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**“Affordable Compliance Solutions”**





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**Welcome Colleagues!**

This issue will outline some of the current events taking place with OSHA. Lastly, I would love to give a shout out to all those funeral homes in the Funeral Compliance network who continue to maintain annual compliance initiatives – this speaks volumes towards your dedication of the creation and maintenance of a safe and healthy work environment.

If at any time you have questions in regards to your facilities, do not hesitate to call me at 865.405.7085. As a licensed funeral director and embalmer and amazing mentoring through the years, I have been blessed with a strong funeral industry perspective.

### **ZIKA VIRUS**

**This months focus is the Zika Virus. Although different in stature than Malaria and others, it is important to understand what it is and what can happen. Like many diseases, viruses, and so forth, efficacy is winning. It is very important to accept the fact that the Zika Virus has no vaccine. Please read the following pages and take note of all the details.**

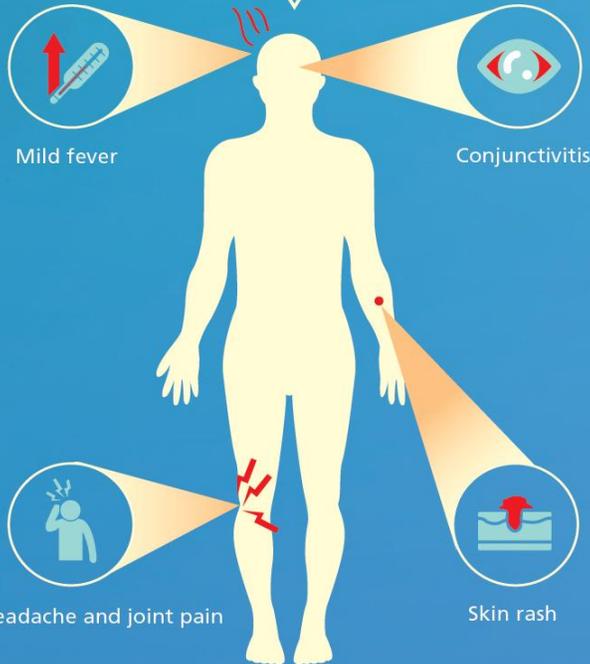


# ZIKA VIRUS

## What is Zika?

Zika is a virus transmitted by the *Aedes* mosquito, which also transmits dengue and chikungunya.

Zika can cause:



Onset is usually 2-7 days after the mosquito bite



1 in 4 people with Zika infection develops symptoms



A very small number of people can develop complications after becoming ill with the virus



Pan American Health Organization



World Health Organization  
REGIONAL OFFICE FOR THE Americas

#zika  
#FightAedes  
#ZikaVirus  
[www.paho.org/zikavirus](http://www.paho.org/zikavirus)

# Zika virus

Fact sheet

Updated February 2016

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## Key fact

- Zika virus disease is caused by a virus transmitted by *Aedes* mosquitoes.
  - People with Zika virus disease usually have symptoms that can include mild fever, skin rashes, conjunctivitis, muscle and joint pain, malaise or headache. These symptoms normally last for 2-7 days.
  - There is no specific treatment or vaccine currently available.
  - The best form of prevention is protection against mosquito bites.
  - The virus is known to circulate in Africa, the Americas, Asia and the Pacific.
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## Introduction

Zika virus is an emerging mosquito-borne virus that was first identified in Uganda in 1947 in rhesus monkeys through a monitoring network of sylvatic yellow fever. It was subsequently identified in humans in 1952 in Uganda and the United Republic of Tanzania. Outbreaks of Zika virus disease have been recorded in Africa, the Americas, Asia and the Pacific.

- Genre: Flavivirus
- Vector: *Aedes* mosquitoes (which usually bite during the morning and late afternoon/evening hours)
- Reservoir: Unknown

## Signs and Symptoms

The incubation period (the time from exposure to symptoms) of Zika virus disease is not clear, but is likely to be a few days. The symptoms are similar to other arbovirus infections such as dengue, and include fever, skin rashes, conjunctivitis, muscle and joint pain, malaise, and headache. These symptoms are usually mild and last for 2-7 days.

## Potential complications of Zika virus disease

During large outbreaks in French Polynesia and Brazil in 2013 and 2015 respectively, national health authorities reported potential neurological and auto-immune complications of Zika virus disease. Recently in Brazil, local health authorities have observed an increase in Guillain-Barré syndrome which coincided with Zika virus infections in the general public, as well as an increase in babies born with microcephaly in northeast Brazil. Agencies investigating the Zika outbreaks are finding an increasing

body of evidence about the link between Zika virus and microcephaly. However, more investigation is needed to better understand the relationship between microcephaly in babies and the Zika virus. Other potential causes are also being investigated.

### **Transmission**

Zika virus is transmitted to people through the bite of an infected mosquito from the *Aedes* genus, mainly *Aedes aegypti* in tropical regions. This is the same mosquito that transmits dengue, chikungunya and yellow fever. However, sexual transmission of Zika virus has been described in 2 cases, and the presence of the Zika virus in semen in 1 additional case.

Zika virus disease outbreaks were reported for the first time from the Pacific in 2007 and 2013 (Yap and French Polynesia, respectively), and in 2015 from the Americas (Brazil and Colombia) and Africa (Cabo Verde). In addition, more than 13 countries in the Americas have reported sporadic Zika virus infections indicating rapid geographic expansion of Zika virus.

### **Diagnosis**

Infection with Zika virus may be suspected based on symptoms and recent history (e.g. residence or travel to an area where Zika virus is known to be present). Zika virus diagnosis can only be confirmed by laboratory testing for the presence of Zika virus RNA in the blood or other body fluids, such as urine or saliva.

### **Prevention**

Mosquitoes and their breeding sites pose a significant risk factor for Zika virus infection. Prevention and control relies on reducing mosquitoes through source reduction (removal and modification of breeding sites) and reducing contact between mosquitoes and people.

This can be done by using insect repellent regularly; wearing clothes (preferably light-coloured) that cover as much of the body as possible; using physical barriers such as window screens, closed doors and windows; and if needed, additional personal protection, such as sleeping under mosquito nets during the day. It is extremely important to empty, clean or cover containers regularly that can store water, such as buckets, drums, pots etc. Other mosquito breeding sites should be cleaned or removed including flower pots, used tyres and roof gutters. Communities must support the efforts of the local government to reduce the density of mosquitoes in their locality.

Repellents should contain DEET (N, N-diethyl-3-methylbenzamide), IR3535 (3-[N-acetyl-N-butyl]-aminopropionic acid ethyl ester) or icaridin (1-piperidinecarboxylic acid, 2-(2-hydroxyethyl)-1-methylpropylester). Product label instructions should be strictly followed. Special attention and help should be given to those who may not be able to protect themselves adequately, such as young children, the sick or elderly.

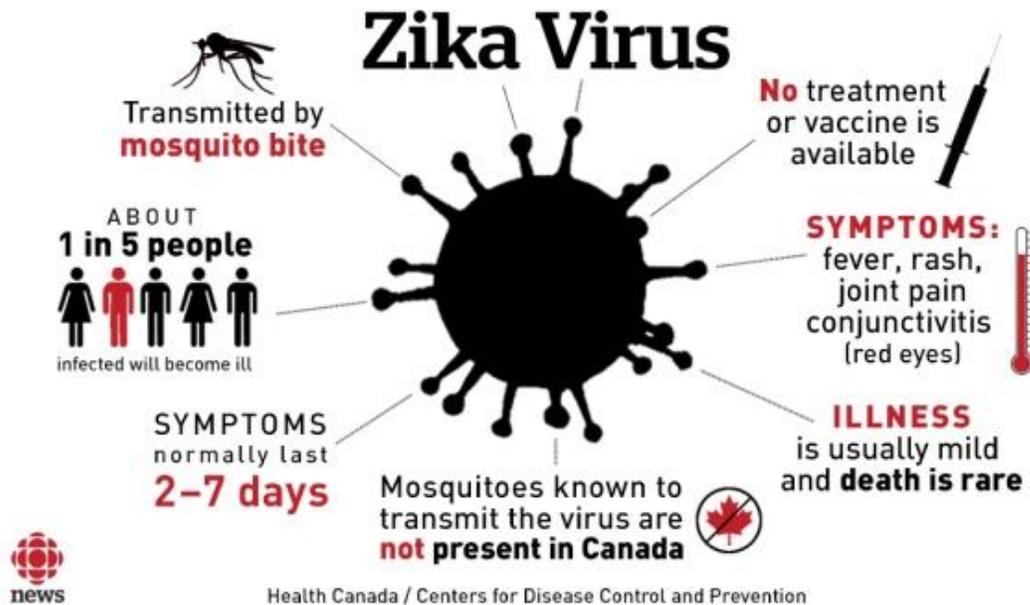
During outbreaks, health authorities may advise that spraying of insecticides be carried out. Insecticides recommended by the WHO Pesticide Evaluation Scheme may also be used as larvicides to treat relatively large water containers.

Travellers should take the basic precautions described above to protect themselves from mosquito bites.

## Treatment

Zika virus disease is usually relatively mild and requires no specific treatment. People sick with Zika virus should get plenty of rest, drink enough fluids, and treat pain and fever with common medicines. If symptoms worsen, they should seek medical care and advice. There is currently no vaccine available.

CITATION: <http://www.who.int/mediacentre/factsheets/zika/en/>



# OSHA's budget request shows its priorities for upcoming year

February 16, 2016 By Fred Hosier [Leave a Comment](#)



OSHA says it wants to modernize its Process Safety Management (PSM) standard and other chemical standards, and wants a bump in its budget to do so.

Overall, OSHA is requesting a \$595 million budget for FY 2017 which would be a 7.6% increase over its 2016 budget of almost \$553 million. (FY 2017 starts Oct. 1, 2016.) The agency's budget had a zero increase from 2015 to 2016.

It's also requested an additional 100 full-time-equivalent employees, an increase of 4.6%, to bring its total workforce to 2,276 FTE.

OSHA wants an additional \$5.1 million and 23 FTE to implement President Obama's Executive Order, "Improving Chemical Safety and Security," to prevent devastating incidents like the explosion at the West Fertilizer plant in Texas that killed 15 people. Of the total request for these improvements, \$2.45 million would be allocated to "modernize OSHA's Process Safety Management Standard and other chemical-related standards." The remaining \$2.7 million would be used to hire compliance officers to perform PSM inspections of chemical facilities.

The FY 2017 budget request also includes a proposal to allow targeted inspections of small facilities that may have potential for catastrophic incidents, including those covered

under the PSM standard. OSHA has removed the so-called “retail exemption” for some of these smaller facilities like West Fertilizer, but the agency was banned from inspecting the smaller establishments because of language included in the FY 2016 federal budget.

OSHA’s other requests for program increases:

- \$6.7 million and 40 FTE for Rapid Response investigations to manage the workload resulting from the enhanced reporting requirements in the 2014 revisions to the Recordkeeping Standard which require employers to report work-related hospitalizations, amputations and losses of an eye.
- \$3.4 million and 22 FTE to strengthen the program that looks into whistleblower complaints
- \$1.5 million and 10 FTE to restore 10 compliance assistance specialists that were cut in the FY 2015 budget to provide outreach to employers and employees about various OSHA initiatives
- \$5.4 million and 5 FTE for IT enhancements to replace older IT systems and modernize injury and illness tracking.

MSHA has requested a \$397 million budget for FY 2017. The request supports implementation of a final rule on respirable coal dust exposure and strengthens targeted enforcement on employers with the most serious mining safety problems.

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**It’s always good to re-visit OSHA Regulations...**

## **Now OSHA can issue fines for each worker without PPE**

OSHA now has a new, powerful weapon in its arsenal to hit companies hard for PPE and training violations when a new rule takes effect.

Starting Jan. 12, 2009, OSHA can issue per-employee citations for those types of violations.

While OSHA says it intends to use these new measures only in egregious cases, the standard doesn’t spell that out specifically.

The agency is relying on a directive to its inspectors to determine when per-employee citations will be made, but directives can change without going through the formal rulemaking process.

What will this mean financially to companies who have some workers who don’t always wear their PPE?

The multiplication factor is the number of employees.

In the case that sparked this rulemaking, an employer hired 11 undocumented Mexican workers to handle asbestos without providing each a respirator.

OSHA wanted to issue 11 separate citations, but a court consolidated them into one.

Under the new rule, the fine would have been 11 times as much.

All sorts of employers are affected by this. OSHA amends PPE and training standards for:

- general industry (Part 1910)
- shipyards (Part 1915)
- marine terminals (Part 1917)
- longshoring (Part 1918), and
- construction (Part 1926).

Funeral Industry



For now, OSHA claims it will rely upon its guidance document, *Handling of Cases To Be Proposed for Violation-By-Violation Penalties*.

That document says cases under consideration for per-employee fines must be classified as willful and meet at least one of these requirements:

- Violation resulted in worker fatalities, a worksite catastrophe or a large number of injuries or illnesses
- Violations resulted in persistently high rates of worker injuries or illnesses
- Employer has an extensive history of prior OSHA violations
- Employer has intentionally disregarded its OSHA responsibilities
- Employer's conduct taken as a whole amounts to clear bad faith in the performance of its OSHA duties, or
- Employer has committed a large number of violations that significantly undermine the effectiveness of any OSHA safety or health program that might be in place.

THANK YOU AND BE  
SAFE!