

Chainsaw safety can minimize injuries

By
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With winter weather settling in, more people are cranking up their chainsaws to cut firewood. But in one second — just one slip — a person’s life can be forever altered, or ended. Out of all the power tools designed to make our lives easier, none are more dangerous than the chainsaw.

While operating a chainsaw is inherently hazardous, potential injuries can be minimized by using proper personal protective equipment and practicing safe operating procedures.

Even loggers and tree trimmers who frequently use chainsaws and develop better skills are seriously injured at surprisingly high rates. Approximately 36,000 people clash with their chainsaws each year in America and the average injury requires 110 stitches, according to the Centers for Disease Control and Prevention. Most injuries occur on the hands, arms and legs.

The Bureau of Labor Statistics rates logging as the most dangerous profession in America, with logging workers losing their

lives at a rate of 127.8 per 100,000 full-time workers. There were 4,383 fatal injuries on the job in the U.S. in 2012. Many of these deaths occur when major arteries in the body are hit, causing victims to bleed out before they receive medical help.

Non-professionals with less experience who use chainsaws infrequently are at higher risk, partly because they lack proper operations and safety training. Emergency room personnel say many injuries from this group could be less severe or avoided altogether if more people utilized safety gear.

“The single most important thing for chain saw safety is eye-protection. I’m not talking about pair of sunglasses, I’m talking full on goggles,” said Marty Hertler, of Marty’s Tree Service, based in Selma. “I wear wire mesh goggles and I’ve still had eye injuries. And I have friends who have lost their eyes with chainsaws.”

Hertler, who has decades of chainsaw experience, says wearing leg chaps, sturdy gloves and hearing protection are also important. Hardhats are also recommended.

“I’ve lost a pinky on my left hand, had my left thumb put back together, and another time

I cut my arm half off with a chainsaw,” he said. “Chainsaws are a very awesome tool — but a very dangerous tool.”

Safe operation starts before the saw is fired up. Chainsaw operations manuals say hair should be tied back and loose-fitting clothing, scarves and open jackets should be avoided. Controls, chain tension, bolts and handles on the saw should all be checked to ensure proper adjustments and functioning. The chain should always be sharp and the lubrication reservoir full.

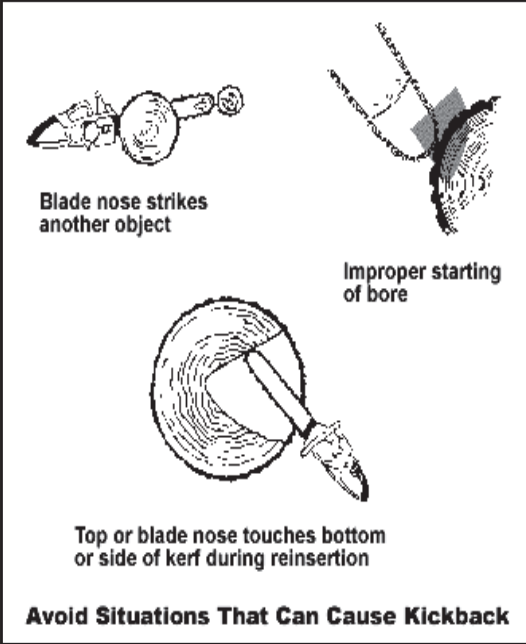
The saw should be started on the ground or on firm support, with the chain’s brake engaged, and “drop starting” is never a good idea.

Experts say dirt, debris, small tree limbs and rocks should be cleared away from the saw’s chain path and operators should look for nails, spikes or other metal in trees or brush before cutting. Once working, the saw should be either shut off or the chain brake engaged when walking on rough or uneven terrain.

It’s also important to take care that a tree’s trunk or limbs don’t bind against the saw and to watch for branches under tension, as they may spring out when cut. Safety manuals also advise to be cautious of saw kick-back. One way to

avoid kick-back is to never saw with the tip.

Those interested in learning more can access safety videos on the websites of popular chainsaws, Stihl and Husqvarna. The Occupational Safety & Health Administration (OSHA) also has a website and offers training and safety resources.



Guide to 2015 health insurance coverage

As open enrollment for 2015 health insurance plans approaches, the Department of Consumer and Business Services, Insurance Division, is providing information to consumers about how to choose the plan that best meets their health and financial needs. This guide focuses on your cost of health care.

When comparing health plans during open enrollment, it is important to find the plan that best meets your financial and health needs. That means taking a close look at what services you expect you will need during 2015 and how much they will cost.

Although you pay the insurance company a monthly premium for coverage, you will also pay a portion of the costs for many of the health care services you receive. Generally, if you pay a lower monthly premium, your share of the costs for services may be higher. If you choose a plan with a higher monthly premium, you may pay less when you visit a doctor, fill a prescription, or use other medical services. Here are the key terms to look for when comparing plans:

Deductible: The annual amount you pay for care before your plan begins to pay. For example, if your deductible is \$1,000, your plan will not pay anything until you have paid \$1,000 worth of care. Keep in mind that not all payments apply toward your deductible. For example, your costs for out-of-network services or a flat dollar co-payment may not count toward your

deductible.

Out-of-pocket maximum: The most you pay during a policy period (usually one year) before your plan begins to pay 100 percent for covered benefits. This maximum never includes your premium, and some plans do not count all of your co-payments, deductibles, co-insurance payments, out-of-network payments, or other expenses toward this limit.

Co-insurance: Your share of the costs for care that is covered. It is a percent (for example, 20 percent) of the “allowed amount,” which is the amount the insurance company has negotiated to pay for a service. For example, if the health insurance or plan’s allowed amount for an office visit is \$100 and you have met your deductible, your co-insurance payment of 20 percent would be \$20. The health insurance or plan pays the rest of the allowed amount, or \$80.

Co-payment: A fixed amount (for example, \$15) you pay for covered care, usually when you receive the service. The amount can vary. For example, it might be \$15 for a regular doctor visit and \$30 for a specialist visit. Your prescription drug co-payment could vary depending on the type of prescription drugs.

If you qualify, you may be able to get tax credits to help pay for your premium as well as cost-sharing reductions. This financial help is available only through the federal Health Insurance Marketplace at healthcare.gov.

The open enrollment period for people who buy their own health insurance runs from Nov. 15, 2014, through Feb. 15, 2015. This is the one time during the year when you can change plans, change insurance companies, or choose to stay with the plan you have. You can shop and access financial help during open enrollment by visiting the federal Health Insurance Marketplace at healthcare.gov. Consumers can also enroll directly with an insurance company or agent. Agents and community partners can help you sort through the many cost-sharing and premium options to decide which plans might be the best fit for you. To find an agent or community partner to help you enroll in a Marketplace plan, visit CoverOregon.com.

For more information:

The Insurance Division has information about health insurance posted online at <http://www.oregon.gov/DCBS/insurance/gethelp/health/Pages/health.aspx> and has consumer advocates available to answer questions at 1-888-877-4894 (toll-free).

The Insurance Division is part of the Department of Consumer and Business Services, Oregon’s largest business regulatory and consumer protection agency. Visit <http://www.dcbcs.oregon.gov>.



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