Preventing injuries in the Temporary Staffing Industry

Linda Forst, MD, MPH

UIC School of Public Health

OSHA Training. October 24, 2019. Joliet Junior College

Disclosures

- No interests to disclose

How do I come to this topic?

- Practicing physician, specialized in Occupational Medicine
- Collect and report data on occupational illnesses and injuries
    - agent of the Illinois Dept Public Health
- Train physicians specializing in Occupational Medicine
- Train masters-level students specializing in Occupational Safety and Industrial Hygiene

UIC

I believe:

1. Injuries in the workplace are completely preventable

2. Safe & healthy work is good for workers & good for employers

3. When a worker gets injured, the best thing for the worker and the employer is to take care of the injury fully and get the worker back to work ASAP.
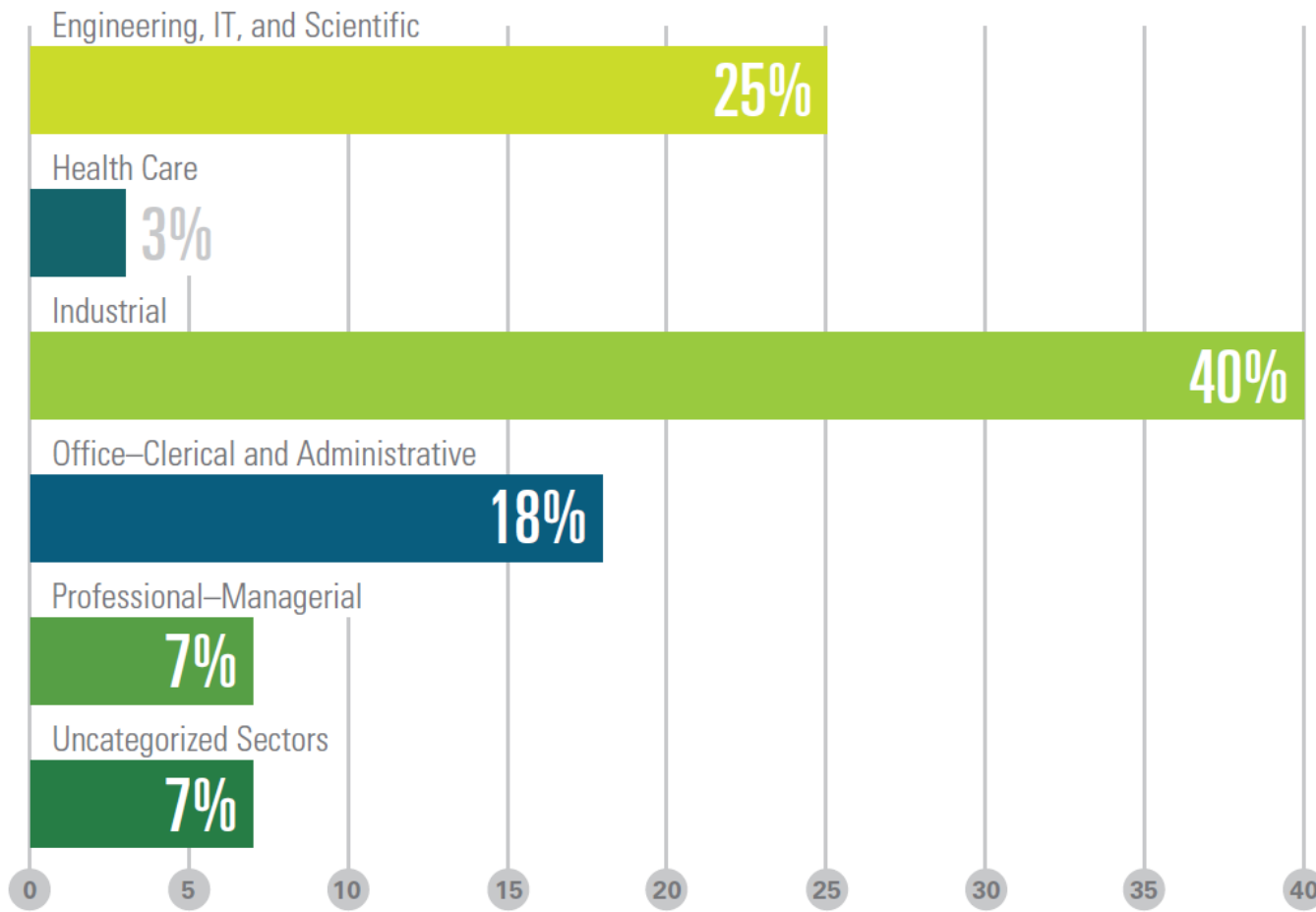
UIC

Goals of this session

- Show you some data on occupational safety and health in Temp Staffing

- Introduce you to the way medical doctors and health and safety professionals think
  - About worker health and safety
  - About employers' role

- Get your ideas about OSH challenges in temp staffing
  - For workers
  - For the staffing company
  - For the client/host company

- Get your ideas about ways we can help you to address those challenges

UIC

Source: American Staffing Assn

Illinois Temporary Help Sales by Sector

Sector	Percentage
Engineering, IT, and Scientific	25%
Health Care	3%
Industrial	40%
Office–Clerical and Administrative	18%
Professional–Managerial	7%
Uncategorized Sectors	7%

Axis scale: 0, 5, 10, 15, 20, 25, 30, 35, 40

National Staffing STATISTICS

- Average temporary/contract employees each week: 3.2 million
- Average tenure: 10 weeks
- Annual employment: 16.8 million
- Average annual earnings per job: $39,700
- Temporary/contract staffing sales: $138.5 billion
- Estimated number of offices: 39,660

**For more information visit** *americanstaffing.net/research.*

Source: Am Staffing Assn

AT A GLANCE:

Illinois Staffing Statistics

- Average temporary help workers each week: 280,000
- Annual employment: 1,456,200
- Average annual earnings per job: $35,000
- Total annual sales: $7.3 billion
- Estimated number of offices: 1,700

FRED — All Employees, Temporary Help Services

Thousands of Persons
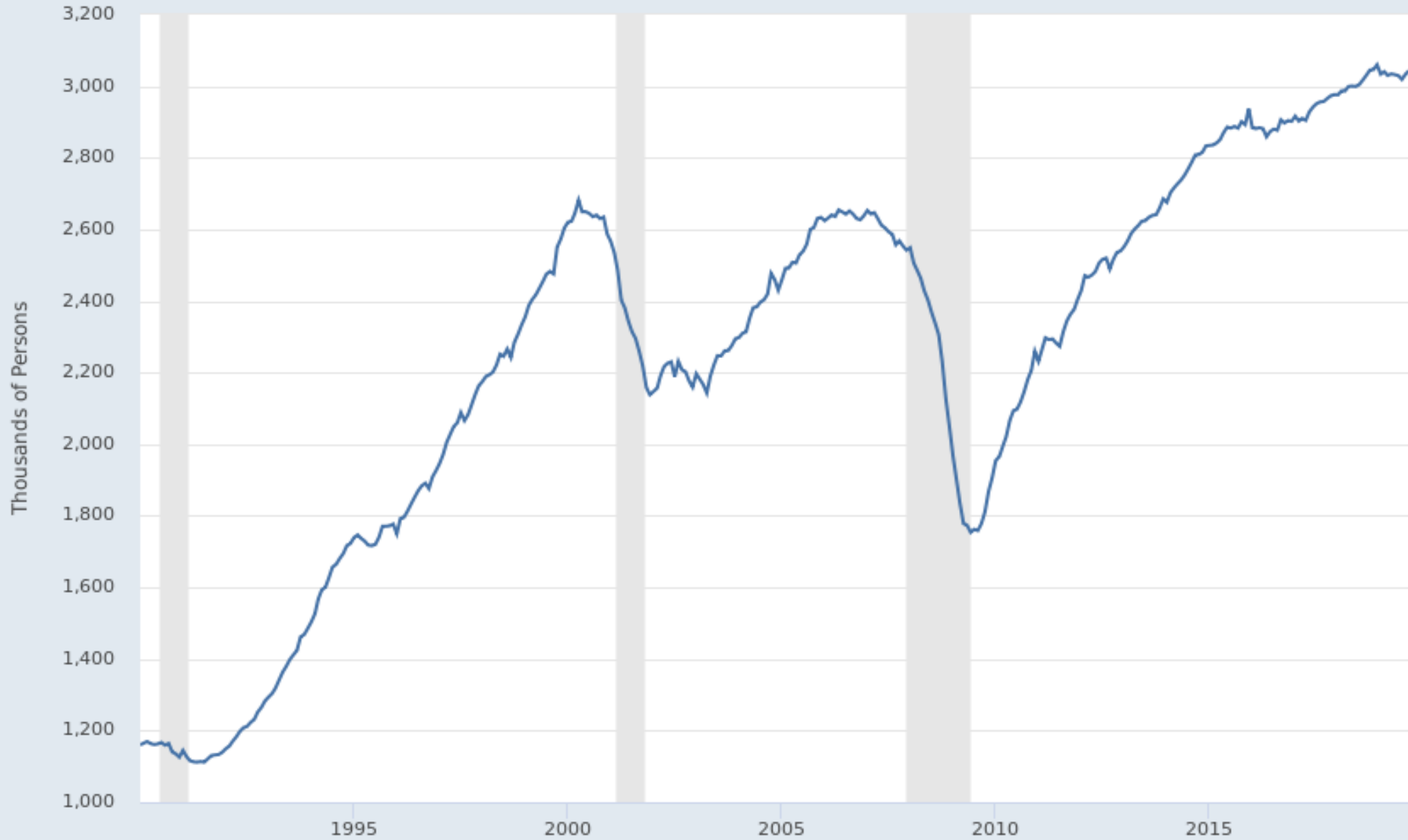
Shaded areas indicate U.S. recessions

Source: U.S. Bureau of Labor Statistics

myf.red/g/pc9B

Risk of injuires in temp vs non-temp

		Temp Injured	Temp Non-injured	Non-temp Injured	Non-temp Non-Injured	IRR
California	Total	51,227	203,383	2,007,337	12,551,306	1.46
Florida	Total	6,233	105,267	267,486	6,919,928	1.5
	Construction	772	7,008	3,832	239,608	6.3
	Production	312	22,718	2,536	252,904	1.36
	Transportation/ Logistics	657	27,383	6,568	389,222	1.41
	Office	150	37,500	2,966	1,283,704	1.73
Massachusetts	Total	3,128	44,644	150,883	2,993,880	1.36
Minnesota	Total	3,188	43,210	102,393	2,470,801	1.72
Oregon	Total	3,545	26,275	115,787	1,505,527	1.66
	Construction	69	1,501	1,378	54,212	1.77
	Production	176	8,684	2,001	93,049	0.94
	Transportation/ Logistics	184	4,066	2,862	111,288	1.73
	Office	25	6,725	831	249,489	1.12

Workers' Compensation data by state and by sector, when available, 2014

Amputations	Temp	Total Temps	Non-Temp	Total Non Temps	Risk Ratio
Florida	48	111,500	983	7,187,414	3.15
California	108	254,610	1,999	14,558,643	3.09
Oregon	40	29,820	700	1,621,314	3.11
Massachusetts	23	47,772	519	3,144,763	2.92
Caught In					
Florida	365	111,500	9,628	7,187,414	2.44
California	2,454	254,610	57,895	14,558,643	2.42
Oregon	275	29,820	4,116	1,621,314	3.63
Struck by					
Florida	950	111,500	30,952	7,187,414	1.98
California	7,424	254,610	259,614	14,558,643	1.64
Oregon	690	29,820	15,598	1,621,314	2.41
Heat Related					
Florida	8	111,500	183	7,187,414	2.82
California	66	254,610	1,796	14,558,643	2.1

Risk ratio of specific injury types, by state, in temps vs non-temps, 2014

Our research
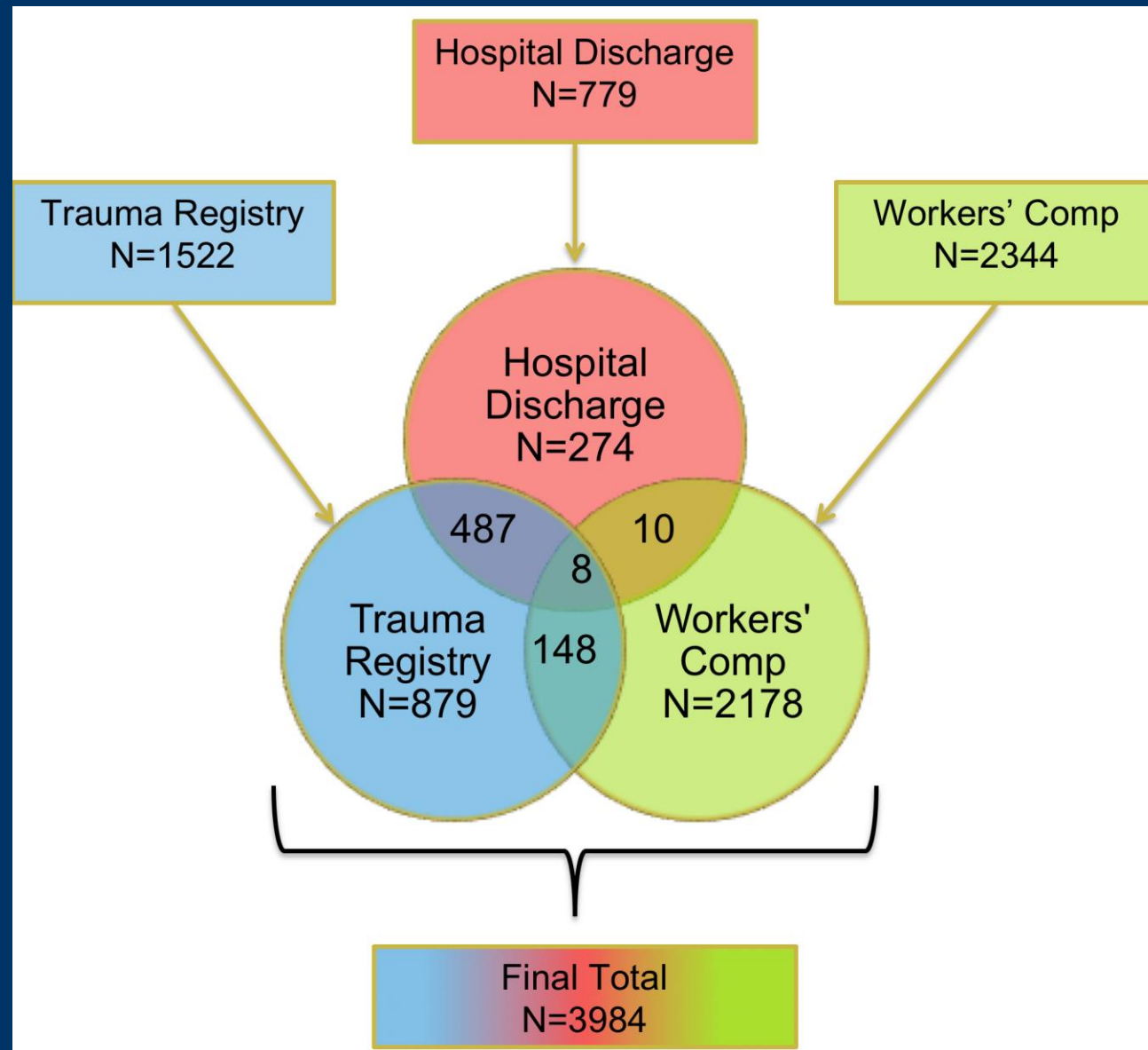
Project 1. Number of amputation cases in Illinois by data source 2000-2007.

Project 1. Details re: employers

- Top 10 employers with the most amputations
  - **5 Employment Services companies**
  - Food manufacturers
  - State of Illinois
  - Heavy manufacturing
  - Grocery store chain
- Employers w highest number of major amputations
  - State (n=8; 5 arm or hand, 3 leg)
  - **One temp company (n=6; 4 arm or hand; 2 leg)**
  - Two (2) heavy manufacturers (n=9; 6 arm or hand; 2 leg; 1 foot)
  - One (1) food manufacturer (n=4; 4 arm or hand)
  - One (1) waste disposal (n=3; 3 arm or hand)

P1. Challenges: Surveillance* Data

Difficult to extract occupational injuries

- Industry and occupation absent from available healthcare datasets
- Illinois workers' comp First Reports and Claims have missing data
- No designation for <u>temp</u> workers vs. <u>directly employed</u> workers on OSHA logs
- Requiring these data sources to collect employer information (NAICS code to 5 digits – 56132) would allow a clearer understanding of where and how injuries occur

- ***Surveillance** in Public Health: monitoring injuries and illnesses

Project 2. IL Work Comp Claims 2007-2012

	Temp Workers	Direct Hires			Temp Workers	Direct Hires
No. of Injury cases IL (IL Work Comp vs. BLS/OSHA 300 logs)	IL WC=8936 IL BLS=3700	303,263		Weekly wage		
				Mean	$420.35	$825.68
				Median	$367.20	$727.60
Demographics Male	69%	65%		Days accident to filing		
Married	43%	56%		Mean	139.4 days	284.9 days
Dependents	55%	42%		Median	54 days	153.0 days
Mean age	38 y.o.	44 y.o.				

Workers Compensation Awards (AWW x weeks off x %impairment)

	Temp Workers	Direct Hires			Temp Workers	Direct Hires
Total WC Mean	$9411	$20,200		PPD Mean (%)	17%	19.2%
Total WC Median	$2625	$5814		Median	10%	16%
TTD Mean (weeks)	2.3 wks	2.8 wks		PTD-no.(%)	24 (0.3%)	580 (0.2%)
TTD Median (weeks)	1.2 wks	1.3 wks		Disfigurement	182(2.0%)	8754 (2.9%)

Project 2. Conclusions

- Workers' comp data gives more **accurate numbers** and more **comprehensive information** than BLS

- Compared to direct hires, injured temp workers are more: male, unmarried, younger, with dependents

- Workers' compensation awards are lower for temp than direct hires

- Amputation injuries >2X more frequent in temp vs direct

Project 3: How to reach/train Temp workers

- Identify **O**ccupational **H**ealth **P**romoters
    - peer educators, worker-leaders, community health workers
- Trained **OHP**s on H&S, data collection
- **OHP**s collected data on data sheets
- Summarized results and got **OHP** feedback

P3. Data Collection Sheet

Hazard	Picture	Type of work (Job tasks, sector)	Why is it dangerous?
Lifting heavy object			
Repetitive motion			
Locked exits			
Fire hazards			
Machinery			

P3. Results & challenges

- OHPs well-suited to taking occupational hazard histories
- Hazards described in a variety of different sectors [host/client companies]
- Major hazards reported to OHPs not addressed by current regulatory framework
- Workers are open in describing hazards and concerns
- How/where to access these workers
- What kind of training to offer, given diversity and constantly changing job tasks

Project 4. Challenges for clinical practice*

1. Temp workers don't know who their employer is
2. Temp workers don't know about workers' comp
3. Workers cannot get SDS sheets
4. Temp staffing companies can't honor "limited duty" return-to-work
5. Temp workers are afraid to report injuries because they need their jobs

*poll of physicians

UIC

Systematic approach to health & safety

What are workplace hazards?

Chemical	Physical	Biological	Biomechanical	Psychosocial
• Solvents • Metals • Pesticides • Dusts (silica) • others	• Noise • Radiation • Heat • Cold • Vibration	• Bacteria • Viruses • etc	• Falls • Repetitive motion • Caught in • Struck by • Prolonged sitting	• Bullying • Harassment • Violence • Shift work

How do workers encounter these hazards?

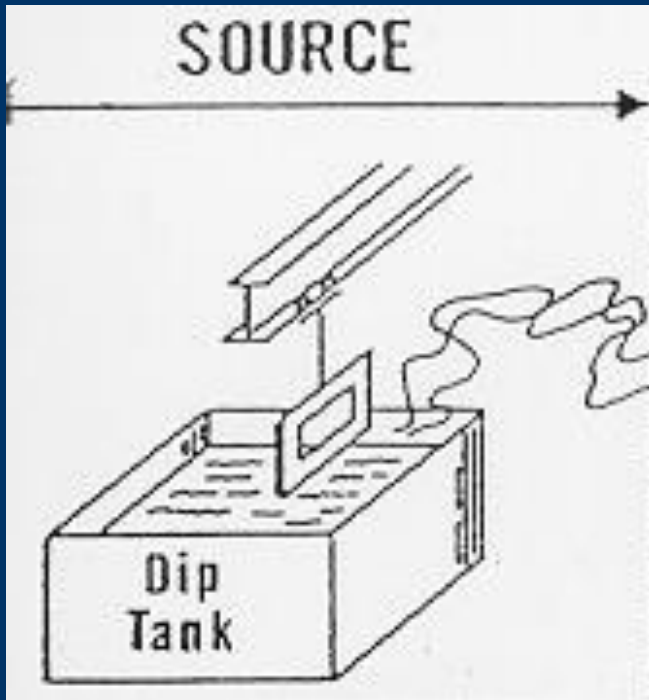# Model of exposure

Source

Pathway

Worker

There is a **source**, a **pathway** along which the hazard travels, and the **worker**, where it is received

It is always best to control the
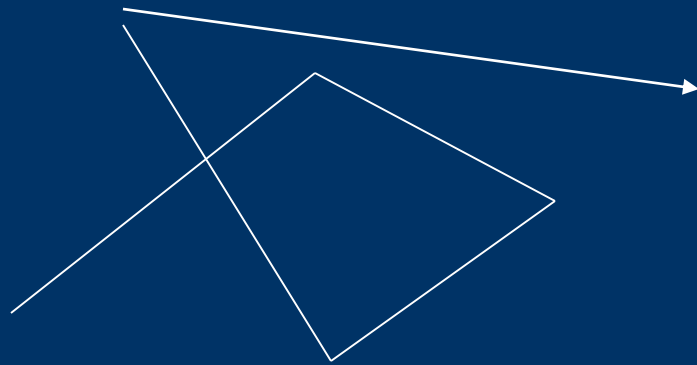hazard at the **source**!!

How to Control the Source

- Substitution

- Process change

- Wet methods

- Local exhaust ventilation

- Enclosure

- Machine guarding

It is essential to understand that the goal of occupational health and safety practice is to **prevent** work related illness and injury and that controlling exposures to hazards is the best way to achieve this goal.

UIC

Pathway Controls

- General ventilation
- Dilution ventilation
- Worker isolation
- Continuous area monitoring
- Housekeeping
- Good maintenance

Pathway
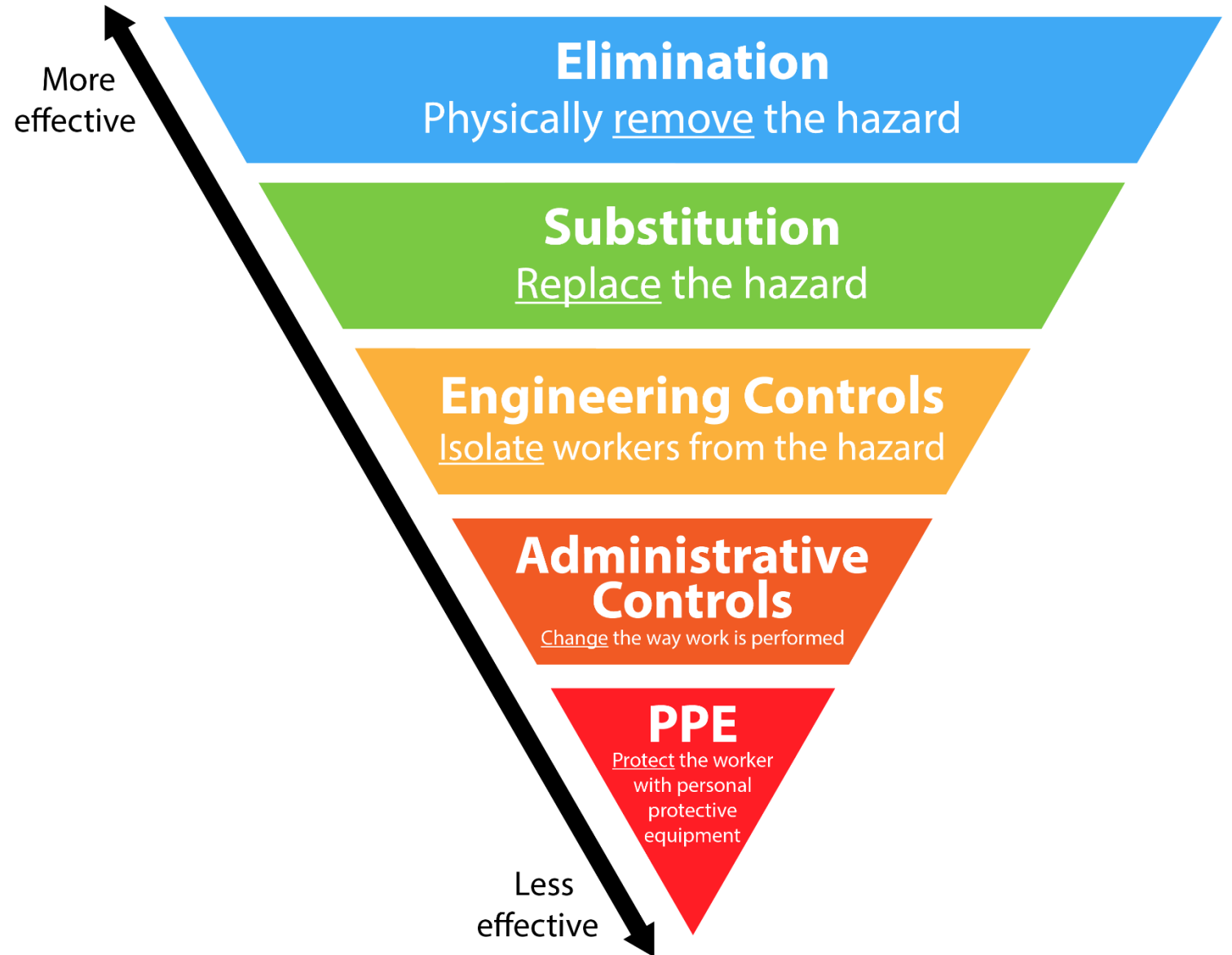
UIC

Administrative Controls

- Training and education

- Personal monitoring

- Personal protective equipment (PPE) program

- Maintenance program

- Scheduling

Worker

UIC

NIOSH's Hygiene Hierarchy of Controls

More effective

Elimination
Physically <u>remove</u> the hazard

Substitution
<u>Replace</u> the hazard

Engineering Controls
<u>Isolate</u> workers from the hazard

Administrative Controls
<u>Change</u> the way work is performed

PPE
<u>Protect</u> the worker with personal protective equipment

Less effective

Prevention

- Primary: preventing an injury before it happens
- Tertiary: addressing an injury so that it does not cause a disability

Occupational Health Surveillance

- Tracks the cases: number, industry, diagnosis, mechanism, outcomes
- Can find particularly hazardous industries, conditions, processes
- Can find emerging hazards: new hazards, processes, industries
- Can look at trends over time

One of the ways addressing "health and safety" is challenging for temp staffing companies...

H&S=ways to prevent injuries among employees

Pause for activity

Health and Safety obligations of temp staffing

- Protecting employees' health and safety
  - Knowing the hazards employees will face at their placement site
  - Training employees or making sure they are trained on OSH
  - Making sure client/host follow safety requirements
    - Required precautions: e.g., machine guarding, lockout/tagout, etc
    - Providing personal protective equipment (PPE)
    - Training employees on health and safety
    - Maintaining/providing Safety Data Sheets
    - Screening workers, if required (respirator fit testing, hearing tests, required blood or urine tests)
  - Getting reports back from employees about safety hazards
  - Covering workers' compensation

Reporting requirements

- Reporting injuries
  - To OSHA
    - On OSHA 300 log
    - To OSHA if death, hospitalization, amputation, eye enucleation
  - To own insurance company?
  - Anyone else?
- Making sure there is a common understanding with client/host employer about who is reporting what to whom

We would like to learn about how we can help promotion health and safety in Temp

- If you are willing to help us explore ways to help you and the employees you hire, please provide contact information on the sheet handed to you and we will collect them.

If you want further dialogue about health and safety in temporary staffing…

Linda Forst

LForst@uic.edu

Thank you!