

# Online Accident Reporting System

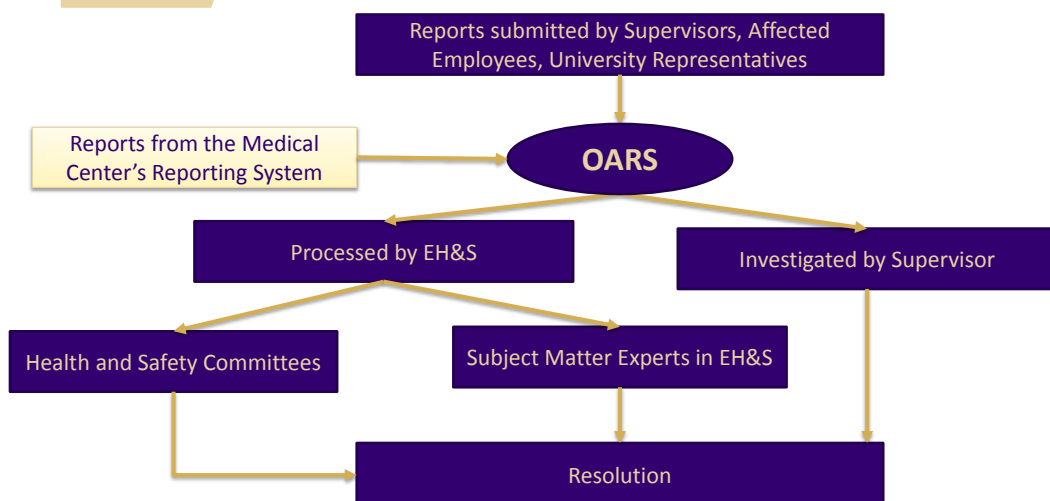
## 2015 Statistics

Emma Alder, Interim Chemical and Occupational Safety Manager  
Environmental Health and Safety, Research and Occupational Safety

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## The Online Accident Reporting System



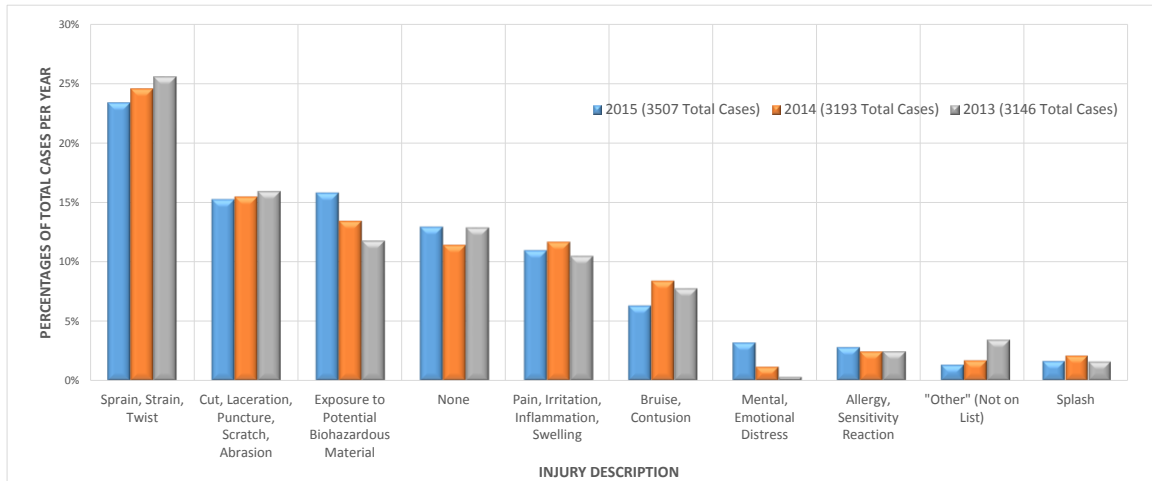
## Improvements to Data Quality

- > Data out is only as good as the data in
- > Concerns regarding classification decisions of users
- > 2014 analysis of reports led to category changes
- > Ongoing quality checks
- > Improvements to OSHA 300 data through collaboration with Claim Services and Medical Centers

## Changes to Categories

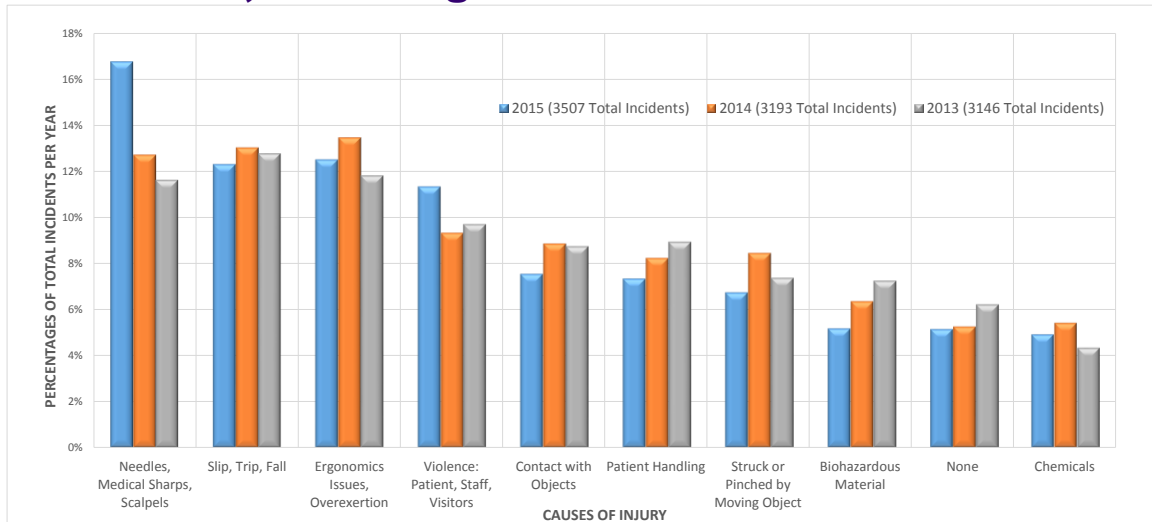
Injury Description		Cause of Injury or Damage	
<input type="checkbox"/> Allergy, Sensitivity Reaction <input type="checkbox"/> Amputation <input type="checkbox"/> Broken or Lost Tooth <input type="checkbox"/> Bruise, Contusion <input type="checkbox"/> Burn (Thermal, Chemical, Electrical) <input type="checkbox"/> Chronic Irreversible Disease <input type="checkbox"/> Cold Injury, Frostbite <input type="checkbox"/> Concussion <input type="checkbox"/> Cut, Laceration, Puncture, Scratch, Abrasion (Open Wound) <input type="checkbox"/> Decompression Illness, Air Embolism <input type="checkbox"/> Drowning, Suffocation <input type="checkbox"/> Electric Shock <input type="checkbox"/> Exposure to Potential Biohazardous (Infectious) Material <input type="checkbox"/> Eye or Vision Issues <input type="checkbox"/> Fainting, Loss of Consciousness, Seizure <input type="checkbox"/> Fracture, Dislocation <input type="checkbox"/> Gastrointestinal Upset <input checked="" type="checkbox"/> <del>Needlesticks/Sharps</del> <input checked="" type="checkbox"/> <del>Splash</del>	<input type="checkbox"/> Headache <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Heart Disease <input type="checkbox"/> Heat Stress, Heat-related Illness <input type="checkbox"/> Mental, Emotional Distress <input type="checkbox"/> Pain, Irritation, Inflammation, Swelling <input type="checkbox"/> Poisoning by Substance <input type="checkbox"/> Punctured Ear Drum <input type="checkbox"/> Rash, Eczema, Dermatitis, Other Skin Condition <input type="checkbox"/> Respiratory Symptom, Condition <input type="checkbox"/> Sprain, Strain, Twist <input type="checkbox"/> Tuberculosis <input type="checkbox"/> None <input type="checkbox"/> Property Damage Only <input type="checkbox"/> Other	<input type="checkbox"/> Animal (Other than Primates) <input type="checkbox"/> Biohazardous Material, Infectious Agents <input type="checkbox"/> Box Cutters, Knives, etc. <input type="checkbox"/> Broken Glass, Splinter, Sharp Furniture Edge, etc. <input type="checkbox"/> Chemicals <input type="checkbox"/> Contact with Object: Bumped into Something <input type="checkbox"/> Debris, Dust <input type="checkbox"/> Drugs <input type="checkbox"/> Electricity <input type="checkbox"/> Ergonomic Issues, Repetitive Motions, Awkward Posture <input type="checkbox"/> Fall from Height (6' or +) <input type="checkbox"/> Fall of Less than 6', or on Stairs <input type="checkbox"/> Fire, Explosion <input type="checkbox"/> Flood, Wind, etc. (Indoors or Outdoors) <input type="checkbox"/> Insect <input type="checkbox"/> Involved in or Saw an Upsetting Event <input type="checkbox"/> Machinery <input type="checkbox"/> Motor Vehicle, Bicycle, etc.	<input type="checkbox"/> Needles, Medical Sharps, Scalpels, etc. (Clinical, Research, Teaching) <input type="checkbox"/> Noise <input type="checkbox"/> Non-Human Primate <input type="checkbox"/> Overexertion, Overly Forceful Motions <input type="checkbox"/> Patient Handling <input type="checkbox"/> Plants, Vegetation <input type="checkbox"/> Pressure Extreme (High or Low) <input type="checkbox"/> Radiation <input type="checkbox"/> Slip or Trip (No Fall) <input type="checkbox"/> Splash <input type="checkbox"/> Struck or Pinched by Moving Object <input type="checkbox"/> Structures, Surfaces <input type="checkbox"/> Tools, Instruments <input type="checkbox"/> Unintended Human Contact (Tripped, etc.) <input type="checkbox"/> Ventilation, Indoor Air Quality Issues <input type="checkbox"/> Violence: Patient, Staff, Visitor <input type="checkbox"/> None <input type="checkbox"/> Other <input checked="" type="checkbox"/> <del>Ergonomics</del> <input checked="" type="checkbox"/> <del>Repetitive Motion</del>

## Top Ten Types of Injuries Reported through OARS 2013-2015, Including Medical Centers



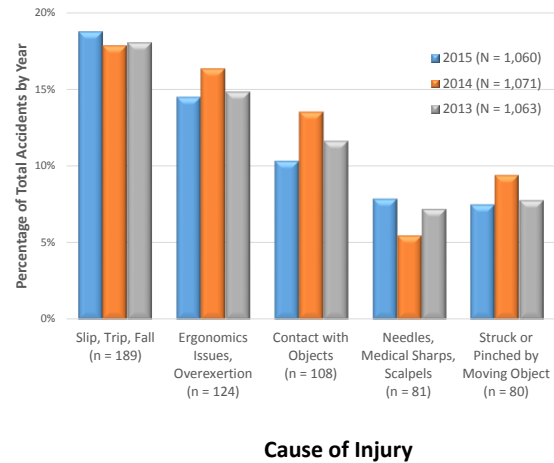
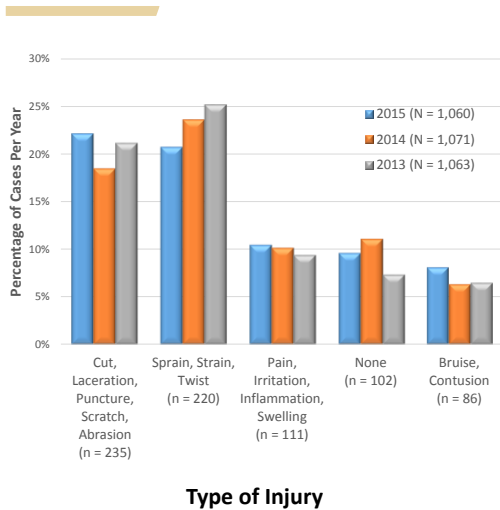
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## Top Ten Causes of Injuries Reported through OARS 2013-2015, Including Medical Centers



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## Top Five Types and Causes of Injuries Reported through OARS 2013-2015, Excluding Medical Centers



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## OSHA 300 Recordable Data, Excluding Medical Centers

	2013	2014	2015
Total Recordable Cases	389	311	296
Total Days Away from Work	4,554	3,842	1,955
Total Days with Restrictions	1,064	1,950	1,661

- > An injury is recordable if it results in medical treatment beyond first aid, loss of consciousness, significant injury or illness as diagnosed by health care provider, death, restricted work or job transfer, or days away from work.

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## OSHA 300 Recordable Data – Top 5 Excluding Medical Centers

### INCLUDING MEDICAL CENTERS

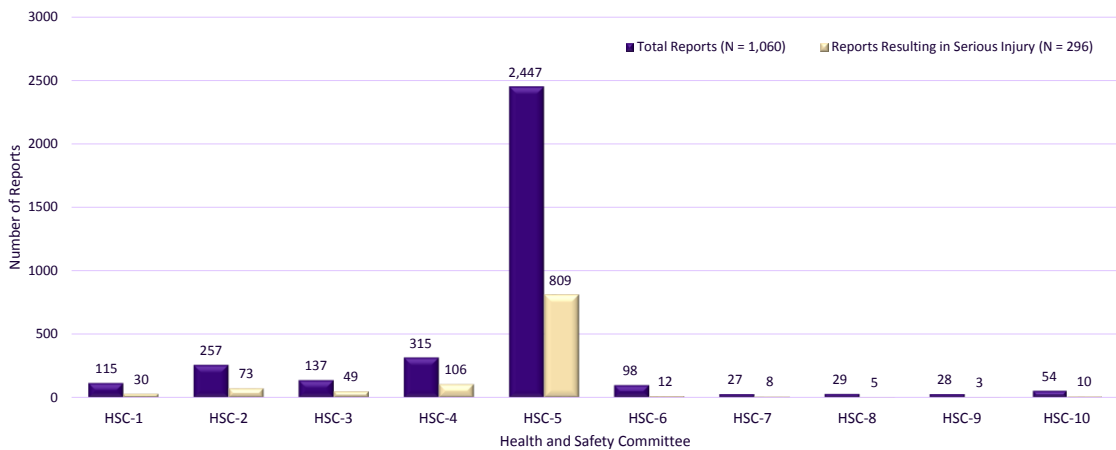
	Top 5 Types of Injury	Top 5 Causes of Injury
1.	Exposure to Potential Infectious Material	Needles, Medical Sharps, Scalpels
2.	Sprain, Strain, Twist	Overexertion, Overly Forceful Motions, Ergonomic Issues
3.	Cut, Laceration, Puncture, Scratch, Abrasion	Patient Handling
4.	Pain, Irritation, Inflammation, Swelling	Slip, Trip, Fall
5.	Fracture, Dislocation	Stuck or Pinched by Moving Object

### EXCLUDING MEDICAL CENTERS

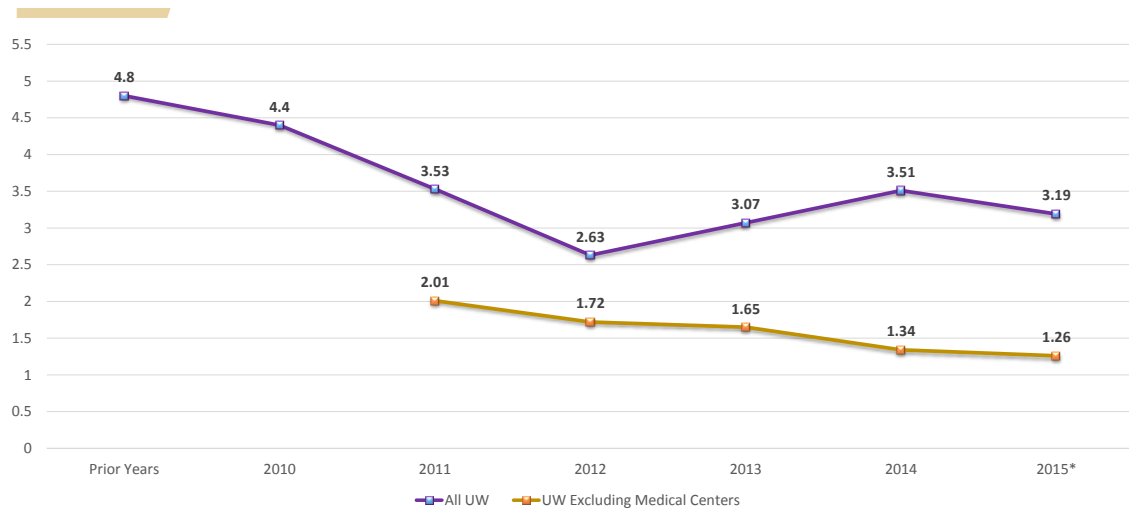
	Top 5 Types of Injury	Top 5 Causes of Injury
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2.	Exposure to Potential Infectious Material	Slip, Trip, Fall
3.	Cut, Laceration, Puncture, Scratch, Abrasion	Needles, Medical Sharps, Scalpels
4.	Pain, Irritation, Inflammation, Swelling	Stuck or Pinched by Moving Object
5.	Fracture, Dislocation	Contact with Object: Bumped into Something



## Total Reports and Reports Resulting in Serious Injury by Health and Safety Committee



## UW Incident Rate / 100 Employees



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## Exposure to Potentially Infectious Material

### Sharps Exposure School of Dentistry

#### > Training

- Risk assessment to identify best practices
- Develop training to help ensure consistency
  - > Reporting
  - > Instrument handling
  - > Personal protective equipment (masks)

#### > Future work

- Integrate safety into coursework for students
- Train all staff on best practices
- Safety assessment to audit safety performance



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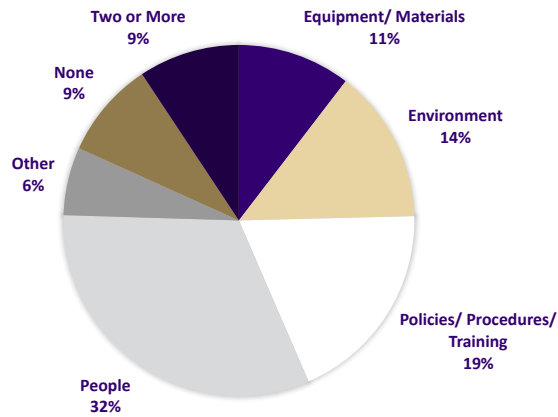
## SHIP Grant



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## Accident Investigation Training

Root Causes Identified by Supervisors in 2013



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# QUESTIONS?