

WORKING TOGETHER
FOR A HEALTHIER
WORKFORCE

OFFICES IN
WASHINGTON AND
WAYNESBURG

WHS OCCUPATIONAL MEDICINE NEWSLETTER

APRIL 2024



THIS ISSUE

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IT'S WHAT WE DO

We are a full-service Occupational Medicine Clinic, offering a wide variety of services to meet your needs:

- Injury care
- Pre-employment physicals
- Return to work physicals
- DOT/school bus physicals
- OSHA surveillance physicals
- Audiogram hearing tests
- Respirator fit tests
- Drug tests (urine, hair, saliva)
- MRO services

COMPANY PROFILE

We are always striving to improve communication with our clients. We create a company profile for each client we serve.

Please make sure to periodically contact us to ensure your information (contact names and phone numbers, fax numbers, emails, and workers compensation insurance info) is current.

STAYING CONNECTED TO OUR BUSINESS CLIENTS

Welcome to the quarterly edition of the WHS Occupational Medicine Newsletter. In this publication we'll cover various occupational health topics, workplace topics, services we provide, as well as tips and suggestions to make your employees' visits as smooth as possible. Our goal is to be your partner in promoting a healthy and productive workforce.

Please feel free to share this information with others in your organization.

WAYNESBURG HOURS UPDATE

As of April 15, 2024, the Waynesburg office will be open 8:00 am to 12:00 pm on Tuesday, Wednesday, and Thursday. We will no longer have office hours on Monday or Friday.



POISONOUS PLANTS

Identifying Poisonous Plants

With warmer weather approaching, we'll be spending more time outside. Whether working or playing outdoors, it's important to be able to recognize distinct types of poisonous plants.

Poison Ivy

Found throughout the United States except Alaska, Hawaii, and parts of the West Coast. It can grow as a vine or small shrub, trailing along the ground or climbing on low plants, trees, and poles. Each leaf has three glossy leaflets with smooth or toothed edges. Leaves are green in the summer and may be red in the fall. It may have yellow or green flowers and white to green-yellow or amber berries. When in doubt, "Leaves of three, leave them be!"

Poison Oak

In the Eastern and Southern United States, it grows as a low shrub. On the Pacific Coast it grows in clumps or long vines. Fuzzy green leaves in clusters are lobed or deeply toothed with rounded tips, in leaves of three like poison ivy. It may have yellow or green flowers and clusters of green-yellow or white berries. The same adage applies, when in doubt, "Leaves of three, leave them be!"

Poison Sumac

It grows as a tall shrub or small tree. Grows in wetlands. Each leaf has clusters of 7 to 13 smooth-edged leaflets arranged in pairs. Leaves are orange in spring, green in summer and yellow, orange, or red in fall. May have yellow-greenish flowers and whitish-green berries that hang in loose clusters.



Poison ivy



Poison sumac



Poison oak



Types of Exposure

That itchy, red rash with bumps or blisters comes from exposure to an oil called urushiol, when the leaf or other parts of the plant are bruised, damaged, or burned. When the oil gets on the skin, an allergic reaction occurs in most people, referred to as contact dermatitis. Exposure to 50 micrograms of urushiol, which is an amount that is less than one grain of table salt, is enough to cause 80-90% of adults to develop a rash. Burning these poisonous plants can also be dangerous because the allergens can be inhaled, causing lung irritation.

Exposure to urushiol can be through:

- Direct contact with the plant.
- Indirect contact, such as touching tools, livestock, or clothing that have urushiol on them.
- Inhalation of particles containing urushiol from burning plants.

Misconceptions About Poison Plant Rashes:

- Poison plant rashes are not contagious. The rash cannot be spread from person to person. It is possible to pick up the rash from oils that may have stuck to clothing, pets, tools, and any other item that may have come into contact with the plant. The plant oil lingers (sometimes for years) on virtually any surface until it is washed off with water or rubbing alcohol.
- A person with poison ivy cannot spread it on their body by scratching. It may seem like the rash is spreading if it appears over time instead of all at once. But this is because the plant oil is absorbed at different rates on different parts of the body or because of repeated exposure to contaminated objects – even plant oil trapped under the fingernails!
- Even if a blister breaks, the fluid in the blister is not plant oil and cannot further spread the rash.

First Aid

- Rinse skin immediately.
 - Use rubbing alcohol, poison plant washes, degreasing soap (liquid dishwashing soap) or detergent and lots of water.
- Scrub under nails with a brush.
- Apply wet compresses, calamine lotion, or hydrocortisone cream to reduce itching and blistering.
 - Oatmeal baths may reduce itching.
- Take antihistamine such as diphenhydramine (Benadryl) to help relieve itching.
- Get medical help in severe cases, or if rash is on face or genitals.
- Call 9-1-1 or go the ER for severe allergic reactions, such as severe swelling or difficulty breathing.

Tips for Prevention

- Wear long sleeves, long pants, boots, and gloves.
 - Wash exposed clothing separately in hot water with detergent.
- Use barrier creams, such as lotion containing bentoquatam (Ivy Block or IvyX are some brand names). They may offer some protection before contact.
 - Barrier creams should be washed off and applied twice daily.
- After use, clean tools with rubbing alcohol or soap and lots of water.
 - Wear disposable gloves during this process.
 - Don't forget to wash your pets. The oil can stick to their fur and transfer to someone who pets them.
- Do not burn plants that may be poison ivy, oak, or sumac.
 - Inhaling smoke from burning plants can cause severe allergic respiratory problems.
 - When burning poisonous plants is unavoidable, workers should wear a NIOSH-certified half-face particulate respirator rated R-95, P-95 or better.



TIPS

To help reduce the time your employees spend in our clinic, download, and complete all necessary forms prior to the scheduled visit.

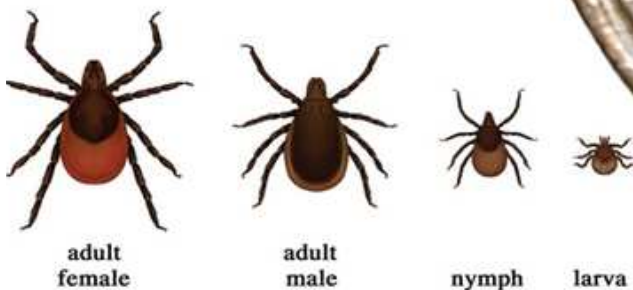
- DOT forms
- Pre-employment medical history
- OSHA Respiratory Questionnaire
- OSHA surveillance forms
- Audio history

Forms can be found on our website at whsoccmed.org. We can also provide you with a digital copy of these forms.

TICK-BORNE DISEASES

Tick-borne pathogens can be passed to humans by the bite of infected ticks. Ticks can be infected with bacteria, viruses, or parasites. In this issue we will discuss only one of the tick-borne diseases: Lyme Disease. Some of the other most common tick-borne diseases in the United States include babesiosis, ehrlichiosis, Rocky Mountain Spotted Fever, anaplasmosis, Southern Tick-Associated Rash Illness, Tick-Borne Relapsing fever, and tularemia. Ticks are found across the United States and there are many different types. The three varieties of ticks that commonly bite humans: Blacklegged Tick, a.k.a. Deer Tick (*Ixodes scapularis*), Lone Star Tick (*Amblyomma americanum*), and Dog Tick (*Dermacentor variabilis*).

Blacklegged Tick (*Ixodes scapularis*)



Lone Star Tick (*Amblyomma americanum*)



Dog Tick (*Dermacentor variabilis*)



Areas with woods, bushes, high grass or leaf litter are likely to have more ticks. Outdoor workers in most regions of the United States should be extra careful to protect themselves in spring, summer and fall when ticks are most active.

Protection from Tick Bites

- Wear a hat and light-colored clothing, including long sleeved shirts and long pants tucked in to boots or socks.
- Use EPA registered insect repellents containing DEET, picaridin, IR3535, Oil of Lemon Eucalyptus (OLE), para-menthane-diol (PMD), or 2-undecanone. You can also use the EPA search tool to find the product that best suits your needs - <https://www.epa.gov/insect-repellents/find-repellent-right-you>
- Treat clothing and gear with products containing 0.5% permethrin. Permethrin kills ticks on contact. Do not use on skin. One application of permethrin is still protective through several washings.
- Check skin and clothes for ticks every day.
- Immature forms of the tick are very small and may be hard to see.
- Remember to check your hair, underarms and groin for ticks.
- Immediately remove ticks from your body using fine-tipped tweezers.
- Grasp the tick firmly and as close to your skin as possible.
- Pull the tick's body away from your skin with a steady motion.
- Clean the area with soap and water.
- Removing ticks within 24 hours reduces your risk of being infected with Lyme disease bacterium.
- Wash and dry work clothes in a hot dryer to kill any ticks present.

Lyme Disease

Lyme disease is an illness caused by *Borrelia burgdorferi*, a type of bacterium called a spirochete. Humans usually get Lyme disease from the bite of a tick carrying the bacteria. The main culprit is the black legged tick or deer tick. Ticks that carry this bacterium live throughout most of the United States, but Lyme disease is most common in the upper Midwest, the Northeast and the mid-Atlantic states.

Studies have shown that an infected tick normally cannot begin transmitting the spirochete until it has been attached to its host (that's us) about 36-48 hours. The best line of defense against ticks and Lyme disease is to examine yourself at least once daily when working outdoors.

Symptoms

A tick bite may look like a tiny, itchy bump on your skin, much like a mosquito bite. It does not mean you have a tick-borne disease. Many people do not even notice they've had a tick bite.

Symptoms of Lyme disease vary. They usually show up in stages, and some stages can overlap.

Stage 1

Early symptoms of Lyme disease usually happen within 3 to 30 days after a tick bite. This is called early localized disease.

- An expanding rash is usually the first symptom (called erythema migrans) and is thought to occur in 80-90% of the cases. The rash is usually a single circle that slowly spreads from the site of the tick bite. It may become clear in the center and look like a target or bull's-eye. It is often warm to touch, but usually not painful or itchy.
- Fever
- Headache
- Extreme fatigue
- Joint stiffness
- Muscle aches and pains
- Swollen lymph nodes around the tick bite



Centers for Disease Control and Prevention, <http://phil.cdc.gov/phil/>

Stage 2

Without treatment, Lyme disease can get worse. These symptoms often occur within 3-10 weeks after a tick bite. Stage 2 is often more serious and called early disseminated disease.

- Two or more rashes not at the site of the bite
- Stiff aching neck
- Migrating pains in joints/tendons
- Headache
- Muscle weakness on one or both sides of the face (like Bell's palsy)
- Tingling or weakness in the extremities
- Fever of 100 to 102 F
- Abnormal pulse
- Severe fatigue
- Sore throat

Stage 3

This stage is called late disseminated disease. Usually begins 2-12 months after a tick bite.

- Arthritis (pain/swelling) of one or two large joints, particularly the knees
- Disabling neurological disorders (disorientation, confusion, dizziness, short-term memory loss, mental fog)
- Numbness in arms/hands or legs/feet.

Diagnosis and Treatment

Most people who get Lyme disease do not remember having a tick bite. If you think you have symptoms you should see a physician immediately. Even without a bull's eye rash, early Lyme disease can be diagnosed based on symptoms and evidence of a tick bite. Blood tests in the first month often give false results (later, blood tests are more reliable).

People treated with proper antibiotics in the early stages of Lyme disease usually recover rapidly and completely. Early diagnosis and proper antibiotic treatment can help prevent late Lyme disease.



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