



Workers' Compensation

City and County of San Francisco
Department of Human Resources

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Reflecting on the CCSF COVID Journey

By Fiona Wilson, MD

Chief Physician for CCSF Employees

Today COVID-19 cases continue to drop worldwide, regionally, and within San Francisco. The severity of COVID-19 has decreased due to multiple factors:

- Earlier COVID-19 detection using rapid home tests reduced the spread through earlier quarantine
- Close to 90% of San Francisco residents and 98% of City employees are vaccinated
- Paxlovid, an effective oral therapy to treat mild to moderate symptoms of COVID-19, is widely available



Additionally, the current variant of COVID is less dangerous than previous variants, though that may change as the virus continues to evolve.

The changing situation, along with the pandemic emergency now over, causes a shift in our focus to be on management of a continued COVID virus presence. The FDA has broadened its recommendations for older or immune compromised adults to promote a second dose of the bivalent booster. The vaccinations will continue to evolve and be developed to keep up with future variants. The FDA and CDC will weigh in this summer on a recommended national vaccine strategy and booster schedule going forward.



Surveillance of COVID infections is shifting away from tracking COVID case totals, which has become less reliable. COVID tracking is now shifting to two complementary components: tracking COVID-

related deaths and hospitalizations and the presence of COVID in a population tracked via wastewater. Hospitalized COVID patients reflect the severity of illness, while wastewater tracking reflects the overall presence of COVID in the community

Culturally, our CCSF workforce has evolved during the pandemic. Employees may be more attuned to not coming to the workplace if unwell and risking exposing colleagues or the public to unwanted illness. Some work settings may require masking with clients and patients, and other situations employees may choose to continue to mask related to their personal risk tolerance. Masking is still required in the setting of a workplace outbreak, or after a close contact exposure with a known COVID case.

With summer here and as travel and in-person gathering increases, we continue to encourage personal diligence and awareness of your health and those around you. Together we can keep COVID illness and disruption to a minimum!

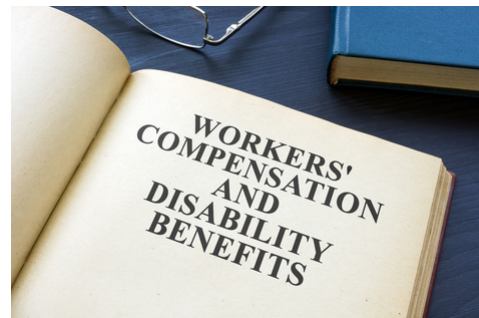
Workplace Health and Safety

Temporary Transitional Work Assignments and an Effective Return to Work Program – A Winning Combination

By Julian Robinson, Workers' Compensation Director

Arnold Pacpaco, WC Assistant Director

Nonie Devens, RN, MPA, CCM, Occupational Nurse Manager



A Return to Work (RTW) program is a plan established by an employer to return injured employees to the workplace at the earliest, medically approved opportunity. Employees who are injured or become ill on the job are often temporarily unable to perform their regular work, resulting in being absent for extended periods. This absence leads to lost wages and benefits for the employee, lost productivity for the employer, and increased overtime and workload amongst remaining staff.

On November 10, 2022, the Workers' Compensation Division (WCD) deployed the City's RTW program, Temporary Transitional Work Assignments (TTWA), which aims to enable injured employees to be productive during their recovery while maintaining a connection to the workplace. TTWA implementation continues to drive improved return-to-work outcomes by requiring City departments to develop and facilitate modified duty for employees whose medical conditions allow temporary transitional work assignments.

The City's TTWA program offers advantages to both the City and employees who are injured or become ill on the job.

Here are a few ways the TTWA program can benefit the City:

- Retain Experienced Workers. Injured workers who remain at home for an extended period are less likely to return to work, leading to lost productivity and critical knowledge for the City.
- Reduce Employee Turnover. By returning injured employees back to work quickly, the City can save on hiring and training temporary workers or permanent replacements.
- Improve Morale. RTW programs send a message that the City cares about its workers and their welfare, and they allow employees to stay connected with their co-workers
- Better Productivity. Even if unable to perform at full capacity, injured employees will be more productive at work than they would have been at home. Within the last Fiscal Year, the City had 179,137 lost days, which accounts for 2.5% of the City's Full Time Equivalent count!
- Lower Workers' Compensation Costs. Injured employees who return to work, even part-time, will result in lower disability benefits paid by employing departments.

And here are a few ways the TTWA program can benefit employees who become injured or ill on the job:

- Retained Social Connections. Employees who return to work under the TTWA program better maintain work relationships and remain engaged with their department.
- Financial Security. Workers generally only receive 67% of their average weekly wage for disability benefits, and temporary disability benefits are usually not pensionable and do not count toward service credit for retirement. Returning to work sooner maximizes workers' income in the short and long run
- Skill Retention. Workers who spend significant time away from work typically experience diminished work skills. Returning to work sooner can help injured workers retain valuable skills.

Please contact your departmental assigned WCD Claims Representative for additional questions or support. Early return to work is mutually beneficial for employees and employers alike!

Heat-Related Illness Prevention in the Workplace

By Tyler Nguyen, CSP REP, Citywide Safety Officer

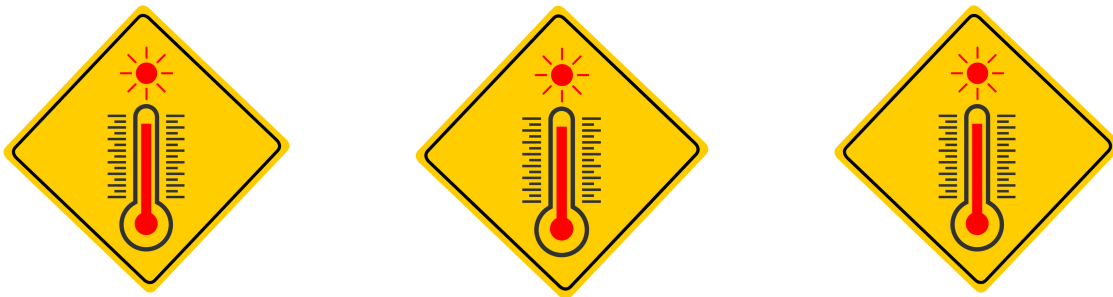
What Are Heat-Related Illnesses?

Heat-related illnesses are serious medical conditions resulting from the body's inability to cool itself in increased temperatures, including heat cramps, heat exhaustion, heat syncope, and heat stroke. If a person cannot maintain their internal temperature within a few degrees of 98.6° F, they may suffer from heat illness if their body cannot remove the excess heat

When the body overheats, blood flows to the outer layers of the skin from the body's core to release the heat into the cooler outside environment. If this process does not cool the body fast enough, the brain triggers sweating to cool the body. Prolonged sweating can deplete the body of water and salt, causing dehydration. As dehydration worsens, sweating stops and severe heat illness occurs.

Heat-related illnesses affect the body, causing those with mild symptoms to experience weakness, tiredness, mental confusion, or irritable and erratic behavior. Heat-related illnesses also have the potential to affect employees' work performance and increase their risk of injury

The following list will help identify heat-related illnesses and their symptoms. This information should be used only as a general guideline to train employees and supervisors.



Types of Heat-Related Illnesses and Their Common Symptoms

Heat Rash (Prickly Heat) - Heat rash is a skin irritation caused by excessive sweating and clogged pores during hot, humid weather.

Common Symptoms: Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases).

Heat Cramps - Heat cramps are painful muscle cramps that occur when the body sweats excessively and the lost salts and minerals are not replaced

Common Symptom: Painful muscle spasms in the stomach, arms, legs, or other parts of the body

Heat Syncope (Fainting) - Heat syncope is caused by a lack of adequate blood supply to the brain. Dehydration and high temperatures can increase the chance of heat syncope occurring.

Common Symptoms: Sudden dizziness, light-headedness, or unconsciousness.

Heat Exhaustion - Heat exhaustion is the body's response to an excessive loss of water and salt contained in sweat.

Common Symptoms: Heavy sweating; painful muscle cramps; extreme weakness or fatigue; nausea or vomiting; dizziness or headache; fainting; a fast and weak pulse; rapid and shallow breathing; or clammy, pale, cool, or moist skin.

Heatstroke - Heat stroke is the most severe heat-related illness. It occurs when the body can no longer control its temperature. Call 9-1-1 immediately if someone is experiencing a heatstroke.

Common Symptoms: No sweating because the body cannot release heat or cool down; mental confusion or delirium; convulsions; dizziness; hot and dry skin (e.g., red, bluish, or mottled); muscles twitching uncontrollably; rapid and weak pulse; throbbing headache; shallow breathing; seizures (fits); or unconsciousness.



Guidance on Preventing Heat-Related Illnesses in the Workplace

The City offers guidance on specific actions to take during varying levels of increased indoor temperatures. This guidance allows departments to respond in an organized way when indoor temperatures become extreme, and it represents the City's policy on how to uniformly respond during periods of extreme indoor temperatures. You can find the City's guidance on preventing heat-related illnesses [here](#).

The CDC also offers guidance on recognizing the symptoms and what to do if you or a loved one shows signs of having a heat-related illness [here](#).



California Indoor Heat Exposure Regulations in Development

About 4,000 Californians died due to excessive heat in the last decade. In 2006, California became the first state to pass a permanent heat illness prevention standard applicable to outdoor workers. The Heat Illness Prevention Standard applies to all outdoor places of employment, and it includes provisions on hydration, high-heat procedures, emergency response procedures, acclimatization, training, and heat illness prevention plans.

Currently, California is developing regulations to address indoor occupational heat exposure. The draft standard would apply to all indoor work areas where the temperature equals or exceeds 82°F when employees are present. Similar to regulations around outdoor heat exposure, the new regulations would require employers to provide water and cool-down areas, develop and facilitate emergency response procedures, implement employee and supervisor trainings, observe employees during acclimatization periods, and create heat-illness prevention plans. Additionally, if the temperature exceeds certain levels, employers would be required to assess risks and implement control measures.