

With IWIF

Injured Workers' Insurance Fund

News and Information For Our Policyholders

Summer 2007

Protecting Your Older Workers

**Keep the Expertise.
Lose the Injuries.**

Helpful Safety & Claims Management Information

Safety Tip Sheets for Employers
of Older Workers

Back Safety Pull-out Poster

Medical Issues for Injured Older Workers
Interview With Dr. Scott Brown, Sinai Hospital

Ask the IWIF Experts Q&A



To Our Valued Customers,

This is my first letter to you as IWIF's President and CEO. During my 17 years with IWIF, first as Director of Internal Audit and most recently as IWIF's executive vice president and CFO, I have witnessed continual improvements in the way we conduct business. I am very

proud to be a part of this business success story. I want to personally thank our Board for the opportunity given me to lead a first-class insurance organization, which IWIF has become.

My goals in leading IWIF continue to be many of the same goals IWIF has strived to obtain for more than 90 years of service to our customers.

- Keep IWIF financially strong because Maryland businesses and their injured workers depend on us every day.
- Offer a competitively and reasonably priced insurance product. This maintains competition in the market, which is good for everyone. We will continue to strengthen IWIF's mission as a cost-stabilizing insurance organization.
- Be a committed leader and partner for workplace safety. There is no stronger value we can add than helping all our customers build a workplace safety culture to protect their workers and keep their businesses working.
- Enhance and provide new online customer services. From reporting injuries and making payments to obtaining certificates of insurance, your online experience with IWIF will be fast, convenient and secure.
- Be Maryland's leader in caring for the truly injured worker, but also be vigilant with claims investigations and legal services. We will have no sympathy or tolerance for anyone who tries to take advantage of not paying their fair share or who abuses workers' comp benefits.

As I have recently turned 50, sporting a few more gray hairs and a few more aches and pains, I can personally relate to the message of safety for the older worker. I encourage you to read the helpful information in this issue about keeping your older workforce safe and sound. This *With IWIF* newsletter is just one example of our ongoing commitment to bring you the best and most responsive service – whether by phone, online, seminars or in person. Together with my fellow IWIF professionals, and on behalf of our Board, it is our privilege to serve your workers' compensation insurance needs.

Stay Safe,

Tom Phelan IWIF President and CEO

Older Workers Safety & Claims Issues

Keep the expertise. Lose the injuries.

Evidence is growing that the workforce is graying. That could be good news for workers as well as for their employers, but there are qualifications. For example, studies indicate that older, experienced employees are less likely to be injured in work-related accidents. But once they are hurt, they take longer to heal and are more likely to stay out longer – if they return to work at all.

Gerontologists attribute the graying of the workforce to several factors. One is the observation that older workers are generally in better physical condition than those of earlier generations, perhaps because of constant advice about healthy eating habits, exercising more, and not smoking at all.

The U.S. Bureau of Labor Statistics reports the percent of workers 55 years or older is increasing:



Also, many baby boomers elect to continue working beyond the once-traditional retirement age of 65, some out of need to make ends meet and some out of need to continue feeling useful by staying active.

The U.S. Bureau of Labor Statistics reports that, in 1992, workers aged 55 and over constituted 11.8% of the workforce and that in 2002 this had risen to 14.3%. But by 2012, the Bureau says, this is expected to hit 19.1% – nearly one of every five workers, or a total of 31 million.

Adjusting personnel practices:

In light of such numbers, employers have been advised to consider adjusting their personnel practices accordingly by taking into account that age usually diminishes strength, ability and endurance.

Thomas C. Nelson, chief operating officer of AARP (formerly the American Association of Retired Persons), told an international economic conference in Paris last year that 40% of the huge organization's members who are 55 and older said they planned to continue working beyond age 65 or already were doing so. He added that, in fact, more than half of those belonging to AARP, whose members must be at least 50 years old, were still working.

John Heagy, vice president for operations with IWIF's policyholder Welsh Construction Remodeling, in Baltimore, says young people "don't seem to be attracted to construction the way they used to be." He says this is part of the reason he appreciates older, experienced craftsman for their commitment to safety on the job.

While experience on the job and mature judgment enable older workers to avoid accidents, researchers have found that more of those who are injured are sidelined permanently. A 2005 study by the Workers' Compensation Research Institute in four states (California, Massachusetts, Pennsylvania and Texas) indicated that 35% were less likely to return to work, compared with 12% of workers in the 25-35 age group.

Even among those who did eventually return to work, the survey showed that the 55-and-older workers took at least 62% longer to get back than did the 25- to 35-year-olds.

Staying out of work longer:

Another finding of the institute's study was that education plays a factor in time lost because of injury. Workers with high school diplomas returned to work 10 to 16 weeks sooner than high school dropouts. Also, workers with only a grade school education stayed out 2 to 4.5 times longer than high school graduates.

After being injured, those who had worked only part-time for less than one year stayed out longer than full-time workers. Part-time workers were less likely than full-time workers to return at all after being injured. Those with back injuries stayed out 35% to 108% longer than those with lacerations, inflammations and contusions.

Basic safety changes/adjustments include:

Even though older workers are less likely to be injured on the job than younger ones, employers can take steps to reduce injuries even more.

- Increase lighting to compensate for loss of visual acuity with age.
- Apply ergonomically correct measures to the workplace.
- Minimize leg, hand, wrist and back problems by adjusting seats and desk tops at work stations.
- Where possible, reduce machine and worksite noise.
- Avoid or limit work at great heights, especially in windy or adverse weather conditions.
- Clearly mark and increase lighting on flooring, stairs and uneven surfaces.
- Encourage use of brief breaks from hunching over computer keyboards and hand exercises to combat carpal tunnel syndrome.
- Teach older workers to recognize their limitations and reinforce training in such basics as ladder safety, lifting techniques and use of personal safety equipment.

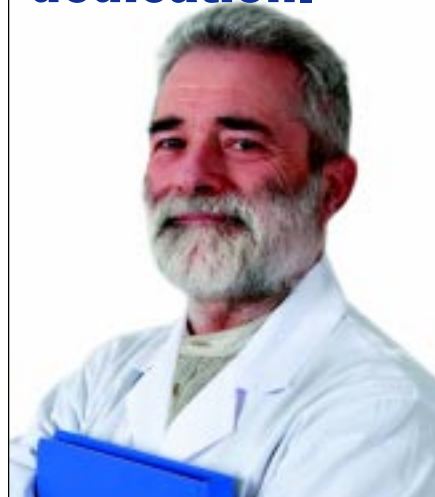
Thomas Nelson, of AARP, said researchers have made "a compelling case for the value of experience."

**You need my
experience.**



**I need help and
equipment to safely
lift a patient.**

**You need my
dedication.**



**I need honest
communication
when injured.**

IWIF Safety TIP Sheet

General Safety for Older Workers

Older workers bring a lifetime of skills and experience to their jobs, making valuable contributions into their 50s, 60s, and 70s. But the normal aging process may affect an older worker's ability to safely perform a job.

With 1 in 5 workers soon to be over the age of 50, employers are beginning to feel the impact of an aging workforce. Employers should be aware of the natural aging process and how this may affect the safety and health of their older employees.

You need my
knowledge.



I need a manager
who will listen to my
safety concerns.



Safety Challenge: Back and other soft-tissue injuries

A natural process of aging is reduced flexibility and strength, which increases the risk for injuries to backs, knees, shoulders and necks. These musculoskeletal injuries are influenced by a lack of basic fitness and even excess weight, which can also stress the lower back.

Solutions:

- Promote worker health & safety through activities aimed at improving the general health and safety of the workforce. For example, promote exercise and proper stretching, a healthy diet, and smoking cessation programs, both on and off company time. Consider beginning a well work-place program at your shop or office.
- Review safe lifting techniques, especially for employees whose jobs involve lifting of any kind. Basics include keeping the load close to the body, lifting with the legs and not the back, and getting a co-worker's help or using a mechanical device to help lift heavy loads.
- Modify the job to reduce stress and strain on backs, knees, etc. For example, provide chairs or stools for jobs normally done standing. Workers can also prop one foot up on a step or stool to reduce strain on the lower back.
- If a worker's ability to perform the regular job is affected, make every effort to accommodate the worker to alternative job duties.

This Safety Tip Sheet was created by IWIF's Loss Control and Communications departments. These safety tips are advisory only and may not address all hazards or conditions in need of correction in your particular workplace. IWIF assumes no liability for identification of unsafe conditions or hazards. Safety and health remain your responsibility.



Safety Challenge: Reduced visual acuity and depth perception

Solutions:

- Provide more or better lighting, especially in low-lit areas such as walkways and stairwells. Provide safety strips in contrasting colors for visibility as well as for traction on steps and especially when there are changes in elevations on floors and ramps.
- Employees should consult their vision care professional and, if glasses are recommended, they should wear them.



Safety Challenge: Fatigue and lack of physical endurance

Especially in labor-intensive jobs, older workers can experience physical and mental fatigue more quickly than younger workers.

Solution:

- Consider shortening employees' work hours or giving additional breaks. Or, modify or vary the job to reduce prolonged physical activity. Do not require older workers to work irregular hours or far beyond their normal work schedules. Provide regular work-rest schedules for employees, especially those involved in shift work.

IWIF Safety TIP Sheet

Construction Safety for Older Workers

As with many other U.S. industries, the construction workforce is getting older. By 2010, middle-aged and older workers will outnumber younger workers, according to the National Institute for Occupational Safety and Health.

Among non-fatal injuries, those associated with ergonomic exposures such as bending, climbing, crawling, reaching, twisting, and overexertion made up the greatest number of occupational injuries and illnesses involving lost workdays among construction workers.

Ladder Safety and Older Workers

About 60% of all ladder falls occur in the over 44 age group, according to a recent study by the U.S. Bureau of Labor Statistics. Researchers surmise that older workers' loss of balance and increased body weight may play a role in ladder falls.

All workers should use care when working on ladders:

- Supervisors should routinely observe older workers on ladders. Does the older worker appear physically competent to climb, balance and work on ladders? There is logic behind the saying, "I'm too old to be climbing ladders."
- Use the correct ladder for the task.
- Have a competent person visually inspect a ladder before use for any defects such as:
 - Structural damage, split/bent rails, broken or missing rungs/steps/cleats, missing or damaged safety devices, grease, dirt or other contaminants that could cause slips/falls.
- Make sure that ladders are long enough to safely reach the work area.

- Mark or tag with "Do Not Use" any damaged or defective ladders for repair or replacement, or destroy them immediately.
- Never load ladders beyond the maximum intended load or beyond the manufacturer's rated capacity.
- Be sure the load rating can support the weight of the user, including materials and tools.
- Avoid using ladders with metallic components near electrical work and overhead power lines.



Ergonomics and Back Safety

Sometimes back injuries come from lifting heavy or awkward objects one time. Many back injuries, however, result not from a single lift but from relatively minor strains that occur over time. As a worker repeats a particularly stressful movement, minor injuries can begin to weaken the affected muscles or ligaments. Eventually, a more serious injury can occur.

Other injuries can occur to the muscles, tendons, joints, spinal discs, nerves, ligaments, and cartilage. These injuries are called musculoskeletal disorders. Generally, MSDs in construction workers affect the hands, wrists, shoulders, neck, upper and lower back, and the hips and knees. MSDs often develop as a result of repeated exposure to ergonomic risk factors, such as repetition, vibration, awkward postures, and cold temperatures.

Employers: It is possible to reduce and even eliminate many risk factors for back disorders and other MSDs. The best way to fix ergonomic problems is to adopt engineering controls to make your jobs fit your workers. Here are some easy, effective, and inexpensive solutions:

- Adjust work surface heights – bring overhead work down or raise employees up to the work level using a platform or other means.

- Change work area layouts.
- Provide foot rests.
- Reduce sizes or weights of objects – break loads into smaller, lighter ones.
- Install mechanical aids and use tools to reach objects that are far away.
- Pad hard or sharp surfaces on tools, materials, and seats.
- Rotate jobs.
- Shorten shift lengths.
- Limit overtime.
- Add more frequent breaks.
- Alternate repetitive tasks with less repetitive ones.
- Increase the number of workers assigned to a task.

Even with good engineering and administrative controls in place, it is important that workers maintain proper posture, use good lifting techniques, do strength training exercises, and understand their limitations as their bodies naturally age.

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You need my
craftsmanship.



I need a
safe worksite.

poster

poster



Scott E. Brown, M.D.

is Chairman, Department of Physical Medicine and Rehabilitation at Sinai Hospital of Baltimore. He is board certified in Physical Medicine and Rehabilitation, Pain Medicine, and as an independent Medical Examiner. As a board member of the Maryland Workers Compensation Educational Association (MWCEA), Dr. Brown is program chair for the 2007 annual MWCEA conference and will assume the presidency of that organization in 2009. Dr. Brown is a contributor to the American Medical Association's *Guides To The Evaluation of Permanent Impairment*, 5th and 6th editions. A special interest has been performing arts medicine, treating the medical problems of musicians and dancers. In an attempt to prevent such injuries in younger musicians, Dr. Brown teaches a class at the Peabody Conservatory entitled "Anatomy and Injury Prevention."

Medical Issues for Injured Older Workers and Their Employers

Scott E. Brown, M.D.

Chairman, Department of Physical Medicine and Rehabilitation at Sinai Hospital of Baltimore

Q: What types of workplace injuries are you seeing with older workers?

In my practice, particularly with older patients, I see and care for primarily back and spine injuries. Many times back injuries are caused by unexpected events such as slips while carrying heavy objects or a patient who might be combative while being lifted. I also treat older patients with knee injuries resulting from falls and rotator cuff injuries resulting from mishaps during overhead movements.

Q: What types of occupations are represented with the older workers you treat?

In general the occupations of my patients are more physically demanding and require manual labor. Some examples are construction, nursing and other health care jobs.

Q. Do you see injuries to older workers that could have been prevented or minimized by addressing safety or job accommodations up front?

As workers get older, they need to know what is happening with their bodies. They need to know about and treat underlying medical issues such as diabetes, high blood pressure, obesity and arthritis. Knowing and treating many of these medical conditions can help improve the overall health of older workers. Staying in good physical shape is important for everyone, but it is especially important for older workers who may be still climbing ladders and lifting patients. I think one of the most important factors is avoiding unpredictable physical activities.

Q. Are there any major contrasts in the types of injuries you see between younger and older workers?

With injuries to older workers who have physical jobs, there is always a good chance

the older worker has an underlying medical issue such as arthritis. As mentioned earlier, these underlying medical issues can make treatment longer and recovery problematic. A younger injured worker's overall physical shape allows him or her to recover much faster than an older worker with the same type of injury. And younger workers usually don't have the other medical conditions.

Q. Regarding recovery and rehabilitation, are there special concerns for older, injured workers?

Remember that the older body takes additional time to heal. Both the injured worker and the employer need to realize that fact. Additionally, proper therapy and treatment can help lessen the chance of aggravating an underlying medical condition. Underlying medical problems like heart disease might limit interventions such as physical therapy or work hardening.

Q. In your experience, what can employers and their employees do to help prevent older worker injuries and minimize their severity?

Be proactive with workplace safety. Proper safety procedures for whatever the job is should be followed and reinforced. It is also advisable to accommodate older workers' physical job limitations long before an injury occurs. Look at how you can modify or change a physical task to reduce strain on the body. Employers should consider transitioning older workers from physically demanding jobs to less physical jobs. Another theory is that with some older workers who are still doing physical work, they may be in overall better shape than say a younger counterpart. If they have taken care of themselves continuously throughout their working lives, they are in essence the survivors, the work-hardened veterans.

Facts & Statistics

Older Workers and Their Injuries

In 2006, of IWIF's 4,226 lost-time injury claimants, **931 or 22%**, were age 50-80. This percentage of IWIF claims has been consistent for the past 5 years.

Primary injury types:



Back	194
Knee	111
Shoulder	98
Finger(s)	64
Ankle	63

Primary causes of injury:

Fall/same level (Trip/Slip)	115
Lifting objects	67
Objects handled	61
Struck by an object	61
Motor vehicle accident	48
Struck against an object	41
Fall to lower level	39
From voluntary motions	35



The average cost of an IWIF claim based on age is:

Age 16-50	3,295 claims	Average cost: \$10,092.57
Age 50-80	931 claims	Average cost: \$14,762.06 (Almost 50% higher)

Reasons for the increase in costs of claims by older workers:

- Higher salaries than younger workers. Higher wages equal higher wage replacement.
- Injury duration – younger workers tend to heal faster and return to work faster than older workers.
- Higher number and duration of medical treatments for older workers.

In 2003 the U.S. median number of days out of work for all injured workers was:

8 days.

12 days, for ages 55-64

18 days for ages 65 and older

U.S. Bureau of Labor Statistics

Maryland's Workers' Compensation Commission statistics on claims filed by claimants age 50-79:

2005 **21.6%**

2006 **26.4%**

The average age of an IWIF lost-time claimant has stayed relatively the same for the past 7 years:

41 for women and

39 for men.

New IWIF Toolkits

IWIF's new **Employer's Information Kit** contains helpful information on safety for older workers. IWIF has also published a **Fraud-fighting Toolkit** for policyholders and agents.

To request free IWIF information toolkits, please e-mail publications@iwif.com, or call 410-494-2165.



Readers' Survey *Thank you*
to our *With* IWIF readers

who replied with comments and suggestions to improve our policyholder newsletter. The lucky policyholder chosen at random from the returned surveys was Pam Welsh, from R.L. Welsh Heating and Cooling Inc., Edgewood, MD. Pam is a winner of a roadside vehicle emergency kit. Congratulations!

With IWIF is published for the policyholders of the Injured Workers' Insurance Fund.

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We invite your comments and suggestions to improve our newsletter. Please call 410-494-2023 or e-mail communications@iwif.com.

Q&A

As Maryland's leader and expert in workers' compensation insurance, IWIF professionals are available by phone, e-mail and in person to help answer any questions you may have. We also encourage you to contact your agent partner and to visit our website for more frequently asked questions and answers.

Q. What interventions, pre- and post-injury, are important in the medical care of and recovery from an injury in an aging workforce?

A. Older workers bring specialized skills and talents to an organization. If they are injured at work, their injuries are best addressed by early intervention that focuses on managing both the injury and underlying disease or chronic illness. This also includes identifying available psychosocial support, family

resources, and setting rehabilitation goals to achieve a safe return to work. Although an older worker experiences fewer injuries than a younger worker, the recovery period may be prolonged as a result of chronic disease, normal aging processes, and health habits that do not optimize one's health status. Important to injury prevention and recovery is engaging in lifestyle activities and preventive care measures that reduce risk factors and enhance the capacity for recovery and return to work.

Robin Iachini, RN,
IWIF Nurse Case
Manager,
Unit Supervisor



Rehabilitation starts at the time of injury and the plan may include physical or occupational therapy, programs that maximize function such as work hardening programs, durable medical equipment or other assistive devices, and management of non-related medical conditions. Furthermore, older workers may not have the available family and social support in place like younger workers. In fact, the workplace may be their only social support. It may be necessary to evaluate the home environment to identify those at risk for falling so that accommodations within one's limitations can be made. If medically indicated, home physical therapy and skilled nursing can provide additional support until outpatient services can be assumed.

The employee may be encouraged to seek care with his/her primary care provider to better manage other unrelated illnesses that may complicate recovery, if left unmanaged. Important to achieving an uneventful recovery and rehabilitation is the education provided by health professionals.

Most important is to create a work environment that supports the special needs of the older worker, from considering temporary modification of work activities to encouraging participation in healthy lifestyle activities.

With injury, it is critical to understand the aging process and causation in order to distinguish work-related injuries from aches and pains of the normal aging process. Once causation is established, early intervention involves working with the employee, employer, and medical community to assist in coordinating appropriate and prompt medical care, and establishing the rehabilitation plan for an early return to work. Nurse Case Managers play a part in communicating with the employee in assessing medical conditions, health habits, and psychosocial issues.

It is common for older injured employees to take medications to treat an injury as well as for pre-existing medical conditions. Better medication management improves compliance and reduces the risk of drug side effects and complications.

Disability management is an important intervention that begins with an assessment early in the injury. When returning to the workforce, it is important for the employee and employer to work together to achieve a safe and timely resumption of work activities.

Job accommodations may need to be considered along with implementation of a transitional work program that allows the older worker more time to progress toward resuming full work duties. In other situations, Vocational Rehabilitation Services may assist the employee in returning to the workforce.

Most important is to create a work environment that supports the special needs of the older worker, from considering temporary modification of work activities to encouraging participation in healthy lifestyle activities. It's never too late to get healthy.

Here are some basic reminders for general health and wellness for the older working adult:

- Eat a healthier diet.
- Participate in regular physical activity and exercise.
- Maintain a healthy body weight.
- Do not smoke.
- Limit alcohol.
- Get regular preventive health screenings (bone density, cholesterol, cervical, mammogram, colonoscopy, prostate).
- Get regular medical check-ups, including eye and hearing examinations.
- See your doctor for flu and pneumonia vaccinations.
- Ensure good oral hygiene and regular dental care.
- Learn relaxation techniques.
- Manage sleep and fatigue.
- Use over-the-counter and prescribed medications correctly and responsibly.
- Utilize mental health services when needed.

Q. What can I do to help prevent and minimize back injuries for my aging workforce?

A. The application of generally accepted safe lifting techniques needs to be communicated and demonstrated safely and regularly to all your workers, including your older workers. These include:

1. For older workers, reduce substantially the physical requirements for lifting, pulling and reaching. Break down materials that need lifting into small amounts. Utilize lifting devices and equipment and encourage team lifting as much as possible.

2. Avoid bending and twisting at the waist while lifting. Holding the object close to the body in the mid-thigh to mid-chest area while lifting is the preferred method. Don't twist. Turn the entire body after the lift to deliver or place the object.

3. Avoid overhead and above-the-shoulder lifting. Outstretched and overhead lifts place a huge stress on the shoulders, rotator cuffs, arms and back. Lower the material to the mid-thigh, mid-chest area.



Joseph Gillian,
IWIF Director
Loss Control

These are just a few of the suggested safety measures for safe lifting. For more information, contact your IWIF Loss Control consultant and visit iwif.com.

 Please visit IWIF.com for additional frequently asked questions and answers.

IWIF is a proud insurance partner with these groups, associations and safety programs:



Plan to attend a policyholder seminar

Featuring a fun, interactive learning experience and breakout safety topics



NEW
30-Minute
breakout
"Safety topics,"
to be presented at each seminar.

Our half-day policyholder seminars provide attendees with useful information about controlling the cost of workers' compensation insurance. You'll learn the proper steps for claims management, loss control, effective hiring practices, and legal issues, including a mock workers' compensation trial. IWIF seminars include a fun and engaging interactive voting technology to help you with this learning experience. IWIF experts will also be available to answer your questions.

IWIF seminars are FREE and run from 9:00 a.m. to 1 p.m.

Registration begins at 8:30 a.m. **Reservations are required and can be made on our website** or by calling Carolyn Gutermuth at 1-800-264-4943, ext. 2170.

July 26th* Salisbury University, 1101 Camden Avenue

- Breakout session - **Office Ergonomics/Material Handling**
- Breakout session - **Fall Protection in Construction**

Sept. 27th Frederick Holiday Inn, 5400 Holiday Drive

- Breakout session - **Effective Safety Training for non-English Speaking Hispanic Workers**
- Breakout session - **Fall Protection in Construction**

October 18th* Pikesville Hilton, 1726 Reisterstown Rd.

- Breakout session - **Office Ergonomics/Material Handling**
- Breakout session - **Implementing an Effective Return-to-Work Program**

* Includes additional breakout session for SERMA and State agency representatives