

# Risk Summit – 2018

## Your Role in Injury Prevention at UO



Presented by:

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# Safety Is...

- Learned behavior
- Not common sense!

## Today's Objectives:

- Review UO Injury Statistics
- Focus on Falls
- Discuss your role in injury prevention
- Learn where to go for safety support
- Workers' Compensation Basics



# Measuring Safety

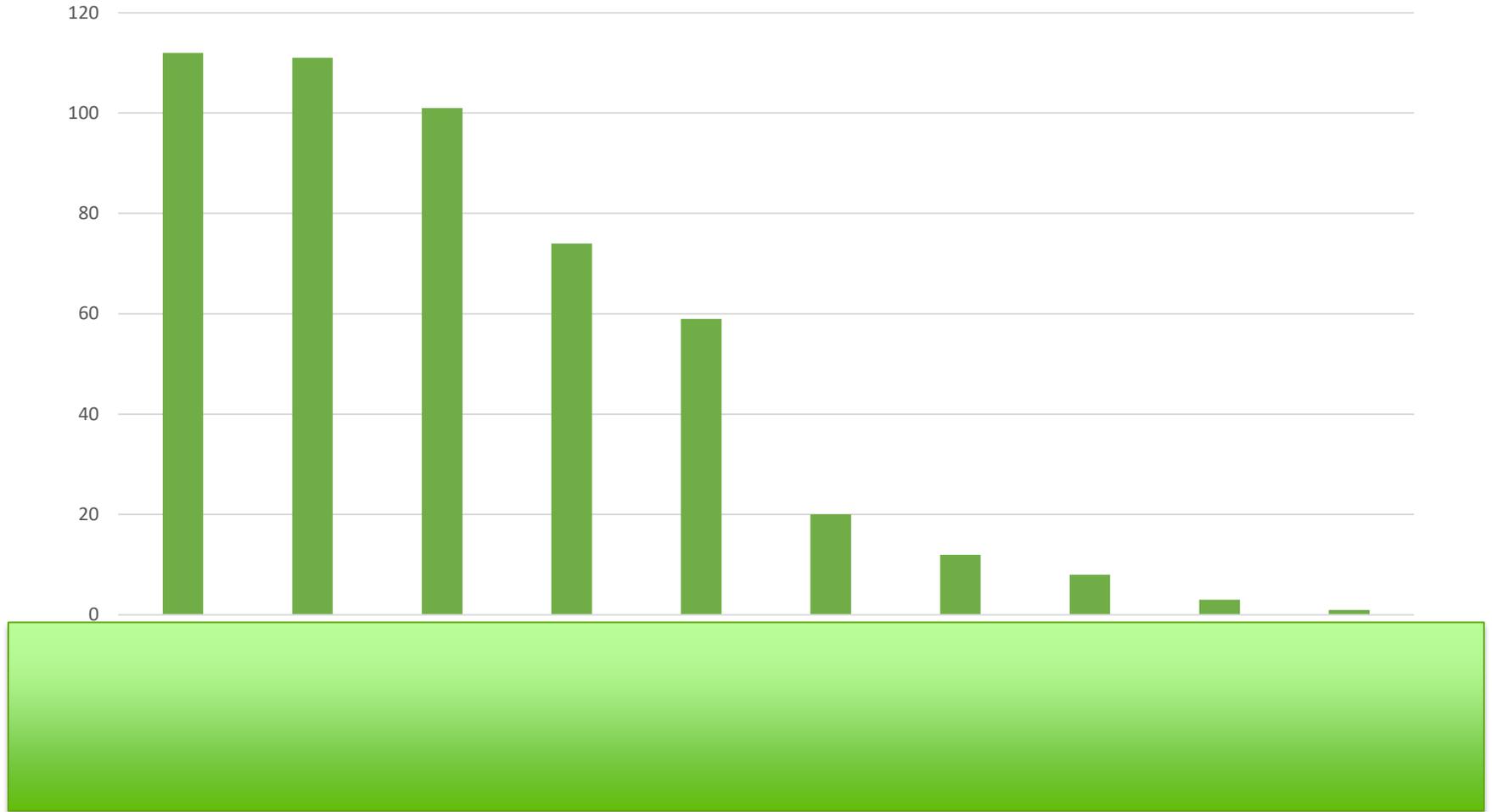
How does the UO stack up against other colleges and universities?

	University of Oregon		Other Colleges & Universities
Year	Recordable Injuries	Incident Rate	Incident Rate
2012	125		
2013	109		
2014	110		
2015	104		
2016	83		
2017	95		
2018 (YTD)	49		



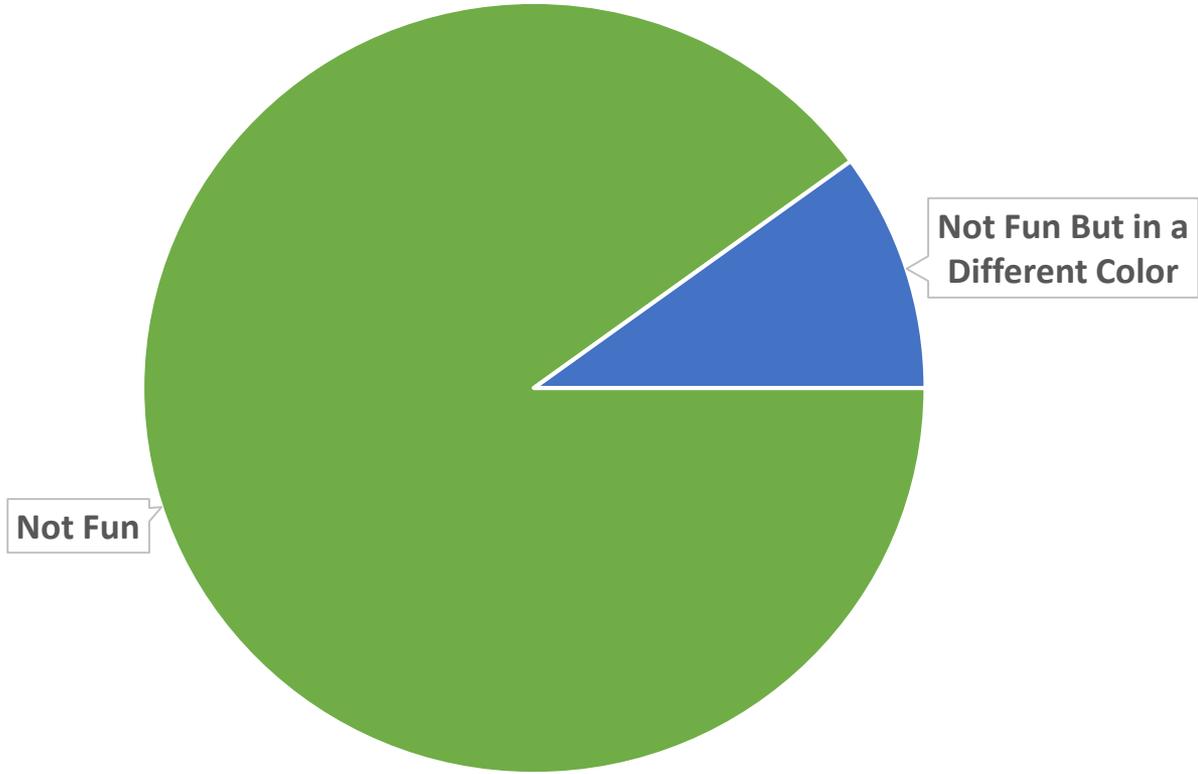


# UO Injuries by Mechanism

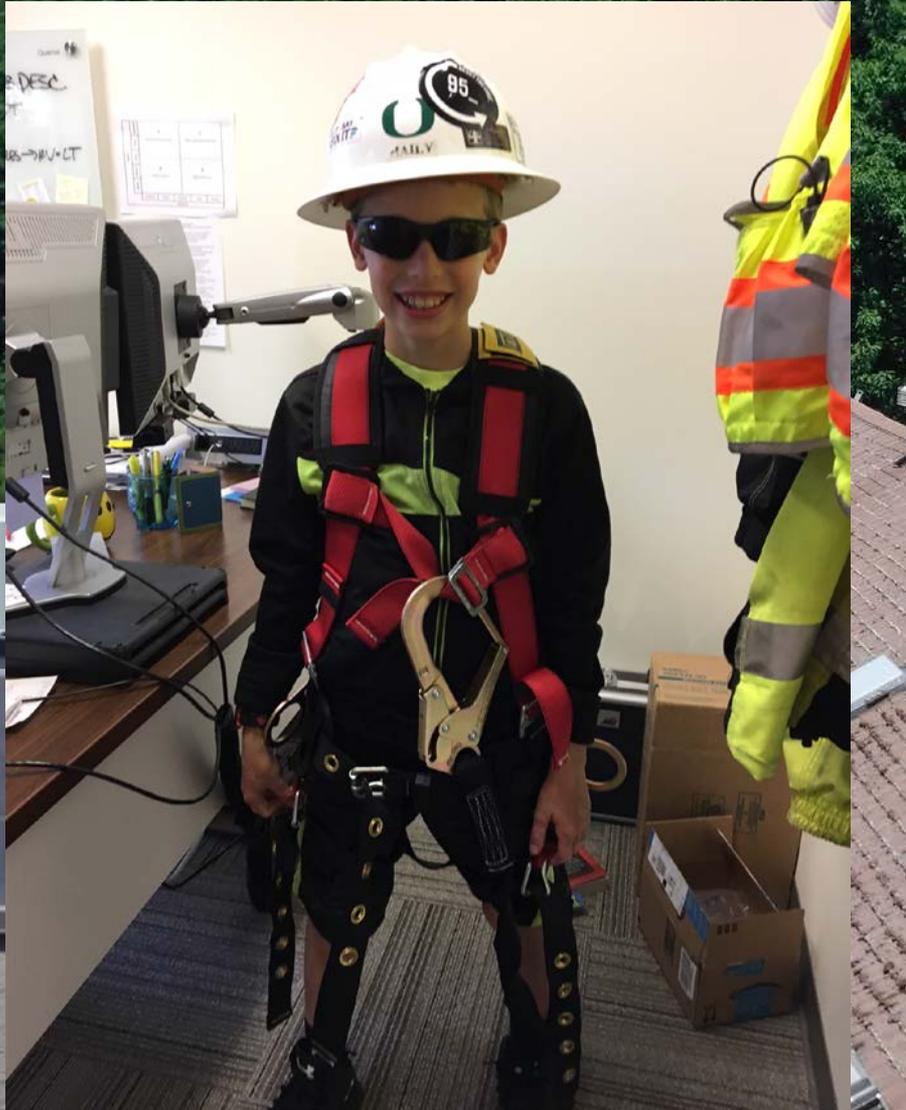


Total 515 reported injuries from 01/01/17 – 05/01/18

# What Percentage of Falls are Fun?

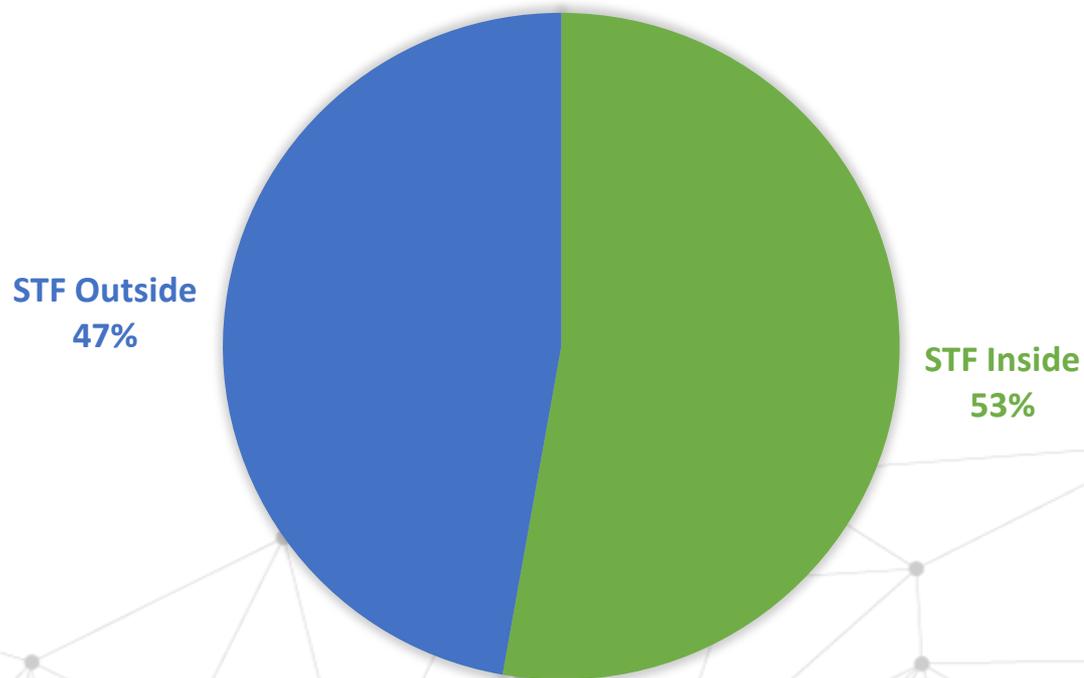


Source = anyone who has ever fallen...



# Where do Falls Occur at UO?

WHERE DO SLIP/TRIP/FALL INJURIES OCCUR?



Total 108 reported falls from 01/01/17 – 05/01/18



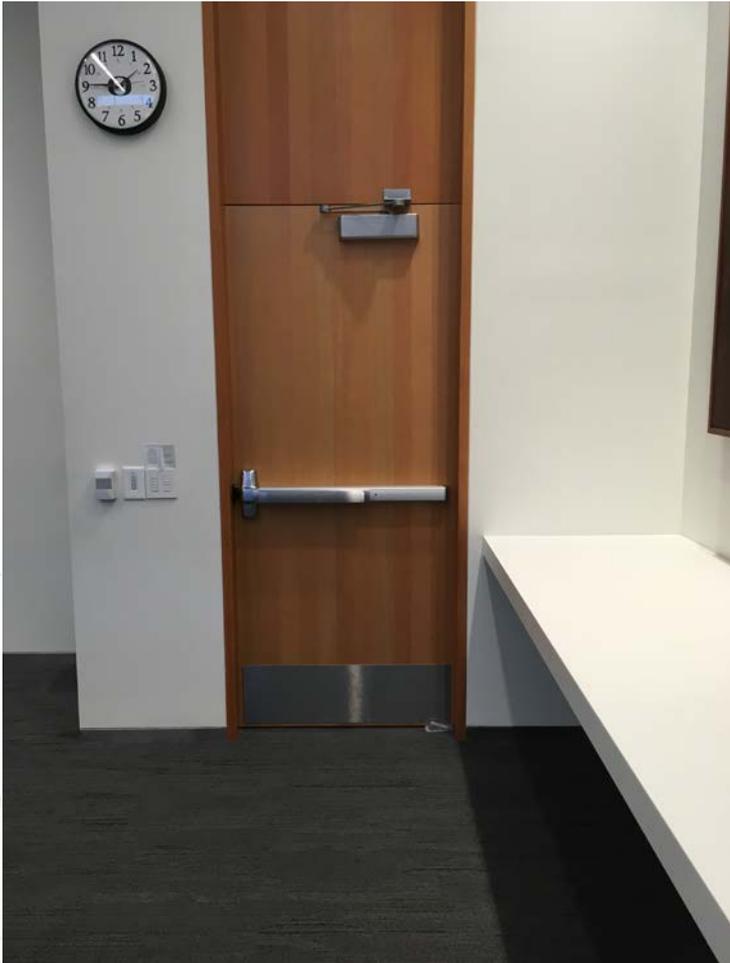
# Where do Falls Occur at UO?

## Indoor falls at UO



# Where do Falls Occur at UO?

## Indoor falls at UO



# Your Role in S/T/F Prevention

## Form good habits!

- Footwear
- Avoid rushing
- Eliminate distractions (texting/reading/eating)
- Use handrails!
- Placing items on floor

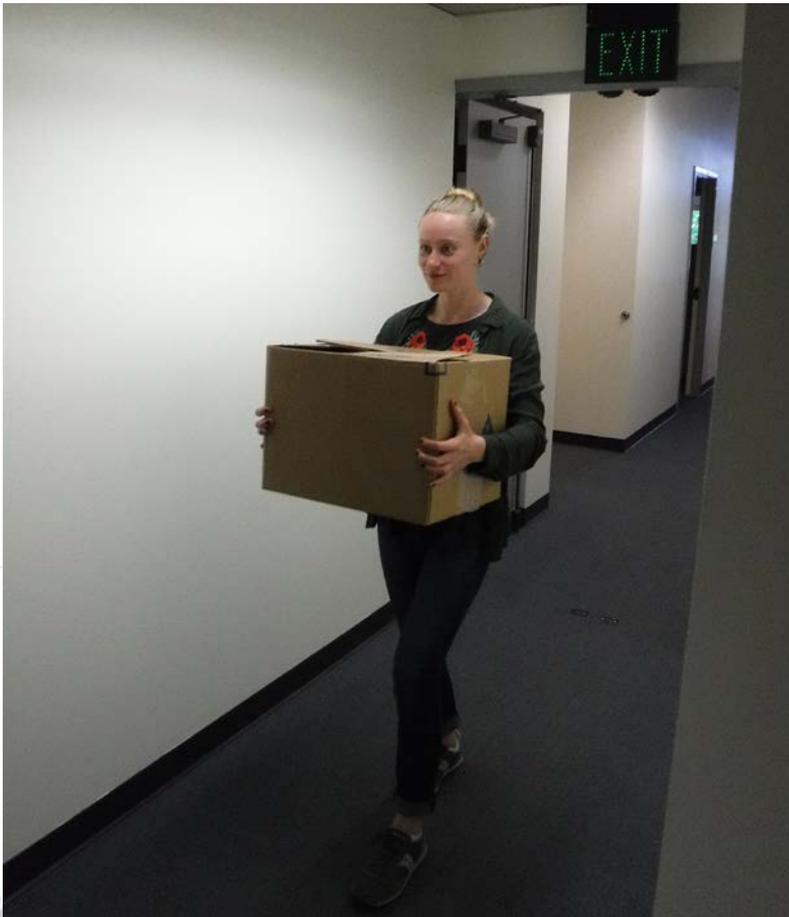
## Identify and Remove hazards!

- Cords, hoses, spills, etc.
- Eliminate distractions at floor transitions



# Your Role in S/T/F Prevention

Teach good material handling habits!



# Your Role in S/T/F Prevention

## Outdoor hazards:

- Head in direction of travel
- Footwear
- Avoid rushing
- Eliminate distractions (texting/reading/eating)
- Walk off mats



# Your Role in S/T/F Prevention

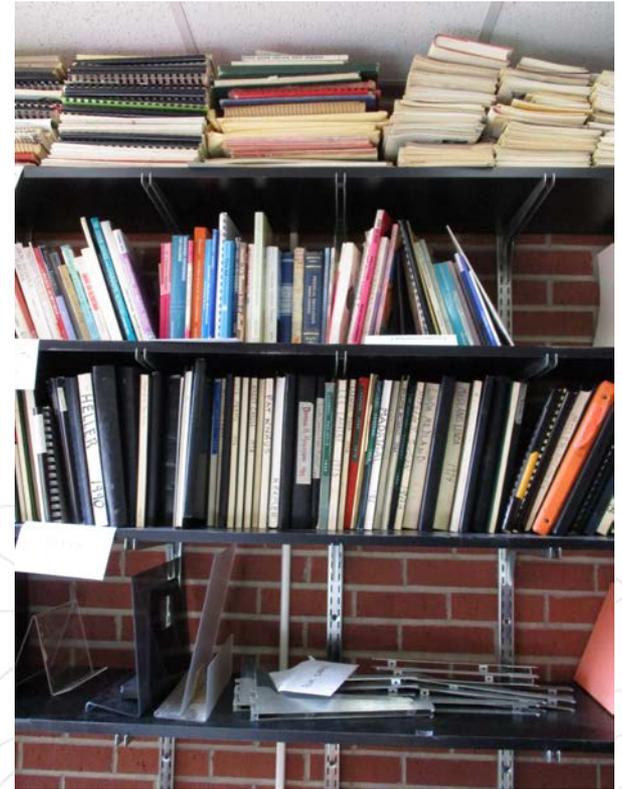
## Step Stool Options



# Your Role in Injury Prevention

Create a safety culture in your work area:

- Create an environment where employees are encouraged to identify and correct hazards.
- Start a Safety Committee.
- Include safety info as part of regular departmental or staff meetings.
- Remind employees to report ALL injuries, regardless of severity.
- Check our website for resources!



# safety.uoregon.edu

Safety and Risk Services

search this site



APPLY VISIT GIVE

Safety and Risk Services

search this site

[UO Police](#) [Emergency Management](#) [Risk & Insurance](#) [Environmental Health & Safety](#) [Campus Mapping](#) [ERM Program](#) [Resilience Initiatives](#) [About](#)

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## SRS Safety Resources

### Safety Sheets

SRS has developed a series of safety sheets. Safety sheets are designed to improve the safety awareness of employees at the University of Oregon by providing information on specific workplace hazards. Each page gives a brief overview of important information, contacts, and best safety practices related to the topic. The sheets can be utilized for new employee safety orientation packets, as additional written material for training, or as a quick reference for basic safety questions.

SAFETY SHEETS

Willamette

Huestis



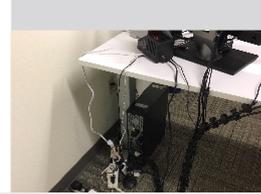
# Safety Sheets

ASBESTOS

UNIVERSITY OF OREGON OFFICE ELECTRICAL HAZARDS

OFFICE ELECTRICAL HAZARDS

When there are break poses and Adding room suit breakers loaded. This overheating is the reason the breaker is tripped



Report any damage of UO property to CPFM customer service!

UNIVERSITY OF OREGON COLD AND FLU

COLD AND FLU

The season occurs annually during the colder half



Flu vaccine



Wash your hands



If sick, stay home



If sick, stay home



If sick, stay home



If sick, stay home



If sick, stay home



If sick, stay home



If sick, stay home



If sick, stay home



If sick, stay home

UNIVERSITY OF OREGON HAZARD REPORTING

WHAT IS A HAZARD?

Activities or environmental factors in the workplace that could potentially lead to ill health effects, injury, or death. Not as common, imminent danger is a hazard that could immediately result in severe physical harm or loss of life. The University consists of numerous workplaces with different and evolving hazards.

WHY SHOULD I REPORT?

Safety is a collective goal. Reporting improves the safety of the University for you, faculty, staff, students, and visitors. Recognize and address or report all hazards. If an injury occurs, tell your supervisor immediately.

WHEN AND HOW DO I REPORT?

IMMINENT DANGER:

- Examples: on a roof's edge without fall protection, fire, standing on the top rung of a ladder, etc...
- It is okay to make contact with the person doing unsafe work, if doing so will not cause an injury or put yourself in danger.
- Immediately call for support! Examples: your supervisor, EHS, UOPD (541-346-2919) or 911

ADDRESS ALL OTHER HAZARDS:

1. If you are qualified and able to address the hazard, do so. Examples: tape down cords, move a chair, clean a known spill, etc...
2. If the hazard is something easily addressed through facilities, contact CPM's Work Control (541-346-2319) or Housing Customer Service (houfaccs@uoregon.edu). Examples: light bulb out, broken outlet cover, etc...
3. For all other hazards, tell your supervisor and use the "Report a Concern" form on the Safety & Risk Services site: safety.uoregon.edu.



Learn to recognize all hazards!



Report immediately if believed to be imminent danger! Photo: Oregon OSHA



Report all other hazards to your supervisor and "Report a Concern"!

IMMINENT DANGER

ASBESTOS FIBERS CAN CAUSE CANCER DAMAGE TO LUNGS BREATHING DUST EATING DUST

Post posted warning signs!



Labels for OSHA compliance awareness.

Contact EHS for more information. EHS for more information.

UNIVERSITY OF OREGON FIRST AID KITS

FIRST AID KITS

First aid kits are located all over the University for minor injury first-aid. In a serious emergency, 911 and UOPD should be called! Kits are kept in cases often secured to walls in easy to access areas. Contents must not include over the counter or prescription drugs because of the potential of access by minors, allergic reactions, or expired medications. Employees may store and manage their own medications. Kits should be kept stocked with supplies purchased through a reputable vendor. Below are the suggested minimum supplies to meet requirements.

CONTENTS:

- (2) Absorbent Compress, 32 sq inch minimum
- (16) Adhesive Bandages, 1 x 3 inch
- 5 yards Adhesive Tape (can be in multiple rolls)
- (10) Antiseptic single use wipes
- (4) Sterile Pads, 4 x 4 inch minimum
- (4) pair waterproof gloves (non-latex)
- Wound-cleaning agent, i.e. moistened towelettes
- (2) Triangular Bandages, 40 x 40 x 56 inch minimum
- (1) Micro-shield or Pocket Mask (if employees are CPR Rescue Breathing Trained)
- Burn Treatment - either 6 individual use packets or a
- Spray container with a minimum of 6 applications
- (5) 12" x 18" zip-lock waste disposal bags

WHAT TO DO!

- Contact your supervisor if you do not know the location of the first-aid kit.
- Keep first aid kits stocked and free of drugs!
- Report any injury to your supervisor immediately!
- Contact EHS with further concerns or questions.
- In an emergency, call 911 and UOPD (541-346-2919) for immediate assistance!



Know the location of your workplace's first aid kit!



Do not keep over the counter or prescription drugs in the kit!



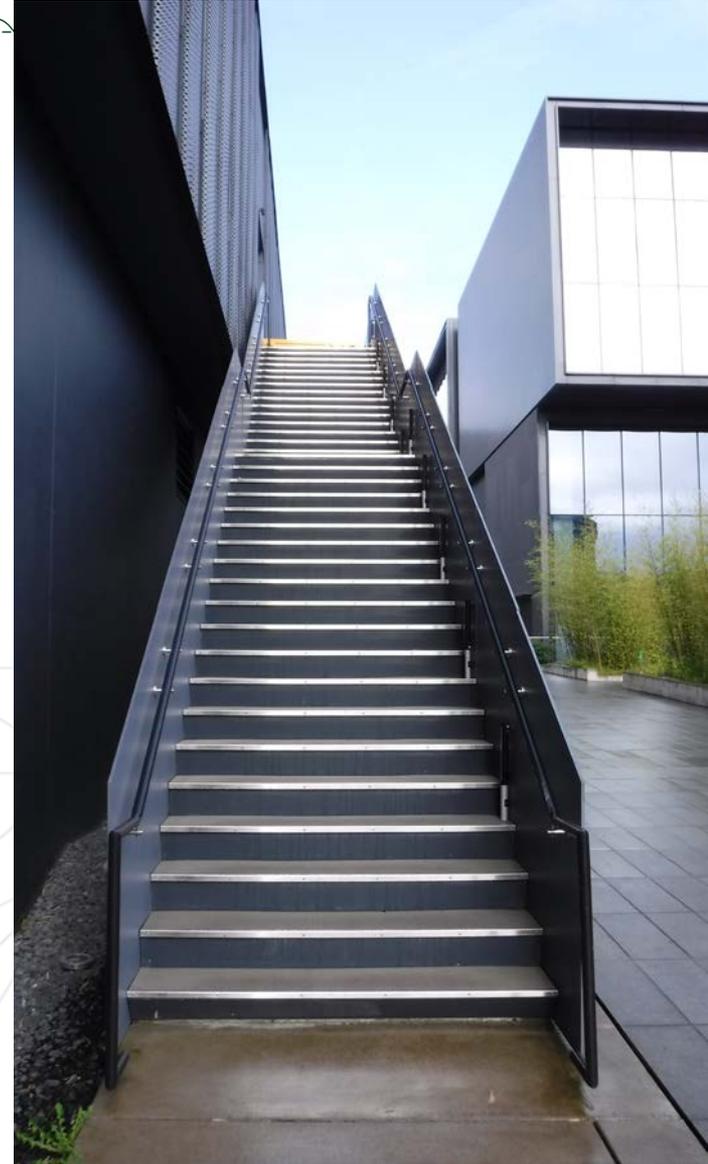
Keep the kit stocked with supplies from a reputable vendor!



# Your Role in Injury Prevention

## DEVELOP GOOD SAFETY HABITS!

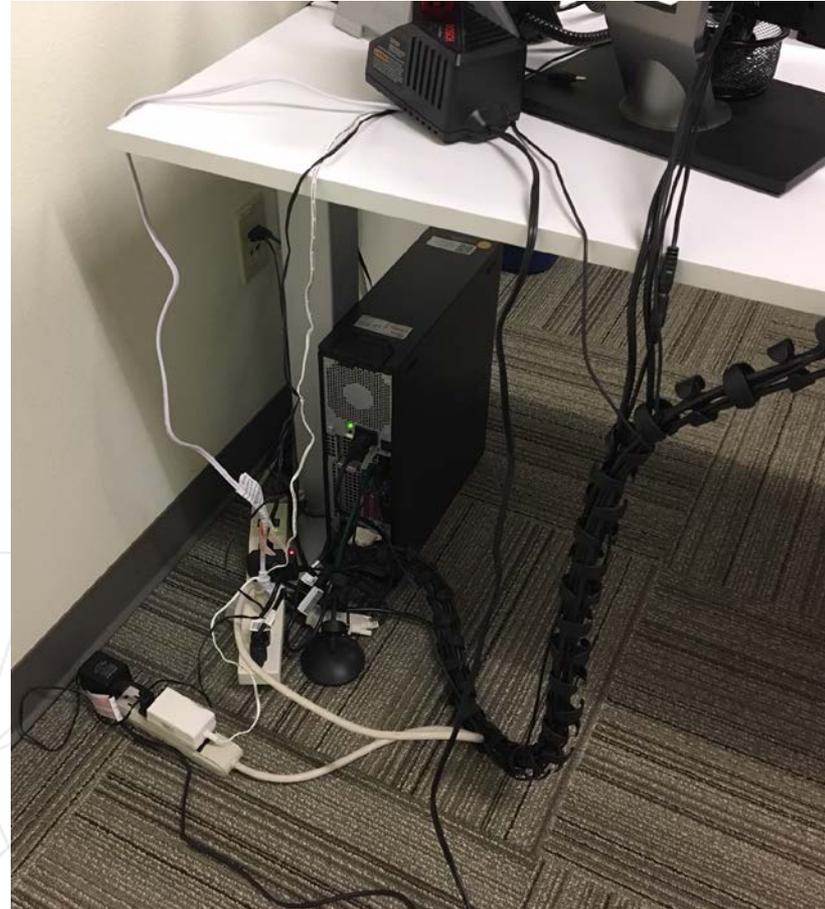
- Safe lifting ALWAYS, not just when you think it will be heavy.
- Face the direction of travel, before moving.
- Plan your path of travel.
- Use carts, backpacks, hand trucks, or other tools to carry loads.
- Carry loads in a manner where they don't obstruct your vision.
- Let dropping things drop!
- **HANDRAILS!!!**



# Your Role in Injury Prevention

Call your safety team! We provide:

- Customized safety training
- Hazard assessments
- Ergonomic assessments
- Technical assistance
- Clear safety language
- Best part is.... [insert drum roll!]  
we're free!



# Occupational Safety Team

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Trish Lijana  
Workers' Compensation Program Manager  
346-2907  
trish@uoregon.edu



# Injury Reporting & Workers' Compensation



**Trish Lijana**

**Workers' Compensation Program Manager**

**346-2907 [trish@uoregon.edu](mailto:trish@uoregon.edu)**

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# INJURIES



*Whether  
Great.....*



*Or small*

***REPORT THEM ALL !!!***

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# WHY REPORT AN INJURY?

- Identifies potential hazard(s)
  - Alerts UO to investigate
  - Opportunity to correct hazard while minor
  - Can prevent same injury from happening to someone else
  - Reporting within 24 hours is imperative
  - Protects injured employee
-

# HOW TO REPORT AN INJURY

- Safety Incident/Accident Report (SIAR) form
  - Supervisor completes SIAR with injured employee
  - Opportunity to understand underlying factors that may have contributed to the injury
  - Implement changes to prevent a reoccurrence
  - Complete partial SIAR if employee is not available
  - Sign & fax/email SIAR to Risk Management
-

# UNIVERSITY OF OREGON SAFETY INCIDENT or ACCIDENT REPORT (SIAR)

Office of Risk Management  
1260 University of Oregon  
1715 Franklin Blvd., Suite 2A

Phone: 541-346-8316  
Fax: 541-346-7008

[RiskManagement@uoregon.edu](mailto:RiskManagement@uoregon.edu)

**Instructions:** To be completed by employee with a supervisor/manager (unclassified) **WITHIN 24 HOURS** of when employee reports a work-related accident, incident or condition. **Complete ALL sections**, do not leave any blanks.

Department Campus Operations Date of Report 2/22/17

Date of Incident 2/22/17 Time of Incident 2:30 pm a.m. or p.m.

### Employee Information:

Employee Name Lijana, Trish  
Last First MI  
 Employee ID# 951-23-4567 Birth Date 1/1/92 Position Title Laborer  
 Employee Category  Regular, full-time  Temporary UO  Student Worker  
 Regular, part-time  Temporary Agency  Volunteer  
 Working Days  M  T  W  T  F  S  S Working Hours 7:30am - 4pm

### Injury Information:

**Treatment**

Received 1<sup>st</sup> aid  
 Will be seeking medical treatment  
 Received medical treatment  
(Workers' Compensation Form 801 must also be completed)  
 Hospital transport\*  
 Fatality\*  
 No treatment  
 Other \_\_\_\_\_

**Work Status**

Left work early  
 Missed work, dates: \_\_\_\_\_  
 No missed work

**Nature of Injury**

Burn  Inflammation/irritation  
 Bruise  Scratches/abrasions  
 Cut  Sprain/strain  
 Other headache

Body Part Affected back of head  
 Left  Right  Both

**Cause of Injury**

Burned by: \_\_\_\_\_  
 Cut by: \_\_\_\_\_  
 Contact with: \_\_\_\_\_  
 Struck by: ladder

<b>Fall/Slip/Trip</b>	<b>Sprain/Strain</b>	<input type="checkbox"/> Other
<input type="checkbox"/> Different level	<input type="checkbox"/> Lifting	_____
<input type="checkbox"/> Same level	<input type="checkbox"/> Bending/squatting	_____
<input type="checkbox"/> Floor condition	<input type="checkbox"/> Holding/carrying	_____
<input type="checkbox"/> Weather condition	<input type="checkbox"/> Pushing/pulling	_____
<input type="checkbox"/> Over object	<input type="checkbox"/> Reaching	
<input type="checkbox"/> On sidewalk/path	<input type="checkbox"/> Repetitive motion	
<input type="checkbox"/> On stairs	<input type="checkbox"/> Stairs	
	<input type="checkbox"/> Twisting/turning	
	<input type="checkbox"/> Walking	

**Blood\*\***

Was blood present?  Yes  No  
 If yes, was anyone else exposed to blood?  Yes  No  
 How was blood cleaned up? \_\_\_\_\_

\*If fatality or hospital transport, call Office of Risk Management immediately at 541-346-8316.  
 \*\*Any employee who was exposed to blood or other potentially infectious materials may require a medical consultation within 24 hours. Call Environmental Health & Safety 541-346-3192.

Incident Details:				
<b>Specific Site of Incident</b> (i.e. building, room, etc.)		SOUTH AGATE NEAR OREGON HALL		
<b>Task/Activity at Time of Incident</b>		DRIVING CAR WITH LADDER TO CLEAN GUTTERS ON CAMPUS		
<b>Describe Incident</b> List the sequence of events; what happened and why.				
DRIVING CAR WITH LADDER IN BACK SEAT				
CAR STRUCK POT HOLE IN ROAD				
LADDER SHIFTED IN BACK SEAT				
LADDER STRUCK BACK OF MY HEAD				
Root Causes:				
<b>Identify factors that may have contributed to or caused incident (check all that apply):</b>				
<u>Management</u>		<u>Equipment</u>		
<input checked="" type="checkbox"/> Safety procedures need to be reviewed		<input type="checkbox"/> Improper use		
<input checked="" type="checkbox"/> Training needed		<input checked="" type="checkbox"/> Proper tool not available or not used		
<u>Employee</u>		<input type="checkbox"/> PPE needs to be reviewed		
<input type="checkbox"/> Attention to surroundings		<input type="checkbox"/> Tool/equipment in need of repair, describe: _____		
<input type="checkbox"/> Ergonomics or body mechanics		_____		
<u>Environment</u>		<u>Other/Explain:</u>		
<input type="checkbox"/> Building condition		WAS USING PERSONAL VEHICLE		
<input type="checkbox"/> Chemicals		LADDER WAS ALREADY AVAILABLE AT WORKSITE LOCATION		
<input type="checkbox"/> Lighting		_____		
<input type="checkbox"/> Weather		_____		
<input type="checkbox"/> Caused by a 3 <sup>rd</sup> party		_____		
Name: _____		_____		
<b>Recommendations:</b>				
<b>What can be done to prevent this incident from happening again?</b>				
<input checked="" type="checkbox"/> Training		<input type="checkbox"/> Maintenance/repair		<input type="checkbox"/> Request assistance with task
<input type="checkbox"/> Other				
Explain: PROVIDE TRAINING ON HOW TO REQUEST USE OF DEPARTMENT VEHICLE & HOW TO CHECK INVENTORY OF EQUIPMENT/TOOLS AVAILABLE AT DESTINATION BEFORE DEPARTING				
Who will follow up? TRISH'S SUPERVISOR				
Date to be completed: TOMORROW				
<b>Signatures:</b> <i>By signing below, I certify that this information is true and correct to the best of my knowledge.</i>				
	Print Name	Signature	Date	Phone
Employee	TRISH LIJANA		2/22/17	6-2907
Supervisor	HAILY GRIFFITH		2/22/17	6-2962

Return this form to Risk Management **WITHIN 24 HOURS** of notice of incident  
 FAX: 541-346-7008

# MEDICAL TRANSPORTATION OPTIONS

## REPORT ALL INJURIES

INJURY	Non-Emergency	Urgent First Aid	Emergency
<b>YOUR RESPONSE</b>	Self-Transport (walking or driving)	Call UOPD (541) 346-2919	Ambulance Call 911
<b>MEDICAL CARE REQUIRED</b>	Non-Emergency	On-Site First Aid (by UOPD or MedExpress) or Doctor Visit	Immediate Life Threatening
<b>EXAMPLES</b>	Bumps, bruises, minor strain/sprain. Students can treat at University Health Center.	Laceration that may need stitches, sprains/strains, severe bruises, insect bites, rashes, etc.	Severe bleeding, difficulty breathing, chest pain, broken bones, head injuries, etc.
<b>NOTES</b>	UO employee assumes risks when transporting an injured employee in personal vehicle.	UOPD officers are First Aid Certified and can arrange for MedExpress to treat injured employee on site.	Notify Risk Management of Transport IMMEDIATELY (541) 346-8316

### STEPS FOR ALL EMERGENCY LEVELS:

1. Care for injured employee - provide 1st aid or call for medical evaluation as shown above
2. If 911 is called, also contact UOPD (541) 346-2919 for additional support.
3. Fill out Safety Incident/Accident Report (SIAR) and email/fax to contacts on form within 24 hours
4. SIAR form and Workers' Compensation information can be found at: [safety.uoregon.edu](http://safety.uoregon.edu), select "Injuries" button
5. For additional support, contact Risk Management: (541) 346-8316

# WHAT IS WORKERS' COMPENSATION?

- Employers must carry insurance to cover occupational injuries
  - WC process defined by State of Oregon Statutes & Administrative Rules
  - UO's Workers' Compensation (WC) Insurer is State Accident Insurance Fund (SAIF)
  - Employees can receive medical benefits and lost wages through a WC claim
  - Waive pain and suffering compensation
  - "No fault" insurance
-

# HOW TO FILE A WC CLAIM

- Workplace injury occurs
  - Employee has received medical treatment or intends to
  - Employee has an option to file a WC claim
  - Employee & supervisor complete an 801 form **within 24 hours**
  - Employee signature on 801 form authorizes WC claim
  - Fax completed 801 form
-



For SAIF Customer Use

Area \_\_\_\_\_  
 Dept. \_\_\_\_\_  
 Shift \_\_\_\_\_ CC \_\_\_\_\_

CLAIM NO. \_\_\_\_\_  
 SUBJECT DATE \_\_\_\_\_  
 CLASS \_\_\_\_\_  
 DEFAULT DATE \_\_\_\_\_  
 EMPLOYER'S ACCOUNT NO. \_\_\_\_\_

TO: Safety & Risk Services  
 FAX: 541.346.7008

## Report of Job Injury or Illness

Workers' compensation claim

### Worker

To make a claim for a work-related injury or illness, fill out the worker portion of this form and give to your employer. If you do not intend to file a workers' compensation claim with SAIF Corporation, do not sign the signature line. Your employer will give you a copy.

1. Date of injury or illness: _____	2. Date you left work: _____	3. Time you began work on day of injury: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	4. Regularly scheduled days off: _____ M T W T F S S	<b>DEPT USE:</b> Emp _____ Ins _____ Occ _____ Nat _____ Part _____ Ev _____ Src _____ 2src _____
5. Time of injury or illness: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	6. Time you left work: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	7. Shift on day of injury: _____ (from) _____ (to) _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
8. What is your illness or injury? What part of the body? Which side? (Example: sprained right foot) <input type="checkbox"/> Left <input type="checkbox"/> Right			9. Check here if you have more than one job: <input type="checkbox"/>	
10. What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: Fell 10 feet when climbing an extension ladder carrying a 40-pound box of roofing materials)				
_____				

Information ABOVE this line: date of death, if death occurred; and Oregon OSHA case log number must be released to an authorized worker representative upon request.

11. Your legal name: _____	12. Worker's language preference other than English: <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify): _____	13. Birthdate: _____	14. Gender: <input type="checkbox"/> M <input type="checkbox"/> F
15. Your mailing address, city, state and zip: _____		16. Home phone: _____	
17. Social Security no. (see back*): _____	18. Occupation: _____	19. Work phone: _____	
20. Names of witnesses: _____			
21. Name and phone number of health insurance company: _____		22. Name and address of health care provider who treated you for the injury or illness you are now reporting: _____	
23. Have you previously injured this body part? <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Were you hospitalized overnight as an inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. Were you treated in the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26. By my signature, I am making a claim for worker's compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers and other custodians of claim records to release relevant medical records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. Notice: Relevant medical records include records of prior treatment for the same conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(I)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law requires separate authorization.			
27. Worker signature: _____	28. Completed by (please print): _____	29. Date: _____	

# EMPLOYER SECTION OF 801 FORM

## Employer

Complete the rest of this form and give a copy of the form to the worker. Notify SAIF Corporation within five days of knowledge of the claim. Even if the worker does not wish to file a claim, maintain a copy of this form.

30. Employer legal business name: University of Oregon		31. Phone: (541) 346-2907	32. FEIN: 464727800
33. If worker leasing company, list client business name:			34. Client FEIN:
35. Address of principal place of business (not P.O. Box): 1715 Franklin Blvd, Suite 2A, Eugene OR 97403			36. Insurance policy no.: 854636
37. Street address from which worker is/was supervised: ZIP:			38. Nature of business in which worker is/was supervised: Education
39. Address where event occurred:			
40. Was injury caused by failure of a machine or product, or by a person other than the injured worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			41. Class code:
42. Were other workers injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. Did injury occur during course and scope of job? <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No	44. OSHA 300 log case no.:
45. Date employer knew of claim:	46. Worker's wage per hour \$	47. Date worker hired:	48. If fatal, date of death:
49. Return-to-work status: Not returned <input type="checkbox"/> Regular Date: Modified Date:			50. If returned to modified work, is it at regular hours and wages? <input type="checkbox"/> Yes <input type="checkbox"/> No
51. Employer signature:	52. Name and title (please print):		53. Date:

**801**

XS801 7/14 UO

OSHA requirements: On the job fatalities and catastrophes must be reported to Oregon OSHA within eight hours. Report any accident that results in overnight hospitalization within 24 hours to Oregon OSHA. Call 800.922.2689, 503.378.3272, or Oregon Emergency Response 800.452.0311, on nights and weekends.

**801**

RESET

PRINT

# Occupational Medicine Clinics

Options if employee's physician is not available:

- **Cascade Health Solutions**  
Located near Costco off Coburg Road in northeast Eugene
  - **Urgent Care**  
Three locations: University District, Coburg/Beltline, Thurston
  - **PeaceHealth Urgent Care**  
Two locations: Gateway Street and Game Farm Road in Springfield,  
and West 11<sup>th</sup> Avenue in Eugene
-

# WORK RELEASE/STATUS REPORT

- Resume regular duties
  - Restrictions; may require modified tasks or transitional work
  - Not released to any work
  - Fax/email work releases to Risk Management
-

# RETURN TO TRANSITIONAL WORK

- As soon as possible after injury

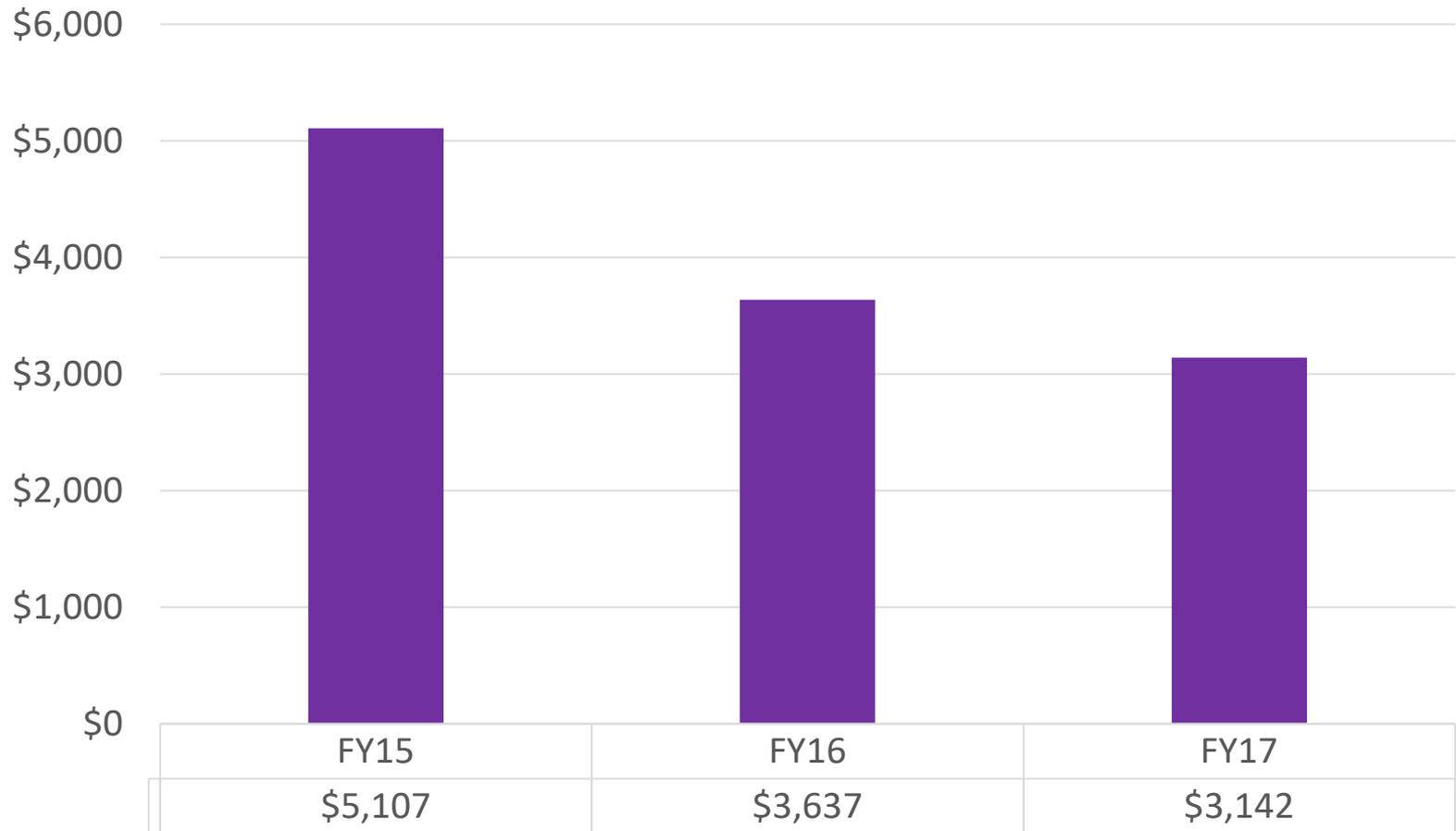
## Benefits:

- Improves healing process, faster recovery
  - Reduces retraining costs
  - Loss of productivity
- If off work over 6 months  
50% chance of returning to work
  - If off work over 1 year  
90% chance will never return to work
  - Reduced hours is an option
  - Employer-At-Injury Program (EAIP)
-

# What is the cost of an injury?



# Average Medical & Lost Wage Costs per Claim



# Plus Uninsured Costs

- Down time
- Decreased morale
- Unsatisfied customers
- Expenses to retrain
- Damaged property or equipment

# What about the injured employee?

**DAMAGED  
PEOPLE**

## People costs

- Permanent impairment
- Physical limitations
- Psychological factors
- Pain and suffering
- Reduced earning ability
- Family relations

# WRAP UP

- You are all Safety Awareness Team members
- Be Proactive
- Report all injuries, regardless of severity
- Complete injury forms within 24 hours
- Post Medical Transport Chart in your department

*Presented by:*

*Trish Lijana, WC Program Manager*

*346-2907*

*[trish@uoregon.edu](mailto:trish@uoregon.edu)*

*Website: [safety.uoregon.edu](http://safety.uoregon.edu)*

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**QUESTIONS?**

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