Effective Measurement for Safety

Sylvia Tkach
Prevention Consultant - WCB
Introduction

- The WCB Prevention Department provides resources to assist employers with the provision of information and tools regarding prevention and safety management systems.

- As part of an effective safety system employers must set specific and measurable goals for safety. Therefore, the employer must collect data to measure and track of the effectiveness of its Safety Management System. These indicators should include leading and lagging indicators.

- This presentation will cover an overview of a new course offering which is in development called “Effective Measurement for Safety” which is intended to assist employers in understanding the benefits of keeping safety statistics - the why, what and where to find the information, the applicable legislation, data management, training, communication, and continuous improvement.
Needs Assessment

• Safety Management System Assessments (SMSA) conducted by the WCB indicate that many employers have **not**:
  • Set specific and measurable goals to measure and track safety performance
  • Do not review the safety goals and processes performance annually
  • Have not identified leading and lagging indicators to track safety performance

• Midsize and small employers often do not have the basic tools and knowledge to effectively set safety goals and processes to measure and track their safety efforts and performance.

**Principle is that “you can’t improve what you don’t measure”**
Target Audience

- Small to midsize employers
- Course attendees should be management personnel and OHS committee members with decision making capability
- Attendees must have computer literacy in excel and word
- Target Availability for Public Sessions is Q2 of 2016
The Concept.....

• 2 Day Session

• Course Materials
  
  • Workbook
  • Guide
  • Legislation
    
    • The Saskatchewan Employment Act, 2013 (SEA)
    • The Occupational Health and Safety Regulations, 1996
    • The Workers’ Compensation Act, 2013
    • The Workers’ Compensation General Regulations, 1985

• Hands on and engaging – videos, group/individuals projects, interaction with the tools – spreadsheet and forms

• Provide basic tools and recommendations on minimum tracking

• Participants will be given a link to a website where they can download all tools

• Customizable to their workplace and result in transferable skills

• Encourage employers to grow through continuous improvement
Alignment

The course materials are aligned and consistent in terminology to:

• Level 1 & 2, Supervision and Safety, Effective Return to Work - Legislation, Core Concepts and Definitions
• WCB – Legislation and Policies, Injury classifications (Claim Type by Cause of Injury, Part of Body Injured) and Definitions
• Joint Industry Committee Definitions – Safety System Management Assessments
• Supporting Documentation and Forms are aligned with the session content and incident spreadsheet
• Customizable – encourage employers to customize and align with their business
• Only use what is relevant and meaningful to their business
What are the Benefits of Keeping Safety Statistics?

• Provides an objective evaluation of the magnitude of occupational illness and injuries.
• Provides a measurement of the progress and effectiveness of the health and safety program.
• Enables the identification of high-hazard tasks, facilities, and problem areas so that extra effort can be made in those areas.
• Creates an interest and awareness in safety and health amongst employees.
• Helps establish the need for; and the content of, employee and management training programs.
• **Reduces human suffering, costs, and improves morale.**
Overall Learning Objectives

Objective 1 - Measurement (Statistics)
  • Why
  • What
  • Where

Objective 2 - Data Management
  • Collecting
  • Building
  • Products
  • Reporting

Objective 3 - Training and Communication
  • Training
  • Communication
  • Continuous Improvement
Objective 1 – Measurement – Why?

We will discuss why to establish and measure safety statistics:

1. Benefits of keeping safety statistics
2. Regulatory Requirements – the legal side
3. The Human Element – the injured worker
5. Management and Leadership

“Without numbers, there are no odds and no probabilities; without odds and probabilities, the only way to deal with risk is to appeal to the gods and the fates. Without numbers, risk is wholly a matter of gut”

Peter L. Bernstein, Against the Gods: The remarkable story of risk.
Objective 1 – Measurement – What?

Lets discuss what to establish and measure:

• Measurement Defined
• Safety Goals or Safety Performance Indicators (SPI)
• Qualitative/Quantitative
• Leading/Lagging Indicators
• Validity of Data – behavior based safety principles & maturity path for reporting incidents
• Suppression of workplace injury or illness claims
• Assessment Tool to Evaluate Reporting and Analysis
• Basis of Data – OSHA or other
Objective 1 – Measurement – Where?

To calculate safety statistics the employer will need to gather the correct data on a consistent basis.

Where do you collect this data? Consider…..
Objective 2 – Data Management

What we will cover:

1. Collection of the Data
2. Building the Data
3. Products of the Data
   i. Number of First Aids
   ii. Number of Medical Aids/Recordable Incidents
   iii. Number of Lost Times
   iv. Part of the Body Injured
   v. Cause of the Injury
   vi. Site
   vii. Division
   viii. Department
   ix. Recordable Incident Rate
   x. Severity
   xi. Lost Time Case Rate
   xii. Lost Time Workday Rate
   xiii. Dart Rate
   xiv. Charts and Graphs

4. Reporting
   15. Timelines
   16. Distribution
Building the Data using an Excel Spreadsheet

For consistent and easy entry into the spreadsheet, it is recommended that your Incident Investigation Procedure is aligned with the required information and terminology used in the Safety Incident Log sheet. [Safety Incident Logsheet with data - short and long term.xlsx](#)
Incident Investigation Form

INCIDENT INVESTIGATION FORM

The purpose of Incident Investigations is to find facts and not to fix blame. The investigation is to determine what happened and why, and recommend corrective actions so it does not happen again. This form is to be used to investigate all near misses, workplace accidents, property damage, fire and environmental spills. See Incident Investigations Procedure.

A. EVENT INFORMATION

Investigative Location:

- Select -

Basis of Severity/Probability:

- Select -

Security Level:

- Select -

Employee: [Name]

Employment Status: [Select -]

Date Incident: [Select -]

Time:

Department or Cost Centre where Incident Happened:

[Select -]

Date Incident: [Select -]

Time:

Bottom Location:

- Normal -

- Project Work -

- Routine Maintenance -

- Shutdown Maintenance -

- Upset Conditions -

Expected Location of Incident:

[Report Location]

Identification of Accident/Incident (Describe in detail what happened before, during and after the incident, include what the incident occurred, what the employee was doing at the time, weather conditions, site type and weight of the equipment or materials involved. Be concise, bullet format is acceptable. Attach additional pages, diagrams and photos as necessary.]

Has the incident/hazard been previously discussed and/or reported? [Select -]

Previous Date of Hazard Report Incident:

[Select -]

Immediate Response to Evaluate Incident [Describe short form actions taken to protect the workers]:

Notes of all Witnesses:

Did you get Witness Statements? [Select -]

Pictures Diagrams Attached: [Select -]

B. INJURED OR ILL PERSON / PERSON DIRECTLY INVOLVED

First Aid/Resuscitation Treatment:

- Select -

Medical Treatment Received:

- Select -

Medical Facility:

[Select -]

Name:

[Select -]

Date:

[Select -]

Time:

[Select -]

Incident Investigation Form dotx
**First Aid Register**

All injuries, no matter how minor, must be reported to your supervisor. As per The Occupational Health and Safety Regulations, 1996, Regulation 57 – An employer must ensure that a First Aid station is provided with a first aid register and that the following are recorded:

1. Each First Aid Treatment administered to a worker while at work
2. Each case referred for medical attention

**ANY INJURY IS REFERRED FOR FURTHER MEDICAL TREATMENT:**
1. **NOTIFICATION MUST BE MADE TO** ________________
2. **A MEDICAL RESTRICTIONS FORM MUST BE FILLED IN PRIOR TO THE EMPLOYEE RETURNING TO WORK**

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Employee Name (Print Legibly)</th>
<th>Company Name (Print Legibly)</th>
<th>Name of Supervisor Reported To</th>
<th>Nature of Illness (Left/right, index finger, hand, foot, cut, sprain, etc)</th>
<th>Brief Description of where/what caused the injury</th>
<th>First Aid Administered</th>
<th>Name of First Aid Attendant</th>
<th>Was the Employee referred for medical treatment? Where?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The first aid register must be readily available for inspection by the committee or representative and records must be retained for a period of not less than five years from the day on which the register ceased to be used.
Medical Restrictions Form

The purpose of this form is to provide restrictions to the employer to enable the worker to return to alternate or modified work as soon as possible, to identify suitable work that is both productive and safe, and to provide work assignments that honour the outlined restrictions. If the employer is unable to offer work that is appropriate to the outlined restrictions, the worker will be off work.

**Section A: Employee Information (to be completed by Employee)**

Print Employee Name ____________________________
Department ____________________________
Occupation/Duties ____________________________

I ____________________________ (Employee Signature), authorize the release of the following information to my employer to assist in an early and safe Return to Work: Dates (dd/mm/yy) ____________________________

**Section B: Restrictions, Limitations & Precautions (to be completed by Health Care Professional)**

Please take the time to consider the following so we may ensure the duties offered meet the needs of the employee.

- **Strength**
  - Lifting, carrying, pulling or pushing objects to a maximum of:
    - [ ] 0 Kilograms
    - [ ] 10 Kilograms
    - [ ] 20 Kilograms
  - Avoid firm or repetitive right-hand grip
  - No strength restrictions

- **Postures and Tasks**
  - Avoid prolonged bending and/or twisting of the torso
  - Avoid prolonged kneeling, squatting, or crawling
  - Avoid overhead or above shoulder work
  - Restrict standing/walking to _____ hrs. per shift
  - Provide changes between standing, sitting and walking
  - No posture or task restrictions

- **Work Hours**
  - Restricted work hours to _____ hrs. per shift/week
  - No restrictions - full-time hours

Can this employee safely return to work if the restrictions are accommodated? [ ] Yes [ ] No

- **Safety and Balancing**
  - Avoid work on slippery or uneven surfaces
  - Avoid the operation of vehicles or equipment
  - Avoid work at heights
  - Avoid stairs
  - Avoid work in areas requiring full peripheral vision
  - No balancing or safety restrictions

- **Environmental Factors**
  - Avoid work in extreme temperatures
  - Avoid work in dust, chemical vapors, etc.
  - Avoid work with vibrating hand tools
  - Restrictions on PPE — respirator, hard hat, safety glasses
  - Fatigue, etc.
  - No environmental concerns

- **Medical Treatment**
  - Employee required to wear assistive devices or braces
  - Employee involved with treatment and/or medications that may affect this/her ability to work?

- **Expected date for return to full duties** ____________________________

Other Medical Restrictions/or Comments:


Signature of Health Care Professional: ____________________________ Date: ____________________________

Name, Address and Telephone (please print):


Note: A fee of enter amount here will be provided for completion of this form. Please invoice to the attention of the Human Resources Department at: P.O. Box XXXX, Saskatchewan, Saskatchewan, enter Postal Code (Sask). XXX-XXX or Fax: XXX-XXX-XXX. Attention: Safety Department/Human Resources Department.
Objective 3 – Training, Communication & Continuous Improvement

Topics

• Employers must provide workers with comprehensive orientations and workplace specific training.
• Improving workplace communication
• Measuring set objectives at planned intervals and be prepared to assess whether you have met them (annually)
• Make all employees part of the continuous improvement team and encourage them to act
• Evaluate changing circumstances, including legal and other requirements related to applicable OHS in the workplace
Questions