

# risk reporter

for senior living

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## Steps to prevent employee injuries

Enter the phrase “safety training” in an Internet search and you’ll be rewarded with roughly 29 million hits. With such a wealth of injury prevention opinions and resources, it might seem logical to assume that employee injuries are dropping, but that’s not the case.

In the last five years, nearly 67 percent of Church Mutual’s claims were in the area of workers’ compensation, up 6 percent from the previous year.

The direct costs of employee injuries are staggering enough, the indirect even more so. According to the Occupational Safety and Health Administration (OSHA), the indirect costs can be nearly five times higher.

It’s critical that we all work together to try to protect your employees and decrease the burden of injury. Here are some ways to do just that.

### Look beyond the injury

Think about the last time you injured yourself. Chances are that you knew how to safely perform whatever task you were doing, but you were rushing, frustrated, tired or complacent and committed one of the following errors:

- Eyes not on task
- Mind not on task
- Moved into the line of fire
- Lost your balance, traction or grip

According to Larry Wilson, a behavior-based safety expert and vice president of Electrolab Training Systems, a safety consultancy based in Canada, these four causes are a contributing factor in almost every example of human error. “But if you’re like most facilities, your safety program isn’t addressing these, which is why your safety problems aren’t going away,” Wilson said.

Wilson recommends teaching your employees the following critical error reduction techniques to help reduce their injuries:

- Self-trigger on the compromising state so you don’t make the critical error—recognize that you’re tired or frustrated and how this could impact your actions and the likelihood of an injury.
- Analyze your small errors and close calls—when sheer luck prevented you from suffering an injury, it’s critical to pay attention and avoid those behaviors in the future.
- Look at others for patterns that increase the risk of injury.
- Work on habits.

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### Seasonal Spotlight

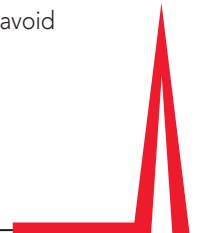
*Needlesticks are not pain free*

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## ( injuries )

"Technology and training are all important, certainly, but if that was all it took to avoid injury, we'd have a lot fewer incidents," Wilson said.

### Define your resident population

In states with a gray definition of "assisted living," facilities have a lot of leeway when it comes to determining the types of care they're willing to provide. Your facility needs to specifically define the level of care you will deliver to your residents, provide the training employees need to provide it and stick to your care level—even if your occupancy rates aren't where you'd like them to be or a resident's family is begging you to let the resident age in place.

Research shows that assisted living facilities often admit residents who need more care than the facilities are able to offer, and in many instances, the consequences can be devastating.

"You are endangering your residents and your staff when you accept people who aren't a good fit," said Carri Stone, administrator of two assisted living facilities: Park Lane in Knoxville, Iowa, and Maple Ridge in Oskaloosa, Iowa. "You should never put your staff in a position where they feel they have to risk hurting themselves in order to perform their job."

### Identify your injury hot spots

Determine what types of injuries are most common at your facility and what might be contributing to them. The two biggest areas for employee injury in Church Mutual insured facilities are strains—especially to the back—and slips/trips/falls.

## Safe lifting practices

Follow these steps when you're lifting an object—even a relatively light one:

- Don't lift more than you're able
- Make sure there's enough room to move and that you can get good footing
- Keep feet shoulder-width apart; one beside and the other behind the object
- Bend your knees
- Keep back straight but not vertical (tuck in your chin to achieve the right angle)
- Grip with your palms and fingers
- Use body weight to start moving and then push with legs
- Keep elbows and arms close to body
- Carry the load close to your body and don't twist
- Bend knees to lower object; don't stoop

Sources: CDC and the National Agricultural Safety Database.

Tips:

- Place furniture so that it's easy to help residents get into chairs, beds, etc.
- Don't store commonly used items overhead
- Repack heavy supplies into smaller units
- Have railings on both sides of stairwells
- Have slip-resistant surfaces on all stairs
- Keep hallways and stairwells well lit
- Wipe up spills immediately
- Don't run cords through heavily used areas
- Avoid slippery rugs and mats, repair damaged floors
- Be vigilant in managing parking lots, sidewalks and entrances during bad weather

### Train and supervise your employees

Deliver training upon hiring with updates at least annually. Observe employees as they handle the tasks that fall into their job description—or the tasks that they could be expected to handle in a pinch.

"At our facility, any employee could be called on to help with a resident, so we make sure that our custodial, kitchen and administrative staffs all receive the same training that our universal workers do," Stone said.

Added Renee DeJong, nursing supervisor at Emerson Point Assisted Living Facility in Iowa City, Iowa, "All of our caregivers get the same training, regardless of experience, to ensure that they understand how our facility runs."

Make sure that all employees are following your safety procedures—not just your new hires.

"It's easy to fall into bad habits or to bring bad habits from another facility," Stone said. "Just because someone's been doing a task the same way for 20 years and never been injured doesn't mean that they should continue to do it that way if it's not your policy."

### Staff appropriately

Understaffing is a recognized cause of injuries.

"This is a real challenge in the health care environment, and I pay attention to it," DeJong said. "Understaffing leads to increased overtime, which leads to fatigue and higher injury rates."

Save yourself money and headaches in the long run by keeping sufficient staff on duty at all times—including during the night when drowsy residents might be more prone to injury if they leave their beds.

- **Resource:** What are the true costs of an employee injury? This OSHA tool offers some startling insights: [www.osha.gov/Region7/fallprotection](http://www.osha.gov/Region7/fallprotection) and click on the "Safety Pays" link.



## Managing Your Risks

### Risk control process

No one wants to see employees, residents or guests injured at their facility; however, some just chalk it up to the price of doing business, and that is simply wrong. There are many steps you can take today that will prevent, or at least reduce the severity of, an accident from occurring.

The basic steps to risk management are to identify the hazard, research possible solutions and implement the best solution.

You can identify your risks by reviewing injuries and accidents that have taken place as well as by creating a list of the tasks and activities your employees and residents are involved in and the locations.

Start by making a list of the injuries or incidents that have occurred at your facility over the last couple of years. Ask these questions: Why did it happen? What is the source of the injury or incident? What is the cause of the incident? How could the injury or incident have been prevented?

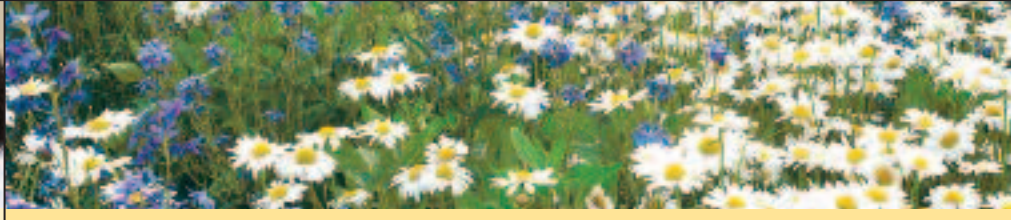
For example, an employee is injured when she slipped and fell in the dining room. The source of the slip is the liquid that spilled on the floor during the meal. However, the cause of the fall is poor housekeeping rules regarding cleaning spills immediately.

Meet with your employees to discuss safety and hold brainstorming sessions to identify injury or incident opportunity. Keep in mind, you should be looking at all areas of your operation.

Identify and discuss the causes of those injury opportunities and how they can be reduced or eliminated.

Finally, implement your strategy by creating a written plan and sharing it with everyone involved. Don't forget to design a process to evaluate the success of the solution and to make your employees accountable for following the plan.

**Richard J. Schaber, CPCU**  
Risk Control Manager



# seasonal spotlight

### Needlesticks are not pain free

In these belt-tightening times, all facilities are looking for ways to cut costs but beware of the hidden expenses posed by inexpensive needles and sharps.

For example, settling for a \$5 box of multiple-use regular lancets versus a \$40 box of one-time use safety lancets might seem like a budget-minded choice, but the cost of one needlestick injury and the savings disappear.

Evaluation and injury treatment costs can easily run to the hundreds of dollars—and they're just the beginning.

"Your employee could be infected with HIV, Hepatitis B or Hepatitis C, for example," said Nancy L. Hughes, MS, RN, director at the Center for Occupational and Environmental Health at the American Nurses Association (ANA). "Your costs may include lost days, replacement of the staff person and disability, plus OSHA fines and citations. There would also be the impact to the co-workers on a morale level."

The likelihood of a needlestick is relatively high. According to the ANA, health care workers (HCW) suffer between 600,000 and 1 million injuries from conventional needles and sharps annually. And at least 1,000 HCWs are estimated to contract serious infections annually from needlestick and sharps injuries.

### Pinpoint areas where sharps are used

Do a facility walk-through and look at who's using sharps and where. Is access controlled? Have users received training? Do they know how to dispose of sharps properly? Are they using gloves if appropriate?

### Safety first

Educate your staff and residents. Make sure they know not to throw sharps into a standard waste container, leave an uncovered sharp unattended or recap a needle.

Whenever possible, choose a device that's engineered to limit exposure. This is typically done by eliminating the needle or isolating/encasing it in some way during and after use.

Consider the areas where needles and sharps are used and give employees involved in each application the chance to review a variety of safe options.

Provide employees with training on safe sharps use, disposal and personal protection when they're hired and update annually. Residents who use sharps should receive similar training. Use puncture- and leak-proof containers to dispose of sharps and needles. They should be color-coded, clearly labeled and located near the point of use—including resident rooms.

### Resources:

Centers for Disease Control and Prevention: Workbook for Designing, Implementing, and Evaluating a Sharps Injury Prevention Program at

[www.cdc.gov/sharpsafety/appendixB.html](http://www.cdc.gov/sharpsafety/appendixB.html)

The American Nurses Association at [www.needlestick.org](http://www.needlestick.org)

# Q | a

## A Perspective

*Employee injuries are not just traumatic, they're expensive. Aside from the personal toll on your work force, they drive up workers' compensation costs, can force you to hire expensive temporary staff and often have a negative impact on employee and resident morale. Physical therapy is a common tool for treating injuries—and can also be an effective way to help avoid them in the first place. We spoke with Mark Nolte from Ergo Solution (www.ergosolution.com), a Carlsbad, Calif., company that specializes in workplace injury prevention programs, to learn more. Nolte has a master's degree in physical therapy and is a certified industrial ergonomist. He is also a member of the American Physical Therapy Association and the Oxford Research Institute, a multidisciplinary technical ergonomic certification and accreditation organization.*

### **Risk Reporter: How can a facility ensure that injured employees are getting the care they need to return to work safely?**

**M. Nolte:** The best way is to have a relationship with the resource that your employees are going to for treatment. You need a physical therapist with an active approach that integrates posture, exercise, stretching, education and work simulation. Look for someone who has experience helping injured people who work in health care and, ideally, someone who can help your employee come up with better ways to do the tasks their job requires.

### **Risk Reporter: When should injured employees come back to work?**

**M. Nolte:** Often, the employee will recover more quickly if they return before they're entirely recovered. Experience has shown that people have a faster rehabilitation—both physically and mentally—when they return to work sooner rather than waiting for 100 percent recovery. Rely on a good working relationship with your employee's treatment resource—one that knows and understands your facility needs and the employee's limitations and can orchestrate the proper time and manner for an employee to return to the work force.

### **Risk Reporter: How do you keep an employee from being reinjured when they return to work?**

**M. Nolte:** Communicate. Understand what the employee is supposed to be doing and when. Ease them back into their job and accommodate their needs. Recognize that the people at greatest risk for injury are those who are new to their job and those who are returning after an extended absence. It's pretty common to have work restrictions. Before the employee comes back to work, sit down with them and get it in writing that you and they are going to honor their restrictions.

### **Risk Reporter: Your company delivers physical therapy (PT) services on site. What are the advantages?**

**M. Nolte:** It's a more efficient and effective way to deliver therapy. An obvious savings is in time—your employee stays on site and doesn't have any travel time to the clinic. But the therapy itself is more efficient too. The therapist has the chance to see the tasks that the employee is responsible for and the environment they're performed in.

### **Risk Reporter: How can a facility help employees avoid injury?**

**M. Nolte:** Pay attention to your employees' actions and listen. If everyone complains that doing the laundry hurts their back or you often see employees shaking out their hands because their wrists are bothering them, those are red flags. Put a team into place to analyze the tasks that are bothering your employees. Get someone from management, a member of the staff that handles the task and someone with a medical background if possible—tap into the knowledge that's right on your staff. Identify the risks of a job and do what you can to control them.