUR

OSHA-AUTHORIZED

ONE STOP SHOP FOR TRAINING.

See [page 4](#) for classes offered this month as well as links to [All](#) of the training available.

Questions?

CALL US!!

WE'RE HERE TO HELP!

Worker Guidance from the CDC

Precautions for All Workers during Flu Season

Protect Yourself During Flu Season – Infections peak between December and February

- **Get vaccinated!** Vaccination is the most important way to prevent the spread of the flu. For additional information about seasonal flu vaccine priorities, see [Key Facts About Seasonal Flu Vaccine](#).
- **Stay at home if you are sick.** The CDC recommends that workers who have a fever and respiratory symptoms stay at home until 24 hours after their fever ends (*100 degrees Fahrenheit [37.8 degrees Celsius] or lower*), without the use of medication. Not everyone who has the flu will have a fever. Other symptoms could include a runny nose, body aches, headache, tiredness, diarrhea, or vomiting
- **Wash your hands frequently with soap and water for 20 seconds; use an alcohol-based hand rub if soap and water are not available.**
- **Avoid touching your nose, mouth, and eyes.**
- **Cover your coughs and sneezes with a tissue, or cough and sneeze into your upper sleeve(s). Throw tissues into a "no-touch" wastebasket.**
- **Clean your hands after coughing, sneezing, or blowing your nose.**
 1. When using soap and water, rub soapy hands together for at least 20 seconds, rinse hands with water, and dry completely.
 2. If soap and water are not available, use of an alcohol-based hand rub is a helpful interim measure until hand washing is possible. When using an alcohol-based hand rub, apply liquid to palm of hand, cover all surfaces of the hands with the liquid, and rub hands together until dry.
- **Keep frequently touched common surfaces (e.g., telephones, computer equipment, etc.) clean.**
- **Try not to use a coworker's phone, desk, office, computer, or other work tools and equipment.** If you must use a coworker's equipment, consider cleaning it first with a disinfectant.
- **Avoid shaking hands or coming in close contact with coworkers and others who may be ill.**
- **Stay in shape.** Eat a healthy diet. Get plenty of rest, exercise, and relaxation.
- **Speak with your doctor and find out if you are in a high risk category for seasonal flu (e.g., elderly, pregnant women, small children, persons with asthma, etc.).**
- **Participate in any training offered by your employer.** Make sure that you understand how to stay healthy at work.
- [OSHA.GOV/SEASONAL-flu](https://www.osha.gov/seasonal-flu)

Recovery Roadmap: *The journey from injury to safe return*

Navigating the journey from a workplace injury back to optimal performance is a critical process, requiring careful planning and strategic support. This guide provides an in-depth look at the necessary steps for a safe and efficient return to work, highlighting the vital roles of structured recovery plans, return-to-work assessments, and on-site therapy.



Critical responses: navigating the initial moments after injury

The moments that follow an injury can be chaotic, both for the injured employee and their co-workers. Responding quickly and effectively in these moments can significantly influence the overall outcome of an injury. Immediate action doesn't just involve first aid but also encompasses the first steps towards the comprehensive care the employee will need.

When a mishap occurs, ensuring the injured individual gets medical attention is paramount. However, determining the type of care needed can be a challenge, especially when the injury's severity isn't immediately apparent. Here's where services like telephonic nurse triage can be invaluable.

Consider, for instance, a worker who has suffered a fall. To the untrained eye, it may seem like just a minor bruise, but underlying issues might be present that only a trained medical professional can identify.

Telephonic nurse triage serves as an immediate connection between the injured worker and a medical professional. With expert guidance, the injured individual can relay their symptoms, ensuring they receive the right level of care from the get-go. Furthermore, early medical advice can also prevent complications, guiding the injured party on crucial do's and don'ts in the initial stages. For instance, a seemingly harmless wrist strain might need immobilization, and knowing this early on can prevent further injury.

Injury Analysis: Differentiating minor discomforts from severe impacts

Every injury, no matter how minor it appears, requires careful evaluation. Overlooking or underestimating an injury can lead to complications or prolonged recovery times.

Specialized early intervention services are crucial in this regard. These services ensure that even minor discomforts, which employees might be tempted to brush off, are addressed. Consider a scenario where an employee feels a slight discomfort in their lower back after lifting a heavy box. They might dismiss it as a temporary pain. However, with early intervention, they can be assessed to ensure it's not an early sign of a more severe musculoskeletal issue.

The differentiation between a minor discomfort and an injury is crucial. Think of it as distinguishing between a short-lived cold and a more serious respiratory condition. While both might show similar initial symptoms, their treatments and implications vary widely. Minor discomforts, when identified and treated early, often have shorter recovery times and lower medical costs. On the other hand, more severe injuries require a comprehensive treatment plan, involving medical specialists, therapy, and possibly even surgery.

For instance, a worker who experiences consistent headaches due to poor workstation ergonomics might need simple adjustments to their workstation to prevent future discomfort. In contrast, another worker who suffers a fracture will require medical interventions, rehabilitation, and a more structured return-to-work plan.

In essence, the initial assessment dictates the trajectory of recovery, and having specialized services ensures the best decisions are made in the early stages.

"The longer a worker is out of work with an injury, the harder it is to get them back," says Curt DeWeese, Director and PT at Atlas Injury Prevention Solutions. "When an employee is out for four to six weeks, a new routine can set in. The convenience of waking up later, staying on the couch, and saving on expenses like gas and daycare can make getting only two-thirds of their pay seem fine. It doesn't mean they're profiting from workers' compensation, but they can grow comfortable with the change. That's why having a system for injury management and return to work is so important."

Comprehensive rehabilitation: physical and psychological

Once the immediate aftermath of an injury is addressed, the next step in recovery is rehabilitation. Rehabilitation isn't just about physical recovery — it's also about restoring confidence and ensuring the individual is mentally and emotionally ready to reintegrate into their role.

When an athlete sustains an injury, they don't just jump back into the game. They undergo physical therapy, practice sessions, and have consultations to ensure they're game-ready. Similarly, employees need structured rehabilitation to safely transition back to their roles.

Providing rehabilitation services on-site offers several advantages. Firstly, it demonstrates an organization's commitment to its

employees' well-being, boosting morale and trust. Employees don't have to travel or take additional time off for therapy, which not only makes therapy more accessible but also ensures consistent attendance, crucial for effective recovery.

Moreover, on-site therapists can closely collaborate with the management and HR teams. They gain a firsthand understanding of the workplace dynamics and the specific demands of various roles. For instance, a warehouse worker might need strength training to lift heavy boxes, while an office worker might require ergonomic assessments and exercises to address posture-related issues.

Transitioning back: assessing readiness for work

Resuming duties post-injury is not as simple as flipping a switch. It requires a strategic, phased approach to ensure the employee is genuinely ready and to prevent re-injury. Just as a machine operator might run diagnostic checks on equipment before returning it to operation post-maintenance, employees too require evaluations to prove their readiness.

Utilizing return-to-work assessments offers a structured framework for this. These assessments are not just about evaluating physical strength or mobility. They also focus on endurance, flexibility, and other job-specific requirements. For instance, a construction worker might undergo tests for lifting capacity and balance, while a delivery driver might be assessed for prolonged sitting tolerance and reflexes.

Such assessments give a clear picture of an employee's capabilities post-injury. Imagine a scenario where an employee feels ready to return, but the assessment reveals certain limitations. In such cases, temporary adjustments can be made to their role, like

modifying tasks or providing ergonomic aids, ensuring they can work safely while continuing their recovery.

Another benefit of these assessments is that they provide tangible data. This data can be used to communicate with stakeholders, like insurance providers, showcasing that return-to-work decisions are backed by thorough evaluations and not just based on subjective feelings. Moreover, having a clear roadmap for return minimizes downtime, ensuring a smoother transition back to full productivity, benefiting both the employee and the organization.

"By structuring the return-to-activity process thoughtfully, we aim to set employees up for success, reintegrating them into their previous roles while minimizing the risk of re-injury," says DeWeese. "Being on-site also allows us to closely monitor their progress and condition them back to full strength, effectively preventing any recurrence of the injury."

Sustained well-being: the ongoing commitment to health after recovery

The road to recovery, as many understand, isn't just about getting back to work; it's a continuous and ongoing process. While one may physically return to the office or the workshop floor, the invisible journey of healing — both emotional and physical — often continues.

Think of wellness as the software that ensures the smooth operation of the hardware, which is our body. Even if the hardware seems fine externally, software glitches can impede its optimum performance. Similarly, without holistic care, one's recovery might be incomplete.

Incorporating wellness programs transcends traditional health approaches. It's like providing employees with a GPS for health, guiding them even when there aren't any apparent issues. These programs can offer a range of services from nutritional guidance,

mental health workshops, to personalized fitness plans. For example, an employee recovering from a leg injury might benefit from nutritional advice tailored to support bone health.

Beyond addressing the physical aspects, it's crucial to emphasize the emotional and psychological journey. A worker who has experienced a severe injury might harbor anxiety or fear about its recurrence. Offering counseling or support groups creates a safety net, ensuring that the journey back isn't just physical but is also mentally supported.

Imagine a company that initiated a wellness program offering meditation sessions and ergonomic consultations. Over time, employees reported reduced stress levels and fewer complaints of backaches and other posture-related issues, indicating the success of such an initiative.

Prioritizing preventative measures: cultivating a safety-first culture

It's an age-old adage that holds water, especially in the context of workplace safety. A proactive stance towards injury prevention is similar to weatherproofing a house. While one can't predict storms, one can certainly prepare for them, minimizing potential damage.

Fostering a culture of prevention is a multifaceted endeavor. It starts with creating awareness. Regular training sessions, workshops, and even interactive modules can educate employees about the risks associated with their roles. This could range from safe lifting techniques for warehouse workers to ergonomic setups for desk-bound employees.

Structured programs, such as stretching routines, act as the daily dose of prevention. Imagine starting the day with a 10-minute group stretching session. Not only does it physiologically prepare the body for the day's tasks, but it also mentally attunes employees to the importance of safety. Stretching, especially when tailored to specific job demands, can be instrumental in reducing musculoskeletal injuries.

While addressing and managing injuries is crucial, creating an environment where they're less likely to occur in the first place is invaluable. A stitch in time, as they say, saves nine. And in the context of workplace safety, it saves a lot more than just that.

Championing a future of wellness and safety in the workplace

A structured recovery and return-to-work process is invaluable, ensuring that employees are supported every step of the way and able to safely resume their duties. By embracing a comprehensive approach to injury recovery, integrating assessments, on-site

therapy, and wellness programs, organizations can foster a safer, healthier workplace, protecting their most valuable asset—their employees. Take the first step towards a more resilient future and prioritize the health and well-being of your workforce today.

Preventing Flying Debris Accidents:

Strategies for minimizing facial injury risks



Risk is a reality of any construction or industrial workspace. While the presence of risk is unavoidable, it's how your business addresses hazards that really makes a difference. This isn't just about maintaining general health and safety standards, though those are important. You also need to mitigate the specific risks of your industry or work site.

One of these hazards may be flying debris. Workers could be susceptible to chemical splashes or being struck by chips of industrial materials, among various other dangers. This can cause everything from mild inconvenience to serious long-term health issues.

Take a moment to examine how your business can best approach preventing facial injuries caused by flying debris.

Review the risks

Adopting risk mitigation measures for a construction project or day-to-day industrial workflow is essential for keeping workers safe and the project on schedule. There are multiple approaches you can take when it comes to minimizing the potential for facial injury. Alongside automating repetitive tasks and ensuring good communication, some of the most important actions are those that help you to better understand and prepare for the specific risks in your workplace.

These actions tend to include:

Solid risk assessment procedures. At the outset of any project, review what tasks will be performed, the environment they'll take place in, and even look at localized conditions such as weather. You can then assess past data on how frequently these elements have caused debris-related injuries and what influences incidents.

Building Information Modeling (BIM). This modeling process involves utilizing professionals from every part of the project to map out how their tasks factor into the lifecycle of the project. Part of this procedure can involve highlighting how each task affects facial injury risks and what can be done to prevent these.

Adopt physical safeguards

Once you have a good understanding of potential facial injury hazards, it's important to implement effective safeguards. While it's wise to boost awareness of debris with signs and warnings, it's arguably more vital to establish physical safeguards. In essence, even when issues arise, these components create a barrier between debris and staff members.

Physical safeguards against facial injury can take various forms, including:

Personal protective equipment (PPE). Some of the basic struck-by-object PPE staff should wear includes safety eyewear to safeguard against dust or small particles and hard hats that deflect falling or flying objects. Full-brim hard hats with integrated face shields are particularly useful for protecting the face. There's also an increasing amount of smart PPE, including augmented reality (AR) glasses and helmets with sensors that collect real-time data on risks so these can be communicated to workers.

Machine guards. With industrial equipment, among the most basic safeguards for preventing injury are effective static guards between the device and the operator. However, it's important to regularly inspect these for integrity and make certain that staff continues to use them.

Train staff regularly

Construction and industrial site managers certainly have a responsibility to put protective measures in place. That said, one of the most important steps is to ensure staff can help themselves to mitigate facial injuries from flying debris. This means providing regular training. Make certain this education offers generalized site safety information alongside training that is relevant to the specific tasks or roles they are undertaking.

Some areas for focus could include:

Correct use of PPE and machinery safeguards. Simply providing PPE and other safeguards to staff is unlikely to be sufficient. You also need to make certain that they know how and when to utilize these correctly to mitigate injuries from debris. It's an [OSHA requirement](#) to train employees who need PPE. This should include adjusting PPE to effectively cover the face and head area, alongside checking for integrity issues with their PPE before each shift.

Situational awareness. Employees should get to know what sights, sounds, and environmental factors can suggest potential debris risks in their workplace. The situational awareness training should involve spotting issues and what actions they should take. This should include highlighting the correct communication channels to report dangers to superiors and colleagues.

Identify effective healthcare resources

Minimizing facial injury risks isn't just about preventing them from occurring at all, though this is certainly the ideal. Nevertheless, no matter how many precautions you take, incidents may still arise. Your business has a legal and ethical responsibility to reduce the risk of significant and long-term health issues resulting from facial injuries. Therefore, it's vital to identify the most appropriate healthcare resources so you can put them in place for a swift and effective response.

Some effective resources may include:

Closest hospitals and clinics. During the planning stages of any project, there should be some attention to identifying the most appropriate hospitals and clinics for different types of injury. This should include not just emergency rooms, but also vision specialists, oral health experts, and cosmetic surgeons. Check that clinics are set up to address [common eye injuries](#) and facial trauma. Confirm that these providers are within the network of any employee health insurance the business maintains.

Cosmetic dental resources. Even when injuries aren't life-threatening, there can still be cosmetic issues that your business should address. Among the most common cosmetic procedures are various types of dentistry. Facial injuries may require dental bonding to repair damaged teeth, veneers for teeth, or even whitening due to spills that have discolored teeth. It's important to identify dental experts with experience specializing in these types of procedures to ensure staff get the best care.

Conclusion

Preventing facial injuries from flying objects is a must for construction and industrial businesses. This begins with gaining an understanding of the prevalent risks and then adopting physical safeguards alongside relevant training. It's also vital to make certain employees have access to adequate health resources in the event of such accidents. Beyond adopting these measures, your business must commit to an ongoing process of assessment. This isn't just to be sure the steps you're taking continue to meet the needs of workers and OSHA regulations. It also gives you the chance to find process and technological improvements that keep staff safe from facial injuries.

OSHA Renews Partnership with Employers, Unions, Trade Groups to Protect Electrical Transmission, Distribution Industry Workers

The U.S. Department of Labor's **Occupational Safety and Health Administration** has renewed a national strategic partnership to improve the safety and health of people employed in constructing and maintaining the [national electrical grid](#) with an emphasis on preventing life-threatening incidents and fostering safer work environments.

The [five-year renewal](#) includes more than a dozen companies, labor organizations and trade associations in the electrical transmission and distribution industry, and seeks to reduce worker injuries and fatalities by developing strategies to address industry hazards during construction, transmission and distribution work activities.

The partnership will collect data and address the causes of serious and potential serious injury and fatality rates, as well as the known drivers of these injuries and fatalities including mental health, megavolt amps, electrical contacts and arc flash events. Participants will also provide safety training on electrical, transmission and distribution and deploy automated external defibrillators to facilities, jobsites and vehicles.

Since 2018, the partnership has helped reduce industry fatality rates among its members by 91 percent, while the industry average rose by 14 percent. One fatal incident was reported in 2022, down from five in 2019. Since 2020, participating partners have trained more than 35,000 workers and developed nine best practices for the electrical transmission and distribution industry.



Suspension Trauma

“ANSI Z359 as well as OSHA 1926.502(d)(20) require employers to provide the prompt rescue of employees in the event of a fall, or assure that employees are able to perform self-rescue.”



- Leg movement or bicycling of the legs while suspended.
- Use of a “step-up” device to relieve pressure.
- Timely availability of a properly trained rescue service, such as an in-house team or a contracted rescue team prepared for suspended worker rescue.

What is suspension trauma?

Suspension Trauma (also known as orthostatic intolerance) has been identified by **OSHA** as a workplace hazard for those using **Personal Fall Arrest Systems (PFAS)** who may be suspended from their harness for a period of time following a fall. More and more employers are becoming aware of this workplace hazard and are taking appropriate steps to protect their employees.

The range of understanding on the cause of suspension trauma, as well as how to protect against it, is limited – and it has been revised over the years to include updated information. The development of suspension trauma varies from individual to individual and its onset can be difficult to predict. However, it is important to be aware of the **Suspension Trauma hazard** and be prepared to take action as needed. Employers need to be aware that this syndrome is potentially life threatening.

Following is a brief review of the signs and symptoms of suspension trauma as well as factors that can influence the onset. We will also mention several options to prevent its occurrence as well as what precautions to take in treatment for suspension trauma. Suspended workers with head injuries or who are unconscious are particularly at risk (according to [OSHA Bulletin 03-24-2004](#), updated 2011). As always, it is very important to follow your local treatment protocols.

What are signs and symptoms of suspension trauma?

Common signs and symptoms include light-headedness, heart palpitations, trembling, fatigue, nausea, dizziness, headache, sweating, weakness or fainting. Factors that influence the potential for suspension trauma as well as the speed of onset include the following:

- Unconsciousness, fainting or immobility;
- Underlying physical conditions including any pre-existing respiratory or cardiac conditions;
- Worker’s ability to handle stress and anxiety;
- Harness selection, fit, and adjustment;
- Traumatic injuries that may have occurred during or before the fall; and,
- Knowledge and the use of equipment or techniques to delay the onset of suspension trauma such as temporary leg stirrups or simply “bicycling the legs.”

What can be done to prevent suspension trauma?

- Follow manufacturer guidelines on harness use and proper fit.
- Preparation of a Fall Hazard Assessment, including a plan for self-rescue or assisted rescue as needed.

What are the latest treatment opinions?

The following information is from “**Evidence-Based Versus Myth-Based Treatment of Suspension Syndrome**” by Roger B. Mortimer, MD and Ken Zafren, MD, published May 30, 2020.

For many years, the theory has been that a worker with the potential of suspension trauma should be placed in a certain position for a certain amount of time following rescue. The theory was that if a worker remained standing or sitting, the toxic blood would be introduced back into central blood flow, at a lower rate, minimizing risk of cardiac arrest – similar to a tourniquet being released too quickly on an extremity, so the right side of the heart would not be overloaded.

However, this theory hasn’t proven entirely true. According to the referenced article, the worker should not be treated any differently than any other patient that presents with signs and symptoms of shock. Simply put, if the patient is displaying “shock-like” symptoms, assess and manage the patient’s airway, breathing, and circulation. Place the patient in the supine position (flat on back), and rapidly transport to the nearest hospital with adequate services.

Notice: It is always important to follow local treatment protocols.

In summary

Suspension trauma is a hazard to be considered (and prepared for) by employers with workers using PFAS. A worker suspended from their fall protection harness must be treated and rescued in a very timely manner – or be prepared for self-rescue when viable.

The use of a Fall Hazard Survey is highly recommended – as well as the preparation of a Rescue from Fall Protection Rescue Preplan. Rescue personnel must also be trained, prepared and equipped for Rescue from Fall Protection operations.

**Need help with
FALL PROTECTION TRAINING COURSES?
Give Carrie or Jeremy a call – MJS Legacy Safety!**

Requiring Employers to Keep Employees Informed

Labor Law Posters

Some of the **statutes** and **regulations** enforced by the **U.S. Department of Labor (DOL)** require that **notices be provided** to employees and/or **posted** in the **workplace**. **DOL** provides **free electronic copies** of the **required posters** and some of the **posters** are available in **languages** other than **English**.

Posting requirements vary by **statute**; that is, **not all employers** are **covered** by each of the **Department's statutes** and thus **may not be required** to post a **specific notice**. For example, **some small businesses** may **not be covered** by the **Family and Medical Leave Act** and thus **would not** be subject to the **Act's posting requirements**.

The [elaws Poster Advisor](#) can be **used to determine** which **poster(s)** employers are **required to display** at their **place(s) of business**. Posters, **available** in **English** and **other languages**, may be downloaded **free of charge** and printed **directly** from the **Advisor**. If you **already know** which **poster(s)** you are **required to display**, the **site** makes it easy to **download and print** the appropriate poster(s) **free of charge**.

Please note that the **elaws Poster Advisor** provides **information** on **Federal DOL poster requirements**. For **information** on **state poster requirements**, please visit [state Departments of Labor](#). For **Colorado posters**, use this [link](#).

Each month we'll highlight a different topic and do our best to keep you up to date on any new or changing statutes and regulations.

Workers' Compensation - Notice to Employer of Injury

If you are injured on the job, you have rights under the Colorado Workers' Compensation Act. Your employer is required by law to have Workers' Compensation Insurance. The cost of the insurance is paid entirely by your employer. If your employer does not have Workers' Compensation Insurance, you still have rights under the law.

It is against the law for your employer to have a policy contrary to the reporting requirements set forth in the Colorado Workers' Compensation Act. If you are injured on the job, notify your employer as soon as you are able, and report your injury to your employer in writing within 10 days after the injury. If you do not report your injury promptly, you may still pursue a claim.

Advise your employer if you need medical treatment. If you obtain medical care, be sure to report to your employer and health-care provider how, when, and where the injury occurred.

You may file a Worker's Claim for Compensation with the Division of Workers' Compensation.

Forms and additional information: [Colorado Department of Labor and Employment Division of Workers' Compensation](#)

[Workers' Compensation - Notice to Employer of Injury poster](#) (pdf)

Reminder - Federal Drug Testing Custody and Control Form Mandatory



▶ DOT-regulated employers and their service agents [collectors, laboratories, Medical Review Officers (MRO)] must use the 'revised CCF'. ◀

[Learn more](#) about what this means for DOT drug testing.



COLORADO
Department of Revenue

Home page for State of Colorado/ Colorado Department of Revenue – Division of Motor Vehicles - [link](#)

DOT Imposes 2024 Regs Violation Penalty Increases to Keep Up with Inflation

The Department of Transportation published a [final rule](#) in the *Federal Register*, Thursday, Dec 28, 2023, updating the civil penalty amounts (*effective immediately*) that may be imposed for violations of certain DOT regulations, including **Federal Motor Carrier Safety Administration** regulations focused on in trucking-company audits.

This is an annual move required by the Federal Civil Penalties Inflation Adjustment Act Improvements Act.

The new fines were calculated, as required by the White House’s Office of Management and Budget, by multiplying the penalty amount by the percent change between the October 2024 Consumer Price Index for All Urban Consumers (CPI-U) and the October 2023 CPI-U.

[The updated fines for FMCSA regulations violations can be seen here](#) (pdf)

Inspection Bulletin

2024-01 – Unified Carrier Registration Enforcement Bulletin for 2024 Registration Year

Created: Jan. 1, 2024

Summary

- This [bulletin](#) (pdf) provides guidance for verifying compliance with Unified Carrier Registration (UCR) during a roadside inspection and encourages roadside enforcement for the 2024 registration year, effective Jan. 1, 2024.

Want to learn more about the UCR Plan?

- To learn more about the UCR Plan, go to <https://plan.ucr.gov/>.

Enforcement Guidance

- The 2024 UCR enforcement begins Jan. 1, 2024. The UCR Board recommends that states begin enforcement for the 2024 registration year on Jan. 1, 2024.
- The **Federal Motor Carrier Safety Administration** (FMCSA) has a Title 49 Code of Federal Regulations (CFR) violation code in the inspection software to indicate that a carrier is not in compliance with UCR, which is 392.2 UCR - Failure to pay UCR fees.
- Any non-compliance of the UCR registration should be documented on the Driver/Vehicle Examination Report as a “392.2 UCR - Failure to pay UCR fees” violation.



UCR fees for 2024 registration year are approximately 9% less than fees for 2023, depending on the applicable fee bracket.

The changes reduce the fees paid by motor carriers, brokers, freight forwarders, and leasing companies to the UCR Plan and the participating states.

The official website of the UCR plan is Plan.UCR.gov.

The new fees for the 2024 registration year:

2023 vs. 2024 Unified Carrier Registration Plan fees						
No. of power units	0-2	3-5	6-20	21-100	101-1,000	1,001 and above
2023 fee (previous)	\$41	\$121	\$242	\$844	\$4,024	\$39,289
2024 fee (new)	\$37	\$111	\$221	\$769	\$3,670	\$35,836
Difference	-\$4	-\$10	-\$21	-\$75	-\$354	-\$3,453

Best Practices to Protect Roadside Construction Workers



Roadside work zones pose extreme risk for the laborers who build and maintain our highways, roads, bridges, tunnels and utilities. That's why highway maintenance jobs are among the most dangerous in the U.S. According to the Bureau of Labor Statistics, from 2003 to 2021 they claimed the lives of 123 laborers each year on average, most of whom were struck by moving vehicles.

Many road crew accidents and fatalities can be avoided without sacrificing productivity by establishing safe work zones and training workers in safety best practices when working in roadside construction zones. The high-level basics are outlined below.

Create a traffic control plan that adheres to federal, state and local laws

A temporary traffic control plan outlines the flow of vehicles around the work zone to provide a safer work area. It uses words and schematic diagrams to detail traffic flow changes, the placement of signs, arrow displays, pavement markings, shadow vehicles, cones, barrels, barricades, flagger positions and other control measures. Planners should take into account obstructions such as hills or vegetation that could block a motorist's view of the work zone. Traffic control plans should adhere to Department of Transportation regulations and state and local laws.

A buffer space that's free of personnel, vehicles and equipment is an important feature of a traffic control plan. It provides a protective perimeter around the work area to help prevent vehicles from striking workers. If a driver breaches the cones or other barriers set up around the work zone, the buffer zone gives them more time to come to a stop before striking a worker.

Create an internal traffic control plan

Workers are sometimes struck by construction vehicles inside the work zone. To prevent these accidents, create a plan to control the flow of equipment and workers on foot within the work zone perimeter. Designate separate paths for pedestrians and equipment using cones and barriers.

Designate one or more competent persons to oversee work zone safety

Assign a competent person who will be responsible for safety in the work zone. This person should be able to identify existing and predictable hazards and be authorized to take prompt corrective measures to eliminate them. It's a good idea to designate more than one competent person so that one competent person is on site at all times.

The competent person should inspect the work zone throughout the project and keep an eye out for skid marks, tipped cones, damaged barricades and other evidence that the traffic plan inside or outside the work zone isn't working well. Workers should report any hazards to site supervisors and competent persons as part of a daily site evaluation. Traffic control plans inside and outside the work zone should be modified as needed in response to near misses and changing traffic conditions.

Use trained flaggers when necessary

Flaggers who have undergone traffic control flagging training can play an important role in maintaining the safety of workers and motorists in work zones. They use a stop/slow paddle and standardized flagging signals to communicate with drivers, and they warn workers of dangerous traffic situations to help avert accidents. When possible, however, use alternative traffic management systems instead of flaggers, especially in high speed zones, at night and during inclement weather to avoid putting flaggers at risk.

Light the work zone

For nighttime or low-light work, add lighting sufficient to meet the illumination requirements of the space and the task while controlling glare for motorists.

Train workers in safety best practices

In addition to establishing a safe work zone, companies can help protect work zone personnel from serious injury and death by training and reminding them to:

- **Work facing traffic.** *Facing traffic allows crews to see potential hazards and move out of the way to avert a disaster. If facing traffic isn't an option, the use of spotters can increase worker safety.*
- **Communicate clearly.** *In noisy work zones, use communications that are easy to understand by the entire crew. Hand signals, two-way radios and eye contact are effective ways to share information between equipment operators and on-foot workers.*
- **Avoid walking in equipment blind spots.** *Employees should avoid walking behind or near heavy equipment. To help prevent backovers, ensure that audible vehicle backup signals are operational. When possible, operators should use a spotter to help them back up safely.*
- **Wear high-vis clothing and night.** *OSHA requires roadside construction workers to wear high-visibility apparel to make themselves more visible to other workers and motorists.*
- **Dress for the weather.** *Sun, heat and cold exposure are real dangers for crews that work outside. Employees should dress appropriately, stay hydrated and take regular breaks.*
- **Equipment operators** *should take additional safety precautions, such as wearing a seatbelt to protect them in case of a rollover and setting the parking brake and placing chock blocks when parking construction vehicles.*

Distracted motorists, lead-footed drivers, low visibility and inclement weather all pose hazards for roadside construction workers. Strictly adhering to safety best practices for roadside work zones is critical to reducing the number of work zone accidents and fatalities and allowing crews to return home safely at the end of each shift.

Which Prescription Meds are Banned for Commercial Drivers?



When meds can sideline your commercial driving

SOURCE: Dr. Alex Underwood, KT Health Clinic, Springfield, MO
417-832-8678 - mail@kthealthclinic.com

It is not unusual for me to see a patient on a dozen or more prescription medications. The patient might have a cardiologist treating heart problems, an endocrinologist treating diabetes and a primary care physician treating other conditions.

Along with the confusion of switching and starting different medications, and the worry of potential side effects from combining meds, a CDL holder often will ask me, "Can I still drive if they put me on XYZ?" The answer is usually yes. But with over 20,000 prescription drugs approved for marketing, there are many meds the Federal Motor Carrier Safety Administration considers potentially, if not automatically, disqualifying.

The most common meds that create such issues are benzodiazepines, such as Klonopin and Xanax, and narcotics, such as Norco, Oxycodone or Tramadol. While FMCSA says benzodiazepines are disqualifying, that's not always the case in extremely rare instances. If a driver has been taking a benzodiazepine for years without sedating side effects, and there is a real risk of dangerous withdrawal symptoms, the driver might be certified to drive. The decision is left to the medical examiner, with input from the prescribing physician.

Narcotics are not outright disqualifying but are heavily scrutinized. If a driver is using a narcotic, a decision to certify will be made only if the prescribing physician and the medical examiner agree the driver is without deleterious side effects.

If certified, the driver must not use a short-acting narcotic within eight hours of driving or another safety-sensitive task, or 12 hours if using a long-acting narcotic.

Methadone is alone disqualifying. Suboxone and other opiate replacement therapies are examined on a case-by-case basis. There might be stricter guidelines to come. Physician organizations, such as the American College of Emergency Medicine, have urged FMCSA to alter current guidelines, stating "acute or chronic opioid use is not recommended for patients performing safety-sensitive tasks."

Although medical marijuana is legal in many states, it is disqualified by FMCSA standards, as is CBD oil. Hemp oil that does not contain THC is allowed by FMCSA, but before using it, be certain that it contains absolutely no THC.

Also, you cannot be using it for a progressive or disabling condition. Kratom, an opioid-like supplement with disputed medicinal benefit, also is banned for commercial driver use. Be very cautious when consuming non-FDA approved supplements. They often are not labeled correctly and can contain banned substances.

FMCSA has made some notable changes regarding certain medications. The smoking cessation drug varenicline (*Chantix*) is no longer banned. Short-acting anxiolytics (*anxiety relievers*) such as Lunesta and Ambien are not disqualifying as long as the short-acting preparation is used, and the driver leaves enough time for the drug to clear his system before driving.

The commonly prescribed cyclobenzaprine (*Flexeril*) is allowed if the driver does not show any sedating side effects. Also, nearly all antidepressants are allowed, barring uncommon first-generation medications such as TCAs (*tricyclic antidepressants*) and MAOIs (*monoamine oxidase inhibitors*).

In most instances, driver certification based on medication use is a case-by-case decision. Given the vast number of drugs available, it's best to discuss any meds with your prescribing physician, who should be aware of your profession. A medical examiner sometimes needs to consult with a prescribing doctor regarding the safety of using certain medications.

Always report all your medications to your CDL medical examiner, even if there's a chance it will restrict your career. In the event of an accident, having hidden them from a medical examiner could land you in serious legal trouble.

[National Registry of Certified Medical Examiners](#)

Colo. Law: Move Over for Me

THESE PROTECTIONS TOOK EFFECT IN AUGUST 2023.

Colorado joined the ranks of just nine other states in offering robust "Slow Down, Move Over" protections to ALL disabled vehicles.

HB23-1123 requires that drivers move over a lane whenever they encounter ANY stationary vehicle with its hazards flashing – and if they can't move over, they must slow down.

reminder.....

Drug and Alcohol



Clearinghouse Update

CDL Drivers in a “prohibited” status in the Clearinghouse will lose their commercial driving privileges.

The second Clearinghouse final rule (*Clearinghouse-II*) compliance date—November 18, 2024— is less than a year away. As part of these new Federal requirements, CDL drivers who have open violations in FMCSA’s Drug and Alcohol Clearinghouse will soon lose their commercial driving privileges.

FMCSA added the following frequently asked questions on the Clearinghouse website to help CDL drivers understand the new regulations, and what actions they can take to retain or reinstate their commercial driving privileges, if needed.

How will the second Drug and Alcohol Clearinghouse final rule (Clearinghouse-II) affect CDL drivers?

As established in the first Clearinghouse final rule ([81 FR 87686](#)), drivers with a “prohibited” Clearinghouse status are prohibited from operating a Commercial Motor Vehicle (CMV). The second Clearinghouse final rule (*Clearinghouse-II*) further supports this by ensuring that drivers with a “prohibited” Clearinghouse status do not continue to hold a commercial driver’s license (CDL) or commercial learner’s permit (CLP).

The Clearinghouse-II final rule ([86 FR 55718](#)) requires that, beginning November 18, 2024, State Driver Licensing Agencies (SDLAs) must remove the commercial driving privileges from the driver’s license of an individual subject to the CMV driving prohibition. This would result in a downgrade of the license until the driver completes the return-to-duty (RTD) process.

This means that, beginning November 18, 2024, having a “prohibited” Clearinghouse status will result in losing or being denied a CDL or CLP.

Note: SDLAs with legislative authority currently have the option to voluntarily query the Clearinghouse and downgrade CDLs for prohibited drivers and may do so before the November 18, 2024 compliance date.

How will the second Drug and Alcohol Clearinghouse final rule (Clearinghouse-II) improve safety on our Nation’s roads?

The requirement to downgrade commercial driver’s licenses (CDLs) of drivers in a “prohibited” Clearinghouse status rests on the safety-critical premise that drivers who cannot lawfully operate a commercial motor vehicle (CMV) because they engaged in prohibited use of drugs or alcohol or refused a drug or alcohol test should not hold a valid CDL or commercial learner’s permit (CLP). The Clearinghouse-II final rule ([86 FR 55718](#)) supports FMCSA’s goal of ensuring that only qualified drivers are eligible to receive and retain a CDL, thereby reducing the number and severity of CMV crashes.

My commercial driver’s license (CDL) was downgraded due to my “prohibited” Clearinghouse status. How can I get my commercial driving privileges reinstated?

To have your Clearinghouse status change from “prohibited” to “not prohibited,” you must complete the return-to-duty (RTD) process, as established by [49 CFR part 40, subpart O](#). After you complete the RTD process and your Clearinghouse status is updated to “not prohibited,” your State Driver Licensing Agency (SDLA) will allow you to reinstate your commercial driving privileges.

FMCSA has created a resource that outlines the steps drivers take to complete their RTD process: download the [Return-to-Duty Quick Reference Guide](#). For more information about the RTD process, visit the [Clearinghouse Learning Center](#).

Action Required: UPDATES TO FMCSA ACCOUNT LOGIN

To ensure continued access to the FMCSA Portal, users were instructed to set up a Multifactor Authentication (MFA) Login.gov account by Dec. 1. (MFA is a multi-step account login process that requires users to enter more information than just a password.)



FMCSA has [provided directions to create a Login.gov account here](#).

The change is the result of a directive from the Federal Cybersecurity plan under White House Executive Order 14028 and Office of Budget Memorandum M-22-09, both part of what’s overall dubbed a “Federal Zero Trust Strategy.”



It has required all federal agencies to adopt secure MFA to enhance information security by Dec. 31. MFA will verify your identity requiring two or more pieces of evidence. These factors can be something you know (like a password), something you have (like an access card) or something you are (like facial recognition or fingerprint).

Carrier and company users with questions or who need help setting up their Login.gov account should contact FMCSA by dialing 1-800-832-5660 or [submitting a question and chatting with an agent here](#).

FMCSA Could Remove 16K DOT Docs from Registry



The **Federal Motor Carrier Safety Administration** is proposing to remove medical examiners (MEs) from its **National Registry of Certified Medical Examiners** who have failed to access their **National Registry** account using login.gov and update the profile information in their account as required.

Since June 2018, by using the email, physical address and telephone number these MEs provided to **FMCSA** in their **National Registry** account, the agency has attempted to notify them of the requirement to access their account using login.gov.

There are approximately 15,727 examiners in the registry of docs and other examiners who perform or performed DOT physicals who have not accessed their **National Registry** account using login.gov. As a result, those examiners are not able to fulfill regulatory requirements, such as reporting results of DOT physicals performed on drivers, receiving **FMCSA** communications, and completing required training.

MEs who are removed from the **National Registry** will no longer be certified to perform DOT physicals of truckers. To avoid being removed from the **National Registry**, MEs to whom this notice applies must complete certain corrective actions within 30 days of the notice published on Wednesday, Jan. 24. MEs who are subject to the notice must create a login.gov account and correct all outdated contact information in their profiles.

Examiners who do not complete this process within 30 days will be removed from the National Registry.

The agency said MEs not using login.gov must be removed from the **National Registry** before June 23, 2025, when **FMCSA** will begin electronically transmitting medical certification information for drivers from the **National Registry** to the state driver's licensing agencies. If an ME does not access their **National Registry** account using login.gov and report results of physicals performed, **FMCSA** will not be able to electronically transmit those results for posting to the drivers' records.

Medical certificates issued by MEs who are removed from the **Registry**, before they are removed, will not be invalidated. MEs removed from the **Registry** will continue to appear on the public website for three years following the date of their removal, along with an indication that they are no longer certified as an ME.

ATA Re-Launches Women In Motion Program as Council

Recently, the **American Trucking Associations** proudly re-christened its **Women In Motion** program an **ATA Council**, opening the door for women across the trucking and transportation industry to join a dynamic and growing community focused on professional development and mentorship.



*"Since its inception, **Women In Motion** has been focused on promoting the role of women in the trucking industry," said **ATA COO Sarah Rajtik, co-chair of Women In Motion**. "With this transition, we are hoping to capitalize on the work we've already done to reach a much larger group – creating more opportunities for women to connect and empower one another in order to make this great industry better for everyone."*

Members of WIM are eligible to receive a number of exclusive benefits, including:

- Access to the WIM electronic yearbook.
- Quarterly newsletters with special articles written by WIM members, upcoming events and ways to get involved.
- Action alerts with legislative updates.
- Member pricing on products, courses, events and more.
- Priority placement when WIM Speakers' Bureau speaker requests are submitted.
- Access to WIM networking events at ATA meetings.
- WIM ribbon at ATA events.
- Eligible for any WIM awards.
- Corporate members are listed on WIM website with link to company webpage.
- Corporate members received a special logo that they can use to identify themselves as affiliates.

*"By re-launching **WIM** as an **ATA Council**, we hope to create a community of like-minded women in this industry," said **Iowa Motor Truck Association President and CEO Brenda Neville, co-chair of Women In Motion**. "I encourage any woman in this industry – from drivers to technicians and dispatchers to the C-suite – to come join us as we work to shape the future of this industry – breaking down barriers and paving the way for a new era of inclusivity and leadership in trucking."*

See [more information](#) about the **WIM Council**.

Connect with MSHA

The Mine Safety and Health Administration is now on [FACEBOOK!](#)
FOLLOW NOW FOR MINING NEWS, REGULATIONS, AND SAFETY & HEALTH BEST PRACTICES.



First Mining Fatality 2024

January 2, 2024 Fatality - Preliminary Report

REPORT UPLOAD

[JANUARY 2, 2024 - PRELIMINARY REPORT.PDF](#)

Preliminary Report Overview

An over-the-road truck driver was killed when the truck's trailer fell on the cab of his truck.

The information provided in this notice is based on preliminary data ONLY and does not represent final determination regarding the nature of the incident or conclusions regarding the cause of the accident.

Accident Classification: Powered Haulage

Mine Type: Surface

Mined Material: Crushed Broken Stone NEC

Incident Date/Time: January 2, 2024 04:01 am

December 14, 2023 Fatality Alerts

Accident Classification: Machinery

Mine Type: Surface

Mined Material: Crushed Broken Stone NEC

Incident Date/Time: December 14, 2023 05:15 am

[PDF VERSION](#)



MINE FATALITY – On December 14, 2023, a miner died while preparing to repair flanges on the feed box. In the process of lowering the chute into the maintenance position, the chute pinned the miner between the chute and the handrail.

Best Practices

- Block machinery components against motion before beginning maintenance or repairs and verify miners are in a safe location before moving equipment and components.
- Examine work areas during the shift for hazards that could be created while performing the work.
- When conducting a non-routine task, review safe procedures before starting work and ensure all safety components are in place.
- Do not work under suspended loads.

This was the 39th fatality reported in 2023, and the 15th classified as “Machinery.”

Accident Classification: Machinery

Mine Type: Surface

Mined Material: Construction Sand and Gravel

Incident Date/Time: December 14, 2023 12:40 pm

[PDF VERSION](#)



MINE FATALITY – On December 14, 2023, a contractor died while delivering parts to the mine when an all-terrain telehandler pulling cable, tipped over, striking him.

Best Practices

- Do not exceed the load radius and load limits of lifting equipment.
- Ensure miners position themselves in a safe manner while working around equipment.
- Barricade and sign affected areas in case equipment or loads fail or tip.
- Ensure visitors entering the mine receive site specific hazard awareness training.
- Maintain good communication between co-workers.

This was the 40th fatality reported in 2023, and the 16th classified as “Machinery.”

Mine operators are required by law to report all mining accidents immediately – within 15 minutes of when the operator knew or should have known about the accident. [Report Accidents - Hazardous Conditions](#) or call **1-800-746-1553**

Boosting Mental Resilience: How To SAFEGUARD CONSTRUCTION WORKERS' WELL-BEING

The safety of construction workers is undoubtedly of utmost importance. **Construction hazards** are rampant and extremely dangerous. The field is known for these dangers, but some lesser-known issues need to be brought to light. The mental well-being of construction employees needs to be safeguarded, and the first step is understanding just how this industry can affect the psyche of the workers within it.



Psychological Challenges Construction Workers Face

In addition to physical dangers, psychosocial hazards in the construction industry are perhaps even more crucial to be aware of. These factors are more intangible and harder to keep track of, but that doesn't make them any less important. In fact, it means that professionals in this industry should keep an even keener eye on their mental health.

According to the CDC, psychosocial issues are *"the social, organizational, and managerial features of a job that affect the worker's feelings, attitudes, behaviors, and physiology."* This means that adverse effects of issues with and perceptions of their job can impact workers' physical and mental well-being. Some of the unique struggles that people in the construction industry face may include:

- High-demand, high-stress environments;
- Low control and autonomy over tasks at work;
- Little to no perceived support from peers and superiors;
- Overall job dissatisfaction.

In such a high-stakes work environment, construction workers are often forced to contend with dangerous tasks, uncertain outcomes, and long hours. If things aren't going well on the job, psychosocial factors can lead to negative health effects, like:

- Greater possibility of injury;
- Musculoskeletal disorders;
- Substance abuse;
- Mental disorders;
- Suicidal ideation;
- Sleep disorders;
- Gastrointestinal issues;
- Cardiovascular disease.

Along with repetitive physical strain, construction organizations can be high-stress environments that weaken employees' immune systems, raise their blood pressure, keep them from sleeping regularly, and cause a whole host of issues. These issues are distracting at the very least, which makes an already dangerous work environment more prone to cause injury.

Proactive Steps to Take for Enhanced Well-Being And Safety

It's not likely that construction companies want to have stressed-out, overworked employees. It's much more likely that upper management cares about the health and well-being of their workforce. However, this means going beyond just making sure everything is up to code. Of course, a safer workplace can boost mental states, but it goes further than that.

To mitigate the adverse mental effects that some construction workplaces unwittingly impart on their employees, there must be a collaborative effort between management, HR, and safety officials to make sure morale is up and the risk of injury is down. This can only help a company's bottom line as happier employees are more likely to be productive and efficient. The following tips can be used to raise morale and keep tabs on the satisfaction levels of construction workers, bettering their mental fortitude.

Manage Stress

Keeping stress levels down in construction is easier said than done. With the innate dangerous nature of the industry, it's probable that at least some stressors will occur on-site daily. Luckily, moderate levels of stress can be helpful to increase concentration and get through high-stakes situations. Unfortunately, working long hours in a constant state of stress can take a toll on construction workers' nervous systems.

To manage stress levels, employers should provide regular training on stress management techniques, have regular mental health check-ins, and ensure that workers have access to appropriate resources for mental health support. Encouraging breaks, setting realistic workloads, and fostering a sense of camaraderie among the team can also help reduce stress. Construction workers, themselves, should know that it's okay to prioritize self-care, including exercise, healthy eating, and seeking professional help when needed. By addressing stress proactively, the construction industry can create a safer and more productive work environment for everyone involved.

Improve Cognitive Health

Boosting cognitive health in construction workers is vital for maintaining their focus, safety, and overall performance. The mental strain associated with the construction industry can lead to low energy levels, decreased concentration, and an increased risk of accidents. To mitigate these issues, employers can implement measures such as providing regular breaks, reducing overtime, and ensuring adequate rest between shifts.

Workers should prioritize sufficient sleep and maintain a balanced diet and exercise regimen. If they notice their work-life balance is out of whack, they should be able to come to management with these concerns and see real change. Construction health and safety protocols should include guidelines on addressing mental strain. Analyze potential dangers in the workplace and how company policies could improve conditions, such as allowing night-shift workers to rotate or mandating paid vacation time.

Both employers and employees can also benefit from cognitive training programs to enhance memory, attention, and problem-solving skills. Schedule some meetings with cognitive professionals to give workers a brain break while educating them for when they get back on the floor. By collectively addressing cognitive health, construction workers can work more safely and efficiently.

Foster A Positive Work Environment

Work environments affect the mental health of employees in and out of the office. To truly implement well-being initiatives, open and transparent communication channels should be established. Construction companies can allow workers to express their concerns and ideas freely, and they should receive follow-up communication about any changes made regarding their comments.

Additionally, a strong safety culture with regular training and hazard identification can make employees feel more secure. Providing opportunities for skill development and career advancement can boost motivation and job satisfaction. Encouraging teamwork and recognizing individual and team achievements can also contribute to a positive workplace atmosphere. Mental health support and a positive work-life balance through flexible scheduling can ensure the overall well-being of construction workers, making them more engaged and productive on the job. This boosts resilience in the face of high-stress situations because the workforce feels supported and has a track record of success.

Take Care of your Mental Health!

**A healthy mind is very important
for a healthy body!**

Navigating the landscape of COVID-19 has seemingly become less confusing. So that you can access the most updated information, we'll continue to provide links for your convenience.

Here are Resources containing the most current information and guidance for your workplace.

- [CDC – Centers for Disease Control](#) – Important info re: [COVID-19 vaccine & boosters](#), [RSV & flu](#)
- [CDPHE – Colorado Department of Public Health and Environment](#)
- [WHO - World Health Organization](#)
- [OSHA Guidance](#)
- [DOL Resources](#)
- [Covid19.colorado.gov](#)

COVID-19 Resource - Filing Whistleblower Complaints Related to COVID-19

OSHA's [new fact sheet](#) explains how workers can protect their right to raise workplace health and safety concerns relating to COVID-19 without fear of retaliation.

Visit OSHA's [COVID-19 Frequently Asked Questions](#) page for current information

OSHA's Recordkeeping Requirements for Exposure to COVID-19

OSHA issued enforcement guidance related to the COVID-19 pandemic for [Recording and Reporting Occupational Injuries and Illnesses](#) required under *29 CFR Part 1904*.

For more information see the [Enforcement Memoranda](#) section of OSHA's [COVID-19 Safety and Health Topics page](#).

SUPPORTING WORKERS WITH LONG COVID

According to the [Centers for Disease Control and Prevention](#), some people who had COVID-19 experience a range of new or ongoing symptoms, known as post-COVID conditions or Long COVID.

These symptoms can last weeks, months, or years, and can worsen with physical or mental activity.

[Read more including examples of accommodations for common symptoms of Long COVID and its related conditions.](#)



From all of us at
MJS Legacy Safety...

Be safe out there!!