



National Safety
Management
Society

DIGEST

Updating Members on Safety Management News

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SPECIAL ADVANCED ANNOUNCEMENT:

Planning is Underway . . .

**NATIONAL SAFETY MANAGEMENT SOCIETY
Special Professional Development Program
November 2008
New Orleans, Louisiana
Houston Texas**

“Enhancing Safety Stewardship: Regulatory Update, Best Practices and Leadership Development”

Please join the National Safety Management Society for a **Regional Safety Program** tentatively planned for New Orleans LA/Houston TX. Based on interest and demand, this event is spearheaded by NSMS President Roosevelt Smith and is geared toward broadening the safety skills, knowledge and abilities of front line supervisors, managers and administrators in developing, implementing, evaluating and improving programs for worker safety, security, compliance and environmental protection in onshore and offshore oil and gas operations, as well as general industry. More details to come in the late Summer issues of the *NSMS Safety Digest Newsletter*.

Conference Registration Fee: (includes lunch and program materials).

The NSMS “Blog” is Here

Steve Geigle has created and launched the “NSMS Blog” on the NSMS website. It will allow members and others to post comments, remarks and initiate discussions about a variety of safety management topics and issues. You can participate in the Blog by going to the NSMS website (<http://nsms.us>) and look for the link on the home page along the left-hand column of navigation areas.

FREE ACCESS: Online Certified Safety and Health Manager (CSHM) Educational and Exam Preparation Reference Materials

As a benefit for our current and future dues-paying members, NSMS is **permanently** offering free access to the Certified Safety and Health Manager (CSHM) preparation and educational materials. The online resources, created by NSMS member Steve Geigle, can be found at www.cshmprep.com and the only action an NSMS member needs to take is to email Steve requesting access from that website. You will need to include your current NSMS member number (found on your membership card and certificate). Once the number is verified, you will be granted a username and password to access the online reference materials. This is a great opportunity to brush up on your safety management and technical knowledge and prepare for a successful passing of the CSHM certification examination.

The Business Case For Safety: Debunking the Myth that Safety Doesn't Make Money (by Glenn Demby, Esq.)

Companies have historically regarded safety expenditures as a necessary evil rather than a profitable investment. In modern times, companies have begun to wise up and understand that spending money on safety is "good for business." But even among the enlightened, the perception persists that safety doesn't actually make money; it just helps prevent losing it. In fact, most safety directors concede the truth of this argument and focus all of their attention on the loss side when advocating safety.

The safety-is-good-for-business-because-it-prevents-losses formula is fine as far as it goes. But, while preventing losses is powerful stuff, making money is even more potent. After all, it's the very reason companies are in business. So if you could somehow show management that safety *generates income*, you'd be sitting pretty. Well, guess what? You can make that case and do it validly. Here's how.

Linking Safety & Productivity

Productivity is the key to showing how safety makes money. Stated simply, there's a direct link between safety and productivity. When safety improves, productivity increases; when safety decreases, productivity declines.

Any businessman worth his salt understands the value of productivity and its impact on financial performance. So linking safety to productivity is almost guaranteed to capture management's attention. But how do you demonstrate the link between them? *Answer:* Use the following approaches:

1. Go for the Gut

The link between safety and productivity is something most people feel in their gut. It just seems right to believe that workers work better when they're protected against injuries and illnesses. Some explanations:

- Workers who don't get into accidents or contract illnesses can keep working;
- Safety improves morale and makes workers more apt to show up for work on time and work harder once they arrive;
- Companies with good safety records can attract and retain the best workers; and
- The discipline of assessing risks, identifying what can go wrong and taking measures to prevent occurrence not only improves safety but makes the production process more efficient.

2. The Foster Wheeler Study

The link between safety and productivity isn't just a gut feeling. There are studies that demonstrate the link scientifically. A leading example is a 1999 study by the UK firm, Foster

Wheeler (FW), entitled *A Study into the Link Between Safety Performance and Business Performance*. FW analyzed safety- and performance-related data from 19 construction projects over a 17-year period, focusing on four indicators:

- Cost Ratio: (Total project control budget cost/Actual project cost);
- Schedule Ratio: (Planned construction span in months/Actual construction span in months);
- Safety: (Actual or estimated exposure man-hours in millions/No. of lost time injuries);
and
- Productivity Ratio: (Budget field man-hours/Actual field man-hours).

By grouping these four indicators into six pairs, FW was able to use a technique called regression analysis to measure the association between them (R-Square). The chart in the Tools section of SafetyXChange shows the results (see below for link).

The key result is the second row of the chart. It shows a 63 percent degree of overlap between safety and productivity. Best of all, the FW study shows that cutting the frequency of injury in half results in a 10 percent increase in productivity. In a separate study of a single petrochemical plant, FW found an even stronger association between productivity and safety. In this case, halving injury frequency rates led to a 15 percent improvement in productivity!

3. Other Studies

There are a number of other studies scientifically demonstrating a link between safety and productivity, including "*Survey on Relationship Between Productivity and Occupational Safety and Health*," Japan Industrial Safety and Health Association (1998) (finding a "positive correlation" between safety and productivity at large Japanese auto plants); and "*Lost-Time Injuries, New South Wales Coal Mines*" (1992-1993) (linking increases in productivity to declining injury rates in Australia coal mines).

The National Safety Council has also published a volume of 12 case studies from around the world examining the link between safety and productivity. *Case Studies in Safety & Productivity, Vol. 1*, National Safety Council.

Conclusion

When making the business case for safety, don't limit yourself to the savings side. True, loss prevention remains a solid economic justification for investing in safety; but it's not your only option. Open your mind to using the link between safety and productivity to demonstrate safety's potential to make money. It takes some moxie and imagination to make this argument. But you owe it to yourself and the workforce you represent to at least consider giving it a try.

More Employers to Offer Workers Financial Incentives for Healthy Behavior: Top Programs Integrate Health Management With Business Objectives (by Watson Wyatt/National Business Group)

With continuing pressure to control health care costs, more companies plan to offer financial incentives to reward workers who adopt healthy lifestyles, according to a new survey by Watson Wyatt, a leading global consulting firm, and the National Business Group on Health, a non-profit association of 285 large employers. Those employers best controlling costs and increasing productivity are integrating a broad array of health management programs.

Nearly half (46 percent) of employers surveyed currently offer financial incentives to encourage workers to monitor and improve their health or plan to offer incentives next year. By 2009, that number is expected to surpass 70 percent, according to the 2007/2008 Staying@Work survey. A total of 355 large employers participated in the survey.

The survey also found that companies with effective health and productivity programs demonstrate superior performance. They achieve 20 percent more revenue per employee, have 16.1 percent higher market value and deliver 57 percent higher shareholder returns (from 2004 to 2006). Additionally, companies with highly effective health and productivity programs have cost increases that are five times lower for sick leave; four and one-half times lower for long-term disability; four times lower for short-term disability; and three and one-half times lower for general health coverage.

“With few options left, companies are putting significant emphasis on improving the health and productivity of their workforce” said Shelly Wolff, national practice leader for health and productivity at Watson Wyatt. “Global competition and pressure for greater efficiency are causing employers to seek new ways to help manage benefit costs and increase worker output. Increasingly, companies are looking at the health of their workers as the new growth engine to stave off health care inflation and keep employees on the job and productive.”

The survey found that more companies are planning to connect employee health to company goals. Almost one-third of employers (29 percent) currently link health and productivity programs to their broader initiatives, or plan to in 2008. Another 26 percent plan to do so in 2009. Employers are also implementing various programs to engage employees in managing their own health.

Companies Aim to Encourage Healthy Behaviors

	Offer Now or in 2008	Plan to Implement in 2009
Provide tools that encourage safety and wellness	85%	7%
Promote emotional health	82%	7%
Educate employees on safety at work	63%	9%
Involve senior management in promoting health and productivity	52%	16%
Offer economic incentives	46%	26%

Educate medical providers on work environment and health initiatives	33%	7%
Connect wellness programs to broader initiatives	29%	26%
Integrate health programs with paid leave	26%	12%

Yet, while both companies and their workers say that a healthy workforce is a priority, accountability remains low. Although 79 percent of companies think employees should be held accountable for improving and maintaining their own health, only 4 percent actually are taking action on this issue. Similarly, 68 percent believe that managers should be responsible for workforce productivity, yet only 13 percent are holding managers accountable.

“The survey results confirm that successful employers are more likely to provide tools to support health improvement, promote emotional health, educate employees on safety at work, use positive economic incentives, and involve senior management in promoting health and productivity. It's a very inspiring message," said Helen Darling, president of the National Business Group on Health.

Other findings from the survey include:

- Employers spend a median 21.2 percent of payroll on direct and indirect costs of programs for wellness, sick leave and disability, slightly less than the 22 percent they spent in 2005.
- Preventable factors lead the list of health-related items affecting business performance, followed by adverse physical conditions, such as back pain. The leading health issues are lifestyle risks (42 percent), physical conditions (34 percent), chronic conditions (31 percent), unscheduled absences (30 percent) and mental health conditions (23 percent).
- The two most commonly cited barriers to effectively managing health and productivity are lack of data (45 percent) and organizational structure (41 percent).

What Makes a Good Safety Supervisor?

A good safety supervisor:

- Takes the initiative in telling management about ideas for safer layout of equipment, tools and processes;
- Is a professional when it comes to taking care of equipment and keeping it safe;
- Knows the value of machine guarding and makes sure that proper guards are provided and used;
- Takes pride in knowing how to use the equipment safely;
- Knows what PPE is necessary on each job and sees that such PPE is used;

- Takes charge of operations that are not routine to make certain that safety precautions are determined and observed;
- Arranges for adequate storage;
- Practices good housekeeping and makes sure that staff does likewise;
- Knows which materials are hazardous and how to handle them safely;
- Is an expert on waste disposal for good housekeeping and fire protection;
- Keeps an eye open for the worker who may be safer performing a different job;
- Continually talks safety and impresses safety on workers;
- Works with all persons they oversee without favoritism;
- Knows how to get people to work together;
- Establishes good relations with union stewards and the safety committee;
- Sets the example in safety;
- Understands the value of criticism and praise and exercises sound judgment in doling them out;
- Explains and demonstrates how to do a job safely and observes workers to ensure they do it properly;
- Investigates the seemingly unimportant incidents and takes corrective measures; and
- Keeps everyone informed of the safety policy.

Group Warns That Nurses Face Health Risks From Chemical Exposure (by Erin Allday, San Francisco Chronicle Staff Writer)

The very chemicals used to keep hospitals squeaky clean and to treat patients could be harmful to nurses who are exposed to them in their daily duties, according to a study released Tuesday by an Oakland environmental group.

Nurses are exposed to a wide range of chemicals on the job - from heavy-duty cleaners and latex to chemotherapy drugs - that could have long-term effects on their health and the health of their children, say researchers with the Environmental Working Group and Health Care Without Harm, which coordinated an online survey of 1,500 nurses in the United States.

But few regulations limit nurses' exposure to chemicals, and, in fact, most nurses have no idea that their work environment could be harmful, said Jane Houlihan, vice president of research for Environmental Working Group and an author of the study.

"As much as we rely on nurses to protect us when we're sick, we're not protecting nurses in return," Houlihan said. "They face a diverse range of exposures in the workplace that really could pose significant health risks."

The survey was made available to nurses all over the country, and nurses with physical ailments and concerns about their working environment could have been more likely to participate in the survey, said Houlihan. But researchers hope the survey results will persuade national health officials to further study the exposure of nurses to chemicals and to develop regulations to limit it.

The survey looked at nurses' exposure to 11 common health care chemicals, including gases used for anesthesia; hand disinfectants; cleaning agents; latex; medications such as chemotherapy and antiretroviral drugs; devices containing mercury; personal care products such as shampoo and soap; and chemicals used for sterilization.

According to the survey results, nurses who were exposed regularly - at least once a week - to the chemicals had increased rates of cancer, asthma and miscarriages. Nurses who were pregnant when they were exposed to certain chemicals were more likely to have children with birth defects than nurses not exposed to the chemicals.

Chemical exposure seemed to have an especially large impact on the rate of musculoskeletal defects in children of pregnant nurses. Nurses with frequent exposure to sterilizing agents and anesthetic gases were seven to nine times more likely to have children with musculoskeletal defects than their unexposed peers.

The results could be overstated because of the informal nature of the survey, Houlihan said. But even if long-term exposure to chemicals isn't as harmful as the study shows, there's no question that it is unhealthy, nurses said.

"The biggest problem I see is that nurses don't know they're being exposed," said Lisa Hartmayer, a registered nurse at UCSF. "It's not like nurses are saying, 'I can't go to work because of chemical exposure.' It's more like they don't feel well, and they don't know why. I think the damage is being done quietly."

Hartmayer said one of the most common complaints nurses have is related to sanitary wipes they're instructed to use to clean off devices such as blood pressure cuffs and stethoscopes. Nurses might use these wipes several times a day, she said, and many of her colleagues complain of headaches, watering eyes and runny noses every time they use them.

"Generally, we think the cleaner the better - the cleaner something is, the safer it is. But that's not always the case," Hartmayer said. "We use everyday cleaners that have chemicals, there's soap we use on our hands. I don't believe there's strong enough research to tell us what happens with constant exposure."

Authors of the study said Bay Area hospitals tend to be ahead of national regulations when it comes to limiting nurses' exposure to chemicals. Many Bay Area hospitals no longer use latex gloves, for example, because latex can cause allergic reactions in some people.

Several Bay Area hospitals are limiting the amount of vinyl materials they use in everything from floors and walls to medical devices because chemicals used to make vinyl have been tied to cancer and birth defects.

At Stanford University Medical Center and Lucile Packard Children's Hospital, newly hired nurses are given a physical that includes looking at the chemicals in their bodies. They are then offered free annual physicals to monitor their exposure to chemicals as well as other physical ailments.

Both hospitals also have extensive engineering staffs to check the air quality and ventilation systems. Nurses are regularly trained in protocols for handling potent drugs. It's not just the nurses who need to be kept safe, said Beverley Tobias, director of occupational health services for the medical center and children's hospital.

"We have a lot of really, really sick people. We can't have a lot of foreign elements that are going to harm them on top of what they already have," Tobias said.

While government regulations are in place for a handful of chemicals common in medical facilities, the policies aren't strong enough and don't cover enough chemicals, said researchers and nurses.

"I know a woman who had eight miscarriages while she was working in health care," said Lauri Hoagland, a nurse practitioner at a Kaiser Permanente clinic in Napa. "There haven't been any studies, but if you work in health care, you know something's happening. There isn't enough information and there aren't enough rules for hospitals to follow."

Nurses' exposure to chemicals

-- They include anesthetic gases, hand and skin disinfectants, cleaning agents, latex, medications such as antiretroviral and chemotherapy drugs, devices with mercury, personal care products such as shampoo and soap, and sterilization chemicals, as well as radiation.

The health effects

-- Nurses who were regularly exposed to chemicals reported higher incidences of cancer, asthma and miscarriages than their peers with limited exposure.

-- Nurses who were regularly exposed to chemicals while pregnant had children with higher incidences of birth defects than the children of nurses with limited exposure.

Study Says Carbon Nanotubes may be as Dangerous as Asbestos

A recent study concluded that carbon nanotubes can cause precancerous growths. The study published in *Nature Nanotechnology* and reported on the *Scientific American* Web site says that scientists found that long, thin carbon nanotubes look and behave like asbestos fibers, a major cause of mesothelioma, a cancer that attacks the body's internal organs and in particular, the lungs. The research was performed by the University of Edinburgh's Centre for Inflammation Research in the United Kingdom.

Most carbon nanotubes are made from sheets of graphite about a nanometer, or one billionth of a meter wide, and formed into cylinders. The diameter varies between a few nanometers up to tens of nanometers. Carbon nanotubes are critical in electrical research, and they are the building blocks for the next-generation of computer chips. They are also being developed for use in drugs, batteries and other electronics.

The report includes comments from study co-author Andrew Maynard, chief science advisor for the Washington D.C.-based Woodrow Wilson International Center for Scholars' Project on Emerging Nanotechnologies. He says that there has been no coordinated effort to date to analyze the safety impact of carbon nanotubes in the workplace.

"If you get these things into the lungs," he says, "they form scarlike tissue, and the body sees them like a scaffolding, building new cells over them and thickening the walls of the lungs," Maynard says in the *Scientific American* report. "There is an immediate need to examine how carbon nanotubes are being used and see if there's any chance that [people] are being exposed to dangerous materials," Maynard says, adding that no one paid attention to the dangers of asbestos until it was too late for a lot of people.

The Justification For Safety: Why We Must Rethink Our Approach (by John Cameron, President of J.K. Cameron & Associates Consulting Inc.)

Why put so much time, money and effort into an occupational health and safety program? Wouldn't an organization be better served investing these resources somewhere else? In my eyes, there are three justifications for a health and safety program.

The Moral Justification: Protecting people is the right thing to do.

The Compliance Justification: Safety is required by law.

The Business Justification: Keeping the workplace healthy and safe improves the bottom line.

Let's look at each of these in some detail.

The Moral Justification

Of course, protecting people is the right thing to do. No business owner, CEO, manager or supervisor worth his salt would hesitate for a moment to stand up and make a great and glorious speech about working safely and how important is to the organization that nobody gets hurt on the job.

The problem is that talk is cheap. Saying that safety is important and that nobody should get hurt doesn't make it happen. That's not to suggest that the speech makers aren't sincere and well intentioned. But the speech is just the beginning not the end. The real challenge is to back up the rhetoric with concrete action.

In many cases, that involves implementing the latest "safety system" with all of its attendant procedures, rules and regulations and measurable objectives.

Bulletin: "The System" alone does not and cannot solve the problem.

The Compliance Justification

The compliance justification is also a given. Obeying the law is something we're taught to do from an early age.

The problem is that obeying the law is not synonymous with ensuring safety. The law is only a minimum standard. Thus putting policies and procedures in place, delivering training and documenting our efforts help us avoid liability, rather than prevent injuries. Like the speeches we discussed above, compliance efforts represent only the beginning. The challenge is to make the "System" work for the long term prevention of injury and illness.

Everything we do in occupational health and safety must be focused on prevention.

The Business Justification

The cost of accidents is horrendous. Most organizations have no idea what accidents are costing them even though the information is sent to them every month by their Workers' Compensation Board or insurance agency. Do you know your organization's WCB premiums and pay-outs, short- and long-term disability costs, modified duty costs, etc.?

If not, find out. It's affecting your bottom line!

The problem is that this information is usually kept by the financial department and filed neatly away. Dig it out, chart it, graph it, discuss it in your management meetings, put it on the agenda and publish this information to senior management, middle management and then to each and every one of your employees.

There is a lot we can do to change our mind-set and improve our bottom line. We have to start reducing accidents, reducing our WCB, STD, LTD and Modified Duty costs. We have to become pro-active rather than re-active. Let's take health & safety beyond being just a moral and compliance issue to a business issue.

Conclusion

"Safety is the control of recognized hazards to obtain an acceptable level of risk."

This definition, which comes from the National Safety Council, is if not the best one of the best definitions of safety I know. The definition does not talk about the *elimination* of all hazards and risks. It recognizes that there are inevitable hazards in everything we do, at work and at home. The key to the definition is the concept of control-to "recognize" the risks we face and to ensure that those risks are at an "acceptable" level.

We can't eliminate all accidents and there are no quick fixes. What I'm suggesting is that we can prevent many of them. My point is that we can reduce the number of disasters and the family suffering they generate and that we can and must improve our bottom line.

I am also suggesting that the way to achieve these goals is not primarily through the application of complicated or high-tech solutions. It starts with something much simpler: a change in the

mind-set throughout the organization, the establishment of a positive safety culture in which everyone takes ownership and responsibility for the health and safety of themselves and those around them.

Multiple Employer Worksites: The General Contractor's Duty to Protect a Subcontractor's Workers (by Robin L. Barton, Esq., Professional Journalist and Attorney)

Everybody knows who's responsible for health and safety when all of the workers at a site work for the same employer. But things get complicated at worksites with multiple employers. Take construction sites, for example. Typically, the property owner hires a general contractor to oversee the work. The general contractor then hires subcontractors to perform certain aspects of the work, such as plumbing and electrical work.

So what happens if one of the subcontractor's workers gets hurt? Clearly, the victim would have recourse against the subcontractor that employed him. But the general contractor might have deeper pockets. Can the subcontractor's employee sue the contractor for the injury?

Contractor Liability for Subcontractor Injuries

Since the general contractor is in charge of the overall work, it's easy to assume that the general contractor has a duty to ensure the health and safety of the subcontractors' workers. However, that's not always true.

A recent case from Texas is a good illustration of how courts approach this question. Here's what the case was about, how it was decided and what it tells us about a general contractor's duty to ensure the health and safety of a subcontractor's worker.

What Happened in the Texas Case

An apartment complex hired a general contractor for a "rehab" construction project. The general contractor hired a concrete subcontractor to do concrete repair work. Sadly, one of the subcontractor's workers was killed after his head got crushed by the front loader he was operating.

The victim's estate sued the general contractor for wrongful death. It argued that the general contractor had violated its duty to provide the victim a safe place to work. The general contractor asked the court to dismiss the lawsuit, arguing that it had no right to control the concrete subcontractor's work and thus no duty to protect the victim.

What the Court Decided

The court dismissed the lawsuit. In general, a general contractor doesn't have a duty to ensure that a subcontractor performs its work in a safe manner. But, the court explained, such a duty may arise if:

- The general contractor retains some control over the manner in which the subcontractor's work is performed — that is, it has the right to control the means, methods or details of the subcontractor's work. (Although it's not enough that the general contractor has the right to order a work stoppage, to inspect the work's progress or to recommend a safe manner for the subcontractor's workers to perform their work);
- The general contractor's control extends to the "operative detail" of the subcontractor's work so that it's not free to do the work in its own way; and
- The general contractor's control relates to the subcontractor's work that caused the injury or death.

Applying these principles, the court ruled that the general contractor didn't have a duty to protect the subcontractor's workers. More precisely, the general contractor wasn't responsible for ensuring that the subcontractors' workers operate the front loader safely. The contract between the apartment complex owner and the general contractor didn't provide the latter control over the means, methods or details of any of the subcontractor's work. It simply required the contractor to exercise broad, supervisory powers and set minimum safety standards at the site. This didn't constitute sufficient control to make the contractor responsible for the accident, ruled the court [*Deleon v. DSD Development, Inc.*, 2006 Tex. App. LEXIS 7799, Aug. 31, 2006].

Conclusion

The *Deleon* case is an illustration of the so-called "multi-employer worksite policy." ***The rule:*** Where workers from more than one employer are doing work at a workplace, it is the degree of control over the work — rather than who employs the worker — that determines which employer is liable for the safety of those performing the work. Thus, an employer who controls or creates a workplace hazard may be liable even if the workers endangered by the hazard are on another company's payroll.

Hiding Injuries Rewards Companies (by David Bruser, Staff Reporter, The Star.Com, June 29, 2008)

The provincial government's highly touted campaign to improve workplace safety is rewarding companies for hiding injuries and rushing the wounded back to work. A *Toronto Star* investigation has found that since 2000, companies have reported thousands of seriously injured Ontarians as having missed no time off work. Some companies pressure or bribe workers not to report major injuries at all. Some pay the wounded full salary to do degrading make-work jobs. Others, such as construction giant Aecon Group Inc., have lied to make injuries look less serious. The result is that companies cut costs under the Workplace Safety & Insurance Board's incentive plan.

The provincial agency's plan says that the faster a company gets an injured worker back to work, or off what is known as "loss time," the lower the insurance premium. Shortening this loss time or avoiding reporting it altogether can be lucrative, possibly leading to a rebate check from the WSIB.

The *Star* found that at least 11,000 worker injuries were downplayed or improperly handled over a seven-year period, including 3,000 fractures, dislocations, bad burns and other injuries, even amputations, that companies reported as resulting in not even one day off work.

These practices are dangerous because they give government an inflated sense of safety in Ontario workplaces. That's because Ministry of Labor inspectors rely, in part, on WSIB injury data to determine which companies to inspect. By downplaying serious injuries, unsafe companies may reduce the likelihood of an inspection. Meanwhile, many of the wounded have ended up pawns in a balance sheet game, shuffled back to work under the regulatory radar and vulnerable to further harm.

"It's not acceptable for any employer to force an injured worker back to work prematurely," said Ontario labor minister Brad Duguid when presented with the *Star's* findings. "There's no question the incentive program needs to be improved."

Candace Zinkweg, who worked on an auto parts assembly line, had to wear a sandwich board after suffering a repetitive strain injury that would eventually require surgery. Another injured worker, after more than a decade of service butchering for a meatpacker, was offered a job watching trucks full of pigs roll in and out of the facility. "Hog Unloading Monitoring," the company called it. Bum Sun Yoon's story (*left*) shows the extreme lengths a company will go to avoid reporting an employee is off work and recovering at home.

Board chair Steve Mahoney agrees there are problems with the incentive program but does not think it should be scrapped. The program is already under a year-long review after the *Star* found the WSIB was giving hefty rebates to companies found guilty of fatal safety violations. He said the *Star* was unfairly blaming his organization and its 4,300 employees for the "anecdotal" bad behavior of a few companies.

"To be perfectly blunt, I know your story is painting our entire system in a negative light and that bothers me a great deal. We make a million decisions a year. We spend hundreds of millions of dollars a year. I think this is a tremendous organization," he said, adding that the newspaper's investigation is a "terrible disservice to injured workers." The problem Mahoney says is not widespread has touched his own board.

One of the WSIB's former board members, Mike Archambault, is the senior manager of safety for construction firm Aecon Group, which often wins multi-million-dollar contracts from the Ontario government. Earlier this year, Aecon pleaded guilty and was fined \$125,000 after WSIB investigators found the firm lied about the amount of work time missed by several injured workers. In one case, a tunnel retaining wall partially collapsed on a worker in Toronto, seriously injuring his shoulder and back. The employee missed a week of work while Aecon said the man was back at work the day after the injury. Archambault, who did not return phone calls to his Aecon office, left the WSIB board on April 2. The next day, Aecon signed a court document in which it admitted lying about injuries.

Aecon spokesperson Mitch Patten said Archambault's departure from the WSIB was unrelated to the guilty plea and that Archambault was not investigated. Patten added that Aecon has a reputation for safety and has improved its injury reporting since the offences he called "regrettable, embarrassing, wrong."

Here's how the injury reporting system is supposed to work: An employer must, within three days, report an injury that causes a worker to need health care or miss work. Once a claim is approved, the WSIB pays for medical expenses, typically 85 per cent of the worker's wage when time off work is necessary, and various other benefits that could kick in as a result of the injury. In exchange for paying premiums that fund the WSIB, companies are protected from worker lawsuits.

The WSIB says it is important employers report "loss-time" injuries so that the agency can make sure the injured worker is getting proper medical treatment and all his or her entitled benefits. In addition to managing injury claims, the WSIB is also trying to make workplaces safer by encouraging companies to reduce injuries and work-related illnesses. The WSIB relies on its graphic "Road to Zero" ad campaign that warns of fatal risks in the workplace. One ad depicts a chef, her face boiling after a vat of hot liquid spills on her head. Another shows a tradesman plummeting from a building into the windshield of a dump truck.

The incentive program is supposed to help, too, by giving rebates to companies that have made workplaces safer and levying surcharges to encourage unsafe workplaces into improving. The program places a heavy emphasis on reducing "loss-time" injuries – that is, injuries that cause a worker to miss at least one shift of work. The WSIB considers such injuries a sign of an unsafe workplace. The longer a loss-time injury persists and the prospect of future claim cost grows, the greater the expense to the company.

After Zinkweg got hurt, her boss at Pivotal Action Force temp agency told her to go curbside wearing a sandwich board advertising the agency. Until her injury, Zinkweg used a staple gun-type device to upholster car seats on an assembly line. She said the job put constant pressure on her right arm, from her fingers up to her shoulder. She developed what one doctor described as a "substantial" case of carpal tunnel syndrome. Draped in the sandwich board, walking up and down the sidewalk in front of the temp agency on a recent afternoon, Zinkweg said, "This is humiliating. This has to stop."

Pivotal Action CEO Alan Kouba said wearing the sandwich board is valuable to the company because it attracts potential employees. Kouba said the WSIB ruled the sandwich board job "appropriate and suitable." He said it posed no health risk to a worker with injured arms. "We have an exemplary record. We've received a rebate every year (from the WSIB)," Kouba said. "We are trying to limit our costs, but not at the expense of the (WSIB) or our employees."

The WSIB and labor ministry claim they are marching in lockstep on the Road to Zero, with the two agencies citing a dramatic 20 per cent decrease in workplace injuries since 2004 that resulted in companies saving billions of dollars. But the 20 per cent reduction only refers to injuries that result in a worker missing time from work; Ontario companies have reported 50,000 fewer such injuries in the last four years.

The government statistic does not count the 3,000 serious injuries the *Star* found companies had reported as resulting in not even one day off work. In addition to fractures and dislocations, the 3,000 injuries included amputated fingertips, cases of welder's flash, rotator cuff tears and crushing injuries.

Bryan Evans, a Ryerson University professor who until 2003 managed a WSIB department responsible for analyzing claims data, said these injuries should be resulting in time off work. "It's not rocket science," he said. "Those are traumatic injuries."

About 8,000 workers suffered from equally serious injuries and long-term illnesses, such as post-traumatic stress disorder, and missed a partial shift or one work day. One of the large employers that reported several serious injuries resulting in no loss time is Staffing Edge, a Brampton-based temp agency. Since 2000, WSIB data shows Staffing Edge employees suffered 10 fractures, three intracranial injuries, three crushing injuries, two concussions and one fingertip amputation, and not one day of work was missed.

Chief financial officer Victor Winney said a loss-time claim can be expensive and that the WSIB pushes companies like his to give the wounded work as soon as possible. "If the (WSIB) pays the worker a dollar, it will cost (the company) five – that's just rough numbers. You're going to pay more," he said. "I have guys doing quality work on ensuring bolts are the right size, the right weight, sitting at a bench. (With) a broken femur, eventually when he's in a healing process, he could do that bolt job. His leg has to be elevated, yes, sometimes he needs to do special exercises to take care of the injury."

The *Star* found the WSIB's policy around "early and safe return to work" is loosely defined – companies often get to decide which jobs are suitable. At Mississauga-based Purolator Courier, where 14 fractures, three intracranial injuries, four crushing injuries, one dislocation and three concussions have been reported as resulting in no time off work, human resources director Doug Kube says his company is following WSIB rules.

"It's not unusual that (a worker) may have something like a broken ankle, that they could do paperwork audits, administrative duties in an office, and sitting in a chair with their foot elevated and working at a computer," Kube said. "That's not unusual."

The WSIB tells the *Star* it is working on improving the return-to-work process and has created two new positions that will, starting this fall, help workplaces better understand the concept of a "suitable and productive" modified job.

Since 2000, grocery store chain A&P has reported 15 serious injuries that resulted in no time off work, including six fractures. The company has an uncommon approach to dealing with some of its injured workers. A&P runs two "return to work" centers, one in an industrial strip mall in Mississauga and another in London.

A spokesperson said injured workers go to these centers to perform modified work such as "creating gift baskets" and "receiving/recording company documentation." The spokesperson said the work "is important work that would otherwise be done at the store level or head office, if the centers didn't exist." Each centre has a cot for workers not feeling well. The company would not allow a reporter to tour a centre or talk to workers on site.

As for the 15 serious injuries reported since 2000, the company says the injuries were either not serious or incorrectly catalogued by the WSIB. In addition to the broken bones, the injuries also included one dislocation, three crushing injuries and two cases of what the WSIB calls "traumatic" tendonitis.

Steering companies down the WSIB's profitable "Road to Zero" injuries is a cottage industry of consultants who teach how to work the system. Online, they boast about millions of dollars in workplace insurance costs saved. They advise bosses on how to most quickly get a wounded worker back on the job. They sell their commitment to fight claims.

One consultant told the *Star* that unless "totally disabled," a worker should be able to do something "meaningful," like "answering a phone or shredding paper."

Another, on his company's website, posted a "supervisor's checklist" for employers that advises offering a modified job even before a medical diagnosis is available. Consultant Dr. Edward Gardiner explained: "WSIB expects us to do that. WSIB wants us to offer early and safe return to work as soon as we can. I think most people want to come back to work."

The *Star* shared its findings with three Ministry of Labor inspectors, including one high-ranking inspector, and others with knowledge of workplace safety issues in Ontario, and none was surprised.

The inspectors, who requested anonymity for fear of losing their jobs, say the WSIB and labour ministry allow companies to hide dangerous workplaces and cut costs at the expense of injured workers.

"We're still seeing injuries," said one inspector. "We're still seeing the same stupid things being repeated over and over."

The government's investigative files show many cases of companies failing to report accidents at all.

One high-profile WSIB prosecution involved retail giant Wal-Mart. In 2005, it pleaded guilty to 25 counts of failing to report an injury, and was fined \$500,000. The company said some store managers tried to report injuries but used the wrong fax number, and it has improved its reporting system.

It is impossible to tell if these cases of non-reporting shed only a sliver of light on the problem or if government inspectors are catching all offenders. There are millions of workers in Ontario covered by the WSIB – from grocers to autoworkers to temps. The WSIB has 19 inspectors to complement the ministry of labor's 430 – that's about 450 to patrol the 230,000 companies covered by the WSIB.

Lessons Learned: Fatal Workplace Accident Draws \$119,000 in Fines

OSHA cited KMA Manufacturing LLC, Vanport, Pa., for numerous alleged safety and health violations following a fatal industrial accident in December 2007. OSHA is proposing \$119,400 in fines. OSHA initiated its investigation of the Beaver County facility, which employs 49 people, in response to the accident when a six-ton piece of stainless steel became dislodged from a crane and fell onto an employee. The investigation resulted in 42 serious violations and four repeat violations.

The serious violations include the company's failure to ensure that a swivel hook, which was used on an overhead crane to lift furnace covers, was equipped with a safety latch. Employees were observed operating overhead cranes without proper training. KMA Manufacturing failed to ensure that overhead cranes were not used to lift materials beyond their rated load capacity. The company also failed to conduct a personal protection equipment workplace assessment. The repeat violations include failure to provide machine guarding and required training in hazardous energy sources. KMA Manufacturing has 15 business days from receipt of its citations to contest them before the Occupational Safety and Health Review Commission.

Training the Trainer: How to Provide Safety Training that Induces Change (by John K. Cameron)

The definition of insanity, said Albert Einstein, is doing the same thing over and over again expecting different results. That leaves me to wonder what Einstein would have thought of the typical safety trainer. After all, training hasn't changed much over the years in which I've been a safety consultant. Organizations are still training for the sake of training. And this traditional approach is still producing — or at least not helping to prevent — disasters such as Westray, BP Refinery, Sago Mines, etc.

Clearly, we need to break the cycle of insanity and start doing things differently. For safety training to be effective, it must be simple and it must be entertaining. But, above all, safety training must bring about change in the people who receive the training.

Defining the Training Program's Purpose

When putting together a safety training program, whether as a safety director, manager or trainer, the first step is to think results. Ask yourself: What do I want my training program to accomplish? If it's simply to comply with legal requirements, I submit that you're wasting your time. But if your motivation is to reduce costs from accidents/incidents and improve safety performance, then you're on the right track.

Selecting the Right Trainer

The next step in creating a training program is to select an appropriate trainer. This should be a person who is willing to try new things and bring his or her own creativity and innovation to the safety program. The trainer must have:

- Credibility;
- Communication skills; and
- Motivation to bring about change.

Implementing the Right Training Methods

What does "motivation to bring about change" mean? It means changing the people we train. That involves going beyond covering the material in a workshop. What we bring into the training workshop does not matter. And if we aren't making a difference, what we talk about does not matter. All that matters is whether trainees learn the appropriate lessons from the workshop and then apply those lessons to their daily practice.

For a successful training workshop, trainers should:

- Focus on the changes they want to effectuate in their trainees;
- Get trainees involved and engaged from the get-go;
- Share stories and experiences to make a point. People remember stories and, therefore, the underlying point those stories make;
- Be sensitive to trainees' reactions; and
- Be flexible. If you are not getting the reaction and participation from trainees that you want, you must change your approach on the spot.

Effecting Change By Engaging Your Trainees

I believe that for training to be effective, trainees must be more than passive recipients of information; they must play a role in communicating that information during the training session. But how do you get trainees involved? Here's an exercise I recommend. Early in training sessions ask each participant three questions:

- Can you describe a situation at home or at work where you were or could have been seriously injured?
- How could you have prevented this from happening?
- What did you learn from the experience?

This exercise achieves four key things early in the workshop:

- It gives participants an opportunity to talk about something personal (everyone has a story);
- It makes participants feel recognized, important, relaxed and thus willing to contribute and participate in a learning experience;
- It gives participants an opportunity to teach each other based on their own experiences; and
- It gives trainers the chance to make points from the trainees' stories (as well as accumulate great stories they can use in future training sessions).

The Test

You don't want to let your trainees leave a training session without making a commitment to change. To secure such a commitment, at the end of a session, I ask each trainee:

What are you going to do to improve the health and safety program in your organization? Not what someone else is going to do, but what are you going to do?

I stress:

If you leave here today and don't do anything different, this session will have been just a waste of your time. If we all leave here today and wait for someone else to do something, nothing will happen.

Conclusion

Training is not about what goes on during the workshop. Training is about what happens in the days, months and years after the session ends. Some time after the training, ask yourself what has changed? If you're able to answer that one, then your training has been successful. You're a step beyond training to education. Training is about how; education is about why. But that's another article.

Safety Training Strategies – “Care Bar” (by Karen Perna from Intel) [from "Safety Stuff" by Richard Hawk Inc.]

I wanted to share a program we have been using called CARE---the acronym is for Coaching, Awareness, Role-modeling, Encouragement. As a company, we felt that much had been done already to create a safe work environment; the next piece we needed was to enhance the human behavior element as it relates to safety.

We kicked off our CARE program with small Focus groups to get feedback on what is right and what is wrong with our Safety Programs—at that time we passed out a candy bar with the following label:

CARE BAR

Serving Size 365 days a year

Percent of daily value is based on Active CARE- ing.

Amount per serving:

100% **C**oaching

100% **A**wareness

100% **R**ole Modeling

100% **E**ncouragement

The program has been very successful in bringing our people together and helping them realize that all injuries impact activities at home as well as work. We have shared CARE stories that relate to work or outside of work and we have seen improvement in people helping and coaching each other at work. Along with that, we have been told that this program helped our people put more emphasis on safety at home.

Bottom line is that we put a 'heart' into safety which allowed people to see safety as more than a work program.

Safety Training Strategies – “Health Check” (by Faith E. Davidson from Constellation Energy) [from "Safety Stuff" by Richard Hawk Inc.]

Recently I focused on health at a meeting. I wanted to get everyone's attention and make the point that at our age (the 45 and over gang) we all could use a little help with our wellness.

I asked all those in the audience that had high blood pressure to stand up. Then I asked those with diabetes to join the first group standing. I then added overweight, high cholesterol, and finally arthritis. The only ones sitting were two guys who were half asleep (they had worked night shift). It was a good visual to see that virtually everyone in the room was coping with various health issues.

It also got us off our chairs for a few minutes and of course there were jokes as people looked around and found out their coworkers had some of the same issues they had.

Safety Tidbits (from "Safety Stuff" by Richard Hawk Inc. <http://www.richardhawkin.com>)

- Captive wolves are more likely to attack a human than wolves in the wild.
- Destructive hurricanes have their names retired; a retired name can be used after 10 years.
- 122 first-class passengers were killed on the Titanic; 528 third-class passengers were killed.
- Both flies and frogs have been known to catch athlete's foot.
- According to *The Book of Risks* by Larry Laudan, the average American believes the odds of his or her dying in a car accident in a year to be about 1 in 70,000; the real figure is closer to 1 in 7,000.
- Blister rule of thumb: Big blisters are called vesicles, small ones are called "bullae."
- Garrett Morgan's claim(s) to fame: He invented the traffic light...and the gas mask.
- The safest day for driving: Tuesday.
- Not my fault: The first Friday the 13th of each year is national Blame Somebody Else Day.
- The risk that someone who has diabetes does not know it: 50%.
- An alcoholic is likely to die 12 years sooner than his nonalcoholic cohorts.