

Monthly Safety Bulletin

“SAFETY—I Can, You Can, We Can”

FEATURING: KSU Division of Facilities Health and Safety Plan

NEWSFLASH: Sprain/Strain Reduction

In recognition of Repetitive Strain Injury Awareness Day on February 29 (the least repetitive day of the calendar) or the last day of the month, we will look at the causes of musculoskeletal disorders (MSDs) in the workplace and steps employers can take to help prevent them.

Otherwise known as

Musculoskeletal disorders (MSDs) can also be called a musculoskeletal injury (MSI) and reveal themselves as:

- carpal tunnel syndrome
- tendonitis
- thoracic outlet syndrome
- tension neck syndrome



injury (MSI) and

It can be an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissue including a sprain, strain and inflammation, that may be caused or aggravated by work.

MSD causes

Workers using arms and hands can see impact to hands, wrists, elbows, neck and shoulders. Work using legs can lead to injuries to knees, hips, ankles and feet.

MSDs are associated with patterns that include constrained or fixed body positions, continual repetition of movement and force concentrated on a small part of the body such as hands or wrists. This can be exasperated by not allowing enough recovery between movements, heat, cold or vibration. Often MSDs develop because of a combination of these factors. This can cause suffering, loss of productivity and lead to economic burdens.

Preventing Repetitive Strain Injuries

Any hazard is best eliminated at the source and in this case that is the repetitive work. To control this hazard look at the job and its design and see if it can be done a different way or at a more reasonable pace. Redesigning the job can mean: mechanization, job rotation, job enlargement and teamwork.

If eliminating the repetitive work is not practical, use prevention strategies like workplace layout, tool and equipment design and work practices. Author, Jay Acker.

Health & Safety Tip of the Month: Walking

Benefits of walking

Walking, like other exercise, can help you achieve a number of important health benefits. Walking can help you: Lower low-density lipoprotein (LDL) cholesterol (the "bad" cholesterol), Raise high-density lipoprotein (HDL) cholesterol (the "good" cholesterol), Lower your blood pressure, Reduce your risk of or manage type 2 diabetes, Manage your weight, Improve your mood and Stay strong and fit.

Worksite Analysis

KSU Division of Facilities conducts worksite analysis to identify hazards. When a hazard is encountered, steps are taken to eliminate the hazard. If it is unable to be eliminated, control measures are instituted as a means of protection.

Baseline Surveys-are conducted in departments. Upon completion of the survey each department manager or supervisor is given a report noting the hazards. The department manager and supervisor are responsible for corrections. A copy of the corrections is sent to the Safety Office.

Departmental Safety Inspections-each month the department supervisor or designee conduct a departmental safety audit. A copy of the audit and corrections are kept on file in the Department Supervisor Safety Notebook.

Random On-site Surveys-the Safety Officer conducts random on-site surveys as an educational means to assist staff in hazard identification and correction.

Near Misses-employees are encouraged to report any near misses for correction that leads to accident prevention. The Safety Officer reviews reported near misses and follows up on corrective actions. In addition, a report is given to the appropriate Director and Associate V.P. of Administration and Finance.

Job Hazard Analysis (JHA)-have been conducted for all departments identifying the hazards based on the tasks performed and equipment used. In addition, it includes the recommendations for controlling the hazards. A personal protective equipment assessment has been completed in conjunction with the JHA. All staff are trained specific to their department.

Accident Investigations and Trend Analysis-all injuries are reported to the departmental supervisor with notification of the Division Director. Each injury is logged as either recordable on the OSHA 300 log or as a non-recordable injury. All injuries are case managed by the Safety Officer working closely with medical providers and State Self Insurance Case Managers. All trends are identified and educational alert bulletins are sent to departments making all staff aware of areas of concern and intervention measures that need to be implemented.