SAMPLE
BACK INJURY PREVENTION PLAN

Policy:

Overexertion in the workplace accounts for a large number of disabling injuries. Most of these injuries involve the act of manually handling materials. Discrete mechanical hazards such as slips, falls and dropping of objects handled, along with high and low temperature environments which can modify overall bodily response to the exertion of manual material handling, also present exposure for back injuries of pulled muscles. Controlling potential for back injuries is not a simple process. It takes commitment by both managers and employees alike. Back injury abatement programs must involve a consistent, long term effort. This policy provides guidelines for the control of back injuries and pulled muscles by stressing proper body mechanics, back and body physical fitness, workplace ergonomics and post-injury management.

PROCEDURE:

I. Program Organization:

A. Responsibility is assigned to the General manager for overall coordination of the program, outlining program goals and objectives and providing a timetable for achieving them, and carrying out various aspects of the plan.

II. Back Injury Hazard Analysis:

A. A baseline evaluation is to be completed by each department head to assist in analyzing current workplace exposures within their individual departments. In addition, planned changes to existing and new facilities, processes, materials, and equipment are to be analyzed to help ensure that changes made to enhance production will also reduce or eliminate risk factors for back injury or pulled muscles. Techniques for conducting a worksite analysis include:
1. Review existing accident and medical records including the OSHA 200 log and supervisor’s accident investigation reports for evidence of back strains.

2. Review employee attendance and turnover rates for specific jobs. High absenteeism and/or turnover on a particular job could indicate a poorly designed job or workstation.

3. Interview employees to see if they are experiencing any difficulty or discomfort while performing a particular task or after completing a full shift. Most employees should be able to describe their discomfort and they can generally provide useful suggestions for making their workstations more comfortable. Some employees may have even made changes to their workstations themselves.

4. Conduct baseline screening surveys to identify those work positions needing a quantitative analysis of back injury hazards. At a minimum, this analysis is to accomplish the following.
   a. Use a checklist that includes components such as posture, force, repetition, vibration, and various upper extremity factors.
   b. Identify those work positions that put workers at risk of developing CTD’s.
   c. Verify low risk factors for light duty or restricted activity work positions.
   d. Determine if risk factors for a work position have been reduced or eliminated to the extent feasible.
   e. Provide the results of such analyses to health care providers for use in assigning “light duty” jobs.
   f. Apply to all planned, new, and modified facilities, processes, materials, and equipment to ensure that workplace changes contribute to reducing or eliminating back injury hazards.

B. Each department head is to focus on reducing or eliminating identified task within his or her department that require repetitive bending and/or lifting (especially of items weighting more than 40 pounds). While it is recognizing that some heavy loads cannot be avoided, efforts should be made to redesign lifting operations to require assistance of other personnel or the use of mechanical handling equipment.

III. Personal Protective Equipment;
A. Back support devices that are of the vest-style design with no-slip shoulder straps may be provided for those personnel working in occupations that require repetitive bending, lifting, or other known stresses to the lower back.

1. Prior to issuing a back support device, supervisors assure to ensure cognizant personnel receive specialized training in the proper use, affect, and care of the support device are identified.

2. Personnel issued a back support device will be expected to properly wear the device during all lifting and/or repetitive bending operations.

3. Back support devices are considered the property of this business and are issued as personnel protective equipment for the employee’s use, the back support device is to be returned to the cognizant department upon termination.

IV. Training:

A. Provisions of the Back Injury Prevention Plan are to be reviewed by each department head with all assigned employees:

1. When the plan is developed,
2. upon initial employee hire or assignment,
3. when an employee’s designated actions per the plan change, or
4. when the plan is updated or changed

B. As a minimum, employee training in back injury abatement should include:

1. Anatomy and physiology to explain how the back works,
2. Biomechanics of lifting techniques,
3. how to avoid back injuries on and off the job,
4. Proper use of back support devices and other personal protective equipment provided for reducing exposure to back injury,
5. Weight control (how to lose weight, control weight loss, and it’s relationship and importance in back injury avoidance) and
6. Physical fitness.

C. A Copy of the written plan is to be kept at the workplace and available for review.

V. Post-Injury Management:

A. A comprehensive back injury abatement plan must also address
post-injury management activities. Even the best program will not eliminate every injury. Where injuries have occurred, management should be prepared to handle the injury. Two aspects of post-injury management are transitional work programs and medical management. By utilizing both, the employee should be able to return to work in a timely fashion.

1. **Transitional Work Program**: To every extent possible, accommodations are to be made for personnel who have suffered an on-the-job injury and have temporary physical limitations (light duty).

   (a) For transitional work programs to be effective, employees are to be brought back to work in positions that are meaningful and within their physical imitations.

   (b) The transitional work program should be viewed as part of the recovery period, and should be carefully managed in conjunction with medical recommendations.

2. **Medical Management**: A means of controlling medical expenses, this type of management can provide our business with a means of actively participating in an employee’s treatment.

   (a) A treating physician is to be include in decisions necessary to return the employee to work in positions that take into account restrictions and physical capabilities.

   Manger: ______________________________

   Date: _____________________________