NIRMA
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Safety Shorts

General Safety, Highway, & Law Enforcement

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July is UV Safety Awareness Month

During the sunny summer months, a lot of emphasis placed on protecting our skin and eyes from Ultraviolet (UV) rays. Many of us know that overexposure to UV rays from the sun during the summer months (when we are often outside for extended periods of time) can cause severe skin and eye injuries, including sunburn, skin cancer, cataracts, macular degeneration, and growths on our eyes - including cancer. In the continental U.S., the hours between 10 a.m. and 4 p.m. are the most hazardous for UV exposure and are at their greatest intensity during the late spring and early summer.

For more information: https://www.summitmedical.com/blog/july-is-uv-safety-awareness-month

HIGHWAY DEPARTMENT

By K C Pawling, Road Safety and Loss Prevention Specialist

Is It Really About Dogs?

Well, here we are, the dog days of summer. What does that mean exactly? I have always assumed that it meant "days that are not even fit for a dog." But the Farmers' Almanac tells us that the dog days of summer are from July 3rd to August 11th of every year. It also tells us that the meaning has nothing to do with our pets.

The phrase is in reference to Sirius, the Dog Star. During the "dog days" the sun occupies that same region of the sky as the sun. The Dog Star is part of the constellation Canis Major, which means the greater dog. The star rises and sets with the sun and the Romans believed that it gave off heat adding to the sun's effect on the earth, thus resulting in the sultry weather we experience during this time.

During these dog days, I want to ask what are you doing to keep your road department employees safe during the sultry weather? Working in the hot temperatures you should be aware of the two most common heat-related illnesses, **heat exhaustion** and **heat stroke**. It's important to keep in mind that higher humidity levels combined with high temperatures result in dangerous heat index levels, which contribute to heat related illnesses. Below are the symptoms of both illnesses and the possible treatments.

Heat exhaustion

Symptoms

- Feeling faint or dizzy
- Excessive sweating
- Cool, pale, clammy skin
- Nausea or vomiting

- Rapid weak pulse
- Muscle cramps

Treatment

- Get to a cool, air-conditioned place.
- Drink water if fully conscious.
- Take a cool shower.
- Use a cold compress.

Heatstroke

Symptoms

- Throbbing headache
- No sweating
- Body temperature above 103 degrees
- Red, hot, dry skin
- Rapid, strong pulse
- Loss of consciousness

Treatment

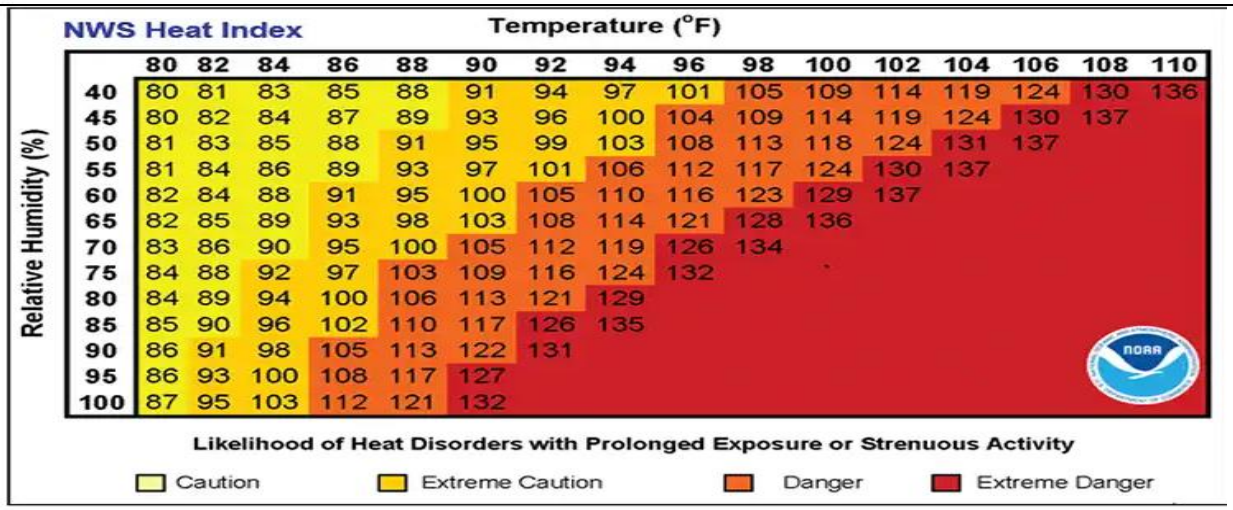
- Call 911
- Take immediate action to cool the worker until help arrives.
- Use a cold compress
- Get to a cool air-conditioned location
- Take a cool shower
- Begin CPR if person shows no sign of breathing or heartbeat

An important part of your safety training should be educating your crews to be able to recognize and respond to these illnesses. I also do not want you to forget training for the reporting part on how your department is going to manage these situations.

Another important note to remember is that staying hydrated can help prevent heat related illnesses. It is recommended to drink at least eight ounces of water three to four times an hour, without waiting until you are thirsty. It is best to start this practice BEFORE the hottest part of the day. Begin in the morning and carry it out through the entire day. Avoid caffeine, sugary soft drinks, and alcohol.

Also remember to take frequent breaks in the shade if possible. Your exertion level can also contribute to heat illnesses. The harder you are working, the higher your core body temperature is going to be. Do not forget if you have extenuating health conditions that can put you at a higher risk, you need to manage that also.

I have included a heat index chart from the national weather service to help you make informed decisions about managing the heat and your workload during the "Dog Days of Summer." This will help you understand how the hot weather feels to the body.



If you need help with your safety training or program, do not hesitate to contact any of us in NIRMA's Loss Prevention Department for help. I can be reached at kcpawling@nirma.info. I look forward to hearing from you!

GENERAL SAFETY

By Chad Engle, Loss Prevention Manager and Safety Specialist

Reasonable Suspicion Reminder

I want to be certain that any NIRMA member employees that are required to have Department of Transportation (DOT) Reasonable Suspicion Training for Supervisors are aware that NIRMA is presenting this topic, via Zoom, on Monday, July 15th at 1:00 pm central time. This training is available, at no cost, to all NIRMA member employees. The training will last approximately three hours. The training is intended for those that supervise employees that hold a commercial driver's license (CDL) used for county purposes. The DOT only requires supervisors of CDL holders to attend the training once, but members are encouraged to attend a refresher course when able. NIRMA offers this course two times per year, once in January and once in July. Next year's sessions are scheduled for Monday, January 6th, 2025, and Monday July 14th, 2025. Both sessions will begin at 1:00 pm central time.

The topics covered in this session consist of an explanation of the reasonable suspicion drug testing protocol, one hour of training to identify alcohol abuse and one hour of training to identify drug use. When the DOT refers to a supervisor, they are not referring to a County Supervisor, rather they are referring to anyone that manages, supervises or oversees an employee with a CDL. The skills garnered through the training will prepare the attendee to recognize an employee that is impaired by drugs or alcohol and pull them from the safety sensitive position of operating a county owned commercial motor vehicle (CMV).

County employees that are responsible for administering the DOT drug and alcohol testing program, often referred to as Designated Employer Representatives (DERs), are also encouraged to attend the training as it will expand their knowledge of the DOT's drug and alcohol testing requirements. Honestly, any NIRMA member county employee is welcome to attend.

To register for the training please email me at chad@nirma.info the name of the attendee and the email address they wish to have the Zoom invitation sent to. Please let me know if you have any questions.

Exciting Money for Minutes News!

I have exciting news to share about this year's *Money for Minutes* program. The *Money for Minutes* program has grown from the original two $500 awards to ten $500 awards last year, to

this year's nine $500 awards and one outstanding effort award of $2,500 for the member safety committee that demonstrates the highest level of commitment to combating claims through their safety and loss prevention activities to include, but not limited to, their use of NIRMA's Best Safety Practices for Members, employee training, and NIRMA conference and seminar attendance.

The Money for Minutes qualifying criteria remain the same:

1. Conduct and least one safety committee meeting per quarter during the calendar year.
2. Investigate and discuss all incidents, events, injuries and accidents and make recommendations about how to prevent recurrence of similar incidents.
3. Submit minutes from each meeting, containing the loss prevention recommendations, to NIRMA for review.

All county or agency safety committees that meet the requirements listed above will be eligible to win one of the ten Money for Minutes awards. Nine of the $500 awards will be determined by a random drawing from the qualified committees. The $2,500 outstanding effort award will be determined by a review of each qualified committee's activities over the calendar year. The deadline to submit your county or agency's minutes is January 31, 2025. If you feel that your county or agency's safety committee could use some assistance, please let me know and we can set up a visit. As always, I can be reached at 1.800.642.6671 and chad@nirma.info.

LAW ENFORCEMENT AND CORRECTIONS

By Todd Duncan, Law Enforcement and Safety Specialist

Opioid Use Disorder in Jails and Medication Assisted Treatment

According to a recent CDC report, opioid overdose has become one of the leading causes of death in the U.S. This grim trend has resulted in a disproportionate number of people in jails who have substance use disorders (SUDs). The Department of Justice's (DOJ) 2020 bulletin on SUDs in jails reports that over 60% of people in jail meet the criteria for drug dependence or abuse, while that rate is only 5% in the community.

However, according to the Bureau of Justice Assistance's 2023 report on opioid use disorder (OUD) in Local Jails, less than 25% of jails support allowing inmates to continue their medication assisted treatment (MAT) for OUD upon admission or initiate MAT once in custody. This disparity between the disproportionate number of inmates with substance use disorders and limited availability of MAT creates significant risks for jails.

Inmates with SUDs may start to withdraw from alcohol and drugs within a few hours of arrest. Like withdrawal from alcohol and benzodiazepines (Xanax, Valium, etc.), opioid withdrawal can be life-threatening if not medically managed. Furthermore, jails that do not offer withdrawal-related medical care face increased risk of legal liability and adverse health outcomes for those in custody. Counties have been sued civilly for failure to provide withdrawal management services to inmates with SUDs.

For example, in 2017, 27-year-old Kelly Coltrain was booked into the Mineral County Jail in Nevada for unpaid traffic violations. During intake, she told jail staff that she was dependent on drugs and requested to go to the hospital for help with withdrawal symptoms. Jail staff denied Coltrain's request and instead, placed her in a cell that required 30-minute checks.

Unfortunately, the 30-minute checks were not performed as required. For the next three days, Coltrain was observed on video vomiting, sleeping often, and eating very little. On her third night in jail, she started convulsing then went motionless. Four hours passed before jail staff checked on Coltrain. Video later showed the deputy who eventually checked on Coltrain did not call paramedics when he found her unresponsive in her cell. Instead, he nudged her with the toe of his boot, then left the cell to call his supervisor. The medical examiner labeled Coltrain's death accidental, caused by "complications of drug use." Toxicology results showed she had heroin in

her system. Coltrain's family filed a wrongful death suit, which was settled in 2019 for $2 million plus 4 years of federal district court monitoring of the jail during implementation of new policies and procedures to ensure proper care of inmates at risk of withdrawal. This case is a good reminder that if we don't police ourselves, someone else will.

Jail staff have a constitutional duty to provide adequate care for the serious medical needs of inmates and prevent deaths whenever possible, and this includes serious medical needs that arise from drug and alcohol withdrawal. It is essential that jail staff effectively manage detoxification and treatment of inmates with substance use disorders to avoid running afoul of the law. In its 2022 publication, The Americans with Disabilities Act and the Opioid Crisis: Combating Discrimination Against People in Treatment or Recovery, the Department of Justice clarifies that blanket policies within jails prohibiting the use of medications for opioid use disorder would violate the ADA.

The evidence is clear that jail-based medication-assisted treatment using FDA-approved medications methadone, buprenorphine, or naltrexone offer several benefits including:

- Decreased risk of serious illness or death associated with drug and alcohol withdrawal.
- Lower risk of overdose mortality.
- Reduced risk of HIV and HCV transmission.
- Increased likelihood a person will remain in treatment.
- Enhanced safety and security for staff and inmates by minimizing disruptive inmate behavior often associated with drug and alcohol withdrawal.
- Reduced recidivism by interrupting the cycle of arrest, incarceration, and release of individuals with SUDs.
- Reduced costs. According the 2018 Substance Abuse and Mental Health Services Administration (SAMHSA) TIP 63: Medications for Opioid Use Disorders, "Data indicate that medications for OUD are cost effective and cost beneficial."
- Increased likelihood of employment once released.

Medication-assisted treatment is an evidence-based approach to reducing risks associated with inmates with OUD and is supported by NIRMA as well as numerous professional organizations including the National Sheriff's Association, National Commission on Correctional Health Care, and the Substance Abuse and Mental Health Services Administration (SAMHSA). Considering the relationship between criminal behavior and substance abuse, jail-based MAT programs offer a unique opportunity for corrections professionals to positively impact risk, safety, and quality of life both inside the jail and in the community.

To ensure compliance with the law, agencies are strongly encouraged to contact their local medical and/or mental health provider for further guidance on implementing a jail-based MAT program. For additional information, please see the following resources:

- National Sheriff's Association (NSA) publication, Promising Practices, Guidelines, and Resources.
- Bureau of Justice Assistance Guide, Managing Substance Withdrawal in Jails: A Legal Brief
- U.S. Department of Justice, Civil Rights Division, Disability Rights Section Technical Assistance document: The Opioid Crisis and the ADA
- SAMHSA's publication: Medication-Assisted Treatment (Mat) In the Criminal Justice System: Brief Guidance to the States