



Safety News

Dedicated to ensuring the safest and healthiest working environment for our members

Spring/Summer 2023 | Issue 26

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Our Vision

The United Association and its local unions will apply its best practices and resources to build the most educated and safest workforce in all sectors of the piping industry.

Message from Jennifer Massey Health, Safety, and Environmental Administrator



Dear Brothers and Sisters:

As a current UA member who has also worked for a signatory contractor, I have had a foot on both sides of the fence, which gives me a unique per-

spective when it comes to understanding the dynamics between workers and contractors. This perspective has formed my mission to speak about the Standard for Safety and how important it is to be partners in working safely. Equally important is understanding the effects that not working safely brings to our contractor partners and the harm it does to our reputation as United Association craftspeople.

In this issue, we are diving deep into the negative impact our members' injuries have on our membership and our signatory contractors. We must educate UA members about the significance of data points, such as Experience Modification Rates, Recordable Injury Rates, and increases in hourly class code rates, which result from higher cost-to-class codes due to a rise in insurance premiums.

All of these calculations come to play when contractors are bidding on work. Their competitive standing can be compromised when injuries occur because workers take shortcuts and do not correctly identify hazards. When our contractors can't compete, it also affects our members AND the entire UA.

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A Message from General President Mark McManus



"The UA has a reputation for working safely. It is part of our Standard for Excellence and Standard for Safety that we expect everyone to go home in the same condition that they came to work. Our Standards are in place to protect our membership. For our contractor partners, it goes one step further, affecting their bottom line and reputation. If you're a contractor with an excellent safety record, you will be a contender when it comes to bidding work."

We must take the time to do it right, do it safely, or not at all. As always, I welcome your comments and insights regarding any of the articles or on other topics you think are relevant to our work. You can reach me via email at jmassey@uanet.org. Stay safe into this busy time of year. ■

TRAINING



2023 OSHA Outreach Training

OSHA 510 Course 2150
OSHA Standards for the Construction Industry

July 24-27, 202310:00 a.m. - 4:30 p.m.
Online (Zoom)

October 2-6, 20238:00 a.m. - 5:00 p.m.
GLRTC, Ann Arbor, Michigan

OSHA 500 Course 2151
Trainer Course for the Construction Industry

June 12-16, 20238:00 a.m. - 5:00 p.m.
GLRTC, Ann Arbor, Michigan

September 11-15, 202310:00 a.m. - 4:30 p.m.
Online (Zoom)

November 6-10, 20238:00 a.m. - 5:00 p.m.
GLRTC, Ann Arbor, Michigan

OSHA 502 Course 2152
Update for Construction Industry Outreach Trainers

July 11-13, 20238:00 a.m. - 5:00 p.m.
GLRTC, Ann Arbor, Michigan

September 11-14, 202310:00 a.m. - 4:30 p.m.
Online (Zoom)

November 6-9, 202310:00 a.m. - 4:30 p.m.
Online (Zoom)

OSHA 502 Course 2154
Safe Bolting

August 21-22, 20237:00 a.m. - 5:30 p.m.
LU 597, Mokena, Illinois

October 2-3, 20237:00 a.m. - 5:30 p.m.
LU 597, Mokena, Illinois

2023 Instructor Training Program (ITP) Registration Open Now

The UA Education and Training Department presents the 69th annual ITP:

August 12-18, 2023
Ann Arbor, MI

Registration is available online on UANet under "UA News – 2023 Instructor Training Program Registration," where you'll also find a link to the brochure, class schedule, reading material requirements, and other information. You can also review the full course brochure [here](#).

ITP week is filled with comprehensive, professional, and innovative training about our industry's most relevant topics and technology. In addition to dozens of course options, you'll have opportunities to learn from and network with colleagues. Contractors say that safety, productivity, and skills training are essential for success on the job, and well-educated trainers make this happen. Signing up for ITP will also boost your career. If you have any questions, please contact Cathy Merkel, UA Education and Training Department Registrar, at (410) 269-2000, ext. 4028, or via email at cathym@uanet.org. ■

Safety is a Necessary Value

UA instructors receive grants to attend the MCAA Safety Directors' Conference.



The UA was well-represented at the MCAA Safety Directors' Conference in January.

The United Association and the Mechanical Contractors Association of America (MCAA) keep building our collaborative partnership to increase safety excellence in our industry. One of our key goals is to spread the message that safety is a necessary value for companies and individuals. The MCAA's annual Safety Directors' Conference is a unique opportu-

nity for safety colleagues to come together and learn new things that can change lives. That was the impetus behind grants that helped 30 UA instructors attend the January 2023 conference in San Diego. It was the largest safety event in MCAA history, bringing together more than 350 professionals to learn and share knowledge about improving safety cultures, building teamwork, and motivating active involvement from employees, contractors, and clients.

The conference featured 50 hours of education and training, included keynotes on safety leadership, mental health, and safety management, and offered 20 breakout sessions that involved current safety issues and priorities. Jennifer Massey, UA Health, Safety, and Environmental Administrator, gave a presentation about components of the UA's Culture of Safety.



Within the UA's Built on Excellence initiative is the UA Standard for Safety, which frames the organization's holistic approach to safety, including physical, mental, and emotional health. Sister Massey discussed various timely topics, from the UA work outlook to apprentice selection to the impacts of injuries and incidents on the UA and contractors. She

explained how critical partnerships and shared values are in a healthy safety culture that supports business growth.

Hosted by the MCAA Board of Directors, the conference celebrated its 20th anniversary at PETCO Park with dinner, refreshments, and ballpark tours.



Pictured above Jennifer Massey, UA Health, Safety, and Environmental Administrator, and Raffi Elchemmas, MCAA's Executive Director of Safety, Health, and Risk Management



Breakout Sessions

Building Workforce Resilience Through Communication, Gary Clevenger MS, CSP, CRIS, RRE, Stokes McIntyre

Innovations in Ladder Safety, David Francis

Leveraging Technology to Improve Jobsite Safety, Justin Azbill

Thinking Fast and Slow—The Science in Decision Making, Rebecca Klein

Researching Hazards to Make Construction Safer—A CPWR Session, Rick Rinehart, ScD

Behind the Scenes of OSHA's Latest Regulations for Construction, Wesley Wheeler, SMS

Building EHS&W Bridge and Adding Value—Training a Diverse Workforce, Rolando Cedillo

Keynotes

StandOut Leadership, Lead Like You Mean It! Connie Podesta, sponsored by Women in the Mechanical Industry

Be the Leading Indicator—Cracking the Code on Mental Health, Josh Rizzo

MCAA Monthly Safety Kits

Celebrating 20 Years of Safety Excellence

Scroll down on [this page](#) to the third section, Safety Resources, and find new safety topics and kits you can download for each month of 2023. ■

SAFETY AT WORK



Calculating Better Injury Prevention

How the UA and signatory contractors can use data to stay competitive.

As we reported in the last newsletter, the project outlook for the next several years for UA members is quite strong. That positive news means increased hours for existing workers and a need for new hires—both factors that could lead to increased risk of workplace injury. The UA is strongly committed to continuous training and safety for all workers. In this issue, we look deeper into another aspect of injury prevention and vital safety programs—how they affect a signatory contractor's insurance costs, hourly rates, competitive standing—and, ultimately, UA member jobs.

Most contractors have safety programs and recognize that they are linked to profits and productivity. Some have also taken the next important step to measure program success using industry-generated and other data. As a safety professional and/or trainer, you may be familiar with terms such as experience modification rate (EMR), total recordable injury rate (TRIR), class codes, stop work authority, and leading/lagging indicators. When looking at these units of measurement and safety practices to gauge performance and improvement in injury management over time, UA members

and contractors can work as partners to lower costs and stay competitive in the industry.

Manage the numbers by improving safety

The construction industry experiences the most workplace deaths, according to the National Safety Council, and by that measure, is widely considered the most dangerous for employees. Plus, the industry is also above the overall average rate for nonfatal injuries. It makes sense that insurers and businesses look at calculations like EMR and TRIR when setting rates, investing in companies, or awarding contracts. In addition to the many costs to employers and employees, recordable injuries can lead to an above-average EMR or TRIR, which may mean a contractor is passed over for work, financing, or by the best potential employees. Knowing how these rates are calculated is the first step in managing them for better results.

The Experience Modification Rate

When insurers calculate workers' compensation insurance premiums, one of their key data points is the experience modification rate (EMR), also known as a mod rate, eMod, or xMod. Every company has its own EMR, which is based on previous losses and is calculated using a standard formula and workers' compensation data collected annually by the [National Council on Compensation Insurance \(NCCI\)](#). The two states that do not report to NCCI are [California which utilizes Workers' Compensation Insurance Rating Bureau of California \(WCRI\)](#), and Washington State, which utilizes [Labor and Industries \(L&I\)](#). The EMR formula uses the ratio between expected losses in a particular industry and an individual company's data from prior years to predict future losses. The EMR also weighs in factors such as frequency and severity of losses and the affected employee's job type. You can think of the EMR as a "credit score" informing workers' comp premiums tailored to a company's specific risks rather than the industry average.

The base EMR is set at 1.0, representing the average number of expected losses for similar companies within a category. The type and number of incidents and risks vary by industry, for example, construction versus an office environment, so the EMR takes that into account. EMRs typically range from 0.75 to 1.25. Anything above 1.0 is considered poor because that means losses are expected to be above the average. Below 1.0 is good.

"The EMR is a good, long-term overview of safety performance, and the TRIR gives a nice recent snapshot (the current or prior years) of an organization's safety record. We have seen Risk Managers collect multiple years' worth of both rates for review before making hiring decisions about third-party contractors."
—Stuart Cytron, "TRIR vs. EMR"

Correct classification codes are your friend

A company's EMR is the result of comparing its actual incurred claims to expected claims, and job classification codes play a role in this calculation. Each code has its own statistically developed "expected loss rate," which is factored into the EMR when the loss rate is multiplied by the audited payroll for each class code that applies to an individual employer. Using the wrong code on a policy will translate into an incorrect EMR, which circles back and skews the statistics that guide the foundational rates per code.

Confirm the codes

The [NCCI has assigned more than 700 employee classification codes](#) to particular jobs. Each position has its own level of risk, expected injury loss, and related claims rate. Using the correct code ensures that a company's claims data in EMR calculations accurately reflect losses.

The Total Recordable Incident Rate

Like the EMR, the Total Recordable Incident Rate (TRIR) is a metric used to compare the safety performance of companies within a particular industry or group. Developed by OSHA, TRIR is a standardized and fairly straightforward calculation based on the number of recordable incidents documented on the companies OSHA 300 log by a particular company in a year. That number is multiplied by 200,000, then divided by the total number of hours the company's employees worked in a year—200,000 equals the number of hours 100 employees work in a year (100 workers x 40 hours x 50 weeks). TRIR does not weigh the type or severity of the incident; it is essentially a straight percentage per 100 workers. Here's one example of an OSHA incident [online calculator](#).

OSHA and other organizations use TRIR as one metric for evaluating a company's safety culture. A consistently high

TRIR may trigger rigorous and time-consuming OSHA inspections that could lead to fines. In addition to the EMR, insurance companies often weigh in TRIR when calculating premiums. Unfavorable media coverage or the loss of investor or consumer support can also be the fallout from a poor TRIR rating.

Zero is a perfect TRIR rate resulting from no recordable incidents during the year. The Bureau of Labor Statistics, which publishes TRIR data, reports that the annual average TRIR across all employers is at or near a 3.0 (a 3.1 in 2018 and 2.9 in 2020). However, the construction industry is more complex and, interestingly, only some-

times above the average. In his blog post [“TRIR vs. EMR,”](#) Stuart Cytron points out that, in 2020, the average TRIR across all of the construction trades was 2.5, but the average TRIR varies considerably from one specialty trade to another:

- Structural steel and precast concrete contractors, 3.1
- Pipefitting, plumbing, and HVACR contractors (BLS), 1.9
- Framing contractors, 6.8
- Siding contractors, 1.8
- Drywall and insulation contractors, 3.6
- Painting and wall covering contractors, 1.8

He concludes that while a good TRIR for a construction company depends on its specialty, 2.5 is an acceptable benchmark for new business proposals and contract renewals. It should be mentioned that many contractors with an EMR or TRIR of more than 1.0 may be excluded from bidding opportunities or removed from sites entirely.

Why it's so important for employees to report incidents

Most significant injuries, such as fractures, severe burns, or loss of consciousness, get reported. But it's the little things that turn into bigger ones that are the challenge. For example, it's common for an employee to cut a finger and wipe it off, add a bandage, and get back to work without mentioning the incident. But then, a week later, the finger is infected, and the employee must see a doctor. What would have been a simple first-aid action that is not recordable turns into a recordable incident, impacting the TRIR rate negatively. Encouraging employees to report even minor injuries can go a long way toward managing a company's recordable rate. Here's a [Safety Talk](#) on the topic.

You are undoubtedly familiar with OSHA paperwork and the complete list of reportable incidents on OSHA's [Form 300](#). As an overview, OSHA defines a Recordable Incident as:

- Someone loses consciousness
- A person's work activity is restricted, or they must be transferred to a different job
- Someone must take days away from work
- The injury requires medical treatment beyond a first-aid kit
- A medical professional diagnoses a work-related health issue

All forms are available through the [OSHA website](#), and there is a [brief tutorial](#) to help fill them out correctly.

A deeper dive

Read [this blog post comparing EMR and TRIR](#)—how they are calculated, who uses them, and how they impact a business.

A Healthy Safety Culture is Good for Business

More than just data points, the EMR and the TRIR, represent a company's claims and safety history, so they can be a tool for evaluating and improving a safety program. If the numbers are rising and, consequently, workers' compensation rates, companies can take control by making changes to reduce the number of incidents and injuries. The number-one priority is employee health and safety. Beyond that, companies will save time on claims management while improving their bottom line, reputation, and ability to attract and retain high-quality employees. Our rank-and-file needs to understand these dynamics—when we help contractors succeed, they, in turn, will provide more work opportunities.

Take action to lower the EMR and the TRIR

Simply put, the best way to lower the EMR and the TRIR is to create a safer work environment. Some improvements can be relatively straightforward, while others take time to become part of the workplace culture and make a notable difference. The most important thing is to get started! As UA members, we directly impact our safety, culture, and environment. We should complete training and understand the tasks contractors request of us. Utilizing tools like pre-task plans allow us to identify specific tasks, their associated hazards, and what we need to do to complete the job safely.

Invest in building a safety culture that prioritizes safe work practices.

1. *Establish and maintain safety protocols*
Prevention is the first line of defense. Contractors should establish comprehensive workplace safety standards with management commitment and promote employee involvement. Hire safety managers and or coordinators to provide in-house audits and education. To ensure compliance with Occupational Safety and Health Administration (OSHA) rules and regulations, refer to the four-point workplace program in this [OSHA handbook](#) for more details.
2. *Track and analyze critical indicators*
Leading indicators involve identifying safety issues, then setting up measurable goals and actions, which will help prevent injuries or improve safety in other ways. They are ideally preventative and used to measure how well safety, health actions, and expectations work before injuries and illnesses occur. Leading indicators align well with continuous improvement practices. A straightforward example of a leading indicator is to set a goal, such as 100 percent of a company's employees will complete safety refresher training. Then, measure how many do, research why they did or did not, and make adjustments, such as offering more make-up sessions to increase progress to-

ward the defined goal. Effective leading indicators utilize the SMART principles: Specific, measurable, accountable, reasonable, and timely.

Benefits of using leading indicators:

- Help prevent worker fatalities, injuries, and illnesses
- Strengthen safety and health outcomes in the workplace
- Build a socially responsible workplace that values workers
- Improve organizational performance and competitive advantage

For more in-depth information and practical examples of how leading indicators can be used in your workplace, download OSHA's "[Using Leading Indicators to Improve Safety and Health Outcomes](#)" document.

Lagging indicators are key performance indicators (KPIs) that look at past statistics to define events that have already occurred, such as the total number or rate of injuries, illnesses, and fatalities. Both EMR and TRIR, discussed in more depth above, are lagging indicators. Employers can also look at their previous claims, investigate a particular type of incident, or ask questions to assess problem areas to identify where to focus improvements.

- Do workers complete the required training? If not, why?
 - Do projects have enough supervision and resources for the work required?
 - Are workers negligent?
 - Is safety equipment and PPE easily accessible?
3. *Focus on hazard prevention and control*
The best ways to prevent future injuries are to remove known hazards, have excellent communication when incidents happen, and make changes based on what you learn. Companies need to have clear rules for:
- Hazard reporting and communication
 - Dangerous activity approval and management
 - Systems for tool use and storage
 - Job-specific training and practices
 - Documentation so there are resources for making improvements.
4. *Empower employees*
Explaining and promoting **Stop Work Authority (SWA)** to employees is a powerful safety tool. Every UA brother and sister are empowered to utilize SWA when any existing or potentially unsafe condition exists. By law, if employees believe that working conditions are not safe or healthy, they have the right, responsibility, and authority to halt work activity without fear of retribution. While

it may seem inconvenient or costly at that moment, stopping is better than risking a loss. Safety at every level of an organization is the most effective sign of a healthy safety culture. Build on it by pointing out successful SWA moments.

The [six-step process for SWA](#) includes: Stop, Notify, Investigate, Correct, Resume, and Follow Up. Read more about SWA as a valuable workplace tool [here](#) and [here](#).

5. *Establish injury planning and procedures*
 - It is essential to have detailed injury and claims processes in employee training.
 - Verify that claims are filed accurately and promptly.
 - Provide frequent and clear communication about medical treatment, claims processing, payment, payroll impact, and return to work expectations.
 - Recommend corrective actions to prevent future incidents.
6. *Facilitate a healthy return to work*
Many companies have successfully offered a "modified duty" option to help employees return to work safely as soon as possible. This practice has led to faster recovery rates for employees, reducing temporary total disability payments and minimizing insurance claim costs.

By understanding how insurers track and use data, companies—such as those hiring UA members—have tools to help them stay competitive. Utilizing ratings such as the EMR and TRIR as indicators of a healthy safety culture, and acting to improve those ratings, can pay off in lower insurance rates, better standing when bidding contracts or hiring, and, most importantly, fewer injuries and illnesses. Ultimately, we want everyone to return home in good health every day. ■

*"A good program uses leading indicators to drive change and lagging indicators to measure effectiveness."
—OSHA*

Interactive Tool Breaks Down Injury Data by Body Part

For 100 years, the National Safety Council (NSC) has been a centralized source for injury statistics in the United States. What began as a volunteer effort to gather public information has grown into a continually updated online resource called [Injury Facts@](#), which reports injuries, illnesses, and deaths. The reporting is documented using various categories, including industry descriptions, such as construction and specific body parts affected in an accident.

A valuable tool for employers and safety professionals is the interactive [“Work Injuries and Illnesses by Part of Body”](#) chart and table function. The chart features a body outline graphic where users can click on an area to see injury/illness data specific to that body part, including number of incidents requiring time away from work and the percentage of total injuries. The information can be further filtered by injury source, occupation, and type of injury. By comparing this data to a company’s statistics, employers have a clearer, more universal picture of where key problem areas exist and where to focus improvements. Looking for trends can provide insight into causes and necessary adjustments to workplace and safety practices that can help prevent further incidents.

U.S. Workplace Facts of Interest

(For 2020, most recent data available)

Causing days away from work:

For the first time, the Body Systems category was at the top of the list of injuries and illnesses that most frequently involved days away from work—accounting for 34 percent of the total 1,176,340 injuries and illnesses in private industry. NSC analysis of Bureau of Labor Statistics (BLS) 2020 data ties this to the prevalence of Covid-19-related cases.

Injury prevalence by body part:

1. Back
2. Hand
3. Leg

Median days lost per incident: 12 in 2020, up from 8 in 2019

Median days lost by select body parts:

- Head: 4
- Back: 9
- Foot: 13
- Body systems: 13
- Wrist: 15
- Knee: 18
- Shoulder: 28

New MCAA PPE Videos are Saving Lives!

By Raffi Elchemmas, CSP, MCAA Executive Director of Safety, Health, & Risk Management

Personal Protective Equipment (PPE) continues to save the lives of millions of workers each year, yet so many workers still don’t wear this essential lifesaving equipment. PPE is the

last line of defense and sometimes all you need to prevent an injury or save a life.

To celebrate 20 years of safety excellence, the Mechanical Contractors Association of America (MCAA) has launched five impactful videos to demonstrate the effectiveness of wearing vs. not wearing PPE. Watched by thousands, these videos are changing the way the industry is showcasing the importance of PPE.

Video topics

1. [Head Protection](#): Head Injuries are preventable—all 50,000 a year!
2. [Eye Protection](#): The more than 10,000 construction-related severe eye injuries that happen yearly can be prevented with proper eye protection.
3. [Hearing Protection](#): More than half of construction workers are exposed to hazardous noise, yet only 50 percent wear hearing protection.
4. [Respiratory Protection](#): More than two million workers are exposed to silica yearly; with proper respiratory protection, they can remain safe from silicosis.
5. [Hand Protection](#): Hand injuries are preventable with proper hand protection, yet 70 percent of workers don’t adequately protect their hands.

If you need login credentials to MCAA.org, please email Raffi Elchemmas, MCAA’s Executive Director of Safety, Health, and Risk Management, at raffi@mcaa.org. ■



HEALTH AT WORK



NIOSH Opioid Research of Note

According to the [CDC](#), over the last quarter century in the U.S., opioid misuse and overdose have grown into an epidemic, and opioid-related death rates continue to rise. In their recently published [study](#), “Injuries that Happen at Work Lead to More Opioid Prescriptions and Higher Opioid Costs,” researchers Abay Asfaw, Brian Quay, Tim Bushnell, and Regina Pana-Cryan, of the National Institute for Occupational Safety and Health (NIOSH), looked into whether there is a difference between opioid prescription patterns for workplace injuries versus non-occupational injuries and if that difference has contributed to the epidemic.

This study is critical because it looks at the crisis from a new and targeted perspective—what role injuries in the workplace might play in the rising rates, and whether there’s a difference in how opioids are prescribed following an occupational incident versus those in other environments. The authors state, “Assessing opioid prescription patterns is key to understanding the opioid crisis.” That understanding will hopefully lead to new strategies for reducing drug misuse, overdoses, and related deaths.

When designing their research, the authors expected that opioids would be prescribed more often for occupational injuries and at a higher cost because those injuries are more likely to be severe and lead to poorer recovery outcomes. Injured workers might also take more opioids to return to work as soon as possible.

Study Methods and Results

The research team used data from the nationwide Medical Expenditure Panel Survey to compare opioid prescriptions for work-related and other injuries from 2010 to 2019. They could extract details about injuries, illnesses, treatments, and costs, along with demographic information, such as education, health, working status, income, and insurance coverage.

In a nutshell, work-related injuries accounted for more opioid prescriptions from 2010 to 2019 when compared to other injury-related health conditions.

Prescription frequency: While 22 percent of reported injuries among adults were work-related, 28 percent of all opioid prescriptions were for work-related injuries. The team calculated those occupational injuries increased the chances of opioid prescriptions by one-third.

Prescription duration: Work-related injuries accounted for 37 percent of the days’ opioids were prescribed and averaged six days longer than for other injuries.

Cost: Opioids prescribed for occupational injuries add up to 40 percent of the total opioid cost, and cost, on average, \$29 more per year than for non-workplace injuries.

Conclusions and next steps

By highlighting work-related injuries that statistically result in prescribed opioids for a longer duration and at a higher cost, the study provides documentation for increased safety to prevent injuries in the workplace. How can companies make workplaces safer, support employee recovery, and reduce opioid use disorders? One avenue to pursue is alternative approaches for treating pain resulting from work-related injuries. ■

It’s OK to Not Be OK

UA Canada—Member Assistance Program

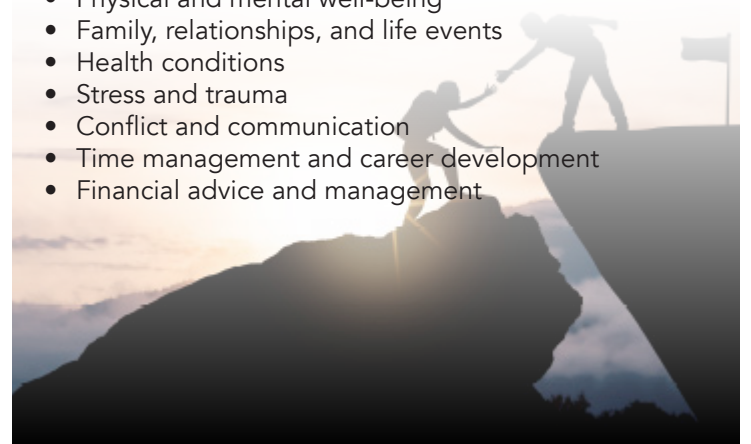
Life can be stressful, challenging, and confusing at times. UA Canada invites members to reach out for help with significant or minor issues related to work, life, and overall health. Mental and physical health are both important on the job and at home.

The UA Canada Member Assistance Program, or MAP, is available to all members in Canada and their immediate families. It is confidential and available 24/7.

workhealthlife.com
1.833.778.2627

You can contact MAP about:

- Addictions
- Suicidal thoughts or self-harm
- Physical and mental well-being
- Family, relationships, and life events
- Health conditions
- Stress and trauma
- Conflict and communication
- Time management and career development
- Financial advice and management



More Peer Ally Training with Dr. Sally

The UA's Veterans in Piping Member Assistance Program (VIP MAP) worked with Dr. Sally Spencer-Thomas, Psy.D., and Eduardo Vega, M.Psy., to develop the peer ally skills curriculum for VIP trainers. The training was so valuable that Dr. Sally is back teaching an introductory and advanced course for the UA at three locations in 2023. The first sessions were held in March at Local 208 in Denver, CO. The remaining two are:

August 13 - 18, Instructor Training Program (ITP), Ann Arbor, Michigan

Registration details and [course brochure](#).

Course # 2171: Introduction to Peer Support Skills and Mental Health Literacy

Course # 2172: Advanced Skills in Suicide Prevention Training, Peer Support Skills, and Mental Health Literacy

October 23, 24, and 25, Local 230, San Diego, California

Peer Allies Make a Difference and Save Lives

When workers are distressed due to mental illness, addiction, or overwhelming stress, they are distracted and less productive. Many report that they are reluctant to reach out to their supervisors because they fear punishment or humiliation. Knowledgeable, trained workplace Peer Allies are skillful listeners who can be trusted to connect workers with crisis counseling, addiction recovery resources, and more. If your organization is interested in creating a Peer Ally program, contact [Dr. Sally Spencer-Thomas](#), or Eduardo Vega at the [Palliance Institute](#). ■



Safety Awareness Dates for Your Calendar

September

September 4, Labor/Labour Day

September 10, [World Suicide Prevention Day](#)

U.S.

June, [National Safety Month](#)

June 13, [National Forklift Safety Day](#)

August 7-13, [Safe + Sound Week](#)

September 4-8, [Construction Suicide Prevention Week](#)

Canada

June, [Canadian Men's Health Month](#)

June 3, [National Health and Fitness Day](#)

July 5, [National Injury Prevention Day](#)

September 26-27, [Canadian Centre for Occupational Health and Safety Forum](#)

OSHA 2023 Outreach Initiatives

Focus is all year long, but some are emphasized during certain months or days.

- Ongoing during warmer months, [Heat Illness Prevention Campaign](#)
- August, [Safe + Sound Week](#), plus ongoing [Campaign for Safety and Health Programs](#)
- September, [Suicide Prevention Awareness Month](#), [World Suicide Prevention Day](#), September 10