SPH Training Series - Session 1

Introduction to Safe Patient Handling/ Building SPH Ergonomics Teams/Documenting Patient Handling Injuries

Western New York Council on Occupational Safety & Health (WNYCOSH)

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Introduction to Safe Patient Handling

AGENDA:

- An Overview of Safe Patient Handling (SPH)
- Body Mechanics and Lifting Limits
- Anatomy of an Injury
- Controlling Risk Factors
- Old vs. New SPH Practices: Changing the Culture
- SPH Stakeholders
- SPH Ergonomic Team’s Roles in SPH
- SPH Implementation Steps/Timeline
- Assessing facility injury and compensation rates
Introduction to Safe Patient Handling

OBJECTIVES:

Participants will be able to understand...

- what SPH is and who benefits
- why body mechanics can’t prevent health care worker injuries
- why and how manual handling is injuring us
- how our job tasks and work environment put us in risk of injury
- SPH is a change in our safety culture
- need for SPH Stakeholder’s involvement
- the SPH/Ergonomics Team’s role in SPH
- SPH implementation/timeline planning
- identifying and recording patient injuries
Section 1

An Overview of Safe Patient Handling

- Handling s: Myth vs. Fact
- Health Care Worker Rates
- What Is Safe Patient Handling
- Who Benefits?
GROUP ACTIVITY 1
Page 3 of Student Workbook Guide

MYTH

VS.

FACT
Section 1: An Overview of Safe Patient Handling

WHO IS GETTING HURT?

What job titles have the highest injury rates?

Where do health care workers rank among these job titles?

Have health care worker injuries been going up, down or staying the same over time?
Section 1: An Overview of Safe Patient Handling

WHO IS GETTING HURT?

Injury Trends By Occupation

Source: Annual Survey of Occupational Injuries and Illnesses (BLS) *Baseline

WNYCOSH NYS Safe Patient Handling Demonstration Project NF DOL Conference Oct 2009
Section 1: An Overview of Safe Patient Handling

WHO IS GETTING HURT?

Numbers of Injuries Nationwide

- Health Care Professions with Patient Care Duties: 4770 Injuries
- Home Health Aids: 1770 Injuries
- Registered Nurses: 1590 Injuries
- Nurses Aids, Orderlies, Attendants: 1640 Injuries
- Home Health Aids: 1060 Injuries
- Registered Nurses: 810 Injuries
Section 1: An Overview of Safe Patient Handling

WHO IS GETTING HURT?

- 29% of all workplace injuries requiring time away from work are MSDs

- The MSD rate for nursing aides, orderlies and nursing attendants is 7xs higher than the average of all occupations

- Approximately three-fourths of these MSDs are lower back disorders

E. Langford, RN, 1997
Section 1: An Overview of Safe Patient Handling

WHAT IS Safe Patient Handling?

“A policy and practice that creates a safe work environment for patients [s] and healthcare workers by eliminating hazardous manual lifting tasks. Transferring and repositioning patients [and s] is accomplished by using new technologies such as mechanical lifts and repositioning devices.”

– NYS Zero Lift Task Force
Section 1: An Overview of Safe Patient Handling

HOW DO WE GET TO SPH?

- Set–up a SPH Team
- Adopt a SPH Policy
- Assess Facility Needs
- Purchase Equipment
- Training Staff on SPH
- Mentor/Monitor/Evaluate
Section 1: An Overview of Safe Patient Handling

WHO BENEFITS?

- Return on investment in 1-3 years
- Reduce injury to healthcare workers
- Increase quality of care for residents
- Decrease resident injury during transfers
- Lower nursing home costs
- Increase in direct care employee retention
- Reduce lost work days
- Lower workers compensation and insurance costs
Section 2

Body Mechanics and Lifting Limits

- Good Body Mechanics
- The Lifting Limit for Unstable Loads
- Manual Lifting Using “Good Body Mechanics” Is a Failed Policy
Section 2: Body Mechanics and Lifting Limits

QUESTIONS:

What are good body mechanics?

How many pounds can you safely lift using good body mechanics?
WHEN YOU LIFT AN OBJECT
USE GOOD BODY MECHANICS

- Bend at the knees, not the waist
- Get close to the object
- Keep your back straight and don’t twist
- Plant your feet properly
- Hold objects close to your body
- Push, pull and slide when possible
Section 2: **Body Mechanics and Lifting Limits**

Section 2: Body Mechanics and Lifting Limits

WHAT’S WRONG WITH THIS PICTURE?
Section 2: **Body Mechanics and Lifting Limits**

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WHAT’S WRONG WITH THIS PICTURE?
Section 2: **Body Mechanics and Lifting Limits**

WHAT’S WRONG WITH THIS PICTURE?
Section 2: **Body Mechanics and Lifting Limits**

**Fact:** Techniques taught through body mechanics have not reduced back injuries among healthcare workers

- Good body mechanics is not enough to prevent injuries
- Manual lifting techniques were based on stable loads held close to the body
- Manual lifting techniques were based on loads weighing less than typical
- Manual lifting techniques were based on studies that included only men.

Source: NYS Zero–Lift Task Force
Section 2: **Body Mechanics and Lifting Limits**

NIOSH has determined that the safe lifting limit for a two–handed lift of a box held close to the body is 51 pounds.

Is lifting a the same as lifting a box?

WHY? WHY NOT?
Section 2:  **Body Mechanics and Lifting Limits**

The National Institute for Occupational Safety and Health has determined that healthcare workers should lift a maximum of 35 pounds when transferring and repositioning patients.
Section 2: Body Mechanics and Lifting Limits

Our healthcare workers are getting older.

THE AVERAGE AGE OF OUR NURSES IS NOW 48+ YEARS

Our patients and residents are getting heavier.

NEARLY 40 MILLION AMERICAN ADULTS CAN NOW BE CLASSIFIED AS OBESE
Section 2: **Body Mechanics and Lifting Limits**

In 2005, over 53,000 healthcare workers who were trained in good body mechanics were injured from manually lifting patients.

Source: Bureau of Labor Statistics, 2005
Section 2: **Body Mechanics and Lifting Limits**

**HOW MUCH ARE YOU LIFTING?**

**GROUP ACTIVITY 2**

Page 6 of Student Workbook Guide
Section 3

Anatomy of an Injury

- The high risks of manual handling
- Manual handling and “overexertion”
- “Overexertion” and excessive forces on the spinal discs
Section 3: Anatomy of an Injury

Where do you hurt?
Why do you hurt?
Section 3: Anatomy of an Injury

- Nurses spend 20-30% of their time bent forward or with the trunk twisted during patient care activities.
- Even with "good techniques", it is not possible to lift patients manually without exceeding the NIOSH Action Limit (35 lbs.).
- According to the National Institute of Health, nearly 40 million American adults can be classified as obese.
- Cumulative trauma from manual lifting, transferring & repositioning patients can lead to career ending musculoskeletal injuries.
- As the size of our patients increase so does the average age of our nurses (50+ years).
- Healthcare: the only profession that considers 100 lbs. to be "lightweight". Healthcare workers lift an average of 1.8 tons per 8-hour shift.
The average healthcare worker manually lifts 1.8 tons per 8-hour shift. That is equal to lifting one sedan per shift.

In one year, healthcare workers lift the equivalent of an airplane that is 50% loaded.

The number of manual lifting injuries to healthcare workers in one year equals the full capacity of the new Yankee Stadium.
Section 1: Industry Injuries

OVEREXERTION = CUMULATIVE TRAUMA

Nursing and Residential Care Facilities

- Overexertion in lifting
- Total Overexertion
- Slips or trips without fall
- Fall on same level
- Fall to lower level

Bar chart showing percentages of injuries in different categories.
Section 3: Anatomy of an Injury

YOUR BACK: THE SPINAL COLUMN

Most pain and disc problems are located in the lower back.

Illustrations by K. Rinker, WNYCOSH
Section 3: **Anatomy of an Injury**

YOUR BACK: THE DISC

- Gelatinous interior of the disc
- Fibrous exterior of the disc
- Spinal cord

Illustrations by K. Rinker, WNYCOSH
ACUTE BACK PAIN

- “Acute” due to temporary overexertion/trauma
- Temporary “backache”
- Muscle spasm, strain, sprain
Section 3: Anatomy of an Injury

CHRONIC BACK PAIN

- Due to long-term overexertion
- Bulging, ruptured or degenerated discs
- Excruciating pain
- Potentially career-ending
Section 3: **Anatomy of an Injury**

**OVEREXERTING YOUR DISCS**

Compression Forces
- Lifting weight

Shearing Forces
- Pulling / pushing weight

Over time lumbar discs can rupture, bulge, or degenerate.

Illustrations by K. Rinker, WNYCOSH
Section 3: **Anatomy of an Injury**

RUPTURED DISCS

![Normal Spinal Disc](image1)

![Spinal Disc w/ A Ruptured Disc](image2)

Illustrations by K. Rinker, WNYCOSH
Section 3: **Anatomy of an Injury**

**DISC DEGENERATION**

Scarred Vertebral End-Plates prevent nutrients from reaching the Discs = Disc Degeneration
Section 3: Anatomy of an Injury

DISC DISORDERS

- Normal Disc
- Degenerated Disc
- Bulging Disc
- Herniated Disc
- Thinning Disc
- Disc Degeneration with Osteophyte formation

Illustrations by K. Rinker, WNYCOSH
Section 3: **Anatomy of an Injury**

**MSDs AMONG HEALTHCARE WORKERS**

Back injuries are most common:

- 73% of MSDs reported by nurses
- 70% are of the Lumbar Spine
- 57% are due to lumbar disc problems

Other chronic MSDs:

- Rotator cuff (shoulder)
- Thoracic outlet syndrome (neck area)
- Epicondylitis (elbows)
- Cartilage deterioration (knees)
- Carpal tunnel (wrist/hand)
Section 4

Controlling Risk Factors

- “Fitting the Worker to the Job”
- “Fitting the Job to the Worker”
Section 4: **Controlling Risk Factors**

**ERGONOMICS: THE LAWS OF WORK**

Old Philosophy – “Fit the Worker to the Job”

- Body Mechanics
- Physical Fitness
- Personal Protection

New Philosophy – “Fit the Job to the Worker”

- Ergonomics
- Engineering the risk factors (hazards) out of the job
Section 4: **Controlling Risk Factors**

**HANDLING:**
**RISK FACTORS (HAZARDS)**

- What are some risks about your job tasks that can hurt you?

- What are some risks about your work environment that can hurt you?
Section 4: Controlling Risk Factors

ERGONOMIC IDENTIFIES JOB TASK RISKS

- Heavy lifting
- Applying force
- Awkward postures
- Frequent bending, twisting, stretching, reaching
- Prolonged static posture
- Overexertion/no rest = cumulative trauma
THE OSHA “HIERARCHY OF CONTROLS” TO “FIX THE JOB”

Section 4: Controlling Risk Factors
Section 4: Controlling Risk Factors

FIXING THE JOB: EQUIPMENT

FULL MECHANICAL LIFT
Section 4: Controlling Risk Factors

FIXING THE JOB: EQUIPMENT

Sit-to-Stand Lift (Bariatric Patient)
Section 4: Controlling Risk Factors

FIXING THE JOB: EQUIPMENT

Ceiling Lift (Bariatric Patient)
Section 4: Controlling Risk Factors

FIXING THE JOB: EQUIPMENT

Ceiling Lift with Leg Strap
Section 4: Controlling Risk Factors

FIXING THE JOB: TRANSFER DEVICES

Lateral Transfer Devices
Section 4: Controlling Risk Factors

FIXING THE JOB: OTHER ASSISTIVE DEVICES
Section 4: *Controlling Risk Factors*

After you have the equipment:

- Release time for your SPH team
- Right equipment and accessible
- Accurate assessment/care plans
- Staffing to allow for two (2) people to operate mechanical lifts/repositioning devices
- Staff training on SPH policy/procedures
- Mentoring/monitoring/evaluating staff
## Section 4: Controlling Risk Factors

### Fixing the Work Environment

<table>
<thead>
<tr>
<th>Room Layout</th>
<th>Small Room/Clutter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uneven Work Surfaces</td>
<td>Beds, Chairs and Toilets w/ Different Heights</td>
</tr>
<tr>
<td>Lifting Devices</td>
<td>Equipment Poorly-Maintained, Inaccessible, Wrong or Inadequate</td>
</tr>
</tbody>
</table>

** Beware Slips, Trips & Fall Hazards
Section 5

Old vs. New Practices: Changing the Culture

- Moving From an “Old” Manual Lifting Culture to a “New” Safe Patient Handling Culture

- How Do We Get There?
The “Old” Handling Culture:

- “Blame and Shame”
- Injuries are due to carelessness
- Reward good behavior
- Punish bad behavior
- Body mechanics = safe lifts/transfers
- Non-manual handling is impractical
Section 5: **Old Vs. New Practices: Changing the Culture**

**The “New Safe Patient Handling Culture”**

- The way to create a safer workplace is to “Fit the Job Task” and “Work Environment” to the worker.

- Eliminate the need to manually handle through the purchase and use of equipment will create a safer workplace.

- Train and mentor direct care workers on the proper use of equipment will move us toward a “Culture of Safety”.
Moving to a New Culture of Safety:

- Commitment of leadership to safety
- Safety valued as much as efficiency/productivity through investments in equipment
- Shift away from “Shame and Blame” to looking at root causes
- Training, mentoring and monitoring
- Organizational learning from errors and near misses
Section 6: Safe Patient Handling Stakeholders

- Identifying SPH Stakeholders
- Stakeholder Benefits
Section 6: **Safe Patient Handling Stakeholders**

Anyone Who:

- Has a stake in the project working
- Can stop the SPH project
- Is directly impacted
- Will feel threatened
- Stands to benefit
- Can support the budget
Section 6: Safe Patient Handling Stakeholders

The Stakeholders:

- Management/Administration
- HR, Fiscal Administrator, Comptroller
- Frontline Staff (CNAs, PCAs, LPNs, RNs)
- Occupational and Physical Therapists
- Family Members
- Environmental/Laundry/Plant Operations
- Clinical Engineers
- Social Workers, Admissions and Unit Clerks
- Purchasing
- Students, New Hires, Potential New Hires
Section 6

Safe Patient Handling Programs

GROUP ACTIVITY 3
Page 8 of Student Workbook Guide

• Stakeholders
• SPH Ergonomic Teams
• Achieving “Buy-in”
Section 6: Safe Patient Handling Stakeholders

WHAT ARE THE BENEFITS?

- For Patients?
- For Frontline Workers?
- For Employers
Section 6: Safe Patient Handling Stakeholders

Benefits for Patients:

- Improved quality of care
- Improved safety and comfort
- Improved satisfaction
- Reduced risk of falls, being dropped and friction burns
- Reduced skin tears and bruises
Benefits for Health Care Workers:

- Reduced risk of injury
- Improved morale
- Less pain and muscle fatigue
- Re-injury less likely for injured workers
- Pregnant workers can work longer
- Staff can work at an older age
- More energy at work shift’s end
Section 6: Safe Patient Handling Stakeholders

Benefits for Employers:

- Reduced number and severity of staff injuries
- Improved safety
- Reduced restricted work days
- Reduced overtime and sick leave
- Improved recruitment/retention of direct care staff
- Fewer resources needed to replace injured staff
Section 7:

Safe Patient Handling Ergonomic Teams

- SPH Team Structure
- SPH Team Functions
Section 7: Safe Patient Handling/Ergonomic Team Structure

SPH/ERGONOMIC TEAM STRUCTURE

- Co-Chairpersons
  - Front Line Non-Managerial Direct Care Worker
  - Managerial Representative

- SRH Ergonomic Team Membership
  - Direct Care Members
  - Administrative Members
Section 7: Safe Patient Handling/Ergonomic Team Structure

Direct Care Staff Members:

- Care Staff (All Shifts)
- Registered Nurses
- Licensed Practical Nurses
- Certified Nursing Assistants
- Transport Staff
- Maintenance
- Environmental Services (Including Laundry)
- Physical/Occupational Therapy Staff
- Infection Control
Section 7: Safe Patient Handling/Ergonomic Team Structure

Administrative Members:

- Administration
- Business/Budget Department
- Human Resources
- Trainers/Educators
- Supervisors
- Third-Party Administrators, Benefit Coordinators, Workers Comp Case Managers
- Occupational Health/Employee Health Personnel
Section 7: Safe Patient Handling/Ergonomic Team Structure

FUNCTIONS: SPH TEAM DUTIES/RESPONSIBILITIES

- Resident Evaluation & Oversight
- Program Evaluation
- Incident/After Action Reviews
- Assess Equipment Needs & Facility Environment
- Training
- Equipment
Section 8: 

**Timeline**

- Developing Your SPH Program Implementation Timeline
Section 8: **Timeline**

Developing a Timeline for the Following Elements of Your SPH Programs:

- Needs Assessment
- Equipment Purchases
- SPH/Ergonomics Team Up and Running
- SPH Policy and Procedures Development
- Stakeholders “Buy-In”
- SPH Program “Rolled Out” Onto Units
- SPH Training for All Direct Care Workers
- System for Mentoring, Evaluating Direct Care Workers Established
Section 9:

Making the Case
For Safe Patient Handling
Ergonomics Programs:

Documenting Patient Handling Injuries
Section 9: Making the Case: SPH Ergonomics Programs

AGENDA:

- Injuries in the Healthcare Industry
- OSHA Logs/MSDs
- Workers’ Compensation/MSDs
- SPH Survey
- SPH Programs: Cost vs. Benefits
- Return-to-Work Programs
Section 9: Making the Case: SPH Ergonomics Programs

OBJECTIVES:

Participants will be able to understand...

- How the OSHA 300 Log can be used to assess the incidence of handling-related injuries at this facility

- How the Workers’ Compensation C–2s and Loss – Run reports can be used to analyze the cost of injuries at this facility
Section 9: Making the Case: SRH Ergonomics Programs

OBJECTIVES (Continued):

Participants will be able to understand...

- How your team can use the OSHA 300 Logs, Workers’ Comp C2s/Loss – Run reports, direct observations and staff interviews to determine where/why –handling injuries are occurring at your facility

- What –handling equipment can be targeted to your high–injury work area and the costs of doing nothing vs. the benefits of a SPH program

- The benefits of a SPH program on having an effective claims Return to Work program
Section 9: Health Care Industry Injuries

- Where does our industry rank?
- Injury rates in nursing homes
- Lost Work Days among our CNAs
- MSDs and CNAs
- Overexertion and injuries
- Job task/work environment hazards
- Broader issues increasing job hazards
WHERE DOES OUR INDUSTRY RANK?

- Which industries rank at the Top 5 with respect to work-related injury rates?
- What injuries are most common?
- How do most employees get hurt?
- What’s the number one injury at our facility?
- What’s the cause?
WHERE DOES OUR INDUSTRY RANK?

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- What injuries are most common?
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- What’s the number one injury at our facility?
- What’s the cause?
Section 9: Industry Injuries

Highest non-fatal occupational injury and illness incidence rates among 3-digit NAICS industries, private industry, 2008

- Couriers and messengers (NAICS 492): 8.7
- Air transportation (NAICS 481): 8.7
- Nursing and residential care facilities (NAICS 623): 8.4
- Hospitals (NAICS 622): 7.6
- Primary metal manufacturing (NAICS 331): 7.2
- Wood product manufacturing (NAICS 321): 7.2
- Animal production (NAICS 112): 6.9
- Warehousing and storage (NAICS 493): 6.8
- Fabricated metal product manufacturing (NAICS 332): 6.8
- Beverage and tobacco product manufacturing (NAICS 312): 6.8

Among the ten 3-digit NAICS industries with the highest rates of nonfatal injuries and illnesses, three industries—couriers and messengers (NAICS 492), air transportation (NAICS 481), and nursing and residential care facilities (NAICS 623)—experienced rates that were more than twice the rate for all private industry (3.8 cases per 100 workers) in 2008.

Section 9: Health Care Industry Injuries

Incidence rate of nonfatal occupational injuries and illnesses per 100 full time workers by industry, State governments, 2008

- Nursing and residential care facilities: 12.5
- Hospitals: 11.9
- Correctional institutions: 7.9
- Construction: 6.9
- Police protection: 5.9
- Colleges and Universities: 2.6

Section 9: Health Care Industry Injuries

Incidence rate and number of injuries and illnesses for occupations with high incidence rates, 2008

These twelve occupations have at least 1/10 of one percent of employment and an incidence rate that was two and one-half times the average or greater. Nursing aides, orderlies, and attendants, and laborers and freight, stock, and material movers both had the highest rates statistically. Emergency medical technicians and paramedics had a very high rate of injuries and illnesses, but a smaller number of cases.

Source: Bureau of Labor Statistics, U.S. Department of Labor, Survey of Occupational Injuries and Illnesses, cases involving days away from work. Chart 5
Section 9: Health Care Industry Injuries

Incidence rate and number of injuries and illnesses due to musculoskeletal disorders by selected occupations, 2008

These twelve occupations have at least 1/10 of one percent of employment and an incidence rate of musculoskeletal disorders (MSD) that was higher than 75 per 10,000 full-time workers. Nursing aides, orderlies, and attendants, and emergency medical technicians and paramedics had the highest rates of MSDs in 2008. Nursing aides also had the second highest number of MSD cases in this group, behind laborers and freight, stock, and material movers.

Source: Bureau of Labor Statistics, U.S. Department of Labor, Survey of Occupational Injuries and Illnesses, cases involving days away from work. Chart 23
THE HIGH COST OF WORK-RELATED MSDS: UNDERREPORTING

“. . .the number of MSD injuries reported by healthcare workers is probably low because many injuries are underreported. In fact, it is estimated that as many as 50 percent may go unreported.”

Section 9: Health Care Industry Injuries

OVEREXERTION

Nursing and Residential Care Facilities

- Overexertion in lifting
- Total Overexertion
- Slips or trips without fall
- Fall on same level
- Fall to lower level

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overexertion in lifting</td>
<td>15%</td>
</tr>
<tr>
<td>Total Overexertion</td>
<td>35%</td>
</tr>
<tr>
<td>Slips or trips without fall</td>
<td>5%</td>
</tr>
<tr>
<td>Fall on same level</td>
<td>20%</td>
</tr>
<tr>
<td>Fall to lower level</td>
<td>5%</td>
</tr>
</tbody>
</table>
Section 9: Health Care Industry Injuries

WHY IS MANUAL HANDLING HAZARDOUS?

The work exceeds the physical capacity of the worker:

- 130+lbs vs. 35lbs
- Patients movement and transfer involves awkward positioning
- Patients represent an unstable load that may shift
- Patients are difficult to handle and don’t come with handles which increase the force needed to move them
- Daily repetitive lifting and transfers
Section 9: Health Care Industry Injuries

APPROXIMATELY HOW MUCH WEIGHT IS HANDLED DURING A DAY SHIFT?

Daily Handling, Lifting, & Transfers

EXAMPLE

5 case load (dependent)  
2 transfers – out of bed, into bed  
2 transfers for toileting  
3 transfers for dining

5 patients x 7 transfers = 35 transfer events in an 8 hour shift  
(which suggests one each 14 minutes)

Add 3 repositionings for each patient each day  
5 patients x 3 repositions = 15

That makes approximately 50 handlings during a shift
Section 9: Health Care Industry Injuries

APPROXIMATELY HOW MUCH WEIGHT IS HANDLED DURING A DAY SHIFT?

On average a ‘handling’ means providing 40 pounds of assistance.

(Not unlike moving or repositioning the equivalent of a bag of topsoil or of mulch)

THEREFORE:

50 handlings x 40 pounds = 2000 pounds or 1 TON

Source: Fragala 2003
Section 9: Health Care Industry Injuries

EQUIPMENT AND FACILITY DESIGN THAT PUTS EMPLOYEES & PATIENTS IN AWKWARD POSITIONS

- Beds not conducive to reposition patient or transfer to/from bed.

- Rooms that are cluttered or do not allow appropriate access to beds, chairs, etc.

- Bathing and toileting facilities that promote sustained and/or awkward employee positioning.
Section 9: Health Care Industry Injuries

A GROWING CRISIS?

Additional concerns for the health of workers and of the industry...

- Aging workforce
- Nursing shortage
- Obese patients
Section 9: Health Care Industry Injuries

AGING WORKFORCE

- An aging workforce in nursing is creating significant problems for the healthcare industry.

- With an average age of nurses of 46.8 years, an older workforce brings knowledge and experience to the job, but:
  - Can fatigue easily
  - Have more chronic health issues
  - May be less physically fit
NURSING SHORTAGE

- 100,000 vacant nursing positions in the US & expected to reach 340,000 by 2020
- Increased overtime and mandatory overtime
- Higher workloads for individual workers
- Increased stress on workers
- Potential for more errors

From: Thomas R. Waters, Ph.D., N.I.O.S.H.
THE OBESITY EPIDEMIC

Will an obesity epidemic create yet more MSDs among our direct care workers?

- More than 30% for the population is considered to be obese
- More than 66% of the population is overweight
- In the last 5 years, 50% increase of those 100 lbs. overweight, 75% increase in those more than 100lbs overweight
- It is common for healthcare providers to see patients weighting more than 400lbs
- Bariatric care is of increasing importance
Section 9: **Health Care Industry Injuries**

**THE OBESITY EPIDEMIC**

Obesity Trends Among U.S. Adults 1989

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person*)

![Map of the United States Showing Obesity Trends in 1989](attachment:obesity_map.png)
Section 9: Health Care Industry Injuries

THE OBESITY EPIDEMIC

Obesity Trends Among U.S. Adults 1999

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Section 9: Health Care Industry Injuries

THE OBESITY EPIDEMIC

Obesity Trends Among U.S. Adults 2009

(*BMI ≥30, or ~30 lbs. overweight for 5’ 4” person)
Section 9: **Health Care Industry Injuries**

THE HIGH COST OF HEALTH CARE WORK–RELATED MSDS: THE HUMAN TOLL

Work–related MSDs in health care can cause situations for direct caregivers that are:

- Life altering
- Career ending
- Disabling
- Chronic (persistent/permanent pain)

Back injury MSDs due to manual handling are the **#1 injury** reported in health care.

Section 9: Health Care Industry Injuries

THE HIGH COST OF HEALTH CARE WORK–RELATED MSDS: THE HUMAN TOLL

- 31% of nurses reported experiencing back pain while working as a nurse
- 52% complain of chronic (persistent/permanent) back pain
- 12% of nurses “leaving for good” cite lower back pain as the main reason
- Another 12% considered leaving the profession
- 38% suffered work–related back pain severe enough to require leave from work

WORKERS’ COMPENSATION COSTS

The direct cost of an average back injury case is $19,000.

Serious cases involving surgery average $85,000 in direct costs.

Indirect costs to health care facilities average between four and ten times the direct costs.

Using the OSHA 300 Log and Forms

- OSHA 300 Log – recording incidents
- OSHA Form 300A – annual total incident summary
- Work-related injuries and exceptions
- Injury reporting process
- Calculating facility injury rates
- Comparing your facility rate to other facilities/national average rates
- Calculating Lost Work Day costs from work-related illness/injuries
- Workers’ Compensation “Loss Run”
OSHA FORMS

- **OSHA 300 Log** – log to record and summarize injury and illness events

- **OSHA’s Form 300A** – Summary of the column totals from the OSHA 300 log that is publicly posted each year.

- **OSHA’s Form 301** – Injury and Illness Incident Report (or similar form to record individual incident information, often for Workers’ Compensation purposes).
# Using the OSHA 300 Log and Forms

## OSHA 300 LOG

**OSHA’s Form 300**

*Log of Work-Related Injuries and Illnesses*

<table>
<thead>
<tr>
<th>Case</th>
<th>Employee’s name (e.g., Wilted)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of injury or onset of illness</th>
<th>Where the event occurred (e.g., Loading dock with fork)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe the case</th>
<th>Classify the case</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>CHECK ONLY one box for each case based on the most serious outcome for that case</td>
</tr>
</tbody>
</table>

**Classified as:***

- (A) Death
- (B) Days away from work
- (C) Job transfer or restriction
- (D) Other recordable case

**Deaths:**

<table>
<thead>
<tr>
<th>Days away from work</th>
<th>Job transfer or restriction</th>
<th>Other recordable case</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Injuries and Illnesses:**

<table>
<thead>
<tr>
<th>Days away from work</th>
<th>On job transfer or restriction</th>
<th>Other recordable case</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Page totals:**

Go to the Summary page (Form 300A) before you post it.

**Page of**

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
Using the OSHA 300 Log and Forms

OSHA’S FORM 300A

OSHA’s Form 300A (Rev 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Use the Log to count the individual entries you made for each category. Then write the total below, making sure you’ve added the entries from every page of the Log. If you had no cases, write “0.”

Employees, former employees, and their representatives have the right to review the OSHA Form 300 or its equivalent. See 29 CFR Part 1904.36, in OSHA’s recordkeeping rule, for further details on the access provisions for these forms.

<table>
<thead>
<tr>
<th>Number of Cases</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of cases with days away from work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of cases with job transfer or restriction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of other recordable cases</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Days</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days away from work</td>
<td></td>
</tr>
<tr>
<td>Total number of days of job transfer or restriction</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and Illness Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of...</td>
</tr>
<tr>
<td>(1) Injuries</td>
</tr>
<tr>
<td>(2) Skin disorders</td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
</tr>
<tr>
<td>(4) Poisonings</td>
</tr>
<tr>
<td>(5) Hearing loss</td>
</tr>
<tr>
<td>(6) All other illnesses</td>
</tr>
</tbody>
</table>

Establishment Information

- Your establishment name
- Street
- City, State, Zip

Industry description (e.g., Manufacturer of water tank motors)

- Standard Industrial Classification (SOC), i.e., 3716
- OR
- North American Industrial Classification (NAICS), i.e., 346212

Employment Information

- Annual average number of employees
- Total hours worked by all employees last year

Sign here

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Signature: __________________________
Date: __________________________

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information, unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3641, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.
Using the OSHA 300 Log and Forms

OSHA’S FORM 300A

OSHA’s Form 300A (Rev 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you’ve added the entries from every page of the Log. If you had no cases, write “0.”

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.36, in OSHA’s recordkeeping rule, for further details on the access provisions for these forms.

<table>
<thead>
<tr>
<th>Number of Cases</th>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Days</th>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and Illness Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of...</td>
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<tr>
<td>(1) Injuries</td>
</tr>
<tr>
<td>(2) Skin disorders</td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
</tr>
<tr>
<td>(4) Poisonings</td>
</tr>
<tr>
<td>(5) Hearing loss</td>
</tr>
<tr>
<td>(6) All other illnesses</td>
</tr>
</tbody>
</table>

Establishment Information

Your establishment name: ________________________________

Street: _____________________________  City: __________  State: ______  ZIP: __________

Industry description (e.g., Manufacturer of metal such as tiles)

Standard Industrial Classification (SIC), if known (e.g., 3712)

OR

North American Industrial Classification (NAICS), if known, (e.g., 344122)

Employment Information (If you don’t have these figures, see the Workplace on the back of this page to estimate.)

Annual average number of employees: ____________

Total hours worked by all employees last year: ____________

Sign here

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

________________________  __________________________

[Signature]  [Date]

Post this Summary page from February 1 to April 30 of the year following the year covered by the Form.
Using the OSHA 300 Log and Forms

THE OSHA LOG OF WORK-RELATED INJURIES & ILLNESSES

- A summary is mandated by OSHA to be posted annually for employees to see
- It is NOT meant to indicate blame
- It is NOT an indication of a violation
- It is meant as a tool to:
  - Help eliminate hazards,
  - Create a safe work environment, and
  - Keep employees healthy
Using the OSHA 300 Log and Forms

WORK RELATED INJURIES THAT NEED TO BE RECORDED:

- Death
- Loss of consciousness
- Days away from work
- Restricted work activity, or job transfer
- Medical treatment beyond first aid

Additional Criteria:

- Needle sticks
- Any case that requires the employee to be medically removed
- Tuberculosis infection
- Employees hearing test that has shown a Standard Threshold Shift (STS)
Using the OSHA 300 Log and Forms

WORK RELATED INJURIES THAT NEED TO BE RECORDED:

Work-related injuries and illnesses that are significant must be recorded.

- Any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional.

- Any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum.

See 29 CFR 1904.7.
Using the OSHA 300 Log and Forms

WORK–RELATEDNESS

Cases are work–related if:

- An event or exposure in the work environment either caused or contributed to the resulting condition
- An event or exposure in the work environment *significantly* aggravated a pre–existing injury or illness

CFR. 1904.5
**Work-relatedness** is presumed for injuries and illness resulting from events or exposures occurring in the work environment.

A case is presumed work-related if, and only if, an event or exposure in the work environment is a discernible cause of the injury or illness or of a significant aggravation to a pre-existing condition. The work event or exposure need only be one of the discernible causes; it need not be the sole or predominant cause.

CFR 1904.5
Using the OSHA 300 Log and Forms

WORK–RELATED EXCEPTIONS

Adds additional exceptions to the definition of work relationship to limit recording of cases involving:

- Eating, drinking, or preparing food or drink for personal consumption
- Common colds and flu
- Voluntary participation in wellness or fitness programs
- Personal grooming or self–medication

1904.5(b)(2)
Using the OSHA 300 Log and Forms

OSHA FORM 301 INCIDENT REPORT (OR COMPARABLE W.C. STATE FORM)

- One of the first pieces of paperwork completed when an employee is injured and is brought to the attention of a facility’s management.

- Provides a place to record basic information about who, when, and where the injury occurred.

- Also records details of the injury and treatments provided.

- May provide place to record details of salary pertinent to compensation for the injured employee.
Using the OSHA 300 Log and Forms

OSHA’S FORM 301

OSHA’s Form 301
Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses and the accompanying summary, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers’ compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA’s recordkeeping rule, you must keep this form on file for 5 years following the year in which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Information about the employee

1. Full name: ____________________________
2. Street: ____________________________
   City: ____________________________ State: _______ ZIP: __________
3. Date of birth: ___/___/______
4. True gender: Male □ Female □
5. □ Male □ Female

Information about the physician or other health care professional

6. Name of physician or other health care professional: ____________________________
7. If treatment was given away from the worksite, where was it given:
   Facility: ____________________________
   Street: ____________________________
   City: ____________________________ State: _______ ZIP: __________
8. Was employee treated in an emergency room? Yes □ No □

Information about the case

9. Was employee hospitalized overnight as an in-patient? Yes □ No □

10. Case number from the Log: ____________________________ (Transfer the case number from the Log after you record the case.)
11. Date of injury or illness: ___/___/______
12. Time employee began work: AM/PM
13. Time of event: ____________________________ AM/PM □ Check if time cannot be determined
14. What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: “climbing a ladder while carrying cutting materials”, “spraying chlorine from hand sprayer”, “duty computer key entry”
15. What happened? Tell us how the injury occurred. Examples: “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gasket broke during replacement”; “Worker developed soreness in wrist over time.”
16. What was the injury or illness? Tell us the part of the body that was affected and how it was affected: be more specific than “bump,” “pain,” or more.” Examples: “strained back”, “chemical burn, hand”, “carpal tunnel syndrome.”
17. What object or substance directly harmed the employee? Examples: “concrete floor”; “chlorine”; “radial arm saw.” If this question does not apply to the incident, leave it blank.
18. If the employee died, when did death occur? Date of death: ___/___/______

Completed by: ____________________________
Title: ____________________________
Phone: ____________________________ Date: ___/___/______

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OES/Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.
Using the OSHA 300 Log and Forms

INJURY REPORTING PROCESS

- Each facility may differ in who is responsible for reporting
- Procedures used for getting the reporting of work-related injuries started differ as well
- Human Resources department (or person) often given the responsibility
- It’s informative for the Ergo committee to become familiar with the process
- Provides the committee with knowledge of where to access information to evaluate their injury history and costs
An incident report is required within 7 days after receipt of information that a work-related injury or illness has occurred.

Forms are available from OSHA, a state’s worker’s compensation department or made individually by a facility.
Using the OSHA 300 Log and Forms

EXAMPLE OF PART OF A NYS WORKER’S COMPENSATION C–3 EMPLOYEE CLAIM FORM
Using the OSHA 300 Log and Forms

EXAMPLE OF PART OF A NYS WORKER’S COMPENSATION C-3 EMPLOYEE CLAIM FORM

INSTRUCTIONS TO CARRIER

Please fill out the form completely and accurately. If the answer to any question is not applicable, indicate n/a. The Board will not accept or consider any C-7 form submitted without a complete certification, at Section D.

Section C, Factual Basis for Controverted Claim:

In order to controvert an issue, you must, at minimum, be able to factually support the following contentions. To controvert a particular issue, check the box, and specify the factual basis in the text area. The mere checking of the box, without providing the factual basis, is not sufficient to controvert an issue. The examples are provided below by way of illustration, and are not exhaustive:

- **Prima Facie Medical Evidence** -- That the medical report submitted on behalf of the claimant fails to reference an injury.

- **Accident within meaning of Workers’ Compensation Law** -- That the alleged accident is barred, excluded, or not covered within the law. *For example*, that the accident is: barred by 2(7), an exacerbation of prior injury (no new accident); barred by 10(1), such as intoxication or off-duty athletic activity, or intentionally causing harm to self or others.

- **Accident Arising Out Of and In the Course of Employment** -- That the alleged accident did not occur while in the course of employment, such that it cannot be presumed that the accident arose out of the course of employment. OR that while the accident occurred in the course of employment, there is substantial evidence to rebut the presumption that the accident arose out of the course of employment. *For example*, that the claimant was injured while outside scope of employment, such as in an off-premises injury which occurred when claimant was not in portal to portal status.

- **Occupational Disease within meaning of Workers’ Compensation Law** -- That the alleged occupational disease is barred, excluded, or not covered within the law. *For example*, that the disease is not a recognized condition; that there was no distinctive feature of employment.

- **Occupational Disease Arising Out of and In the Course of Employment** -- That the disease arose outside of employment. *For example*, the condition was caused by exposure or activity outside that which was experienced in the workplace.

- **Notice (Section 18)** -- That the employer received no notice; that there was improper notice (e.g. to co-workers not supervisor); or that the notice was not timely (beyond 30 days).

- **Notice (Section 45)** -- That the employer received no notice, that notice was given to an improper employer entity, or that notice was untimely (more than 2 years from the later of the date disablement or the date claimant knew-or-should-have-known of the occupational disease).

- **Employer-Employee Relationship** -- That there was no employer-employee relationship as defined by statute or case law. *For example*, that claimant was an independent contractor; that there was no covered employment, such as casual employment; certain domestic employment, or certain other activities as defined in WCL Sec. 3 Groups 12 through 24; General Municipal Law Sec. 207-a or c; that claimant does not fit the definition of employee under WCL Sec. 2(4); that claimant was an excluded employee such as a partner or certain corporate officers; or that the Board should be aware that there was more than one employer (dual employment which caused injury), or special-general employment. Note - a claim should not be controverted merely because claimant was concurrently employed at the time of injury as set forth in WCL Sec. 14(6), for determination of wages.

- **Causally Related Accident or Occupational Disease** -- That the medical and/or other evidence does not support the assertion that there is a causal link between...
Using the OSHA 300 Log and Forms

PROBLEMS WITH CLAIMS CAN INVOLVE:

- The medical report submitted on behalf of the claimant fails to reference an injury.
- That the alleged accident is barred, excluded, or not covered.

For example, the accident is:

- An exacerbation of prior injury (no new accident);
- Intoxication or off-duty athletic activity, or intentionally causing harm to self or others;
- That the employer received no notice; that there was improper notice (e.g. To co-workers not supervisor); or that the notice was not timely (beyond 30 days).
Using the OSHA 300 Log and Forms

14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* “climbing a ladder while carrying roofing materials”; “spraying chlorine from hand sprayer”; “daily computer key-entry.”

The employee was transferring a patient that needed assistance from her bed to a chair. The employee assisted the patient by steadying her with her arm around her back and holding her arm with her other hand. During the transfer the patient’s legs buckled and she began to sink to the floor. The employee maintained contact with the patient, slowing her fall to the floor. As the patient was lowered to the ground, the employee’s right knee and back were twisted in an awkward manner.

15) **What happened?** Tell us how the injury occurred. *Examples:* “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gasket broke during replacement”; “Worker developed soreness in wrist over time.”

As the employee lowered the patient to the ground, her foot was under the falling patient and the weight of the patient (225lbs.) collapsed onto the employee’s right leg. The right leg twisted while supporting the patient and pain was felt in her knee. She also experienced pain in her lower (left) back as she lowered the patient to the ground.

16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than “hurt,” “pain,” or sore. *Examples:* “strained back”; “chemical burn, hand”; “carpal tunnel syndrome.”

The employee experienced immediate pain in her right knee and lower back (left side). Later in the day, the right knee showed signs of swelling and the employee was unable to complete her shift due to painful cramping in her back.
Using the OSHA 300 Log and Forms

OSHA 300 LOG

OSHA's Form 300  (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, or job transfer; days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or other licensed health care professional. You must also record work-related injuries and illnesses that result in the specific recording criteria listed in 29 CFR Part 1904.6 through 1904.12. Feel free to use these forms for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you are not sure whether a case is recordable, call your local OSHA office to help.

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Employee's Name</th>
<th>Job Title</th>
<th>Date of Injury</th>
<th>Where the Event Occurred</th>
<th>Describe Injuries or Illness, Parts of Body Affected, and Object Substance Reference Injured or Made Person Ill (e.g., So and degree burn on right forearm from welshers tool)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Roberta Jones</td>
<td>CNA</td>
<td>1/10</td>
<td>Res. Room</td>
<td>Back Injury</td>
</tr>
<tr>
<td>2</td>
<td>Jennifer Frey</td>
<td>LPN</td>
<td>1/20</td>
<td>Res. Room</td>
<td>Back injury, sprain of knee, strain back</td>
</tr>
</tbody>
</table>
Using the OSHA 300 Log and Forms

SUMMARIZING YOUR FACILITY’S INJURIES OVER TIME

- Collect OSHA form 300A summaries from the previous three to five years
- Provides a quick indicator of the size and scope of the injury situation at your facility
- You can determine if your rates are increasing or decreasing by dividing the number of injuries by the average number of full time workers (then multiply by 100 to get the rate per 100 FT workers).
Using the OSHA 300 Log and Forms

CALCULATING YOUR RATE

\[
\frac{13}{140} \times 100 = 9.3
\]

# of injuries/year from col. M of 300 log

# of full time workers/year

# to make it comparable to 100 full time workers/year

# injury rate per 100 full time workers/year

Note: Due to the issue of part time workers, the estimates of Full Time Workers at a facility will differ from the number of people working at the facility. Using hours will result in a more precise figure, but the above number will serve as a rough number for illustration purposes.
CALCULATING INJURY RATES
OSHA FORM 300 A:
SUMMARY OF WORK–RELATED INJURIES AND ILLNESSES

- A place to find info quickly

- Summarizes from the previous 3 – 5 years, providing a quick indicator of the size and scope of your injury situation

- Indicates if rates are increasing or decreasing

- Includes number of days lost, costs of injuries, rough estimate of overall costs of injuries
Using the OSHA 300 Log and Forms

OSHA Log injuries and illnesses for ABC facility and comparison NAICS codes in the U.S. & New York State

Comparison groups: Nursing and Care Facilities & Management of Companies & Enterprises.

<table>
<thead>
<tr>
<th>Year</th>
<th>Injury Rate (Col. M) per 100 FT workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>8.7</td>
</tr>
<tr>
<td>2009</td>
<td>7.4</td>
</tr>
<tr>
<td>2010</td>
<td>9.1</td>
</tr>
</tbody>
</table>
Section 2: Using the OSHA 300 Log and Forms

OSHA Log injuries and illnesses for ABC facility and comparison NAICS codes in the U.S. & New York State

Comparison groups: Nursing and residential Care Facilities & Management of Companies & Enterprises.

Year | Rate per 100 full time workers
--- | ---
2008 | 8.7
2009 | 7.4
2010 | 9.1

- **Red:** Injury Rate (Col. M) per 100 FT workers
- **Blue:** U.S. occupational injury and illness incidence rates among Nursing and residential care facilities (NAICS 623), private industry, 2008
Section 2: Using the OSHA 300 Log and Forms

OSHA Log injuries and illnesses for ABC facility and comparison NAICS codes in the U.S. & New York State

Comparison groups: Nursing and residential Care Facilities & Management of Companies & Enterprises.

![Bar chart showing injury rates per 100 full-time workers from 2008 to 2010.]

- **2008**: 8.7
- **2009**: 7.4
- **2010**: 9.1

- **Injury Rate (Col. M) per 100 FT workers**
- **U.S. occupational injury and illness incidence rates among Nursing and residential care facilities (NAICS 623), private industry, 2008**
- **NYS occupational injury and illness incidence rates among Nursing and residential care facilities (NAICS 623), private industry, 2008**
Using the OSHA 300 Log and Forms

Nursing and Residential Care Facility Injury & Illness Rates are high compared to many other industries in the U.S.

Injury & Illness Rates may be different for your state.

IF THEY ARE LOWER FOR YOUR STATE, IS YOUR FACILITY LAGGING IN BEING ABLE TO REDUCE INJURIES?

IS IT POSSIBLE THAT SPH PROGRAMS ARE RESPONSIBLE FOR LOWERING RATES IN YOUR STATE?

Bureau of Labor Statistics: Incidence rates represent the number of injuries and illnesses per 100 full-time workers.
Using the OSHA 300 Log and Forms

OSHA’s Form 300A (Rev 04/2001)

Summary of Work-Related Injuries and Illnesses

<table>
<thead>
<tr>
<th>Number of Cases</th>
<th>Latent, chronic cases</th>
<th>Acute or severe cases from operations away from work</th>
<th>Total number of cases with job-related injuries or illnesses</th>
<th>Total number of cases other than those mentioned above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work time lost due to injury</td>
</tr>
<tr>
<td>377</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and Illness Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work-related cases</td>
</tr>
<tr>
<td>13</td>
</tr>
<tr>
<td>Non-work related cases</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>All other types</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

Post this Summary page from February 1 to April 30 of the year following the year covered by this form.
Using the OSHA 300 Log and Forms

DETERMINE A REASONABLE ESTIMATE OF AVERAGE SALARY FOR THE WORKFORCE AT THE FACILITY

Human Resources:

- Use an average salary

- If unsure, be conservative so that subsequent estimates aren’t considered to be inflated.

- ($10 per hour, $80 per day, $20,000 per year*).

* From www.payscale.com, for Certified Nurse Assistant (CNA), U.S. average salary $10.13)
Using the OSHA 300 Log and Forms

'Cost' of Lost Work Days from Work Related Illness & Injuries

- 2008: $48,240
- 2009: $17,280
- 2010: $30,160

ABC Rehab
WHAT DOES WORKERS’ COMPENSATION INSURANCE COVER?

Direct Costs Only

Medical costs include:
- Medical treatment of injuries
- Drug costs

Indemnity costs include:
- Time loss costs
- Temporary & permanent disability payments
- Fatality costs/awards
- Vocational assistance costs
- Settlement costs
- Claim expense costs

Source: OR OSHA
SUMMARY

Studies of facilities that adopt SPH programs show huge reductions in:

- Injuries
- Workers’ Comp costs
- Medical costs
- Indemnity costs
- Lost Work Days
- Absenteeism
- Staff turnover
- Mandatory overtime
- Increased morale/productivity

STUDIES ALSO SHOW A RETURN ON INVESTMENT IN APPROXIMATELY THREE (3) YEARS.
SRH Programs – Costs vs. Benefits

RESEARCH HAS SHOWN THAT FOR PATIENTS SPH PROGRAMS:

- A decrease in combativeness (with use of lifting equipment)
- Patients report feeling more comfortable/secure
- Reduced shearing injuries in patients
- Reduction in falls
- Increase in physical functioning & activity level

Return to Work (RTW) Programs in a SPH Environment

- Benefits of RTW programs for injured workers
- Benefits of RTW programs for employers
- Medical Managements programs
- Obstacles to RTW programs
- Overcoming obstacles
Return-to-Work Programs in a SRH Environment

COMP: THE UPSIDE/DOWNSIDE

- Workers’ Comp = wage replacement
- Wage replacement is only partial
- The compensation process is adversarial
- Needed medical treatment is delayed
- Some injured healthcare workers end up on disability
Return-to-Work Programs in a SPH Environment

SPH:
A Philosophy and Practice for Returning Injured Workers to Their Health Care Careers?
“Return to Work programs are a proven, cost-effective way to control the effects of disability and absenteeism in the workplace, and work in the interests of the employer and the employee. The goal of any good Return to Work program is the safe and timely return of employees to transitional or regular employment.”

NYS Return to Work Task Force, 2009
WHY INJURED WORKERS CAN BENEFIT

- After 6 month absence from work, the odds of returning to full employment drops to 50%
- After a year’s absence it drops to 25%
- After 2 year’s absence it drops to near zero
- Compensation rates in total or partial disability cases never match real earnings at the pre-injury level.

*Source:* Steve Levin, MD, RTW Advisory Council
Return-to-Work Programs in a SPH Environment

WHY INJURED WORKERS CAN BENEFIT

Good Return to Work Programs Can:

- Return the worker to her/his place of employment and pay

- Provide transitional (“modified”) work at her/his place of work while recovering

- After the recovery period, return the worker to her/his original job
Return-to-Work Programs in a SPH Environment

WHY EMPLOYERS CAN BENEFIT

Return to Work Programs Have Been Shown to Reduce:

- Frequency and duration of lost time
- Workers’ Compensation costs
- Medical and indemnity costs
- Litigation
- Wage replacement costs
- Use of short/long-term disability benefits
- Productivity loss
Return-to-Work Programs in a SPH Environment

WHY EMPLOYERS CAN BENEFIT

“The New York State Insurance Fund estimates that employers who have Return to Work Programs save 20–40% or more in Worker Compensation costs.”

Source: Steven Levin, MD
WHAT MAKES FOR A GOOD RETURN TO WORK PROGRAM?

- A good medial management program
- A RTW program that is funded and well-led
Return-to-Work Programs in a SPH Environment

MEDICAL MANAGEMENT PROGRAMS

Key Elements of a Good Program:

- Early reporting of MSD symptoms encouraged and supported in policy, procedure and training
- Referring injured workers to a qualified physician
- Filing injury reports right away/track all injuries
Return-to-Work Programs in a SPH Environment

MEDICAL MANAGEMENT PROGRAMS

Key Elements of a Good Program:

- Ensure Workers’ Comp forms filled out
- Set up a Return to Work program with modified work provisions and coordination
- Learn from injury – advise SPH/Ergo Team
- Team gets at root causes of injuries – when, where and frequency of occurrence
Return-to-Work Programs in a SPH Environment

7 PRINCIPLES FOR SUCCESSFUL RETURN TO WORK PROGRAMS

1) Workplace has a strong commitment to SPH

2) Employer makes an offer of modified work for injured/ill employee

3) RTW planners ensure a plan that supports returning the worker to her/his regular job

4) Supervisors trained in disability prevention
Return-to-Work Programs in a SPH Environment

7 PRINCIPLES FOR SUCCESSFUL RETURN TO WORK PROGRAMS

5) Employer makes an early and considerate contact with injured workers

6) Someone is designated to coordinate the RTW program

7) Employers and health care providers communicate with each other

NYS Return to Work Advisory Council, 2009
OBSTACLES

“My own real experience taking care of injured or ill workers is that only in rare occasions have I been successful at getting them back to work in their pre-injury workplace. The most frequent response to inquiries regarding availability of modified duty to accommodate a worker’s temporary (or permanent) functional limitations has been: ‘They need to be able to do their old job or I can’t take them back’.”

Source: Steve Levin, MD, RTW Advisory Council
Return-to-Work Programs in a SPH Environment

OBSTACLE: THE INJURED WORKER

The Injured Worker May Be an Obstacle Due to:

- Resentment – modified work is often menial
- Fear of exacerbating the injury
- Fear of hostility from co-workers
“In unionized workplaces, collective bargaining solutions, or statutory ADR (alternative dispute resolution) remedies for issues involving and related to return to work, re-employment and job protection should be honored or approved solutions for compliance with this program.”

Source: NYS Return to Work Advisory Council, 20009
OVERCOMING OBSTACLES: THE INJURED WORKER

RTW Program Should Emphasize the Positive (Not Stigmatize)

- Relevant/safe modified work
- Look at what work a worker can/can’t do
- Work with physician – ascertain level of restriction
- Accommodate worker – regular schedule
- Non-punitive approach – injuries happen
Return-to-Work Programs in a SPH Environment

OBSTACLE: CO–WORKERS

- Resentment that injured worker is fully salaried
- Resentment she/he isn’t pulling full weight
- Resentment that co–worker got injured
Return-to-Work Programs in a SPH Environment

OVERCOMING OBSTACLES: CO–WORKERS

RTW Program Should Emphasize the Value of the Injured Worker in the Unit

- Remind All: Many healthcare workers are “working injured”
- Accidents can happen, even with A SPH program
- Modified work duty can help the unit
- Transition back to old job benefits us all
Return-to-Work Programs in a SRH Environment

OBSTACLE: MANAGEMENT

- Resentment worker got injured
- Resentment worker is costing the facility
- Resentment the worker is a malingerer
- Too difficult to find worker useful, modified work duty
Return-to-Work Programs in a SPH Environment

OVERCOMING OBSTACLES: MANAGEMENT

RTW Program Should Emphasize Value of Injured Worker to Your Facility:

- $$ spent transitioning vested, experienced worker to old job vs. $$ training new hire
- Can remain closer to being fully staffed
- Shorter amount of time paying overtime/replacement worker
- Transitioning worker can perform valuable tasks in the SPH environment
- Reduce Workers’ Comp costs