



ASSP NORTHEAST FLORIDA CHAPTER NEWSLETTER – FEBRUARY 2019

In This Issue

Pg. 1 – Are Bug Bombs Affecting Our Health?

Pg. 3 – The Amount of Heart Disease Deaths is Rising.

Pg. 5 – Do you Need to Tie Off on a Fixed Ladder?

Pg. 6 - Safety and Health Historical Society

Pg. 7 - OSHA News

Pg. 8 - Job and Chapter Links

Pg. 8 - Local Chapter Officers and Chairs

Pg. 8 - Local Chapter Information

Pg. 9 – Help Wanted

Pg. 9 - Meeting Schedule

Are Bug Bombs Affecting Our Health? And, Are They Efficient at Exterminating Cockroaches?

It has been alleged that bug bombs worsen indoor air

quality by releasing toxic chemicals in closed environments. To make matters worse, it appears that they're not always exterminating their intended targets.

With that said, a new study from North Carolina State University found that total release foggers, commonly known as "bug bombs," are ineffective at exterminating cockroaches.

Bug-bomb chemicals fail to reach places where cockroaches congregate the most – on the underside of surfaces and inside cabinets, NC State researchers say. Besides leaving behind numerous cockroaches, bug bombs also leave behind nasty toxic residue in the middle of floors and countertops, areas cockroaches generally avoid but which are heavily used by humans and pets.

Testing an assumption

"There's been a general assumption that bug bombs work to eliminate cockroaches indoors, but no one had conducted a formal assessment of their efficacy and any exposure risks," said Zachary DeVries, an NC State postdoctoral researcher and the lead author of the study, published in BMC Public Health. "We've done that simultaneously in this study."

To understand more about the effectiveness of total release foggers, the researchers tested four different commercially available bug bombs with various insecticide active ingredients in five different apartment complexes with moderate to severe infestations of German cockroaches, otherwise known as *Blattella germanica*.

"All the fogger products contained pyrethroids, a class of fast-acting insecticides, and some contained piperonyl butoxide, a chemical that



prevents roaches from metabolizing, or breaking down, the insecticide,” said Coby Schal, Blanton J. Whitmire Distinguished Professor of Entomology at NC State and senior author of the paper.

After gauging estimates of cockroach populations in 20 homes, the researchers set off the bug bombs, following the labels’ instructions – and U.S. Environmental Protection Agency guidelines on preparing the homes for fogger release – to the letter.

The researchers then monitored cockroach populations two weeks and one month after the bombs were released and found no declines from the pre-intervention estimates.

The results

“The bug-bomb products did absolutely nothing to control cockroach populations in these homes,” DeVries said.

Meanwhile, the researchers treated 10 additional homes with either a commercially available gel

bait or a professional-grade gel bait. Gel baits are generally applied in small dabs via syringe, so they can be placed directly in the places where cockroaches hide. In contrast to the bug bombs, these baits were effective, after two and four weeks, in eliminating cockroach populations in the 10 homes.

To further test the effectiveness of bug bombs, the researchers placed both roaches raised in the lab and roaches captured in the homes into greased cages – making them inescapable – and set the cages on the floor and in upper cabinets of the studied homes during the deployment of the bug bombs.

“The lab roaches, which are not hardy, had high mortality, as expected,” DeVries said. “The roaches captured in the homes and then brought back, however, had far lower mortality rates than you would expect from direct exposure to bug

bombs, confirming the ineffectiveness of these products when used for German cockroach control.”

The researchers also examined whether bug bombs increased insecticide exposure risks in the homes. Prior to doing that, however, they swabbed floors and kitchen surfaces and found insecticide residue already present.

“Baseline levels of insecticides in these homes makes sense, because residents with moderate to severe cockroach infestations are likely to use insecticides to attempt to eliminate roaches,” DeVries said. “However, what was most disconcerting was that these swabs were collected from the middle of floors and kitchen surfaces, locations where roaches don’t generally congregate.”

Increased pesticide levels in homes

Four to six hours after the bug bombs were deployed, the researchers again



swabbed floors, kitchen surfaces, walls and cabinets and found average insecticide residues increased 600 times baseline levels on all horizontal surfaces.

One month later, those surfaces were swabbed again; 34 percent still had higher insecticide residue levels than the baseline.

“Bug bombs are not killing cockroaches; they’re putting pesticides in places where the cockroaches aren’t; they’re not putting pesticides in places where cockroaches are and they’re increasing pesticide levels in the home,” DeVries said. “In a cost-benefit analysis, you’re getting all costs and no benefits.”

“This is of particular concern in low-income communities, where bug bombs are frequently used because professional pest control may be too expensive,” Schal added.

Industrial Safety & Hygiene News

Online Edition
January 31, 2019

ISHN.com

48 Percent of U.S. Adults have Heart Disease

A change in what constitutes high blood pressure has led to a startling statistic: nearly half of all adults in the U.S. have some type of cardiovascular disease (CVD).

The 2017 American Heart Association/American College of Cardiology hypertension guidelines updated the definition of high blood pressure as a reading of 130/80 mm Hg, from the previous definition of 140/90 mm Hg. That revision translated into 48 percent of the adult population in the U.S. – or some 121.5 million people – having CVD, according to the American Heart Association’s (AHA) Heart and Stroke Statistics — 2019 Update, published in the Association’s journal *Circulation*. That’s a

significant increase from previous years’ data.

The leading cause of death

Cardiovascular disease remains the leading cause of death across the globe. After decades of a steady decline in the U.S., CVD deaths are on the rise again with 840,678 deaths in 2016 up from 836,546 in 2015. Although worldwide, the number of people dying from CVD was lower in 2016 at 17.6 million versus 17.9 million the previous year.

Overall, cardiovascular disease is comprised of coronary heart disease, heart failure, stroke and high blood pressure. Excluding high blood pressure, CVD prevalence among adults in the U.S. is 9 percent overall, which equates to 24.3 million people in 2016.

“As one of the most common and dangerous risk factors for heart disease and stroke, this overwhelming presence of high blood pressure can’t be dismissed



from the equation in our fight against cardiovascular disease,” said Ivor J. Benjamin, M.D., volunteer president of the AHA and director of the Cardiovascular Center at the Medical College of Wisconsin in Milwaukee. “Research has shown that eliminating high blood pressure could have a larger impact on CVD deaths than the elimination of all other risk factors among women and all except smoking among men.”

Research shows approximately 80 percent of all cardiovascular disease can be prevented by controlling high blood pressure, diabetes and high cholesterol, along with adopting healthy lifestyle behaviors such as not smoking. The health behaviors such as eating a healthy diet, engaging in physical activity and maintaining a healthy weight could have the most impact as they contribute to multiple conditions.

Some of the most significant improvements in risk reduction are in the decline of smoking rates:

- Among children aged 12 to 19, 94 percent were nonsmokers in 2015 to 2016, up nearly 20 percentage points from the turn of the millennium (from 76 percent in 1999 to 2000);
- The percentage of adolescents aged 12 to 17 years old who reported smoking in the past month dropped by two-thirds in just 14 years (declined from 13 percent in 2002 to 3.4 percent in 2016);
- 79 percent of adults were nonsmokers in 2015 to 2016, up from 73 percent in 1999 to 2000; and
- In the past 50 years, the number of adults who smoke has plummeted from 51 percent of males smoking in 1965 to 16.7 percent in 2015 and from 34 percent of females in 1965 to 13.6 percent in 2015 (age-adjusted rates).

- More than half of students report participating in muscle-strengthening activities on three or more days per week, up from 47.8 percent in 1991 to 53.4 percent in 2015; and
- However, the prevalence of physical inactivity among adults has decreased by more than a third, from 40.2 percent in 2005 to 26.9 percent in 2016.

Yet, exercise alone may not be enough, as the 2015 to 2016 prevalence of obesity was 39.6 percent of US adults and 18.5 percent of youths, with 7.7 percent of adults and 5.6 percent of youth having severe obesity.

Sleep is a factor

A new chapter added to the statistical update looks at the importance of sleep in relation to cardiovascular and overall health. According to the update, the American Academy of Sleep Medicine and the Sleep Research Society recommend adults get at least seven or more hours of sleep per night to promote optimal health. The statistical



update cites several recent studies on sleep: a report from the Centers for Disease Control and Prevention found 65.2 of people in the U.S. regularly sleep seven or more hours a night; and a meta-analysis of 43 studies found that too much or too little (more than eight hours or less than seven hours per night) were associated with a greater risk of death from all causes.

Other new features of the 2019 update include more information on the impact of social determinant of health, more evidence-based approaches to changing behaviors and an expanded focus on the global burden of CVD.

In a commentary posted on the AHA's Centers for Health Metrics and Evaluation website, the Chief Science and Medical Officer of the AHA, Mariell Jessup, M.D., explained why these annual updates are not just an interesting compilation of

facts, but an important tool in the organization's mission.

"We pour so much effort into our update each year because we believe in the transformative power of continuously and systematically collecting, analyzing and interpreting these important data," Jessup wrote. "They hold us accountable and help us chart our progress and determine if and how we need to adjust our efforts."

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New OSHA Regulations on Fixed Ladders and Cages

The new OSHA General Industry fall protection regulations that went into effect in 2017 are prompting many questions on fixed ladders. If you are wondering when a fixed ladder requires fall protection, which forms of

ladder fall protection are OSHA compliant, or if ladder cages still comply with OSHA's revised ruling, please read on.

If you carefully examine the new ruling, you'll note that OSHA 1910.28(b)(9) requires General Industry employers to provide fall protection on fixed ladders more than 24' above a lower level. This new requirement is important for a number of reasons. For starters, prior to the new ruling, the only real guidance on fixed ladders came from the Construction Standards. 29 CFR 1926.1053(a)(18) required the use of cages, wells, ladder safety devices, or self-retracting lifelines for fixed ladders of 24 feet or more. OSHA's new ruling was designed, in part, to create more uniformity between the General Industry and Construction standards. That said, the revised ruling also breaks new ground by creating a framework to phase out the use of ladder wells and cages.



From a best practices standpoint, keep in mind that cages don't arrest falls. Someone can strike their head during a fall, lose consciousness, and create an extremely difficult rescue scenario for first responders. There are also cases of gruesome entanglements where falling workers tear off body parts during a rapid, uncontrolled descent.

The revised ruling establishes a phase out of ladder wells and cages over the next 20 years per OSHA 1910.128(b)(9)(i). Here are the implementation details:

- For caged, fixed ladders erected before November 19, 2018, employers have up to 20 years to install ladder safety or personal fall arrest systems. (1910.28(b)(9)(i)(A))
- For new fixed ladders erected on or after November 19, 2018, the employer must equip the ladder with a ladder safety or personal fall arrest

system.

(1910.28(b)(9)(i)(B))

- For ladder repairs and replacements, when an employer replaces any portion of a fixed ladder, the replacement must be equipped with a ladder safety or personal fall arrest system.

(1910.28(b)(9)(i)(C))

- After November 18, 2036 all fixed ladders must be equipped with a ladder safety or personal fall arrest system.

(1910.28(b)(9)(i)(D))

Important Note: The revised ruling doesn't require removal of ladder cages and wells prior to the final deadline. That is unless their presence interferes with the use of a ladder safety system or personal fall arrest system. Moreover, the updated regulations stipulate that after the phase-out period, alternative forms of ladder fall protection are required to ensure compliance.

If you are looking for a summary of the new fall

protection regulations, you may download an e-book from [this link](#).

Diversified Fall Protection

Online Edition

[Tech Talk New OSHA Regs](#)

Safety and Health Historical Society

Are you interested in the rich history of safety and health and the many individuals, events, organizations and innovations that made safety and health practice what it is today? If so, please visit the Safety and Health Historical Society (SHHS) web site www.safetyandhealthhistory.org and consider participating as an individual patron.

Visit the "Resources" section to learn about numerous free articles, web sites, and other items on S&H history. SHHS is a new, non-profit, educational and charitable organization open to all individuals and organizations. Participation fees are tax deductible.



Below are but a few of the items covered in initial issues of the quarterly SHHS journal that patrons receive: ***The Archives of Safety and Health.***

- After working in a 3-mile WV tunneling project in 1931 (Hawk’s Nest Tunnel), about 700 individuals died of silicosis within 5 years of their employment.
- In the late 1800s, about 50,000 people in the US died annually from boiler explosions.
- At the end of WWII, upstart auto companies sought to introduce auto safety features that are now standard but were put out of business.
- The very sad school fire in 1958 at Our Lady of Angels School in Chicago killed 92 innocent children, but led to major improvements nationally in life safety for schools.
- Do you know about any of these important individuals who affected major changes in safety and health? Lorenzo Coffin, Garrett Morgan,

Edward Atkinson, Hugh DeHaven

- Do you know why laws require school busses to open the entry door when stopping at a railroad crossing?
- How did the first “Fire Prevention Day” in the U.S. get started? By whom and when?

Learn from the past to advance your safety and health practice. Visit www.safetyandhealthhistory.org

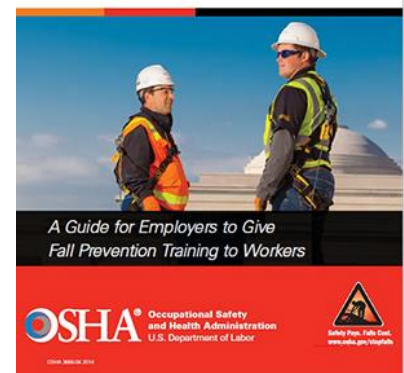
OSHA NEWS

OSHA Provides Compliance Assistance Resources to Protect Workers from Falls

Falls remain the leading cause of worker fatalities in the construction industry. Working with industry stakeholders, OSHA developed a collection of compliance assistance resources to raise awareness of common fall hazards in construction, educate employers and workers on fall

prevention, and reduce the number of fall-related injuries and fatalities. These resources include the [National Safety Stand-Down to Prevent Falls in Construction](#) to be held May 6-10; a series of [fall safety videos](#); a [Fall Prevention Training Guide](#); fact sheets on [ladders](#) and [scaffolding](#); and a brief video, [5 Ways to Prevent Workplace Falls](#). For more information, read the [news release](#) and visit OSHA's [Fall Prevention webpage](#).

Fall Prevention Training Guide A Lesson Plan for Employers



OSHA Newsletter

E-Mail Edition

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osha.news@subscriptions.dol.gov



Job Market Links

Occupational Health and Safety Specialist

Company: The Boeing Company

Job ID: 1900016696

Date posted: 02/01/2019

Location: Jacksonville Florida
United States

[Apply Here](#)

Lead Environment, Health and Safety Specialist

Company: The Boeing Company

Job ID: 1900018301

Date posted: 02/01/2019

Location: Jacksonville,
Florida, United States

[Apply Here](#)

Safety Specialist

Company: Dragados USA
Dragados USA's contractor, Prince contracting, is looking for a person to cover North Florida and Savannah. If interested in this position contact:

Michael Spyra, **Health & Safety Officer**

Cellular Phone: 305-606-2497

Office Phone: 904-435-0975

Email: mspyra@dragados-usa.com

[8465 Merchants Way, Suite 4 Jacksonville, FL 32222](#)

General Employment Links

[ASSP](#)

[BCSP General Safety Jobs](#)

[BCSP Construction Safety Jobs](#)

[BCSP Industrial Hygiene Jobs](#)

[EHS Careers](#)

ASSP Chapter Links

Find us on the web at:

[ASSP NFL](#)

Find us on Facebook at:

[ASSP NFL](#)

Local Chapter Officers and Chairs

Elected Officers

- President - Steve Brown
- President Elect - Bob Dooley

- Secretary - Steve Wilson
- Treasurer - Yaniv Zagagi
- Delegate - Dave Bedsole

Appointed Chairs

- Membership Chair - Eric Gray
- Newsletter Chair – Bob Dooley
- Nominations Chair – Dan Hemsall
- Past President - Dan Hemsall
- Program Chair - Tom Drygas
- Social Chair – Ravyn Tyler
- Social Media Chair - Vernon Adams
- SPY Awards Chair – Open

Local Chapter Information

The North Florida Chapter of the American Society of Safety Professionals, formerly the American Society of Safety Engineers, was chartered in 1952 and currently has more than 165 members.

Professional meetings are held nine times per year in the Jacksonville area. Meeting notices are distributed and RSVP's are



returned by email. If you are a member of ASSP and are not receiving notices by email, please email the [Chapter Secretary](#).

Help Wanted – We Need Leadership Volunteers

Local Chapter elections are coming soon, and volunteers are needed to support the various functions of the chapter. If you are interested and able to devote time to the local chapter, please contact [Dan Hemsall](#) (Nominations Chair) or [Steve Brown](#) (President) for details. We believe that you will enjoy the experience and comradery and we most-certainly appreciate your help.

Local Chapter Meeting Schedule

- **Date:** February 20, 2019
Topic - IH monitoring equipment: The good, bad, and pitfalls
Speaker: Yaniv Zagagi, IN, MSc, CIH, CSP, Senior Industrial Hygienist/Scientist, Golder Associates, Inc.
Time: 11:30 Lunch & Networking
12 Noon Meeting and Technical Session
Location: Northeast Florida Safety Council
1725 Art Museum Drive
Building B, Classroom D
Jacksonville, FL 32207
- **Date:** March 20, 2019
Topic - Annual OSHA Update
- **Date:** April 17, 2019
Topic - KAMAN Aerospace Facility Tour
- **Date:** April Date and Time TBA
Topic – Worker’s Memorial

- **Date:** May 15, 2019
Topic - Construction Safety

Additional details to be announced as meeting dates become closer.

To attend any meeting, please RSVP to the [Chapter Secretary](#).

Or, you may sign up online at [ASSP Northeast FL Chapter](#)

Meeting Cost:
\$15 for Members
\$20 for Non-members

PayPal is available on the website for an added convenience fee of .50 for members and \$1 for non-members.