

PESH Federal Fiscal Year 2012 SOAR

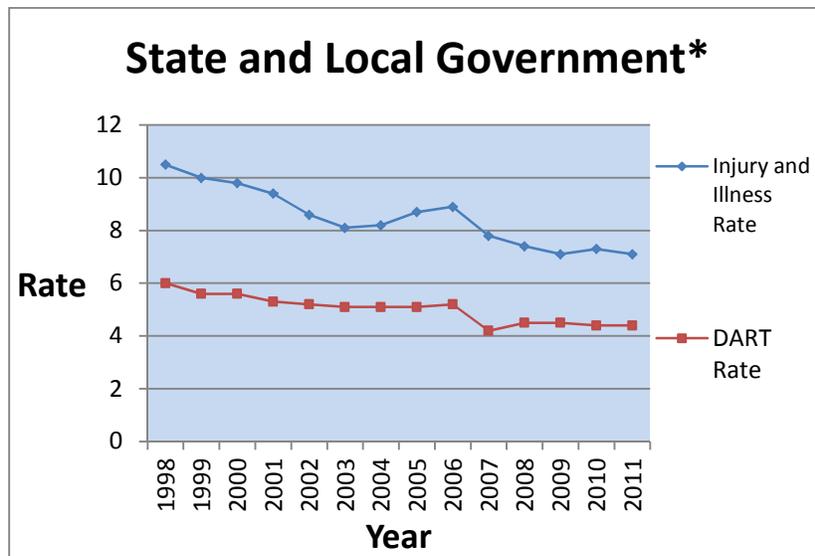
Annual Performance Plan Activities FFY 2012

The Division of Safety and Health (DOSH) is one of three divisions within the Worker Protection Bureau of the New York State Department of Labor. The Division administers a variety of programs to protect the public and working men and women of New York from hazards, accidents and injuries. The Public Employee Safety and Health (PESH) Program oversees workplace protection of public employees at the state and local levels through the enforcement of OSHA and specific State regulations.

The PESH Strategic Plan is an initiative which focuses on select industries which have high occupational injury and illness or Day Away, Restricted or Transfer (DART) rates. The PESH Strategic Plan consists of three distinct committees whose purpose is to identify causes of these injuries and develop strategies to reduce their occurrence and/or seriousness.

The (PESH) Program continues to make significant progress in protecting New York State's public employees and promoting a safe and healthy workplace. The activities and accomplishments of PESH and the Strategic Plan committees are identified within this report. The following are noteworthy statistical highlights and trends.

The Total Recordable Injury and Illness Incident Rate for CY 2011 for state and local government employment in New York State was 7.1 per 100 full-time equivalent workers. This is a 2.8% decrease from 2010 when it was 7.3. The DART rate for CY 2011 was 4.4, no change from CY 2010. The total recordable injury and illness rates have seen a fairly consistent decrease since the inception of the Strategic Plan in 1998. The DART rates have seen a similar decrease but to a lesser degree. Overall the Injury and Illness Rate has decreased more than 32% and the DART Rate nearly 27% over this same time period.



* Based on BLS data

The number of fatalities in state and local government reported in FFY 2011 was 38.

PESH conducted 2,057 inspections in FFY 2012, a 17% increase from FFY 2011 when there were 1759 inspections conducted. There were 4783 Notices of Violations issued in FFY 2012 which is a 24% increase from FFY 2011 (3856 Notices of Violations issued). This resulted in a 21% increase in the number of employees covered by PESH inspections.

PESH investigated 403 complaints in FFY 2012, 382 in FY 2011 which is a 5.5% increase.

PESH performed 375 consultations in 2012, which is a 9% increase from the 345 consultations conducted in FFY 2011. In addition to consultation visits, PESH staff conducted 221 outreach visits compared to 228 in FFY 2011.

PESH investigated 19 allegations of discrimination by employers in FFY 2012.

In FFY 2012 there were 6 contested cases. 3 of these were closed and 3 are currently open.

Progress toward Strategic Plan Goals

Strategic Goal 1

The overall goal is to continue developing and implementing strategies to improve workplace safety and health for all public employees, with special focus on those in the select strategic plan industries. The Strategic Plan Performance Goals for FFY2012 are:

- Decrease the Injury and Illness Rate by 1% in NAICS 922120 (Police Protection, County Government).
- Decrease Injury and Illness Rate by 1% in NAICS 922160 (Fire Service).
- Decrease the DART Rate by 1% in the following sectors:
 - NAICS 623110 (Nursing Care Facilities)
 - NAICS 623210 (Residential Facilities operated by NYS Office for People with Developmental Disabilities (OPWDD))
 - NAICS 623220 (Residential Psychiatric Centers Operated by the NYS Office of Mental Health (OMH))

**County Level Police Protection (NAICS) 922120
FY 2012**

Strategic Goal: Improve workplace safety and health for all public employees.

Performance Goal #1: Reduce Injury and Illness Rate by 1% in NAICS 922120.

Baseline: 2010

Activity Measures:

Partnerships – This is the first year for this committee. Partnership building with the NYS Sheriff’s Association, various county level sheriff’s departments and related associations has been a primary focus for this committee.

Injury Data Collection and Analysis – The Log of Work Related Injuries and Illnesses (SH900) and the Summary of Work Related Injuries and Illnesses (SH900.1) have been collected for each county Sheriff’s Department (excluding road patrol units). Data has been assessed and outreach is being developed based on these trends.

Outreach– There were three Outreach visits and six Technical Assistance Visits in FFY 2012 based on IMIS data. This is a 31% decrease from the baseline year. There were 11 interventions in FFY 2012 based on PESH data (450% increase from FFY 2010).

Consultations – There were 6 consultation visits in FFY 2012 (50% increase from baseline).

Inspections – There were 113 inspections conducted in FFY 2012 resulting in 133 S/W/R and/or FTA violations issued. This is an 82% increase in inspections and a 224% increase in number of violations issued.

Primary Outcome Measures:

The primary goal of this committee was to reduce the Injury Rate by 1%. The baseline year is CY 2010. The SH900.1 was used to calculate the rates and was provided directly by the counties.

Police Service Injury and DART Rates

Year	2010 (Baseline)	2011	% Change from Baseline
Total Recordable Incident Rate*	8.8	8.3	5.7% Decrease
DART Rate*	5.0	4.9	2.0% Decrease

* Based on SH900.1’s collected by the committee.

Secondary Outcome Measures:

	2010 Baseline	FFY2011	FFY 2012	% Change from Baseline
# Inspections *	62	77	113	82% Increase
# Consultations *	4	8	6	50% Increase
# Outreach Visits *	7	1	3	57% Decrease
# Technical Assistance *	6	6	6	No Change
# S/W/R/U and FTA Violation *	41	127	133	224% Increase
# Fatality Inspections *	2	2	1	50% Decrease
# Fatalities *	2	2	1	50% Decrease
# Interventions **	2	6	11	450% Increase

* OSHA Performance Indicators

** PESH Intervention Database

County Level Police Protection FFY 2012 Activities

Introduction:

This is the first year for the Police Protection Strategic Plan committee. Much of the committee's efforts have been focused on obtaining SH 900 and SH 900.1 data from the various county level police departments and identifying contacts within these agencies. All Logs and Summary reports have been collected for 2010 and 2011. The committee is in the process of reviewing the data for trends. This information, coupled with existing research, literature and hazard recognition will be used to develop strategies to help reduce injuries in this sector.

Partnership Activity:

The committee members have networked with the NYS Sheriffs' Association which holds winter and summer training conferences and members of this committee have contacted individual County Sheriff staff, promoting injury reduction through the PESH consultation program. The co-chairpersons of this committee participated in the 2012 NYS Sheriff's Association Winter Training Conference held in Albany. They received a lot of positive interaction at their booth.

Injury Data Collection & Analysis:

SH 900's and SH 900.1's have been collected and injury and DART rates have been calculated.

Based on this information, both rates have decreased from the baseline year of 2010.

Information from the SH900's is being evaluated to identify preventable injuries. Injury control strategies will be developed based on this evaluation.

Police Service Injury and DART Rates

Year	2010 (Baseline)	2011	% Change from Baseline
Total Recordable Incident Rate*	8.8	8.3	5.7% Decrease
DART Rate*	5.0	4.9	2.0% Decrease

* Based on SH900.1's collected by the committee.

Outreach:

According to IMIS Performance Measures there was a 57% decrease in outreach visits in FFY 2012 and no change in the number of Technical Assistance visits compared to the baseline. According to the PESH Intervention database, there was a 450% increase in the number of interventions compared to the baseline year.

Resource materials collected and developed for the Winter Conference were distributed to committee members to help promote and facilitate inspection and consultation activity at Law Enforcement facilities. A Beta version of a PESH Law Enforcement Resource CD had been developed for the Conference attendees.

A member of this committee encountered a bloodborne issue related to Taser Darts while conducting an inspection at a police department. He researched this hazard and developed a TASER Dart Hazard Advisory based on the information he found. This committee also identified an apparent increase in police officer suicides which has received considerable media coverage. Teams were assigned to begin work on collecting material on these subjects. After review and discussion, the committee decided to add information on the following topics to the CD:

- TASER Bloodborne Hazard Advisory
- Suicide/Post Traumatic Stress Disorder (PTSD) information

The final version of this CD is now ready for distribution.

Inspections and Consultations:

There was an 82% increase in inspections and 50% increase in consultation in FFY 2012 compared to the baseline.

Training:

Members of this committee conducted an initial noise survey for a new proposed firing range at a Regional Law Enforcement Training Academy. Although training was not specifically given at this time, use of the committee's resources and/or the PESH consultation service was promoted.

Future Activities Planned:

Due to the unique nature of Law Enforcement and the type and causes of occupational injuries and illness, these inspections tend to be challenging. For this reason this committee has decided to develop a training program for PESH staff in an effort to increase the number and depth of inspections and consultation. This will be a major focus in FFY2013.

**Fire Service - NAICS 922160
Fiscal Year 2012**

Strategic Goal: Improve workplace safety and health for all public employees.

Performance Goal # 2: Decrease the Injury and Illness Rate by 1.0%/ year. Improve accuracy of Injury and Illness data.

Baseline Year: 2008

Activity Measures:

Partnerships – This committee continued building partnerships with FASNY, NYS AFC and county fire coordinators

Injury Data Collection and Analysis – Sixteen inspections were conducted that resulted in recordkeeping violations

Outreach– There were 5 Outreach/Intervention Visits and 50 Technical Assistance visits conducted in FY 2012.

Consultations – There were 25 consultations conducted in FFY 2012.

Inspections – There were 183 inspections conducted in FY 2012.

Primary Outcome Measures:

Fire Service Injury and DART Rates

Year	2008	2009	2010	2011	% Change from Baseline
Injury Rate*	53.1	44.4	34.3	29.9	44% Decrease
DART Rate*	51.1	41.9	20.9	28.7	44% Decrease

* Based on BLS Data

Intermediate Outcome Measures:

	FFY2008 Baseline	FFY2009	FFY2010	FFY2011	FFY2012	% Change from baseline
# Inspections*	93	131	206	197	183	97% Increase
# Consultations*	23	32	55	71	25	9% Increase
# Outreach Visits	31	18	19	15	5	84% Decrease
# Technical Assistance*	70	79	125	52	50	29% Decrease
# S/W/R/U & FTA Violations*	112	187	359	352	435	288% Increase
# Fatalities*	4	5	4	1	3	25% Decrease
# Interventions** (PESH Database)	69	73	89	55	75	9% Increase
# Recordkeeping Visit ***	NA	NA	NA	NA	16	NA

* OSHA Performance indicators

** PESH intervention database

*** IMIS Data

NA-Not Applicable

Fire Service FFY 2012 Activities

Introduction:

After not being part of the PESH Strategic Plan for a year, this committee reconvened in FFY 2011. They have worked on data collection and staff training regarding injury and illness trends in the fire service sector and hazard identification during inspections. Several committee members provided input on the revision of the Rope Rescue bill that has been passed both houses of legislature.

Partnership Activity

This committee continues to work with FASNY, NYS AFC and County Fire Coordinators as it relates to PESH activities. Members attend County Level Emergency Management meetings.

Outreach and Interventions:

Outreach and technical assistance visits have decreased during FFY 2012. This is largely due to the Ropes Rule. When this Rule was first passed, considerable outreach and technical assistance was provided in an effort to facilitate compliance.

The group has developed a training video on Code Rule 800.7, Emergency Escape and Self Rescue Ropes and System Components for Firefighters.

This committee continued to review and revise of Fire Service Resource CD.

Consultations:

There were 25 consultations conducted in FFY 2012. This is a 9% increase from the baseline year.

Inspections:

Inspections in Fire Service have increased 97 % from the baseline year of 2008. This continues to be a focus statewide.

Training Seminars:

During this past year, committee members provided training to inspectors and consultants highlighting the hazards faced by firefighters.

**NAICS 623110 (Residential Nursing Care Facilities), NAICS 623210 (OPWDD), NAICS 623220 (OMH)
Fiscal Year 2012**

Strategic Goal: Improve workplace safety and health for all public employees.

Performance Goal 3: Reduce the DART rate by 1.0% in NAICS 623110, 623210, 623220.

Baseline Year: 2008

Activity Measures:

Partnerships – This committee continued building partnerships with Public Nursing Homes, PEF, CSEA, Zero Lift Task Force, NYCOSH, WNYCOSH, Staten Island University Hospital, and Kaleida Health. It continued building partnerships with labor and management representatives from OMH and OPWDD. New partnerships are being built with other healthcare facilities that are at various stages of developing Safe Patient Handling programs and with New York State Nursing Association (NYSNA). The committee worked with GOER and Civil Service on revising the Accident Reporting System used by state agencies.

Injury Data Collection and Analysis - The Log of Work Related Injuries and Illnesses (SH900), the Summary of Work Related Injuries and Illnesses (SH-900.1) and the Annual Report of NYS Government Employees’ Workers’ Compensation Claims were used for injury data. IMIS Performance Indicators and PESH Intervention database was used for inspection/consultation data.

Outreach – There was 1 outreach activity and 6 technical assistance activities conducted in NAICS 623110 in FFY 2012. There were 4 technical assistance activities conducted in NAICS 623220.

Consultations – There was 1 consultation visit conducted in NAICS 623110. Consultations were not conducted in NAICS 623210 and 623220.

Inspections – There were 7 inspections conducted in NAICS 623110, 7 in NAICS 623210 and 6 in NAICS 623220.

Training Seminars – The Strategic Plan Committee co-sponsored one Safe Patient Handling Conference in October 2011. It was held in Albany. PESH staff attended in-house Bloodborne Pathogen training.

Primary Outcome Measures – Residential Nursing Care Facilities

NAICS	Measure	CY	CY	CY	CY	% Change from Baseline
		2008	2009	2010	2011	
623110 Nursing Care Facilities	TRC	11.0	11.1	10.7	10.5	4.5% Decrease
	DART	9.3	9.2	9.3	8.1	12.9% Decrease

TRC- Total recordable Case Rate = # recordable cases X 200,000/Total number of work hours

DART Rate = # Incidents resulting in days away, restricted or transfer duty x 200,000/Total number of work hours

Data taken from SH900.1’s received by PESH

Primary Outcome Measures- Residential Mental Health and Residential Mental Retardation, Incident Rate and Lost Time Rate*

NAICS	Measure	State Fiscal Year 2007-2008	State Fiscal Year 2008-2009	State Fiscal Year 2009-2010	State Fiscal Year 2010-2011	% Change from Baseline
Residential Mental Health (623220)	Incident Rate **	13.9	16.8	17.1	17.0	22.3% Increase
	Lost Time Case Rate % ***	27.1	25.1	26.8	27.1	No Change
Residential Mental Retardation (623210)	Incident Rate **	16.6	15.7	16.9	17.2	3.6 % Increase
	Lost Time Case Rate % ***	33.8	33.4	35.9	35.4	4.7 % Increase

* Data based on NYS Annual Worker Compensation Report

** Incident Rate = # Incidents X 200,000 / Total Work Hours (includes all workers' compensation incidents reported)

*** Lost Time Case Rate % = # lost time incidents /# of incidents (includes accidents with 6 or more work days lost)

Intermediate Outcome Measures

Nursing Care Facilities

	FY2008	FY2009	FY2010	FY2011	FY2012	% Change from baseline
# Inspections*	12	8	6	6	7	42% Decrease
# Consultations*	5	8	5	0	1	80% Decrease
Outreach*	7	3	2	4	1	86% Decrease
Technical Assistance*	9	16	12	2	6	33% Decrease
# S,W,R, FTA Violations*	4	7	0	3	19	375% Increase

* Based on OSHA Performance Indicators

Residential Mental Health Facilities

	FY2010	FY 2011	FY 2012	% Change from baseline
# Inspections*	8	15	6	25% Decrease
# Consultations*	2	2	0	100% Decrease
Outreach*	0	0	0	No Change
Technical Assistance*	1	1	4	300% Increase
# S,W,R, FTA Violations*	8	2	22	175% Increase

- Based on OSHA Performance Indicators

Residential Mental Retardation Facilities

	FY2010	FY 2011	FY 2012	% Change from baseline
# Inspections	8	15	7	12.5% Decrease
# Consultations	2	2	0	100% Decrease

Note:

- Residential Mental Health and Residential Mental Retardation were added in 2010; therefore, performance measures are not available for earlier years.
- Performance Indicators for OPWDD did not capture inspection/consultation data for the target years. Data is from IMIS reports run by PESH.
- OPWDD institutions are closing and moving toward community based Individual Residential Alternative (IRA's) making data collection much more difficult.

Healthcare FFY 2012 Activities

Introduction:

The PESH Healthcare Strategic Plan began in 1998, focusing on occupational injuries and illnesses in county nursing homes and state veterans' homes. The initial goal was focused on reducing the Total Recordable Injury Rate. The focus now is to reduce the DART rate while continuing to track the overall injury rate.

This Strategic Plan committee expanded its focus during this 5 year phase of the Strategic Plan to include residential mental health facilities (NYS Office of Mental Health) and residential mental retardation facilities (NYS Office for People with Developmental Disabilities). The goal is the same for these facilities and it is to reduce the DART rate by 1% each year of this phase. To do this, SH900's and SH900.1's were collected. Just as what was seen with the nursing home initiative, the committee found that much of the injury data did not provide enough detail to identify trends in these injuries. Much of this year was spent working with these facilities to improve the quality of information. As with public nursing homes, it is difficult to compare injury data for OPWDD facilities because many of the districts are closing their institutions and providing care at small community based Individual Residential Alternatives (IRAs).

Partnership Activity:

This strategic plan group continued to focus on building partnerships with nursing homes, acute care facilities and organizations affiliated with them. The partnership with Kaleida Health continues with the development of a Safe Patient Handling video focusing on the tools which are typically available in a Safe Patient Handling environment. This video was filmed at High Pointe Nursing Care Facility, Kaleida's newest nursing home which is equipped with ceiling lifts throughout. CSEA and NYS Veterans' Home at Batavia have co-produced a Safe Patient Handling video which focuses on the benefits to residents, workers and employers when a facility implements a functional program. Copies of this video are being used to promote Safe Patient Handling programs in all facilities covered by this Strategic Plan. Both of these employers remain model employers in reducing injuries due to resident handling and repositioning. The success of their SPH programs and the rate of return on their investments have provided much needed concrete evidence of the positive impact Safe Patient Handling Programs can have.

This committee has also reached out to OPWDD and OMH facilities in an effort to work together toward injury reduction. Currently recordkeeping is a major focus.

Members of this committee are working with NYS Zero Lift Task Force and NYSNA planning a Safe Patient Handling Conference in April, 2013 in Albany.

Injury Data Collection & Analysis:

Comparing data from one year to the next has been challenging in the nursing home sector due to the closure or privatization of many public nursing homes. The data for 2008 (baseline) and 2011 are comparable since nursing homes which were closed during this period were dropped from the entire database. The overall injury rate for 2008 (baseline year) was 11.0 compared to 10.5 in

2011 which is a 4.5% decrease. The DART Rate for 2008 was 9.3 compared to 8.1 in 2011 which is a 12.9% decrease.

Although the injury rates and DART rates are decreasing in the nursing home sector, these rates equate to many lost work days due to injuries from resident handling. From 2008-2011, there was a total of 162,157 lost work days which resulted in more than \$16,000,000 using the conservative wage of \$12.00 per hour. This figure is for wages only, and does not take into account the cost of benefits or other direct and indirect costs. The majority of these injuries are due to resident handling and as shown by Kaleida and NYS Veterans' Home are preventable. This committee plans to continue their work in promoting Safe Patient Handling programs.

As previously indicated, this committee expanded its focus in FY 2010 to include the NYS Office of Mental Health (OMH) and the NYS Office for People with Developmental Disabilities (OPWDD) applying the same approach used for Long Term Care. As with the long term care sector, the data provided on the SH900's and 900.1's have not been reliable. The committee therefore focused on improving recordkeeping and for the time being is using the NYS Annual Workers' Compensation Report for their data. As can be seen by this data, Injury Rates and Lost Time Rates are high in these facilities. It is the goal of this committee to identify strategies to reduce these rates.

NAICS*	Measure	State Fiscal Year 2007-2008	State Fiscal Year 2008-2009	State Fiscal Year 2009-2010	State Fiscal Year 2010-2011	% Change from Baseline
Residential Mental Health (623220)	Incident **Rate	13.9	16.8	17.1	17.0	22.3% Increase
	Lost Time Case Rate % ***	27.1	25.1	26.8	27.1	No Change
Residential Mental Retardation (623210)	Incident Rate **	16.6	15.7	16.9	17.2	3.6 % Increase
	Lost Time Case Rate % ***	33.8	33.4	35.9	35.4	4.7 % Increase

* Data based on NYS Annual Worker Compensation Report

** **Incident Rate** = # Incidents X 200,000 / Total Work Hours (includes all workers' compensation incidents reported)

*** **Lost Time Case Rate %** = # lost time incidents / # of incidents (includes accidents with 6 or more work days lost)

Outreach:

This committee provided training and assistance on recordkeeping and injury data analysis to all three sectors during this past year. A Healthcare Resource CD has also been updated.

Consultations and Inspections:

Based on IMIS data there were 20 inspections and 1 consultation visit conducted in these 3 NAICS during FFY 2012. It was determined that the inspection staff is using several different NAICS for these sectors, resulting in some visits not being captured in the IMIS data. During this past year this committee conducted 4 nursing home NEP inspections which are very comprehensive and time consuming. They also followed-up on violations issued as a result of the Recordkeeping NEP inspections conducted in the previous year. One General Duty violation for the lack of a SPH program was issued as a result of the Nursing Home NEP inspections, with the possibility of a second one being issued. Also during this year a comprehensive safety and health complaint inspection was started at an OMH facility. The health part of this inspection was handled by one of the committee members. This too is very time consuming and has not been done in the past. It is evident by the increase in Serious, Willful and/or Repeat violations issued in FFY 2012 that inspections are much more comprehensive. This is also attributed to the passage of the Workplace Violence Prevention regulation in 2009 which is a concern in these 3 types of facilities.

Training:

A two-day Safe Patient Handling conference was held on October, 2011. As in the past, the sessions include hands-on-demonstrations of state of the art equipment used to minimize or eliminate manual handling. As with other conferences provided by this committee, sessions were held on developing a SPH program, maintaining the program, ensuring its success, training and competency, labor/management successes and cost benefit discussions. Two hundred people including vendors and speakers were in attendance.

This committee developed a recordkeeping training session to be provided to OMH and OPWDD facilities. Training will be held in FFY2013.

Future Activities Planned:

This committee plans to continue to be involved with the NYS Zero Lift Task Force and will be co-sponsoring a Safe Patient Handling conference in April, 2013. It will put final touches on the Safe Patient Handling training video and will continue to improve the Healthcare CD.

Much work remains to be done with reducing worker injuries due to patient handling and repositioning in long term care, as well as, reducing the number of lost work days and the lost work day rate due to injuries related to workplace violence and slips, trips and falls in OPWDD and OMH facilities. This also will be a major focus for this group.

This committee will continue to focus on recordkeeping issues in these facilities. An increase in an on-site presence in all three sectors is a major goal of this committee.