NIOSH Construction Update

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NIOSH Office of Construction Safety and Health

NORA Construction Sector Council Meeting
November 19-20, 2019
NIOSH National Construction Center Awarded – CPWR!

- Published in Grants.gov
- Announcement number RFA-OH-19-001.
- 5-year cycle
NIOSH Strategic Plan & Goals  
(October 2019 update)

- Goal added to specifically address Total Worker Health® Healthy Work Design and Well-Being Cross-Sector.
  - Researchers, insurance companies, employers, owners and labor unions effectively integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being (i.e. *Total Worker Health* [TWH] approach) in the Construction sector.

- Goal added to address the opioid overdose epidemic, specifically prescription drug (incl. opioids), illicit drug, and substance use/misuse.
  - Insurance companies (including workers’ compensation), businesses, policy-makers, professional associations, government agencies, and unions adopt interventions to reduce injuries and risk factors for opioid use, illicit drugs, and substance use/misuse.
NIO SH Strategic Plan & Goals
(October 2019 update)

- Burden & need narratives for several goals revised to address recommendations made by an expert panel that reviewed the Construction Program:
  - CONxHLP 2.1 – Engineering controls to reduce noise exposure
  - CONxHLP 2.2 – Hearing loss prevention education for employers and workers
  - CONxMUS 4.2 – MSD interventions
  - CONxRHP 5.2 – Exposures to mineral dusts
  - CONxRHP 5.3 – Mixed exposures
  - CONxTIP 6.2 – Falls
  - CONxTIP 6.3 – Injuries related to emerging technologies (e.g., robots)
  - CONxHWD 7.1 – Non-standard work arrangements
**Program Review Recommendations**

**Recommendation #2:** The Panel recommends that NIOSH increase its efforts to improve r2p dissemination and outreach efforts to make the construction industry, construction workers, and construction safety and health personnel more aware of the NIOSH Construction program and the NIOSH products that could help improve safety and health at construction sites.

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**Recommendation #3:** The Panel recommends that NIOSH focus on developing software products (applications, interactive web pages, virtual reality learning, etc.) to provide the construction industry safety and health tools that use technology and algorithms, allowing large numbers of construction employers, employees, and safety professionals to get construction safety assistance when needed. Review of existing products may provide insight into best practices for software design; input from construction stakeholders may help identify products with greater potential for impact.

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<td>Development and Evaluation of Contractor Safety Pre-Qualification Tool</td>
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**Recommendation #4:** The Panel recommends that NIOSH perform research on the most effective methods to communicate and interact with small construction employers. The research would investigate methods for finding small employers, reaching them quickly, and motivating them to implement safety measures. This may be used to support awareness projects, marketing activities, and other r2p efforts. Research on the motivations of small employers who are successfully managing safety and health may be beneficial.
Recent HHE Reports

- Micro trenching with drivable saw
  - The vacuum trailer appeared to control exposures.
  - Emptying the vacuum and loading the dumpster produced the most dust.
  - Compliance with health and safety programs needs improvement.

- Cured in place pipe
  - Styrene exposures > NIOSH STEL (100 ppm) once during grinding of a cured pipe when the manhole was not ventilated.
  - Tasks with the highest exposure risks: grinding cured pipe and cutting and taping the liner.
  - Recommend ventilating the manholes when employees might be exposed to uncured or cured liners.

- Paradise, CA debris cleanup
  - Potential exposures to RCS, asbestos, metals, PAHs.
  - Some skid steer operators overexposed to RCS.
  - Found metals (including Pb) and PAHs on the hands & necks of some workers.
Recent Engineering Control Technology Reports

- Laboratory Evaluation of Saw Blades for Cutting Fiber-Cement Siding
- Removing Mortar with a Die Grinder with on-Tool Local Exhaust Ventilation
- Removing Mortar With a Powered Saw and Modified On-Tool Hood

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Recent FACE Reports

- **Michigan**
  - Plasterer/Drywall Installer Dies From 30-Foot Fall Through Skylight
  - Sole Proprietor Falls Eight Feet from Flat Roof While Installing Siding
  - Construction Laborer Died in Trench Wall Collapse
  - Construction Foreman/Carpenter Dies from Complications From Fall From Roof

- **Kentucky**
  - Gutter Installer Dies After Falling from Ladder Placed on Roof While Taking Measurements
Recent NIOSH Numbered Publications

- Workplace Solution – Preventing Cold-Related Illness, Injury, and Death Among Workers
- Response to CON Expert Review Panel’s Report
- Proceedings of the 2018 Ergo-X Symposium
- Prevent Construction Falls from Roofs, Ladders, and Scaffolds
Recent Peer-reviewed Papers


Recent Peer-reviewed Papers

Recent Peer-reviewed Papers

Recent Peer-reviewed Papers


Recent NIOSH Science Blogs

- The Safety Climate Assessment Tool (S-CAT) for Construction
- Preventing Trenching Fatalities
- Wearable Technologies

The Safety Climate Assessment Tool (S-CAT) for Construction

Organizational safety climate is defined as shared perceptions among employees regarding what is rewarded, expected, valued, and reinforced in the workplace with respect to safety (Zohar, 1980). It can positively influence employee safety knowledge, motivation, attitudes, and behaviors, as well as reduce injury outcomes (e.g., Clarke, 2010; Probst et al., 2008; Probst and Estrada, 2010; Zohar, 2010). Research reported in the Journal of Safety Research shows that the Safety Climate Assessment Tool (S-CAT) is a reliable and valid tool for construction companies to self-assess their safety climate. The article, summarized below, details the creation and evaluation of the S-CAT, the first rubric-based safety climate measure designed for the construction industry.

Despite advances to improve safety and health in the construction industry, construction remains one of the most hazardous industries. In 2016, construction represented less than 7% of employment (Bureau of Labor Statistics, 2016b), yet accounted for nearly 20% of all occupational fatalities (Bureau of Labor Statistics, 2016a). Employees face daily hazards that result in an experienced injury rate that is 44% higher than the national average (Bureau of Labor and Statistics, 2016).

Preventing Trenching Fatalities

Construction workers are at risk of death or serious injury if they enter an unprotected trench and the wall collapses. A trench is defined as a narrow underground excavation that is deeper than it is wide, and no wider than 15 feet or 4.5 meters (OSHA). Hazards associated with trench work and excavation are well defined and preventable. From June 17-21, 2019, the National Utility Contractor Association (NUCA), the North American Excavation Shoring Association (NAESA), the Trench Safety and Shoring Association; the National Association of Home Builders (NAHB), and the Safety Ambassadors Club (SAC) are sponsoring the 2019 Trench Safety Stand Down. The Stand Down is a safety campaign to raise awareness about the hazards of working in trenches and how to prevent associated injuries and fatalities.

From 2011-2017 there were 97 trenching fatalities in the construction industry – an average of 19 per year, from a low of 10 deaths in 2014 to a high of 33 in 2016 (RI, 2015). While the total number of 85 construction-trenching deaths in the previous five years, 2006-2012, was lower, the average of 17 construction-trenching deaths during that five-year period is not significantly different (p=.59) (RI, 2015). Furthermore, there was no trend in the number of deaths over the 10-year period 2006-2016 (p=.59).

Wearable Technologies

Wearable technologies are increasingly popular consumer electronic for a variety of applications at home and at work. In general, these devices include accessories and clothing that incorporate advanced electronic technologies, often with smartphones or Internet of things (IoT) connectivity. While wearables are increasingly being used to improve health and well-being by aiding in personal fitness, innovative applications for monitoring occupational safety and health risk factors are becoming more common. Many of these devices have reached the market while others are still in development. As more wearables become available, they have the potential to positively impact and alter the landscape of society and work as we know it (Amstel et al. 2018).
Driver Fatigue on the Job

Put simply, fatigue is the need for sleep. It’s how your body responds to not getting enough sleep or not getting quality sleep. Fatigue impairs your ability to safely perform tasks, including driving. Job-related factors (e.g., long hours of work and driving, long commutes) can contribute to workers’ risk of driver fatigue. The good news: A fatigue risk management system will help employers and workers work together to reduce the risks of driver fatigue.

Suicide and Occupation

Need Help? Know Someone Who Does?

Contact the National Suicide Prevention Lifeline

- Call 1-800-273-TALK (1-800-273-8255)
- Use the online Lifeline Crisis Chat

Both are free and confidential. You’ll be connected to a counselor in your area.

For more information, visit the National Suicide Prevention Lifeline.

What is suicide?

Suicide is death caused by injuring oneself with the intent to die, and is a serious public health problem.
Meetings of Interest

Working Hours, Sleep, & Fatigue Forum

September 13-14, 2019 | Coeur d'Alene, Idaho
Meetings of Interest

Prevention Through Design: Implementing in Organizations

Jason Timmerman, CSP
EHS Director
Skanska USA Commercial Development

John Gambatese, PhD, PE(CA)
Professor, School of Civil and Construction Engineering
Oregon State University

October 2019
Meetings of Interest

Inaugural Research and Innovation Summit
A Biennial Celebration of the Work That Moves Safety

AUGUST 5-7, 2019
JW Marriott, Conference Center
Indianapolis, IN

Session Breakdown Information

MIDNIGHT AUGUST 5

1pm-5pm
Safety Research Methodology Foundation for Advancement

Therapists in training get a chance to understand the three-dimensional complexity of safety and how it relates to the different areas of occupation, planning, and evaluation. They will also learn about the benefits of using qualitative and quantitative methods, and how they can be used to create a more comprehensive and effective system for managing risk.

Jonathan Thomas
Senior Director, Research and Safety Management Solutions, NIOSH

TUESDAY, AUGUST 6

8:00am-10:00am
“Work to Zero”
Mike Kelly, Director
Campbell-Kline

11:00am-1:00pm
Executive Panel: Research and Future of Safety

Wesley A. Weisheit, PhD, CEVP, Assistant Chief, Division of Safety Management, Tunnelling, Transportation, AIIMS, NIOSH; NIOSH; Chief Senior Engineer, AIIMS; NIOSH; CRPS; Brian Gayle, MP; Career Directorate, Division of Safety Research, NIOSH; L. M. S. Jim Callahan, Senior Director, Research and Safety Management Solutions

11:00am-11:30am
Complimentary Lunch

11:30am-1:30pm
Research Roundtable Workshop:
Guidance on research topics and research

1:30pm-2:00pm
Concurrent Session:
Selected Topics on Fall Safety Research Conducted by NIOSH

The Bureau of Safety Research, Occupational Safety and Health Administration, has a variety of research projects that are focused on occupant safety. These projects provide information that can be used to improve the safety of the workplace and the safety of the workers who use it. The research is conducted in collaboration with other organizations, including the Occupational Safety and Health Administration, the National Institute for Occupational Safety and Health, and the National Institute of Forensic Medicine.
DARPA Subterranean Challenge
New NIOSH Research Projects

- Identifying overlapping occupational health risk factors in the new economy
- Evaluation of exoskeletons for construction workers on elevated work platforms
- Engineering control of silica dust from stone countertop grinding and polishing
- Isocyanate oligomer toxicity assessment
- Drone use in construction and their effects on workers at height
New NIOSH Research Projects

- Metabolic syndrome: risk factor for silicosis
- Mixed exposure and age ask risk factors for pulmonary response to silica exposure
- Effects of footwear on roofers’ slip potential and musculoskeletal disorder risk
- From dustiness to exposure banding
- Assessing and controlling exposure to respiratory hazards from cured-in-place pipe
Support for OSHA Silica Table 1 Update

- Led the NIOSH response to update and expand Table 1
  - Additional Exposure Control Methods for Equipment or Tasks Listed on Table 1
  - Additional Equipment or Tasks to Include on Table 1
NIOSH Confronts the Opioid Crisis

Workplace Resources
- Using Naloxone to Reverse Opioid Overdose
- Medication-Assisted Treatment
- Health Hazard Evaluation Program
- Data

Information for:
- First Responders
- Healthcare Personnel
- Researchers
- Employers and Workers

https://www.cdc.gov/niosh/topics/opioids/
Opioids in the Workplace - Resources

Responding to a Suspected Opioid Overdose

Call 911 if an overdose is suspected. Even if the person experiencing an overdose wakes up or appears to have improved significantly after one or two doses of naloxone, emergency medical assistance is still necessary.

A medical professional should evaluate anyone who has experienced an overdose as soon as possible. Severe symptoms of multiple opioid overdoses may quickly return after initial treatment with naloxone. Other medical complications are also possible. Note that an uncooperative individual’s symptoms may be unresponsive to naloxone.

1. Assess the scene of the incident
   Do not enter any area that appears unsafe for any reason. If you see drug powders or residue, do not risk exposure. Wait for professional emergency responders. Avoid contact with drug containers, needles, and other paraphernalia.

2. Call trained staff to the scene and put on gloves for personal protection

Try to wake up the person by speaking loudly or rubbing the breasts with knuckles. A person experiencing opioid overdose almost always shows the following signs:

- Unconsciousness, or inability to wake up
- Lump body
- Raising arm, extreme drowsiness
- Slow, shallow, irregular or no breathing
- Pale, blue, cold and/or clammy skin
- Cheating, sneezing or gagging sounds
- Slow or no heart beat

- Very small or "pinprick" pupils

Recognizing an opioid overdose may be difficult. If the victim does not act like an overdose and proceed with treatment.

4. Administer naloxone

Administer naloxone following all manufacturer’s instructions for safe use.

Administer a second dose of naloxone if the person is still unresponsive after 2-3 minutes and professional emergency responders have not arrived.

Note that naloxone may cause side effects or signs for overdose to reverse.

Naloxone effects are temporary. Immediate medical attention is necessary. Calling 911 is always the first course of action. A person with an overdose who is revived by naloxone can become unconscious or stop breathing again.

WORKPLACE SOLUTIONS

From the National Institute for Occupational Safety and Health

Medication-Assisted Treatment for Opioid Use Disorder

Summary

The opioid epidemic continues to claim lives across the country at a record-breaking rate. Deaths in 2017 were a record 47,000 deaths in 2017 (CDC). This number represents 69.7% of the total overdose deaths from all drugs (CDC). More Americans now die in a single year from overdose deaths than in motor vehicle crashes (CDC). The crisis is being described as a national emergency.

People who are able to receive treatment for opioid overdose have saved themselves and their communities in many ways. This includes reducing hospital stays, improving job outcomes, and reducing substance use disorders (Hersen 2017). In 2017, the US created a opioid overdose treatment (NSCOS) and overdoses were 75 lives. Of those, about 38% were for treatment (Flowers et al. 2016).

In 2016, individuals with substance use disorders (225 million in 2016) who are seeking treatment for opioid addiction and overdose, chronic pain, or COPD have been treated in US hospitals (CDC). Currently, 1 in 4 adults (and 1 in 10 children) are affected by opioid use disorder (NSAID 2017). National Institute for Occupational Safety and Health (NIOSH) analysis of informal and professional emergency responders have not arrived.

Note that naloxone may cause side effects or signs for overdose to reverse. Naloxone effects are temporary. Immediate medical attention is necessary. Calling 911 is always the first course of action. A person with an overdose who is revived by naloxone can become unconscious or stop breathing again.

Background

Challenges related to prescription drug misuse, illicit drug use, and addiction affect individuals, their families, and many social and economic outcomes. The epidemic affects men and women, and both young and older adults. Almost 20% of the nation’s adults (20-64 years) have been prescribed an opioid for pain in their lifetime (CDC). This percentage has increased to 30% for pain medication use in the United States.

Recovery may cost up to $3,370 per worker annually based on 2012 data by getting workers into treatment (NSCOS). NURSE 2018.

Despite these findings, 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80% of individuals cited the need for treatment. A 2015 study found that 80%

Using Naloxone to Revert Opioid Overdose in the Workplace: Information for Employers and Workers

Introduction

Opioid misuse and overdose deaths from opioids are serious health issues in the United States. Opioid deaths are listed as the second leading cause of death from drugs from 2010 to 2016. 10,000 overdose deaths were more than 43,000 opioid overdose deaths in 2016 (CDC). Opioid deaths increased by 13% from 2015 to 2016. In October 2017, the President declared the opioid epidemic to be a public health emergency.

Naloxone is a very effective drug for reversing opioid overdoses. Police officers, emergency medical services providers, and non-emergency professional responders carry the drug for that purpose, and it is readily available in a controlled manner.

The General Surgeon of the United States is also urging others who may encounter people at risk for opioid overdose to have naloxone available and to learn how to use it (IDSA 2018).

The National Institute for Occupational Safety and Health (NIOSH) part of the Centers for Disease Control and Prevention (CDC) develop this information to help employers and workers understand the risk of opioid overdose and help them decide if they should establish a workplace naloxone availability and use program.

What are opioids?

Opioids include three categories of pain-relieving drugs:

1. Natural opioids (also called opium), which are derived from the opium poppy, such as morphine and codeine.
2. Semi-synthetic opioids, such as the prescription drugs hydrocodone and oxycodone, and the street drug heroin.
3. Synthetic opioids, such as methadone, tramadol, and fentanyl. Fentanyl’s 50 to 100 times more potent than morphine. Fentanyl analogues, such as carfentanil, can be 100,000 times more potent than morphine. Opioid deaths have greatly increased since 2013 with the introduction of 40 million manufactured fentanyl entering the drug supply (CDC 2016). The National Institute for Drug Abuse (NIH) 2016 has more information about opioids and fentanyl.

What is naloxone?

Naloxone hydrochloride (also known as naloxone, NARCAP or ENSOR) is a drug that can temporarily stop the many of the life threatening effects of overdoses from opioids. Naloxone can help restore breathing and resolve the sedation and unconsciousness that are common during an opioid overdose.

Side effects

Side effects from naloxone use are very rare. Using naloxone during an overdose for outweighs any risk of side effects. If the cause of the unconsciousness is uncertain, giving naloxone is not likely to cause further harm to the person. Only in rare cases would naloxone cause acute opioid withdrawal symptoms such as body aches, increased heart rate, irritability, agitation, vomiting, diarrhea, or convulsions. Allergic reaction to naloxone is very uncommon.

Limitations

Naloxone will not reverse overdoses from other drugs, such as alcohol, benzodiazepines, cocaine, or...
Opioids in Construction

NIOSH Working Groups Addressing the Opioids Crisis

- Workplace Integration
- Extramural Activities
- Data Framework
- Research Gaps
- Responder and Worker Safety and Health

NIOSH funded CPWR (Sept 2019) to address opioids in construction

- produce an improved opioid-related awareness-training program for construction
- produce a document / report detailing the groundwork to design and promote a peer advocacy and support network for the construction trades
- produce a report to frame optimal communication strategies to close the gap between current expert recommendations and the public’s and industry’s (workers and employers) perceptions of the problem and their related solutions
Opioids in Construction

- Workers in occupations at higher risk for injury and illness – including construction – were more likely to obtain opioid prescriptions.

- Workers employed in industries in which the rate of occupational injury is high, such as mining and construction, were more likely than other workers to die from opioid overdose.

- Opioid-related overdose deaths were highest for workers in construction and others with high risk for ergonomic injury.

- Construction workers reported a relatively high level of pain that limited their normal work.

- Reducing work-related risk factors associated with pain may help reduce the prevalence of opioid use.
Video 1: discuss what the problem is
Video 2: discuss some of the experiences that led the workers into addiction & impact addiction has had on the worker, their families & co-workers
Video 3: share some recommendations for how employers can help

Opioids in Construction – Series of NORA videos

Gregory Acampora, MD
MGH/Harvard Center for Addiction Medicine

Greg Ugalde
NAHB Chairman of the Board

Sean McGarvey, President
North America’s Building Trades Unions

Letitia Davis, ScD, Director (retired)
Occupational Health Surveillance Program
Massachusetts Department of Public Health

John Howard, MD
Director NIOSH
Opioids in Construction – Series of NORA videos

Paul Greeley, Director
Carpenters Assistance Program
New England Health Benefits Fund

Devan Hawkins, MS
Instructor of Public Health
MCPHS University

Brendan Loftus, Director
Member Assistance and Education Program
Local No. 1, Elevator Constructors Union

Roger Ross
Employee Assistance Program
Local No. 638, Steamfitters Union

Martin Walsh
Business Manager
Laborers Local 223

Thomas Gunning
Director of Labor Relations
Building Trades Employer Association
NORA opioids in construction video series

in memory of…

Celebrating Lost Loved Ones

We are losing far too many loved ones to the opioid epidemic. According to the CDC, we lost over 72,000 people in 2017. While we cannot bring them back, we can honor them and continue to educate the public on the dangers of opioids.

Credit: National Safety Council
https://www.nsc.org/home-safety/get-involved/memorial/
Suicide among Construction Workers

- Suicide Rates by Major Occupational Group — 17 States, 2012 and 2015
  - From 2000 to 2016, the U.S. suicide rate among working aged (16–64 years) adults increased 34% from 12.9 per 100,000 population to 17.3.
  - 2012 and 2015, **largest percentage of male suicides** (15%–16% of decedents) occurred among Construction and Extraction group
    - **Highest male suicide rate** (43.6 [2012] & 53.2 [2015] per 100,000).

- 102 workplace suicides in the private construction industry 2013-2017
  - 13 Construction managers
  - 21 First-line supervisors
  - 46 Construction trades workers
  - 40 Self-employed
  - 62 Wage and salary workers
  - 36 Building construction
  - 5 Heavy and civil engineering construction
  - 55 Specialty trade contractors
Suicide among Construction Workers

- The etiology of suicide is multifactorial, and identifying the specific role that occupational factors might play in suicide risk is complicated; both work (e.g., little job control or job insecurity) and nonwork (e.g., relationship conflict) factors are associated with psychological distress and suicide.

- Because many adults spend a substantial amount of their time at work, the workplace is an important but underutilized location for suicide prevention.

- Workplaces could potentially benefit from suicide prevention activities. Additional and tailored prevention approaches might be necessary to support workers at higher risk.

- More research on the role of the workplace in primary suicide prevention is needed, including improving working conditions and reducing stress.
2020 Campaign & Stand-Down

- 2020 Stand-Down Videos
  - Another FACE state highlight
  - How to do a Stand-Down?

- 2020 NORA Construction Falls Campaign & Stand-Down App
  - Stand-Down ‘Check-in’ Feature
  - Resources at your fingertips to prevent falls
2020 Stand-Down Focal Point: Fall Prevention

- Making it personal
- Stories of how fall prevention saves lives
Upcoming PtD Conferences

- Prevention through Design workshop
  - Arizona State University - Tempe Campus
  - March 2020, first of a five year series
  - Goals
    - To drive the implementation of PtD at large industry organizations
    - To advance knowledge in PtD
    - To promote the instruction of PtD in construction management and construction engineering programs at US colleges and universities.
Upcoming PtD Conferences

- Prevention Through Design (PtD) - A Changing Mindset
  - NYC, March 2020
    - Prevention through Design – A NIOSH gamechanger
    - Key components for a successful safety in design initiative
    - Applying PtD concepts to control exposure to occupational health hazards
    - PtD....What’s in this for me?
    - PtD and the triple bottom line
    - Leveraging technology in your design using lean, LEED and BIM
Coming Soon

- This free daily inspection walkthrough tool allows mast climber users to navigate through what is commonly inspected during a pre-shift daily inspection.
- Prompted to click on the orange outlined section and the related inspection point will be displayed.
Questions?

http://www.cdc.gov/niosh/topics/construction/

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.