

WASHINGTON HOSPITALS WORKERS' COMPENSATION PROGRAM

TRUST NOTES

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TRUST NOTES SPECIAL ALERT:
Programmed Inspections of
Employee Safety Compliance at Hospitals

Are you ready for a comprehensive L&I inspection at your facility?

Starting June 2008, L&I programmed inspections target healthcare facilities. If an L&I Inspector shows up at your hospital, call your Safety Coordinator immediately. Mike Lary at 206.953.9827 or Suzanne Metz at 206.890.8169.

During June 2008, the Department of Labor and Industries (L&I) began programmed or planned inspections of Washington hospitals to determine compliance with Washington Health and Safety Rules on employee safety. From a hospital that had an inspection start early July, we learned that L&I Inspectors are as dedicated to following state regulations for employee safety as their counterparts at the Department of Health are dedicated to patient safety. Don't confuse these on-site inspections with L&I consultation visits, which originate from another division at L&I. These are an increased focus on healthcare employers for 2008. Compliance audits can result in citations and monetary penalties as they have in the past. The programmed inspections are done by L&I terms and timetables.

L&I has broad authority under WAC 296-900

No advance notice is needed for an L&I inspector to show up in your hospital lobby. However, L&I inspectors do need to present credentials when they arrive unannounced. State law (RCW.49.17.070) established L&I Department of Occupational Safety and Health (DOSH) and its responsibilities for conducting safety and health inspections of employers in Washington State and provided broad authority over employee health and safety. Our state law includes requirements for all employers and assigns

additional, specific requirements to healthcare employers. L&I classifies Health Care as a high hazard industry, along with Maritime, Agriculture, Construction, High Voltage and Logging. These other high hazard industries have been targeted with inspections in the past. In selecting their “targets”, L&I considers factors such as injury and illness data, the employer’s industrial insurance experience rating, the type and degree of exposure to hazards, and the number of employees exposed.

If you or your employees say “no, go away” to an L&I Inspector, they will return with a search warrant. This would be an inauspicious start to any inspection process.

L&I priority categories

L&I can also make un-programmed workplace inspections. Typically, un-programmed inspections occur from employee and/or community complaints, or referrals from other agencies and inspectors who have witnessed or seen violations, like the Department of Health or the Department of Labor and Industries Consultation Staff.

Here are L&I priorities for inspections by category:

- Employee(s) in imminent danger
- Fatality/Catastrophic investigations
- Complaints or referrals
- Follow up or monitoring inspections
- Programmed (or L&I planned) inspections

Be ready for what happens during an inspection (WAC 296-900-120)

Hospitals must prepare to be flexible with staff time and resources, including meeting space. The inspections can last for several hours or they could extend to cover days.

After producing credentials, Inspectors and inspections typically work in this order:

1. Opening conference
2. Program Review
3. Documentation
4. Walk-around
5. Employer Interview
6. Employee Interviews
7. Closing conference

During the Program review portion of the on-site inspection, you will be required to produce up to 20 or more health and safety documents for the inspectors (for a list of the documents you will need to have ready and available in the event of an inspection, see the table at the bottom of this notice). These documents include your Accident Prevention Plan, policies and procedures, plus the additional written plans required for healthcare employers. Inspectors may ask for additional documentation like training plans, training records and employee safety committee minutes for review. They will physically look at potential high hazard areas and take photos. Typical high hazard areas include places like maintenance departments, labs, or other areas where hazardous chemicals are used and stored, as well as places where other hazards to employee health and safety are likely found.

An inspector has the authority to do all of the following under the law:

- Take photos, videotape, audiotape conversations, and take samples of areas
- Conduct tests and interviews
- Ask employees to wear monitoring, sampling, or measuring devices
- Privately question employer, staff, and employee representatives on and off site
- And, use any “reasonable” investigative techniques

On the web site, L&I lists the most frequently cited areas for hospital. Click on the link found at: <http://www.lni.wa.gov/Safety/Topics/AtoZ/Hospitals/FreqProblems.asp>

Is your facility on the target list?

Has your hospital been inspected by L&I in the last 36 months? If not, you could be on the target list. John Furman, Occupational Nurse Consultant with L&I, provided an overview of the coming L&I programmed inspections at the Washington State Healthcare Safety Council on June 30. When asked for comments on what this means for our rural hospital members, he said, "Licensed hospitals who have not received a comprehensive inspection in the last 36 months are eligible. Inspections will be primarily employee health focused; however other safety topics may be brought in if circumstances dictate."

Health focused means “industrial hygiene,” defined as the recognition, evaluation, and control of workplace hazards.

Hospitals’ “Host Employer” Requirements

Hospitals are responsible for the hazards under their control for both their regular *and* temporary or contract employees. Hospitals must have training plans for both temporary and contract employees in the following areas: Personal Protective Equipment, Device Use, Hazard Communication, Emergency Response and Workplace Violence.

What action do you need to take now?

1. Plan ahead and plan now.
2. Gather information obtained from your WC Safety Coordinator, Mike or Suzanne, and review program materials from any WC Program training programs. Was the information from the training incorporated into the hospital policies at that time? If not, you will need to do so.
3. Select a team of employees who know document locations, can review the employee safety documents with an inspector in a non-adversarial way, and who can answer questions reasonably well during the inspection process. It is important that employees respond to questions only and also know not to volunteer information.
4. Take vacations, time-off, and availability into consideration when choosing a team.
5. Look at the list of documents at the end of this article. Determine who is responsible for the items when they were reviewed. Now is the time to ask for help in developing or updating a plan, policy or procedure.
6. Know your WC Safety Coordinator, Mike or Suzanne, and their cellular number. If an inspector arrives, call your Safety Coordinator who will assist you either in person or by phone during the inspection process.

7. Have reliable cameras and video cameras available. You will need to shadow the inspector and mirror all the inspector sees, including taking the photos and videos of areas, or recording conversations. Don't rely on your personal cell phone to do this.
8. Have a meeting room or designate a meeting room, preferably away from patient care areas.
9. Schedule and do a dry run or a "mock" L&I inspection with your Safety Coordinator, Mike or Suzanne.
10. Know that it is far better to be in compliance, or take the steps and do the work now than violate the L&I laws and rules, get citations and pay penalties. *The citation process is long, laborious, and involves the notification of employees, posting of citations and then the timely and involved violation correction and correction notification process. This type of citation can be published on L&I websites and is frequently sent out in a broadcast or press release format.*

For more information please visit the L&I website:

<http://www.lni.wa.gov/Safety/Basics/SmallBusiness/Construction/WhatDoInspectorsLookFor.asp>

<http://www.lni.wa.gov/Safety/Basics/SmallBusiness/Construction/documents/WISHA1a.pdf>

<http://www.lni.wa.gov/wisha/rules/admin/index.htm>

Commonly Requested Employee Health and Safety Documents by Inspectors:

1. OSHA 300 LOG
2. Accident Prevention Program
3. Chemical Hazard Communication Program
4. Emergency Action Plan
5. Lock-out/Tag-out Program
6. Blood borne Pathogens Exposure Control Plan
7. Sharps Injury Log
8. Hepatitis B Vaccination Program
9. Tuberculosis Control Plan
10. TB Medical Surveillance Program
11. Infection Isolation Programs (standard, contact, droplet and airborne isolation)
12. Respiratory Protection Program
13. Workplace Violence Prevention Program
14. Hearing Conservation Program
15. PPE Hazard Assessment and Certification
16. Confined Space Program
17. Laboratory Chemical Hygiene Plan
18. Laboratory Biosafety Plan
19. Biological Safety Cabinet Maintenance Records
20. Industrial Hygiene Exposure Monitoring Plans (formaldehyde, anesthetic gases, noise)

Inspectors may also request the following documents:

21. Fire & Life Safety Training Plan
22. Employee Safety Committee & Minutes
23. Sharps Prevention Committee
24. Employee Training Records
25. Safe Patient Handling
26. Worksite Hazard Analysis
27. Safe Patient Handling Program and committee
28. Emergency Response Plan (Chemical Spill Response)

Safe Patient Handling Equipment –Is your hospital leaving money on the table?

The Hospital Safe Patient Handling B&O Tax Credit provides up to a \$1000 per acute care bed for the purchase of safe patient handling equipment. When the [Engrossed House Bill \(EHB\) 1672](#) passed in 2006, there were concerns that there would not be enough money for funding for all hospitals. But according to Angie Greene, Washington State Department of Revenue, \$7 million has been left unclaimed as of June 2, 2008. Only 42 of the 93 eligible hospitals have taken advantage of this tax credit, and only eight hospitals have reached their maximum.

Is your hospital leaving money on the table?

In an effort to reduce direct health care employee injury rates and promote patient safety, the Safe Patient Handling Act required hospitals to develop and implement safe patient handling programs by December of 2007. As part of this effort, the law began providing a B&O tax credit equal to 100 percent of the amount spent for patient handling devices used to minimize manual patient lifting. The tax credit is available only until December 30, 2010, so it is integral for hospitals to begin taking advantage of this opportunity.

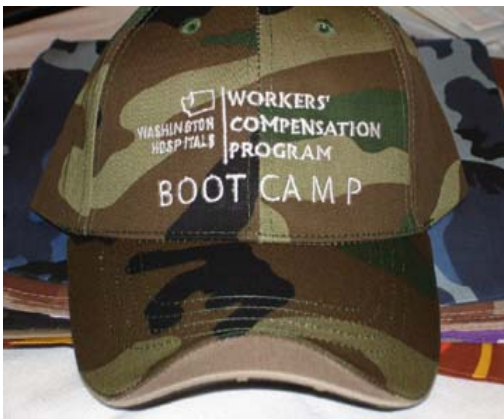
If your hospital has not taken full advantage of this opportunity or you need assistance to determine how to utilize the tax credits, please call your WC Program Safety Coordinator for advice.

Mike Lary – 360.792.0639

Suzanne Metz – 206.890.8169

To download the B&O tax credit form, go to:

<http://dor.wa.gov/docs/Forms/ExcsTx/CrdtFrm/HsptlPtntHndlngBOCrdt.pdf>



Camo Redux – Claims Management Boot Camp

Left, Left, Left, Right, Left- Yes, June was Claims Management Boot Camp training month for Workers Compensation.

On June 13th in Seattle and on June 16th in Moses Lake, all WC Program claims and safety staff joined in the presentations and training activities, including Commander Simmons, Drill Sergeant Lary, Platoon Captain Pangallo, Sergeant Major Metz and Platoon Leaders Pray, Cuff and Miller. Platoon Clerk Helfen checked everyone in, kept everything orderly, and supervised the important activity of noontime chow.

Boot Camp caps and camouflage scarves were issued and accompanied by some grumbling, all attendees wore them. Few had prepared for hat hair – but in Boot Camp no whining was allowed!

Boot Camp presentations included information about claims management, such as: our need for appropriate and timely completion of all forms; the steps we follow for the complete cycle of a workers compensation claim; and a review of duties for each of the three areas of claims contact, safety contact, and accounting contact. We also included how and what we investigate in a claim, how the hospitals can

use monthly and quarterly reports for better injury management and prevention, and how to assist supervisors when investigating an injury.

After staff presentations, attendees used their new knowledge to follow two injured employees through the Claims Management Jungle and Paperwork Swamp and back again, addressing major barriers along the way. This involved receiving late reporting of injury from the two employees, information gathering and interactions of all types with the two employees, their supervisors, the infection control officer, the employee safety committee chair, safe patient handling committee, and review of



personnel policies required for completion of the claims and investigation process. Once this activity was completed, and all were out of the Swamp and Jungle, it was time to take a rest and head out home.

We had fun and the evaluations said that you did too. Thanks to all who attended for joining us! AT EASE!

Pictured in camouflage:
left – Theresa Miller and Cheryl Cuff
above – Beverly Simmons and Mike Lary

L&I News:

Excavation company to pay \$356,000 in back wages and premiums

The owners of a Vancouver excavation business have agreed to pay \$356,000 in a case involving unpaid overtime wages and workers' compensation premiums.

In a settlement approved July 8th in Clark County Superior Court, Jerry and James Schram, brothers and business partners in Schram's Excavating, also pleaded guilty to misdemeanor charges for the unpaid wages. Jerry Schram pleaded guilty to a gross misdemeanor and will serve 30 days in jail. Both were given two years' probation and 240 hours of community service.

As part of the settlement, the Schrams pledged personal assets to guarantee repayment of the debts. The settlement includes a payment, made July 8th, of \$75,000 to employees owed overtime pay for working more than 40 hours a week.

"This settlement levels the playing field for other excavating companies," said [Carl Hammersburg](#), Manager of the [Fraud Prevention and Compliance Program](#) at the Department of Labor & Industries (L&I). "Most contractors in Washington are honest. It's unfair when they can be underbid by companies that aren't paying their employees properly or are avoiding the insurance costs for caring for injured workers."

Also, the company, represented by Jerry Schram, pleaded guilty to a felony for hiding information used to set their workers' compensation insurance premiums, allowing the company to avoid paying its fair share.

As a result, L&I dropped 31 other felony charges to avoid the costs of a lengthy trial and expedite payment of unpaid wages and debts.

The case against the Schrams is part of L&I's stepped-up efforts to find unregistered contractors and registered construction companies that purposefully underpay their insurance premiums. A [report to the Underground Economy Task Force](#) estimates conservatively that taxes owed by those in the underground construction economy in 2006 totaled \$126 million.

Permanent Rule on Heat-Related Illness took effect on July 5th

“Workers die from heat-related illness, and a permanent rule is a responsible way to help save lives and prevent illness,” said L&I Director Judy Schurke about L&I's permanent workplace rule to protect workers from outdoor heat exposure.

“We strived to make the rule easy to understand and implement, and we believe it gives employers clarity on what is required and workers the protections they deserve.”

The permanent rule, which was filed June 4th and took effect July 5th, is not expected to represent a significant new burden for employers, said Schurke. Costs associated with staff training, providing water and having a place for workers to cool down typically are minimal. An emergency rule was in place during the summers of 2006 and 2007, so most employers are already in compliance. Over the past two summers, when it was implemented on an emergency basis, L&I's approach made a difference and saved lives.

Working outdoors in hot weather is a health hazard that can result in serious medical conditions, including disability or death. In Washington alone, three workers have died in the past three years from heat-related illness. 582 workers' compensation claims from heat-related illness were filed between 1995 and 2007 and, these numbers don't include other injuries, such as falls, which can result when someone stricken with heat stress becomes confused or disoriented.

“Nobody should die from working outdoors in hot weather,” Schurke said. A permanent rule raises awareness when the temperature rises, and it helps employers know what to do so they can plan for and prevent heat-related illness. Employers who have been in compliance with the emergency rule of the past two years will not have to do anything new this year.

The rule requires employers with employees who work outdoors to:

- Train employees and supervisors to recognize heat-related illness and what to do if someone has symptoms.
- On days when temperatures require preventive measures, increase the volume of water available to employees.
- Have the ability to appropriately respond to any employee with symptoms of illness.

For more information on the new rule and L&I's optional heat stress training, go to: <http://www.lni.wa.gov/Safety/Topics/AtoZ/heatstress/default.asp>.

You may also visit the L&I News Center at <http://www.lni.wa.gov/news> to see or search the archives of news releases sent out by the Washington State Department of Labor and Industries.

Injury and Violence Prevention Efforts Show Progress — More Work To Do **Injury and Violence Prevention Guide Released June 10th**

The Washington State Injury and Violence Prevention Guide found that there have been significant drops in Washington State injuries within the last ten years.

Injuries are the leading killer of Washington residents ages 1-44. In 2006, injuries claimed the lives of 3,700 state residents and hospitalized more than 78,000. Among the most important findings, drowning, firearm, and motor vehicle-related death rates have dropped in our state in the last 10 years.

In 2005, 50 percent of women murdered in Washington were killed by a current or former husband or boyfriend. And there has been a 41 percent drop in fatal and disabling vehicle injuries since a more restrictive driver's license law took effect in 2001.

These are some of the findings in the Washington State Injury and Violence Prevention Guide that was unveiled June 10th at the third annual Injury and Violence Prevention Symposium. Advocates from around the state gathered in Olympia to discuss the report and the next steps.

"Injury and violence prevention are at the center of public health," said Secretary of Health Mary Selecky. "The price of injury and violence is high for people involved, their families, and the community. We're making important progress in cutting that toll in our state."

In 2005, the state Department of Health received a five-year grant from the Centers for Disease Control and Prevention. The money is being used to develop and implement a thorough injury and violence prevention plan in our state.

The state health agency created the guide for those working on injury and violence prevention in the field. The guide is a result of three years of joint work by injury and violence prevention advocates, the state Department of Health, and Department of Labor and Industries. It includes valuable guidance for government, tribal, and non-profit organizations working to prevent injuries and violence, disability, and premature death. The guide provides helpful injury prevention information for health care providers, policy makers, business, and media.

Additional information on the Department of Health's [Injury and Violence Prevention Program](#) is available online. Copies of the guide are available by contacting [Annie Merritt](#) at the Department of Health.

Upcoming On-site Claims Management Visits

These on-site visits provide each hospital with status updates of their open claims, education on workers' compensation, and an opportunity to address specific issues, as well as meet Workers' Compensation personnel. The claims staff will call to confirm dates with those facilities scheduled below.

- July 11th, *Friday* Morton General Hospital – Morton
- July 18th, *Friday* Regional Hospital – Tukwila
- August 28th, *Thursday* Lincoln Hospital – Davenport
- August 29th, *Friday* East Adams Rural Hospital – Ritzville

Summer Meeting Dates

- July 31st – August 1st
Thursday, 8 a.m. – 4 p.m.
and Friday, 8 a.m. – 1 p.m.
PHD & WAH Boards of Trustees Meeting – SUMMER
Quinalt Beach Resort and Casino – Ocean Shores
- August 19th, Tuesday
East Side
8:30 a.m. – 4:30 p.m.
HazMat for Healthcare – Injury Prevention Committee
Othello Community Hospital – Othello
open to all members
- August 21st, Thursday
West Side
8:30 a.m. – 4:30 p.m.
HazMat for Healthcare – Injury Prevention Committee
Capital Medical Center – Olympia
open to all members

Just One Moment of Your Time for TRUST NOTES

It's that time again. For those of you who are reading the **TRUST NOTES**, we have another token of our appreciation. The first reader who emails the Managing Editor, [Sera Osborn](#), on Tuesday, July 15th will receive a \$50 gift card to Target. Even if you don't have a Target store near you, they have an excellent on-line store. In your email please provide your name, your title, your member hospital, and your contact information. Thanks again for reading and good luck!

And after, you have entered to win the Target gift card, please take just a few more moments to fill out our survey. As of today, we have only three completed surveys. The WC Program **TRUST NOTES** appreciates your readership and values your opinion. We have built this short survey in order to better serve you as readers and as members of the Trusts. To participate in our survey, click on the following link: www.zoomerang.com/Survey/?p=WEB227UG6TKKUZ. And thank you!

Our Vision, Mission, and Values

Our Boards of Trustees of the Public Hospital Workers' Compensation Trust and the Washington Hospitals Workers' Compensations Trust have adopted a Vision, Mission, and Values for our program. We create services and programs that follow these for our membership.

Vision – To lead our membership to create and maintain the safest work environment.

Mission – We exist to promote the best practices by all members for optimal injury and illness prevention and workers' compensation outcomes.

Values – We value and expect the following attributes:

- Demonstrating leadership and innovation while being responsive to member needs and increasing member value.
- Committing to continuous improvements in the quality of our results and processes.
- Preventing work-related illnesses and injuries.
- Creating a core culture of safety.
- Demonstrating integrity and trustworthiness in our relationships and activities.



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