IN Review
INDIANA OCCUPATIONAL SAFETY AND HEALTH
AN ANNUAL PUBLICATION OF THE INDIANA DEPARTMENT OF LABOR
2019
# IN Review 2019

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Indiana Department of Labor (IDOL) is proud to present the 2019 edition of its annual publication, *IN Review*.

This edition of the annual report stresses the need for an occupational safety and health game plan. Achieving your goals is not possible if your team takes the field without a strategy to protect themselves and each other. As in sports, practice and teamwork are essential in executing your safety and health game plan. Training should always be part of your strategy. Every position on your team, from owners and management down to the front lines, should always have their minds on the game. No one should be riding the bench.

The IDOL continues to emphasize the importance of communication as a necessary element to a successful safety and health program. An open dialog between employees and management fosters a culture of safety by demonstrating that safety and health are everyone’s concern. This helps employers achieve buy-in for safety and health programs at all levels. When everyone is focused on safety, companies can make huge strides in the quick identification and elimination of potential hazards.

Please use the information and articles in this edition of *IN Review* to help review and enhance your own worker safety and health programs.

The IDOL is pleased to announce that the 2017 nonfatal occupational injury and illness rate remained at the historic low of 3.5 per 100 full-time workers. Since 1992, this rate has declined by an impressive 69 percent. However, even just one injury is too many, and there is still work to be done.

If you have any questions concerning this publication or its data, we encourage you to contact our free workplace safety and health consultation program, **INSafe**, by email at insafe@dol.in.gov or by calling (317) 232-2688.

Thank you for your contributions to the safety and health of Hoosier workers.

To your safety and health both on and off the field,

Rick J. Ruble
Commissioner of the Indiana Department of Labor

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### Indiana’s Nonfatal Occupational Injury and Illness Rate

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</table>

The overall Indiana nonfatal occupational injury and illness rate for 2017 was 3.5 per 100 workers. This means that 3.5 of every 100 full-time workers in Indiana experienced a work-related injury severe enough to require medical treatment beyond first aid.

The 2017 rate remains tied with 2016 as the lowest nonfatal injury and illness rate on record for the state of Indiana. In 2017, 10 of the 21 major industries in Indiana experienced a decrease in work-related injuries and illnesses. Just over half (50.2%) of all recordable injuries and illnesses in 2017 resulted in one or more days away from work or days with job transfer or restriction.

At the inception of the BLS SOII in 1992, the nonfatal occupational injury and illness rate was 11.0 per 100 workers. The rate reached a high of 11.3 in 1994 and has declined by more than 69 percent over the last 24 years.
Some of Indiana’s industries experienced reductions in their respective injury and illness rates for 2017, including:

- **Retail Trade**: 11% reduction
- **Construction**: 7% reduction

While the state’s overall nonfatal occupational injury and illness rate was 3.5 per 100 workers in 2017, some Hoosier industries experienced a higher rate.

Indiana industries reporting the highest nonfatal injury and illness rates in 2017 included:

- Agriculture, Forestry, Fishing, and Hunting: 5.3
- Arts, Entertainment, and Recreation: 5.0
- Healthcare and Social Assistance: 4.8

There were 83,500 nonfatal Hoosier workplace injuries and illnesses reported in 2017, representing a one-percent (1%) decrease from 84,300 in 2016.

Indiana industries with the highest nonfatal injuries and illnesses (in raw numbers) in 2017 included:

- Manufacturing: 21,500
- Healthcare and Social Assistance: 14,300
- State and Local Government: 12,000

In 2017, Hoosier workplaces reported 138 worker fatalities. This represents a nine-year high for the State of Indiana. Indiana industries with the highest number of work-related fatalities in 2017 included:

- Agriculture, Forestry, Fishing, and Hunting: 28
- Transportation and Warehousing: 26
- Construction: 14

In Indiana in 2017, the leading causes of Hoosier workplace fatalities included:

- Transportation-related incidents: 50
- Violence and other injuries by persons or animals: 28
- Contact with objects and equipment: 21
MANUFACTURING

The nonfatal workplace injury and illness rate for the Hoosier manufacturing industry increased slightly from a historic low of 4.1 injuries and illnesses per 100 workers to 4.2 in 2017. Even with this increase, the rate reflects a decrease of over 70 percent from the rates published two decades ago.

Indiana’s manufacturing industry is comprised of a variety of industrial facilities including steel mills; automobile, food, chemical, and wood product manufacturers; foundries, and many others. The industry employs more Hoosier workers than any other industry in the state.

In 2017, approximately 19 percent (4,000) of the estimated 21,100 nonfatal injuries and illnesses suffered by Hoosier workers in manufacturing were severe enough to require the injured or ill worker to miss at least one day of work to recover. The median number of missed workdays in 2016 for state and local government workers was five days—one day fewer than 2016.

More than half of the sector’s injuries and illnesses requiring days away from work in 2017 were suffered by men (55%). The most frequent injuries suffered by workers in the state and local government sector were sprains, strains, and tears (27%); soreness and pain (26%) and fractures (8%).

In 2017, overexertion and bodily reaction (32%) was the most common injury-causing event for state and local government workers. Falls, slips, and trips (26%) and contact with objects and equipment (15%) were second and third respectively.

There were six occupational-related fatalities in this sector in 2017. Three of the six fatalities were attributed to transportation-related events. The remaining three fatal injuries were due to violence and other injuries by persons or animals; falls, slips and trips; and exposure to harmful substances or environments.

The most common events or exposures resulting in a work-related injury with days away from work in the manufacturing industry in 2017 included overexertion and bodily reaction (39%); contact with objects or equipment (32%); and falls, slips, and trips (22%). Common nature of injuries included sprains, strains, and, tears (28%); fractures (14%); and cuts, lacerations, and soreness and pain (11%).

Transportation equipment manufacturing (6.0), wood product manufacturing (5.9), and food manufacturing (4.8) were the top three sub-industries in Indiana with high nonfatal workplace injury and illness rates.

According to the Bureau of Labor Statistics’ (BLS) Census of Fatal Occupational Injuries (CFI), there were nine Hoosier manufacturing industry worker fatalities in 2017. This represents a decrease of one worker death from the 2016 report. Four of the workers were killed in transportation incidents. Three more workers also died in contact with objects or equipment incidents.

STATE AND LOCAL GOVERNMENT

The State and Local Government industry is a very broad category comprised of sub-industries that include police officers; firefighters; teachers; city, county, and municipal workers; and elected officials. Some public sector occupations, such as healthcare workers at state-run hospitals, overlap private industry duties. In Indiana, the Indiana Occupational Safety and Health Administration (IOSHA) maintains jurisdiction over both private and public sector workplaces.

In 2017, the nonfatal injury and illness rate for state and local government workers decreased from 4.3 to 4.2 injuries or illnesses per 100 workers. This continues the decrease previously reported from 2015 to 2016. The 2017 rate marks a historic low for the industry.

Public sector workers suffered an estimated 12,000 occupational injuries or illnesses in 2017—the same number estimated for 2016. Work groups in the state and local government sector with high worker injury and illness rates in 2017 were local hospitals (6.5), local educational services (4.0) and justice, public order and safety activities (3.1). Nearly 18 percent (2,100) of the reported injuries in this sector required the injured or ill worker to miss at least one day of work to recover. The median number of missed workdays in 2016 for state and local government workers was five days—one day fewer than 2016.

More than half of the sector’s injuries and illnesses requiring days away from work in 2017 were suffered by men (55%). The most frequent injuries suffered by workers in the state and local government sector were sprains, strains, and tears (27%); soreness and pain (26%) and fractures (8%).

In 2017, overexertion and bodily reaction (32%) was the most common injury-causing event for state and local government workers. Falls, slips, and trips (26%) and contact with objects and equipment (15%) were second and third respectively.

There were six occupational-related fatalities in this sector in 2017. Three of the six fatalities were attributed to transportation-related events. The remaining three fatal injuries were due to violence and other injuries by persons or animals; falls, slips and trips; and exposure to harmful substances or environments.
Agriculture, Forestry, Fishing, and Hunting

Over five (5.3) of every 100 workers in the Hoosier agriculture, forestry, fishing, and hunting industry suffered a nonfatal work-related injury or illness in 2017. This marks a 23 percent increase from the 2016 rate of 4.3 nonfatal injuries or illnesses per 100 workers.

The crop production sub-industry had the highest rate of nonfatal injuries and illnesses within the Hoosier agriculture, forestry, fishing, and hunting industry (6.9). The animal production and aquaculture sub-industry rate was 5.7.

Approximately 20 percent (100) of the 500 work-related injuries required the worker to miss one or more days of work. The median number of days away from work for an injured worker in the industry in 2017 was two (2)—seven days shorter than the 2016 median of nine (9). The most common event or exposure resulting in an injury with days away from work in the agriculture, forestry, fishing, and hunting industry in 2017 was falls, slips, and trips with 50 injuries. Sprains, strains, and tears were the most common nature with 20 injuries. Despite the increase in the nonfatal injury and illness rate for agriculture, forestry, fishing, and hunting employees, the number of workplace fatalities in 2017 decreased by 15 percent to 28 from 33 in 2016. Even with this decrease, however, agriculture, forestry, fishing, and hunting still experienced the highest number of fatal injuries of all Hoosier industries in 2017. Contact with objects (11) and transportation incidents (9) accounted for the majority of these fatalities. Eighteen (18) of the 28 total fatalities in agriculture, forestry, fishing, and hunting were attributed to the crop production segment, with nine (9) fatalities occurring in animal production and aquaculture and one (1) in forestry in logging.

Healthcare and Social Assistance

Nursing assistants, nurses, case managers, physicians, and other workers in the healthcare and social assistance industry often face exposure to bloodborne pathogens and biological hazards, chemical and drug exposures, respiratory hazards, laser hazards, and hazards associated with laboratories, radioactive material, and x-rays.

In 2017, the Hoosier healthcare and social assistance nonfatal injury and illness rate was 4.8 per 100 workers, a decrease from a rate of 4.9 in 2016. The 2017 rate is the lowest rate on record for this industry in state history. Hoosier healthcare and social assistance sub-industries with high nonfatal worker injury and illness rates in 2017 included nursing and residential care facilities (6.9) and hospitals (6.0).

Indiana’s healthcare and social assistance workers experienced an estimated 14,800 work-related injuries in 2017, and over 2,500 of these injuries were severe enough to require at least one day away from work for the worker to recuperate. The median number of days away from work in the healthcare and social assistance industry in 2017 was six (6)—unchanged from 2015 and 2016. Employees who suffered injuries in the healthcare and social assistance industry requiring days away from work were most often female (84%), Caucasian (45%), and between the ages of 25 and 34 (23%). Common events or exposures resulting in an injury requiring days away from work in the healthcare and social assistance industry in 2017 included overexertion and bodily reaction (40%); falls, slips, and trips (25%); and violence by other persons or animals (17%).

The most common nature of injuries suffered by Hoosier healthcare and social assistance workers in 2017 included sprains, strains, and tears (47%); soreness and pain (15%); and bruises and contusions (9%). The most frequent sources of injuries were most often identified as persons other than the injured worker (37%); floors, walkways, and ground surfaces (21%); and person, injured or ill worker (10%).

According to the Bureau of Labor Statistics (BLS) CFOI report, there were four (4) work-related fatalities in 2017 in the Hoosier healthcare and social assistance industry. Two of these fatalities were attributed to transportation incidents. A third was due to violence and other injuries by persons or animals. Due to BLS confidentiality restraints, additional information about the fourth fatality in this industry is unavailable.
Employees who suffered injuries resulting in days away from work in the transportation and warehousing industry were most often men (70%), Caucasian (37%), and between the ages of 55–64 (25%). The most common events or exposures resulting in injuries in the transportation and warehousing industry in 2017 were overexertion and bodily reaction (35%); falls, slips, and trips (30%); and contact with objects and equipment (17%). Injuries resulting in days away from work by workers in the transportation and warehousing industry in Indiana in 2017 were most often sprains, strains, and tears (41%); bruises and contusions (12%); and fractures (12%). With 26 fatalities, Indiana's transportation and warehousing industry experienced the second highest number of occupational injuries in 2017 and had an increase of five fatalities (24%) over the 2016 total of 21. The truck transportation sub-industry experienced 17 of these fatal injuries, with 15 falling under the general freight trucking, long distance.

The 2017 nonfatal injury and illness rate for the retail trade industry is 3.4 injuries or illnesses per 100 full-time workers. The 2017 rate ties with 2013 as the lowest retail industry nonfatal injury and illness rate in state history.

Sub-industries within the Hoosier retail trade industry with workplace injury and illness rates above the overall industry average included building material and garden equipment and supplies dealers (5.0); nonstore retailers (4.9); and furniture and home furnishings stores (4.5).

Workers in the retail trade industry are subject to a wide variety of workplace safety and health hazards including contact with the public, working long or irregular hours, and ergonomic-related stressors from repetitive motion injuries which may be caused by excessive lifting and bending, extended reaching, and working on stepstools and ladders. Large scale retail sales events such as “Black Friday” can also contribute to worker injuries with increased shopper volumes.

Workers who suffered injuries resulting in days away from work in the transportation and warehousing industry in 2017 were most often women (52%) between the ages of 55 and 64 (19%). The most frequent injury-causing event was contact with objects and equipment (44%), followed by overexertion and bodily reaction (29%) and falls, slips, and trips (20%). The most common nature of injury requiring days away from work in the retail trade industry in 2017 was sprains, strains, and tears (37%). Bruises and contusions was the nature of 16 percent of the injuries, with fractures accounting for 15 percent.

The sources of the majority of the injuries were most often vehicles (20%), containers (17%) and floors, walkways, and ground surfaces (13%). The retail trade industry experienced 10 workplace fatalities in 2017, down from 11 in 2016. Violence and other injuries by persons or animals (3) was the leading cause of fatal occupational injury for workers in the retail trade industry.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Employment</th>
<th>U.S.</th>
<th>IN</th>
<th>Number of Injuries and Illnesses</th>
<th>Number of Fatalities</th>
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**U.S. and Indiana Transportation and Warehousing Nonfatal Injury and Illness Rates**

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**Retail Trade Nonfatal Injury and Illness Rates and Numbers**

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**U.S. and Indiana Retail Trade Nonfatal Injury and Illness Rates**

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<th>Employment</th>
<th>U.S.</th>
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<th>Number of Injuries and Illnesses</th>
<th>Number of Fatalities</th>
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</tbody>
</table>
**Accommodation and Food Services**

Accommodation and food services is a sub-industry of the much larger leisure and hospitality industry. Hoosiers in this industry work in places such as hotels, restaurants, and vacation camps. These workers provide visitors with lodging and food and beverage services, and are critical to providing the “Hoosier hospitality” that Indiana is known for delivering.

In 2017, accommodation and food service industry workers suffered an estimated 3,600 work-related injuries and illnesses that required treatment beyond first aid, an additional 1,800 that resulted in days away from work, working restrictions, or job transfers. The 2017 nonfatal accommodation and food services industry was 3.3 and represents a three (3) percent decrease from the 2016 rate of 3.4.

The median number of days an injured or ill worker in the accommodation and food service industry spent away from work was five (5) in 2017—seven days (58%) lower than the median of 12 for 2016. Injured or ill workers in this industry most often suffered from carpal tunnel syndrome (20%); sprains, strains, and tears (19%); and heat (thermal) burns (12%). These injuries were most often attributed to falls, slips, and trips (32%); contact with objects and equipment (24%); and overexertion and bodily reaction (23%).

Accommodation and food service workers who suffered injuries and illnesses resulting in days away from work were most often female (59%), Caucasian (41%), and between the ages of 16 and 19 (25%).

In 2017, eight workers were killed in the Hoosier accommodation and food services sub-industry. According to the Bureau of Labor Statistics (BLS) CFOI, six (75%) of the eight work-related deaths were attributed to violence and other injuries by persons or animals, one was the result of a transportation incident and the last was the result of a slip, trip, or fall.

The arts, entertainment, and recreation sub-industry is 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 interests of their respective customers. The sub-industry also includes spectator sports, amusement parks, gambling venues, live performances and events, exhibits (cultural or educational), and recreation or leisure time activities.

The 2017 nonfatal occupational injury and illness rate for the Indiana arts, entertainment, and recreation sub-industry was 5.0 per 100 workers. This reflects an increase from 4.9 in 2016 (2%). Workplace safety and health hazards in this sub-industry include noise, player-to-player contact during sporting events, cleaning agents, falls from heights, slips and trips from ground-level placed objects, contact with objects and equipment, and workplace violence.

In raw numbers, workers in the arts, entertainment, and recreation sub-industry suffered approximately 1,200 nonfatal workplace injuries and illnesses. One hundred (100) of these injuries were severe enough to require at least one day away from work for the worker to recover.

Accommodation and Food Service Nonfatal Injury and Illness Rates and Numbers

<table>
<thead>
<tr>
<th>Year</th>
<th>Employment</th>
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<td>3.2</td>
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<td>5,200</td>
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**Arts, Entertainment, and Recreation**

The median number of days away from work for workers in the sub-industry in 2016 was five (5)—one day less than the 2016 median of six (6) days. Workers who suffered from injuries resulting in days away from work were most often male (55%) and Caucasian (36%), with the injuries spread evenly between workers in the age categories of 25-34, 35-44, 45-54 and 55-64 (18% for each).

In 2017, the most common event or exposure resulting in an injury with days away from work for workers in the industry was overexertion and bodily reaction (36%), followed by contact with objects and equipment (27%) and falls, slips, and trips (27%). Injuries resulting in days away from work most often occurred by workers in Indiana's arts, entertainment, and recreation sub-industry in 2017 were sprains, strains, and tears (36%). Cuts, lacerations, and punctures (18%) and soreness and pain (18%) were also in the top three natures of injury for this sub-industry.

According to the Bureau of Labor Statistics (BLS) 2017 CFOI report, there was one work-related death suffered by a worker in the arts, entertainment, and recreation sub-industry. This is a 67 percent decrease from three industry fatalities in 2016.
Indiana’s mining, quarrying, and oil and gas extraction industry helps to supply the nation with stone, gypsum, and energy-rich coal for use in electricity generation, construction, cement manufacturing, and as a liquid fuel. The 2017 nonfatal occupational injury and illness rate for the Indiana mining, quarrying, and oil and gas extraction industry was 2.7 per 100 full-time workers.

Workers in the Hoosier mining, quarrying, and oil and gas extraction industry suffered approximately 200 work-related injuries and illnesses. Half (100) of these injuries required the worker to miss at least one day of work to recuperate. The median number of days away from work missed by injured or ill workers in the mining industry was seven (7). This is a significant decrease (80%) from the 2016 median of 35 days.

Seventy-nine percent (79%) of the work-related injuries requiring days away from work in this industry were suffered by men. The most common injury suffered by workers in this industry resulting in lost work time in 2017 was sprains, strains, and tears (36%). The second most common category was fractures (29%). Frequent injury events or exposures experienced by Indiana mining industry workers in 2017 were falls, slips and trips (43%) and contact with objects and equipment and overexertion and bodily reaction, tied with 29 percent each.

There are currently six active underground coal mines and 11 surface coal mines in Indiana. While the data for the mining, quarrying, and oil and gas extraction industry includes all Hoosier mining activities—surface and underground, the Indiana Department of Labor’s Bureau of Mines and Mine Safety only has jurisdiction over the underground coal mining operations and activities in the state. The coal mining sub-industry nonfatal injury and illness rate was 3.0 injuries or illnesses per 100 full-time workers—11 percent above the overall state mining, quarrying, and oil and gas extraction industry rate.

The Indiana Bureau of Mines and Mine Safety, located in Vincennes, Indiana, works very closely with mine management, labor, and the federal Mine Safety and Health Administration (MSHA). The Indiana Bureau of Mines conducts an inspection of each underground coal mine at least once per quarter. These inspections are conducted by the assistant commissioner of the Bureau of Mines or the chief mine inspector, both individuals are certified mine foremen.

### Mining, Quarrying, and Oil and Gas Extraction

#### Nonfatal Injury and Illness Rates and Numbers

<table>
<thead>
<tr>
<th>Year</th>
<th>Employment</th>
<th>U.S.</th>
<th>IN</th>
<th>Number of Injuries and Illnesses</th>
<th>Number of Fatalities</th>
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#### U.S. and Indiana Mining, Quarrying, and Oil and Gas Extraction Nonfatal Injury and Illness Rates

![Graph showing nonfatal injury and illness rates for the U.S. and Indiana mining, quarrying, and oil and gas extraction industries.]

Join the Indiana Department of Labor and other Region V Occupational Safety and Health Administration (OSHA) offices in emphasizing education and safe procedures for workers heading into the trenches and excavating! Visit www.osha.gov/SLTC/trenchingexcavation to learn more and download resources today!
Workers in the construction industry perform a number of varied duties and, therefore, are exposed to many occupational hazards including falls from elevated workplaces, working with machinery and chemicals, electrical shock, and motor vehicle traffic on the roadways. Carpenters, painters, pipe layers, masons, heavy equipment operators, estimators, and engineers are a few of the job categories found within the construction industry.

The 2017 nonfatal occupational injury and illness rate for the construction industry was 2.6 per 100 full-time workers. This seven (7) percent decrease is significant, as it represents the lowest injury and illness rate on record for the Hoosier construction industry. The sub-industry within the construction industry with the highest nonfatal worker injury and illness rate in 2017 was heavy and civil engineering construction (3.7). This sub-industry includes workers performing duties such as roadway construction, dam building, dredging, and land drainage. All other construction sub-industries were either tied with or lower than the industry average.

In 2017, Hoosier construction workers experienced approximately 1,500 injuries severe enough to require at least one day away from work for the worker to rehabilitate. The median number of days away from work in the construction industry in 2016 was 29—two (2) days longer than 2016 and the highest of any other Hoosier industry.

The specialty trade contractors sub-industry experienced the highest number of injuries resulting in days away from work (1,000). Employees who suffered injuries resulting in days away from work were most often male (98%), Caucasian (62%), and between the ages of 45 and 54 (43%). Common events or exposures resulting in an injury with days away from work in the construction industry in 2017 included falls, slips, and trips (43%), contact with objects or equipment (32%), and overexertion and bodily reaction (17%). Frequent natures of injuries in the industry in 2017 were fractures (22%), soreness and pain (19%), and sprains strains and tears (17%).

In 2017, there were 14 workplace deaths in the Hoosier construction industry, the same number as reported in 2016. According to the Bureau of Labor Statistics (BLS) CFOI, seven (50%) of the 2017 fatalities in the Hoosier construction industry were due to falls, slips or trips.
Dear friends and colleagues,

It is with a heavy heart that I have made the decision to part with the Indiana Department of Labor (IDOL) as Deputy Commissioner in 2019. I’m retiring to spend time with family and prioritize the health of my loved ones.

My career in occupational safety and health has been nothing short of extraordinarily rewarding. I’ve been fortunate to work in safety management at one of Indiana’s most notable businesses, Eli Lilly and Company. While there, I worked with a team of committed professionals in great safety improvement initiatives, including significant accident reduction and spearheading certification in Indiana’s Voluntary Protection Program (VPP). Lilly is a truly great company that offered significant opportunities for me in my professional life, and I will always be grateful for the lessons learned during my 30 years there. I left the company in 2008 to retire.

Despite my retirement, I spent a couple years consulting in the world of occupational safety and health. I truly enjoy working with Indiana’s businesses and organizations in improving proactive safety and health, limiting injuries, and eliminating fatalities. Then, in 2012, I accepted the position of Deputy Commissioner and leader of Indiana’s Occupational Safety and Health Administration (IOSHA). I had never envisioned myself being involved with OSHA, let alone managing the whole operation in the Hoosier state. It was an unexpected turn in my career. As a professional from the private industry, government work was very different for me and took some adjusting. Thanks to the wonderful people within the IDOL and a little hard work, I’ve been able to apply lessons learned at Lilly and wield it for positive influence within government.

Becoming Deputy Commissioner was an unexpected—but irreplaceable—experience.

I’ve been blessed to oversee significant improvement in IOSHA’s performance while I’ve served as Deputy Commissioner. In the past six years, we’ve seen front-end response time improve by 649 percent. Overall time to complete a safety investigation has improved by 199 percent. In 2018, IOSHA exceeded its inspection goal for the first time in several years. Recently, IOSHA finished converting paper files to electronic files—effectively transitioning the operation to electronic organization, improving lapse time and transparency, as well as saving money. Indiana is one of the few OSHA state programs to make this switch. IOSHA exceeded its inspection goal for the first time in several years. Recently, IOSHA finished converting paper files to electronic files—effectively transitioning the operation to electronic organization, improving lapse time and transparency, as well as saving money. Indiana is one of the few OSHA state programs to make this switch. IOSHA was also able to demonstrate enforcement power with the largest fine in the state program’s history—$495,500.

Indiana’s VPP has accelerated growth and received national recognition for it’s success in the Hoosier state. It’s very exciting that one of our newest participants, Notre Dame University, will potentially be the first university in the United States to achieve VPP certification.

Statewide, from South Bend to Evansville, we witnessed Indiana’s companies and organizations creatively and successfully manage their respective workplace safety and health programs. Indiana has 150 Special Government Employees, or SGEs, that work cooperatively alongside IOSHA’s team members in managing Indiana’s VPP. These SGEs are some of the most dedicated men and women I’ve had the pleasure of meeting and working with; volunteering their time in the name of improving safety and health in the Hoosier state. They have my ultimate respect and gratitude, and I will miss meeting these incredible individuals.

Last but not least, I will miss my IOSHA team. They will never know how much that they’ve taught me. The men and women of IOSHA have difficult jobs and face many challenges, but they meet these challenges head-on and put their whole hearts into it. They have exceeded my expectations for 2018, and that’s not easy. They believe in and gracefully carry our mission to advance safety, health, and prosperity of all Hoosiers in the workplace.

Although my time serving the state is concluding, there is still much to do in workplace safety and health. One injury is too many. One fatality is too many. These are preventable. My time working with magnificent teams at Eli Lilly and the IDOL have taught me that the impossible is achievable with working cooperatively, leveraging resources, and creative problem solving.

My sincerest thanks,

Tim Maley

Retiring Deputy Commissioner of IOSHA
2016, safety leaders overseeing the Community Hospital East Campus Redevelopment Project made a bold decision to re-establish safety performance standards for large-scale construction projects. The team—a unique partnership between Pepper Construction, RUKCO, and the Indiana Department of Labor’s workplace safety and health consultation division, INSafe, believed fostering a work environment with high engagement of tradespeople and strong management commitment would create an interactive, cohesive approach to safety.

Simply put, the team committed to a safety approach executed with the project’s tradespeople, not at them. The ultimate goal—to create a genuine safety partnership between trades personnel and management—it would be challenging, but achievable.

**Impactful Partnership**
Pepper Construction and RUKCO engaged the Indiana Department of Labor (IDOL) as partners in late 2016. Community Hospital East was at the early stages of a major redevelopment, a four-year master plan consolidating the existing health campus from 727,000 square feet to a more-efficient 535,000 square feet.

The size of the project and multi-year duration provided an ideal opportunity to rethink an approach to safety and truly engage large numbers of tradespeople, which would in turn improve overall safety for years to come in Central Indiana. The partnership with the IDOL emphasizes strategic workforce safety while embracing collaboration among employers, workers, labor representatives, and government.

Early on, leaders agreed to take a different approach and place less focus on the traditional lagging indicators and safety statistics commonly used to measure safety success. Traditional lagging indicators or trailing metrics alone are insufficient measures for development, implementation and management of the safety program. Total recordable case (TRC) and days away, restricted and transferred (DART) rates identify only past negative outcomes that cannot be changed and does not give consideration to current indicators predicting future performance.

The partnership called for a different approach and focused on leading metrics, which proactively identify and ensure potential workforce safety and health hazards are corrected before an injury or illness occurs. The overarching goal is to focus on preventing significant injuries and fatalities (SIF) and places an emphasis on industry recognized high hazard exposures.

**Commitment to Transparency**
The project team receives daily, weekly, and monthly safety audit information reports documenting a comprehensive listing of all subcontractors’ safety observations recorded. The sharing of the safety observation reports allows all contractors to learn from each other and help them identify potential hazards when performing their own work.

Safety observation reports are not used in a disciplinary manner, but rather as a positive tool to show hazards are being actively identified and corrected. No names are included in the reports, as the focus is on the positive—a hazard was identified and corrected. These reports are also shared with our partners from INSafe, who then offer input, references, and resources to improve project safety.

Efforts to ensure transparency also include a tradesman-led Safety Discovery Team comprised of representatives from each contractor on site. This team meets monthly with the project management team and INSafe representatives to review monthly summary reports and project metrics. Safety Discovery Team members provide feedback from their fellow tradesmen and discuss tradesperson ideas to improve the safety of the project. This structure has produced a number of great ideas and also several changes on the jobsite, including improvements to site security and lighting, emergency preparedness and response, and better use of modern technology.

Another example of the Safety Discovery Team’s meaningful impact is the tradesperson recognition program. The program allows for any on-site tradespeople to recognize one another if they see someone going above and beyond to improve the project whether it be safety, quality or productivity. The program has been a tremendous success and generated a noticeable increase in personal ownership of safety.

**Engagement + Transparency = Trust**
Trust is never an easy thing to achieve and must always be earned. For this project, the safety leadership team engaged both tradespeople and management while operating in the most transparent way possible. It set the stage for the project environment we enjoy today, one in which workers at all levels feel empowered to improve project safety. Near-miss and overall hazard identification reporting has increased significantly. Tradesmen now regularly seek out on-site safety representatives for questions and guidance. They understand representatives will listen to their concerns and offer meaningful, realistic options to accomplish the task safely.

The Community Hospital East Redevelopment Project serves as an example for what is possible given forward-thinking partners committed to meaningful change. Engage employees at all levels. Involve trades personnel in the safety process. Be open, transparent and consistent with communications. Trust your people and empower them to improve.

The result of this partnership with trades personnel has been a safe, productive work site, not a culture of fear and blame.

Kevin Sullivan is Program Director at RUKCO. The Indianapolis-based company partners with companies nationwide to design and implement innovative risk management solutions, specializing in construction and operational safety, quality and productivity.
Safe + Sound Week is a nationwide event to celebrate the successes of businesses that have implemented safety and health programs in the workplace. Throughout the year, businesses show their commitment to safety by focusing on management leadership, worker participation, and a systematic approach to finding and fixing hazards in workplaces. Each August we invite them to celebrate their safety successes and efforts to be #SafeAndSoundAtWork.

Why Participate?
Safe workplaces are sound businesses. Successful safety and health programs can proactively identify and manage workplace hazards before they cause injury or illness, improving sustainability and the bottom line. Participating in Safe + Sound Week can help get your program started or energize an existing one.

Who Participates?
Organizations of any size or in any industry looking for an opportunity to celebrate their commitment to safety to workers, customers, the public, or supply chain partners should participate.

How to Participate
Participating in Safe + Sound Week is easy. To get started, select the activities you would like to do at your workplace. You can host an event just for your workers or host a public event to engage your community. After you’ve completed your events, you can download a certificate and web badge to recognize your organization and your workers.
October 25, 2006

A high school team captain received a hard, helmet-to-helmet hit during a football game. A CT scan didn’t show signs of intracranial injury, but he continued to have headaches. Five days later, the teen returned to practice, where he suffered another hit. Shortly after, he began to have seizures. The teen was diagnosed with Second-Impact Syndrome (SIS). He experiences short-term memory loss and is unable to walk unassisted.

Symptoms of an intracranial or concussive injury following hard contact to the head include:

- Confusion
- Forgetfulness
- Glassy eyes
- Disorientation
- Clumsiness or poor balance
- Slowed speech
- Changes in mood, behavior or personality

In sports where participants are at increased risk for concussions, guidelines have been developed to better care for athletes with suspected intracranial injuries. Under these new protocols, such as those adopted by the Indiana High School Athletic Association (IHSAA), athletes who suffer a hard hit to the head or who show possible signs of a concussion are removed from play or practice and observed immediately by qualified medical personnel. Only when the medical personnel have deemed the athlete to be free from intracranial injury will the athlete be allowed to return to practice or active play.

Any athlete, regardless of age, should be examined by a medical professional if any of these symptoms arise after a blow to the head. Youth athletes tend to recover quicker than college or adult athletes; typically in a few weeks. In some cases, however, the effects can be long-lasting and may require longer recovery times and/or treatment.

On September 4, 2018 the CDC Guideline on the Diagnosis and Management of Mild Traumatic Brain Injury among Children was published in JAMA Pediatrics from the American Medical Association. The clinical recommendations in these guidelines are designed to help medical professionals through diagnosis, prognosis, management and treatment of children who have suffered a concussion. The CDC also developed supporting tools and materials which range from screening forms to assess young patients to discharge instructions and recovery tips for parents. These tools and materials are available at www.cdc.gov/HEADSUP Additional information is available from the Traumatic Brain Injury & Concussion page at the CDC website at https://www.cdc.gov/traumaticbraininjury/PediatricmTBIGuideline.html.
WHAT MAKES THE IDEAL COMPETENT PERSON?

ALL workplaces potentially host a variety of safety and health hazards. Training and procedures can be proactive measures in preventing injuries, illnesses, and fatalities, but there will always be stressful workdays, times of rushed work, and periods of heavy workload. These stressors can lessen the care and attention on safety and health, and eventually lead to lapses in judgment and taking shortcuts in completing tasks and responsibilities. Add in contracted workers and heavy equipment, and you have a fast-paced work environment with unpredictable dangers. This creates the need for a focused eye for potential hazards and incidents. You need an on-site competent person.

WHAT MAKES THE IDEAL COMPETENT PERSON?

As a safety consultant with the Indiana Department of Labor, one of the things I see commonly cited by Indiana’s Occupational Safety and Health Administration (IOSHA) is not having a competent person conducting frequent and regular inspections of the job sites. A competent person is not required in every place of employment, but there are competent person requirements in many different situations. General Industry (1910), Shipyard Employment (1915), Longshoring (1918), Gear Certification (1919), and the Construction Industry (1926) all have standards that require a competent person in specific situations.

WHAT DOES A COMPETENT PERSON DO?

A competent person is someone capable of identifying existing and predictable hazards that may be present in the work environment, or identify working conditions that are hazardous, dangerous, or unsanitary to employees. A competent person must also have the authority to promptly stop work and make corrective actions to abate (eliminate) a hazard.

WHAT ARE THE REQUIREMENTS THAT WOULD APPLY TO A PERSON’S HAZARD IDENTIFICATION ABILITY?

A competent person has the knowledge of applicable standards that pertain to his or her work activities and environment. This knowledge can be obtained through training and/or experience, however it can be difficult for an employee to gain knowledge of the standard(s) that apply to his or her workplace without formal training. Similarly, it can be hard for an employee to grasp all of the hazards associated with a task and the ways to correct them without hands-on experience.

Employers should evaluate their employees to decide if the employee has the knowledge needed to follow the Occupational Safety and Health Administration’s (OSHA’s) standards, but also knows about the hazards associated with the working environment and what corrective actions are available to abate the hazard(s) that may arise.

DOES ANYONE OFFER COMPETENT PERSON TRAINING?

In short, no. There is no one-size-fits-all training plan for a competent person. Training is only one component of what defines a competent person. A person can only be deemed competent when his or her employer has evaluated their training and job knowledge and given the authority to promptly stop work and make corrective actions to abate a hazard. It may be in a company or organization’s best interest to develop their own competent person training and/or evaluation. You can never have too many competent persons on-site.

WHAT DOES IT MEAN TO GIVE SOMEONE THE AUTHORITY OF A COMPETENT PERSON?

Another common issue I find is that the employee is often unaware that he or she is designated a competent person. As an employer, make sure your competent persons know that they are a competent person. Let them know that you rely on them to identify hazards and that they have the authority to promptly stop work and correct the hazard. You may know who your competent people are, but do they know that they are?

HOW DOES PROMPTNESS PLAY A PART?

It is not good enough to just give an employee the authority to stop work to address a hazard. The employee must be able to act promptly. If an employee is designated as a competent person, he or she should not be required to call his or her supervisor for permission to stop work. That does not fulfill the authority requirement of the standard. Competent persons should absolutely report situations to his or her supervisor but, if they need to ask for permission, they do not have the authority of a competent person and should not be identified as such.

HOW DO I GET ASSISTANCE STARTING OR ENHANCING MY SAFETY AND HEALTH PROGRAM?

If you want assistance getting your workplace safety and health programs in place and filling your competent person needs, please contact INSafe to speak with a safety or health consultant by calling (317) 232-2688 or email insafe@dol.in.gov. Free, confidential workplace safety and health consultation services, including noise and air sampling, are available to Hoosier employers and employees. Learn more about INSafe online at www.in.gov/dol/insafe. To initiate a request for services, please complete and submit the form available at www.in.gov/dol/insafeconsultation.
HOOSIER hospitals, nursing and residential facilities continue to experience higher nonfatal injury and illness rates than many other Indiana industries. Some of the hazards healthcare workers face include exposure to infectious disease, bloodborne pathogens, slips/falls and musculoskeletal injuries. The most frequent injuries in healthcare are musculoskeletal back and shoulder injuries resulting from patient/client handling. These injuries are also often the most debilitating, precluding the injured from performing routine job tasks until the injury heals.

For years, researchers have studied numerous ways to decrease the risk for musculoskeletal injuries. Many of the tasks employees perform include patient/client interactions, which are difficult to control from an ergonomic standpoint. These tasks often involve assisting patients and clients with handling, ambulating or transferring patients/clients. Lifting, turning, guiding or attempting to catch a falling patient or client often results in employee injuries. When compounded with additional factors such as staffing shortages, high turnover, and little employee training, these injuries can easily take a toll on both the individual and the working team.

One of the most effective ways to decrease musculoskeletal injuries in healthcare is to eliminate lifts. Many healthcare facilities have installed mechanical lifts in rooms and purchased additional mobile lifts that can be used in multiple areas. They have also started investing in additional devices such as sliding boards to reduce the need to lift, slip sheets to decrease friction when transferring and shower chairs to eliminate multiple transfers. Other advancements include adjustable tubs and electric beds, toilet seat risers, lean stand assists, and gait belts with handles. Some facilities have implemented lift teams to assist in lifting or transferring patients. Although these approaches may have had some effect on decreasing patient-handling injuries, they have not eliminated them entirely. So what is missing?

While conducting INSafe consultations and interviewing employees, we often find employees are not trained in the use of the equipment or, in some cases, do not even know where the equipment is located. Employees have also stated that they do not have enough equipment to share in the facility and/or did not have the time to wait until a lift was not in use or they could find other employees to help with a patient or client transfer. Often, employees believe they can lift more weight than is safe without risk of injury.

During our INSafe consultations, we have found that employee safety culture is the key factor in injury reduction. Although patient/client safety is an important and necessary function in healthcare, it is just as important to install employee accountability for safe work practices. Employees need to be held accountable for safe work practices; even if this means adjusting schedules, waiting on equipment etc.

When safety is valued as a top priority, injuries and illnesses decrease. While interviewing a supervisor, we asked, “What was the one thing that made the greatest difference in reducing their injuries?” She stated that employee and management commitment made the difference. When an employee is injured or a near miss incident is reported, a thorough incident investigation is performed. Corrective action is identified and implemented as soon as possible. Management realized that the price of purchasing a mechanical lift was much more important than endangering an employee’s health. In other words, they recognized that the employee is the company’s most valuable asset.

Too often, employees are not involved in safety committee meetings, and they are left out of important decisions such as purchasing equipment and improving work practices. It is important to involve all employees and get their buy-in to demonstrate that safety is truly a top priority.

There are many ways to earn employee buy-in. Requiring employee representatives from all shifts all departments, including all levels of management, in the company safety committee is one of the most effective ways. Requiring accountability for safe work practices as part of the job expectation and including it in the evaluations for management, supervisors and employees is also very important.

Most importantly, open up a dialog between employees and management. This can be accomplished through suggestion boxes, anonymous employee surveys and open door communication. Additionally, we find that employees rewarded for safety and health suggestions are more inclined to offer suggestions. Some facilities identify employee suggestions in newsletters, bulletin boards, gifts, paid time off, or monetary rewards if the suggestion is adopted.

INSafe is always ready to assist with consultation services. We can help design and implement effective safety and health management systems, review work practices, and offer suggestions for injury/illness reduction. For more information, visit us online at www.in.gov/dol/insafe. If you have a specific workplace safety and health inquiry, feel free to call (317) 232-2688 or email insafe@dol.in.gov.
“LASER” is an acronym for “light amplification by stimulated emission of radiation.” The laser produces an intense, highly directional beam of light. Lasers emit various radiation, visible light, and infrared radiation, all of which produce non-ionizing radiation. They are different than x-ray machines, which produce ionizing radiation that is capable of damaging electrons.

**Common Uses for Lasers**

Lasers are used for a great many things ranging from home use to on-the-job. Some of these uses include alignment, annealing, balancing, biomedical, communications, construction, cutting, drilling, entertainment, laboratory instruments, meteorology, military, scanning, soldering, and welding. An example of a simple laser is the pointer used during a presentation.

**Laser Hazard Classes**

Lasers are generally assigned hazard classes. These classes are based on the ability to cause injury. There are four major hazard classes and three subclasses (I-IV) recognized by the Food and Drug Administration (FDA). As the class increases in number, the hazard increases. If used correctly, class I lasers are considered non-hazardous. Class I cannot emit laser radiation at known hazard levels. Class 1A applies to lasers that are “not intended for viewing,” such as supermarket laser scanners. Class II lasers are low-power visible lasers that emit above Class I lasers. They typically require limited controls because the blink reflex is usually sufficient for protection. However, some class II lasers may cause injury if viewed directly. Class IIIA are intermediate power lasers, only hazardous for intrabeam viewing. Some limited controls are recommended. Class IV lasers are high-powered, and are hazardous to view under any condition. They are a potential fire and skin hazard. The use of class III-IV lasers requires the appointment of a laser safety officer (LSO).

**Who is the “Laser Safety Officer?”**

The American National Standards Institute (ANSI) Z136.1 standard defines an LSO as, “One who has the authority to monitor and enforce the control of laser hazards and effect the knowledgeable evaluation and control of laser hazards.” The LSO has been appointed by management to be responsible for laser safety for the organization. This person has received specialized training concerning every aspect of the laser safety requirements for their respective facility. The LSO has the authority and responsibility to monitor and enforce the control of laser hazards and oversee the laser safety program. The LSO either performs the stated task, or ensures that the task is performed. ANSI Z136.1 details an LSO’s key responsibilities: classification, hazard evaluation, control measures, procedure approvals, protective equipment, signs and labels, facility and equipment, safety feature audits, training, and medical surveillance.

**Laser-related Injury**

The most common cause of laser-induced tissue damage is thermal in nature. In this type of injury, the tissue proteins are denatured due to the temperature rise following absorption of laser energy. The eyes and skin are most likely to become injured from the use of lasers.

**Non-beam Hazards**

There are other potential hazards associated with laser use, including, but not limited to: hazards associated with compressed gases, cryogenic materials, toxic and carcinogenic materials, noise, explosion hazards, non-beam optical radiation hazards, collateral radiation, electrical and flammable hazards, and other damage mechanisms from specific wavelength ranges and/or exposure times.

**ANSI and OSHA Standards**

ANSI Z136.1 2014 is the most current standard, and is the foundation of laser safety programs for industrial, military, and educational applications nationwide. ANSI Z136.3 is the most current medical laser standard. The ANSI Z136.1 “Safe Use of Lasers” standard provides a detailed description of control measures that can be put into place to protect against potential hazards. The Occupational Safety and Health Administration (OSHA) has developed an alliance with the Laser Safety Institute of America (LSIA). Both OSHA and the LSIA can provide educational materials on laser safety.

**More Information**

While this article provides some technical insight to safety and health hazards surrounding lasers used in a workplace setting, the subject is very complicated and involves a variety of factors that may pertain to workplaces in different ways. If you have questions and would like additional assistance in the subject of lasers, please contact the INSafe division, a consultation and education program within the state of Indiana. INSafe’s health consultants may perform noise and air sampling and on-site audits of your safety program as needed. You may contact INSafe by phone at (317) 232-2688 or by email at insafe@dol.in.gov. To request an on-site consultation, please go to www.in.gov/dol/insafeconsultation.
 early 2014, the Associated Builders and Contractors Inc. (ABC) contacted the Indiana Occupational Safety and Health Administration (IOSHA) requesting a presentation to their members describing the OSHA compliance inspection process. During this meeting, the ABC representatives and I agreed on an incredibly effective and beneficial type of presentation for all attending members—something beyond a typical Powerpoint. After ironing out details and reaching a cooperative schedule, coordinators at the ABC and IOSHA finalized a plan to use the ABC’s training facility to perform a mock inspection.

IOSHA’s mock inspection would be a live demonstration of an on-site audit of occupational safety and health compliance. An actual team member from IOSHA would lead the “employer” and his or her “employees” through the fictional worksite, verbally citing and discussing hazardous occurrences discovered along the walkthrough, and perform all necessary aspects through the resolution of the inspection. Before the on-site walk, the team from the Indiana Department of Labor (IDOL) would give a brief classroom-style presentation describing the IOSHA inspection process. The mock inspection would then be opened with a mock opening conference, followed by the on-site walk. Afterwards, the IOSHA team member would demonstrate employee interviews and a closing conference with the employer. To finish the demonstration, the audience would see the employer meet with Deputy Commissioner of IOSHA to reach an agreement on penalties, and also have an opportunity to meet with the Director of the state’s consultation division, INSafe.

Prior to the first mock inspection, IOSHA’s staff walked the ABC’s facility and available resources. The team determined scenarios and incidents that would stand as good examples and common occurrences for an IOSHA compliance officer. Tools and specific equipment were planted in a variety of placements and settings to establish dangerous or hazardous circumstances—again, very typical for construction workplaces.

On August 28, 2014, the first IOSHA mock inspection was performed at the ABC training facility. Participating in the presentation was Deputy Commissioner of IOSHA Tim Maley, Senior Compliance Officer Ellen Osborne, Abatement and Training Officer Kevin Goeden, and me, Construction Supervisor John Grimes. In total, the presentation took about two and a half hours to fully illustrate the process in summarized demonstration. Following the presentation, members of the IDOL were available to directly answer any questions asked by ABC members.

The feedback and response from the audience were overwhelmingly positive. Those who attended indicated that the format was very comprehensive and an excellent way to fully illustrate what to expect when IOSHA shows up at the job. Audience members left with a better idea of how to be prepared to answer IOSHA’s questions and provide any needed information.

Following the first successful run, IOSHA was asked to perform the mock inspection at the 2015 Indiana Safety and Health Conference at the Indianapolis Convention Center. The presentation was well-attended and considered very effective for the audience. The opportunity also provided hefty exposure to Indiana’s network of businesses, human resource representatives, organization leaders, and other stakeholders from across the state.

Another successful mock inspection led to multiple requests being received for a variety of audiences throughout Indiana. Our success, through encouraging, presented a new challenge to IOSHA. How would we, a very small and minimally funded agency, deliver this innovative presentation and answer the needs of our cooperative partners? We had something of a “waiting list” for our performance, like a Broadway show on tour.

In early 2018, IOSHA received a request from the International Brotherhood of Electrical Workers (IBEW) to perform the mock inspection at the Carpenters/Millwrights Training Facility in Greenwood, just a short drive south of the central office in Indianapolis. Deputy Commissioner Maley proposed the idea of professionally recording and producing a complete video by the agency’s Marketing and Communications Assistant Manager, Kirstin Gent. “This is another way that a small agency like IOSHA leverages its limited resources to accomplish big things,” Maley said.

Kirstin and IOSHA management worked cooperatively to create a finished product: a 52-minute demonstration of the IOSHA inspection process, from beginning to end, made available online. This format provides easy access and immediate availability to our partners, stakeholders, and all working Hoosiers who seek insight to IOSHA’s job. The video is now a very valuable outreach tool for the agency. Construction companies and contractors can get a solid understanding of what to expect when we come inspecting, effectively removing apprehension out of an IOSHA inspection.

To view the IOSHA Mock Inspection, please visit https://youtu.be/GxdVGWd_sZI. If you have any questions or comments, please feel free to visit the IOSHA website at www.in.gov/dol/iosha or call (317) 232-2655.

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## Standard Initial Penalties

<table>
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Citations and penalty calculations for Occupational Safety and Health Administration (OSHA) standards, as cited by Indiana OSHA, were current at the time the data report was generated. For more information about OSHA standards, visit [www.osha.gov](http://www.osha.gov).
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Acument Global Technologies
American Licorice Company
American Service Group
Ampacet Corporation
ATI, Inc.
Atlas Die, LLC
BioConvergence, LLC
Cascade Asset Management
Cerro Wire
City of Jasper
Closure Systems International, Inc.
Electro Spec, Inc.
First Chance Centers
First Chance Industries
First Chance Tot-To-Tot Program
Fishers Pediatric Dentistry
Formwood Industries, Inc.
George Koch and Sons, LLC
Hewitt Molding Company
Indiana Furniture
Lafayette Steel and Aluminum
McGill Manufacturing
Mitchell Plastics
Mitsubishi Heavy Industries
Mueller Industries
Olsen Industries
Olsen Industries Jeffersonville
Oscar Winski Company
Blue Arrow Trucking
Oscar Winski Company E-Scrap
Quadrant EPP
Repel Beloit
Emerson Industrial Automation
Rise, Inc.
River Metals Recycling, LLC

3M Company
Access Branch 134
AK Tube, LLC
Akzo Nobel Coatings, Inc.
Ambassador Steel Fabrication
AstraZeneca
BAE Systems Controls
Best Home Furnishings
BMWC Constructors, Inc.
Brandenburg Industrial Services Company
Cardinal IG - Fremont
CF Industries Sales LLC (Frankfort)
CF Industries Sales LLC (Huntington)
CF Industries Sales LLC (Mt. Vernon)
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Cintas Corporation Location 314
Cintas Corporation Location 319
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Kimball Office Furniture Group
Kimball Office Furniture
Kimball Logistic Services
Kimball National Office Furniture (Jasper)
Kimball National Office Furniture (Santa Claus)
Kimball Office Salem
Lawrence County and Worthington Generation
LSC Communications US, LLC
North Plant and South Plant
Manchester Tank & Equipment (Elkhart)
Marathon Petroleum Company
Marathon Petroleum Company (MPC) LP
Marathon Pipe Line
Marathon Pipe Line Company, LLC
Matthews Aurora Casket Assembly
Mead Johnson Nutrition
Monsanto (Windfall)
Monsanto (Remington)
Monsanto Company (Evansville)
Monsanto Company Lebanon Corn Research Station
NIBCO, Inc. (Charlestown)
NIBCO, Inc. (Goshen)
Nucor Building Systems
Nucor Fasteners
Nucor Steel
OFS Brands Plant #5
Owens Corning Roofing and Asphalt, LLC
Raytheon Company
Raytheon Intelligence Information and Services (IIS)
Robert Bosch Corporation
SABIC Innovative Plastics
Schlage Lock Company, LLC
Sullair Corporation Buildings 1, 2 and 4
Toray Company
Total Safety Griffith District Office
Vulcraft
Whitesville Mill Services

Word Bank
Baseball
Basketball
Coach
Field
Football
Goal
Hardhat
Hazard
Health
Indiana
Insafe
Job
Leadership
Osha
Safety
Soccer
Softball
Teamwork
Tennis
Training
Volleyball
Worker

Take Safety Home

Take Safety Home

VPP/INSHARP Participants

INSHARP
www.in.gov/dol/insharp

RKO Enterprises
Southern Indiana Resource Solutions
Stanley Black & Decker
Summit Brands
Tell City Concrete Supply
The Arc of La Grange County
USALCO Michigan City Plant, LLC
Wagner-Meiners, LLC

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41 VPP/INSHARP Participants

www.in.gov/dol/vpp.htm

41 VPP/INSHARP Participants
STOP HAZARDS IN THEIR TRACKS

Contact INSafe to enhance your accident prevention programs!

Contact Information:
- Phone: (317) 232-2688
- Email: insafe@dol.in.gov
- Website: www.in.gov/dol/insafe

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Please take a five-minute survey and help us improve IN Review!
https://goo.gl/forms/X1MB3UWbuViZoTy1