

## PREVENTING WORKPLACE INJURY AND STRESS CAN HELP STOP THE OPIOID CRISIS

**Pain from work-related injury, illness, and stress can lead to misuse and addiction to prescription or illegal opioids. Employers, workers, and unions should amplify efforts to prevent work injuries, especially those that require pain treatment. Pain can be physical or emotional, and so prevention of work stressors is also key to prevent opioid misuse and addiction. This approach to the opioid crisis is called primary prevention.**



### Step 1

**Identify a dedicated process for evaluating the connection between work injury, stress, and opioid use.**

- 1) Ensure key organizational decision makers are part of the process.
- 2) Devote adequate time and resources to identify and address problems and solutions.
- 3) Involve key organizational stakeholders such as safety and health professionals, operations managers and supervisors, union representatives, frontline workers, engineers, and workers' compensation and benefits administrators.
- 4) Set priorities, timelines, and accountability for action items.

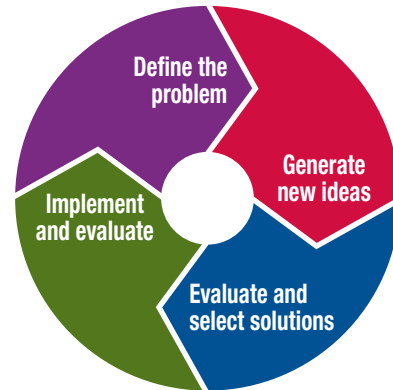


## Step 2

### Evaluate injury and illness trends, especially those that are likely to lead to prescription opioid treatment.

- 1) Explore sources of information to assess injury and illness trends such as Occupational Safety and Health Administration (OSHA) logs, workers' compensation records, and incident reports. Note that one limitation of evaluating historical data is that it may not reflect current operational conditions.
- 2) Perform routine workplace inspections to document hazardous conditions. Photographic evidence is very useful. An effective system for following up on the findings of inspections is essential.
- 3) Conduct interviews with workers who have reported injury, pain, or discomfort about causative factors. This can help identify problematic jobs, tasks, or environmental conditions.
- 4) Conduct focus groups with workers in departments or on job assignments associated with frequent injury and pain. This can be useful in obtaining input from the front line.
- 5) Distribute surveys to gather information from frontline workers. Before conducting the survey, it is important to have a clear objective and plan for evaluating data that is collected. Another tip is to avoid large numbers of open-ended questions.
- 6) Explore other methods of evaluating hazardous jobs such as problem solving, job hazard analysis, ergonomic job evaluation, and root cause analysis during incident investigation. More details on these methods are available at the sites below:
  - OSHA Root Cause Analysis <https://www.osha.gov/Publications/OSHA3895.pdf>
  - OSHA Job Hazard Analysis <https://www.osha.gov/Publications/osha3071.pdf>
  - NIOSH Elements of an Ergonomic Program (checklists included) <https://www.cdc.gov/niosh/topics/ergonomics/ergoprimer/step1.html>
  - OSHA Prevention of Musculoskeletal Injuries in the Workplace <https://www.osha.gov/SLTC/ergonomics/>

### The Problem-Solving Process

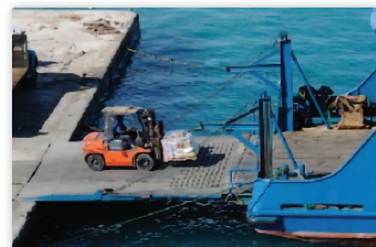


**Ergonomics is the science of fitting the job to the worker.** Work stations and tools are designed to reduce work-related musculoskeletal disorders (MSDs).

**Risk factors:** Lifting, bending, reaching, pushing, pulling, moving heavy loads, working in awkward body postures, and performing repetitive tasks.

**Examples of MSDs:** Carpal tunnel syndrome, tendinitis, rotator cuff injuries (affects the shoulder), epicondylitis (affects the elbow), trigger finger, muscle strains and low back injuries

The U.S. Bureau of Labor Statistics received reports of 272,780 MSDs in 2018 from private employers, averaging 11 lost workdays per case. These injuries are associated with high rates of prescription drug use. Industries with highest rates of MSDs included transportation and warehousing, healthcare and social assistance, construction, manufacturing, and agriculture, forestry, fishing, and hunting.

**Examples of jobs with work-related MSDs.** *Source: National Institute for Occupational Safety and Health (NIOSH)***Awkward Postures****Overhead Work****Twisting and Carrying Loads****Wrist Deviations****Contact Stress****Poor Shoulder/Wrist Posture****Lifting Bulky Loads****Hand-Arm Vibration****Whole Body Vibration****Evaluation of OSHA 300 Logs**

OSHA's Occupational Injury & Illness Recordkeeping regulation requires covered employers to maintain OSHA 300 Logs that contain the names (except for privacy cases<sup>1</sup>), date of injury, department, job title, injury type, amount of lost work time, and amount of restricted work time. This information can be put into a spreadsheet to analyze which departments and job titles are experiencing lost time injuries. Interviewing injured workers to learn about the cause of their injuries and ideas for prevention can be extremely helpful. It is important to let injured workers know that their participation is voluntary and will only be used for safety and health improvements,

1 Privacy concern cases are: 1) An injury or illness to an intimate body part or the reproductive system; 2) An injury or illness resulting from a sexual assault; 3) Mental illnesses; 4) HIV infection, hepatitis, or tuberculosis; 5) Needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material; and 6) Other illnesses, if the employee voluntarily requests that his or her name not be entered on the log.





# OPIOIDS AND THE WORKPLACE: PREVENTION AND RESPONSE

not disciplinary action. For more information, visit OSHA's website on Occupational Injury and Illness Recordkeeping: <https://www.osha.gov/recordkeeping/>

Employees, former employees, personal representatives, or authorized employee representatives have a right to copies of the OSHA 300 Logs by the next business day after they are requested. Employers may not remove names of injured workers, except in privacy concern cases. OSHA 300 Logs **are not** covered by the Health Insurance Portability and Accountability Act (HIPPA) as they are intended to be used by labor and management to evaluate injury and illness trends for prevention. An electronic OSHA log is available in Microsoft Excel: <https://www.osha.gov/recordkeeping/new-osha300form6-30-16.xls>

It is important to use the exact same terms (codes) to describe job titles, departments, injury type, etc. That way you can use Excel's mathematical features to do counts and averages. For example, if job title is sometimes written as "RN" and other times as "registered nurse," there will not be a match for counting purposes.

**OSHA's Form 300 (Rev. 01/2004)**  
**Log of Work-Related Injuries and Illnesses**

**Note:** You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20  U.S. Department of Labor  
Occupational Safety and Health Administration

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name  City  State

Identify the person		Describe the case			Classify the case				Enter the number of days the injured or ill worker was		Select the "Injury" column or choose one type of illness								
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and substances that directly injured or made person ill (e.g., Second degree burns on right forearm from occupational work)	SELECT ONLY ONE box for each case based on the most serious outcome for that case:				Days away from work or restriction		(M)							
						Remained at Work				Away from work		On job transfer or restriction							
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Days away from work (K)	On job transfer or restriction (L)	Injury (1)	Illness (2)	Transfer restriction (3)	First aid (4)	Second degree burns (5)	All other illnesses (6)		
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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of the data collection, contact the Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20011. Do not send the completed forms to this office.

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When a pattern of injury is revealed, the next step is determining causes and solutions using inspections and the other evaluation methods detailed above.

## Addressing Workplace Stress

Mental health problems and substance use are associated with high levels of workplace stress. Stressful working conditions can cause work/life conflicts and "presenteeism," where workers come into work when they are sick, injured, distraught, or otherwise should not be present at work. "Self-medication" describes a situation when workers are overwhelmed by stressful working

conditions and engage in increased drug and alcohol use. Job burnout occurs when stressful working conditions lead to chronic stress and hopelessness. Identifying job stressors and developing solutions can help prevent these negative effects. Stressful working conditions include:

- Inadequate staffing
- Inadequate resources to do the job
- Excessive use of overtime and long hours of work causing fatigue
- Workplace harassment, bullying, or violence
- Negative/top down management and supervision
- Unusual work arrangements such as split shifts
- Low wages and lack of access to medical, mental health, and substance use benefits
- Lack of access to sick leave benefits

### How do you get started evaluating and solving workplace stress?

As with workplace safety and health, an effective and inclusive process is key. Participants should be able to talk about these issues without fear of retaliation. Evidence gathering and data collection should be tailored to the specific workplace stressor.

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**Example 1:** *The workplace has been working 12-hour shifts, 7 days a week for 6 months. The evaluation may include looking at absenteeism, injury and illness, health benefits, workers' compensation, grievances, and other available records to see if the excessive use of overtime is negatively impacting these key indicators. A comparison of these factors during a period of high overtime use to a time period without high use of overtime would help reveal some of the hidden human and financial impacts. Do the hidden costs justify the cost of hiring additional workers or modifying work schedules?*

*A worker satisfaction survey may provide additional useful information. Researching alternatives to overtime used in the industry such as hiring more full time or part time workers, spreading production over peak and non-peak time periods, and other solutions should be considered.*

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**Example 2:** *Human resources and union representatives have received a number of complaints about negative acts by supervisors and co-workers in a specific department. This department has been reported to be a toxic work environment marked by incivility and hostile interaction from supervisors to subordinates and between workers. The evaluation should try to identify underlying factors related to work demands, access to resources, time pressures, having a voice in decision making, and their impact on interpersonal relations. Solutions might include supervisory and worker training on problem solving, active listening, workplace norms of behavior, a campaign for civility and respect in the workplace, and addressing resource and work task time frame problems.*

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### Step 3

#### **Maintain a continuous approach to identifying and addressing workplace hazards and stressors.**

The prevention of opioid use related to workplace pain requires that workers, unions, and employers maintain communication, share information, and work together to address work-related safety, health, and stress. Workplace safety culture has been described as, “Deeply held, but often unspoken safety-related beliefs, attitudes, and values that establish norms about how things are done.”<sup>2</sup> Key elements of a healthy workplace safety culture include:



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### Summary

Devoting the necessary time and resources to reducing work-related hazards and stressors associated with opioid use could significantly impact the health and safety of workers. Applying the key elements of safety culture to prevention of opioid use can help organizations develop the necessary framework for primary prevention programs. The key is for managers, supervisors, and employees to talk openly about prevention of injury, stress, related physical and emotional pain, and their connection to mental health and substance use in the workplace. Let's get it started!

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2 See: CPWR's: <https://www.cpwr.com/safety-culture>