

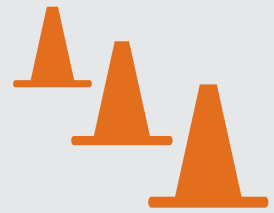
Workers' Comp & Safety News



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Prevention

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Using Ergonomics to Reduce Injuries

Musculoskeletal disorders accounted for 29 percent of all workplace injuries requiring time away from work in 2007. A well-constructed ergonomics program can help reduce the incidence and severity of these costly workers' compensation claims.

Musculoskeletal disorders (MSDs), often referred to as “ergonomic injuries,” affect the connective tissues of the body such as muscles, nerves, tendons, joints, cartilage or spinal discs. Examples include sprains and strains from lifting, hernias and carpal tunnel syndrome. MSDs are some of the most difficult and costly work-related injuries to treat.

Consider the following facts:

- Musculoskeletal disorders are among the most prevalent medical problems in the U.S., affecting 7 percent of the population. *Testimony, National Institute for Occupational Safety and Health (NIOSH)*
- Musculoskeletal disorders cost the United States approximately \$850 billion per year. *American Academy of Orthopaedic Surgeons*
- “[MSDs]... account for 14 percent of physician visits and 19 percent of hospital stays.” *NIOSH*
- “62 percent of persons with MSD report some degree of limitation on activity compared with 14

percent in the population at large.” *NIOSH*

- Workers with MSD claims lost a median of 10 work days. *Bureau of Labor Statistics*
- MSDs are chronic, painful and affect workers' quality of life.

How can my company reduce the incidence and cost of MSDs?

Ergonomics is the science of fitting workplace conditions and job demands to the capabilities of the working population. Ergonomics is an approach or solution to deal with a number of problems—including work-related musculoskeletal disorders.

If your company has never experienced an MSD, you may need only a basic ergonomics program. This involves assigning someone to be responsible for ergonomics. This person should provide information to employees on the risk of injuries, signs and symptoms to watch for and the importance of reporting problems early; and set up a system for employees to report signs and symptoms.

How do I look for conditions that may contribute to musculoskeletal disorders?

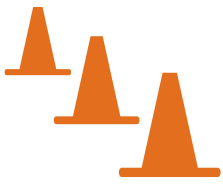
This Just In

An OSHA proposal would require employers to track and report work-related musculoskeletal disorders.

In January, OSHA proposed restoring a column to the OSHA 300 Log that employers would use to record work-related musculoskeletal disorders (MSDs). The proposed rule would require employers to place a check mark in the MSD column, instead of the column they mark now, if the case is an MSD and meets the general recording requirements of the recordkeeping rule. The 2001 Recordkeeping final regulation included an MSD column, but the requirement was deleted before the regulation became effective.

OSHA stresses that the purpose of this rulemaking is solely to improve data gathering regarding work-related MSDs. The proposed rule does not require employers to take any action other than to check the MSD column on the OSHA 300 log. Unlike OSHA standards, the proposed rule does not require employers to implement controls to prevent and control employee exposure to an identified occupational hazard.

For more information on MSDs, please see the article on this page.



Speaking the Language of Safety

You might think your company has an effective hazard prevention and safety training program. But how effective is it if your workers don't understand it?

You might think your company has an effective hazard prevention and safety training program. But how effective is it if your workers don't understand it?

According to the most recent census figures, approximately 12 percent of the population is foreign-born; many of these are less than proficient English speakers.

As minority groups grow as a percentage of the population, employers will face new challenges in making their workplaces safe for all employees. To determine if your safety communications are effective, evaluate the following factors:

- ✱ English proficiency of your workforce—spoken, auditory and written.
- ✱ Languages other than English your workers can speak or read fluently.
- ✱ Literacy levels. Don't assume that only non-native speakers may have problems reading and writing. Although the U.S. has an official literacy rate of 99 percent, a 2003 survey by the U.S. Department of Education found that 14 percent of adults in the U.S. had prose (text-reading) skills at the "below basic" level, 12 percent had document (chart or form-reading) skills at the below basic level,

and 22 percent had quantitative skills at the below basic level.

- ✱ Your current safety communications. Are they written only? Written and illustrated? Video or audio? In English, Spanish or other languages? If you're providing written-only communications in English only, are you sure your workers can understand them?

To improve the effectiveness of your safety communication program, consider taking any of the following steps that may be appropriate for your company.

- ✱ Translate existing documentation into Spanish or other primary languages read fluently by your workers.
- ✱ Ensure communications are not written at a higher level than the Grade 4 to 6 range, the level usually recommended for general audiences.
- ✱ Consider adding pictograms or symbols to your company's warning signs and safety-related documents. The Occupational Safety and Health Administration commissioned a study on hazard communications, which found that "[w]arnings containing a pictorial, color, or an icon elicited significantly faster response times among subjects than

warnings without them." However, if you use pictograms or symbols, educate your employees on what these symbols mean. Even brief training—simply stating the symbols' meaning—can help increase comprehension.

- ✱ Don't limit your safety training efforts to simply posting signs or handing employees a safety manual. Meet with them—either in a classroom situation or one-on-one at the job site—to ensure they understand any work-related hazards and how to avoid them.

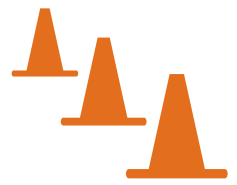
For more suggestions on improving safety in your workplace, please call us. ■



Workplace Fatalities Have Disproportionate Effect on Hispanics

According to the U.S. Bureau of Labor Statistics, Hispanics accounted for 21 percent of workplace fatalities in 2008. However, Hispanics represent only 15 percent of the general population. Hispanics also accounted for a higher percentage of workplace injuries than their representation in the general population.

Part of this may be due to the fact that many Hispanics work in high-hazard industries, such as agriculture and construction. But language barriers could contribute to safety problems.



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employers will not or cannot increase their spending, they can pass more costs on to employees, select a group health plan that uses more cost controls, or a combination of both.

Employers can't pass workers' compensation costs on to their employees, but they can adopt some of the cost control strategies used by group medical plans.

These strategies include:

Encouraging the use of lower-cost drugs.

Steps include:

- Developing formularies, or lists of preferred drugs. Even though workers' comp law in many states prohibits employers or insurers from limiting workers' compensation drug payments to certain formularies, these lists can serve as recommendations.
- Using evidence-based criteria to recommend

drugs for specific conditions. For example, acetaminophen can relieve pain effectively, costs less than OxyContin, and doesn't lead to addiction. And more expensive doesn't always mean more effective when it comes to medication. For simple inflammation, ibuprofen can be as effective as prescription Celebrex.

- Encouraging the substitution of generic drugs for brand-name ones, when available.

Managing claims. Steps include:

- Using workers' compensation or occupational health specialists to treat workers' compensation claims whenever possible. Providers who understand work-related injuries can help workers recuperate faster and help employers control their costs.
- Reviewing claims to ensure that prescriptions have been properly prescribed and to avoid potentially dangerous drug interactions.
- Reviewing claims to ensure that any drugs

paid for treat a work-related condition. Obvious red lights would include any drugs related to fertility, cholesterol, blood pressure or weight loss.

Reviewing utilization: This includes reviewing providers' drug-dispensing histories and practices for the following:

- Frequent prescribing of addictive painkillers, particularly when others might be available.
- "Layering" drugs, or adding another drug on top of others already taken, rather than eliminating or tapering off use of drugs that might not be effective.

Many workers' compensation insurers provide cost control services. If you self-insure, a prescription benefit manager (PBM) can help you control the costs of workers' compensation prescription drugs. For more information, please call us. ■

ERGONOMICS—continued from Page 1



Both work-related and non-work related conditions can either individually, or by interacting with each other, give rise to MSDs. Several approaches can determine

whether conditions in the

workplace might be contributing to employees developing MSDs. These approaches can be used individually or in combination.

Review and analyze injury and illness records to determine whether there is a pattern of ergonomic-related injuries in certain jobs or work tasks.

- OSHA 300 Logs and supporting 301 forms
- Workers' compensation claims

Analyze the jobs or work tasks themselves to identify potential ergonomic problems before employee injuries occur. Determine if jobs present ergonomic risks that may contribute to musculoskeletal disorders.

- Analysis tools may help in analyzing jobs. While there is no one-size-fits-all approach,

numerous non-OSHA, voluntary analysis tools can help you learn more about ergonomic risks associated with specific jobs.

- Seek employee input about the existence of ergonomic problems related to their jobs or work tasks. This may be accomplished by:
 - speaking with employees
 - conducting symptom surveys
 - using employee questionnaires
- Be aware of common contributing conditions within your industry or job classifications. If other companies in the same industry have ergonomic-related problems, it is possible these problems could affect your employees. Obtain information from others in your industry:
 - to see what problems others have experienced in their operations
 - to gain a better understanding of potential problems that may exist in your workplace.

To prevent or control workers' compensation claims, we can help you evaluate your claims his-

tory and develop an appropriate ergonomics program. For information, please contact us. ■

For more information on ergonomics, check out the following Web sites: OSHA – safety and ergonomic requirements for particular industries (www.osha.gov – search for “ergonomics”); E-One Ergonomics – information specifically for office workers (www.office-ergo.com); the National Institutes of Health's MedlinePlus service – prevention and screening, usable ergonomic tips, including ergonomic strategies for using a briefcase, purse and suitcase (www.nlm.nih.gov/medlineplus/ergonomics.html), and Cornell University's Ergonomics Web (<http://ergo.human.cornell.edu/>). This site has a wealth of information for employers, including computer workstation guides, industry-specific ergonomic information, and ergonomic tools and checklists.





Managing Workers' Comp Drug Costs

Prescription drugs account for slightly more than 20 percent of total workers' compensation medical expenses, estimated the National Council on Compensation Insurance in 2008. That share is likely to grow—a survey released in late 2009 found workers' compensation drug costs had increased 7.5 percent over the previous year's.

Survey respondents attributed most of the increase to overuse of certain drugs, such as pain medications, and certain physician's prescribing patterns.

So what can you do to control *your* workers' compensation drug costs?

Unfortunately, many of the strategies you can use to control drug costs in your group health plan won't work in workers' compensation. First, workers' compensation laws require

employers (or their insurers) to pay 100 percent of the costs of treating a work-related injury or illness, including any drugs prescribed. Group health plans, on the other hand, are voluntary. Employers choose whether they want to provide benefits or not. Like it or not, some healthcare providers use this fact to their advantage and try to get the most out of workers' compensation claims.

In addition, the two systems have different goals. If an employee suffers an injury that isn't

work-related, a good health plan will attempt to cure or treat it, without regard to how long that treatment takes or how long the patient will be out of work. But workers' compensation has two goals: treating the injury and returning the employee to productive work as soon as possible. The need to return an injured employee to productive work as soon as possible might justify selecting a more costly treatment that could speed recovery.

Finally, when group health costs rise and

DRUG COSTS—continued on Page 3

Distracted Driving: More Than Cell Phones

Driver distraction presents a serious and potentially deadly danger. According to the National Highway Traffic Safety Administration, in 2008, 5,870 people died and an estimated 515,000 people were injured in police-reported crashes in which at least one form of driver distraction was reported on the police

crash report.

While these numbers are significant, they may not state the true size of the problem, since the identification of distraction and its role in a crash can be very difficult to determine using only police-reported data.

Distracted driving comes in various forms,

such as cell phone use, texting while driving, eating, drinking, talking with passengers, as well as using in-vehicle technologies and portable electronic devices. There are other less obvious forms of distractions, including daydreaming or dealing with strong emotions.

What Employers Can Do

1. Ban texting while driving on the job. You can use the President's Executive Order banning texting and driving for federal employees as a template. (See www.whitehouse.gov/the-press-office/executive-order-federal-leadership-reducing-text-messaging-while-driving)

2. Know your state laws. See www.distraction.gov/state-laws/ for a list of states that ban hand-held devices and/or texting while driving. Make sure your employees know the law as well.

3. Create a safety culture. Make it clear to employees that you expect they will NOT talk or text on their cell phones while driving on company time or in company vehicles. Ensure that there are no negative consequences for employees who wait for a safe opportunity to take or return a call or text.

4. Have employees sign a contract that says they will not violate the organization's ban on texting and

driving. Include a provision to advise employees that if a crash occurs, the employer has the right to subpoena the employee's phone records, and if he/she was using a cell phone when the crash occurred, the crash will be considered preventable and the driver will assume all financial responsibility.

5. Conduct informal observational surveys of cell phone use at the entrances and exits of your company. Publicize the results to reinforce your distracted driving policy. Provide small incentives such as coupons, music download cards, special privileges like a free day of parking, etc. to employees observed driving distraction-free.

6. Visit the Network of Employers for Traffic Safety's website (trafficsafety.org) to see what 24 leading companies are doing about company driver cell phone use. Consider integrating some of these policies into your organization's cell phone policy. ■