



# Installation Injury Summaries for ARMY CIVILIANS

## What are Installation Civilian Injury Summaries?

The APHC Installation Civilian Injury Summary is an annual analysis of the injury-related workers' compensation data for all Department of Defense and Department of Army Civilians working on Army or Joint Base installations.<sup>1</sup> Civilian data provides an important part of the overall "injury picture" for each installation. Each installation's summary is presented in briefing slide-deck format and includes:

- Civilian lost time rates for 5 years, by fiscal quarter
- Top causes of civilian lost time (prior fiscal year (FY))
- Top occupations with civilian lost time (prior FY)
- Top units with civilian lost time (previous FY)
- Costs for compensation claims (prior calendar year)
- Comparisons of installation data to all Army civilian and Joint Base civilian data

### Want your Civilian installation injury summary?

Installation Civilian Injury Summaries are produced by the Injury Prevention Division (IPD), Army Public Health Center and are currently available by request. They are typically provided within 3 business days.

## Why are Civilian injury summaries created and how can they be used by installations?

Recent data<sup>2,3</sup> indicates that 6,908 Army civilian claims led to over 29,000 lost days and almost \$14 million in costs in one year. This is based solely on workers' medical compensation data because civilian employees do not receive medical treatment from the military. The significance of safety incidents and injuries to civilians at an installation may depend on the size and proportion of the civilian workforce and types of injuries they experience.

Understanding the civilian injuries at an installation (e.g., trends, causes) will help leadership prioritize injury prevention efforts to focus scarce resources on the leading causes, occupations, and/or workplaces. To help complete the overall installation "injury picture", annual Army Active Duty injury summaries are also prepared for each installation from analyses of Soldiers' medical records.<sup>4</sup>

## What are the data sources?

Civilian lost time data are obtained from the Force Risk Reduction System (FR2).<sup>3</sup> Lost-time cases and lost days are determined from workers' compensation claims submitted via the Electronic Data Interchange and Safety First Event Reporting (SaFER), and from Continuation of Pay and Leave Without Pay data from the Defense Finance and Accounting Service (DFAS) pay files.

Costs (lost time and medical treatment) are obtained from the Defense Injury and Unemployment Compensation System (DIUCS).<sup>2</sup> DIUCS reports unemployment compensation and total dollar amount paid out for each claim (sometimes \$0, if the claim was denied or no payments have yet been made). There is often a time lag since accrued costs are assigned to the original claim date, and payments are made only after the claim is approved.

## What are the leading Civilian injury types?

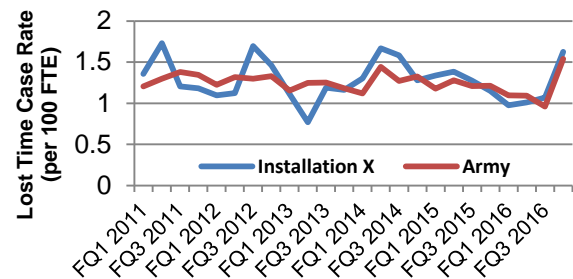
Civilian injuries\* resulting in the highest compensation costs are:<sup>2</sup>

- Sprains/strains (not back) \$3.1M, 16% of injuries
- Pain/swelling/stiffness in the joints, \$2.0M, 12%
- Back injuries (sprains/strains), \$1.2M, 11%

\*data does not provide details on injury diagnoses

In general, these include the same types of injuries that lead to the most lost duty time (sprains, back injuries), though trends vary at certain installations and from year to year (Figure).

Figure. Example-Installation Civilian workers' compensation case rates



## What are the leading causes of Civilian injuries?

The data systems used to track civilian workers' compensation claims contain a pre-determined list of "causes." At most installations, the leading causes contributing to the greatest number of injury claims, most lost duty days, and highest compensation costs are:

- Handling materials or equipment
- Slips, trips, and falls

It is important to note that these are general categories that do not provide specific details about the conditions leading to the incident. For example, an injury from handling equipment could result from picking up a heavy box once, several times, or from a repetitive activity like cutting boxes. Slips, trips, and falls may be related to icy conditions outside in a parking lot, water spilled on a floor, a crack in a sidewalk, or a loose floor mat.

## Who are at the greatest risk of injury?

The highest number of lost days associated with claims (almost 19,000 across all installations)<sup>2</sup> is among occupations in medical, protective, and administrative services. Civilians in these specialties also accrued the highest costs associated with claims (\$4.6M).<sup>3</sup>

For all installations within each Major Army Command (MACOM), Training and Doctrine Command civilians tended to have slightly higher rates than average.\* Transportation and warehousing occupations often had high lost day rates. No trends were noted among other MACOMs. (\*based on internal IPD analysis of FR2 data)

## How can common Civilian injuries be prevented?

The general recommendations below can help reduce occurrence of injuries. The Information Sources offer further guidance.

Injury Causes	Common Activities & Hazards <sup>5-11</sup>	Injury Prevention Recommendations <sup>6-12</sup>
<p><b>Handling materials or equipment</b></p> <p>See <i>Factsheets</i>:</p> <p><i>“How to Safely Carry Loads”</i><sup>6</sup></p> <p><i>“How to Safely Perform Pushing and Pulling Tasks”</i><sup>8</sup></p>	<ul style="list-style-type: none"> <li>Repetitive strenuous activity (lifting, lowering, pushing, pulling, or carrying heavy loads), vibrations,<sup>5,8</sup> or continuous/routinely repeated non-strenuous activity (computer typing, sitting/standing)</li> <li>Excessive bending or twisting at the waist<sup>5,6,9</sup></li> <li>Lack of training on proper lifting techniques and protective equipment<sup>7,8</sup></li> </ul>	<ul style="list-style-type: none"> <li><b>Request an ergonomic worksite assessment</b> from APHC Ergonomics or your local industrial hygienist to help evaluate, train, and provide recommendations for equipment options (e.g., sit/stand workstations or mechanical devices like lift trucks, cranes, or conveyors to eliminate manual lifting and lowering). When medical conditions warrant, certain equipment may be obtained at no charge to the installation.<sup>10</sup></li> <li>Submit ergonomic assessment requests to: <a href="mailto:usarmy.apg.medcom-aphc.mbx.army-ergonomics">usarmy.apg.medcom-aphc.mbx.army-ergonomics</a> or call 410-436-2439.</li> <li><b>Assess workplace training needs</b> and ensure all personnel complete the appropriate training on equipment and safety procedures.<sup>6,7,8,10</sup></li> <li><b>Ensure proper lifting techniques</b> (e.g., keep the load close to the body; use the legs to lift the load).<sup>7,9</sup></li> </ul>
<p><b>Slips, trips, twists, and falls</b></p> <p>See <i>Factsheet</i>:</p> <p><i>“Fall-Related Injury Prevention”</i><sup>11</sup></p>	<ul style="list-style-type: none"> <li>Ice and snow on steps and walkways<sup>10,11</sup></li> <li>Wet floors, worn carpeting, loose floor mats<sup>6,8,10,11</sup></li> <li>Poor maintenance and housekeeping practices<sup>6,8,10,12</sup></li> <li>Unsafe ladder positioning and scaffold assembly<sup>6,8</sup></li> <li>Insufficient procedures, training, or supervision<sup>8,11</sup></li> </ul>	<ul style="list-style-type: none"> <li><b>Reporting:</b> Make sure employees know how to report unsafe worksite conditions/problems.<sup>8</sup></li> <li><b>Outdoor hazards:</b> Keep walking surfaces clear and well-maintained, ensure timely snow/ice removal.<sup>6,8,11,12</sup></li> <li><b>Indoor floor hazards:</b> Ensure timely removal of hazards (e.g., spills, loose floor mats, equipment left out) and needed worksite repairs.<sup>6,8,11,12</sup></li> <li><b>Safe ladder climbing techniques:</b> Ensure personnel are properly trained (e.g., always maintain three points of contact, stay off the top two rungs, etc.).<sup>8</sup></li> <li><b>Equipment and safety training:</b> Ensure personnel are familiar with procedures to maintain safe, injury-free working conditions, know how to report problems, and receive training (with annual updates/seasonal reminders).<sup>10</sup></li> </ul>

### Information Sources:

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11. DHHS, Centers for Disease Control and Prevention (2010). Slip, Trip, and Fall Prevention for Healthcare Workers. NIOSH Publication No. 2011-123.
12. APHC (Prov) (2016). Fall-related injuries. Retrieved from <http://phc.amedd.army.mil/topics/discond/psaip/Pages/ArmyInjuryPreventionFactsheetsandTrainingProducts.aspx>