

IMPROVING INJURY MANAGEMENT

THE CHALLENGE

An injured employee goes to the doctor. The employee automatically gets multiple-dose prescription medications, stitches, days away from work, and/or physical therapy.

The Monday morning workday was just getting started when the first of a series of urgent phone calls started. Another employee was injured on the job and the supervisor, normally calm and focused, was very upset and questioning whether he had made the right decisions concerning the company's injury treatment protocols.

The young, hardworking employee's shoulder seemed to be perfectly fine except for persistent pain. There were no signs of blood, swelling, or other visible injury symptoms—just the typical soft-tissue injury that is the result of a muscle strain.

The supervisor had followed all the injury protocols and, after letting the employee try to shake off the pain, had taken him to the medical clinic. After 3 hours of sitting in the waiting room, the employee was finally called in by the nurse into the examination room. After another long wait, the injured employee came out with the doctor for the dreaded post-exam discussion.

The doctor stated that the injury was not serious but recommended that the employee wear a sling to help protect the shoulder, take the next couple of days off to ensure a complete recovery, and take the prescription painkillers and an anti-inflammatory, over-the-counter medication as directed.

The doctor continued, saying that the employee was scheduled to come in for a follow-up appointment the next morning at 9:00 a.m. and for physical therapy starting at 10:00 a.m. in the very convenient office next door.

Great! This injury will have to be recorded in the OSHA 300 log. Not a very good Monday.

THE DREADED CFR 1904 REGULATIONS

OSHA's CFR 1904 regulations are the guidelines for determining whether or not an injury is required to be put in the OSHA 300 log. These regulations are very complete and cover every conceivable situation or circumstance that would require an injury to be recordable.

When the injury occurs, companies get caught in the middle. There is the moral obligation to have the injured employee treated by medical providers and the legal obligation to record the incident in the OSHA 300 log.

It seems that the medical profession has a standard practice to treat even minor injuries with prescription medications and physical therapy. Multiple-dose prescription medications or over-the-counter medications taken at prescription strength require the incident to be listed in the OSHA 300 log. The same is true for multiple treatments, such as physical therapy or injuries that need additional care.

There is a need for hospitals, clinics, and doctors to treat their patients conservatively. In many cases, the injured

employee leaves the doctor's care and is never seen or heard from again. There is no follow-up to ensure that the employee is healing properly. Therefore, the conservative treatment is used to give the injured patient the best possible chance of recovery with limited medical involvement.

LACK OF COMPANY PROCEDURES TO ADDRESS AND ADEQUATELY INTERNALLY RESOLVE THESE MEDICAL PROFESSION ISSUES

Many companies do not have procedures in place for managing their employees' injuries or the follow-up processes needed to ensure that the employee's return-to-work program is designed properly and that he/she is capable of performing the restricted-duty work tasks without further injury.

We do not want employee injuries or high OSHA recordable frequency rates. In many cases, however, the prevalent feeling is that there is little that can be done to effectively keep injuries from meeting the CFR 1904's injury-recording criteria.

COMPANIES MAY LACK THE WILL, TIME, AND FUNDING TO DEVELOP INJURY MANAGEMENT PROGRAMS

If a company feels that recordability is inevitable, they will certainly lack the ambition to try to do anything about the CFR 1904 challenge. Why spend a lot of time, money, and effort to create a program to control something that is inevitable?

In today's market, we can't afford to have a high frequency rate due to high claim costs and how the injuries might affect our ability to bid the limited work that is out there. Contracting authorities are more frequently disallowing qualified bidders based on a company's injury frequency rates.

The very act of accepting this inevitability means that we are willing to accept the actual and hidden costs of recordable incidents. There has to be more we can do to effectively meet this challenge.

IMPROVING THE INJURY MANAGEMENT PROCESS

Developing a solution to this challenge is not easy. A new approach would need to be implemented that has the primary goal of protecting the employee, ensuring high-quality medical treatment, and ensuring appropriate medical services for the specific type of injury. It is important to note that although the primary motivation for the following solution came from the challenges of the CFR 1904 regulations, the goals for the program do not include reducing the incident rates. It is believed that if the program focuses on appropriate injury treatment, the frequency rate reductions would be a natural consequence of good medical practice.

The solution includes involving medical providers early in the treatment process and getting greater involvement throughout the process. This may seem somewhat counter-intuitive, given the previous description of the challenges facing contractors in the CFR 1904 environment. This is

accomplished by engaging a highly competent occupational medical doctor (OMD) specially trained in treating the type of occupational injuries typical of construction. OMDs must also understand the challenges related to compliance with the CFR 1904 regulations.

HOW DOES THIS WORK?

Once the medical profession is on board, the next challenge is to develop procedures to guide operational management through the process. This involves training and communication to all field and office management, as well as the field employees, on how the OMD process works.

SERIOUS INJURY

A major injury requiring a 911 call does not require any decisions other than to make the call and give the primary first responder care to the injured employee. Once the EMTs arrive, they take control. The site supervisor is responsible for:

- Securing the scene;
- Notifying the proper company contacts;
- Filling out the proper incident reports; and
- Investigating and documenting the incident.

FIRST AID

Minor scrapes, bumps, bruises, burns, cuts, and scratches are treated on site with the participation of the supervisor.

ALL OTHER INJURIES

Any incident that requires more than just first aid requires a call to the company safety professional, if applicable. The safety professional—in conjunction with the injured employee,

the site supervisor, and the OMD—assesses the injury and the appropriate medical treatment. As a consultant, the OMD has the medical knowledge to make sound medical decisions that are in the best interest of the injured worker.

In some cases, the injured employee can be treated on site with the guidance of the OMD. In this situation, the OMD will give appropriate over-the-counter medication and precautionary work restriction while the injured employee recovers from his/her injuries. The supervisor is required to assess the injured employee multiple times per shift to observe and talk to the employee about his/her injury and recovery. If the injury is not healing as expected or the employee requests medical attention, the OMD is again engaged and another assessment is completed. The OMD, in conjunction with the employee, can continue the on-site treatment or the employee can agree to undergo further medical treatment.

In other cases, the OMD may recommend sending the injured employee to the preferred medical provider, specialty provider, or hospital as appropriate for the type of injury. In all cases that are more severe than minor first aid, the OMD is engaged to ensure the best and most appropriate treatment for the injured employee.

By using the services of an OMD—a medical doctor with specialized training in assessing and treating the type of injuries typical of the construction industry—the contractor can manage the claim more effectively, provide better care for the employee, and more effectively manage the recordability of the claim.

ICRI Committee 120, Environmental Health and Safety, would like to recognize Jim Emmons of Structural Group, Inc., for his contributions to this column.