

*Working Together
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Commissioner's Message

Patricia A. McDonald, VDOL Commissioner

Safety and Health Add Value - to your business, to your workplace, to your life

As the Commissioner of the Vermont Department of Labor, I meet with, and speak to, many employers and employees who are concerned about workplace safety, and about workers' compensation costs. Over the years, I have worked in positions in which a major focus had to be on keeping workers safe and workers' compensation costs down so I understand and share those concerns.

In general, employers acknowledge the importance of safety and health in their workplace. However, many businesses struggle with the difficulty of creating, implementing, and maintaining a culture of safety.

Overall, companies who embrace a safe work culture acknowledge that they see the rewards in various ways:

- The financial reward is tremendous. Workplaces that establish safety and health management systems reduce their injury and illness costs by 20 - 40%.
- Safe workers are usually more involved and are happier. The employees tend to be more productive and better ideas are spawned and the company performs better.

Preventing injuries and illnesses increases productivity, morale and ultimately, profits.

Here are some of the steps companies who have been successful in creating a culture of safety have taken:

Be pro-active about workplace safety. Commit to improving your health and safety record, and let your employees know that eliminating hazards and reducing injuries will be a top priority.

Work with your employees to identify existing and/or potential hazards. Employees often know and can identify those hazards and can share their knowledge of those injuries that are most prevalent in your workplace and your industry.

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Talk to your employees about the link between workplace safety and workers' compensation. It is important that your employees understand that a high number of workers' compensation claims can lead to significantly higher costs for workers' compensation insurance, which can impact profits, wages, and even the size of your workforce. In that sense, a good safety record gives your business a competitive advantage, which is good for both employers and employees.

Develop an injury reduction plan, and stick to it. By limiting job-related injuries, you will find that productivity and morale improve. Hopefully you will see an improvement in your bottom line as well: in one recent study, 95% of large and mid-size employers said that workplace safety has a positive impact on their financial performance, and 61% reported \$3 in savings for every \$1 invested in workplace safety. Some reported even higher savings, up to \$10 for each dollar invested.

Don't be afraid to ask for help. There are many industry groups that offer safety programs.

There is also a valuable resource available to any small employers (less than 250 employees). Project WorkSAFE is Vermont's workplace safety consultation program. This program reaches out to small business employers to help

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Commissioner's Message –

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educate employers on safety and to help focus the employer on finding solutions to their safety and health problems. This is a free and confidential on-site service that can add value to small business here in Vermont. If you are interested in utilizing these services please call 1-888-SAFE-YES.

Vermont also has a Compliance Assistance Specialist (**C.A.S.**). The specialist provides training and V.O.S.H.A. compliance assistance to employer and employee groups, trades, and educational institutions. For more information please contact V.O.S.H.A. at 828-2765.

Seek recognition for your business and employees. There are recognition programs that businesses can work towards. V.O.S.H.A.'s Green Mountain Voluntary Protection Program (G.M.V.P.P.) is designed to recognize and promote exceptional safety and health management programs. Additionally, the Safety and Health Achievement Recognition Program (SHARP) is a recognition program administered by Project WorkSAFE for smaller, high-hazard employers who operate exemplary safety and health programs.

In G.M.V.P.P., an employer and the employees establish a cooperative relationship at a workplace that has implemented a strong safety and health program. The employer agrees to operate an

effective program that meets an established set of criteria. The employees agree to participate in the program and work with the employer to ensure a safe and healthful workplace. V.O.S.H.A. verifies that the employer's safety and health program meets V.P.P. criteria, publicly recognizes the site's exemplary program, and removes the site from the programmed (random) compliance inspections. V.O.S.H.A. also reassesses periodically to confirm that the site continues to meet G.M.V.P.P. criteria.

In the SHARP program, a small employer of 250 or less:

- Agrees to comprehensive safety and health consultative visits conducted by Project WorkSAFE Consultants.
- Corrects all hazards identified by the Project WorkSAFE Consultants.
- Has an effective safety and health program.
- Involves employees in the development, operation, and improvement of all elements of the workplace safety and health program.
- Lowers the lost workday injury (LWDI) rate and the injury incidence rate (IIR) to levels equal to or lower than the national average for their industry SIC.
- Agrees to follow-up visits by the Project WorkSAFE Consultants. SHARP rewards businesses with exemplary programs by removing their company's name from VOSHA's Programmed Inspection Schedule for one to two years.

Both programs recognize that enforcement alone can never fully achieve the objectives of the Occupational Safety and Health Act. Good safety management programs that go beyond mere compliance with V.O.S.H.A. standards can protect workers and reduce work injuries and illnesses more effectively.

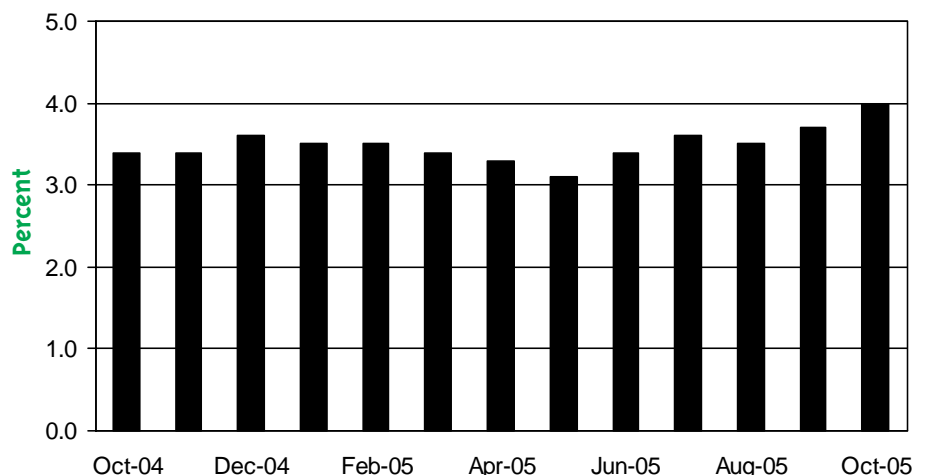
Ultimately, creating a culture of safety can be challenging, however, the Vermont Department of Labor is here to help Vermont employers and employees make their workplaces safe. Please call us at 1-802-828-2765 to find out more, or visit our website at www.labor.vermont.gov.

Patricia A. McDonald

Contact VDOL

If your address has changed or to discontinue your subscription, please email: sredpath@labor.state.vt.us

Vermont Seasonally Adjusted Unemployment Rate



Vermont Unemployment Estimates Statewide *(Seasonally Adjusted)*

	Oct. '05	Sept. '05	Oct. '04	Changes from:	
				Sept. '05	Oct. '04
TOTAL LABOR FORCE¹	357,200	355,600	353,400	1,600	3,800
EMPLOYED	343,100	342,400	341,300	700	1,800
UNEMPLOYED	14,200	13,200	12,100	1,000	2,100
RATE (%)	4.0	3.7	3.4	0.3	0.6

¹Includes proprietors, professionals, and unpaid family workers.

Labor Market Areas By Residence *(Not Seasonally Adjusted)*

AREA	Total Labor Force	Number Employed	Number Unemployed	Oct-05 Rate (%)	Sept-05 Rate (%)	Oct-04 Rate (%)
Barre-Montpelier	25,500	24,500	1,000	3.9	3.9	3.3
Bennington	13,100	12,650	450	3.3	3.7	3.0
Bradford	5,250	5,100	150	2.9	2.6	2.9
Brattleboro	25,000	23,950	850	3.3	3.3	2.8
Burlington-South Burlington	115,000	111,200	3,800	3.3	3.3	2.5
Hartford	18,850	18,500	350	1.9	2.0	1.7
Manchester	12,650	12,300	400	3.1	3.3	3.0
Middlebury	18,550	18,000	550	3.0	3.1	2.7
Morristown-Stowe	20,400	19,800	600	3.0	3.0	2.8
Newport	14,650	13,900	750	5.0	3.6	3.1
Randolph	8,550	8,250	300	3.5	3.3	3.0
Rutland	28,500	27,500	1,000	3.5	3.6	2.9
Springfield	12,050	11,600	450	3.7	3.9	3.2
St. Johnsbury	15,350	14,900	450	3.0	3.0	2.5
Swanton-Enosburg	14,300	13,700	600	4.1	3.7	3.7
Warren-Waitsfield	4,200	4,100	100	2.5	2.9	1.9
Woodstock	3,850	3,750	100	2.5	2.3	2.0
Vermont Total	357,750	345,850	11,850	3.3	3.3	2.7

AREAS FROM ADJOINING STATES INCLUDING VERMONT TOWNS *(Not Seasonally Adjusted)*

Colebrook, NH-VT	3,750	3,650	150	3.4	3.6	2.0
Lebanon, NH-VT	45,250	44,150	1,100	2.4	2.5	1.2
Littleton, NH-VT	14,750	14,300	450	3.0	3.3	1.8
North Adams, MA-VT	17,000	16,250	750	4.3	4.7	4.1

Monthly estimates are preliminary and subject to revision. Detail may not add to totals due to rounding.

Vermont Seasonally Adjusted Nonfarm Employment in Thousands

BY NAICS	Prelim.	Revised	Revised	Changes From:	
	Oct. '05	Sept. '05	Oct. '04	Sept. '05	Oct. '04
Total - All Industries	309.4	309.6	305.1	-0.2	4.3
Private Industries	256.3	256.4	251.9	-0.1	4.4
Construction	17.8	17.7	16.7	0.1	1.1
Manufacturing	37.6	37.6	37.2	0.0	0.4
Retail Trade *	40.2	40.5	40.2	-0.3	0.0
Professional & Business Services	22.2	22.2	21.3	0.0	0.9
Private Ed. Services*	12.4	12.4	12.4	0.0	0.0
Health Care & Social Assistance*	42.4	42.4	41.3	0.0	1.1
Leisure & Hospitality*	33.8	33.5	33.4	0.3	0.4
Total Government	53.1	53.2	53.2	-0.1	-0.1

*These estimates are not endorsed by the U.S Bureau of Labor Statistics.

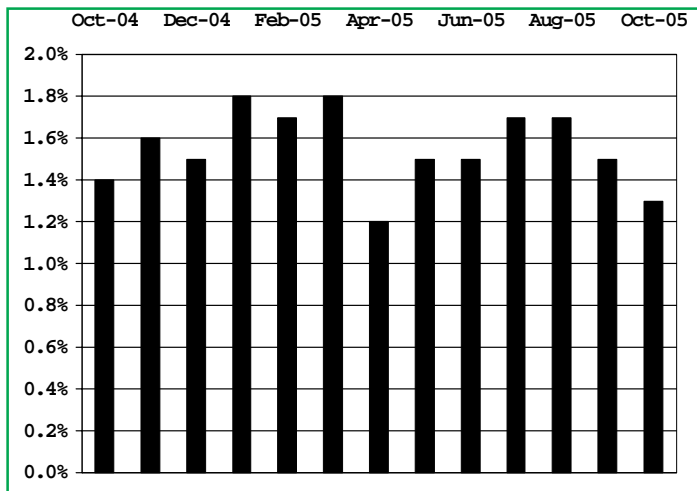
Note: Total - All Industries estimate is seasonally adjusted independently.

All seasonal adjustment performed with X12-ARIMA. Seasonal factors available from VDOL/LMI on request.

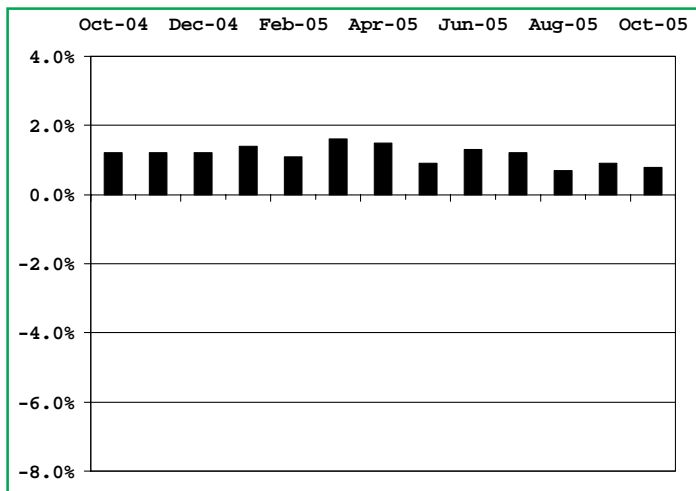
Produced by the Vermont Department of Labor in cooperation with the U.S Bureau of Labor Statistics, unless otherwise noted.

Vermont Annual Job Growth Not Seasonally Adjusted Data

All Industries



Manufacturing



Nonfarm Employment In Vermont *(Not Seasonally Adjusted)*

Compiled by the Vermont Department of Labor in cooperation with the Bureau of Labor Statistics, U.S. Department of Labor

INDUSTRY BY NAICS	Prelim. Oct. '05	Revised Sept. '05	Revised Oct. '04	Changes From:	
				Sept. '05	Oct. '04
TOTAL NONFARM	312,850	310,850	308,700	2,000	4,150
TOTAL PRIVATE	257,350	257,450	253,150	-100	4,200
GOODS PRODUCING	57,700	57,850	56,150	-150	1,550
MANUFACTURING	37,650	37,650	37,350	0	300
Durable Goods	26,850	26,950	26,600	-100	250
Computer & Electrical Equipment Mfg.	9,400	9,350	9,200	50	200
Fabricated Metal Products Mfg.	2,950	3,000	2,750	-50	200
Machinery Mfg.	3,000	3,050	3,050	-50	-50
Transportation Equipment Mfg.	2,350	2,400	2,400	-50	-50
Furniture & Related Product Mfg.	2,050	2,000	2,100	50	-50
Non-Durable Goods	10,800	10,700	10,750	100	50
Food Mfg.	3,950	3,850	3,950	100	0
CONSTRUCTION	18,900	19,050	17,850	-150	1,050
NATURAL RESOURCES & MINING	1,150	1,150	950	0	200
SERVICE-PROVIDING	255,150	253,000	252,550	2,150	2,600
TRADE, TRANSPORTATION AND UTILITIES	59,650	59,150	59,300	500	350
Wholesale Trade	10,350	10,300	10,000	50	350
Retail Trade	40,550	40,200	40,500	350	50
Food & Beverage Stores	9,650	9,500	9,550	150	100
General Merchandise Store	2,950	2,950	3,200	0	-250
Transportation, Warehousing and Utilities	8,750	8,650	8,800	100	-50
Utilities	1,700	1,750	1,750	-50	-50
Transportation & Warehousing	7,050	6,900	7,050	150	0
INFORMATION	6,050	6,050	6,250	0	-200
FINANCIAL ACTIVITIES	13,650	13,600	13,350	50	300
Finance & Insurance	10,250	10,200	9,950	50	300
Real Estate, Rental & Leasing	3,400	3,400	3,400	0	0
PROFESSIONAL AND BUSINESS SERVICES	22,450	22,450	21,550	0	900
Professional, Scientific and Technical	13,100	12,950	12,450	150	650
Administrative, Support and Waste	9,150	9,200	8,750	-50	400
EDUCATIONAL AND HEALTH SERVICES	55,150	54,850	54,200	300	950
Educational Services	12,800	12,600	12,900	200	-100
College, Universities and Professional	6,750	6,400	6,850	350	-100
Health Care and Social Assistance	42,350	42,250	41,300	100	1,050
Ambulatory Health Care Services	16,500	16,400	16,050	100	450
Hospitals	10,550	10,550	10,650	0	-100
Nursing and Residential Care Facilities	6,850	6,850	6,750	0	100
LEISURE AND HOSPITALITY	32,500	33,300	32,150	-800	350
Arts, Entertainment and Recreation	4,100	4,500	3,900	-400	200
Accommodation and Food Services	28,400	28,800	28,250	-400	150
Accommodations	9,450	9,650	9,550	-200	-100
Hotel & Motels	8,250	8,300	8,200	-50	50
Food Services and Drinking Places	18,950	19,150	18,700	-200	250
OTHER SERVICES	10,200	10,200	10,200	0	0
GOVERNMENT	55,500	53,400	55,550	2,100	-50
Federal Government	6,400	6,400	6,350	0	50
State Government Education	8,800	7,700	8,900	1,100	-100
Local Government Education	23,750	22,650	23,900	1,100	-150
Other State Government	9,600	9,750	9,400	-150	200
Other Local Government	6,950	6,900	7,000	50	-50



SILICOSIS - Occupational Lung Disease

Silicosis is a preventable occupational lung disease caused by inhaling dust containing crystalline silica. No effective treatment for silicosis is available. Deaths from inhalation of silica-containing dust can occur after a few months' exposure. Crystalline silica exposure and silicosis have been associated with work in mining, quarrying, tunneling, sandblasting, masonry, foundry work, glass manufacture, ceramic and pottery production, cement and concrete production, and work with certain materials in dental laboratories. Progress has been made in reducing the incidence of silicosis in the United States and Vermont. However, silicosis deaths and new cases still occur, even in young workers. Because no effective treatment for silicosis is available, effective control of exposure to crystalline silica in the workplace is crucial.

During 1968 - 2002, the age-adjusted silicosis mortality rate was elevated in several states including Vermont. Findings nationally, however, indicate a decline in silicosis mortality during 1968 - 2002. Two main factors are likely responsible for this trend. First, many of the deaths in the early part of the study period occurred among persons whose main exposure to crystalline silica dust probably occurred before introduction of national compliance standards for silica dust exposure (the Mine Safety and Health Administration [MSHA] and the Occupational Safety and Health Administration use permissible exposure limits [PELs] based on the American Conference of Governmental Industrial Hygienists threshold limit value).

These limits began to be applied in the early 1970s and included indirect control through regulation of mixed mine dust in underground coalmines by using the MSHA formula. These regulatory limits, coupled with other recommendations such as that by NIOSH in 1974 (i.e., recommended exposure limit [REL] to respirable crystalline silica shall not exceed 0.05 mg/m³), likely has led to reduced silica dust exposures since the

1970s. Ancillary preventive measures (e.g., respiratory protection, posting warning signs, and recordkeeping or reporting occupational illnesses) might also have reduced personal exposures. The second major factor relates to declining employment in heavy industries (e.g., mining industry from 989,400 employees in 1980 to 512,200 in 2002), where silica exposures were prevalent.

Despite the reductions in mortality associated with silicosis, silica overexposure remains widespread, indicating a need for hazard surveillance and developing workplace - specific interventions. An estimated 121,100 workers were exposed to equal to or greater than the NIOSH REL in 1993. The industries with the largest number of workers exposed include research and testing services (46,200 workers), masonry (20,400), heavy construction (12,200 [excluding highway construction]), and iron and steel foundries (8,600).

Industries with fewer workers include painting and paper hanging (5,100), structural clay products (2,100), metal services (1,300), and cut stone (700).

Industries with elevated PMRs involved miscellaneous nonmetallic and stone products and pottery and related products. The pottery industry deals with silica-containing clay, which is the raw material for manufacturing crockery, pottery, and flint.

The geographic patterns of silicosis offer some guidance for intervention. By county, the greatest age-adjusted mortality rates were clustered in western states, northeastern states, and north Atlantic states. The mortality rates in counties in these states were often associated with mining or construction industries.

The findings in this report are subject to at least five limitations. First, accuracy of the coding of usual industry and occupation on death certificates was not verifiable because individual work histories are not listed on death certificates. Second, codes for usual industry and occupation were available only for the period 1985 - 1999 for 26 states; thus, these data might not be nationally representative. Twenty-four states do not provide decedents' employment data to NCHS. Third, the state of residence at death is not always the state in which decedents' exposures occurred. Fourth, no exposure information is listed on death certificates.

Therefore, no silica exposure-response relationship was evaluated. Finally, physicians might have misclassified or underreported silicosis deaths.

Silicosis deaths and new cases are still occurring, even in young workers in the United States. Because no effective treatment for silicosis is available, primary prevention (i.e., engineering or other control of exposure) should be maintained or improved to reduce worker morbidity and mortality.

Acknowledgments

The information in this article in are based, in part, on contributions by NIOSH CDC and OSHA.



Fringe Benefit Survey Update

Data Collection has ended for the 2005 fringe benefit survey. The results will be available on our web site www.vtLmi.info by December 15th. A paper publication is expected to be available by the end of January.



DEPARTMENT OF LABOR

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Looking for Business Safety Training in Vermont?

The Vermont Department of Economic Development (DED) Business Calendar lists safety and other business training statewide at:

www.thinkvermont.com/calendar/index.cfm

To have a Vermont business safety or other training event listed on the DED Business Calendar, please send information on the event (with the what, where, when, who and registration information included) to Ken Horseman at ken@thinkvermont.com

ALSO sign up for the VOSHA Safety Training & Resource Announcements list serve at **<http://mail.state.vt.us/guest/RemoteListSummary/vosha>**

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