



# Preventing Women's Workplace Injuries



Last year, more than **9,000** women suffered a lost-time workplace injury in Maryland.

**A** 33-year-old program manager was working for a state facility for individuals with mental and physical disabilities when she injured her back. The injury occurred while she was helping a patient out of her wheelchair and onto a physician's exam table. It was diagnosed as a "lumbar sprain/strain."

In another case, a 48-year-old nursing supervisor for a private retirement center was injured while assisting a female resident who was using the bathroom. While helping the resident to stand, the nurse heard a "popping" sound in her back and immediately felt a sharp pain radiating from her back down her left leg. This injury was diagnosed as a "sprained left back."

Back injuries are all too common among working women today, especially women in the health care and nursing home industry.

## Occupational injuries among working women in Maryland

Last year, more than 9,000 women suffered workplace injuries in Maryland, according to Maryland Occupational Safety and Health (MOSH).

On average for the past three years, women working in the private and municipal sectors accounted for 35% of the workers' compensation injury claims reported to IWIF. But, for Maryland state employees, it's much higher, with 53% of workers' compensation injury claims coming from women.

Females ages 40-49 filed the most claims, followed by females ages 50-59, according to the Maryland Workers' Compensation Commission.

## Women experience different job hazards than men

Women face different workplace safety and health challenges than men, because men and women tend to hold different kinds of jobs.

Generally, women do not work in professions that consistently have high numbers of injuries and illnesses, such as transportation and construction.

More women are employed in the service industries such as teaching, health care, clerical, and retail/restaurants.

Among IWIF claimants last year, those women injured worked most often in nursing homes, colleges and schools, clerical offices, and retail shops/restaurants. The parts of the body they injured most frequently were their backs, knees, and hands. IWIF's statistics noted the top reasons for these injuries among women included "falls on the same level" and "struck by/contact with an object or person."

National statistics were similar to IWIF's: The Bureau of Labor Statistics (BLS) reported in 2008 that women experienced most injuries to the trunk/back/shoulders and upper extremities (arm, finger, and wrist).

That agency also indicated the top three injury causes among working women nationwide were "overexertion," "falls on the same level," and "contact w/objects." A fourth area of concern, according to experts at the National Institute of Occupational Safety and Health (NIOSH), involves "repetitive motion disorders."

## Few injury prevention resources available to women

While there is a great deal of injury prevention information and resources for male-dominated industries like construction, not as many of these resources exist for women.

"I think there is a perception among some employers that they don't need to worry about their female employees because they have such 'sedentary' jobs that they can't get hurt working in an office," observes Adrienne Kaspar, Loss Control Supervisor for IWIF. "While it's true that women have fewer fatal and nonfatal injuries than men, women run a much greater risk of developing certain types of injuries, such as musculoskeletal disorders, injuries due to overexertion, and trips and falls."

Kristin Klein-Oplencia, IWIF's Risk Management Supervisor for SERMA, the [Maryland] State Employee Risk Management Administration, adds:



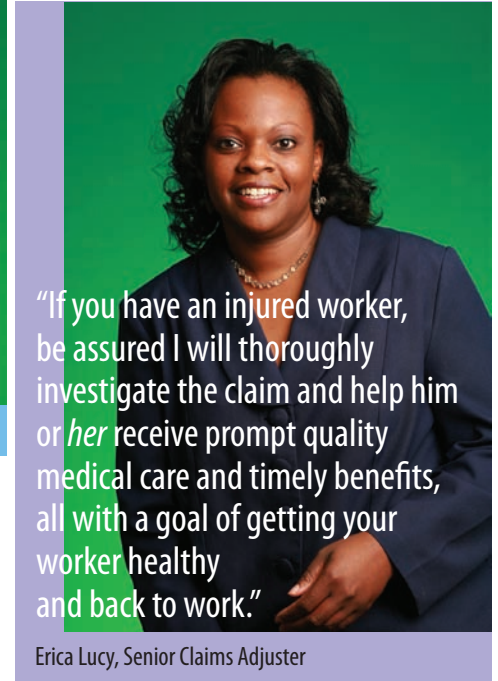
“IWIF loss control professionals are experienced with all types of workplace exposures facing today’s working women, and we can help you implement a safety culture to protect them.”

Adrienne Kaspar, Loss Control Supervisor



“I know as an insurance professional and a mother, how important it is for women to work safely and protect their health - every day.”

Kristin Klein-Opulencia, SERMA Risk Management Supervisor



“If you have an injured worker, be assured I will thoroughly investigate the claim and help him or her receive prompt quality medical care and timely benefits, all with a goal of getting your worker healthy and back to work.”

Erica Lucy, Senior Claims Adjuster

“While women’s injuries aren’t necessarily the most costly, they can become frequent, and accident frequency can certainly have a negative effect on an organization’s bottom line.”

Oh, about those two women who were injured? Both women were treated by their IWIF-preferred providers and were able to return to work shortly thereafter. The 33-year-old program manager was placed on modified duty with restrictions for three days before she could return to work full time. The 48-year-old nursing supervisor was released to return to work with lifting restrictions 14 days after the injury.

In both cases, the women’s employers were able to accommodate the medical restrictions indicated by their physicians so that both women could return to productive work but in a light-duty capacity until they could return to full duty.

“When employers provide light or modified duty programs, the outcomes are positive for both the employee and the employer,” says Sandy Hassell, Nurse Case Manager Supervisor for IWIF. ■

Resources to help employers meet the new regulatory requirements include:

- OSHA’s Nursing Home Guidelines, [www.osha.gov](http://www.osha.gov)
- VISN 8 Patient Safety Center, [www.visn8.med.va.gov/patientsafetycenter/](http://www.visn8.med.va.gov/patientsafetycenter/)

For more information on HB 585, go to [www.dllr.state.md.us.gov](http://www.dllr.state.md.us.gov) or contact your IWIF Loss Control or SERMA Risk Management Consultant.

## Maryland’s new safe patient lifting law

“Unlike warehouse workers, who wouldn’t think twice about moving a heavy box without the use of some kind of lifting device, nurses and health care workers have always been trained to lift their patients by themselves,” explains Debora Jones, R.N., MPH, COHN-S, an IWIF training consultant.

“Furthermore, they have been taught never to let the patient fall and to employ any method to keep that patient from falling, up to and including using their own bodies to help break the patient’s fall. As a result, a lot of health care workers have gotten hurt over the years.”

To reduce employee injuries associated with patient lifting, the Maryland General Assembly passed two laws mandating that all hospitals, health care facilities, and nursing homes have safe patient lifting policies and procedures in place.

House Bill (HB) 585 “Nursing Homes – Safe Patient Lifting” and HB 1137 “Hospitals – Safe Patient Lifting” mandate that both state-run hospitals and private nursing homes in Maryland must establish a workgroup to examine safe patient lifting, and must develop a safe patient lifting policy to reduce employee injuries. Both bills call for the policies to be in place July 1, 2009.

The new laws were in response to a recent study by MOSH and BLS that found that occupational injuries and illnesses among Maryland health care workers were greater than the national average. In 2007, Maryland’s total recordable case rate for nursing and residential care was 9.3 injuries/illnesses per 100 full-time workers; the national rate for this industry during the same year was 8.8. To compound the problem, there is a severe shortage of nurses and nursing assistants, especially in Maryland.

But there’s hope. A University of Maryland study showed that, although health care employers may experience some short-term costs when establishing a safe lifting policy, these costs translate into long-term direct cost savings from a reduction in the number of back injuries their workers will sustain. Employers would also save on indirect costs such as the constant replacement and retraining of nurses and other health care workers.