



ERGONOMIC STRATEGY & SME RESOURCES

THE VALUE OF ALIGNING SUBJECT MATTER
EXPERTS (SME) AND CERTIFIED ATHLETIC
TRAINERS (ATC) AS A RESOURCE

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Pulp & Paper Safety Association – 2022 Conference





Ergonomics: What are sites doing today...

- Establish a site champion/competent person
- Establish an Ergo/Wellness focus/pillar team
- Targeted training (Leadership Overview, Pillar Team Competency, All Site Awareness)
- Evaluate current state / assess ergonomic risk exposures (Data & Surveys)
- Develop a short-term strategy and quick wins
- Engage support resources to include subject matter experts (H&S COE Team, Ergonomist, Certified Athletic Trainer (ATC))
- Maintain Ergo/Wellness focus as a continuous improvement initiative as part of the overall safety system

Chris Mathis ATC (R), Seminole Mill

COMPETENCIES & SMES...

WestRock Ergo/Wellness Competencies

- Site Champion (Manage Process)
- Leadership (Culture, Value, Control, Results)
- Pillar/Focus Team (Targeted Skills)
- Teammates (Education & Training)
- Internal H&S Support (COE / Operational)

External Subject Matter Experts (SMEs)

- Physician (Specialist)
- Physician
- Nurse Practitioner
- Nurses (RN, Occupational Certified RN)
- Nurses (LPN)
- Physical Therapist
- **Athletic Trainer (ATC)**
- Chiropractor
- Massage Therapist (ART Technique)
- Personal Trainer/Fitness Coach
- Wellness & Dietitian Resources
- Ergonomists

ATC Core Competencies...their wheelhouse:

- Soft Tissue, MSD early Evaluation, Treatment, Rehab
- Personal Health & Wellness – Education & Training
- Human Factors, Biomechanics & Ergonomic Assessments
- First Responder & First Aid/CPR/AED



National Athletic Trainers Association – Survey of Industry:

- 100% indicated favorable ROI of ATC industrial use
- 30% indicated a \$7 savings for every \$1 spent ROI
- 83% indicated a \$3 savings for every \$1 spent ROI
- 94% indicated injury severity decreased by 25%
- 68% indicated a decrease in WC costs and LWD/RWD by more than 25%
- 50% indicated a decrease in overall WC injuries by 50%



Clayton Faircloth ATC (R), Dublin Mill

- ATCs are professionals who help prevent and treat injuries for people of all ages. Their clientele includes everyone from professional athletes to industrial workers. ATCs are recognized by the American Medical Association as allied health professionals who work under the direction of a licensed healthcare professional and in cooperation with other healthcare providers.
- Key ATC activities and programs include:
 - Targeted early intervention of soft tissue discomfort
 - Onsite injury triage, treatment and rehabilitation
 - Onsite ergonomic assessments
 - Dynamic warm up/stretch and flex programs
 - Education focus on body mechanics, wellness and personal health



SPECIFIC ATC SUBJECT MATTER EXPERT (SME)...

WestRock Athletic Trainer Deployment

- Master Service Agreement with Moore Wellness
- Full time ATC (High Risk / > 100 Employees)
- Part/Full time ATC – WestRock shared resource
- Part time ATC – Non-company partnership
- ATC/Other SME for Project Support / Periodic
- **Fiscal 2022 Pilot - Remote ATC Resource <100 Teammates (10 High Risk/Freq. Sites)**

Moore Wellness Certified Athletic Trainer Skills

- State Licensed ATC (Masters) – Standing Orders
- First Responder / CPR/AED First Aid
- General Wellness & Biomechanics Skills

Advanced Skills (partnered development):

- Certified Ergonomic Assessment Specialist (CEAS)
- Dynamic Strength Index – Physical Demand Analysis
- CPR/AED First Aid Instructor
- Fitness Center Manager
- HOP Learning Teams
- Active Release Technique (ART) (Deep Tissue Target)

FUN FACT

38 WestRock locations are aligned with a Full/Part time ATC (or 25 ATCs). When comparing WestRock sites who have an ATC against sites that don't, the ATC resourced sites have 38-60% less workers comp cost.

Ergonomic, Wellness & Medical Synergies:

- Non-work-related early symptom evaluations
- Ergo/Wellness Focus Team Facilitator
- Medical Case Management
- Hearing Conservation Element Owner (Testing)
- Medical Screening/Drug Testing
- Pre hire Screening
- Wellness Checks / Health Fair Project Owner
- Other Ergo/Wellness Projects

WESTROCK SITE



SITE/TEAMMATE CONNECTION

Focus Teams

Remote Kiosk/First Aid Room

Teams Meetings

Teams Webinar Training



SUPPORT AVENUES

Phone / Email / Text

Microsoft Teams / Zoom

Kiosk / Tablet

Projection
Screen/Training

Virtual Headset/Camera

Onsite (when requested)



REMOTE ATC

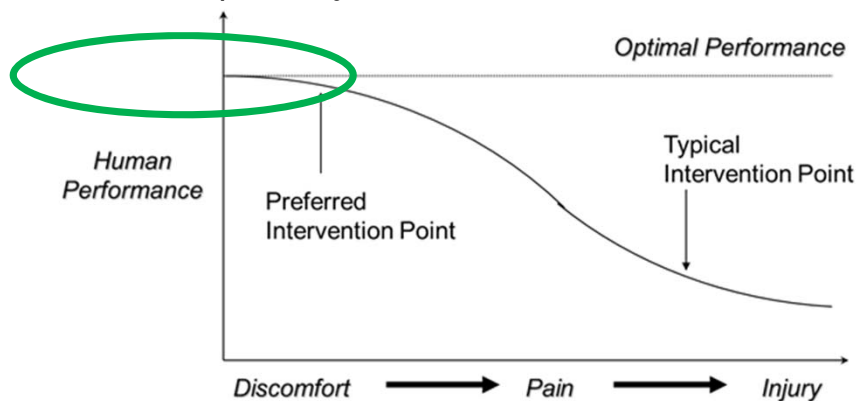


GOAL - IT'S ALL ABOUT QUALITY OF LIFE!

Ergonomic key targets...

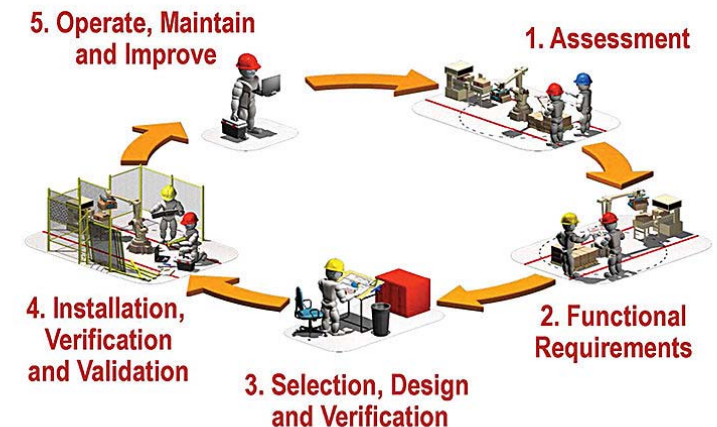
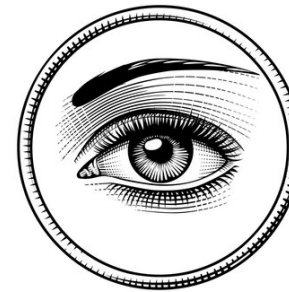
- Fitting the work environment to the employee and controlling risk of a diverse workforce
- Focus on early intervention of soft tissue discomfort before the injury threshold (ill. below)
- Reduce/eliminate and control unique risk exposures (force, repetition, posture, vibration, personal health & wellness)
- Educate on safe technique and wellness

Educate/Control <|> Early Intervention



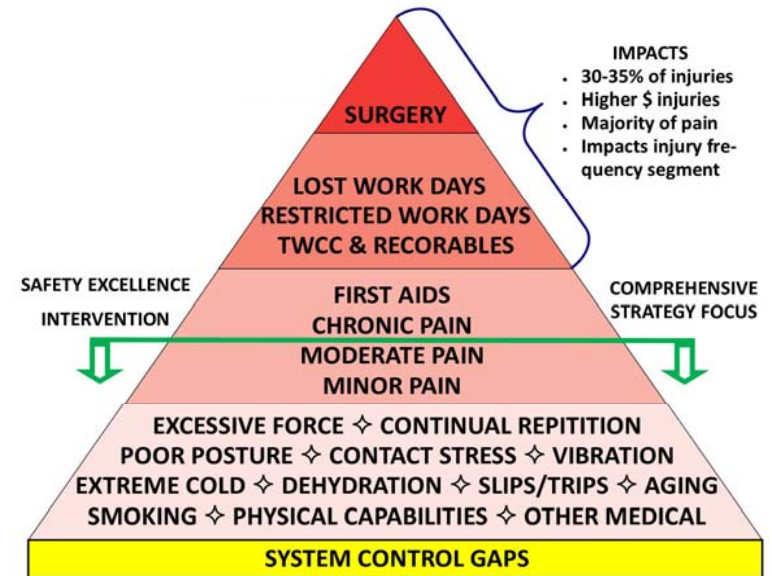
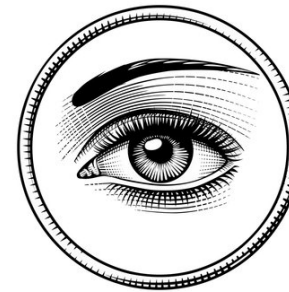
HOW CAN AN ATC HELP CONTROL ERGONOMIC RISK?

Strategy/Goals – An ‘eye’ to ergonomic focus!	
Goals/Annual Planning	New hire / Ongoing Critiques
3-5 Year Ergo Strategy	Design/Engineering
Ergo/Wellness Focus Team	Pre-startup Safety Review
Benchmarking	New hire selection/screening
Tobacco Free Site	Physical Demand Analysis
Define Leading Data	Education/Training Targets
Data Generation/Surveys	Medical Management
Site Treatment Room	Aligning with SMEs
Site Fitness Room	Continuous Improvement
Health Fair	Culture/Caring Quality of Life
Wellness Checks	Personal Health & Wellness
Outage/Shutdown Planning	Process & Procedures



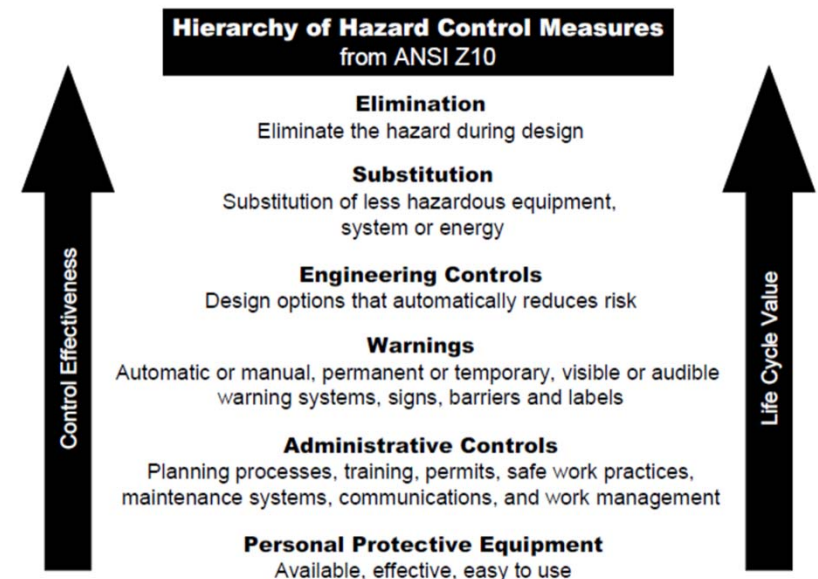
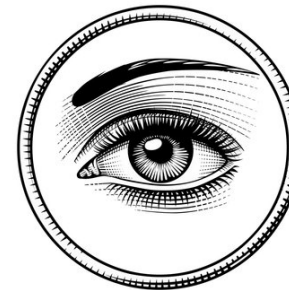
HOW CAN AN ATC HELP CONTROL ERGONOMIC RISK?

Process Focus – An ‘eye’ to ergonomic focus!	
Job Hazard Analysis	Office Assessments
Defining Reliable SOPs	Workstation Assessments
Warm up programs	Concern Reporting
Design/Engineering	Task Assessments
STEP / Upsets	Learning Teams
Fitness for Duty	Pre-Startup Safety Review
Return to Work	Functional Job Descriptions
Management of Change	Proactive Field Observations
Pre-Task Assessments	Hiring / Placement
Purchase / Selection	Functional Movement Screen
Early Reporting	Wellness/Ergo Calendars
Policy Target (Max Lift)	Survey, Data & Critiques



HOW CAN AN ATC HELP CONTROL ERGONOMIC RISK?

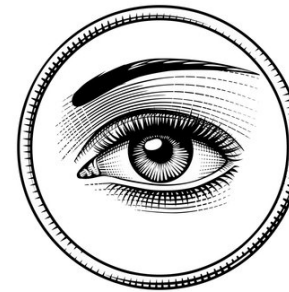
Data & Surveys – An ‘eye’ to ergonomic focus!	
Historic Workers Comp Data	Survey ?’s: When do you...
Discomfort Survey	...work on your knees?
Wearables	...crawl under equipment?
Assessments	...lift greater than 50lbs?
Injury Cause/Type Trending	...use a cheater bar?
New hire Critiques	...work in slippery areas?
Industry/BLS Statistics	...turn a difficult valve?
Time studies (heat/repetitive)	...lean over for long periods?
Temp Triggers Cold/Heat	...repetitively use a tool?
Concern reporting	...do tasks with high reach?
Teammate touch points	...crawl into equipment?
Single question surveys	...climb without ladder?



HOW CAN AN ATC HELP CONTROL ERGONOMIC RISK?

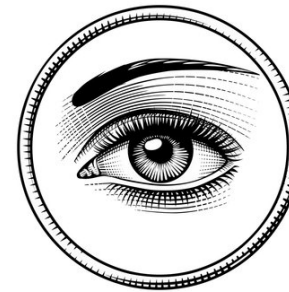
Training & Education – An ‘eye’ to ergonomic focus!

Champion-Leader-Teammate	Hypertension
Assessment (CEAS I, II, III)	Diabetes
Ergonomics 101 / Basics	Stroke
Wellness 101 / Basics	Knee/Hip Health
Hydration / Electrolytes	Low Back Health
Biomechanics – Mid/High Lift	Shoulder Health
Biomechanics – Low Lifting	Neck Health
Biomechanics – Pushing	Hand/Arm Health
Biomechanics – Pulling	Foot/Ankle Health
Cold/Heat effects on Body	Sleep Apnea / Value of Rest
Warm up / Stretching Value	Smoking Impact on Body
Healing Soft Tissue (Oxygen)	Sugar Impact on Body



HOW CAN AN ATC HELP CONTROL ERGONOMIC RISK?

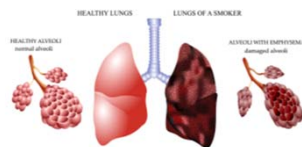
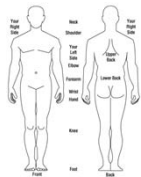
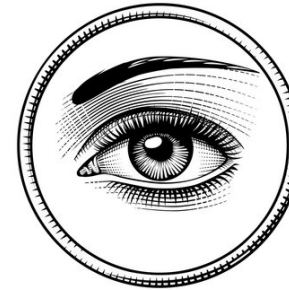
Tools & Equipment – An ‘eye’ to ergonomic focus!	
Site Treatment Room	Shoe/boot inserts
Site Fitness Room	Strategic padding
Knee Pads / Kneeling Pads	Lifting aids/devices
Ergonomic Chair	Assessment Tools
Ergonomic Workstation	Pressure Relief Devices
Ergo Mouse/Keyboard	Display boards / visuals
Ergonomically designed tools	Wearables
Cushioned Floor Mats	Mobile Technology/Tablets
Anti-vibration gloves	Virtual Reality Equipment



HOW CAN AN ATC HELP CONTROL ERGONOMIC RISK?

Momentum & Engagement – An ‘eye’ to ergonomic focus!

Ergo & Wellness Focus Team	Weekly/Monthly Newsletter
Display / Results Board	Wellness Challenge
Meet/Greet Targets	Tobacco Free Site
Education & Training	High Risk Task Focus (Ergo)
Wellness Calendar	100 Days Summer/Winter
Toolbox / Short Topics	Learning Teams (SME)
Monthly ATC Reports	Concern Reporting
Surveys & Critiques	Teammate touch points
Warm up / Stretch Programs	Innovation Recognition



Workplace Ergonomics 101

OSHA FIRST AID EXCEPTIONS IN CONJUNCTION WITH ATC



OSHA LIST OF FIRST AID TREATMENT– VALUABLE ATC TOOLS

- Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
- Cleaning, flushing or soaking wounds on the surface of the skin;
- Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
- Using hot or cold therapy;
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
- Using temporary immobilization devices while transporting an accident victim (*e.g.*, splints, slings, neck collars, back boards, etc.).
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- Using eye patches;
- Removing foreign bodies from the eye using only irrigation or a cotton swab;
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
- Using finger guards;
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
- Drinking fluids for relief of heat stress.

VALUE OF EARLY SYMPTOM REPORTING OSHA RECORDKEEPING QUESTIONS AND ANSWERS (QUESTION 38)

- Question 38: Does the employer have to record a work-related injury and illness, if an employee experiences minor musculoskeletal discomfort, the health care professional determines that the employee is fully able to perform all of his or her routine job functions, but the employer assigns a work restriction to the injured employee?
- As set out in Chapter 2, I., F. of the Recordkeeping Policies and Procedures Manual (CPL 2-0.131) a case would not be recorded under section 1904.7(b)(4) if 1) the employee experiences minor musculoskeletal discomfort, and 2) a health care professional determines that the employee is fully able to perform all of his or her routine job functions, and 3) the employer assigns a work restriction to that employee for the purpose of preventing a more serious condition from developing. If a case is or becomes recordable under any other general recording criteria contained in section 1904.7, such as medical treatment beyond first aid, a case involving minor musculoskeletal discomfort would be recordable. Question 7-19
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES &p_id=3205

EXERCISE FLEX/STRETCH ADVANTAGE OSHA SI DECEMBER 14, 2015

- **Scenario:** An employer requires all of its employees to engage in stretching exercises at the beginning of each shift and hourly during the shift. An employee reports to his supervisor that he is feeling minor discomfort in his left shoulder associated with his work tasks. The supervisor advises the employee to continue participating in the stretching exercises that all employees participate in each day and to report back if he continues to be symptomatic. The employee never reports back to the supervisor about any continuing symptoms.
- **Question:** Would the supervisor's advice to continue participation in the daily stretching exercises constitute medical treatment for OSHA recordkeeping purposes?
- **Response:** OSHA discussed the issue of therapeutic exercise in the preamble to the final rule revising OSHA's injury and illness recordkeeping regulation. See, 66 FR 5992, January 19, 2001. OSHA stated that it considers therapeutic exercise as a form of physical therapy and intentionally did not include it on the list of first aid treatments in Section 1904.7(b)(5)(ii). **Section 1904.7(b)(5)(ii)(M) states that physical therapy or chiropractic treatment are considered medical treatment for OSHA recordkeeping purposes and are not considered first aid.** Section 1904.7(b)(5)(iii) goes on to state that the treatments included in Section 1904.7(b)(5)(ii) is a comprehensive list of first aid treatments. Any treatment not included on this list is not considered first aid for OSHA recordkeeping purposes.
- Section 1904.7(b)(5)(i) defines medical treatment to mean "the management and care of a patient to combat disease or disorder." In this context, stretching exercises constitute medical treatment when they are recommended as a new course of action to address an employee's work-related condition or disorder.
- In the scenario above, there is no change in the course of stretching exercises to specifically address the discomfort in the employee's shoulder. Therefore, the supervisor's advice to continue with the already existing program of stretching does not constitute medical treatment beyond first aid for recordkeeping purposes. Provided the employee did not receive any other treatment, restricted work activity or job transfer, the case does not meet the recording criteria under 1904.7.

ACTIVE RELEASE TECHNIQUE (ART) OSHA SI JULY 24, 2006

- **Active Release Technique® (ART®)** is a patented soft tissue technique that treats problems with muscles, tendons, ligaments, fascia (connective tissue), and nerves. A multitude of musculoskeletal conditions can benefit from ART. These conditions all have one important similarity: they are frequently the result of overused muscles, causing muscle spasm, scar tissue and eventual loss of function within a region of the body.(1)
- **What makes Active Release Technique different from other techniques?** The difference between ART and other techniques is that during an ART treatment, the patient actively moves the affected structure (muscle or ligament) while the practitioner presses or maintains contact on the injured area. This allows the practitioner to feel the structure as it moves under their contact, and to effectively treat those restricted muscles, tendons, or ligaments.
- Excerpt from OSHA SI July 24, 2006: *After completing an analysis of the information currently available, OSHA cannot determine that ART generally exceeds what is commonly recognized as massage practices. Based on this determination, OSHA finds that ART is considered first aid for injury and illness recordkeeping purposes. However, please keep in mind that work related injuries and illnesses that involve ART are recordable if they also entail the use of medical treatment, a job transfer, restricted work activity, or days away from work. For example, a work-related injury or illness is recordable if prescription medications are administered in response to an injury or illness, in conjunction with the manipulation of the skeleton, it would be recordable.*

THANK YOU!
QUESTIONS?

