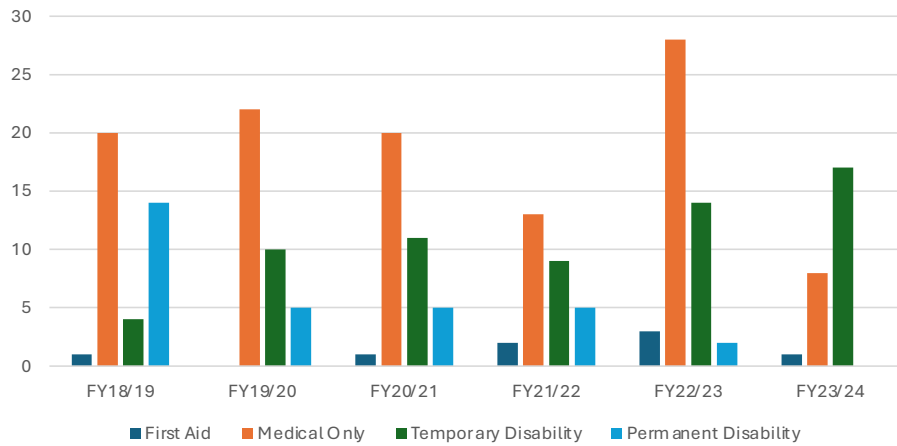


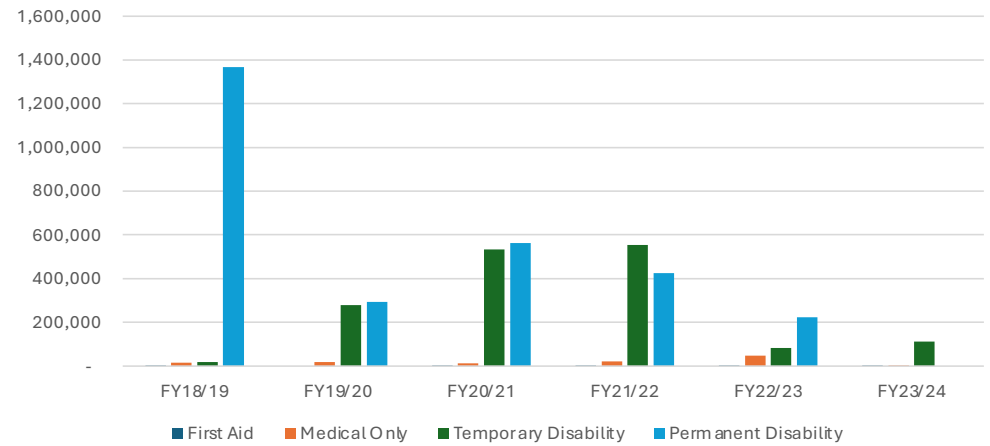
SCORE:
Workers' Compensation Claims
(WC)
2018-To Date

SCORE: What Type of WC Claims Are We Having?

Claim Count by Claim Type by Year



Incurred by Claim Type by Year



- Return to Work Programs KEY to controlling many lost time claims cost
 - Medical Portion (TPA)
 - Indemnity (temporary disability payments)
- This will be a focus in 2025

DR.
COMPLETE

EMPLOYEE STATUS REPORT
 CONFIDENTIAL INFORMATION

EMPLOYEE NAME:	DATE OF INJURY:
DATE OF BIRTH:	DEPARTMENT:
EMPLOYER: <small>(Name, Address, Telephone)</small>	
NEXT APPOINTMENT DATE:	INJURY TYPE: <input type="checkbox"/> Recordable <input type="checkbox"/> First Aid

"Yes, I have reviewed the Employee's Usual & Customary job description prior to addressing work status."

INJURY/TREATMENT	WORK STATUS
TYPE OF INJURY:	<input type="checkbox"/> A. RELEASED TO USUAL & CUSTOMARY ON (Date):
PHYSICAL THERAPY: _____ sessions per week for _____ weeks	<input type="checkbox"/> B. RELEASED TO RESTRICTED DUTY ON (Date):
SURGERY SCHEDULED?: <input type="checkbox"/> NO <input type="checkbox"/> YES, DATE: _____	<input type="checkbox"/> C. TOTAL TEMPORARY DISABILITY EFFECTIVE (Date):
	ANTICIPATED DATE OF MAXIMUM MEDICAL IMPROVEMENT:

WORK ABILITIES							COMMENTS
Maximum hours Employee can perform each activity per day							
	No restriction	6 hours	4 hours	2 hours	1 hour	0 hours	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing/Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling/Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing/Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weight limitations:
HAND/ARM USE:							
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keyboard/Mouse Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LIFTING/ CARRYING:							
0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50+ lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What percentage of recovery has the patient achieved at the time of this appointment? _____ %							
Can Employee work entire shift?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, how many hours?				
Can Employee work overtime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many hours?				
Does Employee need periodic rest breaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how often?				
Can Employee operate/work around moving equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Can Employee operate a vehicle/forklift/heavy equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Can Employee operate vibrating equipment (jack hammer, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Can Employee wear a respirator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Can Employee enter/work in confined spaces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Can Employee work at heights?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Is Employee on any medication that affects work ability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain:				

PHYSICIAN INFORMATION		
I declare under penalty of perjury that to the best of my information and belief I have not violated California Labor Code Section 139.3 and have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration for any referral for examination or evaluation by a physician.		
NAME:	SIGNATURE:	DATE:
TELEPHONE:	FAX:	E-MAIL:
PHYSICIAN: Fax to Athens at (925) 889-2410 AND Workers' Compensation Coordinator at: AND give completed original to Employee to return to Supervisor.		

Initial Distribution: Treating Physician

EE KEEP FOR
REFERENCE

WORK STATUS GUIDE

After each medical appointment, report to your Supervisor and provide the completed Employee Status Report/Work Status. Your work status will be determined and you will be advised to take one of the following sets of actions:

A. If you are released to Usual & Customary position (full duty):

Return to work and report for duty with your completed **Employee Status Report/Work Status Form** from the Doctor.

Return to Treating Physician for any indicated follow up appointments until you are released from care. Keep in communication with your employer if you need to take time off for medical appointments due to this injury. If your work status changes, bring a completed **Employee Status Report/Work Status Form** back to the Workers' Compensation Coordinator and await a decision about your work assignment (see B & C below).

B. If you have any work restrictions:

Your Supervisor and the Workers' Compensation Coordinator will work with you to determine if an appropriate Temporary Transitional Assignment is available within your restrictions. If an appropriate position is available, review and sign the **Temporary Transitional Assignment Agreement**.

If a Temporary Transitional Assignment is not available, your Workers' Compensation Coordinator will keep in touch with you by telephone periodically during your recovery to reconsider a Temporary Transitional Assignment as your restrictions change.

Continue treatment with the Treating Physician. Return an **Employee Status Report/Work Status Form** to the Workers' Compensation Coordinator after each appointment and receive a new **Employee Status Report** for your next appointment.

C. If you are Totally Temporarily Disabled:

If a Temporary Transitional Assignment is not available, your Workers' Compensation Coordinator will keep in touch with you by telephone periodically during your recovery to reconsider a Temporary Transitional Assignment as your restrictions change.

Continue treatment with the Treating Physician. Return an **Employee Status Report/Work Status Form** to your Workers' Compensation Coordinator after each appointment.

WORK ABILITIES MEMO

TO: PHYSICIAN:	FROM: WORKERS' COMP. COORD.:
MEDICAL CENTER:	AGENCY:
Email or Fax #:	TELEPHONE #:
TODAY'S DATE:	Email or Fax #:
# OF PAGES:	

URGENT
Please respond within 4 hours.

EMPLOYEE'S NAME:	INCIDENT DATE:
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This Employee has returned from a medical appointment and either:

- The Treating Physician did not complete the customized Employee Status Report, or
- The Employee is Totally Temporarily Disabled

I am attempting to determine if there is an appropriate Temporary Transitional Assignment for the Employee considering their work abilities. Please follow the instructions after the checked box below: *(WCC check one box)*

- The information provided on your work status slip regarding the Employee's restrictions is not sufficient to address Return to Work:**
- Please complete the attached Employee Status Report so that I may fully understand your determination regarding the Employee's work abilities in accordance with Labor Code Section 3762 (c). **Email/Fax your response to me at the address/number above**, and send to our Third Party Administrator, Athens by fax at (925) 889-2410 or by uploading it to the Claims Portal.

If you refuse to complete this form or otherwise clarify the Employee's work abilities, please complete the information below and return it to me via email/fax as soon as possible. In that case, our Third Party Administrator will contact you for further information.

<i>I am unwilling to complete the Employee Status Report at this time due to the following:</i>
SIGNATURE OF PHYSICIAN OR AUTHORIZED STAFF MEMBER:
PRINT NAME & TITLE:

- You have indicated that the Employee is Totally Temporarily Disabled:**
I believe that there may be work available that is of a comparable level of activity to the Employee's activities of daily living. Please complete the section below so that I may better understand the Employee's physical capabilities.

ACTIVITIES OF DAILY LIVING: Check each item that the Employee is able to perform	
<input type="checkbox"/> Light housekeeping (tidying, wiping kitchen counters, etc.)	<input type="checkbox"/> Child care
<input type="checkbox"/> Personal grooming (bathing, dressing, etc.)	<input type="checkbox"/> Age of children:
<input type="checkbox"/> Driving personal vehicle	<input type="checkbox"/> Washing dishes
<input type="checkbox"/> Grocery shopping	<input type="checkbox"/> Vacuuming
<input type="checkbox"/> Hobbies/sports (fishing, golf, etc.)	<input type="checkbox"/> Outdoor gardening
<i>Describe:</i>	<input type="checkbox"/> Other:
PHYSICIAN'S SIGNATURE:	DATE:

Contact me at the number above if you have any questions regarding this request. Thank you.

**TEMPORARY TRANSITIONAL
ASSIGNMENT AGREEMENT**

Check one:
 Industrial Non-Industrial

EMPLOYEE:	DEPARTMENT:
DATE OF INJURY:	TODAY'S DATE:

TREATING PHYSICIAN: (Name & Date of report or Work status)
BRIEF DESCRIPTION OF INJURY (e.g. sprained right wrist, dislocated left shoulder, etc.):
WORK RESTRICTIONS:

CURRENT ASSIGNMENT:
<input type="checkbox"/> Modified Usual & Customary Describe Temporary Modification:
<input type="checkbox"/> See Attached Temporary Transitional Assignment Description Form

TEMPORARY TRANSITIONAL ASSIGNMENT WORK SCHEDULE:						
START DATE:						
END DATE:						

* The assignment End Date is the next medical appointment date or two weeks from the Start Date whichever is sooner.

- Temporary Transitional Assignments are intended to assist in the Employee's recovery until medical restrictions change, or until the assignment is completed, or as otherwise determined by the Agency.
- At the end of this Temporary Transitional Assignment, the Agency will engage in an interactive process with the Employee to determine whether or not a new Temporary Transitional Assignment can be assigned based on the Employee's physical restrictions and the availability of transitional work.
- All Agency personnel rules and regulations apply during the Transitional Assignment.

We, the undersigned participated in a meeting with the others indicated below in order to determine an appropriate Temporary Transitional Assignment for the Employee. In order to prevent further injury or aggravation to the Employee's present condition, we agree that the Employee will work within the work restrictions prescribed by the Treating Physician. If any party is aware that the Employee is working outside of these restrictions, they will immediately inform the Workers' Compensation Coordinator of the situation.

<input checked="" type="checkbox"/> IF PRESENT AT MEETING	SIGNATURE	DATE
<input type="checkbox"/>	INJURED EMPLOYEE:	
<input type="checkbox"/>	U&C SUPERVISOR:	
<input type="checkbox"/>	TRANSITIONAL ASSIGNMENT SUPERVISOR:	
<input type="checkbox"/>	WORKERS' COMPENSATION COORDINATOR:	
<input type="checkbox"/>	OTHER:	

Original: Workers' Compensation Coordinator
Copy w/attachment: U&C Supervisor
Transitional Assignment Supervisor (if applicable)
Employee

WCC: Forward Copy to Claims Examiner w/attachment



MODIFIED DUTY REPORT

Name:	
Job Title / Position	Site Maintenance
Report Date	

Injured Area	
Lift(General)	
List any special instructions that are included on the doctor's medical note	

Job Description

No.	Activity	Maximum Lift/Push/Pull
1	Attend Meetings	
2	Clean up (wiping, scrubbing, brooms etc)	
3	Climbing and descending stairs	
4	Climbing portable ladders	
5	Driving a large maintenance vehicle	
6	Driving Vehicle	
7	Easements (uneven footing, hilly, slippery, loose gravel/dirt)	
8	Finger dexterity - fine finger manipulation - grasping with one and two hands	
9	Must be capable of hanging in a static position in a "Body Harness"	
10	Fire Extinguisher size 1	5 lb.
11	Fluorescent Fixture - 6'	5 lb.
12	Pipe wrench 24" aluminum	6 lb.
13	Fire Extinguisher size 2	9 lb.
14	Conduit installation (6 ft)	11 lb.
15	Pipe wrench 36" aluminum	11 lb.
16	Chain Saw 18" bar	13 lb.
17	Discharge hose lay flat 2"x50'	13 lb.
18	Fluorescent Fixture 8'	15 lb.
19	Shovel - grasping 2 hands continuous	15 lb.
20	Digging bar 72"	17 lb.
21	Firehose - 1 1/2"x100'	18 lb.
22	motor electric 1/2 hp	18 lb.
23	Rotary Hammer Drill	18 lb.
24	Suction hose green rigid 2"x20'	18 lb.

No.	Activity	Maximum Lift/Push/Pull
25	2"x4"x12' Board	20 lb.
26	Fire Extinguisher 20 lbs	20 lb.
27	Gate (Chain linked gate) Open/Close push or pull	20 lb.
28	Pole saw	20 lb.
29	Step ladder - 4 step	20 lb.
30	Cut off saw 14" blade	22 lb.
31	Climbing and descending stairs carrying (25 pounds)	25 lb.
32	Computer hardware	25 lb.
33	Hedge trimming	25 lb.
34	Office supplies - miscellaneous delivery box	25 lb.
35	Rags- case	25 lb.
36	Chain 3/8"x 20'	28 lb.
37	Discharge hose lay flat - 4' x50'	28 lb.
38	Blower operation	30 lb.
39	Portable sampler (empty)	30 lb.
40	Submersible pump pump - 2"	32 lb.
41	Wash down hose - pulling	32 lb.
42	Gas can - 5 gallon	33 lb.
43	Jack hammer - 30 pound	33 lb.
44	motor electric 1 hp	33 lb.
45	Firehose - 2 1/2"x 50'	34 lb.
46	Waterhose 3/4" x 100'	34 lb.
47	5 gallon bucket tools	35 lb.
48	Confined space blower	35 lb.
49	Fence Post Driver with handle	35 lb.
50	Grass clippings 10 gallon	35 lb.
51	Hand over Hand - raising a bucket , submersible pump etc with a rope	35 lb.
52	Install electrical lighting fixture	35 lb.
53	Traffic Cones 28" (stack of 5)	35 lb.
54	Traffic signage	35 lb.
55	motor electric 3 hp	38 lb.
56	Suction hose green rigid 4"x15'	38 lb.
57	Boxes containing pumps, valves etc. (light)	40 lb.
58	Empty garbage cans	40 lb.
59	Gate/Butterfly 4"x12" Valve (operate open/close 1 handle tool)	40 lb.
60	Gate/Butterfly Valve opener device - mechanical powered	40 lb.

No.	Activity	Maximum Lift/Push/Pull
61	Ladder - 20' extension (fiberglass)	42 lb.
62	5-gallon bucket debris	45 lb.
63	Bollards remove and replace	45 lb.
64	Chemical sprayer 5 gallon	45 lb.
65	Confined Space Base (tra28pod)	45 lb.
66	Drinking water - 5 gallon	45 lb.
67	Manhole lid 24" diameter open (pull)	45 lb.
68	Air Relief Valve	48 lb.
69	Moving wooden pallets	48 lb.
70	Boxes of chemicals	50 lb.
71	General debris asphalt/concrete (demolition/excavation)	50 lb.
72	Recycle bin empty	50 lb.
73	Sandbags	50 lb.
74	Standard wheel borrow - full	50 lb.
75	Inspection camera - 8" pipe	51 lb.
76	Case of paper	52 lb.
77	Metering Vault Lid	52 lb.
78	Generator 2200 Watt -Gas	53 lb.
79	Plywood 4x8x 5/8	53 lb.
80	Davit Arm (fall protection equipment)	54 lb.
81	Paint bucket - 5 gallons	57 lb.
82	Pipe inspection camera - 12"	58 lb.
83	Asphalt temporary patch	60 lb.
84	Cement sacks - 60 lbs.	60 lb.
85	Manhole frame 24" (2 person lift) total weight 120 lb.	60 lb.
86	Moving landscape wastes	60 lb.
87	Portable sampler (full)	60 lb.
88	Jack hammer - 60 pound	63 lb.
89	Lumber boards - 2x12x16	64 lb.
90	Pipe inspection camera - 15"	64 lb.
91	Forklift fuel container	66 lb.
92	Generator 3000 Watt - Gas (2 person lift - full weight 134 pounds)	67 lb.
93	Pipe inspection camera - 18"	68 lb.
94	Centrifugal Pump (164 gpm) - 2"	69 lb.
95	Commercial snake	70 lb.
96	Lateral camera	74 lb.

WHAT CAN THIS POSITION DO WITH A 10LB LIFTING WORK RESTRICTION?

TEMPORARY ALTERNATE DUTY

Name	
Job Title / Position	Site Maintenance (ALT)

Task Name	Task Description	Maximum Lift/ Push/Pull
Assist in Paperwork and Documentation	Helping with the completion and organization of various paperwork and documentation processes.	3 lb.
Assist with Non-Strenuous Maintenance Tasks	Providing aid in maintenance activities that do not require significant physical effort.	3 lb.
Audit and Organize Lockout/Tagout Kits	Checking and arranging lockout/tagout kits to ensure safety compliance.	5 lb.
Clean and Organize Control Room	Maintaining the tidiness and order of the control room area.	5 lb.
Clean and Organize Store Rooms	Keeping storage rooms neat and well-organized.	10 lb.
Clean and Sanitize Lab Equipment	Ensuring lab equipment is clean and hygienic for use.	4 lb.
Collect Water Samples (Small Containers)	Gathering small samples of water for testing and analysis.	6 lb.
Conduct Inventory of Spare Parts	Keeping track of spare parts available at the plant.	5 lb.
Create or Document Standard Operating Procedures (SOPS) for tasks performed by the site maintenance position.	Developing or recording SOPs for maintenance tasks.	
Data Entry for Maintenance Logs	Inputting information into maintenance records.	5 lb.
Document Inspection of Plant Equipment	Recording the details of equipment inspections.	6 lb.
Inspect First Aid Kits and Supplies	Checking the availability and condition of first aid materials.	6 lb.
Inspect Personal Protective Equipment	Examining the safety gear used by plant personnel.	6 lb.
Inventory and Label Tools and Equipment	Cataloging and labeling tools and equipment at the plant.	7 lb.
Organize Plant Safety Drills and Evacuation Plans	Planning and arranging safety drills and evacuation procedures.	7 lb.
Participate in Online Training Courses	Engaging in digital training programs for professional development.	3 lb.
Prepare Weekly Safety Briefings	Creating informational safety presentations on a weekly basis.	5 lb.
Review and Document Site Safety Protocols	Examining and recording safety procedures at the site.	5 lb.
Review and Organize Material Safety Data Sheets	Managing and arranging important safety data sheets.	5 lb.
Review and Organize Safety Manuals	Keeping safety manuals up-to-date and well-organized.	5 lb.
Review and Update Emergency Contact Lists	Ensuring emergency contact information is current and accessible.	3 lb.
Review and Update Equipment Manuals	Keeping equipment manuals revised and orderly.	5 lb.
Test and Log Fire Extinguisher Expiry Dates	Checking and recording the expiry dates of fire extinguishers.	6 lb.
Update Training Manuals	Revising and improving training documentation.	5 lb.

TRANSITIONAL TASK MATRIX

This Example Trans your Agency. Some

DEPT	BIT	CSRMA: Workers' Compensation Management Program Instruction Manual											
Admin/Fin/ Safety		CSRMA: Workers' Compensation Management Program Instruction Manual											
Engineering	Field Operation	<p>CSRMA: Workers' Compensation Management Program Instruction Manual</p> <table border="1"> <tr> <td>FOPS (cont'd)</td> <td> <ul style="list-style-type: none"> Manit Orga Outlr Posti Previ Sanit Subd Swee Wast Writr addr </td> <td> <p>CSRMA: Workers' Compensation Management Program Instruction Manual</p> <table border="1"> <tr> <td>Maintenance (cont'd)</td> <td> <ul style="list-style-type: none"> Preview safety videos pertaining to job Safety Inspections Sanitize countertops Take vehicles for oil changes Update maintenance manuals Updating construction drawings Wash trucks/golf carts Writing in easement books – updated addresses Writing/issuing work orders </td> <td> <ul style="list-style-type: none"> Making new file folders and labels Order parts for jobs Organize spare parts in both shops Posting safety information on bulletin boards Preview safety videos pertaining to job Safety Inspections Sanitize countertops Take vehicles for oil changes Update maintenance manuals Updating construction drawings Wash trucks/golf carts Weeding around plant/pump stations Writing in easement books – updated addresses Writing/issuing work orders </td> <td> <ul style="list-style-type: none"> Organize spare parts in both shops Posting safety information on bulletin boards Preview safety videos pertaining to job Safety Inspections Sanitize countertops Take vehicles for oil changes Update maintenance manuals Updating construction drawings Wash trucks/golf carts Weeding around plant/pump stations Writing in easement books – updated addresses Writing/issuing work orders </td> </tr> <tr> <td>Maintenance</td> <td> <ul style="list-style-type: none"> Answ Chec lights off, a Clocat Data Dust etc. f Follow-up Hosin Ident from Insp Label Label Maki Maki Orde Orga Posti </td> <td> <p>Operations</p> <ul style="list-style-type: none"> Answer front phones Check/change burned out indicator lights on all equipment (i.e. run, on, off, alarm lights) Data entry – training & SDS database Dust furniture, window sills, desks, cabinets, etc. throughout plant Filling out spreadsheets in Ops Follow-up telephone calls on trouble-calls Hosing around plant Identify physical existence of fixed assets from report Labeling Equipment Making copies of forms Making new file folders and labels Monitor computers & gates Posting safety information on bulletin boards Preview safety videos pertaining to job Record equipment run counters for plant equipment for future troubleshooting Safety Inspections Sanitize countertops Updating construction drawings </td> <td> <ul style="list-style-type: none"> Answer front phones Calif. 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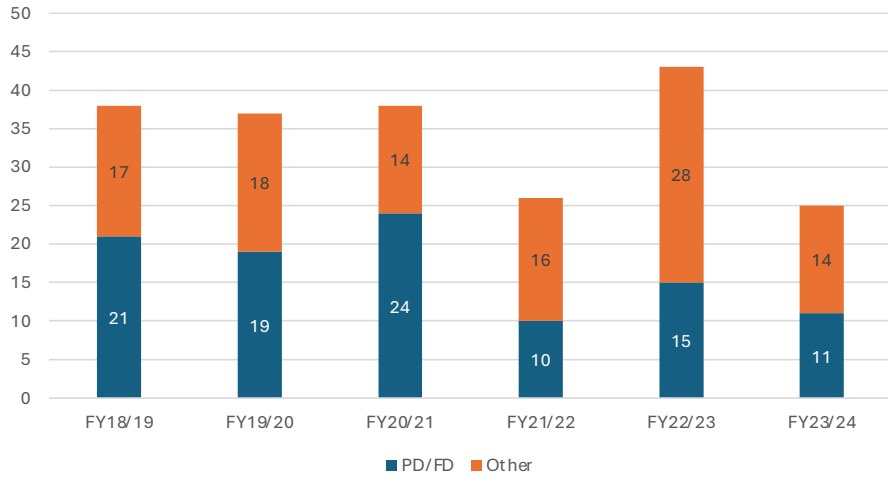
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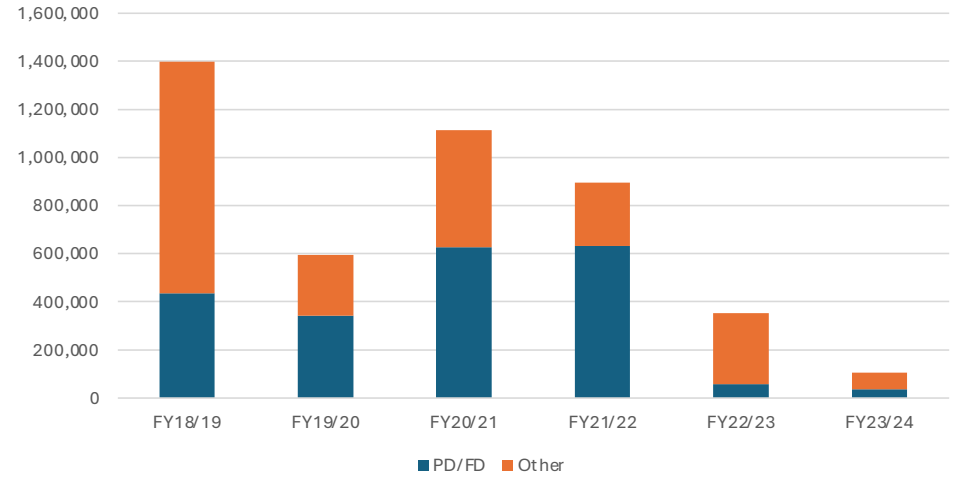
SCORE: Who's Getting Hurt?

Claim Count by Year



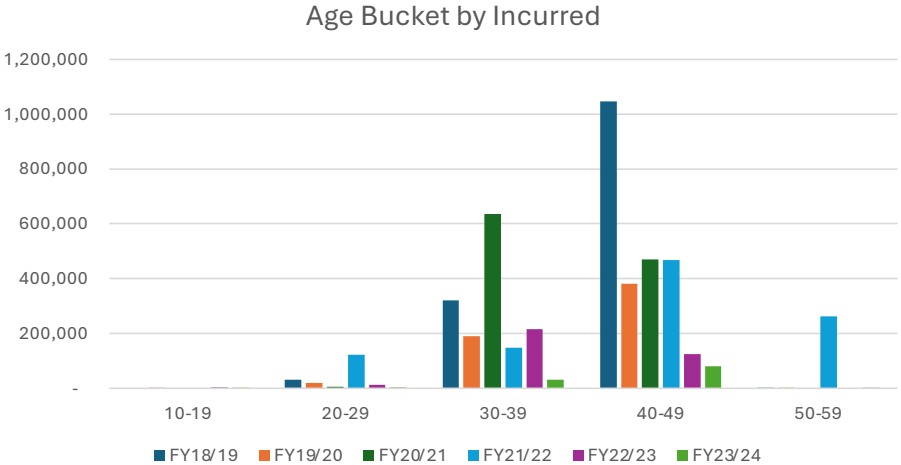
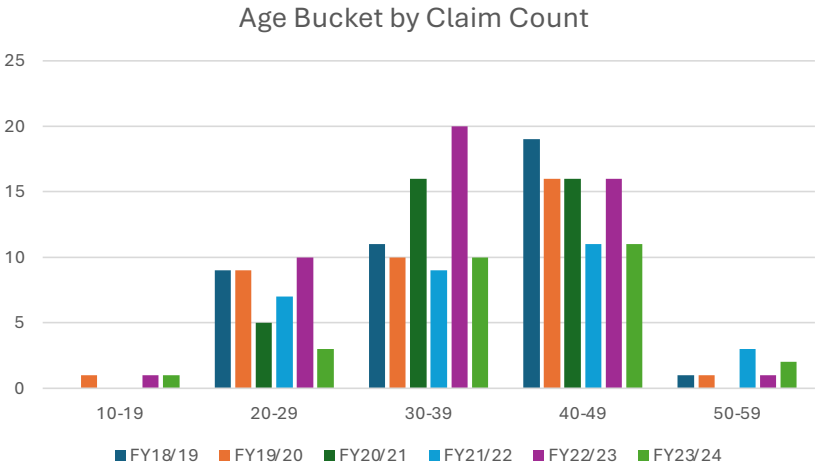
Class	FY18/19	FY19/20	FY20/21	FY21/22	FY22/23	FY23/24
PD/FD (police/fire)	21	19	24	10	15	11
All Other	17	18	14	16	28	14

Total Incurred by Year



Class	FY18/19	FY19/20	FY20/21	FY21/22	FY22/23	FY23/24
PD/FD	434,422	343,617	626,814	631,351	56,694	35,590
Other	963,741	250,262	486,700	264,268	297,259	70,603

SCORE: Who's Getting Hurt? (ctd.)



Physical demands of jobs typically remain constant while our physical abilities don't

U.S. Bureau of Labor Statistics: We tend to get injured less as we age, but when we do, it tends to be more severe and require more time to fully recover

- Return to Work

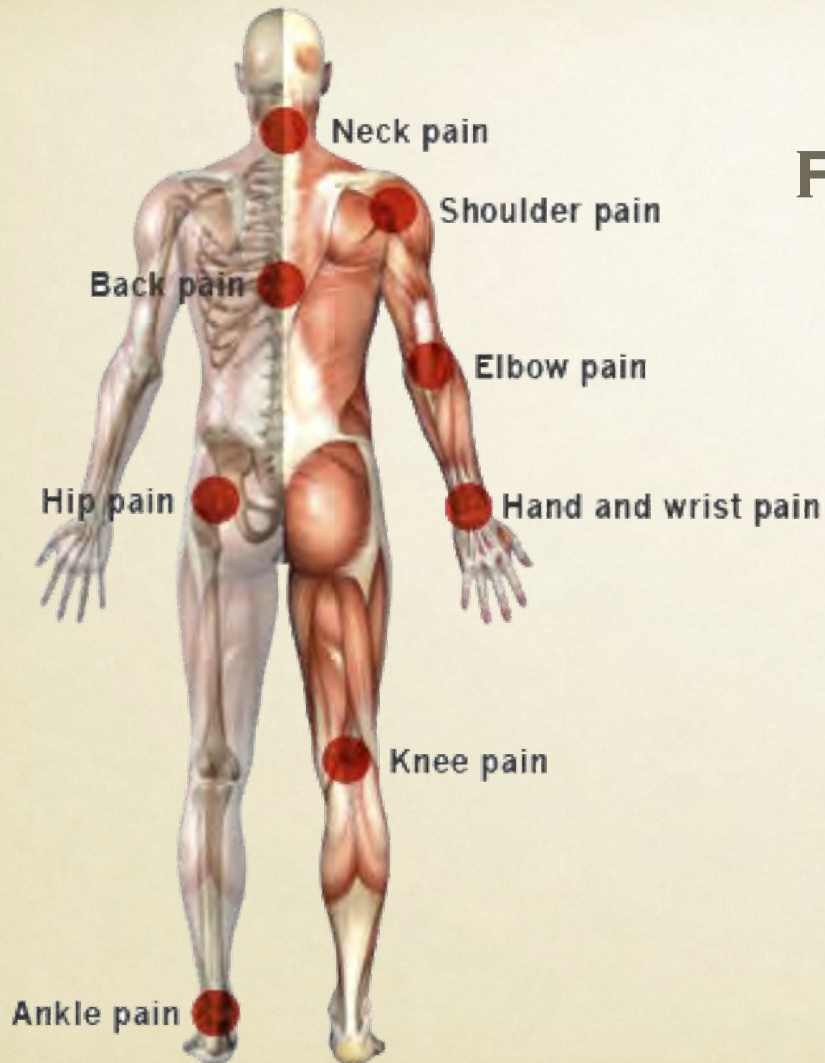
STATIC JOB DEMANDS
The level of physical

Go figure...
A 60 pounds bag of
Asphalt Patch
STILL weighs 60
pounds!



EMPLOYEE CAPACITY V. TASK DEMANDS





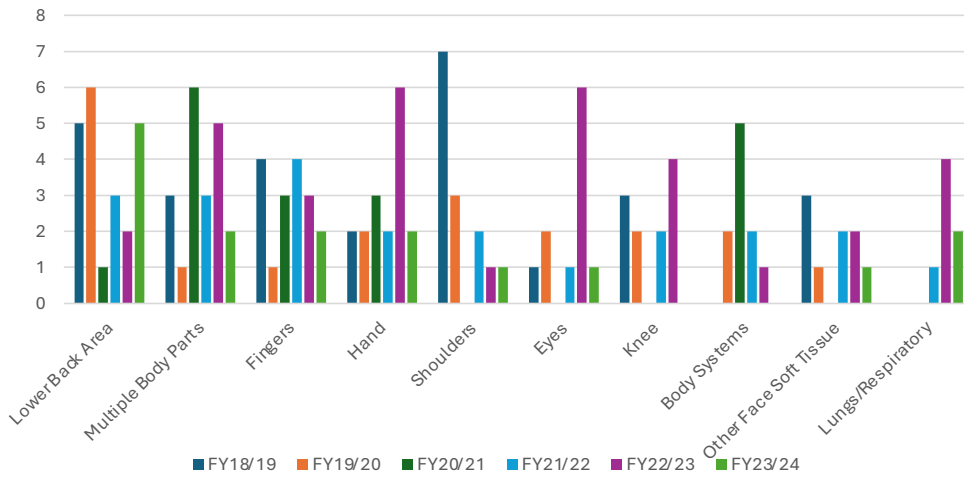
PAIN REPORTED BY PUBLIC WORKS EMPLOYEES

- 70% lower back
- 46% knees
- 43% wrists and hands
- 42% shoulders and necks

SCORE: What Are People Hurting?

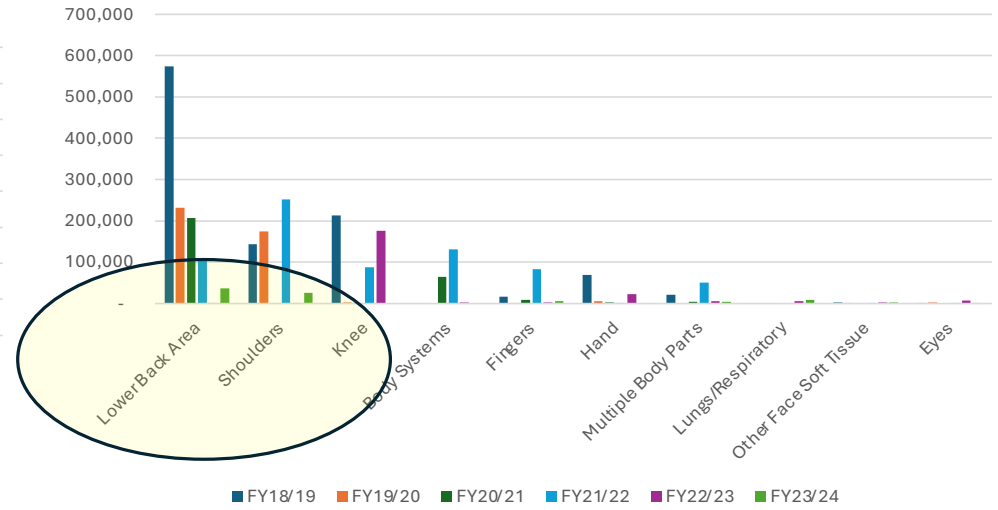
Top 10 Claim Counts by Body Part

(Top 10 based on **Claim Count**; Ordered by 5yr total count)



Top 10 Total Incurred by Body Part

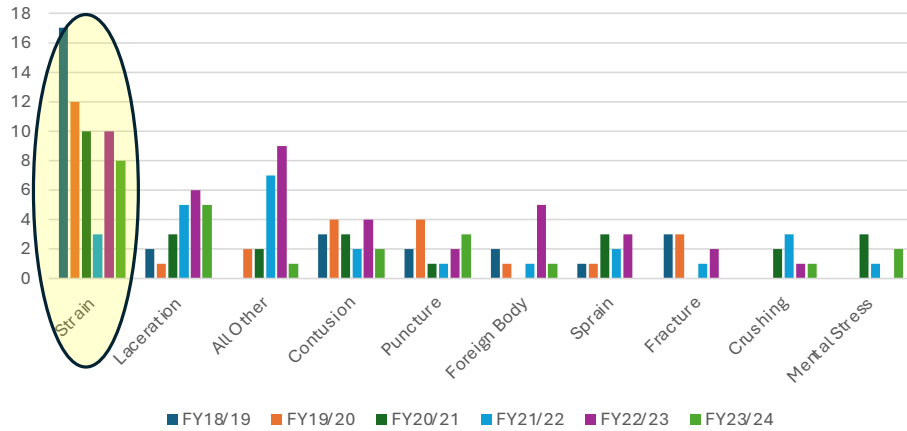
(Top 10 based on **Claim Count**; Ordered by 5yr total incurred)



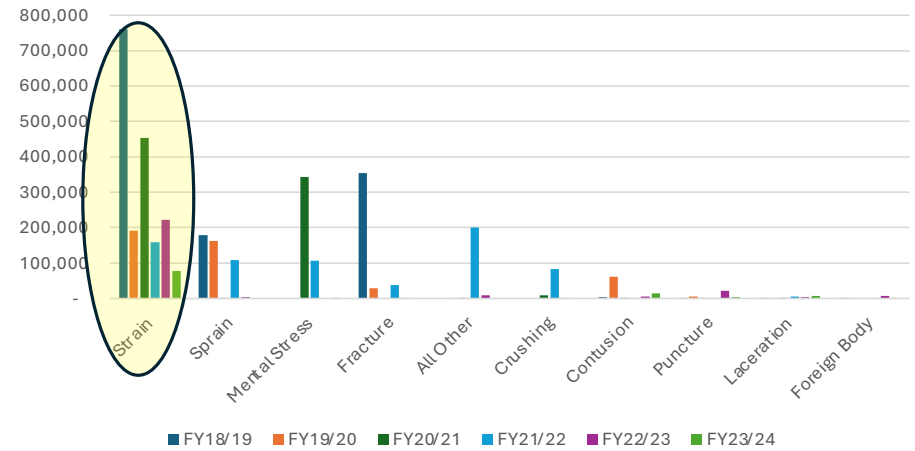
- Physical Demands Analysis
- Biomechanics Training

SCORE: How Are People Getting Hurt?

Top 10 Injury Count by Nature
(Top 10 based on Claim Count; Ordered by 5yr total count)



Top 10 Injury Total Incurred by Nature
(Top 10 based on Claim Count; Ordered by 5yr total incurred)



- Physical Demands Analysis
- Biomechanics Training

A typical physical demand assessment:

“Lift, carry and push tools, equipment and supplies weighing 90 pounds or more is required”



Physical demand component of the job description:

The activities are considered basic job duties that an employee must be able to perform, with or without reasonable accommodation. The job duties are considered Essential Functions for the Collection Worker I-III / Lead worker.	Force Required					Frequency	
	Weight	Elevation	Carry	Push	Pull		
Lift and maneuver manhole cover	90lbs	0- 24 "				4/hour	20/day
Remove in-service manhole cover using T-handle grip	75lbs	30-36"				4/hour	20/day
Lift "Push-Pull Cam"	71lbs	0-48"				4/hour	20/day
Carry "Push-Pull Cam"	71lbs	Waist	≤ 50'			2/hour	4/day
Hand rodding (pulling)		36 -48"			70lbs	10/min 3 min duration	20/day
Hand rodding (pushing)		36 -48"			70lbs	10/min 3 min duration	20/day
Raise/lower camera into manhole	60lbs	0-48"				4/hour	20/day
Dumping 5 gallon bucket	45lbs	12-48"				2/hour	2/day
Pulling hoses on/off Vector Truck		Waist			45lbs	3 min	20/day

What is the requirement to lift a 6" cement riser ?

244 lbs. total 122 lbs. per person 0 – 36"



Lift 6" concrete riser

Action: Team lift 244 Lbs. 6"x24" concrete manhole riser.

Elevation	Force Required
0-36 inches	122 Lbs.



NIOSH Analysis

NIOSH	Origin	Destination
Recommended Weight Limit	32. Lbs.	39.83 Lbs.
Lifting Index	3.77	3.06

	Origin		Destination	
	Measurement	Multipier	Measurement	Multipier
Load Weight (L) (pounds)	122		122	
Load Constant (pounds)	51		51	
Horizontal Location (H) (inches)	15	1.00	10	1.00
Vertical Location (V) (inches)	0	0.78	36	0.96
Vertical Travel Distance (Vo - Vd)	36	0.87	36	0.87
Asymmetry Angle (A) (degrees)	0	1.00	0	1.00
Lifting Duration (hours)	SHORT		SHORT	
Lifting Frequency (F) (lifts/minute)	1	0.94	1	0.94
Coupling (C)	GOOD	1.00	GOOD	1.00



Modification

Action: Replace 244 Lbs. 6" concrete ring with 40 Lbs. 6" fiberglass ring. Weight reduction of 204 pounds.

NIOSH	Origin	Destination
Recommended Weight Limit	36 Lbs.	36 Lbs.
Lifting Index	1.11	1.11



NIOSH Lift Index 3.77

Ergonomic Modification: Replace 244 Lbs. concrete riser ring with a 40 Lbs. Fiberglass ring

NIOSH Lifting Index 1.11

What is the requirement to lift a pick-up truck tire?

99.5 lbs. 12- 36”



Rotate service pickup truck tires

Action: Tire rotation requires removing and installing tire and rim.

Elevation

Force Required



LM-200 LIFT-MATE TIRE AND WHEEL LIFT



List Price \$1,395.00

Sale Price: \$1,255.50



FINANCE AS LOW AS...

\$31.75 / month

[Click Here To Apply](#)

Availability: Usually Ships

Product Code: QSP-LM-200

NIOSH Lift Index 3.89

Ergonomic Modification: Deploy the Lift Mate Tire and Wheel Lift

NIOSH Lift Index < 1

Lessons Learned

- Focus on:
 - Return to Work programs
 - Physical Demands Analysis/Biomechanics Training
 - Recognition of the needs of workers as they age
 - Hazard reduction efforts
 - Biomechanics
 - Job Hazard Assessments with a focus on biomechanical hazards
 - Health Promotion
 - Help employees maintain the physical ability to safely to do their job
 - OR, see personal wear and tear show up as workers' comp claims
 - Slip, trip, fall prevention – *increasing in frequency and these can be severe*

