

# Massachusetts 2018 Occupational Health and Safety Advisory Board Report

This is a report on the status of workplace safety and health for Massachusetts Executive Branch state employees.



Compiled by:



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF LABOR STANDARDS

## Background

In 1970, Congress passed the federal Occupational Safety and Health Act, which created comprehensive worker protection standards and the federal oversight agency the Occupational Safety and Health Administration (OSHA). All private sector (non-governmental) employers in the U.S. were automatically covered by these new requirements. For public sector employees, each state had the right to choose whether or not to cover them under these new standards, either through creating an OSHA-approved state program (with on-going partial funding and oversight by OSHA), or independently adopting OSHA standards into state law for the public sector. Massachusetts did not choose either of these options at the time the OSHA law was passed.

Public sector employees in Massachusetts outside of the Executive Branch were covered by a law that predated OSHA (M.G.L. 149 §6), however, state employees were not covered by the same worker protection standards as the private sector until 2015.

### Why EO511 and 454 CMR 25 were enacted;

The Workplace Safety and Health Program ("WSHP") at the Department of Labor Standards was created to prevent job related injuries and illnesses among the Commonwealth's workers. WSHP accomplishes this mission through workplace safety inspections, accident investigations, technical assistance, and targeted enforcement by a team of occupational health and safety specialists. When OSHA was created in 1970 the authority of DLS became limited to only public sector workplaces. However, the enabling legislation that created WSHP specifically excluded Executive Branch workplaces. This resulted in an inconsistent application of workplace health and safety standards in Executive Branch agencies.

On April 27, 2009, Executive Order #511 (EO511) was signed, "Establishing the Massachusetts Employee Safety and Health Advisory Committee." The work of EO511 was designed to help agencies build the capacity to implement and maintain the health and safety program structure necessary to achieve compliance with OSHA level protections, as a means to reduce injuries and illnesses. EO 511 called for the creation of an infrastructure that allowed for on-going assessment and improvement of health and safety conditions for Commonwealth employees on the job. The cornerstone of this health and safety infrastructure was the creation of joint labor management health and safety committees in each Executive Branch agency that would report to an Employee Safety and Health Advisory Committee. The agency committees conducted an assessment of existing health and safety systems, and generated an understanding of where Executive Branch employees stood in regards to worker health and safety, and served to inform the efforts of Employee Safety and Health Advisory Committee in identifying effective and practical strategies and initiatives to improve the health and safety of the Commonwealth's employees. EO511 opened dialogue between agencies so that the Employee Safety and Health Advisory Committee could evaluate the risks to the health and safety of the workforce, examine the injury and illness data available in an ongoing manner and determine the fiscal costs of preventable work-related injuries. The Employee Safety and Health Advisory Committee determined that the Commonwealth spent approximately \$40 million in FY10-12 on direct medical and workers compensation wage replacement costs associated with work-related injuries and illnesses in Executive Branch agencies.

In July 2014, M.G.L. c149 §6-1/2 was passed to give authority to DLS to provide both support and enforcement to help reduce the human and financial costs of work-related injury and illness. DLS promulgated 454 CMR 25.00 in December 2015 which became effective on March 24, 2015. The purpose of 454 CMR 25.00 is to ensure that all Commonwealth employees are provided with a safe and healthful work environment free of recognized hazards that could cause serious injury, physical harm or death. The standards set forth under the Occupational Safety and Health Act of 1970 (OSHA) including the general duty clause, are incorporated by reference.

M.G.L. c149 §6-1/2 also codified the role of the Employee Safety and Health Advisory Committee in advising WSHP. The Employee Safety and Health Advisory Committee, under its new name the Occupational Health and Safety Advisory Board (The Board), serves to evaluate and address any needed improvements in the protection of our Commonwealth

employees at the macro policy level. The Board uses methods such as evaluation of existing health and safety systems, and injury and illness statistics to create recommendations on effective strategies to improve state worker health and safety, including centralized worker protection policies or regulations, needed resource allocations, and/or agency health and safety system improvement measures. Furthermore, the Board monitors the effectiveness of the state's Workplace Safety and Health Program.

## **WSHP conducts five types of inspections.**

In priority order they are:

- Responding to notice of employees in imminent danger, such as working in an unprotected trench or at height without fall protection. WSHP tries to respond immediately to these reports to prevent employees from being injured.
- Performing accident investigations as needed or when requested. Accidents can be an indication of a possibly hazardous work condition.
- Complaints and voluntary inspections have equal priority.
  - Complaint inspections are initiated after the complaint has been evaluated, deemed to be of merit, the condition determined to pose a possible significant hazard, and, the situation to be unresolved through other means, such as phone and email communications.
  - Voluntary inspections are initiated when an agency invites WSHP to provide assistance with its workplace health and safety programs. These are preventative and often have the largest impact on improving the culture of safety at the agency.
- Planned programmed inspections are scheduled at workplaces with high-hazard activities or a high pattern of injuries.

Since WSHP was granted authority to enforce OSHA standards in Executive Branch workplaces it has conducted (FY15-17 to date)

- Inspections: 266
  - By type of inspection:
    - Imminent danger: 0
    - Accidents: 62
    - Voluntary: 151
    - Complaint: 21
    - Program: 32
  - By Secretariat:
    - Executive Office of Administration and Finance (A&F): 15
    - Executive Office of Education (EOE): 30
    - Executive Office of Energy and Environmental Affairs (EEA): 21
    - Executive Office of Health and Human Services (EOHHS): 130
    - Executive Office of Housing and Economic Development (EOHED): 6
    - Executive Office of Labor and Workforce Development (EOLWD): 27
    - Executive Office of Public Safety and Security (EOPSS): 12
    - Executive Office of Transportation (MassDOT): 25
  - Trainings: 68 (Includes 12 classroom "Intro to OSHA" trainings to introduce the new law, and 15 webinars in to introduce agencies to basic safety programs and accident prevention)

## Injury and Illness Data Analysis

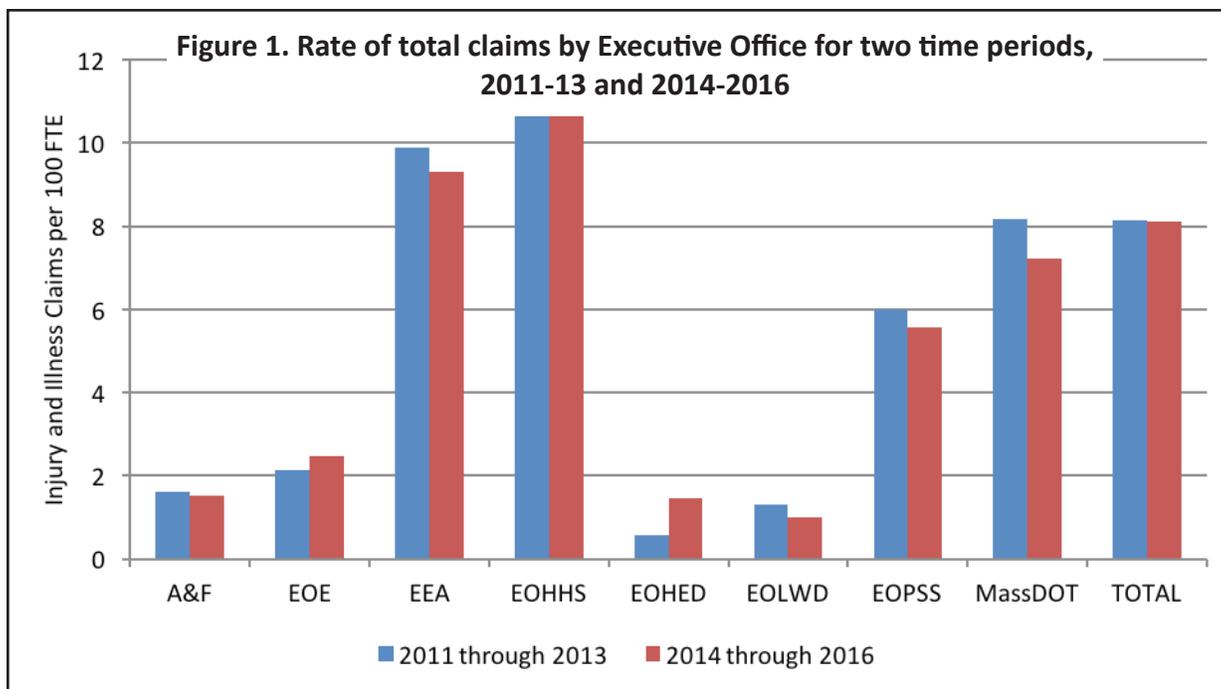
### Secretariat level analysis of data with discussion;

The following section provides a summary of the injury/illness data that are available through the Human Resources Division—Workers’ Comp eServices records. The data presented, organized by executive office, are summarized over three-year periods. The charts and tables compare results from the period covered by the Advisory Board’s State Employee Health and Safety Achievements and Recommendations Report (March 2014) and the three-year period since that report (Calendar Year—CY). The tables and figures are descriptive leading to the Board’s general assessment of patterns and trends. No statistical analysis of differences has been attempted.

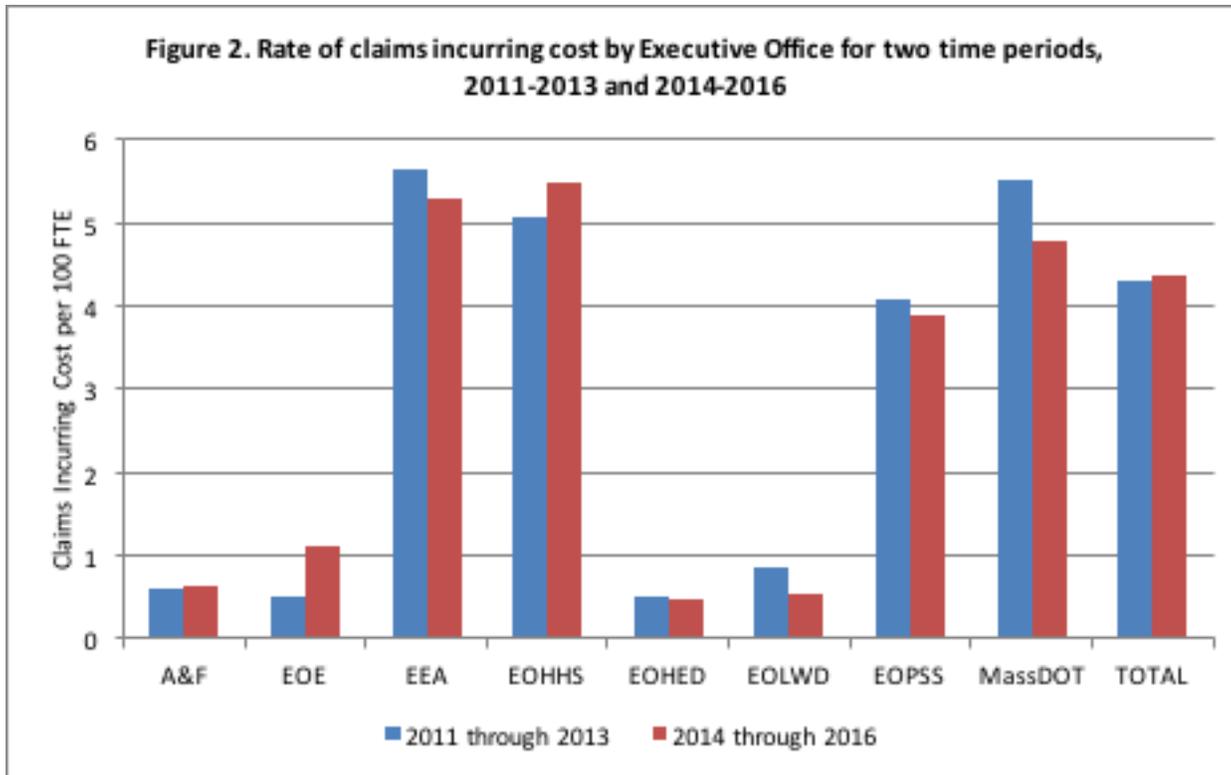
There are three different types of rates shown in the figures that follow. These are intended to provide different insights into each agency’s experience and changes experienced over time. Definitions of these rates are:

- Rate of total claims: This is an aggregate of all reports of an accident resulting in an injury. The injury may be minor and result in no medical care or lost time, or could result in any combination of the two.
- Rate of claims incurring cost: This is the subset of total claims that resulted in at least some expense to the Commonwealth either in lost time or medical care due to the injury.
- Rate of lost time claims: This is the subset of claims incurring cost that resulted in at least some loss of work time due to the injury.

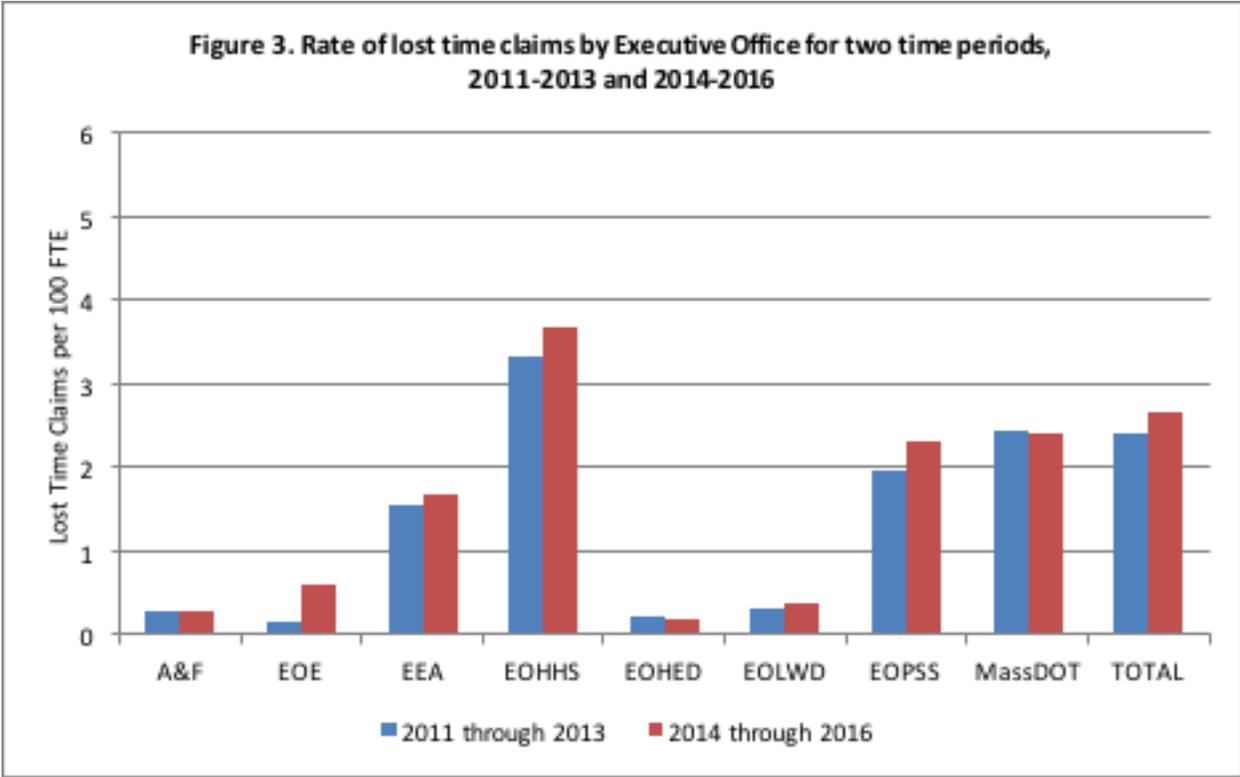
The injury rates presented are one form of benchmarking that is based on past worker injury reported events. These rates are referred to as “lagging” indicators—they consider events that have already happened and therefore cannot reflect newer processes and procedures that a state agency may have introduced or is in the process of undertaking to improve workplace safety. The analyses are provided primarily to assist executive offices in tracking changes in injury rates over time and secondarily to allow each executive office to compare injury rates for similar work across offices and agencies. Care must be exercised in cross-agency and cross-executive office comparisons as executive office and member agencies may have different job-related risks associated with what might otherwise appear to be common work. Balancing historical trends against newer organization-specific proactive measures will require time and focus on continuous improvements in safety to see what works and what does not.



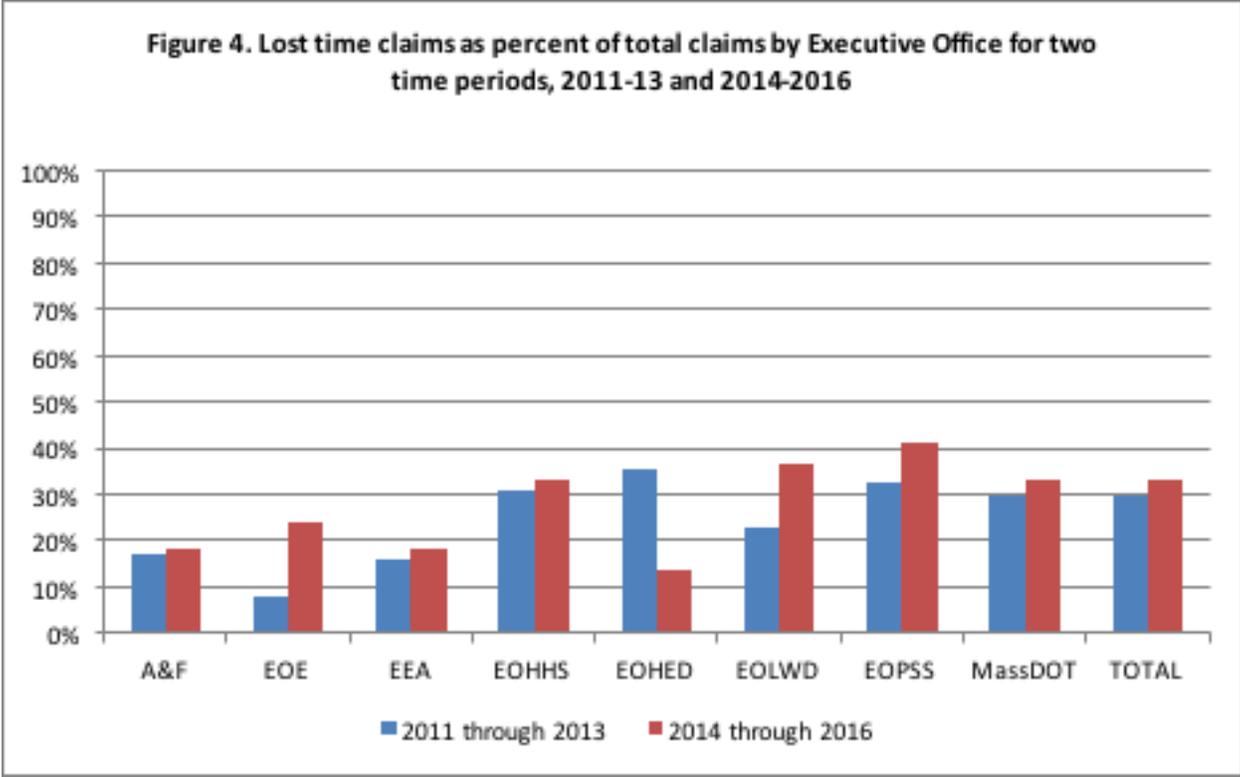
- Overall there is a no change in rates compared with the previous 3-year period.
  - Three Executive offices (EEA, MassDOT and EOLWD) show reduced rates. Further examination by these offices' joint-committee on health and safety should be undertaken to identify reasons for their improvement and provide helpful guidance towards further reductions in the rates. This might also provide insights for other executive offices as well.
  - One Executive Office (EOHHS) shows a small increase in rates. Further examination by the joint-committee on health and safety for this office to identify reasons for their increased rate may provide helpful guidance to identify the reasons for this rising rate.



- The rates for claims incurring costs follow the overall rates although the difference in total claims incurring costs is slightly greater than for the previous three-year period. This could be simply a matter of inflation or represent true rising costs. These results suggest that attention to reducing all cases may likely reduce costs as well.
  - Rates for cases incurring costs are almost 50% lower than total cases indicating that close examination of claims incurring costs may lead to different prevention priorities.
  - Executive offices could examine differences in types of cases within the office to see if any single subset of cases accounts for an unusual amount of the costs incurred.
  - One Executive office (EOE) is a small proportion of total Executive Office claims incurring costs but shows a substantial increase compared with the previous three-year period. It is worth seeking if this is due to a change in type of case incurring cost in the recent 3-year period.



- Rates for lost time cases have increased in every Executive Office. Reasons for this increase should be examined by each Secretariat to determine the cause of elevated lost time claims.



- The proportion of all claims that are lost time claims vary by Executive office.
- Changes in this proportion also vary by Executive office with some showing a substantially increased proportion (EOE, EOLWD and EOPSS). This trend should be examined to understand why the proportions are increasing and whether the explanation(s) point to prevention opportunities.
- The proportion of all claims that are lost time claims have decreased substantially in EOHEd. Although the likely explanation is there are very few claims in this office, an examination of why the proportion has dropped could inform other offices of prevention opportunities.

## Departments and Titles with *Most Cases Incurring Costs for Calendar Year (CY) 2014-2016* per Executive Office

A&F Units With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Div. of Capital Asset Management	17
Department of Revenue	8
Group Insurance Commission	3
Units with < 3 cases in 3 years not reported	
A&F Functional Titles With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Titles with < 3 cases in 3 years not reported	

EOE Units With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Dept. Elem. and Scdry. Education	12
Dept. Early Education & Care	9
Units with < 3 cases in 3 years not reported	
EOE Functional Titles With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Child Care Licensing Spec (C)	4
Educational Specialist C (MA)	3
Titles with < 3 cases in 3 years not reported	

EEA Units With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Dept. of Conservation and Rec.	65
Dept. of Environmental Mgmt.	57
Dept. Environmental Protection	7
Dept. of Fish and Game	6
Central Mass. Mosquito Control	4
Units with < 3 cases in 3 years not reported	
EEA Functional Titles With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Laborer I	26
Laborer	21
Forest And Park Supervisor I	13
Forester I	12
Forest And Park Supervisor	12
Laborer II	9
Laborer I 90 Days STS	8
Environmental Analyst III	5
Forest And Park Supervisor II	5
Field Technician 1	5
Titles with < 3 cases in 3 years not reported	

EOHHS Units With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Worcester State Hospital	480
Tewksbury State Hospital	120
DDS – Central West Region	102
MetroBoston-BAYCOV/Shattuck	67
Dept. of Children/Families	59
Units with < 3 cases in 3 years not reported	
EOHHS Functional Titles With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Developmental Services Worker I	354
Mental Health Worker I	245
Mental Health Worker II	205
Nursing Assistant I	168
Youth Services Group Worker I	140
Registered Nurse II	134
Developmental Services Worker II	96
Registered Nurse III	44
Mental Health Worker III	40
Youth Services Group Worker III	24
Titles with < 3 cases in 3 years not reported	

EOHED Units With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Units with < 3 cases in 3 years not reported	
EOHED Functional Titles With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Titles with < 3 cases in 3 years not reported	

EOLWD Units With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Division of Work Development	8
DIA-Human Resources Dept.	4
Units with < 3 cases in 3 years not reported	
EOLWD Functional Titles With Most Claims Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Job Specialist III	3
Administrative Judge	3
Titles with < 3 cases in 3 years not reported	

EOLWD Units With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Division of Work Development	8
DIA-Human Resources Dept.	4
Units with < 3 cases in 3 years not reported	
EOLWD Functional Titles With Most Claims Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Job Specialist III	3
Administrative Judge	3
Titles with < 3 cases in 3 years not reported	

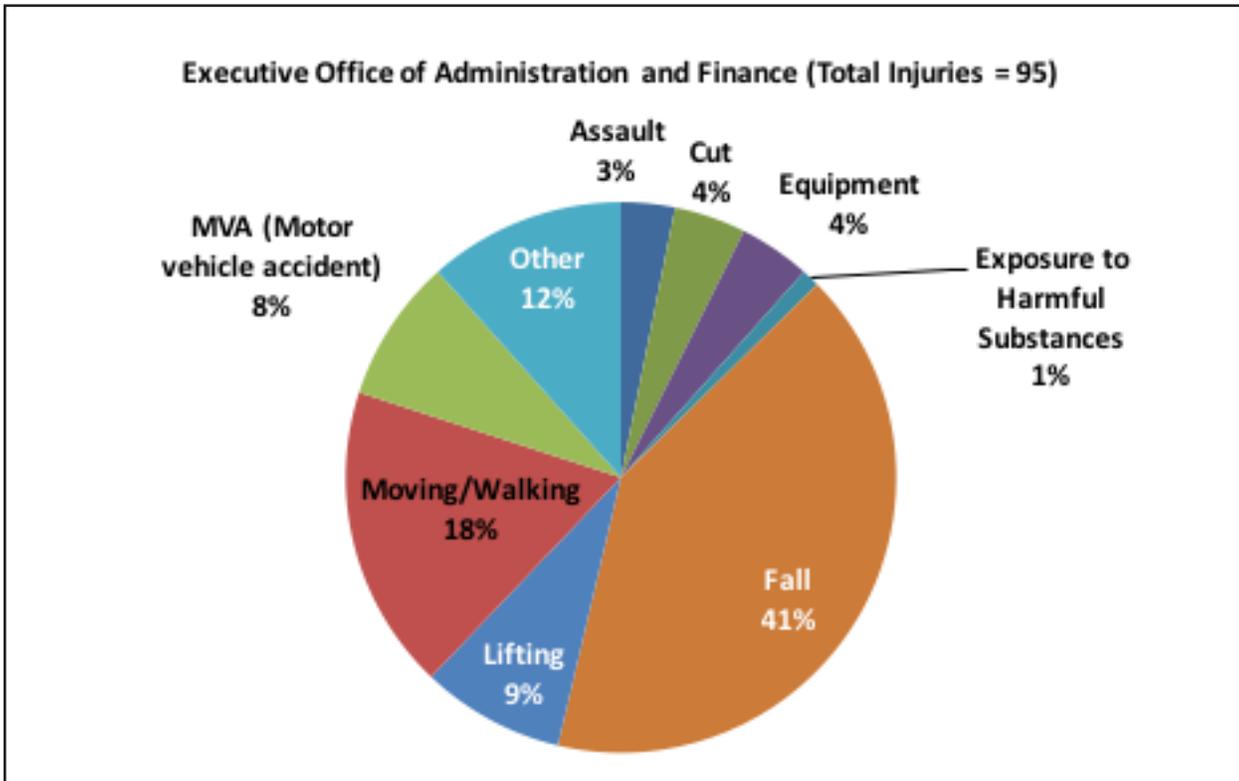
EOPSS Units With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Bridgewater State Hospital	204
M.C.I. Shirley-Maximum	137
M.C.I. Cedar Junction	44
M.C.I. Norfolk	42
M.C.I. Shirley-Medium	34
Units with < 3 cases in 3 years not reported	

EOPSS Functional Titles With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Correction Officer I	450
Correction Officer II	134
Correction Officer III	31
Medical Examiner Assistant I	13
Industrial Instructor III	10
Industrial Instructor II	9
Correctional Prog. Off (A/B)	8
Elevator Inspector I	5
Motor Equipment Mechanic III	5
Administrative Secretary II	3
Titles with < 3 cases in 3 years not reported	

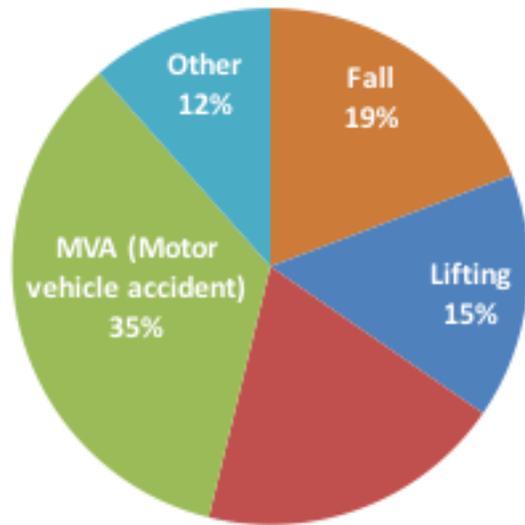
MassDOT Units With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
DOT-DPW/Mass. Highway Dept.	188
DOT-MTA/MHS Workers Comp	102
DOT-MTA/WT Workers Comp.	57
DOT-RMV/Registry of Motor Vehicles	12
Units with < 3 cases in 3 years not reported	
MassDOT Functional Titles With Most Cases Incurring Costs for CY 14-16	Cases Incurring Cost CY 14-16
Maint. Equipment Operator I	113
Toll Collector I	24
Highway Maint. Foreman III	18
Motor Equipment Mechanic III	17
Maint. Equipment Operator II	11
Civil Engineer I	9
Civil Engineer III	8
Highway Repair Foreman	7
High-Voltage Electrician I	6
Carpenter II	4
Titles with < 3 cases in 3 years not reported	

## Proportional distribution by event or exposure type of total injuries by Executive Office for the time period 2014-2016

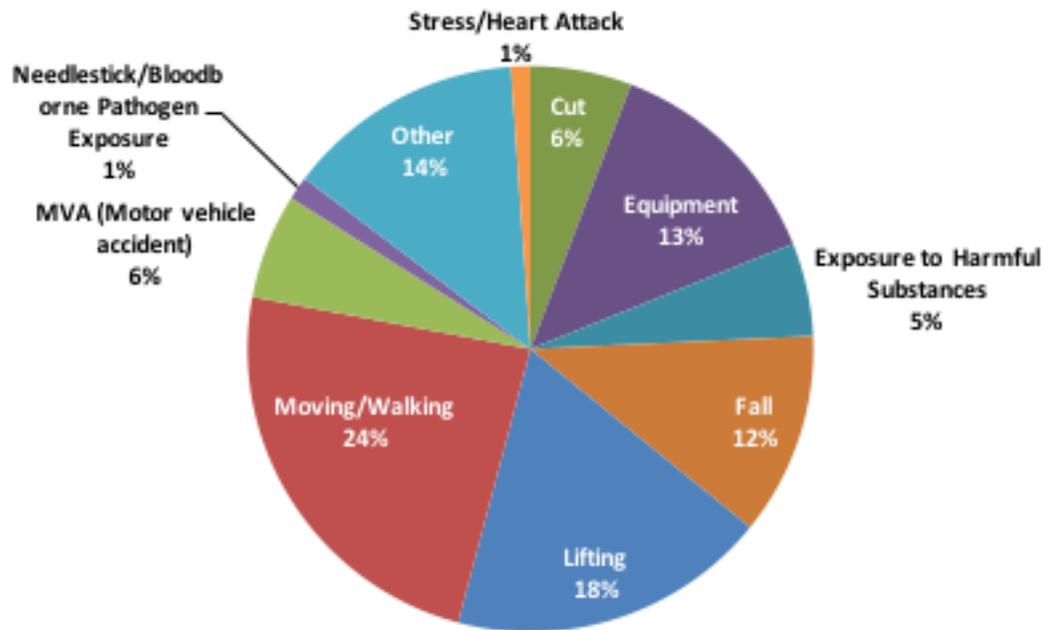
The data displayed here shows the distribution of exposures or events associated with injuries and illnesses within each Executive Office. The pie charts utilize data from the Human Resources Division—Worker’s Comp eServices system. The data are an aggregate for calendar years 2014 through 2016. Total reported cases were included regardless if there were any cost (medical or indemnity) associated with the case. The percentage of each exposure or event was calculated by compiling the total for that category and dividing by the total number of incidents. These charts are intended to assist those responsible for work health and safety to focus attention on preventable exposures or events.



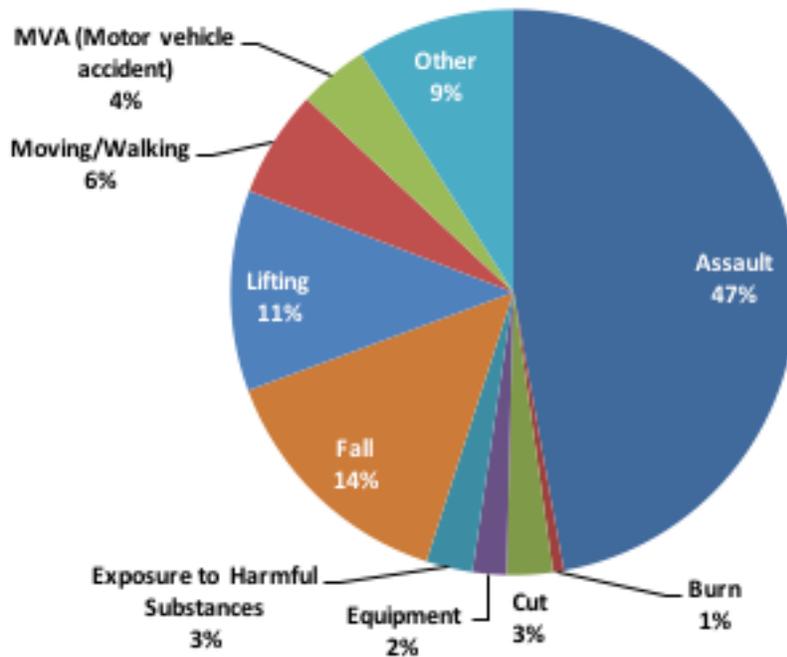
**Proportional distribution by event or exposure type of total injuries  
Executive Office of Education (Total Injuries = 26)**



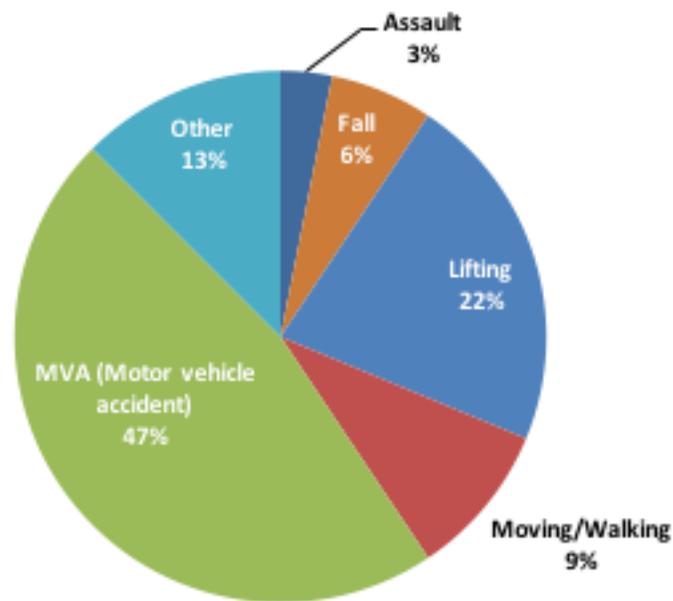
**Proportional distribution by event or exposure type of total injuries  
Executive Office of Energy and Environmental Affairs (Total Injuries = 449)**



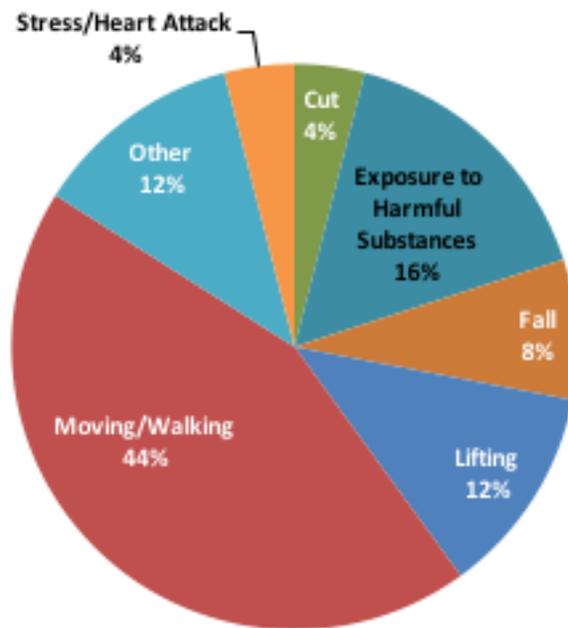
**Proportional distribution by event or exposure type of total injuries  
Executive Office of Health and Human Services (Total Injuries = 3440)**



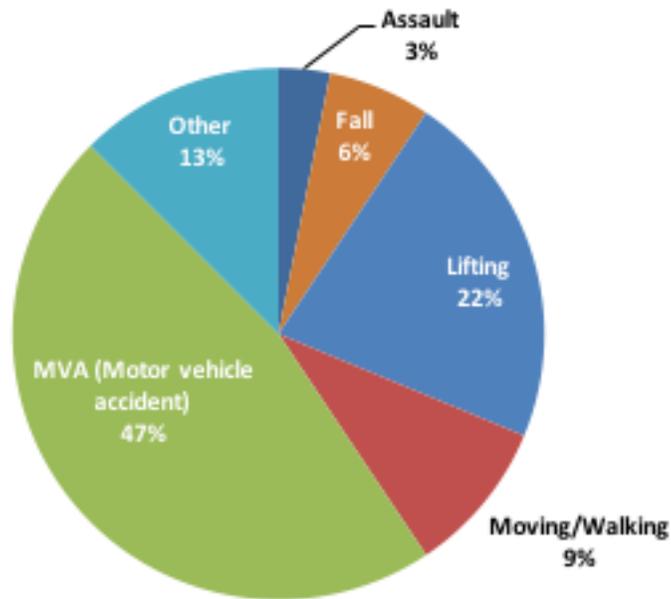
**Proportional distribution by event or exposure type of total injuries  
Executive Office of Housing and Economic Development  
(Total Injuries = 32)**

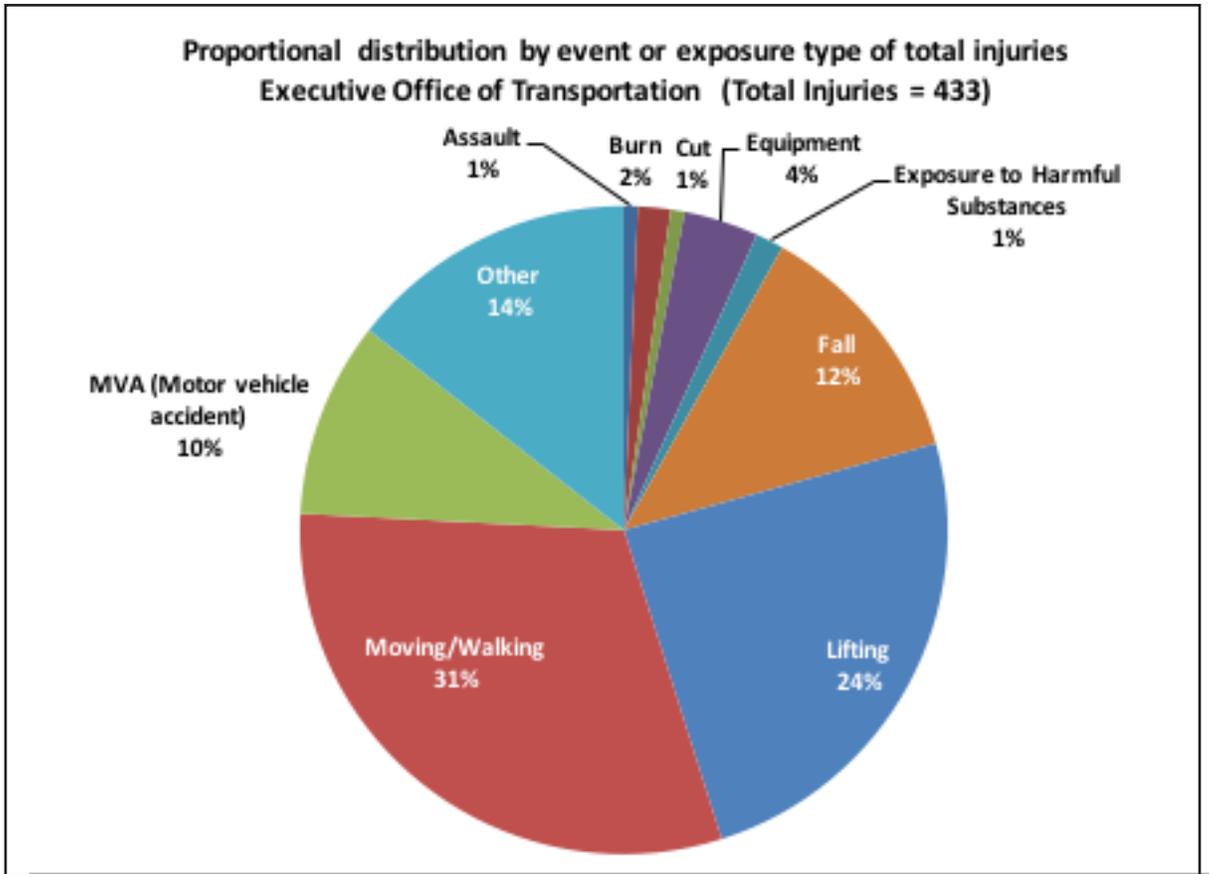


**Proportional distribution by event or exposure type of total injuries  
Executive Office of Labor and Workforce Development (Total Injuries = 25)**



**Proportional distribution by event or exposure type of total injuries  
Executive Office of Housing and Economic Development  
(Total Injuries = 32)**





The differences among the Executive Offices should be explored further. Three types of events stand out as candidates for further investigation.

**Motor vehicle accidents:** To begin to understand the different proportions among Executive Offices attention should be directed to examining certain factors including: total driving time; time of day, week and season of accidents; age and experience of drivers. Attention to programs directed at safe driving and other guidance about official automobile use should also be examined. A common best practices approach is likely to emerge from such efforts.

**Falls:** Falls are increasingly recognized as an important target for prevention in all work settings. It is important to note the wide range of falls as a proportion of total injuries across the Executive Offices. The causes for falls vary greatly by setting, but there are some common elements of how to prevent falls that may need further attention. Those responsible for health and safety in each Executive Office should share their understanding of why differences may be occurring and what are the different approaches to fall prevention. Executive Offices should continue to use existing systems for the regular tracking of falls.

**Assaults:** Assaults of all types are a high prevention priority. Assaults resulting in injuries are generally thought to be due to physical force. But there are also psychological assaults that can result in less obvious emotional or mental injuries. These latter types are much less likely to be reported but can be of equal importance to the health and productivity of employees. In general, physical and psychological assaults may be under reported. Whether reporting differences or actual risk differences explain the wide range of assaults as a proportion of total injuries across the Executive Offices is undetermined.

## Case studies:

As noted earlier, the reasons for and types of safety inspections that have been conducted is varied. Accident investigations include amputation, chainsaw accidents, struck-by-vehicle incidents, chemical spills, ladder falls, and ergonomic evaluations. The following case studies demonstrate how WSHP safety inspections were used as a learning opportunity to manage risk and reduce work-related injury.

### **Worcester Recovery Center and Hospital (Complaint)**

In May 2015 the Workplace Safety and Health Program (WSHP) conducted the first of a series of health and safety inspections at the Worcester Recovery Center and Hospital (WRCH) due to a request by a union to evaluate several incidents where staff had been injured by the agitated behavior of patients under their care. The WSHP inspection report issued corrective actions for facility design, work practices, and employee training. WSHP conducted four additional site visits to provide feedback on written programs and conduct progress checks. WRCH centralized and strengthened their written Safety and Violence Prevention Program. Work practices were updated to incorporate both patient safety and employee safety. WRCH strengthened their safety committee to evaluate employee injury data and foster employee feedback and participation. The Department of Mental Health (DMH) used the WSHP safety inspection at a central level to integrate safety into performance measures, and implement workplace violence initiatives across other DMH sites. The WSHP case file was closed in October 2016. According to WRCH injury data the injury rate per 100 FTEs in FY16 was reduced by 47%.

### **Department of Public Utilities (Voluntary)**

The Department of Public Utilities (DPU) has inspectors embedded with gas companies to conduct quality control and confirm that natural gas customers are charged correctly for the amount of gas they use. In June 2015, DPU learned that their inspectors may be exposed to cadmium and lead dust during calibration of gas meters while working at these host sites. At each site, the DPU employees worked in a designated quality control room separate from other production areas in the facility. WSHP mobilized health and safety inspectors to evaluate the work areas and conduct air and wipe samples. The sites included both private sector utilities and municipal operated utilities. For municipal-operated utilities, the WSHP inspection covered the entire site. For private utilities, the WSHP inspection was limited to the specific work area where the DPU employees were assigned. WSHP inspection reports contained corrective actions for cleaning surfaces for cadmium and lead dust, housekeeping procedures to prevent the accumulation of dust, and employee training. WSHP confirmed the completion of corrective actions by conducting follow-up site inspections and wipe sampling. At each site, the post-inspection wipe samples were at satisfactory levels below regulatory limits. The WSHP improvements created safer workplaces not just for the DPU inspectors, but also for the utilities' employees.

### **Department of Conservation and Recreation (Accident)**

The Department of Conservation and Recreation (DCR) operates state parks and recreation areas. WSHP conducted eleven safety inspections at DCR facilities. Inspections included accident investigations involving lacerations, chainsaw use, ATV accidents, and chemical exposure. In addition, DCR requested a voluntary audit of the maintenance shops of two state parks. During these inspections, DCR employees and safety committee members were able to observe the WSHP safety inspection in order to apply lessons learned to other DCR sites. After completing these site inspections, DCR invited WSHP to participate in the annual DCR Safety Fair conducted for supervisors of seasonal employees. WSHP provided technical assistance to DCR for a safety plan developed for employees to properly discard of used syringes found on state property. To increase distribution and access to the training, EOEEA and DCR staff adapted three WSHP safety training modules for the online PACE training platform.

- **Discussion of capital safety grant;**

In FY2015 and FY2017 WSHP was able to secure \$250,000 from the state budget to fund a Capital Health and safety Grant to assist Executive Branch agencies in the important and complex mission of maintaining a safe workplace for their employees. The funding was made available across all agencies with equal eligibility. Priority was given based on the level of risk of the hazard, potential for risk reduction, and impact of the proposed project. Both large- and small-scale projects were eligible.

The grant funding was intended to provide seed money for comprehensive health and safety initiatives targeting specific serious hazards. Funds were intended to serve as a one-time “start-up” cost, creating an institutionalized improvement. They were not intended to replace existing operational expenses. The recipient agencies were expected to continue to support the initiative using operational funds for future expenditures.

Members of the grant committee:

- Human Resources Department, Chief Human Resources Officer (or designee)
- HRD’s Workers Compensation Unit, Manager (or designee)
- Department of Labor Standards, Director (or designee)
- Executive Office of Administration and Finance, Secretary (or designee)
- Department of Public Health, Occupational Health Surveillance, Director (or designee)
- Operational Services Division, Assistant Secretary (or designee)
- Department of Industrial Accidents, Director (or designee)

Recommendations of the grant committee were voted on by the full Advisory Board. Once awarded, each agency receiving funds was required to establish a full health and safety program, if one did not already exist, related to the capital investment to ensure consistent and proper use of the equipment. This included, for example, written policies and procedures, employee training, and methods of accountability. After the each round of grant awards WSHP conducted post implementation inspections to ensure that purchased equipment was in use and supported by a full program. The results from the FY2015 grant are completed and were very positive. 100% of the equipment was in use and supported by full safety programs.

Agencies that received funds under the FY2015 round of funding experienced a 14.5% reduction in worker’s comp claims in the 6 months after implementation compared to the 6 months prior (statistics according to the HRD Worker’s Compensation Division).



### 2015 Capital Health and Safety Grant Awardees

Agency, Department, or Division	Secretariat	Item (s) Funded
Department of Agricultural Resources	EEA	Vehicle safety lightbars
Department of Environmental Protection - Wall Experiment Station	EEA	Fall arrest system, manhole cover lift, and ice cleats.
Department of Developmental Services -Central West	EOHHS	Choice of: Tollos lifts, EZ Rock patient transfer, Liko lifts, Liko lift motors, Ceiling track system, Arjo Maxi Twin Hanger Bar.
Department of Developmental Services -Hogan	EOHHS	Liko lifts. Aqua Creek Patriot and Scout pool lifts.
Department of Developmental Services -Marquardt	EOHHS	Liko lift systems
Department of Developmental Services -Metro	EOHHS	Liko lift systems (fixed)
Department of Developmental Services -Northeast	EOHHS	Liko lifts. Gait-training equipment. Air-assisted patient handling. Wieland Cove recliner. Swift slide sheets.
Department of Developmental Services -Southeastern	EOHHS	Barrier Free Replacement Parts
Department of Developmental Services -WDC (Wrentham)	EOHHS	Maxi move lifts
Department of Public Health - Tewksbury	EOHHS	Tenor lift and loops.
Department of Public Health - Tewksbury	EOHHS	Safety and personal protective equipment for electricians.
Department of Mental Health - Worcester	EOHHS	Arc flash coverall kit.
Department of Veteran Services - Soldiers' Home Holyoke	EOHHS	Comfort glides
Department of Veteran Services - Soldiers' Home Holyoke	EOHHS	SystemRoMedic-TurnSafe
Department of Labor Standards	EOLWD	Monitoring, calibration, and training equipment.
Department of Transportation	MassDOT	Noise cancelling communications headsets

Applications for the FY2017 grant were received in December 2016. A total of sixteen of the applications were awarded grants expending the \$250,000 allocated to this program. Eighteen applications were not funded because they were submitted by an agency outside of the Executive Branch, did not address an employee health and safety issue, or were deemed to have a lower impact on reducing injuries among Commonwealth employees.

As in the previous grant cycle, all agencies that received an award were inspected by DLS. The inspections again demonstrated that 100% of the equipment was in use and supported by a full safety program, including staff training. Worker's compensation data is not yet available for analysis of the impact of these investments.

2017 Capital Health and safety Grant Awardees		
Agency, Department, Division	Secretariat	Item (s) Funded
Department of Children and Families - Cape Ann	EOHHS	Security measures
Department of Developmental Services - Central West	EOHHS	Patient lifts
Department of Developmental Services -Metro	EOHHS	Liko Multi-Rail patient-lifting system
Department of Developmental Services -Northeast	EOHHS	Patient-handling devices
Department of Developmental Services - Southeast	EOHHS	Stand Assist Sure Hands
Department of Developmental Services - Wrentham	EOHHS	Huntleigh Maxi Move Lifts
Department of Public Health - Tewksbury Hospital	EOHHS	Slideboards
Department of Public Health - Tewksbury Hospital	EOHHS	Drum lift
Executive Office of Energy and Environmental Affairs	EEA	Roadside Lites, Trekkers, and anti-tick gaiters
Massachusetts Emergency Management Agency	EOPSS	Ladders
National Guard	EOPSS	Scissor lifts and trailers

- **Explanation of WSHP activities;**

The workplace safety and health program for public employees works to reduce work-related injuries and illnesses through accident investigations, technical assistance, and targeted enforcement by a team of occupational health and safety specialists.

- **Inspections** are conducted to identify workplace conditions which could contribute to work-related injuries and illnesses. The inspection process is a learning opportunity for employers to strengthen their management systems towards injury prevention. The inspection report provides Corrective Actions with a Correction Due Date.
- **Fines** can be issued for workplace conditions which could cause work-related injury and illness. WSHP waives the fine and penalty when corrective actions are completed before the agreed upon due date. WSHP determined that this waiver was important while state agencies transition to the new law, so that resources can focus on strengthening safety management systems that were begun under EO511. To date, each agency that has received an inspection has worked cooperatively with WSHP to accomplish corrections, and fines have not been necessary.
- **Sample Programs:** WSHP has developed template sample programs to assist employers in developing their own safety programs efficiently. For example, Bloodborne Pathogens Exposure Control, Respiratory Protection, and Confined Space plans are all available on the DLS website.
- **Communication:** WSHP developed a common wiki site, accessible to all state employees, to share resources among agencies. This site contains training webinars, self-audit checklists, and template programs.
- **Injury Data:** As stated previously, WSHP monitors workers compensation incidents to identify potential high cost incidents and work sites with a high pattern of injuries, for inspection and follow-up.
- **Health and safety Management Program:** WSHP and the Advisory Board developed a template management program. This tool helps agencies monitor their own performance and set goals for injury reduction.
- **Training:** WSHP conducts voluntary site inspections and webinars to introduce employers to risk management and safety management principles.

## **Board Membership**

Board membership was initially established by EO511, and continues under 454 CMR 25.00 as the Occupational Health and safety Advisory Board. Membership includes:

### **Co-Chairpersons:**

Rosalin Acosta, Secretary of Executive Office of Labor and Workforce Development;

Ronald Arigo, Chief Human Resources Officer

### **Members:**

Secretary of Executive Office of Administration and Finance, or designee;

William McKinney, Director of Department of Labor Standards

John Langan, Director of the Office of Employee Relations

Michael Fiore, designee for Commissioner of the Department of Public Health

Kathy Manson, designee for Director of the Department of Industrial Accidents

Elissa Cadillac, American Federation of State, County and Municipal Employees

Christine Pontus, Massachusetts Nurses Association

Joseph Dorant, President Massachusetts Organization of State Engineers and Scientists

Kevin Preston, President National Association of Government Employees

Jodi Sugerman-Brozan, Executive Director Mass Coalition for Occupational Safety and Health

David H. Wegman, Professor Emeritus Department of Work Environment at the University of Massachusetts - Lowell



