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**W**hy will some organizations try “anything” to reduce strains and sprains? They’re expensive, pervasive, frustrating and hurt your safety record and performance.

Unfortunately, many companies learn to their disappointment that there are no easy answers to “solving” persistent strains and sprains problems. Interventions such as ergonomic design, back schools, and simplistic body motion approaches have helped. But too often they go after the low-hanging fruit, only reducing injuries to a certain point or for a short time.

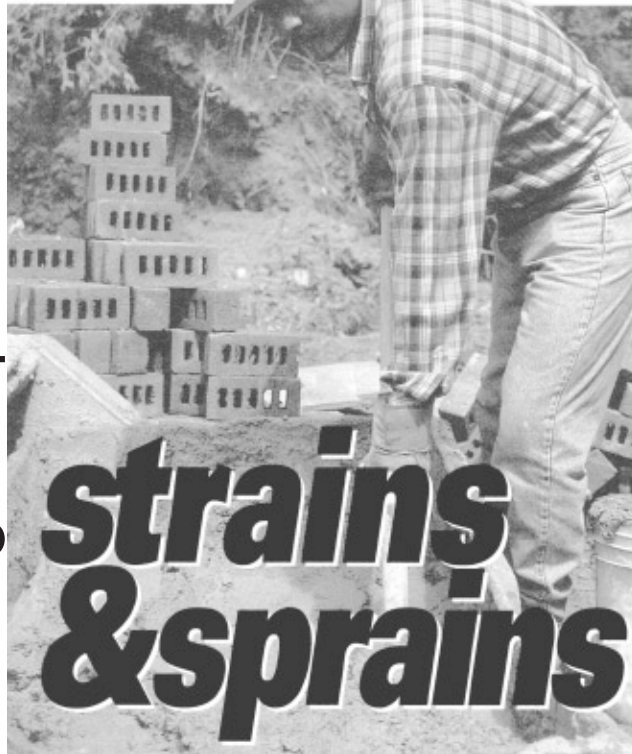
Part of the problem is this: movement related injuries — soft tissue strains and sprains, slips/trips/falls, hand injuries — are often subjective in nature. It’s difficult, if not impossible, to objectively quantify:

- why two people of similar age, size and experience may have completely different injury histories;
- why one person and not another turns in a workers’ comp claim;

## Beware of the ergonomic holy grail.

- which specific off-work factors contribute to cumulative trauma injuries;
- personal differences in pain thresholds — why one person is able to “override” a level of pain that might disable her peer.

## Solving the problem of



*The back takes the brunt of many jobs.*

## 12 keys to your strategic attack

### What’s the answer?

How do you deal with the personal, psychosocial, and organizational factors that all play a role in these problems? To create significant and lasting safety improvements, your role as the safety professional is to help re-focus senior management away from reducing workers’ comp claims and toward improvement of health and performance. Claims statistics can be misleading. An employee might be working hurt, biding their time to turn in a claim, or not be aware of a low-level injury until it blossoms to undeniable pain.

Is ergonomics the cure-all answer? Unfortunately, a narrow focus on environmental design can lead managers and staff in search of the ergonomic holy grail — the perfect chair or the tool with the ideal grip. Soon they discover that environmental improvements by themselves

can’t overcome the many causes of strains, sprains and other cumulative trauma disorders.

Instead, you need to artfully mix environmental, human and organizational factors. You systematically improve your working environment (adjustable workstations, suspending weight of heavy tools). You develop employee capabilities (attention control, judgment, skills, work methods, motivation). And you refine organizational procedures (job design, supervision, reinforcement) as part of every ergonomic intervention.

It’s not enough to purchase expensive “ergonomic chairs.” If employees are not shown how to adjust them to improve position and alignment, workers sitting in them may still slump or work out of position. Based on this, you need to train employ-

ees to use better body mechanics with any new equipment.

You also need to look at the larger picture. The medical director of one large company noted, “Adjustable workstations are fine, but we’ve got to create a climate where people aren’t looking to bail out with a carpal tunnel syndrome.” Too often the number of claims for wrist or back pain surge just after downsizing is announced.

### Making significant change

The answer to fewer strains and sprains, slips and falls, and hand injuries begins and ends with your organization. Personal control and respon-

sibility is a major key to successfully preventing these injuries. While personal responsibility may end with the worker — it begins with the organization.

**1 Move away from a program-approach to an organizational change mentality.** Be sure that your planning takes into account overall organizational goals and goes beyond “cutting injuries.”

**2 Think strategically, and help others do the same.** Remember that everything you do and don’t do sets precedent and sends signals. Starting and stopping programs goes counter to a progressive, cumulative thinking mindset.

**3 Move away from a “quick-fix” mentality.** Don’t bring experts who don’t understand organizational realities or who purport to solve complex injuries with a magic wand — effectively a canned approach.

**4 Look for more than a simplistic answer to complex problems.** Educate your organization that ergonomics is more than just equipment design or “monkey see-monkey do” body motion.

**5 Go way beyond your incidence rate as a prime measure of success.** Focusing on incidence rates often sends messages to hide injuries.

**6 Measure leading indicators as road-markers denoting progress to your goals.** Leading indicators of soft-tissue injuries “success” might include:

- heightened retention rate;
- improvements in scheduling metrics;
- reduced absenteeism;
- reports and observations of usage of safety methods; and
- greater executive and supervisory safety activity.

**7 Make systematic and continuous improvement — not just quarterly improvements.** Conceive of a safety system, akin to a quality process, as one of continuous improvement. Move away from a program-of-the-month mentality.

**8 Be sure your interventions are practical.** To exhort people to “Pay Attention!” seems like an easy edict to follow. But people can be easily distracted by noise, surrounding activities and personal issues. What most people don’t realize is that they can control their attention — and become safer, more productive employees. It’s a matter of practice and training.

**9 Emphasize up-front planning and shared fact-finding.** Remember, you are building solutions that will last in your unique organizational culture.

**10 Don’t allow flickering momentum to blow out.** Provide excellent and continuing training. Training should be practical, emphasize underlying principles as well as specific applications, include a common plan for preventing CTDs, show how to apply ergonomics off-the-job, and develop staff as problem solvers who take personal responsibility for workplace improvements.

**11 Don’t become overwhelmed.** “The way to encourage ergonomics responsibility is to help companies work through molehills rather than try to overcome mountains,” says Art Longmate, CPE, Johnson & Johnson’s ERGO program project manager. “Rather than have our companies feel they have to adopt an ergo problem all at once, we’re trying to make the steps defined and easily attainable. We’re defining some consistent risk assessment and training tools, using a video program, etc.”

**12 Target the “right” areas for success.** Often the worst place to target to make a considerable dent in strains and sprains or slips and falls is in an area that needs it the most. Remember, poor safety statistics often reflect unsupportive supervision and other organizational influences that resist a pilot intervention. It’s better to test a pilot project in a relatively high-status department that requests an intervention, where the supervisor or manager is an ally, and where

there are minimal distracting pressures that might overshadow the intervention.

If your objective is to determine if the initiative will be successful overall, it makes more sense to select a sample group that reflects the demographics, experience and exposures of the greater workforce overall.

Bottom line: You need to think and act strategically to lead your organization

## Create a climate where people aren’t looking to bail out with a carpal tunnel syndrome claim.

toward enhanced management support and employee personal responsibility, and to create significant and lasting reductions in strains and sprains. These goals are not overly ambitious. Real and substantive change is happening right now in organizations throughout the world. | **ISHN**

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