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Demystifying case management of non-critical injuries

The Occupational Safety and Health Act of 2004 (as amended) requires that all accidents at work where an employee is critically injured must be reported within 48 hours of the occurrence. These are straightforward but non-critical injuries can be tricky. The Act further states that where an accident causes injury to a person at the workplace and renders them unable to perform their regular duties and/or requires medical attention then the accident must be reported to the Occupational Safety and Health Agency (OSHA) within 4 days.

Late reporting and failure to report an accident is considered to be a breach of the Act and carries a \$20,000 fine. Since anyone can call the OSHA hotline or walk into the office and report that they were injured at work, some employers may wisely choose to report all instances to OSHA. Other organisations define what is reportable in keeping with the legislation.

Interestingly, the Act does not define medical treatment. However, the US OSHA defines medical treatment as the 'management and care of a patient to combat disease or disorder'. This does not include visits to a physician for observation or counselling. US OSHA only requires that accidents where the affected employee requires hospitalization or sustains a fatal injury/injury be reported immediately and all other accidents be submitted annually.

Similarly, in the UK, OSH legislation defines specific injuries that must be reported such as limb fractures, loss of sight, crushing, etc. Accidents that result in an employee being unable to perform their normal duties for 7 consecutive days after the accident must also be reported. Other accidents must be recorded but not reported.

Without a clear definition of medical treatment or an exhaustive list of reportable accidents, employers may be left to decide if accidents must be reported or not. First aid cases such as cleaning and bandaging of lacerations, scrapes, flushing debris from eyes, removal of splinters and treating minor burns must be recorded and investigated. If the employee returns to work immediately after receiving treatment, then such cases are generally not reportable.

Case management is the process of ensuring that individuals who are injured at work are provided with the appropriate medical treatment and, where applicable, facilitated with modified work duties for a specific period while they recover.

The sooner an employee returns to work after an accident the better their chances are for a full recovery. Employees who are away from work for more than 6 months may have less than a 50 percent chance of returning to work in any capacity.

The process of managing "light duties" can be challenging for some employers. The idea is not to have an employee occupy a seat in order to get a salary but rather to conduct meaningful work and be a part of the workforce while they recover.

Once an employee has been medically-cleared to return to work in a limited capacity, the organisation should discuss specifics with the medical provider - the employee's job duties, specific weights of items that may need to be lifted, the movements the employee can safely make, how long he/she can stand, sit, etc. - before assigning modified work duties. It is highly recommended that the employer reviews the modified work duties with the medical provider before the employee is permitted to resume work. These duties must then be discussed with the employee and a thorough risk assessment conducted.

The modified duties should be examined holistically as changes may be needed to the rest of the department to facilitate these modified work duties. For example, the employee may be part of a production line and can only work at half the speed of the employees further down the line, thereby negatively impacting production and it would be prudent to move the employee to another area of operations.

It is also recommended that the employer conduct weekly and sometimes daily check-ins with the employee to ensure that they are comfortable with these modified work duties. In cases where the employee is unable to perform these modified work duties, the employer may need to re-evaluate the duties with the medical provider. In such cases, the medical provider should determine a specific timeframe for re-evaluation of the injured employee and provide a final recommendation thereafter. The employee must be certified as being fully fit for work before being permitted to resume normal duties.

In addition to ensuring that non-critical injuries are reported within the stipulated time frame it is equally important that employers implement case management policies and procedures that will facilitate consistent management of the affected employees' return to work.

While the main goal of all safety practitioners is to have zero accidents, the old adage of “Hope for the best and plan for the worst” must hold true.

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