SPH Training Series - Session I

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

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

This material was produced under grant number SH-24926-13 from the Occupational Safety and Health Administration, U.S. Dept. of Labor. It does not necessarily reflect the views or policies of the U.S. Dept. of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the US Government.

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

wny cosh

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

wny cosh

Section 1

An Overview of Safe Patient Handling

- Handling s: Myth vs. Fact
- Health Care Worker Rates
- What Is Safe Patient Handling
- Who Benefits?

wny cosh

GROUP ACTIVITY 1

Page 3 of Student Workbook Guide

MYTH

VS.

FACT

wny cosh

WHO IS GETTING HURT?

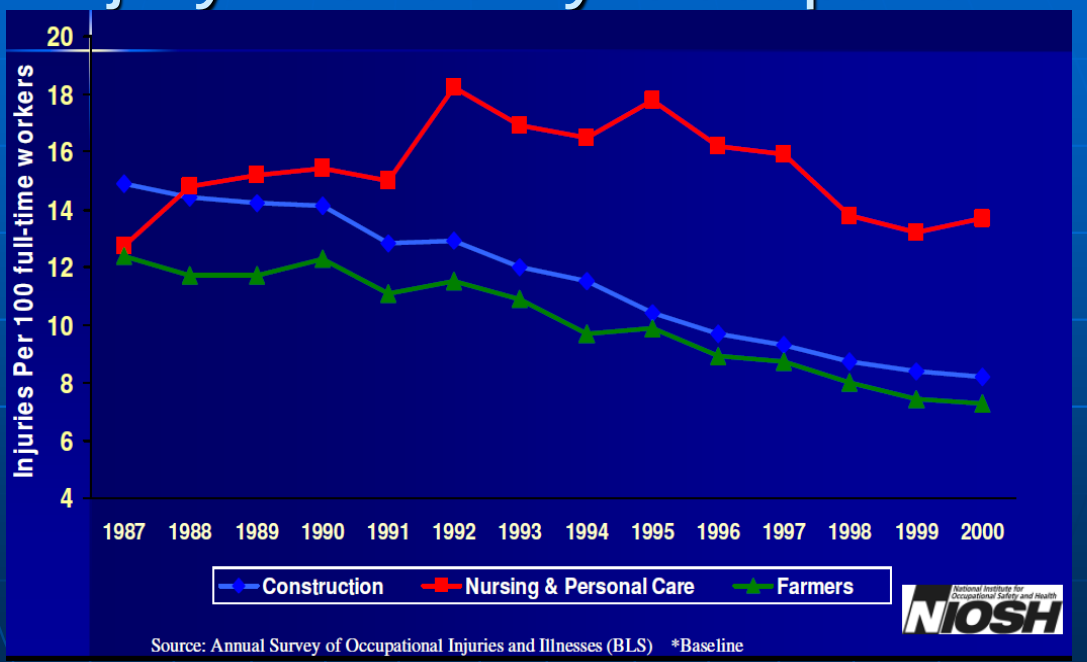
What job titles have the highest injury rates?

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

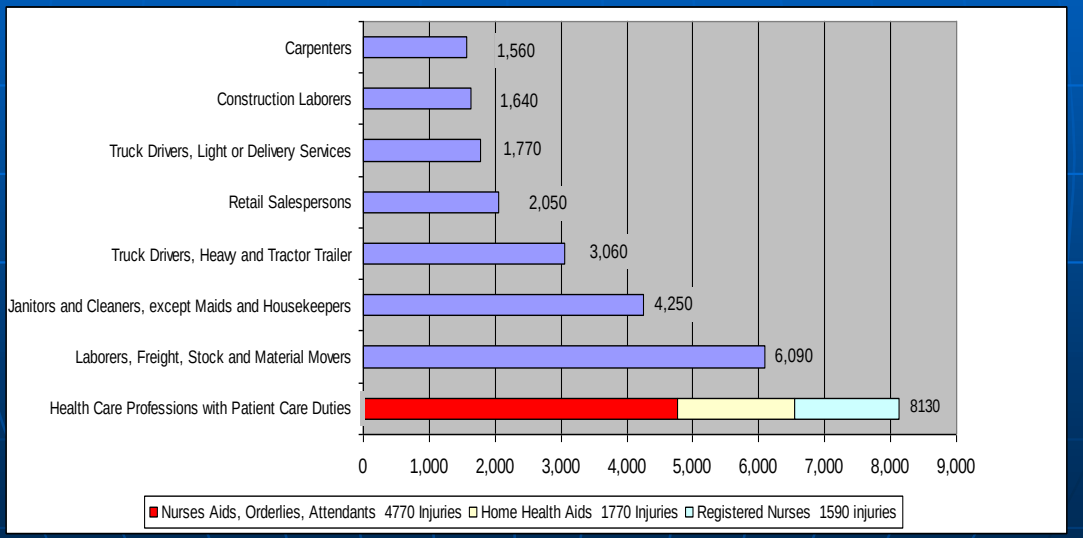
WHO IS GETTING HURT?



wny cosh

WHO IS GETTING HURT?

Numbers of Injuries Nationwide



wny cosh

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** that the average of all occupations
- Approximately three-fourths of these MSDs are lower back disorders

Sources: Bureau of Labor Statistics, 2008, 2009
E. Langford, RN, 1997

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

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?

wny cosh

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

wny cosh

QUESTIONS:

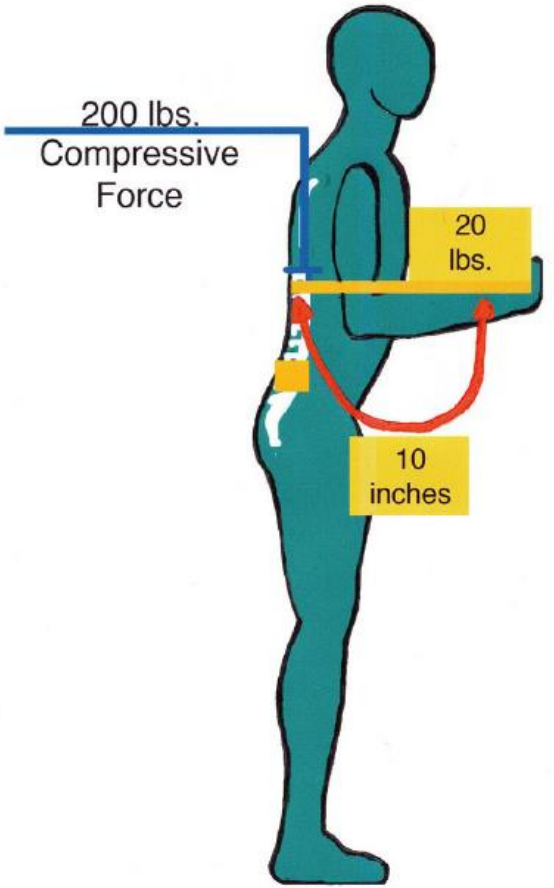
What are good body mechanics?

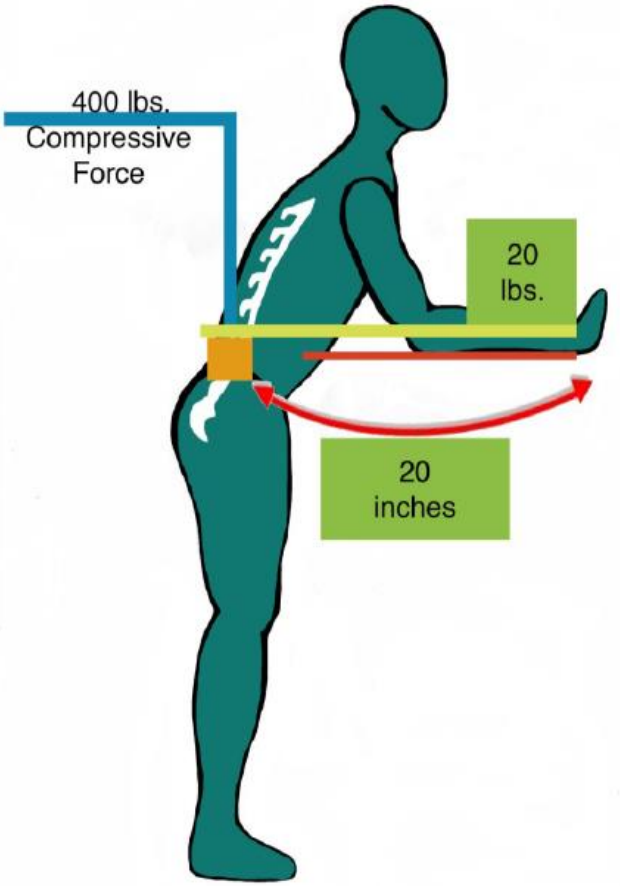
How many pounds can you safely lift using good body mechanics?

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





OSHA Technical manual, Section VII, Chapter 1: Back disorders and Injuries,http://www.osha.gov/dts/osta/otm/otm_vii/otm_vii_1.html

wny cosh

Section 2: Body Mechanics and Lifting Limits

WHAT'S WRONG WITH THIS PICTURE?

wny cosh

Section 2: Body Mechanics and Lifting Limits

WHAT'S WRONG WITH THIS PICTURE?

wny cosh

Section 2: Body Mechanics and Lifting Limits

WHAT'S WRONG WITH THIS PICTURE?

wny cosh

Section 2: Body Mechanics and Lifting Limits

WHAT'S WRONG WITH THIS PICTURE?

wny cosh

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 s
- Manual lifting techniques were based on studies that included only men.

Source: NYS Zero-Lift Task Force

wny cosh

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?

wny cosh

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.

wny cosh

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

wny cosh

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

HOW MUCH ARE YOU LIFTING?

GROUP ACTIVITY 2

Page 6 of Student Workbook Guide

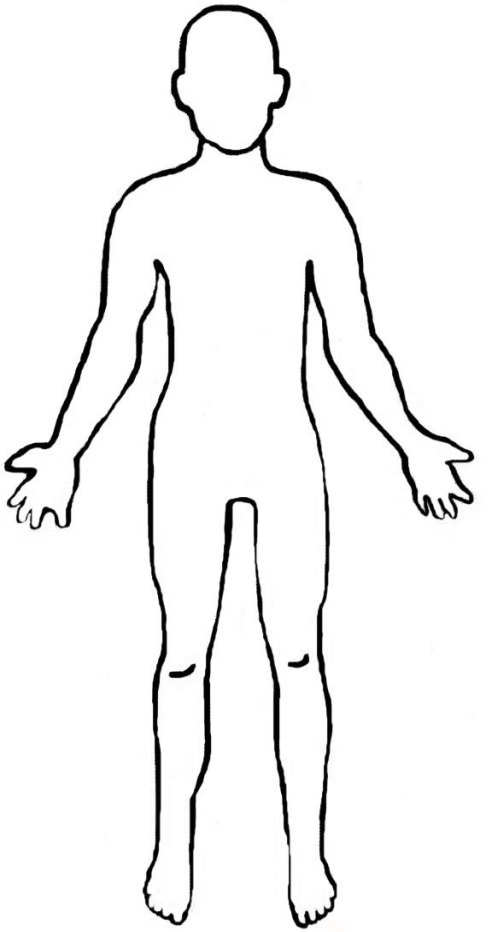
Section 3

Anatomy of an Injury

- The high risks of manual handling
- Manual handling and “overexertion”
- “Overexertion” and excessive forces on the spinal discs

wny cosh

Section 3: Anatomy of an Injury



BODY CHART ACTIVITY

Where do you hurt?

Why do you hurt?

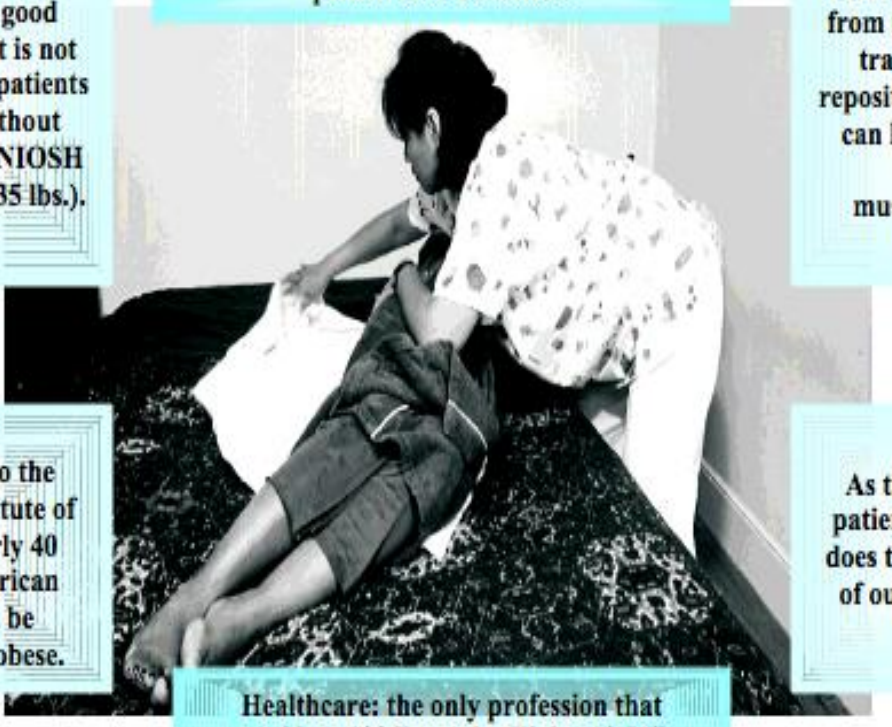
wny cosh

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.).

Cumulative trauma from manual lifting, transferring & repositioning patients can lead to career ending musculoskeletal injuries.



According to the National Institute of Health, nearly 40 million American adults can be classified as obese.

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.

wny cosh

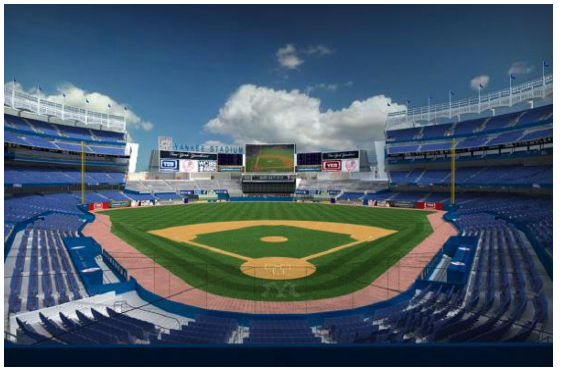
Section 3: Anatomy of an Injury

HOW MUCH ARE YOU LIFTING?

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.

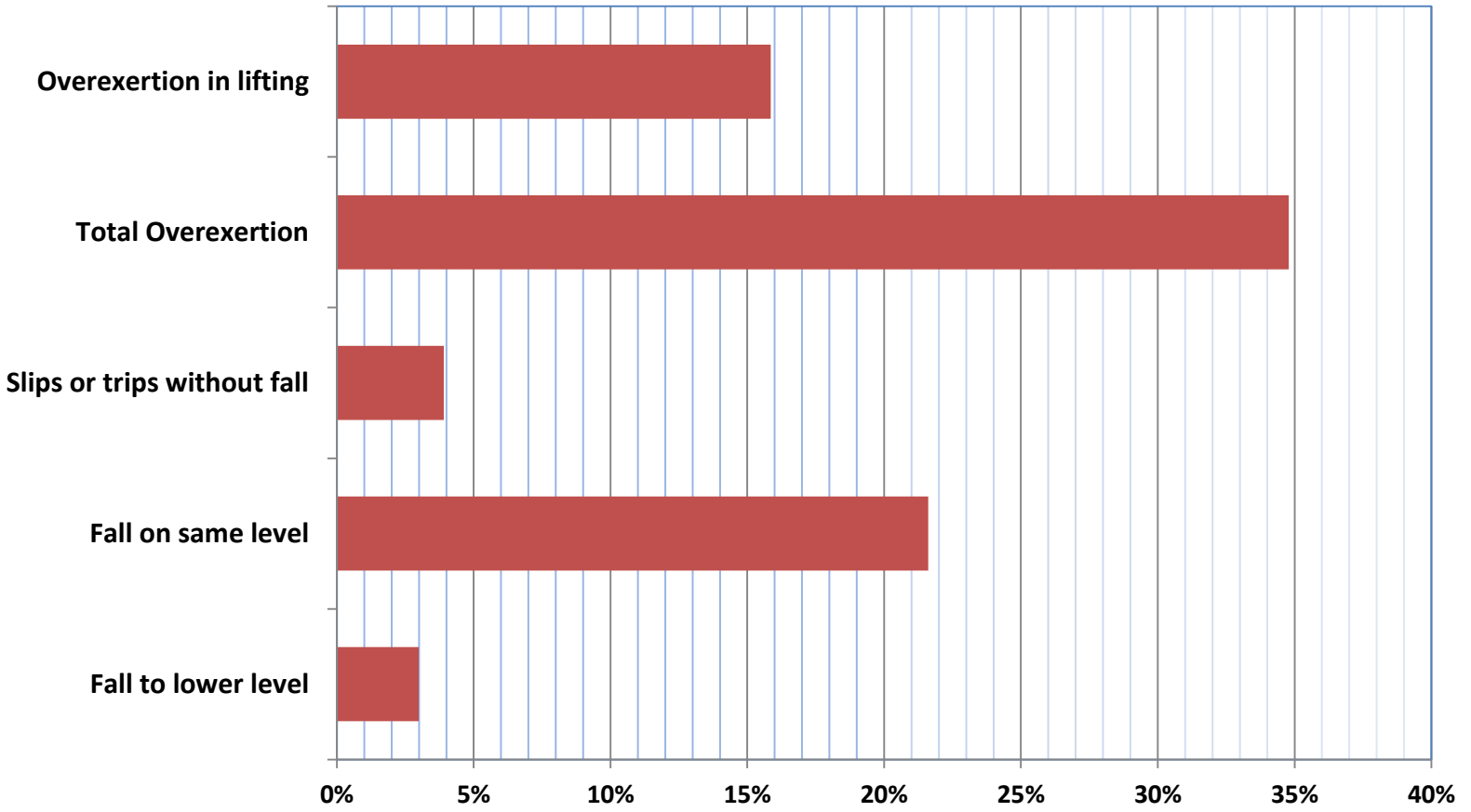


wny cosh

Section 1: Industry Injuries

OVEREXERTION = CUMULATIVE TRAUMA

Nursing and Residential Care Facilities



wny cosh

Section 3: Anatomy of an Injury

YOUR BACK: THE SPINAL COLUMN

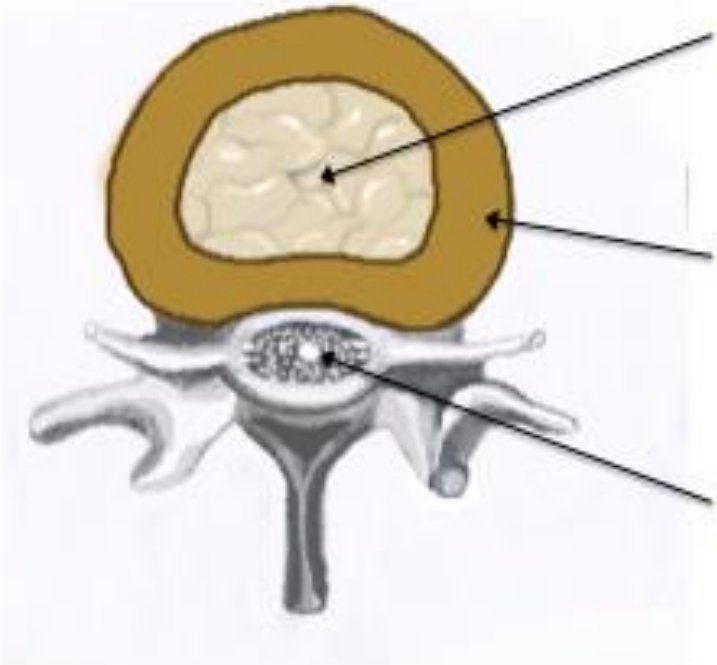
Most pain and disc problems are located in the lower back

Illustrations by K. Rinker, WNYCOSH

wny cosh

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

wny cosh

ACUTE BACK PAIN

- "Acute" due to temporary overexertion/trauma
- Temporary "backache"
- Muscle spasm, strain, sprain

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

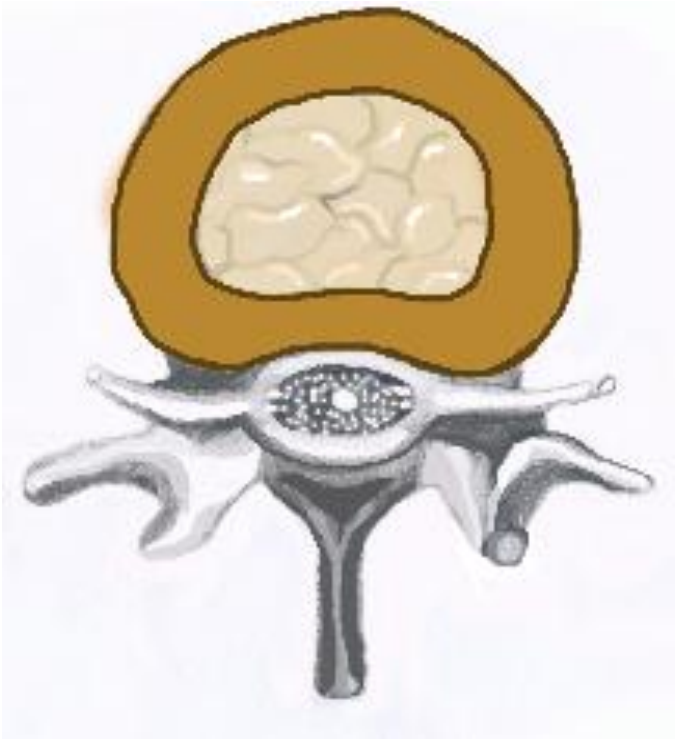
- Shearing Forces
  - Pulling / pushing weight

Over time lumbar discs can rupture, bulge, or degenerate

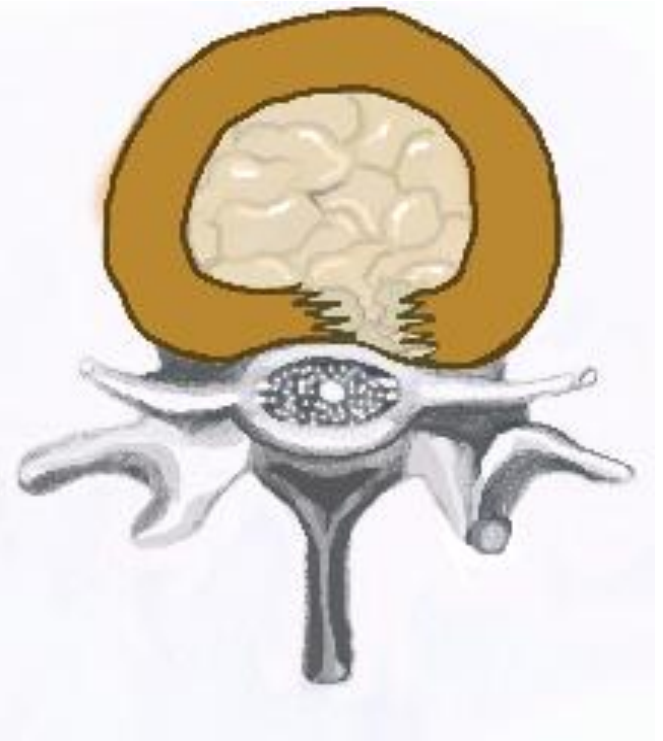
Illustrations by K. Rinker, WNYCOSH

wny cosh

RUPTURED DISCS



Normal Spinal Disc

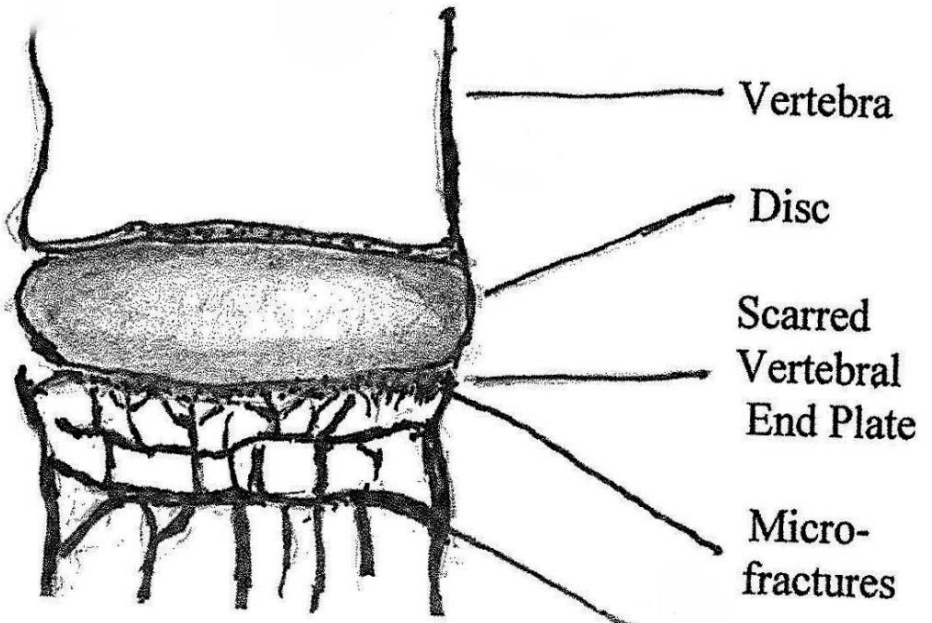


Spinal Disc w/ A Ruptured Disc

Illustrations by K. Rinker, WNYCOSH

Section 3: Anatomy of an Injury

DISC DEGENERATION

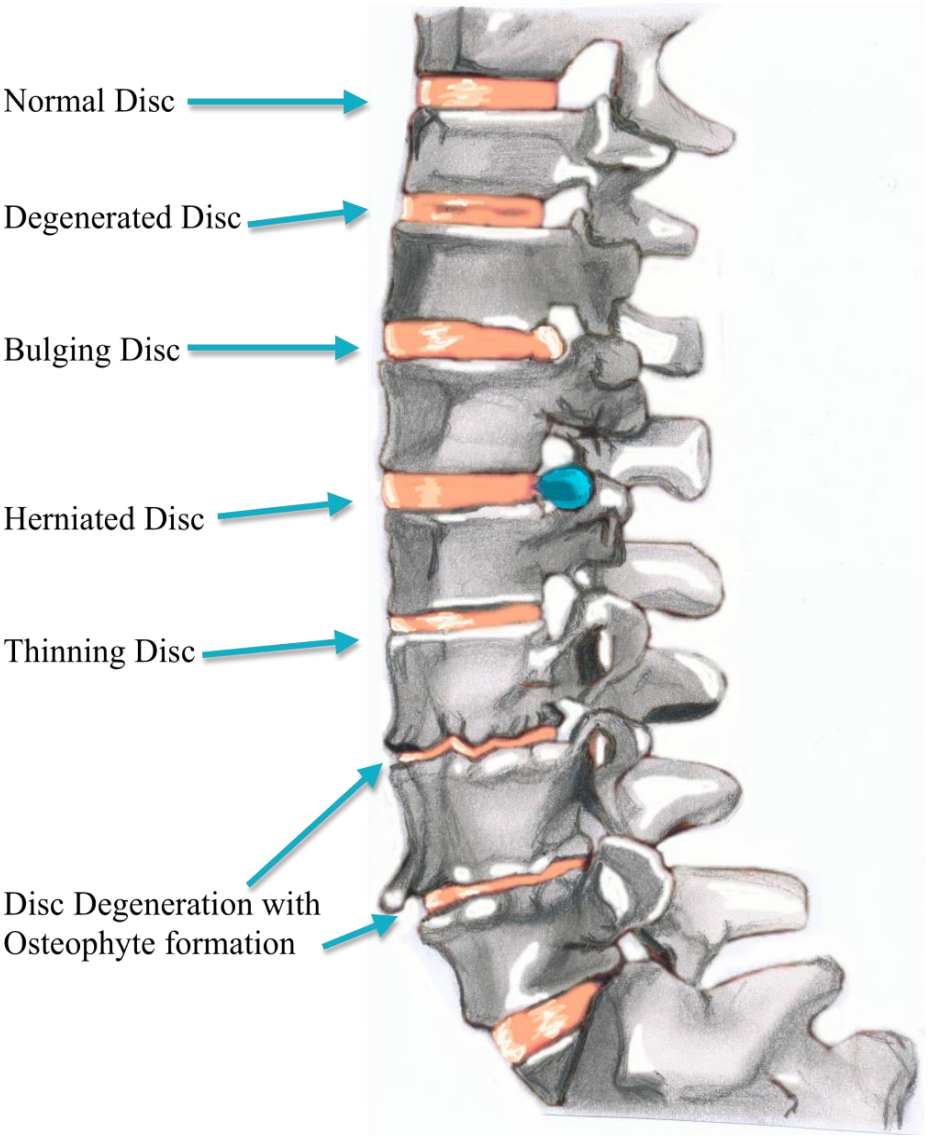


Scarred Vertebral End-Plates prevent nutrients from reaching the Discs = Disc Degeneration

wny cosh

Section 3: Anatomy of an Injury

DISC DISORDERS



Illustrations by K. Rinker, WNYCOSH

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"

wny cosh

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

HANDLING: RISK FACTORS (HAZARDS)

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

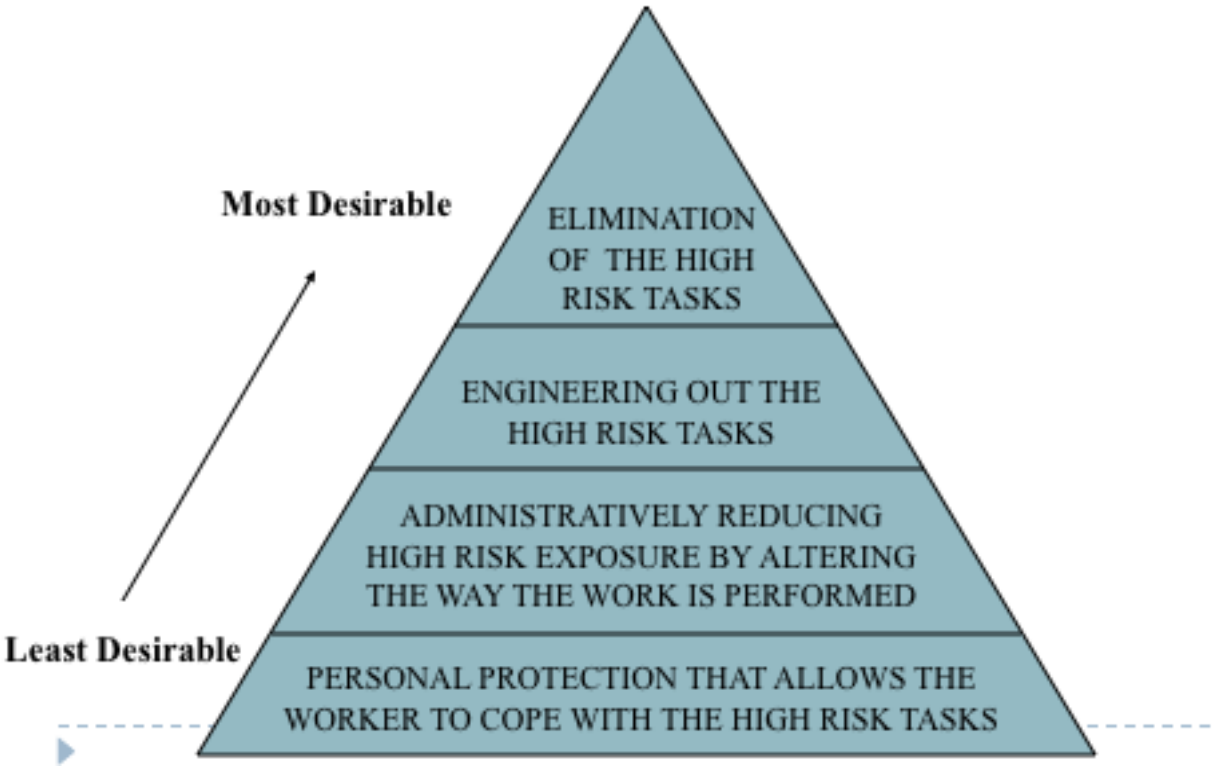
- What are some risks about your work environment that can hurt you?

ERGONOMIC IDENTIFIES JOB TASK RISKS

- Heavy lifting
- Applying force
- Awkward postures
- Frequent bending, twisting, stretching, reaching
- Prolonged static posture
- Overexertion/no rest = cumulative trauma

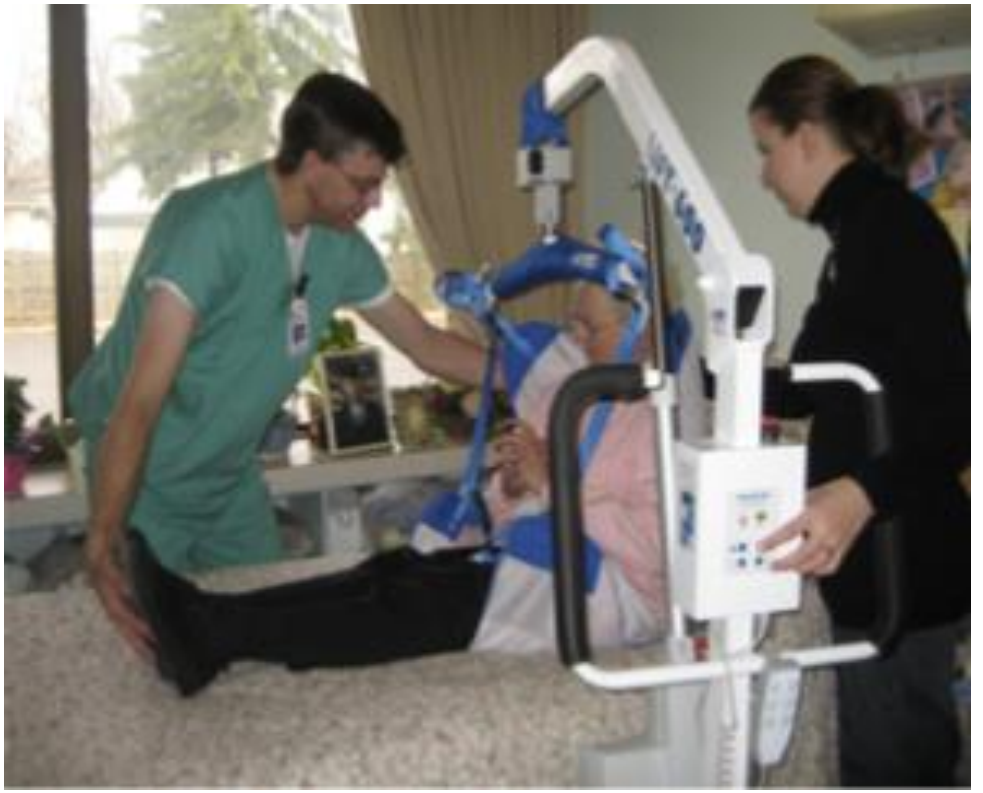
Section 4: Controlling Risk Factors

THE OSHA "HIERARCHY OF CONTROLS" TO "FIX THE JOB"



wny cosh

FIXING THE JOB: EQUIPMENT



FULL MECHANICAL LIFT

FIXING THE JOB: EQUIPMENT

Sit-to-Stand Lift (Bariatric Patient)

FIXING THE JOB: EQUIPMENT

Ceiling Lift (Bariatric Patient)

FIXING THE JOB: EQUIPMENT

Ceiling Lift with Leg Strap

FIXING THE JOB: TRANSFER DEVICES

Lateral Transfer Devices

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

FIXING THE WORK ENVIRONMENT

Room Layout	Small Room/Clutter
Uneven Work Surfaces	Beds, Chairs and Toilets w/ Different Heights
Lifting Devices	Equipment Poorly-Maintained, Inaccessible, Wrong or Inadequate

**** 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?

wny cosh

Section 5: Old Vs. New Practices: Changing the Culture

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 s 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"

wny cosh

Section 5: Old Vs. New Practices: Changing the Culture

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

wny cosh

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

wny cosh

Section 6: Safe Patient Handling Stakeholders

The Stakeholders:

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

wny cosh

Section 6

Safe Patient Handling Programs

GROUP ACTIVITY 3

Page 8 of Student Workbook Guide

- Stakeholders
- SPH Ergonomic Teams
- Achieving “Buy-in”

wny cosh

WHAT ARE THE BENEFITS?

- For Patients?
- For Frontline Workers?
- For Employers

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

Benefits for Employers:

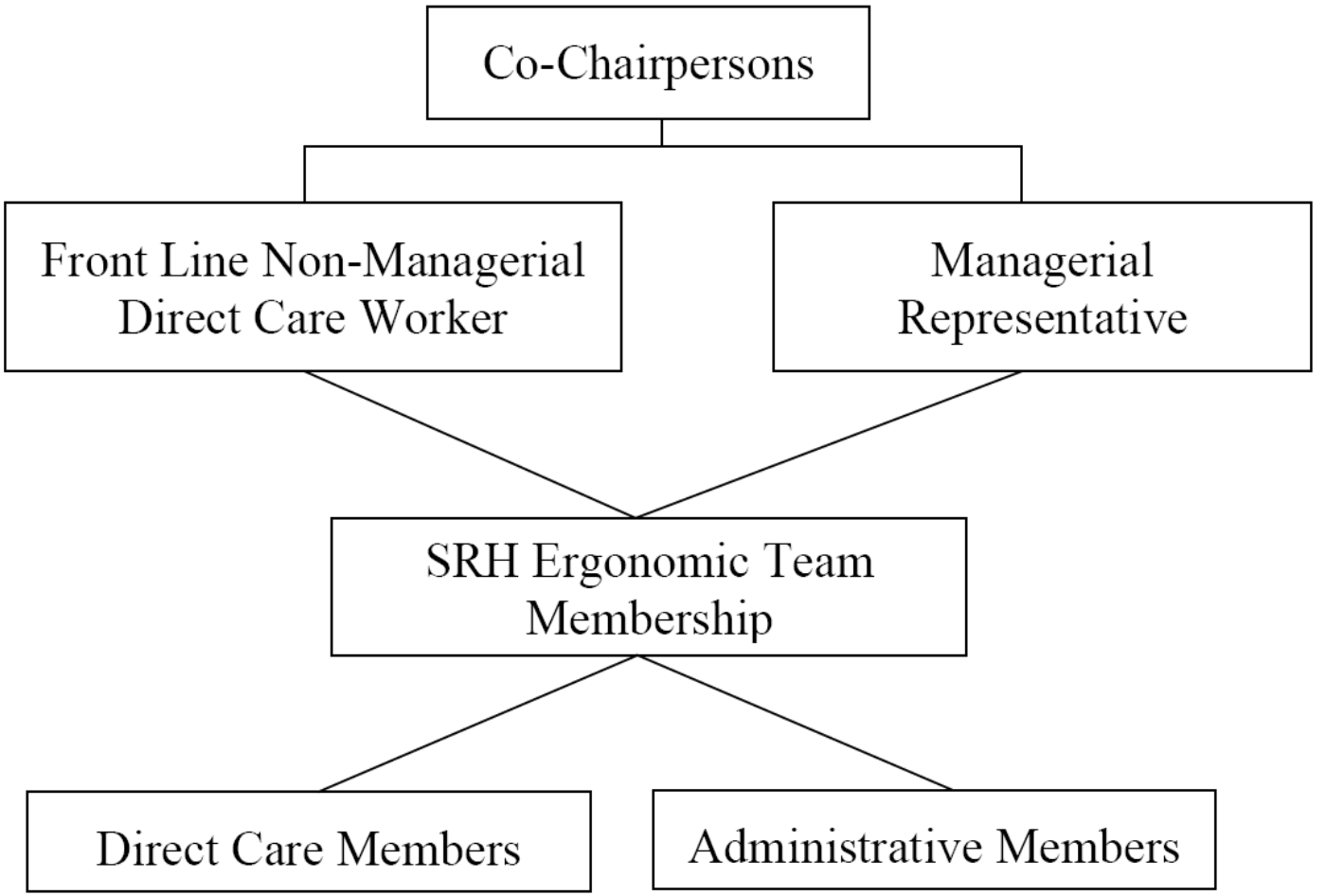
- Reduced number and severity of staff injuries
- Improved safety
- Reduced restricted work days
- Reduced overtime and sick leave
- Improved recruitment/retention of direct care staff
- Fewer resources needed to replace injured staff

Section 7:
Safe Patient Handling Ergonomic Teams

- SPH Team Structure
- SPH Team Functions

wny cosh

SPH/ERGONOMIC TEAM STRUCTURE



Direct Care Staff Members:

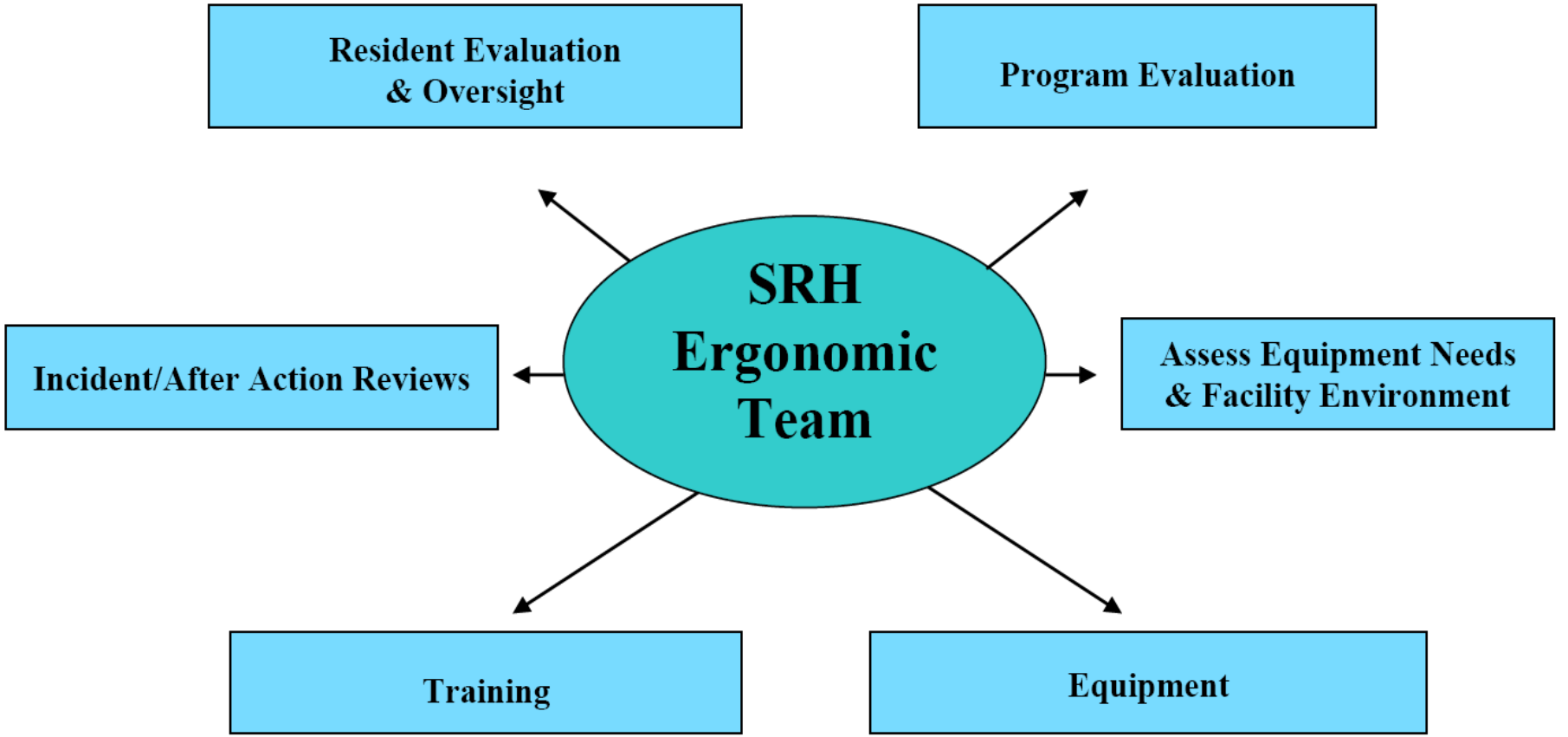
- Care Staff (All Shifts)
- Registered Nurses
- Licensed Practical Nurses
- Certified Nursing Assistants
- Transport Staff
- Maintenance
- Environmental Services (Including Laundry)
- Physical/Occupational Therapy Staff
- Infection Control

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



wny cosh

Section 8:

Timeline

- Developing Your SPH Program Implementation Timeline

wny cosh

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

wny cosh

Section 9:

Making the Case For Safe Patient Handling Ergonomics Programs:

Documenting Patient Handling Injuries

wny cosh

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

wny cosh

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

wny cosh

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

wny cosh

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

wny cosh

WHERE DOES OUR INDUSTRY RANK?

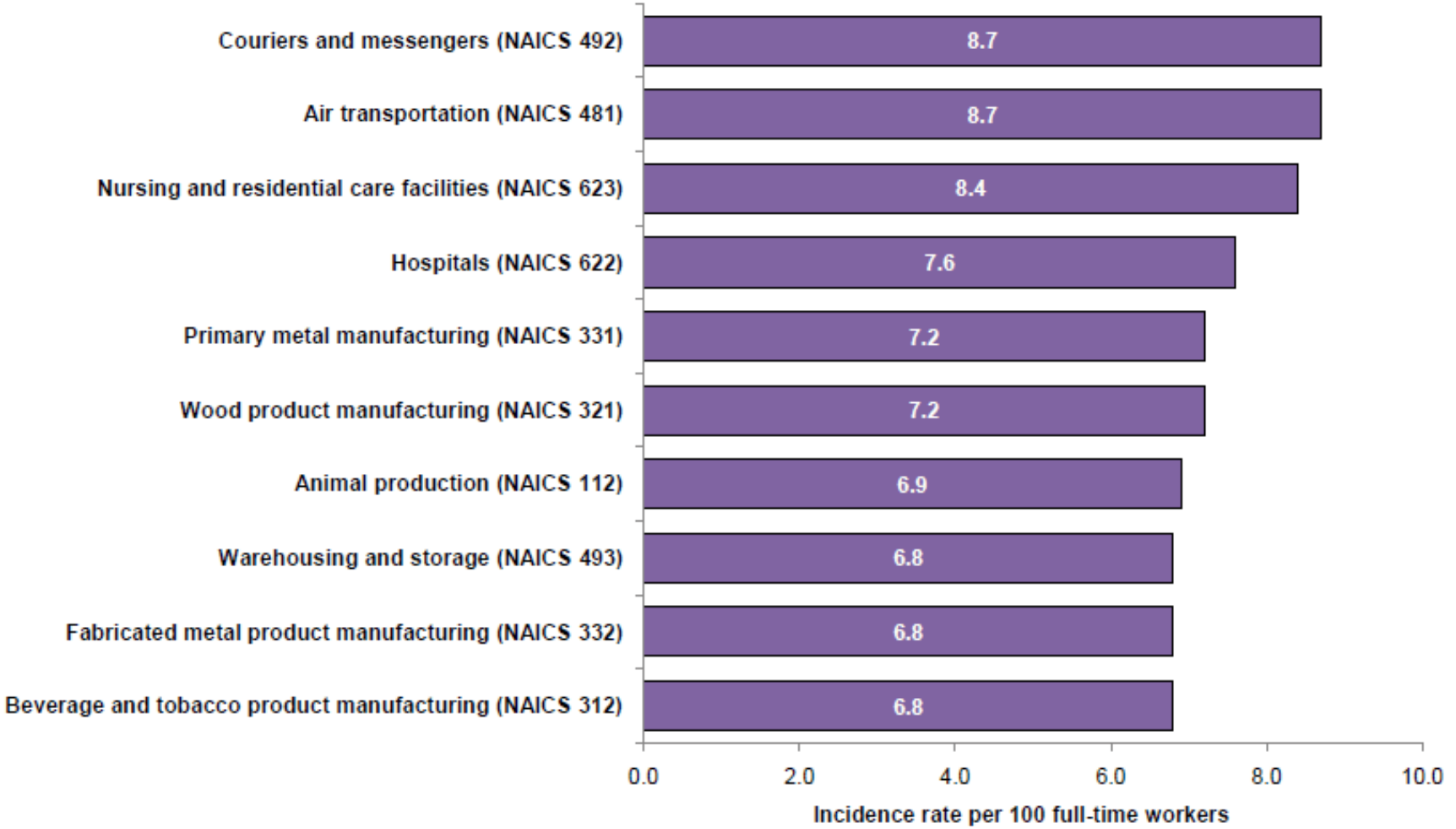
- Which industries rank at the Top 5 with respect to work-related injury rates?
- What injuries are most common?
- How do most employees get hurt?
- What's the number one injury at our facility?
- What's the cause?

WHERE DOES OUR INDUSTRY RANK?

- 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?

Section 9: Industry Injuries

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

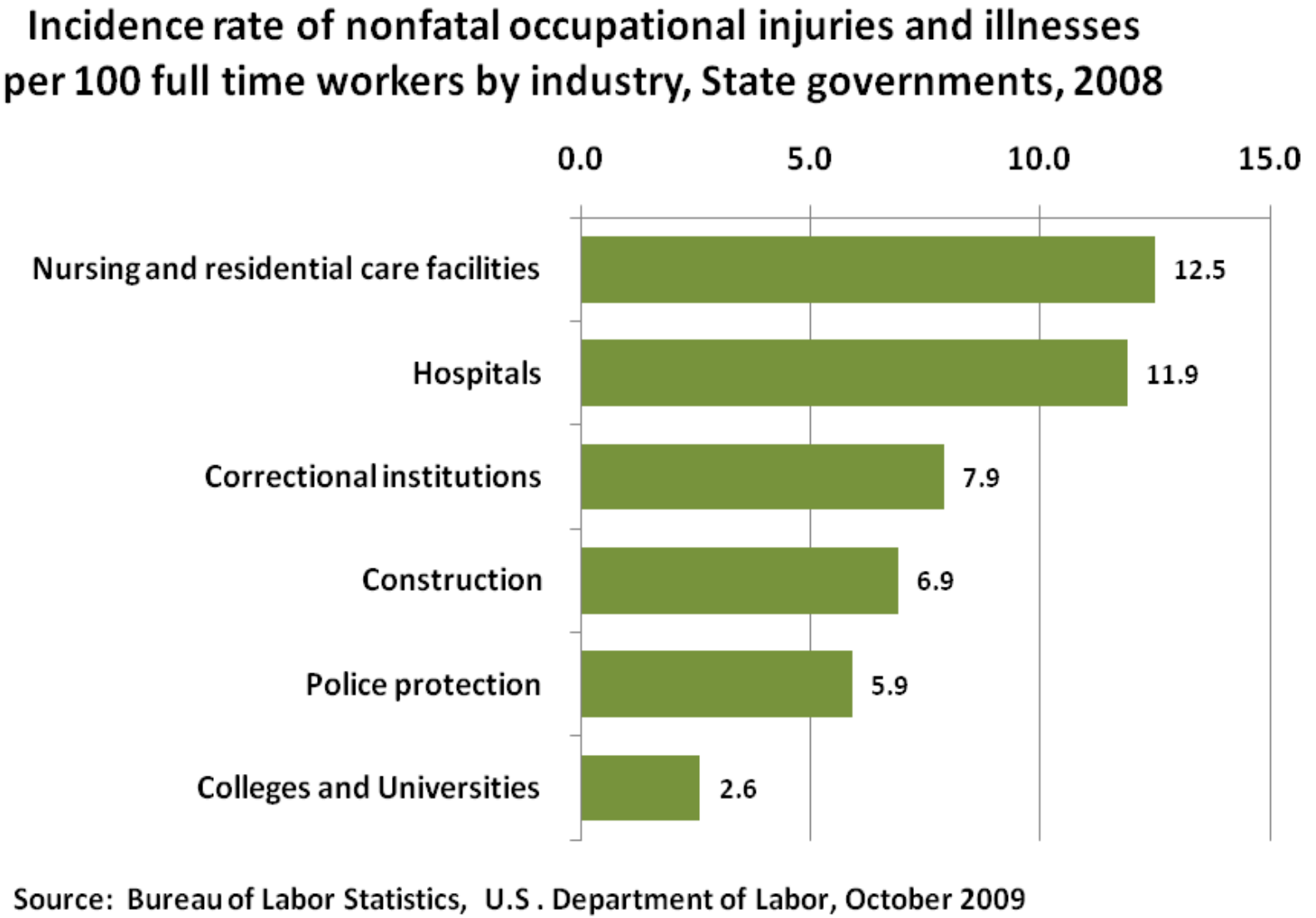


Among the ten 3-digit NAICS industries with the highest rates of nonfatal injuries and illnesses, three industries—couriers and messengers (NAICS 492), air transportation (NAICS 481), and nursing and residential care facilities (NAICS 623)—experienced rates that were more than twice the rate for all private industry (3.9 cases per 100 workers) in 2008.

Source: Bureau of Labor Statistics, US Department of Labor, October 2009

wny cosh

Section 9: Health Care Industry Injuries

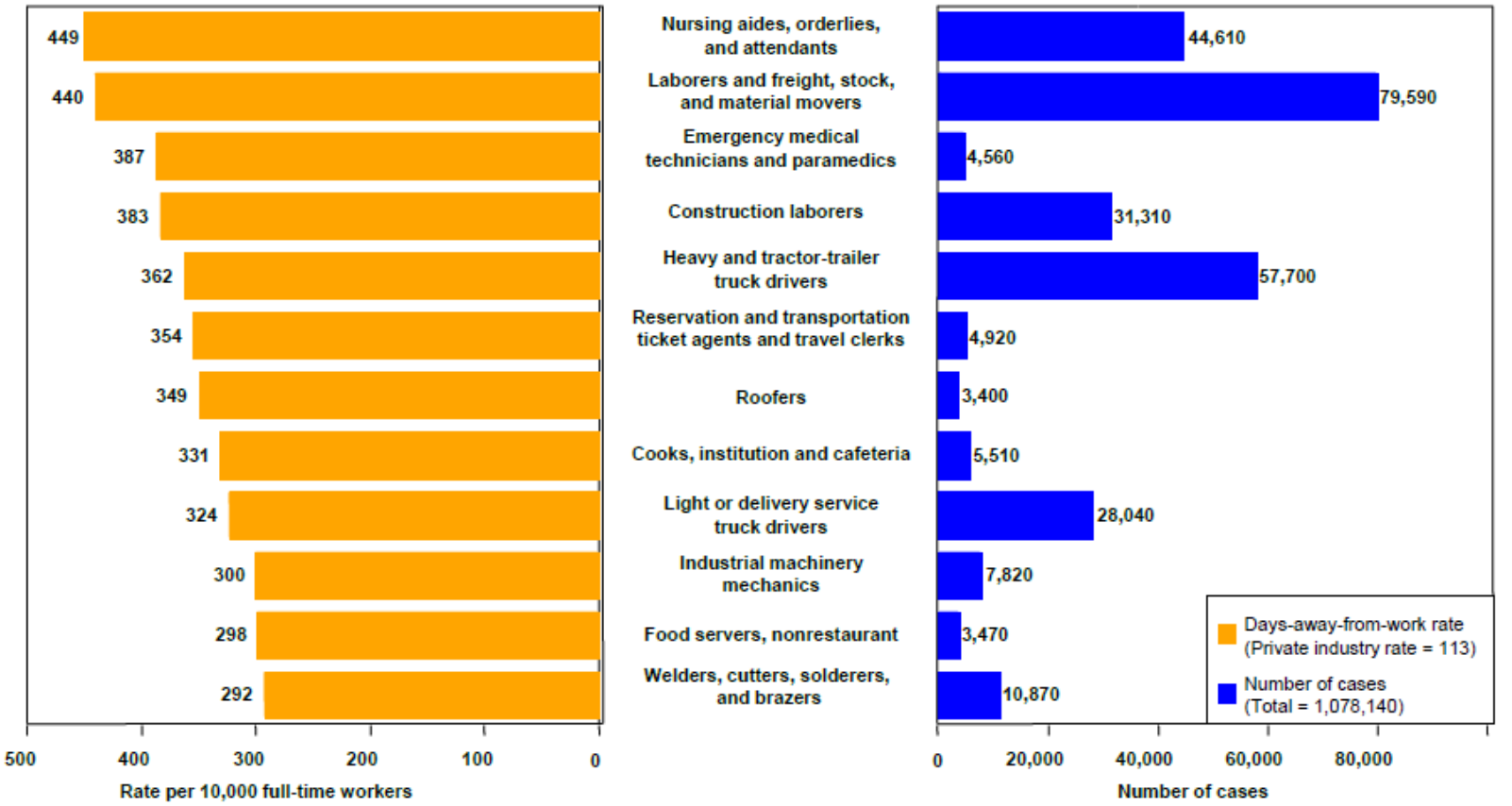


Source: Bureau of Labor Statistics, U.S . Department of Labor, October 2009

wny cosh

Section 9: Health Care Industry Injuries

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



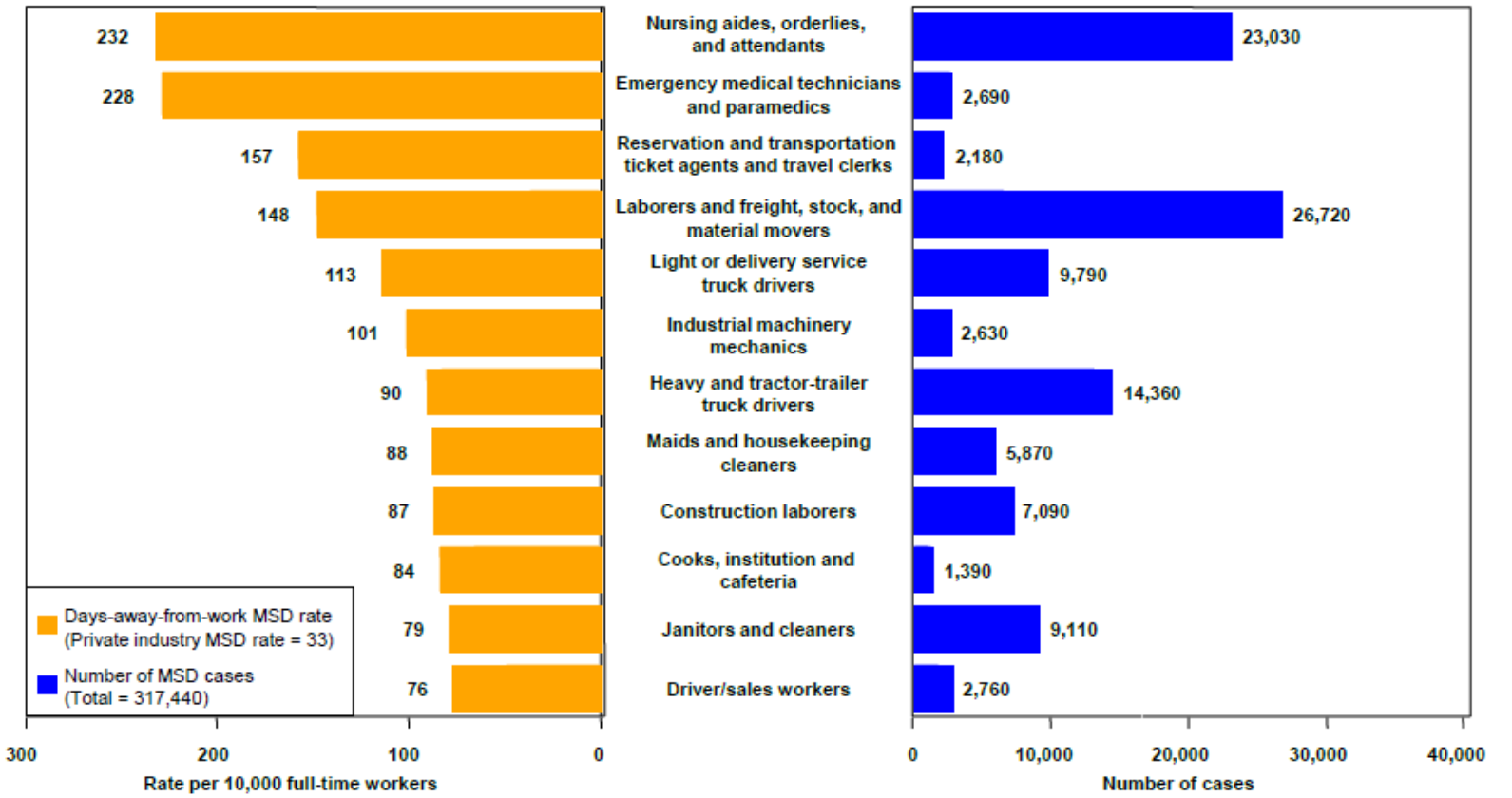
These twelve occupations have at least 1/10 of one percent of employment and an incidence rate that was two and one-half times the average or greater. Nursing aides, orderlies, and attendants, and laborers and freight, stock and material movers both had the highest rates statistically. Emergency medical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

wny cosh

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

wny cosh

THE HIGH COST OF WORK-RELATED MSDS: UNDERREPORTING

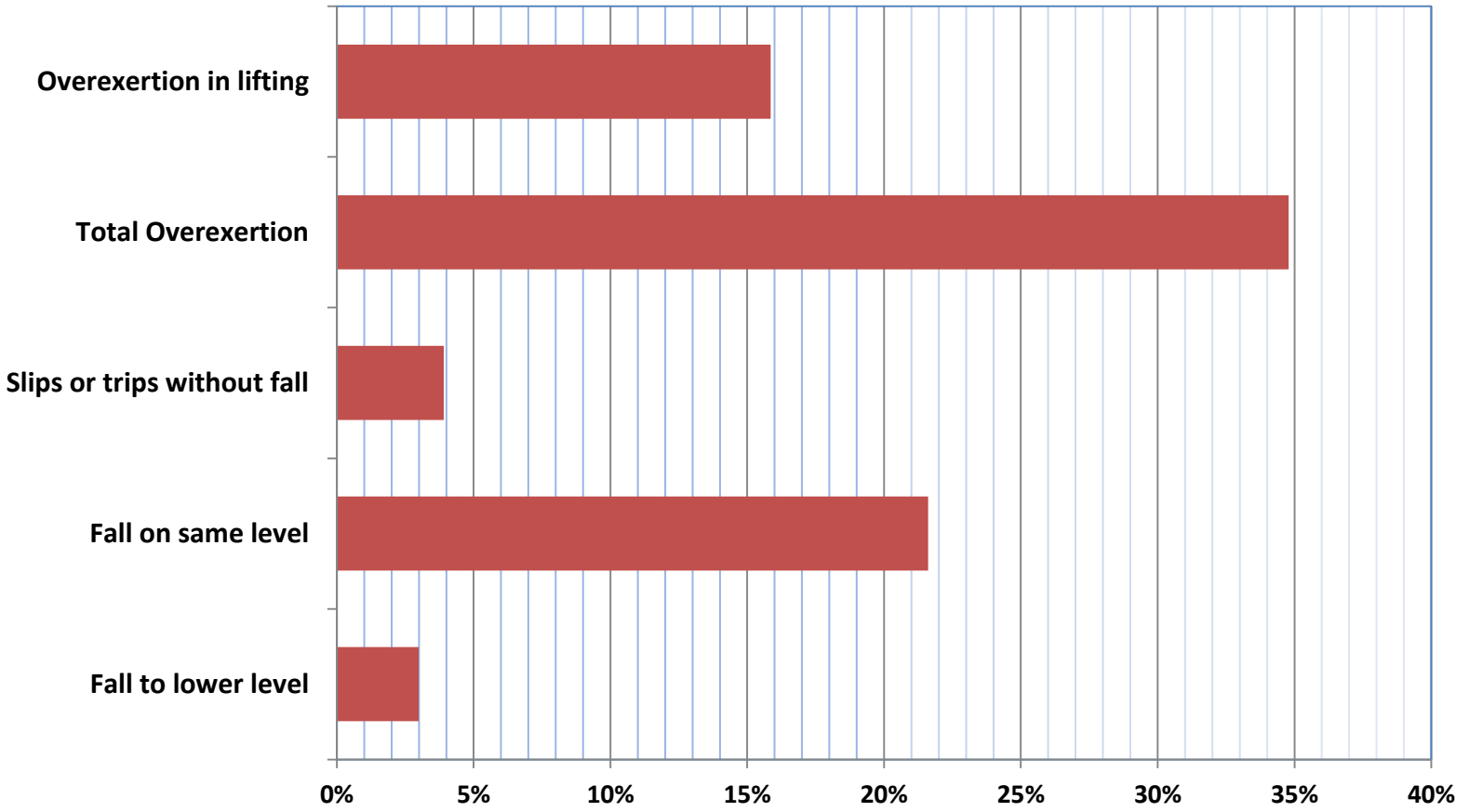
". . .the number of MSD injuries reported by healthcare workers is probably low because many injuries are underreported. In fact, it is estimated that as many as 50 percent may go unreported."

Source: Lynda Enos. *SPH. A Summary of the Issues and Solutions.* 2009l A. Nelson, et al., *Int. Journal of Nursing Studies.* 2005. B. Owen. *Int. Journal of Nursing Studies.* 2002. N. Menzel. *AAOHN Journal.* 2008.

Section 9: Health Care Industry Injuries

OVEREXERTION

Nursing and Residential Care Facilities



wny cosh

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

wny cosh

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

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 

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.

wny cosh

A GROWING CRISIS?

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

- Aging workforce
- Nursing shortage
- Obese patients

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?

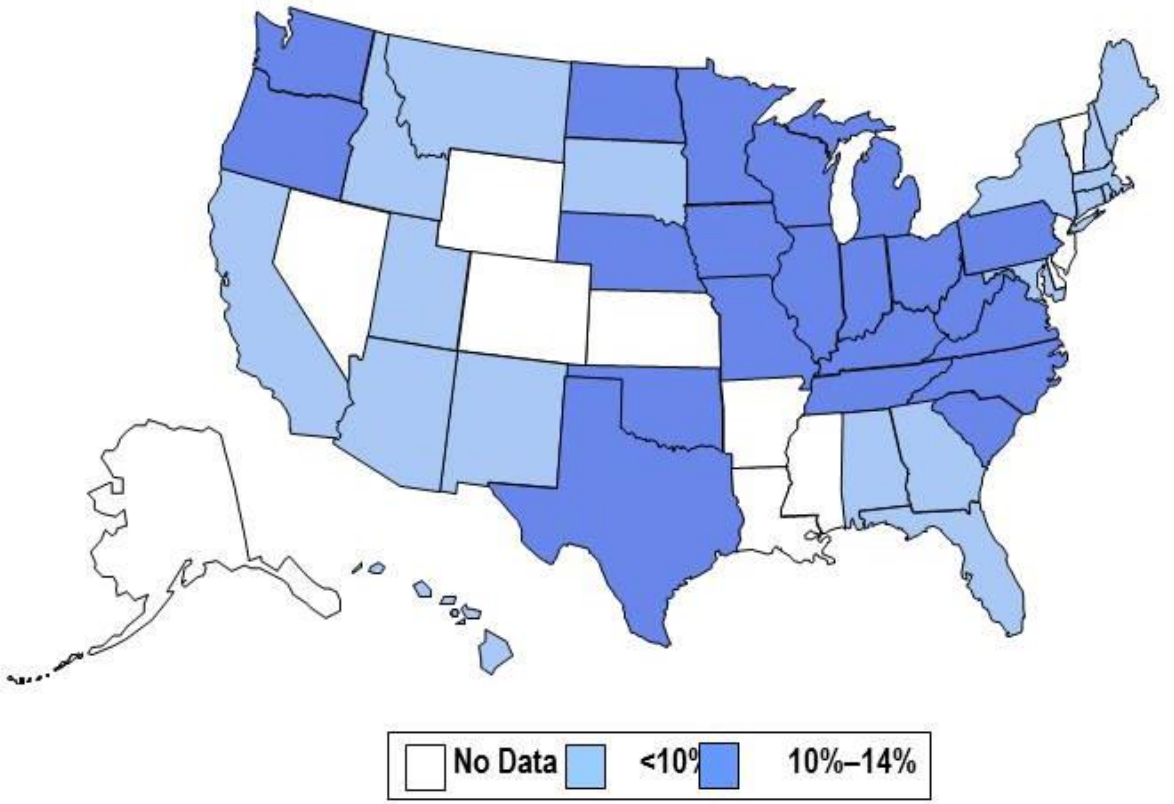
- More than 30% for the population is considered to be obese
- More than 66% of the population is overweight
- In the last 5 years, 50% increase of those 100 lbs. overweight, 75% increase in those more than 100lbs overweight
- It is common for healthcare providers to see patients weighting more than 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)



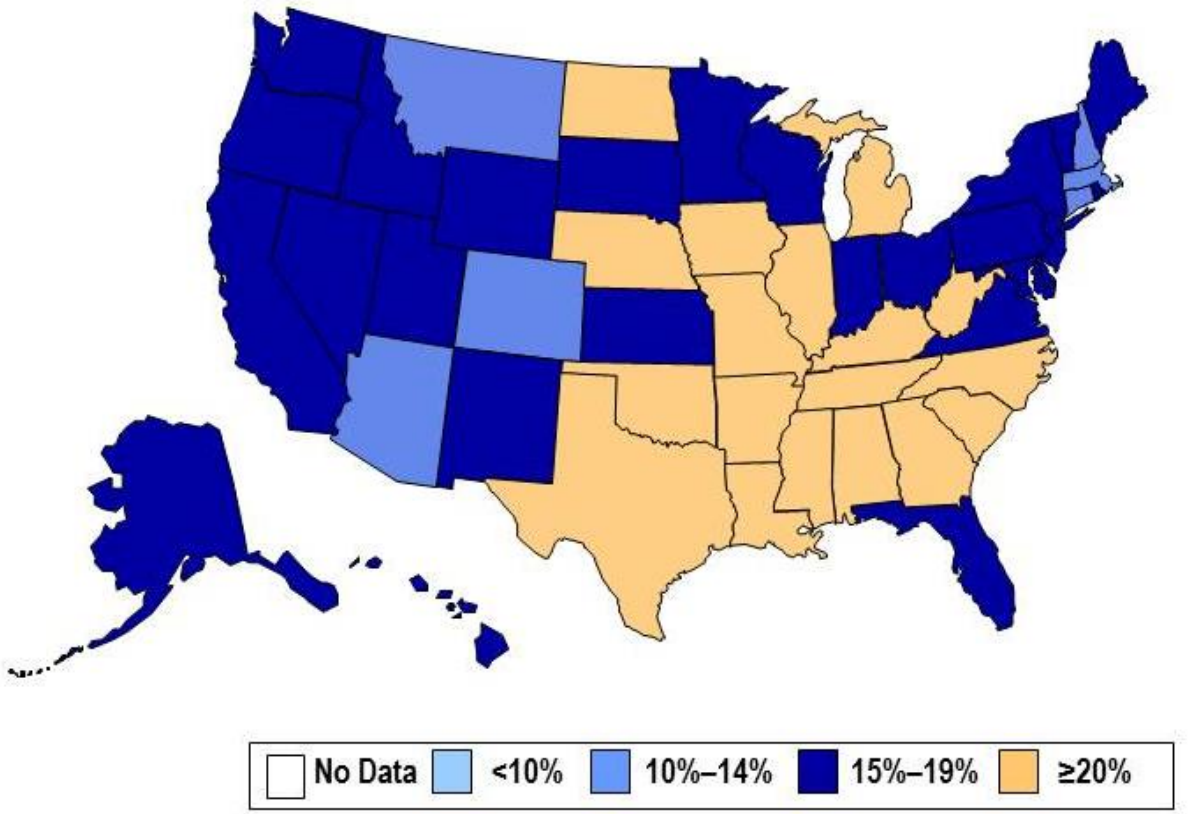
wny cosh

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)



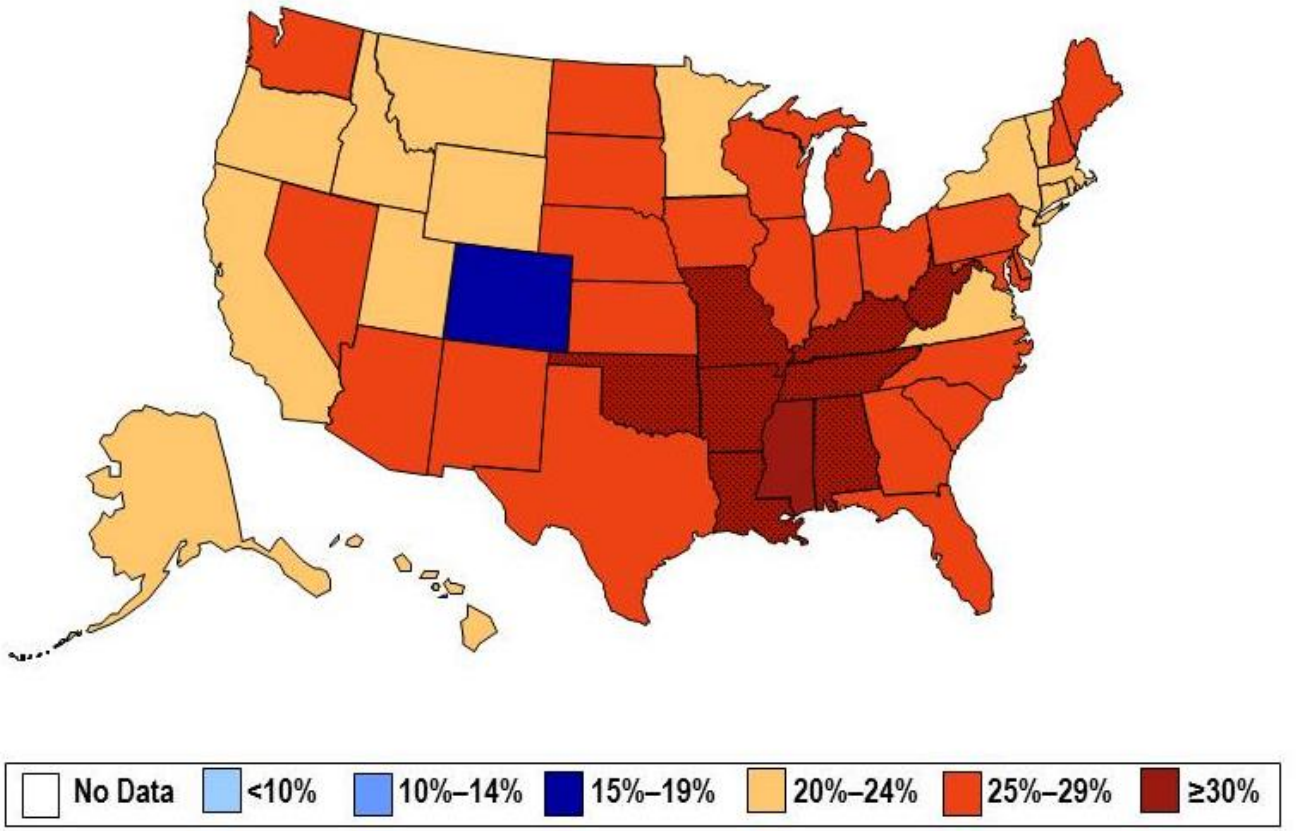
wny cosh

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)



wny cosh

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.

Lynda Enos. SPH: A Summary of the Issue and Solutions. 2009

wny cosh

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

Source: D. Stubbs, et al. *International Journal of Nursing Studies. 1986.*
American Nurses Association "Fact Sheet." 2005

wny cosh

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.

Fact Sheet #5: Investing in Safe Patient Handling and Movement is Money in the Bank; NYS Zero Lift Task Force Website, Last visited March 31, 2011.

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"

wny cosh

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 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

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.

Year 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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 licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines 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're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name ______________________

City ______________________ State ____________

Identify the person			Describe the case			Classify the case — CHECK ONLY ONE box for each case based on the most serious outcome for that case:		Remained at Work		Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness: (M)					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	___ days	___ days	☐	☐	☐	☐	☐	☐
					Page totals ➤	___	___	___	___	___	___	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page ___ of ___

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

Year 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . .	(M)		
(1) Injuries	_____	(4) Poisonings	_____
		(5) Hearing loss	_____
(2) Skin disorders	_____	(6) All other illnesses	_____
(3) Respiratory conditions	_____		

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

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (*e.g., Manufacture of motor truck trailers*)

_____

Standard Industrial Classification (SIC), if known (*e.g., 3715*)

___ ___ ___ ___

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

___ ___ ___ ___ ___ ___

Employment information *(If you don't have these figures, see the Worksheet on the back of this page to estimate.)*

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

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

_____ _____
Company executive Title

( ) - / /
Phone Date

wi cosh

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

Year 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . .	(M)		
(1) Injuries	_____	(4) Poisonings	_____
		(5) Hearing loss	_____
(2) Skin disorders	_____	(6) All other illnesses	_____
(3) Respiratory conditions	_____		

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

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (*e.g., Manufacture of motor truck trailers*)

_____

Standard Industrial Classification (SIC), if known (*e.g., 3715*)

___ ___ ___ ___

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

___ ___ ___ ___ ___ ___

Employment information *(If you don't have these figures, see the Worksheet on the back of this page to estimate.)*

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

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

_____ _____
Company executive Title

( ) - / /
Phone Date

wi cosh

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

wny cosh

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)

wny cosh

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.

wny cosh

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

- 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

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)

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.

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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 to which it pertains.

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

Completed by _____

Title _____

Phone (_____)_____–_____ **Date** ____/ ____/ ____

Information about the employee

1) **Full name** _____

2) **Street** _____

City _____ **State** _____ **ZIP** _____

3) **Date of birth** _____/ _____/ _____

4) **Date hired** _____/ _____/ _____

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

9) **Was employee hospitalized overnight as an in-patient?**
☐ Yes
☐ No

Information about the case

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 roofing materials"; "spraying chlorine from hand sprayer"; "daily 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 "hurt," "pain," or sore." *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 _____/ _____/ _____

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 aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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

INJURY REPORTING PROCESS, Continued

- 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

Employee Claim

C-3

State of New York - Workers' Compensation Board

Fill out this form to apply for workers' compensation benefits because of a work injury or work-related illness. Type or print neatly. This form may also be filled out on-line at www.wcb.state.ny.us.

WCB Case Number (if you know it): _____

A. YOUR INFORMATION (Employee)

1. Name: _____ (First / MI / Last) 2. Date of Birth: ____/____/____

3. Mailing address: _____ (Number and Street/PO Box / City / State / Zip Code)

4. Social Security Number: ___-___-____ 5. Phone Number: (____)_____ 6. Gender: ☐ Male ☐ Female

7. Will you need a translator if you have to attend a Board hearing? ☐ Yes ☐ No If yes, for what language? _____

B. YOUR EMPLOYER(S)

1. Employer when injured: _____ 2. Phone Number: (____)_____

3. Your work address: _____ (Number and Street / City / State / Zip Code)

4. Date you were hired: ____/____/____ 5. Your supervisor's name: _____

6. List names/addresses of any other employer(s) at the time of your injury/illness: _____

7. Did you lose time from work at the other employment(s) as a result of your injury/illness? ☐ Yes ☐ No

C. YOUR JOB on the date of the injury or illness

1. What was your job title or description? _____

2. What types of activities did you normally perform at work? _____

3. Was your job? (check one) ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Volunteer ☐ Other: _____

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

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 that needed assistance from her bed to a chair. The employee assisted the by steadying her with her arm around her back and holding her arm with her other hand. During the transfer the 's legs buckled and she began to sink to the floor. The employee maintained contact with the slowing her fall to the floor. As the was lowered to the ground, the employees 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 to the ground, her foot was under the falling and the weight of the (225lbs.) collapsed onto the employee's right leg. The right leg twisted while supporting the and pain was felt in her knee. She also experienced pain in her lower (left) back as she lowered the 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.

wny cosh

Using the OSHA 300 Log and Forms

OSHA 300 LOG

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

Log of Work-Related Injuries and Illnesses

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.

Year 20 10

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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 licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines 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're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name ABC Rehab

City Anytown State N.Y.

Identify the person			Describe the case			Classify the case (CHECK ONLY ONE box for each case based on the most serious outcome for that case)				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
								Remained at Work				(M)					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
1	Roberta Jones	CNA	1/10	Res. Room	4A Back injury	☐	☑	☐	☐	25 days	0 days	☑	☐	☐	☐	☐	☐
2	Jennifer Frey	LPN	1/26	Res. Room	Sprain (R) Knee	☐	☑	☐	☐	42 days	0 days	☑	☐	☐	☐	☐	☐
3	Linda Taylor	CNA	2/20	Res. Room	strain Back	☐	☐	☐	☑	0 days	~ days	☑	☐	☐	☐	☐	☐
4	Frank Thomas	LPN	3/6	Hallway	(R) Shoulder – lifting	☐	☐	☐	☑	0 days	~ days	☑	☐	☐	☐	☐	☐
5	Privacy Case	RN	3/26	Res. Room	Needlestick	☐	☐	☐	☑	0 days	~ days	☑	☐	☐	☐	☐	☐
6	Dawn Seger	LPN	4/3	Parking lot	Twisted (R) Foot	☐	☑	☐	☐	3 days	~ days	☑	☐	☐	☐	☐	☐
7	Betty Smith	CNA	4/28	Dining room	Back (L) hip fall	☐	☑	☐	☐	8 days	1 days	☑	☐	☐	☐	☐	☐
8	John Grey	CNA	2 6/7	3 Courtyard	4B Neck	☐	☑	☐	☐	48 days	~ days	☑	☐	☐	☐	☐	☐
9	Tom Torez	1 Aide	6/22	Laundry	(L) Shoulder + Neck	☐	☑	☐	☐	194 days	~ days	☑	☐	☐	☐	☐	☐
10	Mary KLein	CNA	7/14	Res Room	Lower Back / Leg lifting inj	☐	☑	☐	☐	34 days	~ days	☑	☐	☐	☐	☐	☐
14	Rachael Frank	LPN	7/28	Res. Room	Back injury fall	☐	☑	☐	☐	18 days	~ days	☑	☐	☐	☐	☐	☐
16	Privacy Case	LPN	8/23	Res Room	Needlestick	☐	☐	☐	☑	0 days	~ days	☑	☐	☐	☐	☐	☐
17	Bob Peterson	CNA	11/28	Hallway	(L) Knee	☐	☒	☐	☐	5 days	~ days	☑	☐	☐	☐	☐	☐
					Page totals	0	9	0	4	377	1	13					

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page ___ of ___

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

COSH

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

13	÷	140	×	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.

wny cosh

CALCULATING INJURY RATES

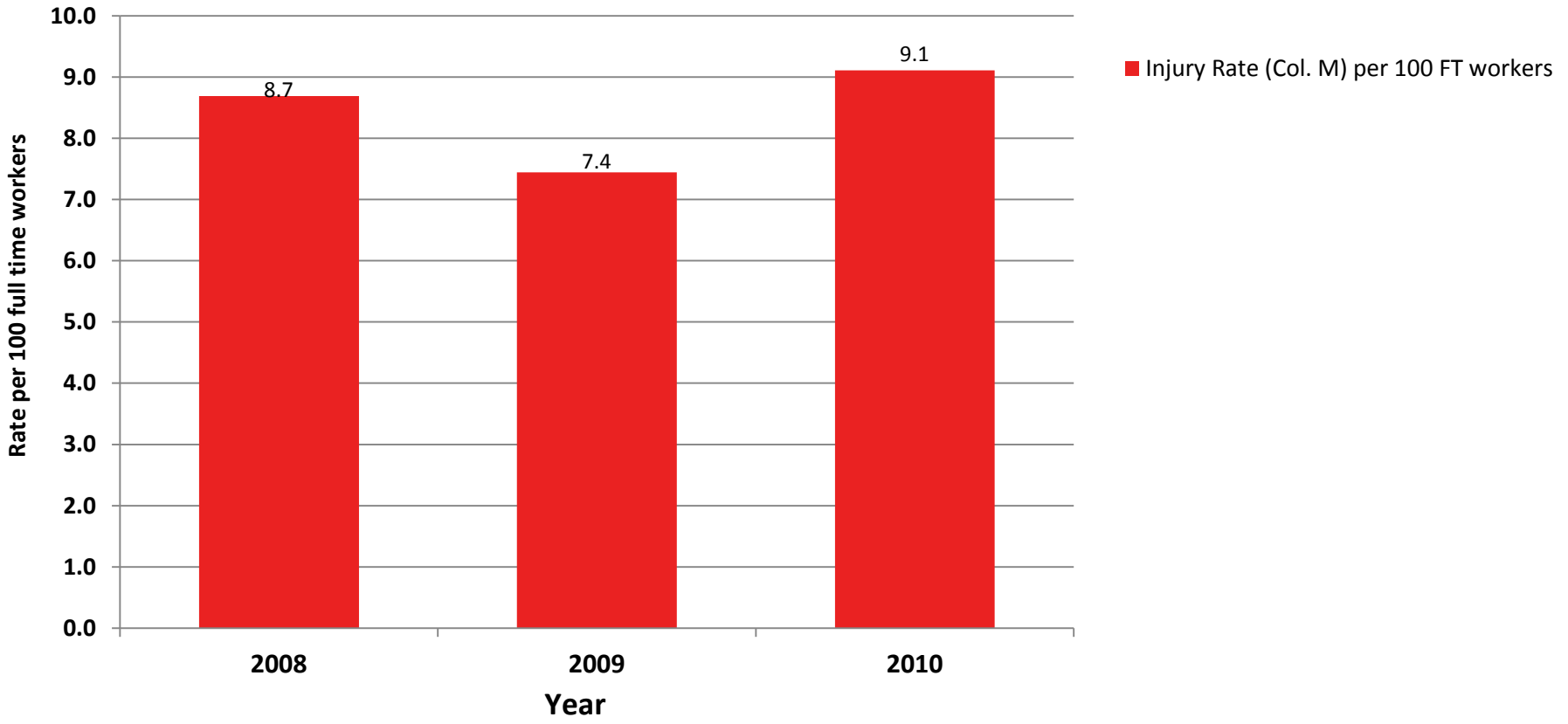
OSHA FORM 300 A: SUMMARY OF WORK-RELATED INJURIES AND ILLNESSES

- 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 ial Care Facilities & Management of Companies & Enterprises.

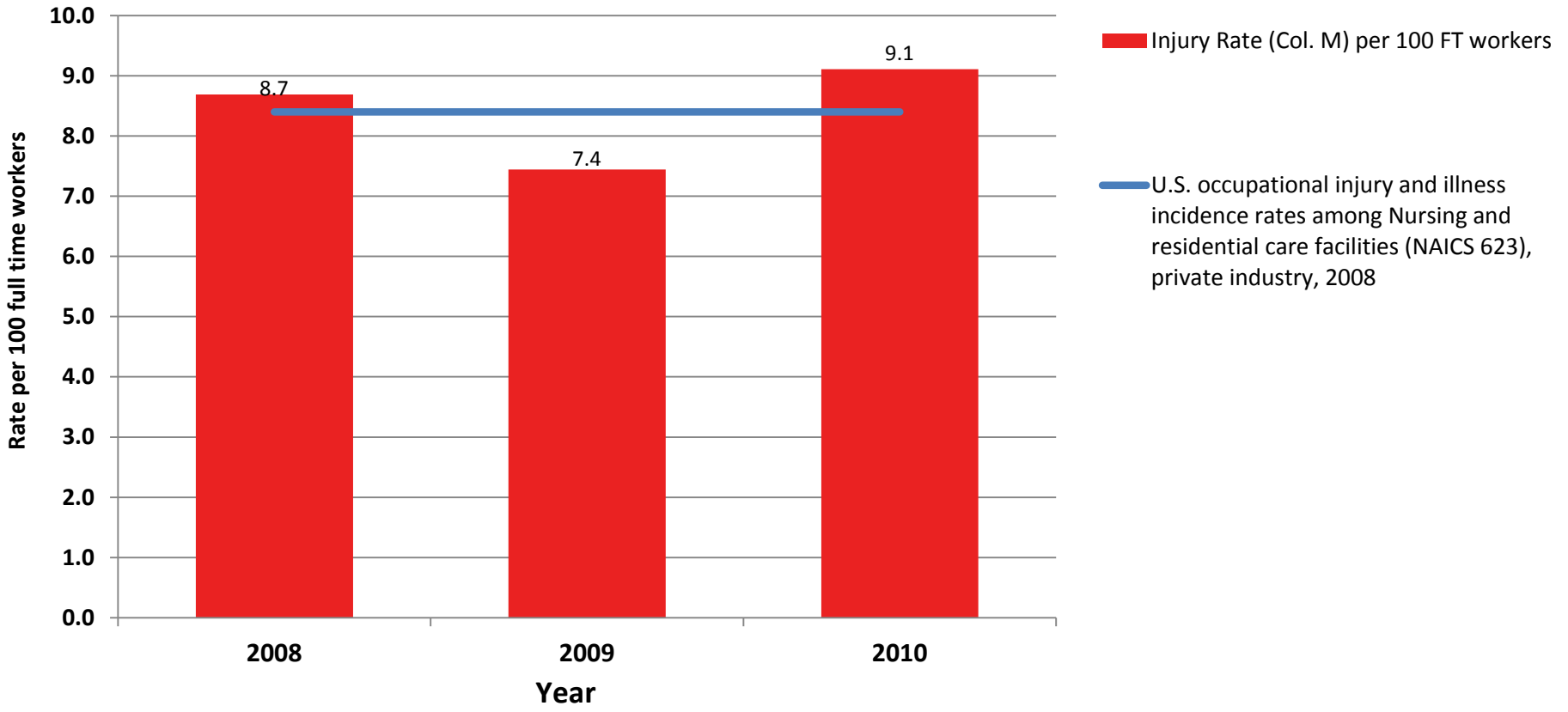


wny cosh

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 ial Care Facilities & Management of Companies & Enterprises.

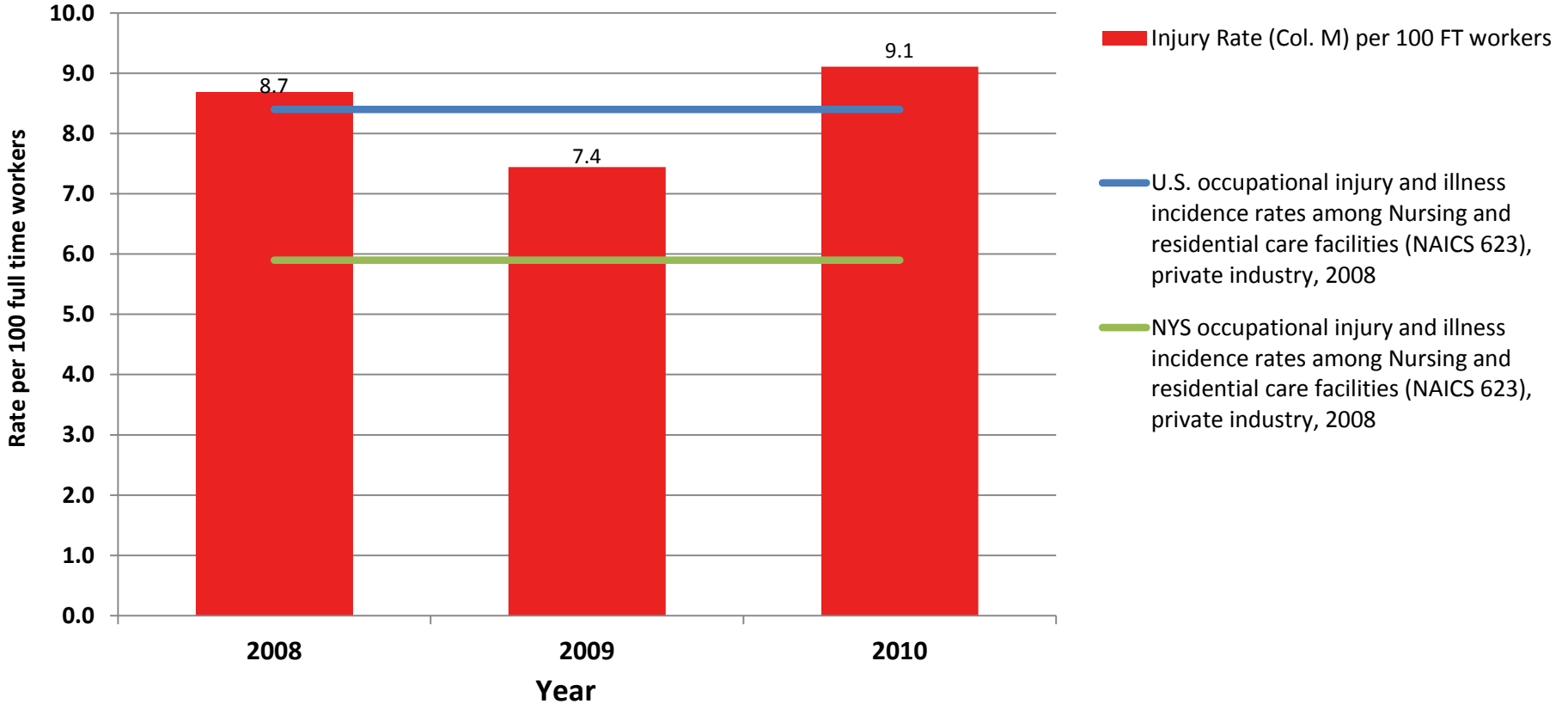


wny cosh

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 ial Care Facilities & Management of Companies & Enterprises.



wny cosh

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?

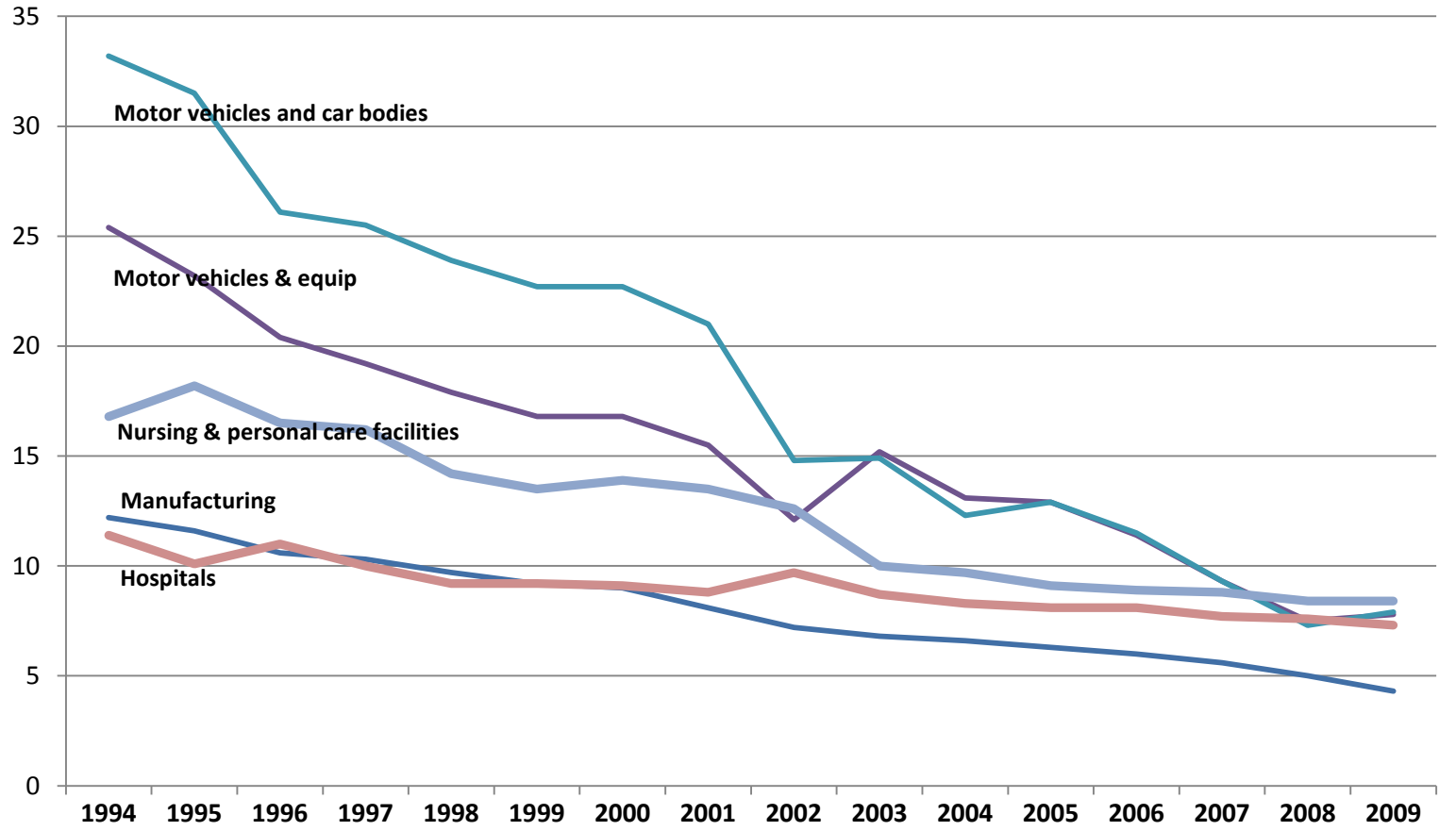
IS IT POSSIBLE THAT SPH PROGRAMS ARE RESPONSIBLE FOR LOWERING RATES IN YOUR STATE?

wny cosh

Using the OSHA 300 Log and Forms

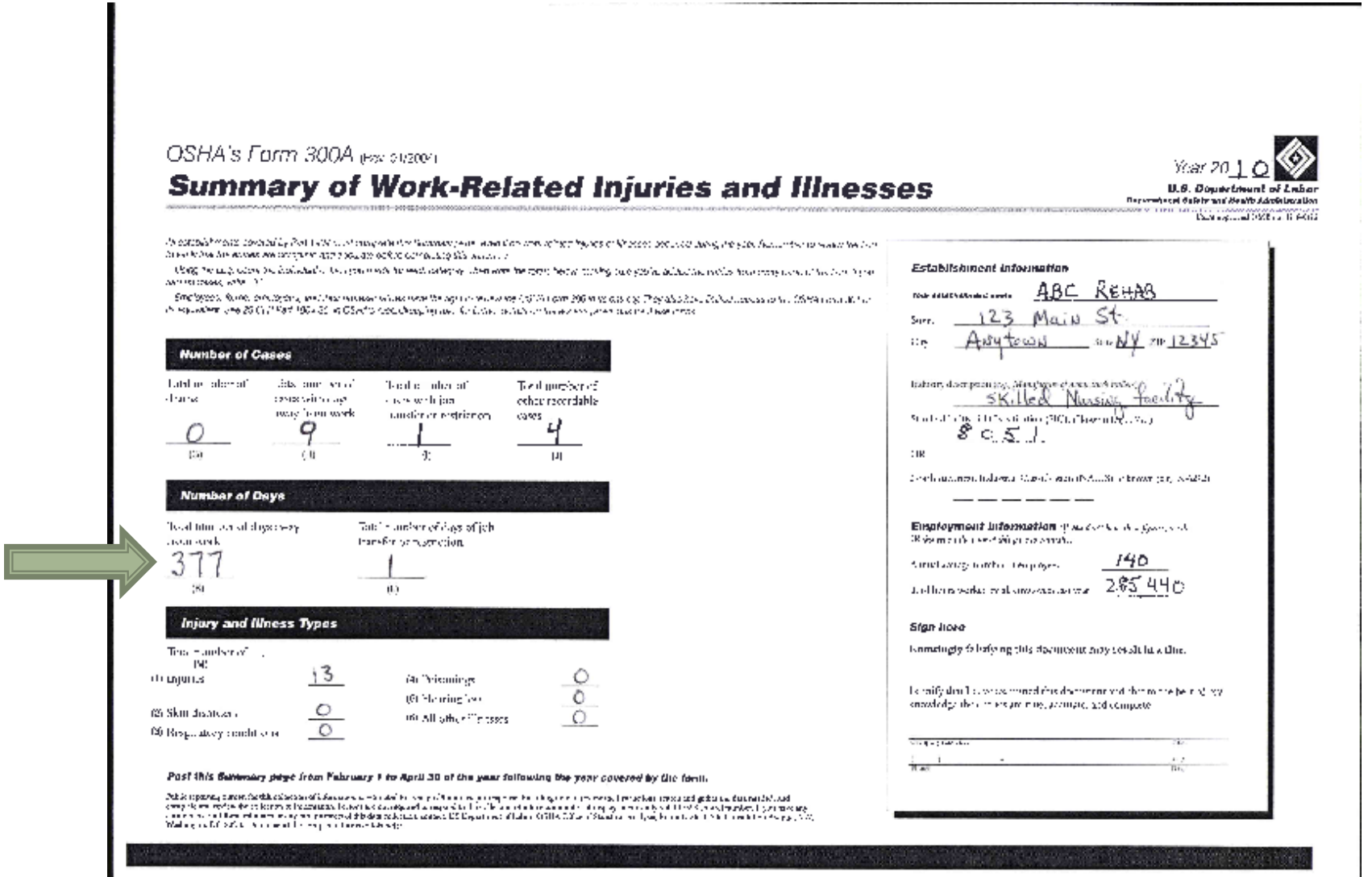
Injury & Illness incidence rates for selected industry groups , U.S. 1994-2009.

Bureau of Labor Statistics: Incidence rates represent the number of injuries and illnesses per 100 full-time workers



wny cosh

Using the OSHA 300 Log and Forms



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

Summary of Work-Related Injuries and Illnesses

Year 20 10

U.S. Department of Labor

Occupational Safety and Health Administration

Number of Cases

(G) Total number of deaths	(H) Total number of cases with days away from work	(I) Total number of cases with job transfer or restriction	(J) Total number of other recordable cases
0	9	1	4

Number of Days

(K) Total number of days away from work	(L) Total number of days of job transfer or restriction
377	1

Injury and Illness Types

(M) Total number of injuries	13	(S) Poisonings	0
(N) Skin disorders	0	(T) Hearing loss	0
(O) Respiratory conditions	0	(U) All other illnesses	0

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

Establishment information

Your establishment name: ABC REHAB

Street: 123 Main St.

City: Anytown State: NY ZIP: 12345

Industry description (e.g., Manufacture of motor truck trailers): Skilled Nursing facility

Standard Industrial Classification (SIC), if known (e.g., 3715): 8051

OR

North American Industrial Classification (NAICS), if known (e.g., 336212):

Employment information (If you don't have these figures, see page 2 for how to estimate.)

Annual average number of employees: 140

Total hours worked by all employees last year: 285440

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive

Title

Phone

Date

wny cosh

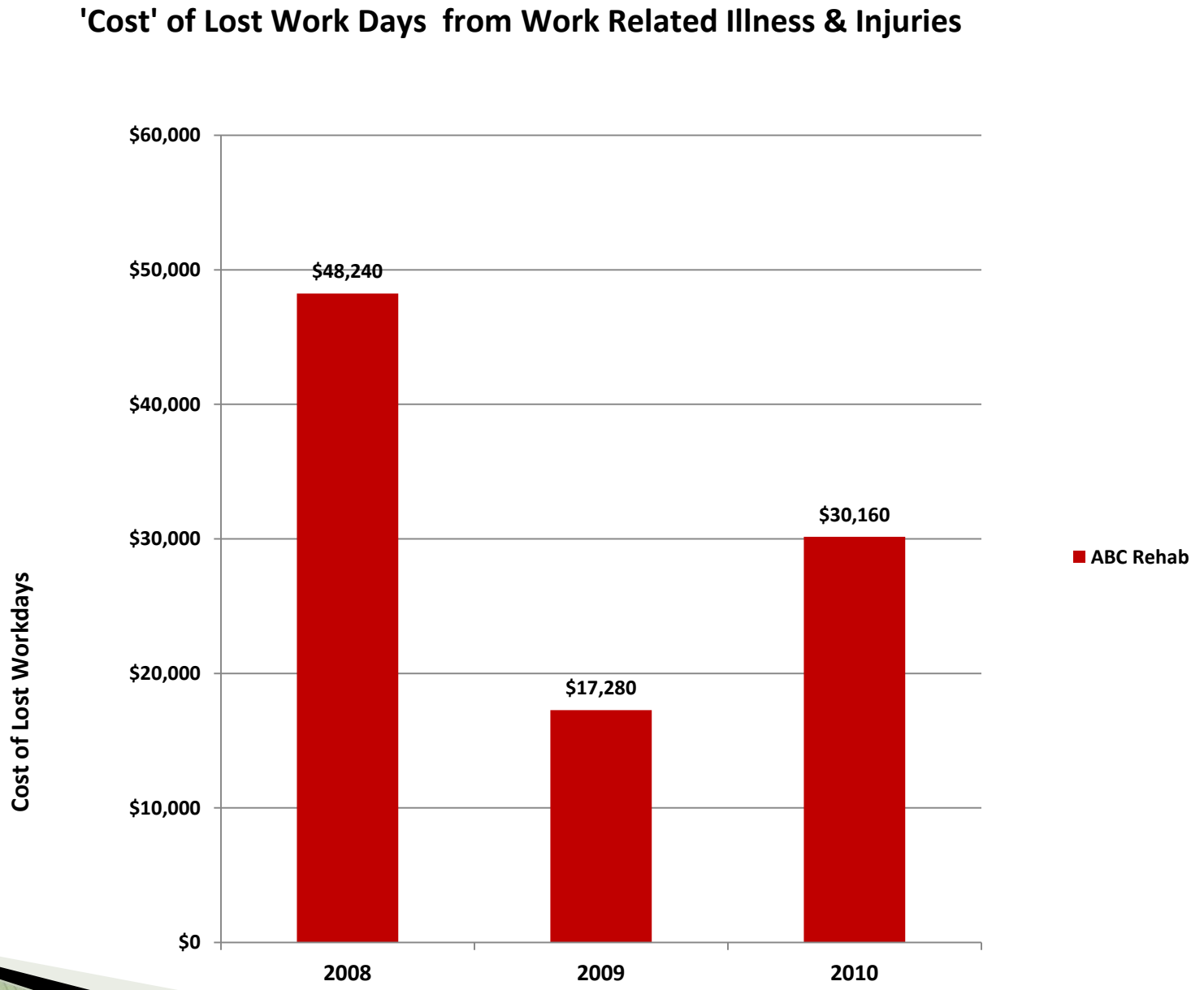
DETERMINE A REASONABLE ESTIMATE OF AVERAGE SALARY FOR THE WORKFORCE AT THE FACILITY

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



wny cosh

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

SPH Programs – Costs vs. Benefits

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.

wny cosh

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

Source: Lynda Enos, 2009.

wny cosh

GROUP ACTIVITY 4

Page 21 of Student Workbook Guide

wny cosh

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

wny cosh

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

SPH:

A Philosophy and Practice for Returning Injured Workers to Their Health Care Careers?

wny cosh

Return-to-Work Programs in a SPH Environment

ARE RTW PROGRAMS EFFECTIVE?

"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

wny cosh

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

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

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

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

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

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

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

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

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

OVERCOMING OBSTACLES: THE INJURED WORKER

"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

OBSTACLE: CO-WORKERS

- Resentment that injured worker is fully salaried
- Resentment she/he isn't pulling full weight
- Resentment that co-worker got injured

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

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

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