

# **INReview**

A welder wearing a blue protective suit and a blue helmet with a clear face shield is working in a factory. Bright orange and yellow sparks are flying from the welding point, creating a dramatic effect against the blue background of the welder's clothing. The welder is focused on their work, and the sparks are concentrated in the lower center of the frame.

## **Indiana Occupational Safety and Health 2013**

*An annual publication of the Indiana Department of Labor*

*Advancing the safety, health and prosperity of Hoosiers in the workplace*



**B**y working together with employers, employees, business leaders and associations, the Indiana Department of Labor continues to take steps forward in *advancing the safety, health and prosperity* of Indiana's workforce.

Throughout the year, the Indiana Occupational Safety and Health Administration (IOSHA) Compliance Safety and Health Officers conduct inspections of Hoosier workplaces to determine compliance with OSHA regulations. Inspections are a result of random and non-random events such as employee-driven complaints, workplace fatalities, catastrophes and referrals from outside sources.

While IOSHA is the enforcement division, INSafe is the agency's occupational safety and health outreach division. Employers may request onsite OSHA consultation to provide them with a hazard identification survey. The goal of this hazard survey is to provide Hoosier employers and employees with information and tools to further enhance the organization's safety culture. INSafe safety and health

consultants reach out to more than 400 businesses each year in this manner.

The Indiana Bureau of Child Labor conducts random, complaint and incident-driven inspections to ensure compliance with Indiana's child labor laws. The division also proactively works with many Hoosier businesses to provide training on these laws.

Finally, staff of the Indiana Bureau of Mines and Mine Safety conducted quarterly inspections of every underground mine in the state. Together, the bureau and the Hoosier coal mining industry partner to ensure Indiana's underground coal mines are as safe as possible.

While there is no doubt we still need to accomplish more, because of the dedication of many, Hoosier workplaces are much safer and healthier places to work today than they were just a few years ago. The staff of the Indiana Department of Labor never loses sight of our number one priority—our Hoosier workers' safety.

# IN Review

Indiana Occupational Safety and Health - 2013

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File an OSHA Complaint - [oshacomplaint@dol.in.gov](mailto:oshacomplaint@dol.in.gov)  
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**IN Review** is an annual publication of the Indiana Department of Labor's INSafe division. INSafe provides free onsite OSHA consultation to Hoosier employers upon request. To learn more about the free services provided by INSafe, please visit [www.in.gov/dol/insafe](http://www.in.gov/dol/insafe), email [insafe@dol.in.gov](mailto:insafe@dol.in.gov) or phone (317) 232-2688.

Information about **IN Review** 2013 contributors may be found on page 33 of this publication.

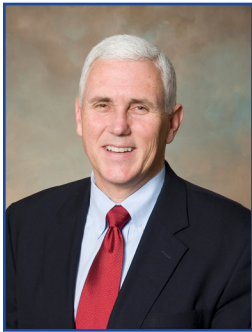
Special thanks goes to Ms. Megan Wade of the Indiana Department of Revenue's Corporate Tax Forms Revision for her expertise in editing this annual publication.

Mosaic Credit: The mosaic featured on the inside cover of **IN Review** was produced using Andreamosaic. To learn more about Andreamosaic, please visit [www.andreaplanet.com/andreamosaic/](http://www.andreaplanet.com/andreamosaic/).

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“Thanks to the dedication and hard work of the Indiana Department of Labor, employers, employees and organizations across the state, the occupational injury and illness rate has maintained its historic low. While we have made great worker safety and health strides over the years, there is still more to be done. Together, we will continue to work to protect Indiana’s most valuable resource—our Hoosier workforce.”

*Michael R. Pence*  
Michael R. Pence  
Governor of Indiana

**F**or the third year in a row, workplace injury and illness rates are at a record low across Indiana. I want to thank our business partners, our VPP and INSHARP sites, Indiana’s business leaders, the Indiana Department of Labor’s dedicated staff and the hard working Hoosiers throughout the state for helping make health and safety in the workplace a priority.

While I am thrilled to report improvements in the safety and health of Indiana’s workforce, my excitement is tempered by the knowledge that the system isn’t perfect. In 2011, 122 families lost someone forever. It is this knowledge that drives the department forward to constantly seek improvements to education, outreach and enforcement efforts. The hardworking people

of Indiana deserve a safe and healthy workplace, and the Indiana Department of Labor will not settle for anything less.

To that end, the Indiana Department of Labor is dedicating resources to reducing and eliminating work-related fatalities on Indiana’s roads and highways and in the Hoosier agriculture industry. We will proactively work with stakeholders to address the hazards prevalent in these industries. The department is also diligently working to provide information and resources to healthcare industry employers, employees and organizations to reduce workplace injuries and illnesses. We began this process in early February by launching a healthcare safety initiative.



Sean M. Keefer  
Commissioner

We depend on you to make your workplaces as safe as possible and believe in providing all the tools we can to help achieve that goal. To that end, the Indiana Department of Labor is pleased to present the 2013 issue of *IN Review*. It is my hope that you will find not only useful information regarding the current state of all our major industries, but also good advice, useful technical articles and industry best practices that could lower the cost of doing business or even save a life.

The Indiana Department of Labor is here to assist you in any way we can. Please reach out to provide us with your thoughts, feedback, comments or concerns by calling (317) 232-2655 or emailing [customerservice@dol.in.gov](mailto:customerservice@dol.in.gov). The Indiana Department of Labor is committed to preserving the rights of Hoosier employers and employees, and we look forward to continued occupational safety and health improvement and excellence in the coming year.

*Sean M. Keefer*  
Sean M. Keefer  
Commissioner of Labor



**R**ecent worker safety and health injury, illness and fatality trends indicate continuing progress in Hoosier workplaces. Information used in *IN Review* was provided by the federal Bureau of Labor Statistics (BLS) Census of Fatal Occupational Injuries (CFOI), Survey of Occupational Injuries and Illnesses (SOII) and data from the Indiana Occupational Health and Safety Administration (IOSHA).

- In 2011, Indiana reported 122 fatal worker injuries (Figure 1). The 2010 workplace fatality rate was 4.2 per 100,000 Hoosier workers (Figure 2). The 2011 occupational fatality rate will be available in May 2013.

Indiana industries with the highest number of occupational deaths in 2011 were:

<b>Transportation and Warehousing</b>	<b>25</b>
<b>Construction</b>	<b>17</b>
<b>Agriculture</b>	<b>15</b>

- The number of non-fatal occupational injuries and illnesses in 2011 was 93,700 (Figure 3). This represents an increase of 500 as compared to the 2010 non-fatal occupational injuries and illnesses.

Indiana industries with the highest non-fatal injuries and illnesses (in raw numbers) in 2011 were:

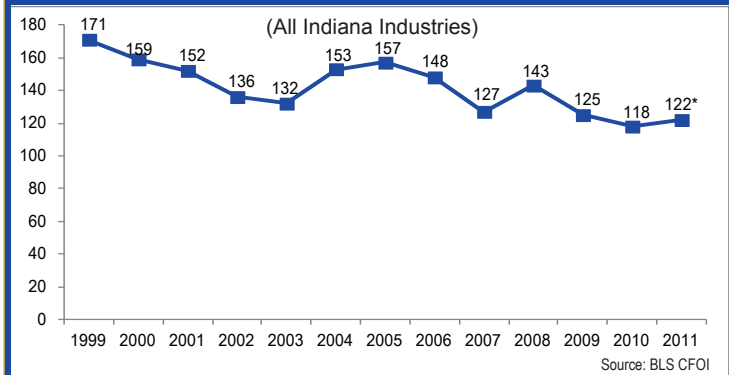
<b>Manufacturing</b>	<b>23,700</b>
<b>Healthcare and Social Assistance</b>	<b>17,300</b>
<b>State and Local Government</b>	<b>13,500</b>

- Indiana's non-fatal occupational injury and illness rate in 2011 was 4.3 per 100 employees (Figure 4). Improvements have been made in many Hoosier industries. However, this was the third consecutive year the non-fatal injury and illness rate remained unchanged.

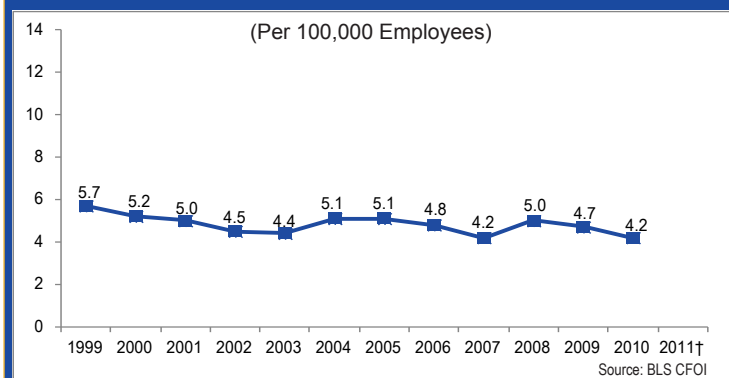
Indiana industries reporting the highest injuries and illnesses by rate in 2011 are:

<b>Agriculture</b>	<b>9.5</b>
<b>Healthcare and Social Assistance</b>	<b>6.3</b>
<b>Manufacturing</b>	<b>5.2</b>

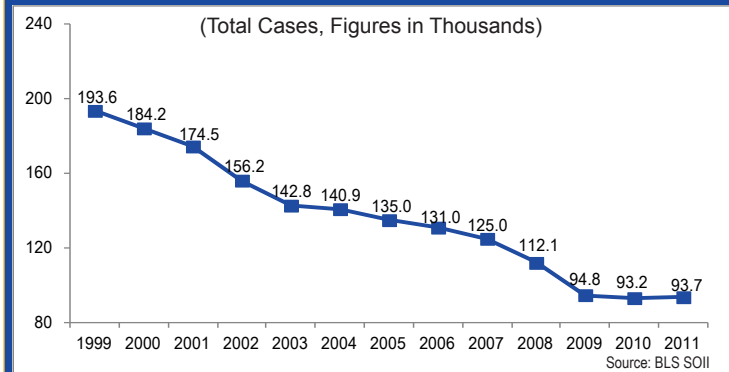
**Figure 1: Indiana's Fatal Occupational Injuries**



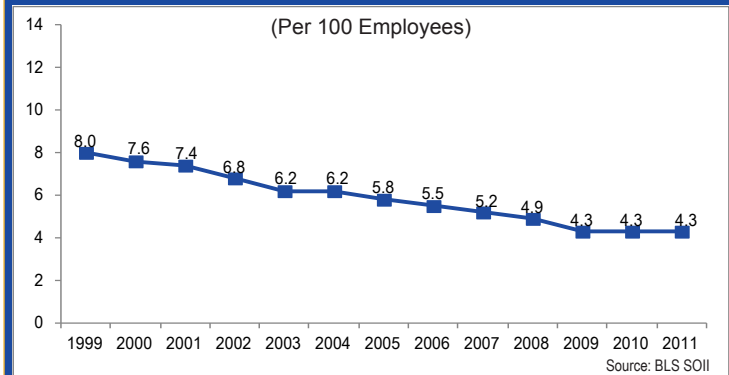
**Figure 2: Indiana's Occupational Fatality Rate**



**Figure 3: Indiana's Non-fatal Occupational Injuries & Illnesses**



**Figure 4: Indiana's Non-fatal Occupational Injury & Illness Rate**



**B**etween October 1, 2011, and September 30, 2012, the Indiana Occupational Safety and Health (IOSHA) administration conducted more than 1,200 inspections. These inspections were a result of programmed (or scheduled) inspections, employee complaints, worker fatalities, catastrophes and referrals.

Workplaces inspected during this time were very diverse in their respective operations, machinery and equipment, and product. These workplaces included factories and foundries, convenience stores, healthcare organizations and construction jobsites.

The top ten occupational safety and health hazards may be found below. The 29 CFR 1926 standards reference construction and 1910 references worker safety and health for general industry.

## 1. 1926.21(b)(2): Safety Training and Education

Employers are responsible for instructing employees on the recognition and avoidance of unsafe conditions. In addition, employers must instruct employees of the regulations applicable to their work environment to control or eliminate any hazards or other exposure to illness or injury. Review OSHA's publication, *Training Requirements in OSHA Standards and Training Guidelines*, for construction, general industry and maritime occupations for more information and assistance [www.osha.gov/Publications/osha2254.pdf](http://www.osha.gov/Publications/osha2254.pdf).

Citations: 63

Total Initial Penalties Assessed: \$67,425

## 2. 1926.20(b)(2): Safety Training and Education

Employers are responsible for designating a competent person to provide frequent and regular inspections of jobsites, materials and equipment. More information on competent persons is available online at [www.osha.gov/SLTC/competentperson/index.html](http://www.osha.gov/SLTC/competentperson/index.html).

Citations: 63

Initial Penalties: \$65,350

## 3. IC 22-8-1.1-2: IOSHA General Duty Clause

The IOSHA general duty clause requires all employers to furnish their employees a place of employment that is free from recognized hazards that are causing or are likely to cause death or serious physical harm. Employers are required to comply with the occupational safety and health standards promulgated under the Indiana Occupational Safety and Health Act (IOSH Act). Please visit [www.in.gov/legislative/iac/T06100/A00090.PDF](http://www.in.gov/legislative/iac/T06100/A00090.PDF) for more information.

Citations: 49

Initial Penalties: \$225,125

## 4. 1926.20(b)(1): General Safety and Health Provisions

Employers must provide employees with a safe and healthful working environment, free of recognized hazards. This includes the development and implementation of the appropriate occupational safety and health program. Learn more about occupational injury and illness prevention programs at [www.osha.gov/dsg/topics/safetyhealth/index.html](http://www.osha.gov/dsg/topics/safetyhealth/index.html).

Citations: 38

Initial Penalties: \$41,750

## 5. 1926.503(C)(3): Fall Protection Training

Employers are responsible for the development and implementation of fall protection training for any employee who may be exposed to fall hazards. The employer must ensure that each employee has been trained, as necessary, by a competent person qualified in fall protection. Inadequacies in an employee's knowledge or use of fall protection systems or equipment indicate that the employee has not retained the requisite understanding or skill. More information about fall protection is available at [www.osha.gov/SLTC/fallprotection/index.html](http://www.osha.gov/SLTC/fallprotection/index.html).

Citations: 34

Initial Penalties: \$21,445

## 6. 1910.1200(e)(1): Hazard Communication

Employers must develop, implement and maintain a hazard communication program that meets the requirements outlined in the standard for ensuring the proper labeling and other forms of warning, safety data sheets, training and providing employees with information. More information about hazard communication is available online at [www.osha.gov/dsg/topics/safetyhealth/index.html](http://www.osha.gov/dsg/topics/safetyhealth/index.html).

Citations: 32

Initial Penalties: \$14,875

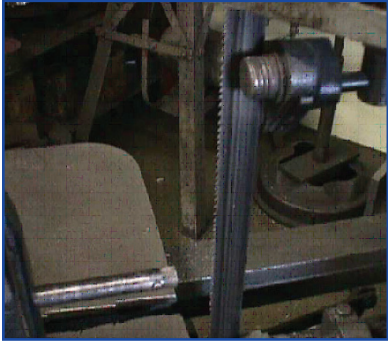


What are the contents of the fuel container—gasoline or kerosene? (File photo)

# 7.

## 1910.212(a)(1): Machine Guarding

One or more methods of machine guarding must be provided to protect the operator and other



Only a quarter-inch of the blade above the cutting item is permitted to be exposed. (File photo)

employees in the machine area from hazards such as those created by point of operation, ingoing nip points, rotating parts, flying chips and sparks. Examples of guarding methods include barrier guards, two-hand tripping devices, electronic safety devices, etc. A machine guarding eTool is available online at [www.osha.gov/SLTC/](http://www.osha.gov/SLTC/)

[etools/machineguarding/index.html](http://www.osha.gov/SLTC/etools/machineguarding/index.html).

Citations: 30

Initial Penalties: \$223,450

# 8.

## 1926.501(b)(1): Fall Protection

This standard sets forth the requirement for employers to provide employees who are exposed to a walking or working surface that is six feet or more above a lower level to be protected. Protection may be provided by the use of a guardrail, safety net or personal fall arrest system. OSHA-developed fall protection videos are available online at [www.osha.gov/dts/vtools/construction.html](http://www.osha.gov/dts/vtools/construction.html).

Citations: 30

Initial Penalties: \$32,420

# 9.

## 1926.454(a): Scaffolds Training Requirements

This section of the standard sets forth the requirements for employers to have each employee who performs work while on a scaffold trained by a person qualified in the subject matter. Scaffold users must be able to recognize the hazards associated with the type of scaffold being used and to understand the procedures to control or minimize those hazards. More information on scaffolding, including an eTool, is available online by visiting [www.osha.gov/SLTC/scaffolding/index.html](http://www.osha.gov/SLTC/scaffolding/index.html).

Citations: 27

Initial Penalties: \$17,025

# 10.

## 1910.23(c)(1): Walking and Working Surfaces

Every open-sided floor or platform four feet or more above an adjacent floor or ground level is required to be guarded by a standard railing (or the equivalent as specified in paragraph (e)(3) of this section) on all open sides except where there is entrance to a ramp, stairway or fixed ladder. For additional information on walking and working surfaces, please visit [www.osha.gov/SLTC/walkingworkingsurfaces/index.html](http://www.osha.gov/SLTC/walkingworkingsurfaces/index.html).

Citations: 26

Initial Penalties: \$52,900

### IOSHA and Compliance Standards

For more information about IOSHA, please visit the division's homepage online at [www.in.gov/dol/iosha.htm](http://www.in.gov/dol/iosha.htm). Answers to many frequently asked questions are also available online as well. The occupational safety and health standards for general industry, hygiene and construction safety may be found on federal OSHA's website at [www.osha.gov](http://www.osha.gov) and by clicking on the letter "S" for "standards" on the A-Z index.



Employees are performing roofing work on a steep pitched roof without fall protection. 29 CFR 1926.501(b)(11). (IOSHA compliance photo)

### Employer Compliance Assistance

Questions about the IOSHA top ten violations or other inquires about Hoosier occupational safety and health may be directed to INSafe, the Indiana Department of Labor's free OSHA consultation division. Employers or employees may contact INSafe by emailing the division at [insafe@dol.in.gov](mailto:insafe@dol.in.gov) or by phoning (317) 232-2688. To initiate a free onsite safety or health consultation, please complete and submit the online form available online at

[www.in.gov/dol/insafeconsultation](http://www.in.gov/dol/insafeconsultation). More information about INSafe's free services is available online by visiting [www.in.gov/dol/insafe](http://www.in.gov/dol/insafe).

Kenneth Boucher II, Director of Child Labor, Training and Education, discusses minors engaging in illegal selling activities.

**I**n 2010, the federal Fair Labor Standards Act (FLSA) was amended to include “Youth Peddling” as a Prohibited Occupation for minors under the age of 16. Youth peddling is defined as selling goods or services for a for-profit business by going door-to-door or standing in a public place other than the employer’s place of business. Minors under 16 who, with no expectation of compensation or remuneration, are selling goods as a fundraising effort for a school, charity or government agency, are exempt from this definition.

According to reports by the United States Department of Labor (USDOL), “Injuries, and even deaths, have occurred as the result of young children engaging in youth peddling activities.” In some cases, youth peddlers have encountered physical or sexual abuse, indentured servitude and other criminal activity.

Nationally, there have been reports of youth peddlers being beaten or left on the roadside for failing to make sales quotas. Youth peddlers are frequently left unattended in unfamiliar neighborhoods, often crossing state lines, and are asked to go door-to-door to peddle their wares. Minors have died due to exposure from being left outside in harsh conditions.

The Indiana Department of Labor’s Bureau of Child Labor investigates reports of youth peddling all across the state. The issue the department faces is that these operations are rarely well-documented businesses. Instead they are highly mobile, fly-by-night organizations that operate under the guise of a “charitable organization.” The division relies almost

exclusively on tips and complaints from individuals who have observed youth peddling activity. Familiarize yourself with the warning signs of potential youth peddling activities in the box inset on this page. A fact sheet is also available at [www.in.gov/dol/files/Youth\\_Peddling\\_Sheet\\_V2.pdf](http://www.in.gov/dol/files/Youth_Peddling_Sheet_V2.pdf).

### When Selling Is Legal

It is legal when minors under 16 are selling goods or services as a fundraiser for a school, government agency, or charity and are not receiving compensation for their fundraising efforts. This includes children selling door-to-door or in front of a market if it is for a not-for-profit organization. The minor must also follow the rules of the property owners and/or managers. This rule does not prevent

minors from working for an employer in the employer’s place of business (e.g. selling goods in a retail store).

### Report Youth Peddling Activities

Tips about youth peddling may be directed to the Indiana Bureau of Child Labor by phone at (317) 232-2655 or by e-mail at [childlabor@dol.in.gov](mailto:childlabor@dol.in.gov). It is helpful to provide specific information regarding location, time of day, description of the minor(s), name or description of the crew leader and a vehicle description and license

plate number, if it is available. If the minors are in imminent danger (e.g. standing in a roadway, being harassed or threatened, approaching “customers” in their vehicles, etc.), please call 911.

### Additional Information

For more information about the Indiana Bureau of Child Labor, please visit [www.in.gov/dol/childlabor.htm](http://www.in.gov/dol/childlabor.htm). Answers to many frequently asked questions are also available online by visiting [www.in.gov/dol/2398.htm](http://www.in.gov/dol/2398.htm). To register for free teleconferenced training on Indiana’s child labor laws, please visit <http://www.in.gov/dol/2654.htm>.

### Youth Peddling Warning Signs

- The minor is obviously under age 16;
- The minor is not from the town or neighborhood;
- The minor does not know what town he or she is in;
- The minor does not know where their “ride” is;
- The minor is unable to provide contact information for the organization they represent (organization name, address, phone number, name of their contact, etc.);
- The minor cannot provide an identification card of flyer identifying their organization; or
- The minor admits he or she is being paid for making sales.



Robert Baldwin, Director of Safety Services for the Indiana Construction Association describes how the organization's partnership members look to move workplace safety and health forward.

**T**he Indiana Construction Association (ICA) has a long-standing association-based safety partnership with the Indiana Department of Labor (IDOL). ICA members who demonstrate worker safety and health excellence—and meet other established criteria—may be eligible to participate in the IDOL/ICA Safety Partnership. The partnership members meet twice a year to push for new ideas to improve safety performance.

Current safety management practices call for measuring performance after an accident or injury occurs. Performance indicators include such things as lost work days and whether an injury is severe enough to actually be recordable. Because they occur after an injury event, these measures are often referred to as *lagging indicators*.

Lagging indicators may include the employer's total recordable case (TRC) or days away restricted or transferred (DART) rate, damage to equipment or machinery, workplace incidents or dollars paid out to injured workers. Both OSHA and employers look at lagging indicators as a basis for determining safety performance; it has become an established standard. However, in construction—where conditions, people and methods constantly change—it is not enough to just follow a prescribed set of compliance rules and hope that will prevent accidents and injuries from occurring. There are many good reasons for using lagging indicators, including the ability to collect historical data, and the precision with which the indicators are defined and, therefore, measured. However, lagging indicators will not tell you when an event is about to happen. Although ICA members involved in the partnership typically enjoy a 20 percent lead over the national average for lagging indicators, they want to shift the focus from lagging indicators to a more proactive, or leading, metric focus.

Leading metrics can include regular self-inspections or audits, toolbox or daily safety talks as well as job hazard analyses (JHAs) and

advanced safety and health training. These metrics may be tracked in a number of different ways, such as maintaining hard copy records, using employer-created databases in Microsoft Excel or Access, or procuring industry-developed software.



Partnership members use state-of-the-art collaborative techniques to establish a starting point for discussion on initiatives such as leading metrics. They utilize resources that help advance them to a new level of safety performance, far beyond basic compliance levels. By sharing their insights, they are better prepared to understand events that are

occurring on worksites, and to record, measure and listen to what the data can reveal in terms of where a project may be headed. The heightened level of safety performance also enables employers to make decisions that redirect behaviors away from potential injury events. ICA members involved in the partnership are developing leading indicators intended to help predict injury events and prevent accidents from occurring. Prevention may be viewed as the best strategy for achieving a zero injury steady state. Determining exactly what leading indicators are—or should be—will always be a challenging task.

Membership in the IDOL/ICA Safety Partnership is enhanced by members ready for a process that includes deep thought engagement and using innovative small-group sharing methods as well as interactive tools designed to solicit and gauge feedback. INSafe staff participates in meetings as fellow partners willing to share in the learning and discovering process; ICA members receive encouragement from safety and health consultants working in an advisory and/or regulatory capacity. Working closely together, partnership members build relationships that help advance methods very specific to the unique needs and challenges of the construction industry.

Additional information about the Indiana Department of Labor's alliances and partnerships may be found online at [www.in.gov/dol/2387.htm](http://www.in.gov/dol/2387.htm). For more information about ICA, please visit [www.inconstruction.org](http://www.inconstruction.org).

Julie Alexander, J.D., Director of Industrial Compliance for IOSHA, provides insight on the protection of temporary workers.

Temporary staffing agencies differ from other employers because supervision of employees is shared with someone else. Agencies do not usually control their employees' work environment and thus do not bear the full burden of employee safety and training. Still, the Occupational Safety and Health Administration (OSHA) outlines a role for those agencies.

Employees who work through employment agencies are generally called "temporary," "leased" or "supplied" workers. These employees are supplied by an employment agency that is the employer. This employer enters into contracts with secondary employers generally called the "host" or "host employer."

**Hazardous Communication**

OSHA considers temporary employment agencies to be employers whose employees may be exposed to hazards. Since it is the temporary agency that maintains a continuing relationship with its employees, but another employer (the host) who creates and controls the hazards, there is a shared responsibility for ensuring that employees are protected from hazards. The host employer has the primary responsibility of protection, but the temporary agency employer also has responsibility under OSHA.

In meeting the requirements of OSHA's Hazard Communication Standard (HCS), the temporary agency employer is expected to provide the training and information requirements specified by the HCS section (h) (1). Host employers are then be responsible for providing site-specific training and have the primary responsibility to control potential exposure conditions. The host may specify which qualifications are required for supplied personnel, including

training in specific chemicals or personal protective equipment (PPE). Contracts with

the host employer and temporary agency employers should clearly describe the responsibilities of both parties in order to ensure that all requirements of the regulation are met. Ultimately, the host and/or supervising employer would be cited for a PPE violation because the responsibilities of an employer under the OSH Act cannot be contracted away to another entity.

In summary, temporary agency employers are expected to provide some basic worker safety and health training and host employers are responsible for providing site-specific training or training to update employees on new hazards in the workplace.

**Personal Protective Equipment**

Host employers are responsible for providing PPE for site-specific hazards to which employees may be exposed. The host may specify the services needed from the temporary employer, including provision of PPE for the



placed employees. Contracts with the host employer should clearly describe the responsibilities of both parties in order to ensure that all requirements of OSHA's regulations are met. Host employers have a duty to ensure that all PPE provided by the temporary agency pursuant to a contract is adequate.

**Injury and Illness Logs**

OSHA regulations require employers to record work-related illnesses and injuries on the OSHA 300 log for all employees on their payroll. The regulations also require

employers to maintain records for employees not on their payroll including temporary employees from a staffing firm. If the employer supervises the temporary employee on a day-to-day basis, the employer is required to log the temporary employee's injuries on their company OSHA log. If the temporary agency dictates what

the temporary employee will be doing in his or her day-

**OSHA's Form 300**  
**Log of Work-Related Injuries and Illnesses**

Year: \_\_\_\_\_  
U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OSHA no. 1215-017C

This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

The host employer must record all work-related injury or illness that requires loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. The host employer must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. The host employer must report certain injuries and illnesses that require any of the specific reporting criteria listed in 29 CFR 1904.35 through 1904.42. Host employers must file a single case if you meet: "You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help."

Establishment name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

A) Case No.	B) Employee's name	C) Job title (e.g., "operator")	D) Date of injury or illness (month and day)	E) Where the event occurred (e.g., "Loading dock north end of plant")	F) Describe injury or illness, parts of body affected and approximate date directly injured or made person ill (e.g., "Second degree burns on right forearm from acid splash")	G) Using these categories, check ONLY the most serious result for each case:		H) Enter the number of days the injured or ill worker was:		I) Check the " Injury " column or check one type of illness.															
						Days away from work	Restricted work or job transfer	Days away from work	Job transfer or restriction	Days away from work	Job transfer or restriction	Days away from work	Job transfer or restriction	Days away from work	Job transfer or restriction	Days away from work	Job transfer or restriction								
						(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)

Page totals: \_\_\_\_\_

Do not transfer these totals to the Summary page (Form 300A) before you post it.

Page 1 of 1

to-day activities, then the injury should be logged on the staffing company's OSHA logs.

According to OSHA, day-to-day supervision means supervision of the "details, means, methods, and processes by which the work is to be accomplished." In the majority of cases, the employer, not the staffing firm, exercises these functions.

It is also important to note that an injured temporary or leased employee, who requires days from work, may be replaced by another leased or temporary employee at the worksite.

In the situation mentioned here, the controlling employer has the ultimate responsibility for making good-faith recordkeeping determinations regarding an injury and illness to any of those temporary employees they supervise on a day-to-day basis. The controlling employer must make reasonable efforts to acquire the necessary information in order to satisfy its Part 1904 recordkeeping requirements. If the controlling employer is not able to obtain information from the host of the leased or temporary employee, the controlling employer should record the injury based on whatever information is available to the controlling employer.

### **Medical Surveillance and Recordkeeping**

The host employer must offer and perform the required medical surveillance or evaluations. The temporary agency employer must ensure that the records of the required medical surveillance or evaluations are maintained in accordance with the appropriate OSHA standards.

### **Cumulative Exposure Documentation**

The temporary help service must maintain employee records in accordance with the appropriate OSHA standard (e.g. the Lead standard, the Occupational Noise Exposure standard, etc.). However, the host employer must perform the site characterization and monitoring of exposure to hazardous chemicals on the worksite.

### **During an IOSHA Inspection**

When an OSHA Compliance Safety and Health Officer (CSHO) performs an inspection/investigation, that CSHO has a right to interview (at reasonable times) all affected employees regardless of whether they are temporary, loaned, leased, volunteer, part-time or full-time.

### **Hazard Exposure Responsibility**

Whether or not exposed persons are employees of an employer and subject to a citation from IOSHA depends on several factors, the most important of which is who controls the manner in which the employees perform their assigned work. The question of who pays these employees may not be the determining factor.



### **Case Law**

Two U.S. Supreme Court cases (neither case involved occupational safety and health) that discuss the criteria to be considered in determining the existence of a master-servant (or employer-employee) relationship in common law are Nationwide Mutual Insurance Company v. Darden, 503 U.S. 318, 112 S.Ct. 1344, 117 L.Ed 2d 581 (1992) and Community for Creative Non-Violence v. Reid, 490 U.S. 730, 109 S.Ct. 2166 (1989). The cases held that the following criteria are to be considered in determining whether there is an employer-employee relationship:

1. Right to control the manner and means by which work is accomplished.
2. The level of skill required to perform effectively.
3. Source of required instruments and tools.
4. Location of work.
5. Duration of relationship between parties.
6. The right of the employer to assign new projects to the worker.
7. The extent of the worker's control over when and how long to work.
8. Method of payment.
9. The worker's role in hiring and paying assistants.
10. Whether work is the regular business of the employer.
11. Whether the employer is in business.
12. The provision of employee benefits.
13. The tax treatment of the worker.

The Court also cited section 220(2) of the Second Restatement of Agency (1958), which describes factors that indicate a master-servant relationship and held that all of the factors of the relationship must be weighed and assessed with no one factor being decisive.

### **Resources You Can Use**

For additional information about temporary workers in specific industries, please visit [www.ohiobwc.com/basics/videos/SafetyVideoArchive.asp](http://www.ohiobwc.com/basics/videos/SafetyVideoArchive.asp) for free videos that provide occupational safety and health training. The video segments include a general safety orientation and six modules focusing on identifying hazards at construction, landscaping, manufacturing and food distribution sites; warehouses; and offices. The video is a product of an alliance among OSHA's Columbus, Ohio Area Office; the Ohio Bureau of Workers' Compensation and its onsite consultation division, Staffmart; and the Ohio Staffing and Search Association Safety training for temporary workers.

# Manufacturing

**F**rom 2010 to 2011, employment in Indiana's manufacturing industry jumped by nearly 20,000 workers.



This industry is very diverse, consisting of factories, foundries and mills of all types. The Bureau of Labor Statistics (BLS) estimated that Indiana's manufacturing industry employed 456,200 workers,

comprising almost 17% of the state's workforce in 2011. Also in 2011, the Hoosier manufacturing industry had the highest raw number of recordable injuries and illnesses of any other industry in the state—accounting for more than 24% (22,800) of all work-related injuries and illnesses.

While the manufacturing industry had the highest number of injured and ill workers, its rate of non-fatal work-related injuries and illnesses (5.2 per 100 workers) was lower than the rates for **agriculture** (9.5) and **healthcare and social assistance** (6.3). The 2011 non-fatal occupational injury and illness rate for manufacturing remained unchanged from the 2010 rate. The 2011 rate is tied for the second lowest rate that

has been reported for this industry since the BLS began data collection in 1991. Manufacturing sub-industries with high non-fatal worker injury and illness rates in 2011 included **motor vehicle body and trailer manufacturing** (11.3), **foundries** (9.3) and **animal food manufacturing** (9.0).

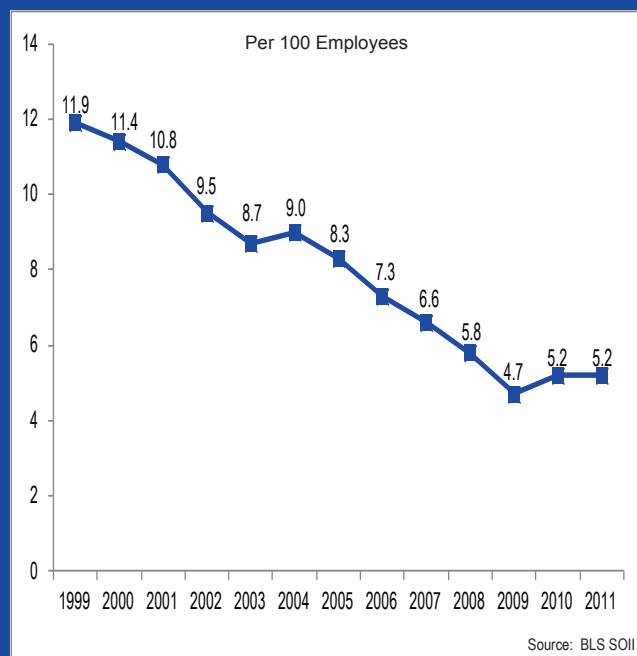
Manufacturing workers suffered 4,390 injuries severe enough to require at least one day away from work to recuperate in 2011—an increase of more than 200 injuries from 2010. The average number of days away from work in the manufacturing industry in 2011 was seven. Employees who suffered these injuries were most often **male** (77%), **Caucasian** (66%) and between the **ages of 35 and 44** (26%). Common events resulting in an injury with days away from work in the manufacturing industry included **struck by object or equipment** (15%), **fall on the same level** (13%) and **overexertion in lifting or lowering activities** (12%).

While the manufacturing industry leads with the greatest number of workers who experienced non-fatal injuries and illnesses in 2011, the industry had fewer worker deaths than some other Indiana industries, including **transportation and warehousing** (25); **construction** (17); and **agriculture, forestry, fishing and hunting** (15). In 2011, 14 manufacturing industry workers were fatally injured while working. The most common source of fatal injury to workers in the manufacturing industry was **vehicles** (5). Three of the five vehicle incidents involved a **forklift**, an **order picker** or a **powered platform truck**.

**Manufacturing Injury and Illness Rates and Numbers**

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
1999	690,000	9.2	11.9	82,900	24
2000	686,000	9.0	11.4	78,300	19
2001	639,000	8.1	10.8	68,100	22
2002	588,000	7.2	9.5	87,800	24
2003	573,000	6.8	8.7	49,200	15
2004	572,000	6.6	9.0	51,400	15
2005	571,000	6.3	8.3	48,600	10
2006	570,000	6.0	7.3	41,900	13
2007	568,000	5.6	6.6	36,600	7
2008	538,500	5.0	5.8	30,800	18
2009	470,800	4.3	4.7	21,500	12
2010	437,600	4.4	5.2	22,800	14
2011	456,200	4.4	5.2	23,700	13

**Indiana Manufacturing Injury and Illness Rate**



Occupational-related hearing loss is a critical workplace safety and health issue. This risk is especially present in enclosed workplaces such as those found in manufacturing environments.

**H**earing loss is a critical workplace safety and health issue. It is a common but easily avoidable hazard in many industries.

The amount of hearing damage experienced depends on the volume (sound pressure) of noise present and the duration of the exposure. According to the National Institute for Occupational Safety and Health (NIOSH), without proper hearing protection, running a chain saw for only two minutes can become dangerous to the human ear.

Employers should diligently work to first remove exposed employees from the hazard through engineering controls. When engineering controls are not feasible, another option to reduce noise exposure is to implement administrative controls by rotating jobs so employees work near noisy equipment for only a few hours at a time. When engineering and administrative controls are unable to remove the employee from hazard exposure, personal protective equipment (PPE) may be used as a last resort.

### Hearing Conservation Program

The Occupational Safety and Health Administration (OSHA) requires employers to implement a hearing conservation program whenever employees are exposed to a time-weighted average (TWA) of 85 or more decibels (dB) over an eight-hour period. At the 85 dB level, hearing protection must be made available to employees. Once the TWA reaches 90 dB or higher, hearing protection is mandatory.

### Monitoring Requirements

Employees exposed to a TWA of 85 dB or more must be monitored for noise exposure. The exposure measurement must include all continuous, intermittent, and impulsive noise within an 80 to 130 dB range and must be taken during a typical work situation. Employers must repeat monitoring whenever changes in production, process or controls increase noise exposure. These changes may mean that more employees need to be included in the program or that the protection used may no longer be adequate. Noise measurement records must be maintained for two years.

Employees are entitled to observe monitoring procedures and must receive notification of the results of exposure monitoring. The method used to notify employees is left to the employer's discretion. However, employers must carefully check or calibrate instruments used for monitoring employee exposures to ensure that the measurements are accurate.

### Testing Requirements

Employers must provide a baseline audiogram test to employees exposed to an 85 dB TWA within six months of employment, or within one year of employment if a mobile test station is used.



The baseline audiogram serves as a comparison for additional annual hearing tests. The baseline must be kept throughout an employee's employment period. However, the baseline can be adjusted by an appropriate physician to compensate for natural hearing loss as the employee ages. If modified, the modified baseline audiogram replaces the original audiogram. Results from the yearly follow-up tests must be maintained in the employee's confidential medical records.

### Training

Employers must provide employees who are exposed to equal to or more than a TWA of 85 dB annual training regarding the potential for hearing loss. This training must cover the importance of hearing protection as well as the proper use and maintenance of the provided hearing protection (e.g. earplugs, earmuffs, etc.).

### OSHA Recordkeeping

Effective January 1, 2003, employers are now required to record work-related hearing loss cases when an employee's hearing test shows a marked decrease in overall hearing. Employers are able to make adjustments for hearing loss caused by aging by seeking the advice of a physician or licensed health-care professional to determine if the loss is work-related, and perform additional hearing tests to verify the persistence of the hearing loss.

### Resources

From whispers and ringing phones to jackhammers and rocket launches, NIOSH has developed a tool to illustrate different sounds. That tool is available online at [www.cdc.gov/niosh/topics/noise/noisemeter.html](http://www.cdc.gov/niosh/topics/noise/noisemeter.html). A hearing conservation guide is also available online by visiting [www.osha.gov/Publications/osha3074.pdf](http://www.osha.gov/Publications/osha3074.pdf). The Indiana Department of Labor's free OSHA consultation program, INSafe, is able to test noise levels for Hoosier employers. Free consultation requests, may be submitted online at [www.in.gov/dol/insafeconsultation.htm](http://www.in.gov/dol/insafeconsultation.htm).

**P**ublic employees, at both the state and local levels, perform a variety of activities. Professionals working in this sector include elected officials, law enforcement personnel, career and volunteer firefighters, utility and healthcare workers and educators. In some cases, public sector workers overlap some private sector occupations such as teaching, performing construction work and providing healthcare and transportation services. State and local government is the second largest employment sector in the state, employing more than 365,000 Hoosier workers. Because Indiana is an OSHA-approved state plan state, the state’s public sector workers are protected by the same occupational safety and health standards as their private industry counterparts.

In 2010, more than 14,000 workers in the Indiana state and local government sector suffered a workplace injury or illness—approximately 17% of all occupational injuries in the state. However, in 2010, there was a slight increase in the sector’s non-fatal injury and illness rate from 2009.



Work groups in state and local governments with high worker injury and illness rates include **healthcare and social assistance** (12.8), **water, sewage and other systems** (7.0) and **hospitals** (6.4).

Over 3,000 of the 14,500 reported injuries in this sector required one or more days away from work for the affected worker. In 2010, the average number of days away from work for state and local government employees was six days, one day less than the private industry’s average.

By a small margin, occupational injuries and illnesses requiring days away from work in this sector most often affected **men** (53%). The most frequent injuries suffered by workers in the state and local government sector were **sprains, strains and tears**, which occurred 1,190 times (39%). The second most common nature of injury was **fractures** (12%). The third leading nature of injury was **bruises and contusions** (8%).

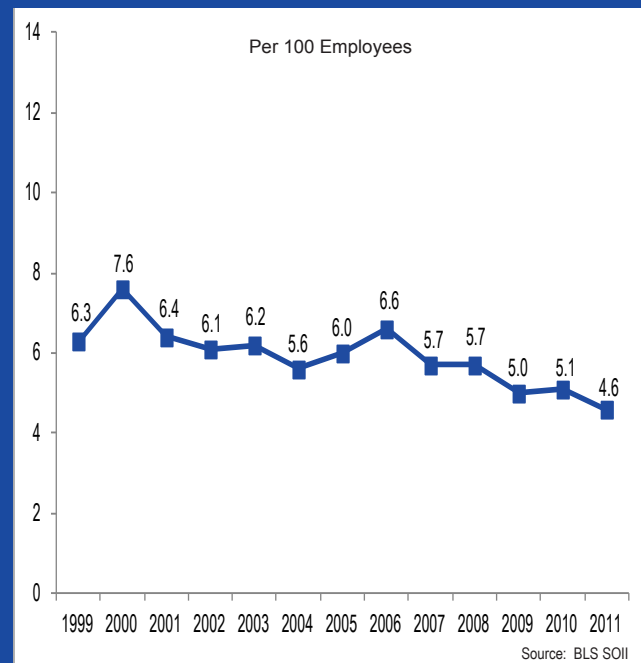
**Falls** were the most common injury-causing event among state and local government workers. **Falls on the same level** led (16%) were followed by **falls to a lower level** (10%).

Nine workers in the state and local government sector were killed while working in 2010. The predominant source of worker injury in state and local government in 2011 was a two-way tie between **persons, plants, animals and minerals** (3) and **structures and surfaces** (3).

**State and Local Government Injury and Illness Rates and Numbers**

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
1999	339,500	Data not available	6.3	17,800	14
2000	338,400		7.6	21,800	13
2001	346,400		6.4	17,900	16
2002	355,600		6.1	17,300	9
2003	357,500		6.2	18,900	7
2004	360,900		5.6	16,900	6
2005	362,200		6.0	17,500	9
2006	360,300		6.6	19,700	7
2007	361,200		5.7	17,100	9
2008	368,800	6.3	5.7	15,500	10
2009	371,100	5.8	5.0	15,300	6
2010	368,600	5.7	5.1	14,500	9
2011	359,400	5.7	4.6	13,500	9

**Indiana State and Local Government Injury and Illness Rate**



## Indiana Department of Transportation (INDOT) Hoosier Helper Freeway Service Program sponsored by State Farm

**M**aintaining traffic flow and assisting stranded motorists are two key responsibilities of the Indiana Department of Transportation's Hoosier Helper Freeway Service Program sponsored by State Farm. Hoosier Helpers patrol busy interstates around Indianapolis, northwestern Indiana and southern Indiana near Louisville. As one of the first responders in interstate traffic management, they assist traffic control and restore normal traffic flow as expeditiously and safely as possible. The job is never-ending and forever variable – Hoosier Helpers work in all types of weather, assisting on average, nearly 750 customers per week.

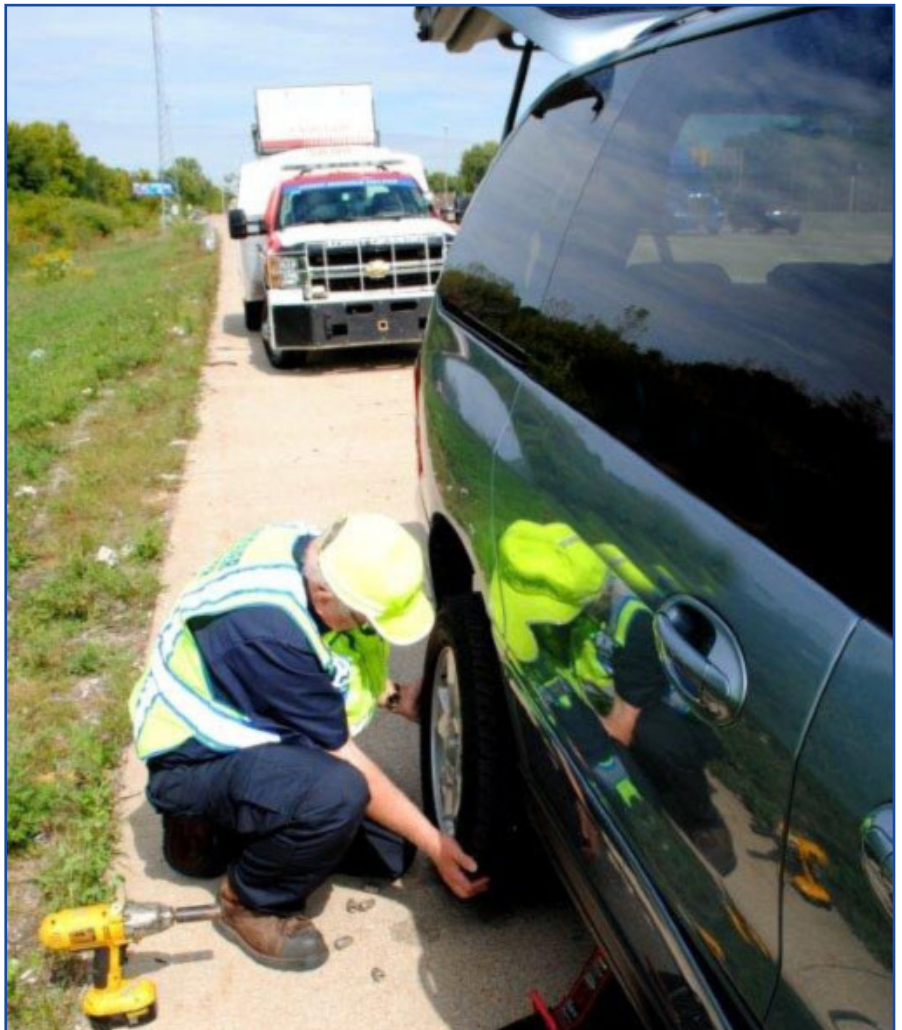
Their job isn't easy. They could be called on to clean up broken glass after a crash, help push a stranded car, assist in the cleanup of a hazardous spill, jump a battery, change a tire, top off a radiator or lend a gallon of gas. Hoosier Helpers are also trained in first aid and carry automated external defibrillators (AEDs)—which have saved lives. They're even trained in procedures to guide in hospital helicopters and land them near a crash site.

### How do they stay safe?

"You stay safe by following the rules and paying attention to your surroundings at all times," said Hoosier Helper Manager Don Holder. "There are no shortcuts on the interstate. We always watch out for each other. Two of our top rules while assisting motorists are: never turn your back to traffic, and always be cognizant of your surroundings."

Part of staying safe means taking personal protection equipment (PPE) seriously. The Hoosier Helpers are equipped with Class III reflective vests, reflective hats (including hard hats for work near construction zones), safety glasses and gloves. Their trucks are adorned with high-visibility paint and reflectors, strobe lights and a retractable, blinking arrow board. Road cones and flares are used to close lanes and redirect traffic when required.

The most important component of staying safe while working as a Hoosier Helper is a constant focus on training. Over the course of a year, they will train with every type of emergency response provider in Indiana. Additionally, skills



A Hoosier Helper assists a stranded motorist with a flat tire. The program, sponsored by State Farm, provides assistance to help ensure motorists get safely back onto the road. (Submitted photo)

courses are taught every two weeks, and regular emergency drills are conducted to test the Hoosier Helpers response to a crisis. After every emergency drill, team members score each other's performance. A focus on each individual's commitment to safety helps keep the team safe.

The rules followed by the Hoosier Helpers to stay safe should be applied to all jobs, especially those with high risks. Remember to do what the Hoosier Helpers do: Use the proper PPE, get trained, keep your skills current, watch out for each other and take responsibility for everyone's safety.

For more information about the Hoosier Helpers, please visit [www.in.gov/indot/2408.htm](http://www.in.gov/indot/2408.htm).

**R**etail establishments are very diverse in their respective offerings to the public. These establishments include grocery stores, shopping malls, florists, filling stations, convenience stores and home supply centers. The industry is one of Indiana's major employment sectors, employing more than 300,000 Hoosier workers in 2010.

The Indiana non-fatal occupational injury and illness rate for the retail industry has experienced a steady decline since 2006. With a rate of 3.7 per 100 workers, the 2011 Indiana retail industry non-fatal worker injury and illness rate is the lowest it has ever been.

Retail industry workers are subjected to many occupational health and safety hazards, including contact with the public; working long or irregular hours; and ergonomic hazards from repetitive motions like lifting, bending and reaching.

In 2011, nearly 26 percent (2,200) of the retail trade industry's injuries and illnesses required one or more days away from work for the worker to recuperate. The most common injury suffered by workers in this industry was **sprains, strains and tears** (40%). Other frequent injuries reported by workers in the retail trade industry included

**cuts and lacerations** (9%) and **bruises and contusions** (8%).

Most non-fatal worker injuries and illnesses occurred among **Caucasian** (48%) **men** (56%). The majority (30%) of these injuries occurred among workers **45-54 years of age**.

Eight Hoosier workers in the retail trade industry died on-the-job in 2011. Three worker deaths were attributed to **violence**. Another three were attributed to **transportation incidents**.

Nationally, there were 266 retail industry workers killed while working in 2011. More than half (136) of these work-related fatalities were attributed to **assaults and violent acts**. The majority (85) occurred in **food and beverage stores**, most often **convenience stores** (30).

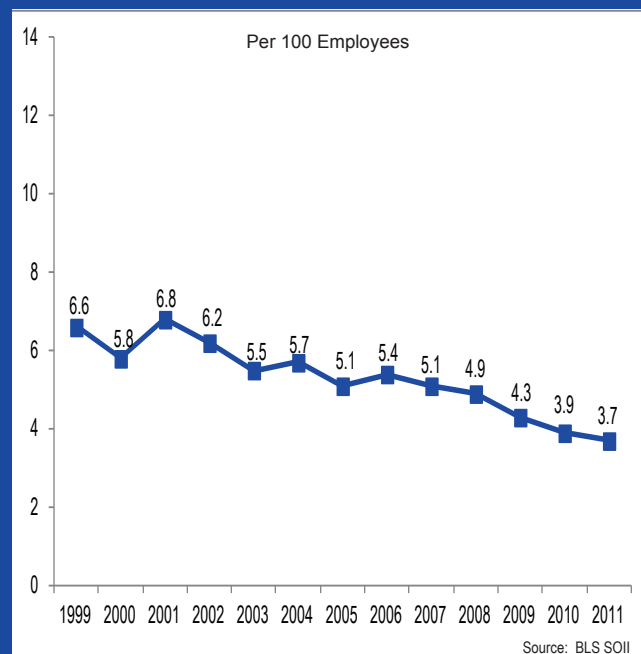
In 2012, the Indiana Department of Labor developed a late-night retail workplace violence prevention group. Today, the Indiana Department of Labor's OSHA education and outreach division, INSafe, continues to work with the Indiana State Department of Health's (ISDH) Weights and Measures division and the Indiana State Excise Police's enforcement division. Together, INSafe, ISDH and Indiana Excise Police help promote workplace violence prevention through the distribution of information to late-night retail establishments.



**Retail Injury and Illness Rates and Numbers**

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
1999	387,200	6.1	6.6	26,400	10
2000	354,100	5.9	5.8	23,800	13
2001	342,200	5.7	6.8	26,300	12
2002	338,400	5.3	6.2	23,200	15
2003	333,300	5.3	5.5	14,100	10
2004	332,900	5.3	5.7	13,700	17
2005	332,100	5.0	5.1	13,000	13
2006	330,700	4.9	5.4	13,700	5
2007	330,900	4.8	5.1	12,500	4
2008	328,400	4.4	4.9	12,100	13
2009	316,000	4.2	4.3	10,200	9
2010	306,200	4.1	3.9	8,700	7
2011	307,200	3.9	3.7	8,500	8

**Indiana Retail Injury and Illness Rate**







**L**ate-night retail establishments offer many products and services to the public. Some of these establishments provide their customers with convenience foods, beverages and fuel.

While workers in these establishments may have dissimilar duties, they all share the risk of serious injury or death from acts of violence and assaults.

Workplace violence has emerged as an occupational safety and health issue in many industries, but especially in the late-night retail industry. However, workplace violence can be a preventable hazard. Employers can develop practical, effective strategies to protect their employees from serious risk and provide a safe and healthful working environment.

### **Workplace Violence Risk Factors**

A number of factors increase a worker's exposure to assaults and violent acts. These factors include, but are not limited to, contact with the public, exchanging money for goods or services, working alone and/or in isolated areas, the sale of alcohol and lack of staff training in recognizing and managing hostile or aggressive behavior. Additional risk factors also include working in high-crime areas or working during late-night or early morning hours (e.g. 11 p.m.-5 a.m.).

### **The Cost of Workplace Violence Incidents**

Workplace incidents are more expensive than most employers realize because of hidden costs. While some costs can be easily calculated such as workers' compensation and medical payments to take care of the injured worker and an increased liability insurance, other costs are more difficult to figure.

Other costs are indirect. Indirect costs of workplace incidents include potential loss of customers, decreased customer traffic, decreased worker morale, increased

employee absenteeism, higher turn-over and decreased worker productivity.

The Indiana Department of Labor (IDOL) has been proactively working with the late-night retail industry to provide information and resources to employers. The department signed an alliance with the Indiana Petroleum Marketers and Convenience Store Association (IPCA) to work hand-in-hand for workplace safety. Additionally, the IDOL has worked with the Indiana State Department of Health's division of Weights and Measures and the Indiana Excise Police to provide materials and resources to employers on the prevention of late-night retail workplace violence.

### **Resources**

For information and access to training resources, tools and materials for late-night retail workplace violence prevention, please visit [www.in.gov/dol/2797.htm](http://www.in.gov/dol/2797.htm). A sample workplace violence checklist is available on the website to assist employers identify present or potential workplace violence issues. Sample workplace violence report forms are also available online.

The IDOL's free OSHA consultation division, INSafe, can provide assistance to employers with their workplace violence prevention efforts. INSafe safety and health consultants can assist employers to conduct a workplace violence hazard assessment and trend analysis, develop and implement a workplace violence prevention program and monitor the employer's program efforts.

For more information about INSafe, please visit [www.in.gov/dol/insafe](http://www.in.gov/dol/insafe). To speak to an INSafe consultant, please phone (317) 232-2688 or email [insafe@dol.in.gov](mailto:insafe@dol.in.gov). To request an onsite consultation, please complete the form available online at [www.in.gov/dol/insafeconsultation](http://www.in.gov/dol/insafeconsultation).

The needs of Hoosiers and state visitors are met daily by workers in the Indiana accommodation and food services industry. Providing services that include lodging, meal preparation and beverages for immediate consumption, the Indiana hospitality industry employed 236,500 workers in 2011.

Sub-industries in this industry include hotels and motels, restaurants and recreation and vacation camps. Industry workers are subject to a variety of occupational safety and health hazards that include working long or irregular and late-night hours, working with the public and exposure to chemicals such as cleaning supplies.

The non-fatal occupational injury and illness rate for the accommodation and food service industry in 2011 was 4.5 per 100 workers. This is an increase from the rate of 3.4 reported in 2010.

Non-fatal occupational injuries and illnesses resulting in days away from work in the accommodation and food services industry most often occurred among **Caucasian** (51%) **women** (53%) and among workers **25-34 years of age** (39%). The average number of days away from work for employees who suffered a work-related injury or illness in this industry requiring missed work was three days in 2011—two days less than

the accommodation and food services industry average for 2010.

The most common nature of injury in 2011 resulting in missed work was **sprains, strains and tears** (21%). This was consistent with the most common nature of injury for industry workers in 2010. The next most common nature of injury in 2011 was **cuts and lacerations** (16%). **Heat burns** (7%) and **bruises and contusions** (7%) were tied as the next most common nature of injury. Industry workers were most often afflicted by injuries resulting from **falls on the same level** (47%), followed by **contact with objects or equipment** (25%) and **overexertion and bodily reaction** (10%). Common sources of occupational injury in 2011 included **floors, walkways and ground surfaces** (29%); **vehicles** (16%); and **machinery** (10%).



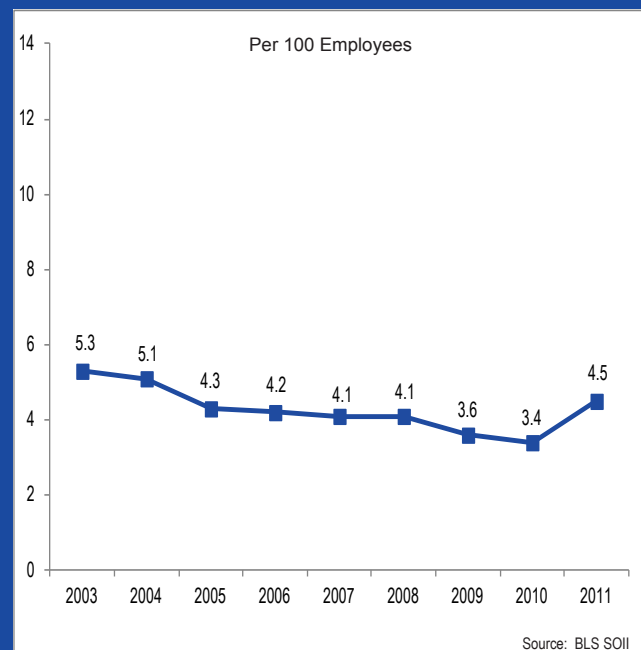
Sub-industries of the accommodation and food services industry in 2011 that reported high non-fatal injury and illness rates at the national level included **RV parks and recreational camps** (5.7), **special food services** (5.4) and **traveler accommodation** (5.1).

The industry also experienced two worker fatalities in 2011. One of the fatalities occurred in a hotel, while the other was in a **limited service eating facility**. Only data for one of the fatalities was publishable for this particular industry. The fatality was a result of an **act of workplace violence**.

Accommodation and Food Services Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
1999	The federal Bureau of Labor Statistics redefined the industry characteristics in 2003. This precludes trending data before that time.				
2000					
2001					
2002					
2003	228,700	5.0	5.3	7,400	5
2004	230,000	4.5	5.1	7,400	-
2005	232,900	4.5	4.3	6,100	5
2006	236,100	4.5	4.2	6,300	3
2007	242,100	4.4	4.1	6,100	3
2008	244,300	4.1	4.1	5,800	3
2009	240,200	3.7	3.6	5,100	4
2010	233,700	3.7	3.4	4,800	-
2011	236,500	3.9	4.5	6,800	2

Indiana Accommodation and Food Services Injury and Illness Rate



The non-fatal occupational injury and illness rate in the mining industry increased from the 2010 rate of 3.3 (per 100 workers) to 4.7 in 2011. At an increase of nearly 43%, this is a fairly significant rate jump for a one-year period in the industry.

This rate includes all mining activities in Indiana—surface and underground. Indiana’s mining industry injury and illness rate is more than 50% above the national mining industry rate of 2.2.

More than two-thirds of the worker injuries and illnesses in the mining industry in 2011, required at least one day away from work for the affected worker. The average number of days away from work for an injured or ill worker in this industry in 2011 was 55. This was 39 days more than the 2010 average. An overwhelming majority of injured workers in this industry suffered from **sprains and strains** (47%). The next most common injury suffered by workers in the mining industry in 2011 was **fractures** (16%).

All occupational injuries and illnesses requiring days away from work in 2011 were experienced by **men** (100%). The most common

ages of an injured worker in the mining industry were **25-34** (42%). Frequent injury-causing events in 2011 included **contact with objects** (68%), **caught in or compressed by object or equipment** (53%) and **overexertion and bodily reaction** (16%). Sources of occupational injuries were most often caused by **machinery** (53%).

Currently there are currently seven underground coal mines located in southwest Indiana. Mine management, staff and employees of these sites work very closely with the **Indiana Bureau of Mines and Mine Safety**, located at **Vincennes University** in Vincennes, Indiana.



Indiana law requires the Bureau of Mines to conduct an inspection of each underground mine at least once per quarter. Inspections are conducted by either the Assistant Commissioner of the Bureau of Mines or the Chief Mine Inspector. Both are certified mine foremen. Violations found must be corrected immediately. In addition to the Bureau of

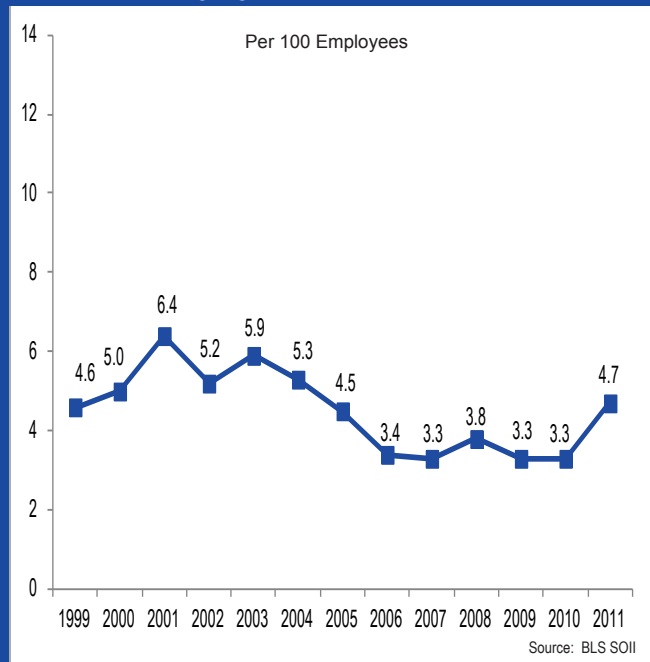
Mines inspection, federal inspectors of the Mine Safety and Health Association (MSHA) conduct much more frequent enforcement inspections of each mine.

While the data above reflects the mining industry as a whole, the 2011 coal mining injury and illness rate in Indiana was 3.1 per 100 workers. This reflects a decrease in the 2010 rate of 3.3. Indiana underground coal mines remained fatality-free in 2011.

**Mining Injury and Illness Rates and Numbers**

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
1999	7,100	4.1	4.6	300	3
2000	7,100	4.6	5.0	300	-
2001	6,900	3.9	6.4	500	-
2002	6,800	4.0	5.2	400	-
2003	6,700	3.3	5.9	400	6 between 2003 and 2008
2004	6,700	3.8	5.3	400	
2005	6,500	3.6	4.5	300	
2006	6,500	3.5	3.4	200	
2007	6,600	3.1	3.3	200	
2008	6,400	2.9	3.8	300	
2009	6,400	2.4	3.3	200	-
2010	6,400	2.3	3.3	200	-
2011	6,400	2.2	4.7	300	-

**Indiana Mining Injury and Illness Rate**



**W**orkers in the construction industry complete job duties that expose them to serious occupational safety and health hazards. Exposures to dangerous hazards include falling from structures, equipment and ladders; working with unguarded machinery and tools; being struck by heavy equipment; electrocution; as well as exposure to many dangerous chemicals.

The 2011 non-fatal worker injury and illness rate for the construction industry was 3.9 per 100 workers. This is consistent with the national 2011 rate. While the rate reflects a slight uptick from the 2010 rate, it is the second lowest rate for the industry. In fact, the industry's rate is lower than many other major industries in the state, including **agriculture (9.5); healthcare (6.3); manufacturing (5.2); arts, entertainment and recreation (4.9), mining (4.7), transportation and warehousing (4.6); leisure and hospitality (4.6); state and local government (4.6); and accommodation and food services (4.5).**

Often, construction industry workers experience injuries that are severe enough to require them to spend time away from work to recuperate. In 2011, more than 27% of the non-fatal injuries in this industry required at least

one day away from work. On average, construction workers who were more seriously injured spent **22 days away from work** in 2011—two days more than the 2010 average. Most often, these injuries were experienced by **Caucasian (75%) men (95%) between the ages of 25 and 34 (28%).**

The most common injury these workers suffered from was **fractures (24%). Sprains, strains and tears (22%)** were the next most common natures of injury, followed by **soreness and pain (19%).**

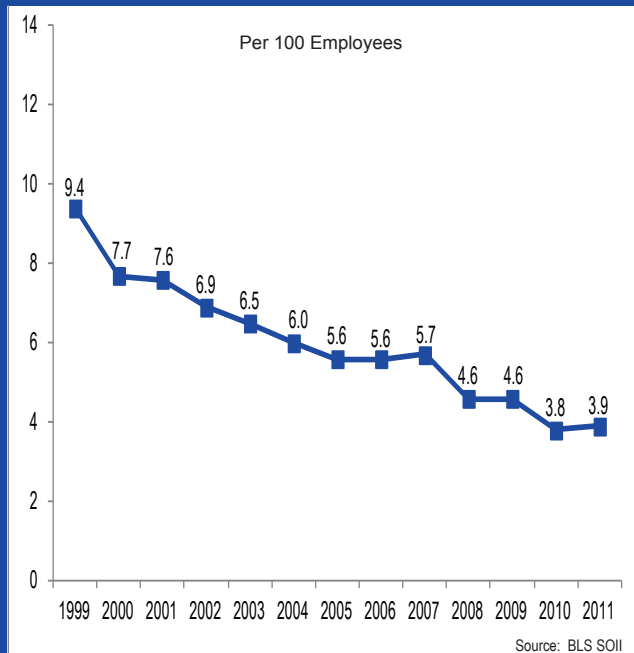
In 2011, 17 construction industry workers were killed on-the-job. Construction worker fatalities occurred in a number of sub-industries including **specialty trade contractors (9), heavy and civil engineering (4) and building construction (2).** Seven of these worker deaths were **transportation - incidents.** Five additional worker deaths were attributed to **falls to a lower level.** Primary sources of fatal worker injuries in the construction industry included **vehicles (6), machinery (4) and chemicals and chemical products (2).**



Construction Injury and Illness Rates and Numbers

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
1999	146,300	8.6	9.4	12,800	30
2000	144,100	8.3	7.7	10,700	32
2001	144,600	7.9	7.6	10,200	22
2002	141,400	7.1	6.9	9,000	25
2003	139,300	6.8	6.5	8,500	15
2004	143,300	6.4	6.0	7,900	21
2005	144,600	6.3	5.6	7,500	27
2006	146,600	5.9	5.6	7,600	27
2007	153,100	5.4	5.7	7,700	21
2008	151,600	4.7	4.6	6,300	20
2009	135,300	4.3	4.6	5,600	17
2010	117,600	4.0	3.8	4,000	16
2011	119,100	3.9	3.9	4,300	17

Indiana Construction Injury and Illness Rate



INSafe Construction Safety Consultant John Brunswick provides information about safe trenching operations.

**C**onstruction is an inherently dangerous industry. One of the most hazardous tasks within the industry is excavation and trenching operations.

Excavation is the process of removing earth. Basically, any time you're digging, you are excavating. The most dangerous type of excavation is trenching or "trench excavation." This means excavating a hole that is deeper than it is wide, but no more than 15 feet wide when measured at the bottom of the trench. A deep, narrow and long excavation has a number of inherent risks that increase the chances of an injury or a fatality if the proper precautions are not followed.

OSHA standards dictate that anytime a trench is four or more feet deep, there must be a means of exit at least every 25 feet. When a trench is five or more feet deep, a competent person must put a safety system in place. If the trench will be equal to or greater than 20 feet deep, a certified professional engineer must design the safety system.

### Competent Person

A *competent person* is someone who has been trained to identify existing and predictable hazards related to trenching, including the ability to identify different grades or stabilities of soil, and who has the authority to immediately stop work and correct a hazard. If the person must call a higher authority or make a request to halt work and make corrections, the person is not considered competent for the purposes of this statute.

The competent person must inspect the site every day and again at any point when conditions may have changed. Freeze/thaw cycles, rain, drought and vibration from machinery or traffic can all destabilize an excavation. The competent person must ensure the trench and safety system remain secure after an environmental change.

### Trenching Risks

Injuries and fatalities occurring in a trench are most commonly caused by cave-ins. A cave-in occurs when the

walls of the trench collapse onto the worker. It's important to note that soil is much heavier than many people realize. A cubic yard of dirt can easily weigh more than the average car. A worker caught in a cave-in can be crushed by the soil, suffocate under the weight or be subject to serious injury. Cave-ins can often lead to permanent injury or death.

Some serious risks are less obvious than others. For instance, when trenching, it's possible to encounter a low-oxygen environment from carbon dioxide released by wet lime stone, or the ground itself could be saturated from leaking fuel tanks and other toxic materials that could cause chemical burns or even fires. Trenching is often done for utility work, so working with a utility representative is crucial. The locations of gas lines and power lines must always be considered when planning a trench excavation in order to avoid catastrophic results. Finally, there are the hazards associated simply with having a deep, open hole on the construction site. Workers may accidentally fall into the trench, injuring themselves and others working below. There is also an increased risk of dropping or knocking items onto workers already in the trench.

### Staying Safe

A competent person must regularly inspect the worksite, including sampling for air quality in trenches and re-inspecting based on environmental changes. Employees must be trained on working safely in and near these excavations. The appropriate trench safety system must also be used. There is no excuse for not using a safety system once a trench reaches five feet in depth. A trench can very easily become an early grave for a worker who is not adequately protected.

### Resources

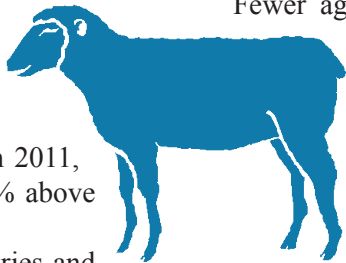
For more information about trenching safety, please visit [www.osha.gov](http://www.osha.gov) and click on the letter "T" on the A-Z Index. Employers may contact INSafe for technical questions by email at [insafe@dol.in.gov](mailto:insafe@dol.in.gov) or by phone at (317) 232-2688.



**R**aising livestock; harvesting crops; and operating combines, tractors and other large equipment are just some of the duties performed by Hoosier agriculture workers. Not only is farming very strenuous, but it is also dangerous work. Farm workers are at high risk for fatal and non-fatal injuries, work-related lung diseases, noise-induced hearing loss, skin disease, and certain cancers associated with chemical use and prolonged sun exposure.

The 2011 non-fatal rate of occupational injuries and illnesses for the agriculture industry in Indiana, however, was 9.5 per 100 workers—significantly higher than the 2010 rate of 7.2. Both the Indiana and U.S. rate experienced increases in 2011, but the Indiana rate remained 42% above the national rate.

There were 800 reports of injuries and illnesses regarding Hoosier agriculture workers in 2011. This number, although comparatively low, still reflects an increase from 2010. The average number of lost work days for a worker in this industry in 2011 was 24. This is 21 days longer than the 2010 average. Injuries



requiring workers to miss one or more days away from work most often were attributed to **fractures** (21%); **cuts and lacerations** and **bruises and contusions** were tied (14%). All work-related injuries and illnesses requiring days away from work were suffered by **men** and most often by men **25-34 years of age** (43%).

Common events resulting in injuries requiring days away from work for affected workers in 2011 included **contact with object or equipment** (50%) and **falls, slips and trips and caught in or compressed by object or equipment** both at (29%). **Machinery and ladders** (29%) were tied for the most common form of non-fatal injury experienced by Hoosier agriculture workers.

Fewer agriculture workers were killed while working in 2011. This has been the case for the last three consecutive years. In Indiana, between 2006 and 2011, 119 workers were fatally injured while working in agriculture. In 2011, the industry experienced 15 worker fatalities. More than half (10) of the 2011 fatalities were **transportation-related**—four occurred on **the roadway**; four more were **non-roadway incidents**; and two incidents occurred where employees were **thrown, tipped or fell** from an animal-drawn vehicle.

For more information on agriculture worker safety, please visit [www.osha.gov](http://www.osha.gov).

**Agriculture, Forestry and Fishing Injury and Illness Rates and Numbers**

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
1999	11,400	7.0	8.7	Data not available	35
2000	11,500	6.8	8.8		29
2001	11,500	7.0	8.6		27
2002	11,400	6.4	6.9		24
2003	11,200	6.2	6.3	500	22
2004	9,000	6.4	5.1	400	30
2005	8,800	6.1	8.1	600	26
2006	8,800	6.0	5.8	500	12
2007	9,200	5.4	8.4	700	22
2008	9,300	5.3	7.6	600	25
2009	9,300	5.3	2.8	300	23
2010	9,300	4.8	7.2	600	24
2011	9,700	5.5	9.5	800	15

**Indiana Agriculture, Forestry and Fishing Injury and Illness Rate**



The arts, entertainment and recreation sub-industry is actually a part of the much larger leisure and hospitality industry. This sub-industry includes a wide range of establishments that operate facilities or provide services to meet the varied cultural, entertainment and recreation interests of their customers. It also includes spectator sports, such as the Indianapolis Colts, Indianapolis Indians and Indiana Fever and Pacers; amusement parks; gambling; live performances/events; exhibits (cultural or educational); and recreation or leisure time activities.



According to the federal Bureau of Labor Statistics (BLS) report, more than 41,000 Hoosiers worked in this industry in 2011. Occupational safety and health hazards in this sub-industry include noise, engine exhaust, cleaning agents, falls, contact with objects and equipment and workplace violence.

The non-fatal occupational injury and illness rate for this sub-industry decreased to 4.9 per 100 workers in 2011—the lowest rate since the 2006 industry rate of 4.2. National sub-industries within the leisure and hospitality industry

with high non-fatal occupational injury and illness rates include **skiing facilities** (11.5), **spectator sports** (9.1) and **amusement and theme parks** (6.7).

In 2011, 170 occupational injuries occurred that required the worker to miss one or more days away from work in the arts, entertainment and recreation sub-industry. On average, injured or ill workers spent three days away from work to recover from their respective injuries or illnesses in 2011. This is one day

longer than the 2010 average of two days.

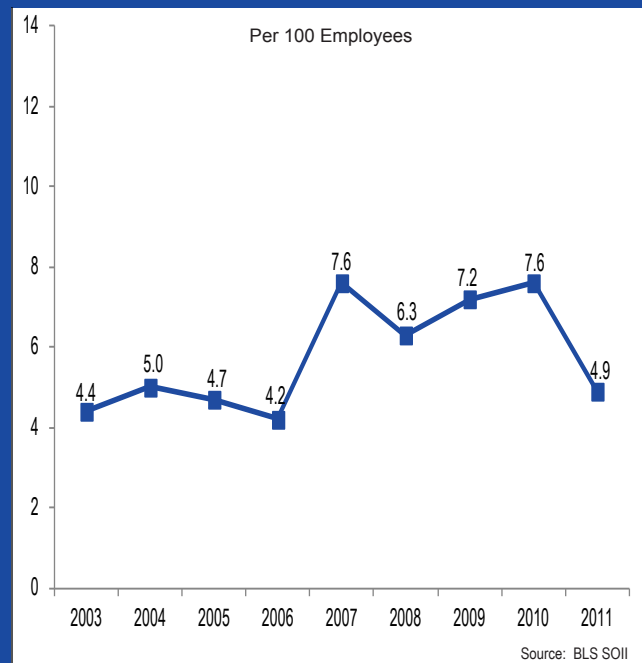
Most often in Indiana, work-related injuries or illnesses that required the worker to spend days away from work were experienced by **Caucasian** (51%) **women** (53%), **25-34 years of age** (37%). Workers most often suffered from a **fall on the same level** (43%), **struck by an object or equipment** (16%) and **overexertion in lifting or lowering activities** (7%). The most common nature of injury suffered by workers in this sub-industry in 2011 was **sprains, strains and tears** (23%). **Cuts and lacerations** (14%) was second, followed by **bruises and contusions** (7%).

In 2011, five workers in the arts, entertainment and recreation sub-industry were killed while working. Three of the five worker deaths were attributed to **transportation incidents** in the spectator sports sub-industry.

**Arts, Entertainment and Recreation Injury and Illness Rates and Numbers**

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
1999	The federal Bureau of Labor Statistics redefined the industry characteristics in 2003. This precludes trending data before that time.				
2000					
2001					
2002					
2003	43,200	5.9	4.4	1,300	-
2004	44,300	5.9	5.0	1,300	4
2005	43,800	6.1	4.7	1,400	-
2006	43,300	5.3	4.2	1,200	-
2007	43,700	5.3	7.6	2,400	-
2008	43,300	5.1	6.3	1,800	6
2009	44,800	4.9	7.2	1,800	3
2010	42,300	4.8	7.6	2,000	4
2011	41,400	4.5	4.9	1,200	5

**Indiana Arts, Entertainment and Recreation Injury and Illness Rate**



**T**ransportation and warehousing industry workers help move passengers and cargo, provide transportation support activities and provide the storage of goods. According to the federal Bureau of Labor Statistics (BLS), more than 106,000 Hoosier workers were employed in this industry in 2011.

While the industry makes up less than four percent of the Hoosier workforce, it has the highest worker fatal injury count of all major industries in the Indiana (25). This is an increase of nine fatalities from 2010. A record high of 34 occupational fatalities occurred in 1999 and again in 2006 in the transportation and warehousing industry. Industry workers were most often killed in **transportation-related events** (21) in 2011. Fifteen of the 21 vehicles were **semi-tractor trailers** or **tanker trucks**.

Workers in this industry also suffered from nearly 5,000 non-fatal workplace injuries and illnesses. The non-fatal occupational injury and illness rate in the transportation and warehousing industry was 4.6 per 100 workers in 2011—a 6% decrease from the 2010 rate.

Almost 34% of the non-fatal occupational

injuries and illnesses reported in the transportation and warehousing industry required the injured worker to miss one or more days of work to recover. The average number of days away from work for an injury requiring missed time was 13 days—three fewer days than 2010.

Injured worker characteristics from 2011 indicated **Caucasian** (47%) **men** (80%), **ages 45-54** (26%) experienced the majority of the non-fatal injuries in the Hoosier transportation and warehousing industry.

**Overexertion and bodily reaction** (32%) was the predominant non-fatal injury-causing event experienced by workers in this industry. Other leading injury events were caused by **falls, slips and trips** (25%) and **contact with objects and equipment** (23%).

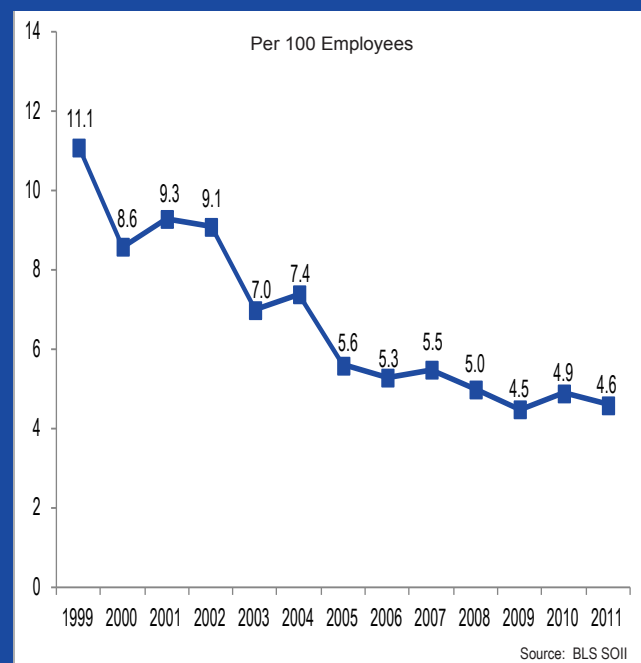
The most frequent injury suffered by workers was **sprains and strains** (45%). Other frequent natures of injury experienced by transportation and warehousing industry workers in 2011 included **fractures** (11%) and **bruises and contusions** (8%). All 2011 injury sources were consistent with 2010. Sub-industries in the Hoosier transportation and warehousing industry with high worker injury and illness rates in 2011 included **couriers and messengers** (6.1), **warehousing and storage** (5.4) and **transit and ground passenger transportation** (5.1).



**Transportation and Warehousing Injury and Illness Rates and Numbers**

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
1999	100,500	9.0	11.1	6,400	34
2000	110,400	8.7	8.6	4,800	26
2001	105,600	8.7	9.3	6,000	23
2002	104,700	7.5	9.1	5,700	27
2003	107,700	7.8	7.0	6,700	17
2004	101,800	7.3	7.4	7,000	27
2005	105,200	7.0	5.6	6,300	28
2006	108,800	6.5	5.3	5,900	34
2007	110,900	6.4	5.5	6,200	31
2008	108,800	5.7	5.0	5,800	16
2009	107,200	5.2	4.5	5,200	18
2010	103,000	5.2	4.9	5,100	16
2011	106,300	5.0	4.6	4,900	25

**Indiana Transportation and Warehousing Injury and Illness Rate**





# Professional and Business Services

**P**rofessional and business services industry is a very broad sector. The sector consists of occupations in legal, accounting, engineering, computer, janitorial, veterinary and photography services. According to the federal Bureau of Labor Statistics (BLS), this industry employed more than 285,000 Hoosiers in 2011.

While the 2011 non-fatal work-related injury and illness rate remains unchanged from 2010, the rate is tied for second lowest since 2003. The BLS redefined the industry characteristics for this industry in 2003; therefore, trending data is not available prior to that time.

Non-fatal occupational injuries and illnesses declined by 600 in the business and professional services sector in 2011. About 25% of these non-fatal injuries and illnesses required at least one day away from work for the affected worker to recuperate. This is down by 5% from the previous year. The average amount of time spent away from work due to an occupational injury or illness for a worker in this industry was six days in 2011—eight days fewer than 2010. Injuries and illnesses resulting in lost workdays were most often **sprains, strains and tears** (26%), followed by **fractures** (19%). The leading injury events were caused by **falls on the same level** (31%), **struck**

**by object or equipment** (12%) and **transportation incidents** (11%).

Sub-industries within the business and professional services industry that experienced high non-fatal occupational injury and illness rates in the United States included **waste collection** (6.3), **other professional and scientific and technical services** (5.7) and **materials recovery facilities** (5.4). The Indiana-specific data for these sub-industries were unavailable.

Nationwide in 2011, 424 workers in the professional and business services industry were killed. Nearly 40% (138) of these worker deaths were attributed to **transportation-related incidents**. An overwhelming majority of these transportation-related fatalities occurred in the **landscaping services** (167) sector. This was followed by **waste management and remediation services** (64).

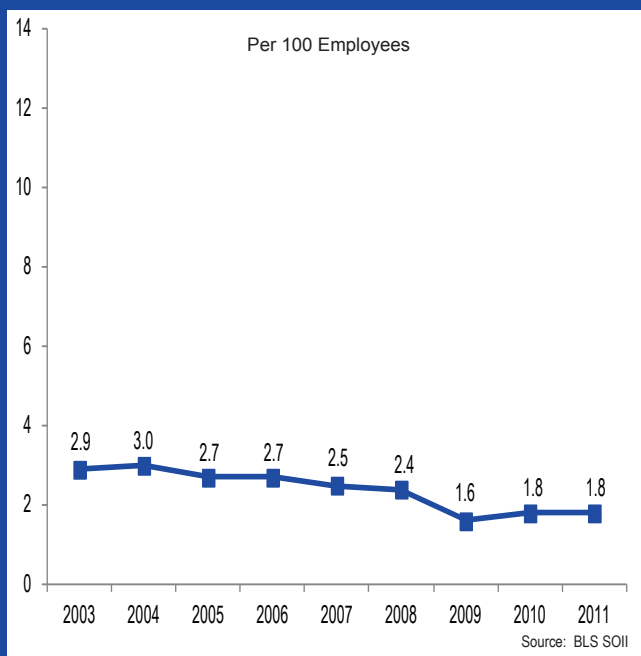
Five workers in the business and professional services sector were killed in Indiana in 2011. Because of confidentiality concerns, much of this information, including nature and event, for these fatalities is considered non-publishable by the BLS.



**Professional and Business Services Injury and Illness Rates and Numbers**

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
1999	The federal Bureau of Labor Statistics redefined the industry characteristics in 2003. This precludes trending data that time.				
2000					
2001					
2002					
2003	258,700	2.5	2.9	4,600	11
2004	266,300	2.4	3.0	4,300	7
2005	272,400	2.4	2.7	4,400	12
2006	279,300	2.1	2.7	4,900	13
2007	288,700	2.1	2.5	6,100	11
2008	292,400	1.9	2.4	4,700	8
2009	272,500	1.8	1.6	2,900	6
2010	268,200	1.7	1.8	4,000	4
2011	285,500	1.7	1.8	3,400	5

**Indiana Professional and Business Services Injury and Illness Rate**



**H**ospitals, clinics, dental offices, surgery and birthing centers and nursing homes are just a few of the places that Hoosier healthcare and social assistance workers put in work hours. In 2011, the federal Bureau of Labor Statistics' (BLS's) data showed more than 350,000 Hoosiers were employed in the healthcare and social assistance industry. This employment sector is one of the state's largest employers.

This industry also has one of the state's highest non-fatal worker injury and illness rates at 6.3 per 100 workers. The 2011 rate increased by more than 6% from 2010 at 5.9 per 100 workers. The overall healthcare injury and illness rate for 2011 even surpasses industries that are commonly associated with high worker injury and illness rates such as manufacturing (5.2), transportation and warehousing (4.6) and construction (3.9). Workers in this industry are exposed to a number of occupational safety and health hazards, including overexertion in lifting and lowering activities, needlesticks, workplace violence and assault and infectious diseases.

Sub-industries in this industry with high worker injury and illness rates included **nursing**

and **residential care facilities** (9.5), **hospitals** (7.2) and the **social assistance sector** (5.2). Workers suffered 17,300 non-fatal injuries and illnesses in 2011. Nearly 16% of these injuries and illnesses required time away from work for the worker to recover. On average, these more severely injured workers in the healthcare and social assistance industry spent six days away from work—one day more than the 2010 average.

Common injuries requiring time away from work in 2011 included **sprains, strains and tears** (1,310); **soreness and pain** (360); **fractures** (210); and **bruises and contusions** (210). Injury-causing events were most often **falls on the same level** (670), **overexertion in lifting or lowering activities** (580) and **contact with object or**



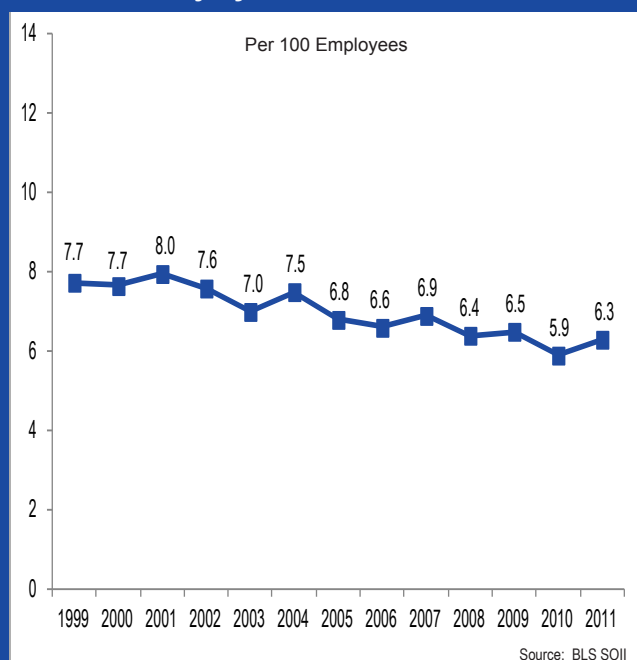
**equipment** (260). **Healthcare patients** (820) were most often the source of non-fatal worker injury. The second most common source was **floors, walkways and ground surfaces** (720).

An overwhelming majority of injuries and illnesses in the healthcare and social assistance industry occurred among **women** (85%). Women who were injured were most often between the **ages of 25 and 34** (26%).

**Healthcare and Social Assistance Injury and Illness Rates and Numbers**

Year	Employment	U.S.	IN	Number of Injuries and Illnesses	Number of Fatalities
1999	307,200	7.1	7.7	16,600	-
2000	313,200	7.1	7.7	17,500	-
2001	313,800	6.9	8.0	18,100	-
2002	328,200	7.0	7.6	17,300	-
2003	329,600	6.5	7.0	16,500	-
2004	303,200	6.2	7.5	18,600	3
2005	308,400	5.9	6.8	16,100	4
2006	316,000	5.8	6.6	16,500	-
2007	325,600	5.6	6.9	17,100	-
2008	332,600	5.4	6.4	16,000	5
2009	341,000	5.4	6.5	16,600	6
2010	348,100	5.2	5.9	16,200	4
2011	353,900	5.0	6.3	17,300	-

**Indiana Healthcare and Social Assistance Injury and Illness Rate**



The Indiana Department of Labor and Union Hospital of Terre Haute, Indiana, collaborated to launch a workplace safety and health initiative in the Hoosier healthcare industry.



Indiana Department of Labor Commissioner Sean M. Keefer, Indiana State Department of Health Commissioner Dr. William C. VanNess II and Union Hospital CEO Scott Teffeteller launch the Hoosier healthcare worker safety and health initiative. The onsite media launch event took place on February 5, 2013, at Union Hospital, in Terre Haute, Indiana. (Photo by Dan Axler)

**I**ndiana has a thriving and robust healthcare industry that employs more than 300,000 Hoosier workers. The healthcare industry plays an important role in the Hoosier economic roadmap in more than one way. As we continue to grow and age as a society, the business of caring for Hoosiers will only continue to expand in size and importance for many years to come.

According to the federal Bureau of Labor Statistics (BLS), 6.3 out of every 100 healthcare workers experienced a work-related injury or illness in 2011. Worker injuries and illnesses are even more prevalent in certain sub-industries in healthcare, including nursing and residential care facilities (9.5 per 100 workers) and hospitals (7.2 per 100 workers).

The industry's non-fatal worker injury and illness rate is higher than manufacturing, an industry often noted for injuries and illnesses. Healthcare workers are 38 percent more likely than construction workers to become injured and 17 percent more likely than manufacturing workers.

In response to the high worker injury and illness rate, the Indiana Department of Labor's OSHA consultation program, INSafe, developed a healthcare worker safety and health initiative. To garner momentum behind the initiative, the Indiana Department of Labor turned to 2011 Governor's Workplace Safety Award recipient, Union Hospital.

Among other proactive worker safety and health efforts, Union Hospital, was recognized for its proactive approach to reducing serious employee injuries by integrating a safe patient handling program. Since integrating its safe patient handling program, Union Hospital has reduced workforce lifting injuries by 43 percent. Both worker's compensation (42 percent) and lost work days (84 percent) from injuries were significantly reduced as well.

The ongoing healthcare industry educational and outreach initiative is aimed at reducing and eliminating worker exposure to occupational safety and health hazards in key areas including patient handling, exposure to bloodborne pathogens, needlesticks and workplace violence. The proactive worker safety and health initiative will provide information about safe practices and procedures to hospitals and other healthcare facilities around the state on a regular basis. Outreach products consist of posters, signage, articles written for internal publications, topical blogs and podcasts that participating facilities can use to help educate their employees and their supervisors.

For access to materials and resources for this campaign, visit [www.in.gov/dol/healthcare](http://www.in.gov/dol/healthcare). For more information about worker safety and health, please email [INSafe at insafe@dol.in.gov](mailto:insafe@dol.in.gov) or phone (317) 232-2688.

Bureau of Labor Statistics Survey Coordinator Joseph Black provides information on occupational-related concussions.

If you have watched a lot of sports over the last few years, you have likely noticed that there has been an emphasis on safety when it comes to preventing concussions. This is especially the case in football where new rules have been legislated into the game in an attempt to make the game safer for players.

In July 2012, the Centers for Disease Control and Prevention (CDC) released an article titled “Concussion in Sports.” According to this article, a concussion is defined as a type of traumatic brain injury (TBI) caused by a bump, blow or jolt to the head that can change the way your brain normally works.

Concussions commonly result from blows to the head, but they can also occur from a blow to the body that causes the head to move rapidly back and forth. They can even result from impacts that otherwise appear to be a mild blow to the head. These are commonly described as a “ding” or “getting your bell rung.” It is for this reason that recognition of and proper response to concussions when they first occur can help to prevent further injury or even death.

Concussions can result not only from sports injuries, but also from everyday life. According to the federal Bureau of Labor Statistics’ (BLS) Survey of Occupational Injuries and Illnesses (SOII), nationally between 2003 and 2010, workers suffered 46,240 non-fatal concussions (see chart below). Concussions and other TBI cases may be a result of vehicle incidents, falls in the workplace or being struck by an object or other equipment.

In contrast to these numbers, the CDC reports that approximately 1.7 million people each year suffer a TBI. It is a contributing factor in approximately 30.5% of all injury-related deaths in the United States. About 75% of all TBIs that occur each year are concussions or what are considered mild forms of TBI.

Most individuals who suffer a concussion recover quickly and fully; however, for some, symptoms may last for days, weeks or longer.

Symptoms of a concussion typically fall into four categories, including thinking/remembering, physical, emotional/mood and sleep. Workers who exhibit these symptoms should promptly seek medical attention. In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull.



It is important to note that some of these symptoms may appear right away, while others may not be noticed for days or months after the injury. Once a person resumes an average level of activity, the additional demands placed on him or her can trigger symptoms months later. Sometimes, people do not recognize or admit that they are having problems with every-day tasks and routines. Others might not understand why the person is having problems and what his or her problem really is, which can make the person nervous or upset.

If an injured worker has sustained a bump, blow or jolt to the head or body, he or she should follow-up with a physician if he or she has any of the following danger signs: a headache that gets worse and will not go away; weakness, numbness or decreased coordination; repeated vomiting or nausea; or slurred speech.

To further promote the healing process, individuals who have suffered a concussion or TBI should get plenty of sleep at night and rest during appropriate times throughout the day as to not overexert themselves. These workers should also avoid activities that are physically demanding such as heavy or repetitive lifting or heavy-duty cleaning. Activities that require heavy concentration such as continual computer use and driving activities should also be avoided. Additionally, consuming alcoholic beverages could potentially slow an individual’s recovery.

For additional information about TBIs, please visit the CDC’s website online at [www.cdc.gov](http://www.cdc.gov). More information about the concussions in sports may be found by visiting [www.cdc.gov/concussion/sports/index.html](http://www.cdc.gov/concussion/sports/index.html).

Occupational-related Concussions							
2003	2004	2005	2006	2007	2008	2009	2010
5,600	5,570	6,590	5,830	5,620	5,810	5,350	5,870

Source BLS SOII

## Retail

### It Happened Here: Lake County, Indiana

Background: Between 2006 and 2011, there were 1,460 non-fatal injuries in the sub-industry of gasoline stations with convenience stores nationwide.

Fatal Event: On November 29, 2012, in Lake County, a 48-year-old convenience store clerk was working behind the counter when two men entered the facility. The men robbed the store and fatally shot the store clerk.

Discussion: To reduce the likelihood of similar events, employers must assess the likelihood of experiencing workplace

violence, as many industries and types of work are prone or vulnerable to workplace violence (e.g. convenience stores, nursing or residential care facilities, financial institutions and so on). Proper security measures must also be established to protect workers. Establishing a policy that requires employees to report threats or violent incidents or speak up when they fear they or others may be in danger is critical. Employers must investigate all near-miss incidents to prevent serious worker injury. Establishments that are open to the public late at night or during early morning hours (e.g. 11 p.m.-5 a.m.) should also review their cash-handling procedures and implement drop safes to limit the amount of cash on hand. Employers should work to foster a culture of workplace safety and health.

## Agriculture

### It Happened Here: Jasper County, Indiana

Background: In 2011, the Hoosier agriculture industry had the third highest number of workplace fatalities in the state.

Fatal Event: On June 27, 2012, a 32-year-old Hispanic dairy employee was repairing a section of gate that was damaged by cattle. Another employee was assisting by using a front loader to apply pressure to the gate. The bucket came off the front loader and crushed the victim. The victim died from blunt-force trauma.

Discussion: To reduce the likelihood of

similar events, employers must conduct a hazard analysis of routine and non-routine work tasks and develop safe work practices. Employers must also ensure employees have been instructed in the safe operation of all equipment and machinery. Training must be delivered in a language that all employees can readily understand. Employees must be provided with an appropriate level of supervision to ensure equipment is being used in a manner consistent with the manufacturer's recommendations. All near-miss incidents should be investigated to prevent serious incidents from occurring. Employers must work to foster a culture of workplace safety and health.

## Construction

### It Happened Here: Vanderburgh County, Indiana

Background: Between 2007 and 2011, 29 construction industry workers were fatally injured in an occupational-related fall.

Fatal Event: On November 7, 2011, in Vanderburgh County, a scissor lift operator was driving the lift from one location to another on a worksite. While he was driving the lift, it was vertically extended approximately six feet. The scissor lift operator fell to the ground below. The operator was transported to the hospital; however, he died from injuries five days later.

Discussion: To reduce the likelihood

of similar events, employers must complete a worksite evaluation to ensure the surface on which scissor lifts and other equipment will be used is without holes, depressions, ditches, debris, slopes and drop-offs and that the ground is not soft or uneven. Adequate training must also be provided to personnel. It should include formal instruction as well as practical application. Employees must also be trained to recognize hazards associated with each job, task and worksite. The training must be provided by a person who has knowledge, training and experience to train operators and evaluate their competence. Workers must not be permitted to move a scissor lift while the lift is in an elevated position. Employers must investigate all near-miss incidents to prevent serious workplace incidents from occurring. Employers must foster a culture of safety and health.

INSafe Health Consultant Jay King answers your questions, comments and concerns about IOSHA inspection selection.

**How do I know if my business will be inspected by IOSHA?**

All Indiana businesses covered under the Indiana Occupational Safety and Health Act (IC 22-8-1.1) can potentially be inspected by IOSHA. The IOSH Act covers Hoosier employers with one or more employees (with a few exceptions). Some of these exceptions include employers who are covered by another agency (EPA, DOT, Mine Safety, Federal Railroad Act, etc.), sole owner businesses, farms with fewer than 10 employees (not including family members) and some construction businesses with certain NAICS Codes.

**Will the IOSHA compliance officer tell me the reason for the inspection?**

Yes. Upon visiting an employer's facility, the IOSHA compliance officer will present his or her credentials and conduct an opening conference with the employer and employee representatives (if the facility has a recognized union). During the opening conference, the IOSHA compliance officer will also provide the employer with a document request outlining the required records and programs the employer will need to provide. Additionally, during this time, the compliance officer will inform the representatives of the nature of the visit—programmed, referral, employee complaint, special emphasis, accident, fatality or catastrophe.

**If my business is covered by the IOSH Act, how is it selected for an inspection?**

There are two types of IOSHA inspections: programmed and un-programmed. Programmed inspections are random and are a result of statistical data and industry type. Programmed health inspections are chosen randomly by federal OSHA from a computer database of high hazard industries, while programmed safety inspections are chosen by the Bureau of Labor Statistics (BLS) as a result of lost work time cases. Programmed construction inspections are chosen from the General Dodge Report, which targets businesses based upon NAICS/SIC codes and company size. Un-programmed inspections

may be a result of an imminent danger, catastrophe, fatality, complaint, referral or follow-up from a previous inspection.

**Will I be notified in advance if my business has been selected for inspection?**

No. If you are selected for an inspection, IOSHA compliance safety and health officers will arrive at your business with no prior notice.

**What if I disagree with IOSHA's inspection findings?**

After an inspection, if IOSHA determines that violations exist, you can request an informal conference, or you can issue a formal notice of contest. An informal conference is a meeting with IOSHA to discuss citations/fines and attempt to come to a compromise. A formal notice of contest is taken to the Board of Safety to Review, which would hear arguments from both the company and IOSHA and then make a determination.

If you don't disagree with the findings but would like more time to abate the violations, you can file a Petition for Modification of Abatement. For information and answers to IOSHA's Frequently Asked Questions, please visit [www.in.gov/dol/FAQs.htm](http://www.in.gov/dol/FAQs.htm).

**How can my business best prepare for an IOSHA inspection?**

Hoosier employers may take advantage of free onsite OSHA consultation assistance through the IDOL INSafe program. Services include full and limited-scope services that involve workplace injury and illness review, written occupational safety and health program assessments and a hazard walk-through of the employer's facility. Consultation services are delivered by well-trained occupational safety and health experts (consultants). Provided the employer agrees to correct all serious hazards identified by the consultant, the onsite consultation visits and findings remain confidential.

Consultants can provide a fresh set of eyes for your facility. They may also share industry best practices for continued occupational safety and health improvement.

Requests for onsite consultation can be completed online using the form available at [www.in.gov/dol/insafeconsultation](http://www.in.gov/dol/insafeconsultation). For more questions about INSafe or for occupational safety and health inquiries, please phone (317) 232-2688 or email [insafe@dol.in.gov](mailto:insafe@dol.in.gov).



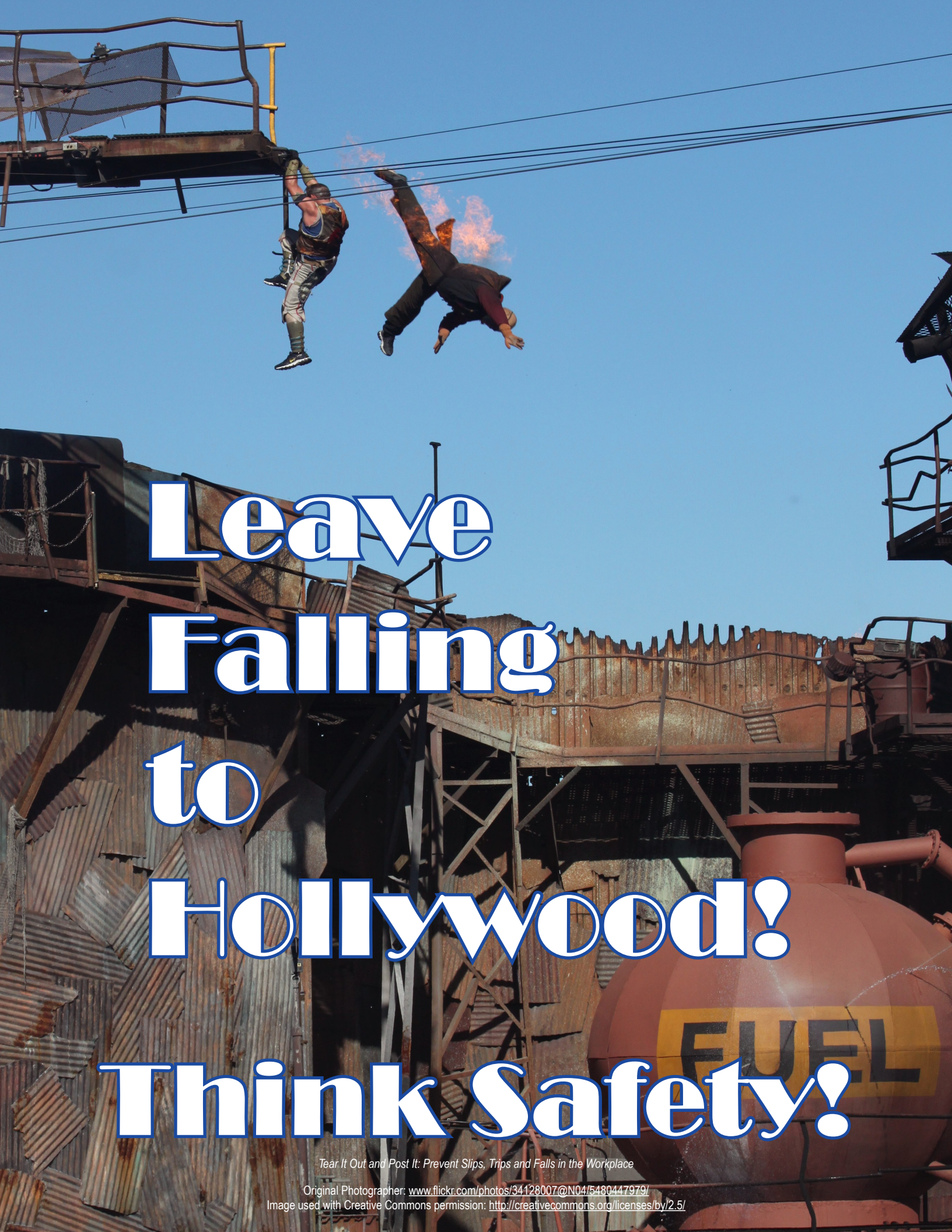
Editor's Note: Ask Our Expert is a regular feature of the Indiana Department of Labor's bi-monthly electronic newsletter service, *Indiana Labor Insider*. To receive this newsletter, please email INSafe at [insafe@dol.in.gov](mailto:insafe@dol.in.gov).

# Real Hazards, Real Workplaces

Can you identify the hazard(s) in the pictures below? Photos used on this page are of real hazards found in real Indiana workplaces.



**Picture 1:** The fuses in an electrical disconnect panel are not adequately covered. A piece of copper tubing has been used to substitute for one of the fuses. 1910.303(g)(2)(i). **Picture 2:** A make-shift respirator at a work station. Personal protective equipment (PPE) must be appropriate based upon the hazards to which an employee is exposed 1910.134(d)(1)(i) and 1910.132(d)(1). **Picture 3:** Exposure to the rotating fan blade with openings larger than 1/2 inch. 1910.212(a)(5) **Picture 4:** The fan pulley and belt is unguarded. 1910.219(d)(1) and 1910.219(e)(3)(i). **Picture 5:** The flexible electrical cord has no stress relief. 1910.303(g)(2)(ii). **Picture 6:** The electrical insulation is frayed and will likely become a bare, live wire that is unprotected. 1910.303(b)(1)(iv). **Picture 6:** The vertical bandsaw is not properly enclosed. 1910-213(i)(1).



**Leave  
Falling  
to  
Hollywood!  
Think Safety!**

*Tear It Out and Post It: Prevent Slips, Trips and Falls in the Workplace*

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# Indiana Non-fatal Occupational Injury and Illness Rates

Table 11. Incidence rates<sup>1</sup> of nonfatal occupational injuries and illnesses by industry sector and selected case types, 2009-2011

Industry Sector <sup>2</sup>	Total recordable cases						Cases with days away from work, job transfer, or restriction						Other recordable cases		
	Total			Cases with days away from work, job transfer, or restriction			Total			Cases with job transfer or restriction			Total		
	2009	2010	2011	2009	2010	2011	2009	2010	2011	2009	2010	2011	2009	2010	2011
All industries including State and local government	4.3	4.3	4.3	2.0	2.0	2.0	1.0	1.0	1.0	0.9	1.0	1.1	2.3	2.2	2.3
Private industry <sup>3</sup>	4.2	4.1	4.2	2.0	2.1	2.0	0.9	1.0	0.9	1.1	1.1	1.1	2.2	2.1	2.2
Goods-producing	4.7	5.0	5.0	2.2	2.4	2.4	1.0	1.1	1.0	1.3	1.4	1.4	2.4	2.5	2.6
Natural resources and mining <sup>3,4</sup>	3.0	5.5	7.3	1.9	3.0	3.0	1.3	2.1	2.1	0.6	0.9	0.9	1.1	2.5	4.3
Agriculture, forestry, fishing and hunting <sup>3</sup>	2.8	7.2	9.5	1.5	3.7	2.8	0.7	2.6	1.7	0.8	--	1.1	1.3	3.6	--
Mining <sup>1</sup>	3.3	3.3	4.7	2.4	2.1	3.2	2.0	1.6	2.6	0.4	0.6	0.6	0.9	1.2	1.5
Construction	4.6	3.8	3.9	2.1	1.9	1.6	1.5	1.4	1.1	0.7	0.5	0.5	2.5	1.9	2.3
Manufacturing	4.7	5.2	5.2	2.3	2.6	2.6	0.9	1.0	1.4	1.6	1.6	1.6	2.4	2.7	2.6
Service-providing	3.9	3.8	3.9	1.9	1.9	1.8	0.9	0.9	0.9	1.0	1.0	0.9	2.1	1.9	2.0
Trade, transportation, and utilities <sup>5</sup>	4.1	4.0	3.9	2.3	2.4	2.1	1.1	1.2	1.2	1.2	1.3	1.0	1.8	1.6	1.8
Wholesale trade	3.5	3.7	3.6	2.0	2.2	2.2	1.0	1.1	1.2	1.0	1.1	1.0	1.5	1.5	1.4
Retail trade	4.3	3.9	3.7	2.1	2.1	1.8	1.0	0.9	1.0	1.1	1.2	0.8	2.1	1.8	1.9
Transportation and Warehousing	4.5	4.9	4.6	3.2	3.6	2.9	1.7	1.8	1.6	1.5	1.8	1.3	1.3	1.3	1.7
Utilities	2.6	3.3	--	1.5	2.0	1.7	0.8	1.1	--	0.7	0.8	0.8	1.1	1.3	--
Information	2.9	3.6	1.3	1.2	1.7	0.6	0.5	0.7	0.5	0.7	0.9	0.1	1.7	1.9	0.7
Financial activities	1.9	1.6	1.2	0.6	0.7	0.5	0.3	0.3	0.3	0.2	0.4	0.2	1.3	0.8	0.7
Professional and business services	1.6	1.8	1.8	0.8	0.9	0.8	0.5	0.6	0.5	0.3	0.3	0.4	0.8	1.0	1.0
Education and health services	6.1	5.5	5.9	2.6	2.7	2.7	1.0	1.2	0.9	1.6	1.5	1.7	3.4	2.8	3.2
Educational services	2.8	2.3	2.0	1.1	1.0	0.8	0.6	0.5	0.5	0.4	0.5	0.3	1.7	1.4	1.2
Health care and social assistance	6.5	5.9	6.3	2.8	2.9	2.9	1.1	1.2	1.0	1.8	1.7	1.9	3.6	3.0	3.4
Leisure and hospitality	4.2	4.1	4.6	1.5	1.7	1.5	0.8	0.9	0.7	0.7	0.8	0.8	2.7	2.4	3.1
Other services, except public administration	3.3	3.5	3.9	1.8	1.2	2.0	1.5	0.8	1.6	0.3	0.4	0.4	1.5	2.3	1.8
State and local government	5.0	5.1	4.6	2.0	1.8	1.8	1.2	1.1	0.9	0.8	0.8	0.9	3.1	3.3	2.8
State government	3.0	3.1	3.2	1.2	1.4	1.5	0.9	0.7	0.8	0.4	0.6	0.8	1.7	1.7	1.7
Local government	5.9	5.8	5.3	2.3	2.0	2.0	1.4	1.2	1.0	0.9	0.8	1.0	3.6	3.8	3.3

<sup>1</sup> Incidence rates represent the number of injuries and illnesses per 100 full-time workers and were calculated as:  $(\text{NEH}) \times 200,000$  where

N = number of injuries and illnesses

EH = total hours worked by all employees during the calendar year

200,000 = base for 100 equivalent full-time workers

(working 40 hours per week, 50 weeks per year).

<sup>2</sup> North American Industry Classification System, 2007 Edition

<sup>3</sup> Excludes farms with fewer than 11 employees.

<sup>4</sup> Data for mining (Sector 21 in the North American Industry Classification System, 2007 edition) include establishments not governed by the Mine Safety and Health Administration (MSHA) rules and reporting, such as those in oil and gas extraction and related support activities. Data for mining operators in coal, metal, and nonmetal mining are provided to BLS by the Mine Safety and Health Administration, U.S. Department of Labor. Independent mining contractors are excluded

<sup>5</sup> Data for employers in railroad transportation are provided to BLS by the Federal Railroad Administration, U.S. Department of Transportation.

from the coal, metal, and nonmetal mining industries. These data do not reflect the changes OSHA made to its recordkeeping requirements effective January 1, 2002; therefore estimates for these industries are not comparable to estimates in other industries.

<sup>6</sup> Days-away-from-work cases include those that result in days away from work with or without restricted work activity.

<sup>7</sup> Data too small to be displayed.

NOTE: Because of rounding, components may not add to totals. Dash indicates data do not meet publication guidelines.

SOURCE: Bureau of Labor Statistics, U.S. Department of Labor, Survey of Occupational Injuries and Illnesses, in cooperation with participating State agencies.

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Mr. Boucher is the Director of Child Labor, Training and Education. His responsibilities include the management of the daily operations of the Indiana Bureau of Child Labor. Other responsibilities include the design and delivery of training and educational materials pertaining to Indiana's Child Labor laws. Mr. Boucher has a bachelor of arts degree in English and criminal justice and a minor in French from Indiana University. [See page 7](#)

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Ms. Ellison is Assistant Commissioner for the Indiana Department of Labor. Her responsibilities include managing a staff of occupational safety and health professionals and promoting employer participation in voluntary compliance programs such as onsite consultation, training and certification in the Indiana Safety and Health Achievement Recognition Program (INSHARP). Ms. Ellison oversees the Indiana Department of Labor's partnerships and alliances as well. Additionally, Ms. Ellison also serves as the OSHA Region V Representative on the Occupational Safety and Health Consultation Board. Ms. Ellison is a graduate of Indiana University with a bachelor of science degree in business with concentrations in marketing and management. [IN Review Editor](#)

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*IN Review* is an annual publication of the Indiana Department of Labor's INSafe onsite OSHA consultation division. For this report, the Indiana Department of Labor used the Census of Fatal Occupational Injuries (CFOI) and Survey of Occupational Injuries and Illnesses (SOII) research files provided by the Bureau of Labor Statistics (BLS) for calendar year 2011. CFOI data for 2011 is preliminary data. Final data will be available in the second quarter of 2013. BLS 2012 CFOI data will be released in August 2013.

BLS 2012 SOII data will be released in October 2013. Because of confidentiality restrictions, individual case information from the CFOI data cannot be reported. Information for the cases described in this report was obtained solely from the Indiana Department of Labor field investigations.





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