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The Lights Are On, But No One is Home

Joseph Whiteman & Joseph Leutzinger, PhD, Vice President, Headversity

This past March, I attended the Construction Working Minds Summit, a conference focusing on mental health, suicide prevention, cultural care, wellness, and psychological safety. It was here during one of the breakout sessions where I heard a familiar term but never put much thought into it: "Presenteeism." Intuitively, you can probably figure out what this means. Simply put, the car is in drive, but nobody is behind the wheel.

What we need to understand and realize is the potential harmful effects presenteeism can have on both the worker and workplace. As we continue to focus on mental health, we need to recognize some of the contributing factors and negative outcomes related to presenteeism. Construction is inherently a dangerous profession to begin with; however, with the proper planning, training, tools and processes, we have made strides over the years creating a safer work environment. What good is training, communication, and the latest top of the line PPE, when the person you have just tasked to operate that forklift, erect shoring or sheet that elevated deck do if they are not mentally present and focused on that task? We need to understand what presenteeism is, and what we can do to combat the negative effects brought on by this hazard.

Presenteeism has been around since the 1990's but still many industries are unaware of this term nor realize its impact. While there are several definitions of presenteeism, the most used one is – an employee is at work but not as productive as they should be because of some health-related event. Keep in mind the health-related event could be personal or include a significant other or family member.

Psychometricians – those who study and measure issues like worker productivity - note that at our most productive state we work at a sustained effort of 80%. Presenteeism can range from 0-30+% so even a 15% presenteeism rate can bring employee productivity down to a sustained level of 65%. Translating these percentages into costs can be staggering. Research in this area notes presenteeism can be three times higher than health care costs and are consistently two to five times higher than absenteeism costs. This seemingly invisible cost can be a substantial hit to a project bid or can impair completion deadlines linked to fines or incentives.

Presenteeism is not just a concern for employers. Think of presenteeism as also affecting the employee's and family's quality of life. If a health-related issue is interfering with an employee's ability to work and stay focused, chances are this concern is also negatively impacting other areas of their life. Addressing presenteeism is not just about making employees more productive it also can take a toll on personal safety, focus and personal energy. This also doesn't take into account other unintended cost burdens such as loss of production and/or re-work to mitigate poor quality work.

When senior managers are asked if they think there is a connection between health and productivity nearly 100% say YES. However, when asked if they believe it can be measured is where the conversation can go many different directions. There are a variety of well researched and validated tools that are used to measure presenteeism and health-related productivity. Many of these instruments are relatively short, 1-2 minutes to complete, and they can be administered

and collected anonymously and through a random sample – meaning not all employees need to complete it for the results to be applicable.

It is highly recommended that membership organizations and/or contractors consider measuring presenteeism among their workforces. The results can be instructive and provide a business with a call-to-action to address the root causes of presenteeism – employee and family health through an employer sponsored health improvement program. Keep an eye out for resources and tools ASCC members can utilize as the Safety and Risk Management Council works to address wellness, fatigue and mental health issues impacting the workplace.



THE LATEST

May is Mental Health Awareness Month

Dr. John S. Gall, Director - Worker Wellness, Missouri Works Initiative

Over the past three years, hardly a week goes by where we do not see another report in the media indicating the USA is experiencing a Mental Health (MH) crisis and, going forward, matters may only get worse due to a shortage of properly trained MH professionals. Since, in most states, it takes a minimum of six years to train an MH professional, we must find solutions in the meantime to help alleviate this crisis. By now, it should no surprise to you that CDC reports indicate, as an industrial sector, construction ranks #1 when it comes to opioids misuse and #2 when it comes to suicide. As such, all parties have a vested interest in becoming part of the solution.

Make no mistake, the construction industry is known for being creative and tackling problems head on. Below are suggestions on how various aspects of the industry might contemplate different approaches:

Buyers of construction – The contract documents set the tone for the project long before it comes out of the ground. Please consider including MH in your contract documents...doing so levels the playing field during the bid process! A few high-profile projects across the country now require that an MH professional be present on their jobsites no less than 6 hours per day, at least 2 days per week.

Insurance providers – Think OSHA-10. Twenty-plus years ago, insurers assisted in the safety upskilling process across the entire construction industry by requiring contractors and their workers to obtain government-approved safety training on the “physical aspects” of safety. In general, the results yielded safer worksites and more, not less, productivity! Research suggests suicide deaths of construction workers are five times greater than the rate of all fatal work-related injuries in construction. Knowing this, poses the question: Will the “mental aspects” of safety receive the same onslaught of attention as OSHA-10 did nearly two decades ago?

US-DOL's OSHA – Think OSHA-10. As noted above, this industry tackled a similar issue years ago. The data is not misleading. According to the CDC, although 60% of the worksite injuries are related to the Focus Four Hazards, psychosocial factors of work are critical threats to construction workers and may be overlooked. Thus, keeping workers safe (on and off the job) should be approached in the context of Total Worker Health. Separating physical safety measures from mental safety measures only further stigmatizes MH. It is time to move from discussion to action by truly supporting mental health parity! One way of accomplishing this is by adding MH as a required subject in both the OSHA-10 and OSHA-30 training.

Contractors – Over the past decade, most large contracting firms have established a safety department while small to mid-size firms have appointed a safety director. Please consider including MH as an “ongoing” topic of discussion whether it is at monthly white-collar “lunch & learns” or daily blue-collar “toolbox talks.” It is not enough to treat this vital topic with a “one and done” mindset. A few areas have established Mondays as their dedicated days for MH topics (referred to as MH Mondays). Since some safety professionals do not feel comfortable discussing MH issues in depth, it may be helpful to network with your local chapters of NAMI and/or AFSP to recruit speakers and keep the conversation fresh.

Unions & Training Schools – In order to break through the stigma connected to this “taboo” topic—in an often male-dominated industry—finding/creating safe spaces to begin the MH conversations is key. Research in the St. Louis industry suggests that a top-down/bottom-up

approach works better than a bottom-up approach. Getting leadership onboard early in the process will help set the tone for the entire organization. Far too often, people resist change until a tragedy strikes nearby. Being proactive allows one to better handle unforeseen events down the road.

Construction workers – Most work performed today is done in teams wherein each member knows his/her role on a given project. Looking out for the other person should be part of each team’s culture. As such, in order to help someone else, one first must attend to their own needs. This is known as self-care. Please do not mistake this concept for selfishness. Some people are better at this than others. For those who are, please consider becoming a peer supporter on your job site. A peer supporter is someone who is trained to assist others in need and to find resources that address their issues. To find out more about peer support programs already in place do a Google search on: MATES (Australia), LEAN (Laborers in Mass.), or BOSS (Carpenters in So Cal.).

In closing, we have a long way to go but many small steps have already been taken. If each group mentioned above does their part to meet the challenges outlined above, the construction industry moves from remaining part of this country’s MH problem to becoming part of this country’s MH solution.



WHAT'S WORKING

First Aid Kit Updates for ANSI Compliance Joe Garza and Heidi Pries, DPR Construction

The American National Standards Institute (ANSI) is a private, non-profit organization. They have an important role in the development of OSHA standards; producing standards that are technically voluntary. However, OSHA could make these mandatory through a process called “incorporation by reference.” So, while “voluntary,” OSHA can cite companies for noncompliance with ANSI standards.

The ANSI Z308.1 standard establishes minimum performance requirements for first-aid kits and their supplies. The standards are designed to ensure that first-aid kits effectively treat various common injuries, including cuts, scrapes, and burns.

ANSI Z308.1-2021:

First, it should be noted the 2015 standard (ANSI Z308.1-2015) introduced two classes

ANSI/ISEA Z308.1-2021 Required Contents

To be compliant with the ANSI 2021 standard, First Aid Kits must contain the following components.

Class A Kits are designed to deal with most common types of workplace injuries.

Required Minimum Fill

- 16 Adhesive Bandage 1" x 3" (2.5 x 7.5 cm)
- 1 Adhesive Tape 2.5 yd (2.3 m) total
- 10 Antibiotic Application 1/5oz oz (0.5 g)
- 10 Antiseptic 1/5oz oz (0.5 g)
- 1 Burn Dressing (gel soaked) 4" x 4" (10 x 10 cm)
- 10 Burn Treatment 1/2oz oz (0.9 g)
- 1 Cold Pack 4" x 5" (10 x 12.5 cm)
- 1 CPR Breathing Barrier
- 2 Eye Covering w/means of attachment 2.9" sq (19 sq cm)
- 1 Eye/Skin Wash 1 fl oz total (29.6 ml)
- 1 First Aid Guide
- 1 Foil Blanket 52" x 84" (132 x 213 cm)
- 10 Hand Sanitizer 1/2 oz (0.9 g)
- 4 Medical Exam Gloves
- 1 Roller Bandage 2" x 4 yd (5 cm x 3.66 m)
- 1 Scissors
- 2 Sterile pad 3" x 3" (7.5 x 7.5 cm)
- 2 Trauma pad 5" x 9" (12.7 x 22.9 cm)
- 1 Triangular Bandage 40" x 40" x 56" (101 x 101 x 142 cm)

What's the difference between the ANSI 2015 and ANSI 2021 Standards?

- 4 Additional Hand Sanitizers
- 1 Foil Blanket, 52" x 84"

Class B Kits specify a broader range and quantity of supplies for more complex or high-risk environments.

Required Minimum Fill

- 50 Adhesive Bandage 1" x 3" (2.5 x 7.5 cm)
- 2 Adhesive Tape 2.5 yd (2.3 m) total
- 25 Antibiotic Application 1/5oz oz (0.5 g)
- 50 Antiseptic 1/5oz oz (0.5 g)
- 2 Burn Dressing (gel soaked) 4" x 4" (10 x 10 cm)
- 25 Burn Treatment 1/2oz oz (0.9 g)
- 2 Cold Pack 4" x 5" (10 x 12.5 cm)
- 1 CPR Breathing Barrier
- 2 Eye Covering w/means of attachment 2.9" sq (19 sq cm)
- 1 Eye/Skin Wash 4 fl oz total (118.3 ml)
- 1 First Aid Guide
- 1 Foil Blanket 52" x 84" (132 x 213 cm)
- 20 Hand Sanitizer 1/2 oz (0.9 g)
- 8 Medical Exam Gloves
- 2 Roller Bandage 2" x 4 yd (5 cm x 3.66 m)
- 1 Roller Bandage 4" x 4 yd (10 cm x 3.66 m)
- 1 Scissors
- 1 Splint 4" x 24" (10.2 x 61 cm)
- 4 Sterile pad 3" x 3" (7.5 x 7.5 cm)
- 1 Tourniquet
- 4 Trauma pad 5" x 9" (12.7 x 22.9 cm)
- 2 Triangular Bandage 40" x 40" x 56" (101 x 101 x 142 cm)

What's the difference between the ANSI 2015 and ANSI 2021 Standards?

- 10 Additional Hand Sanitizers
- 1 Foil Blanket, 52" x 84"
- 1 Windless Tourniquet

of first-aid kits: Class A and Class B. The difference in what type you would need is based on the complexity and level of risk in the work environment. So, what changed from their 2015 standard?

The change (that required compliance by October 16th, 2022) now stipulates a foil blanket and increased hand sanitizer to be added to both Class A and Class B kits. For the Class B kit, a tourniquet for blood loss is required. In response to the COVID-19 pandemic, the update requires more hand sanitizer. In addition, the kits also need to include a foil blanket to treat shock and hypothermia. The new standard also adds specifications for tourniquets to differentiate them from rubber bands used for drawing blood, which would not be able to stop blood loss. Above is a table

of specified quantities for Class A and Class B kits.

Below are some references to the Occupational Safety and Health Administrations standards:

[1926.50 - Medical services and first aid. | Occupational Safety and Health Administration \(osha.gov\)](https://www.osha.gov/1926.50-MSA)

[1926.50 App A - Medical services and first aid. | Occupational Safety and Health Administration \(osha.gov\)](https://www.osha.gov/1926.50-App-A-MSA)

Note: This is for guidance purposes only. Workplace hazard assessments by competent persons should be conducted to determine adequacy. Kits should be inspected frequently.



SAFETY RESOURCE HIGHLIGHT

Helmet Test Drive: The Decision Making Process Made Easier ***Joe Whiteman, director of safety services***

To help you through the helmet decision making process, ASCC associate member Professional Contractor Supply (PCS), will send you sample helmets, then answer any and all questions. There are many variables to consider as you decide on which helmet best suits your needs such as class of helmet, vented or non-vented, cost, etc. PCS will send a sample from each manufacturer the two of you have identified based on needs and criteria. Once you have the helmets in hand, a follow up call is scheduled to review the pros and cons of each helmet, the attachments available, and any other questions you may have. This is done to ensure you have all the information needed to make the best decision for your company. Contact [Joe Whiteman](#), ASCC director of safety services, to get the process started.



HARD HATS TO HELMETS

Spreading the Hard Hats to Helmets Message: Industry Commitment on the Rise ***Joseph Whiteman***

One of the strategic goals for the H2H task group is outreach beyond ASCC members and engaging the industry. ASCC recently was able to present and share the H2H initiative and message with OSHA during the Spring Advisory Committee on Construction Safety and Health (ACCSH), which took place March 1st. This advisory body consists of fifteen members who provide advice and assistance to OSHA on construction standards and policy matters to the Assistant Secretary. To say the least, this is a very influential group who helps steer OSHA when it comes to new rules and standards in the construction industry, a target rich environment for our H2H initiative.

During the work-up to this presentation, several pre-planning discussions were held though video conference and even through there is not a mandate or helmet standard yet within OSHA, every individual who we were able to speak with including the Assistant Secretary to OSHA, Mr. Doug Parker, OSHA Director of Construction, Mr. Scott Ketchum and, Deputy Director of Construction, Mr. Timothy Irving all proudly showed their helmets they wear while visiting jobsites. This was a welcome surprise and a glimpse as to where the industry is headed, pun intended. The presentation went well, and feedback was impactful on how thorough the information was. To say the least, this was music to our ears! This was a great opportunity to set ASCC apart as an industry leader and proactive partner on this matter.

Shortly after that presentation, ASCC was approached by another industry trade group and was invited to share the H2H message. The Construction Industry Round Table (CIRT), an association comprised of CEOs of some of the nation's largest and leading design and construction

companies asked to share our message.. Their goal is to inspire its members to be an innovative force creating a safe and sustainable quality of life for the future, which is a strategic goal that the H2H initiative can complement very well. Both myself and Scott Greenhaus (Structural Technologies and H2H task group chair) presented to this group earlier this month in Washington D.C., at their annual Spring Conference. With well over 100 attendees, several of which have already made the transition to Helmets, our message was welcomed with open arms and also resonated among many of those in attendance who have yet to make the switch. Based off feedback and discussions after the presentation, the goal of networking and soliciting new partners for the H2H initiative was a success.

To say the least, it has been a busy few months for all things Hardhats to Helmets related, but there is still much work to be done. We are asserting our presence in the industry as the leader on this initiative. We continue to look outwards to help influence others to make this transition and spread awareness on the benefits and protection provided by helmets. We are also seeking out likeminded companies and organizations to partner with ASCC and the Hardhats to Helmets initiative and soliciting those interested in signing on to the H2H Statement of Support. The H2H Statement of Support is an opportunity for companies to show their commitment of support to encourage open conversations relating to transitioning from hard hats to helmets, spread awareness related to Traumatic Brain Injuries (TBI's) and encourage decision makers in the industry to facilitate the change to helmets. You can see the H2H Statement of Support [here](#).

Helmet Heads

If your company is wearing helmets and you're not on this list, please email [Ray](#).

Adjustable Concrete Construction
Albanelli Cement Contractors
Alberici
Barton Malow
Bass Commercial Concrete
Belfast Valley Contractors
Birmingham Decorative Concrete
California Engineering Contractors
Ceco Concrete Construction
Century Concrete
Charles Pankow Builders
Coloscapes
Concreate
Concrete Strategies
DPR Construction
Fessler/Bowman
GH Phipps Construction Cos.
Hensel Phelps
Hyde Concrete
Industrial Caulk and Seal
Joseph J. Albanese
Kent Companies
Kolde Concrete Construction
Largo Concrete

Lloyd Concrete Services
Martin Concrete Construction
McGillicuddy Concrete
Mike Payne & Associates
MK Concrete Construction
Neuber Concrete
North Coast Concrete
Poppoff, Inc.
PROCON, Inc.
Ruttura & Sons Const. Co.
Somero Enterprises
STRUCTURAL
Sundt Construction, Inc.
Surfacing Solutions
Swinerton Builders
The Art of Concrete
Trademark Concrete Systems
Turner Brothers
Webcor Concrete
Whitaker-Ellis
Wm. Winkler Co.
Woodland Tilt-Up
Z Con, LLC

Safety Moment

A carpenter was tasked to trim rebar in drilled piers and to use a battery powered band saw due to the tight workspace within the form, none were available. The worker was then directed to use a gas-powered Quickie Saw instead. As the worker was using the saw, gas spilled onto his leg and ignited, although the flames were quickly extinguished due to an extinguisher present, the worker sustained severe burns to his leg. After the incident investigation and root cause analysis, it was determined that several safety precautions were ignored due to trying to maintain schedule.

Moving forward, a review of tasks and tool availability will be prioritized and incorporated in the work permit process, controls for when and what kind of work can be performed after formwork has been closed and ensuring employees have a clear understanding of what and why the proper tools for the task shall be used.



EVENTS

ASCC Safety Roundtables

All roundtables are at 2 pm Central.

June 21 at 2 pm Central

The Construction Insurance Claim Process: Share Your Successes and Challenges

July 26 at 2 pm Central

Managing Your Fleet Safety Process

[Register](#)

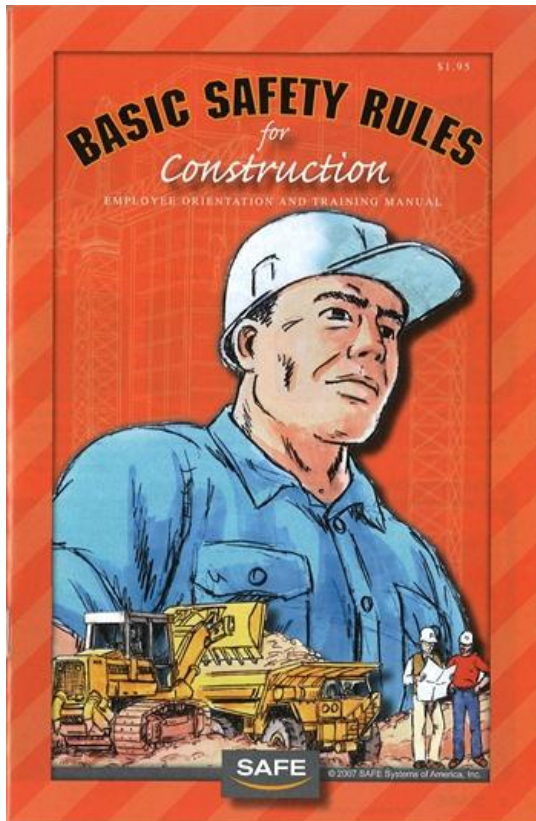
Safety Summit

November 8-9, 2023

St. Louis, MO



BOOKSTORE




Did you know the ASCC provides a booklet of Basic Safety Rules of Construction in both English and Spanish? [Visit the bookstore.](#)



ASCC Safety & Insurance Hotline

 asconline.org

 srmchotline@asconline.org

 833-281-9602



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