

Editor's Note

by Julie L. Sealey, CPCU, CSP, ARM, ALCM, CHSP



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In this issue, we present articles on topics and issues in loss control and safety that we do not always consider, even as insurance professionals. Consideration, discussion, and creative ways to address these topics and issues help us with our daily professional activities.

We often do not consider that the very ambulance crew employees whose purpose is to preserve the health and safety of those who are suddenly ill or injured are often those who are tragically injured or even end up as fatalities. Nina Nobile has provided loss control guidelines to address this situation in *Ambulance Safety Program*.

Those who recall or have studied the summer of 1976 Legionnaires' disease outbreak may be surprised to find that the number of cases of the disease has tripled since 2000, especially in New York, Maryland, and Illinois. Building owners face increased liability for cases spread in their properties. Diane Miskowski in *Legionella and ASHRAE 188* discusses the disease and the proposed American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE) Standard 188, which will provide a standard of care for building owners. This topic must be monitored because it has far-reaching consequences for all lines of personal and commercial insurance.

Insurers Support Efforts to Stem the Tide of Cargo Theft, by David Shillingford, outlines methods and precautions to address the multibillion-dollar cargo theft problem that is often hidden. Every day, loads of apparel, metal parts, electronics, pharmaceuticals, and other valuable goods are stolen, affecting supply chains, store shelves, manufacturing processes, profits, and jobs.

Providing Feedback for Enhanced Performance, by Paul Farrell, provides a plan to avoid allowing at-fault crashes create driver turnover. At-risk behaviors can be detected early, and bad habits can be replaced by good habits with coaching from a real person. And in *The Most Costly Workers Compensation Claim*, Paul discusses the affect that motor vehicle crashes can have on workers compensation loss costs as one of the surprising top causes of worker injury.

We hope these articles get you thinking about other sources of loss. Please send us your comments about what has been written, and let us know what additional loss control issues you would like to see in this newsletter. 

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Risk Topic—Ambulance Safety Programs

by Nina Nobile



Nina Nobile has over thirty years of experience in risk engineering, including over twenty years working directly with healthcare and social services customer groups. Nobile joined Zurich Services Corporation in 1991 and is a senior risk engineering consultant. Nobile is also the Risk Engineering Department's Eastern Region Nanotechnology Champion. She is currently working toward the CIH designation. Nobile has completed the Healthcare Risk Management Certificate Program sponsored by the American Society for Healthcare Risk Management. The Crisis Prevention Institute has certified Nobile as an Instructor Trainer, and she has developed and presented training sessions for healthcare safety to medical and maintenance groups.

Introduction

Preserving the health and safety of the ill and injured is the main focus of an ambulance crew and ambulance-related activity. Ironically, the health and safety of those who are not in immediate need of healthcare, the ambulance crew, are often overlooked. Tragically, they are often the victims of incidents that sometimes result in serious injury, illness, and even death.

Background

The leading cause of workplace deaths happens to be the result of transportation accidents. This is even more statistically staggering in the emergency transportation industry.¹ Often, an ambulance driver gets caught up in the excitement of an event and lets his or her better judgment succumb to the race to get from point A to point B in the quickest way possible. This is where a sound safety program, backed by rigorous and frequent training, becomes an important factor in controlling the severity and frequency of personal injuries and property damage losses.

Guidance

Developing and implementing a basic ambulance safety program is essential in controlling loss exposures posed by the day to day operations of an ambulance service.

Safety policy—The safety program is the blueprint for the expected environmental health and safety activities conducted each day by members of an organization using equipment provided by and/or for the ambulance services organization. The focus of the safety program is the preservation of the life, health, and property of the ambulance worker, patient, and members of the public. The uppermost member of management should draft a statement indicating the importance that safety holds for the organization and the fact that every member of the organization is expected to uphold safety standards above all else. This statement should be signed by top management to emphasize the importance that it holds to the organization all the way to the top.

Safety performance standards—The National Institute for Occupational Safety and Health (NIOSH), the research arm of the Occupational

Safety and Health Administration and other safety minded organizations, joined together with several transportation organizations to improve safety standards and practices in an effort to improve safety for the emergency services industry. This research is ongoing, but the aim is to bring it up to as high a level of importance as that of the standard vehicle industry. This should be the goal of a safety program as well.²

Vehicle interior ergonomics—Vehicles should be reviewed to ensure the following:³

- All objects that may cause injury in an abrupt start, shift in direction, or stop are secured.
- Patient cots are equipped with upper body safety restraints for use during emergency and nonemergency transports.⁴
- Nonpatient members of the public, who wish to accompany the patient, ride up front and use proper body restraints.
- Emergency medical services (EMS) staff are properly harnessed.⁵
- Compressed gas cylinders and other medical equipment are properly secured.
- All four sides of the vehicle cab are well lighted.
- The vehicle design includes door opening devices as specified in the Star-of-Life Ambulance KKK-A-1822F Standard.
- Vehicle doors are provided with like-keyed locks throughout the ambulance

Personal protective controls/equipment design—The personal protective equipment (PPE) used by the EMTs (emergency medical technicians), patients, and others in the vehicle should be effective in providing the intended protection and must be used. Among the various devices and considerations are these:⁶

- EMTs' seats to have padded headrests and be rear facing
- Five-point harnesses for EMTs to prevent injuries
- Gloves, masks, and goggles available and used⁷
- Inoculations provided as necessary to protect against communicable diseases (for example, Hepatitis B, tuberculosis, and influenza)

Driver selection and training

- Drivers should follow road safety and be trained to use defensive driving techniques.
- Drivers should be screened at the time of hire and periodically thereafter (for example, background checks, motor vehicle records, medical conditions, etc.).
- Periodic road tests should be performed to reinforce skills, such as tests regarding the features and equipment on the ambulance unit and driving in different conditions such as daytime versus night, various weather conditions, and differing road conditions.
- Emphasis should be placed on ensuring that drivers and front-seat passengers of emergency service vehicles use the vehicle occupant restraints that are provided.
- Training should also discuss and discourage risky behaviors, such as these:
 - Driving fast in nonemergency situations
 - Riding in emergency vehicles while not using harnesses or proper seat restraints
 - Nonpatient/non-EMS passengers riding in vehicle other than up front

Safety and risk awareness modification—

Make staff aware of safety concerns, issues they may face, and company safety procedures

- Consider asking staff to make observations and critique flaws at the end of a trip
- In a classroom setting, discuss situations with staff regarding unwanted events/accidents that have occurred

Vehicle crashworthiness and intelligent transport systems⁸

- NIOSH has worked with AMD-NTEA (Ambulance Manufacturers Division of the National Truck Equipment Association) to establish a new crash test methodology Technical Committee. NIOSH's research was used to develop a cost-effective test procedure to evaluate how components (seats, cot, and equipment mounts) in a patient compartment would withstand a thirty-mph frontal impact. This data should be used in selecting new vehicles and interior equipment.
- Ambulance manufacturers, transportation technology companies, and emergency



services organizations are banding together to facilitate emergency vehicles designed to increase the crash survivability of EMS workers in ambulance patient compartments, while still providing the necessary mobility. This includes telematics and other technologies design to assist with transportation service safety and efficiency.

- Consider equipping ambulances with technology designed to enhance safety and efficiency by monitoring driver behavior and road conditions.

Conclusion

Promoting health and safety of the ambulance crew, patient, and the public is an important aspect of the emergency transport industry. The basic guidelines outlined in this risk topic can serve as the basis for developing a sound safety program. Management may wish to add more elements to the program, but these guidelines should increase awareness of the most basic areas of an ambulance service organizations' safety concerns.

Endnotes

1 National Institute for Occupational Safety and Health, "NIOSH Continues Research to Improve Safety for Ambulance Service Workers and EMS Responders," DHHS (NIOSH) No. 2011-190, www.cdc.gov/niosh/docs/2011-190/ (accessed September 27, 1013).

2 Emergency Medical Services, www.ems.gov/NewsEvents.htm (accessed September 23, 2013).

3 Unless otherwise footnoted, the items in this list are from various pages of the GSA Star of Life Ambulance Standards (KKK-A-1822E), www.deltaveh.com/KKK-A-1822E.htm (accessed September 24, 2013).

4 National Institute for Occupational Safety and Health, "26-Year-Old Emergency Medical Technician Dies in Multiple Fatality Ambulance Crash - Kentucky," NIOSH In-house FACE Report 2001-11, www.cdc.gov/niosh/face/in-house/full200111.html (accessed September 27, 1013).

5 John Erich, "Safer In the Back?" EMS World, November 18, 2009, www.emsworld.com/article/10319950/safer-in-the-back (accessed September 24, 2013).

6 Occupational Health & Safety, "Head Protection Rule for Ambulances Covers Front Seats Only," September 5, 2007, http://ohsonline.com/articles/2007/09/head-protection-rule-for-ambulances-covers-front-seats-only.aspx?sc_lang=en (accessed September 23, 2013).

7 National Institute for Occupational Safety and Health, "Preventing Exposures to Bloodborne Pathogens Among Paramedics," *Workplace Solutions*, p. 3, www.cdc.gov/niosh/docs/wp-solutions/2010-139/pdfs/2010-139.pdf (accessed September 24, 2013).

8 Emergency Medical Services. 

Legionella and ASHRAE 188

by Diane Miskowski, MPH

Diane Miskowski has thirty-five years of experience in the areas of microbiology, laboratory management, and industrial hygiene with a focus on aerobiology and exposure to pathogens. She is a business development manager with EMSL Analytical, Inc., Cinnaminson, New Jersey.

The first recognized outbreak of Legionnaires' disease occurred in the United States at the American Legion Convention in Philadelphia during the summer of 1976. There were several hundred cases of pneumonia with 34 fatalities. The causative agent was not identified at the time, but, as a result of the efforts of the U.S. Centers for Disease Control (CDC) and other researchers, it was isolated and identified several years later. While it was suspected that aerosolized mist from the cooling towers was the cause of that outbreak, it was never confirmed. Potable water samples in the hotel where the convention was held were never taken.

Eventually the bacterium was isolated, identified, and named *Legionella pneumophila* and its epidemiology was elucidated. *Legionella* must be inhaled in contaminated, aerosolized water droplets into the deepest part of the lung in order to cause the respiratory forms of legionellosis. It is estimated that *Legionella pneumophila serotype 1* causes 80 percent to 95 percent of the cases of Legionnaires' disease in the U.S., although there are other species and serotypes that can also cause infection.

There are over eighty species, sixty serotypes, and hundreds of strains of the bacteria that have been discovered. *Legionella* naturally occurs in soil, compost, sludge, surface water (fresh, brackish, and salt water), and groundwater. It is protozoanotic with amoeba, protozoans, and some blue green algae where it lives in a protective, intracellular biofilm community of organisms. Lab studies have indicated that *Legionella* may survive several months in distilled water and many years in tap water. The bacteria prefer low dissolved oxygen levels, can survive a wide pH and temperature range, and are resistant to the levels of free chlorine found in potable water. Our water and wastewater transport and building plumbing systems provide the perfect habitat for these bacteria to thrive. Temperature plays an important role in the viability and multiplication of the bacterium. It can survive in temperatures around freezing, yet multiplies in ranges from 68 degrees Fahrenheit to 120 degrees

Fahrenheit. It is interesting to note that most of our residential and building hot water heaters supply water from 120 degrees Fahrenheit and 125 degrees Fahrenheit which is the perfect temperature for *Legionella* to multiply.

While legionellosis cases have occurred in every state in the U.S., these cases demonstrate a geographical prevalence. They are identified most frequently in the Northeast, Mid-Atlantic, Mid-West, and South-East with a very high prevalence in New York, Maryland, and Illinois. There are geographic differences with respect to both species and strain types within the U.S. as well as worldwide. Legionellosis outbreaks show a seasonal trend with occurrences increasing from June thru November while individual cases are identified throughout the year. While large outbreaks associated with cooling towers get most of the media attention, the majority of cases are associated with potable water systems and hot tubs and occur year-round. It is estimated that 25 percent of the cases are travel associated (hotel stays and cruise ships).

Cooling towers and potable water systems are not the only places that have caused legionellosis cases. Cases have also been associated with hot tubs, potting soil, the vegetable misters found in grocery stores, as well as cool mist humidifiers and CPAP machines. A complete list of systems that have caused cases of Legionnaires' Disease can be found at <http://www.legionellatesting.com/legionella-where-to-look.htm>.

The incidence of the disease has tripled since 2000 and the age-adjusted rate of disease for males is twice that of females. There has been an increased incidence east of the Mississippi River, particularly in Pennsylvania, New York, and Ohio and after high rainfall and humidity events. It has been suggested that global warming could be causing this increase.

The CDC estimates that there are about 25,000 to 75,000 legionellosis cases annually in the U.S., while others put the rate between 90,000 to 113,000 cases annually. (In contrast, there are 50,000 new cases of HIV annually.) Studies suggest that the urinary antigen test, the most



common diagnostic test used to determine the presence of Legionnaires' disease in the U.S., may miss up to 40 percent of actual cases because the test only identifies *L. pneumophila* serotype 1. Whatever the true rate, it is agreed that legionellosis should no longer be considered a rare disease.

The term legionellosis means any infection caused by *Legionella*. There are four types of disease, none of which are transmitted person-to-person: Legionnaires' disease is the most serious respirable form causing a severe pneumonia that does not respond to the common antibiotics used to treat pneumonia. It has a 15 percent fatality rate, and often causes serious long term effects, such as debilitating fatigue, arthritis and cognitive impairment, after the pneumonia is cured. It can be caused by many species and serotypes but is believed to be most commonly caused by *L. pneumophila* serotype 1. Pontiac Fever is another respirable form of legionellosis that typically causes flu-like symptoms that resolve untreated. *Legionella* can also cause an asymptomatic infection and may infect artificial heart valves, and hip and knee replacements through infections from surgery or cuts in the skin. All these forms of the disease may be acquired in the community or may be hospital acquired.

Since the first recognized outbreak, those at risk for developing legionellosis is changing. During the 1980's and 1990's it was thought that mostly men over the age of 65 who were heavy drinkers and smokers were at risk for the disease. Now anyone over the age of 45 and anyone who is immunocompromised are at risk. Since 1999 the disease has been most commonly seen in males who are between the ages of 45-64. Those who have COPD, diabetes, kidney disease, or take immunosuppressive drugs that treat rheumatoid arthritis, AIDS, cancer, Crone's and other autoimmune diseases have a greater risk. Organ transplant patients are at great risk for disease. Pediatric cases in children under the age of 19 have been identified.


There are four conditions that must happen simultaneously for disease to occur: 1) viable bacteria must be present, 2) there must be multiplication of these bacteria, 3) contaminated water droplets must be disseminated, and 4) there must be inhalation or aspiration of these contaminated aerosols in the deepest part of the lungs of a susceptible host (or enter the body from surgery in the case of joint replacements and artificial heart valve infections). *Legionella* bacteria typically will not survive in aerosolized form if the humidity is low, if it is a sunny day (due to exposure of UV light), or if there is a lot of

smog. Under certain favorable conditions, aerosols containing viable bacteria may travel over a mile as was the case of the Noroxo cooling tower outbreak in France in 2004.

There are many guidelines in the U.S. that address legionellosis associated with cooling towers, potable water, and hospitals. Unfortunately only Garland, Texas, has regulations in place for addressing *Legionella* (and other water borne pathogens) associated with cooling towers in apartment buildings. The U.S. contrasts starkly with other developed nations of the world that have defined regulations and standards in place to prevent legionellosis. It is hoped that the proposed American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE) Standard 188 will provide a defined standard of care for building owners in the U.S. The purpose of this standard is to present engineering and maintenance practices for the prevention of legionellosis associated with building potable water systems, cooling towers, and hot tubs. It is expected that ASHRAE 188 will shape how litigants and courts view legal liability in legionellosis litigation.

The original proposed standard would have affected any building that had the following:

- Multiple housing units with more than one centralized water heater
- More than ten stories (including below grade levels)
- A cooling tower or evaporative condenser that provides cooling or refrigeration
- A building with one or more hot tubs, whirlpool baths, or spas
- An inpatient health care facility where occupants are older than 65 years of age or receive chemotherapy or bone marrow, stem cell, or organ transplants
- Receives incoming water that has a free chlorine residual of less than 0.5 ppm of residual halogen

At the time of this article's publication, other groups have come forward with comments that require modification of the original proposed standard. Due to this delay, it is expected that ASHRAE 188 will not be approved until sometime in 2014. 

Stemming the Tide of Cargo Theft

by David Shillingford



David Shillingford is the president of Verisk Crime Analytics, a division of Verisk that helps insurers and policyholders predict, plan for, and respond to property crimes. Shillingford has been published in national insurance and risk management publications and is an expert commentator for the International Risk Management Institute. He has been quoted in many national and international newspapers and has appeared on NBC, CBS, ABC, and CNN. Shillingford is an active member of many organizations, including the Inland Marine Underwriters Association, the International Association of Auto Theft Investigators, and the International Association of Chiefs of Police, and has won insurance and other industry awards for these activities.




Cargo theft is a multibillion dollar problem that affects businesses on a global scale. When loads of goods are stolen, it interrupts the supply chain, which in turn disrupts manufacturing. It leaves shelves empty, affecting retailers' profitability. And it costs insurers millions of dollars in claims—not to mention the time and effort to investigate incidents and attempt to recover goods.

CargoNet, formed in 2009 by Verisk Analytics and the National Insurance Crime Bureau, provides a service that helps prevent cargo theft and increases recovery rates. It also has a Driver Advisory tip sheet that advises clients' drivers how to stay safe on the road. The sheet suggests drivers take a number of important precautions:

- Always lock your doors and keep music at a volume low enough that you can hear a person approaching or someone who may be trying to alert you that a suspicious person is near your vehicle.
- Be on alert and proceed cautiously if a vehicle strikes your trailer lightly from behind; it's a known ploy. As you exit your vehicle to check for damages, the other driver may attempt to rob you.

- Always be aware of vehicles that seem familiar—they may be following you from location to location as they look for an opportunity to rob you. Note the individuals in these familiar cars as well.
- Keep a notepad handy to make note of color, make, and license plate numbers of vehicles that you suspect might be following you.
- If you feel you are being followed, drive directly to a police department or flag down a police cruiser.
- Change your routes from time to time to avoid being followed. It's a good habit to not let your driving routes become too predictable in order to throw off anyone who may be observing you.

If you'd like to have a full copy of this Driver Advisory to distribute to your transportation clients, please email info@cargonet.com. 

Providing Coaching Feedback for Enhanced Performance

by Paul Farrell



Paul Farrell is the CEO of SafetyFirst, a team of experts from the transportation, insurance, and software industries that specialize in reducing commercial auto collisions through management information systems and programs. The company provides solutions in partnership with insurance carriers and transportation firms.

Driver safety programs start with what managers need to do to locate, recruit, screen and train/educate candidates to become qualified operators. Most of these programs then skip to dealing with crashes and evaluating operator turnover (such as drivers lost due to becoming involved in an at-fault crash).

An often overlooked, but critical, management task is monitoring the performance of existing operators and providing timely, relevant feedback to help them eliminate bad habits and replace them with better habits. The costs associated with letting crashes push the turnover cycle are huge; however, by adopting an assertive and fair coaching mechanism, “at-risk” behaviors can be detected earlier in the timeline and addressed before they lead to crash events.

Additionally, those drivers who repeatedly appear in front of supervisors for coaching feedback (positive directions on how to avoid repeating the negative performance issue) could be cycled back through refresher education—a far more beneficial outcome and less costly than having to replace an operator entirely.

Many driver safety experts place a great value on feedback mechanisms for two reasons—when done well they produce great results, and not all driver safety issues can be fixed by more traditional training programs (for example, a forty-two minute online course delivered in three modules).

Look at this quote from a recent FMCSA document:¹

Additionally, experiences from the insurance industry as reported in trade sources supplement the literature on driver behaviors, suggesting that risky drivers are more than simply those with a lack of skill or inadequate training. In an interview with Peter Van Dyne, technical director for Liberty Mutual, he explains that “many crashes are caused by drivers’ habits and practice, not by their lack of technical knowledge.

For example, a driver may be careless about making lane changes, or the use of cruise control, even though he or she knows the proper procedures” (as cited in Leavitt, 2005). This reinforces the notion that safety cannot simply be improved with more training. Often drivers possess the skill and knowledge needed to drive safely, but a bad habit or outside factors, such as a weak safety climate or lack of communication within an organization, will intervene and result in unsafe driving behaviors.

It was interesting to read about feedback delivered from technology versus a personal approach:²

As in the focus groups, the survey results suggested that, even though drivers may find feedback from technology helpful, they would still like feedback from a real person in addition to the technology. The majority of drivers reported that when it comes to receiving feedback from a person, they would most like feedback from a safety director or their direct supervisor...

The problem facing managers is twofold:

1. Figuring a time-efficient way to spot and document meaningful (urgently actionable) issues without being overwhelmed by “background noise” data.
2. Developing coaching skills to deliver feedback in a way that avoids needless confrontation and focuses on improving results without spiraling into a blame-game.

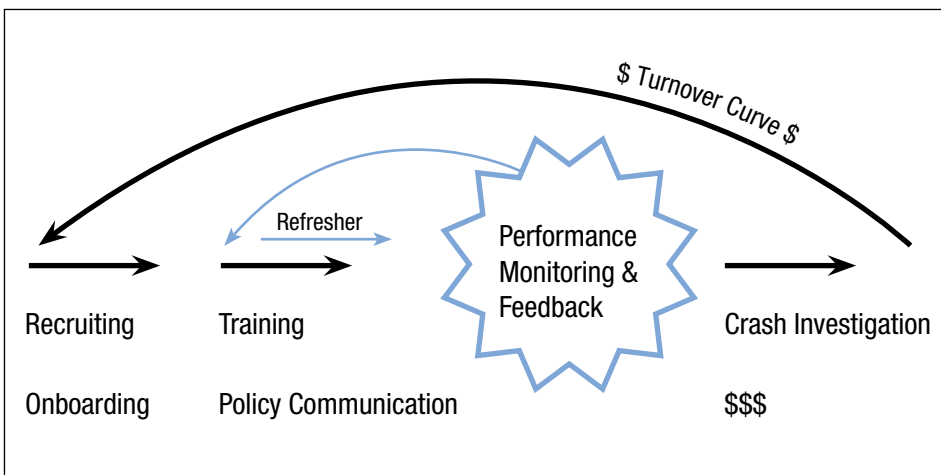
First, multiple mechanisms exist to gather performance issue indicators:

1. “How’s My Driving” stickers actually work very well, despite the myths and misconceptions about crank calls and wasted time. Most safety managers who actually use the program have documented that 99 out of 100 call reports are valid and worth the time to investigate and use as a coaching tool. This is a great statistic since most fleets

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only get two reports per 100 vehicles per month—that’s one “bad” report every three to five years for smaller fleets. Best of all, the program is designed to provide helpful feedback to benefit the driver, not penalize them. (Eighty percent of the drivers never get a report, but 10 percent get multiple calls despite having the same sticker as all of their peers in their fleet!)

2. Periodic MVR review or profiling—pulling the history of police-reported crashes and moving violations for each driver enables a fleet safety team to develop a baseline of expected performance and use that as an objective measuring stick. If drivers are accruing violations for speeding, they should receive feedback before their license is suspended for too many infractions. Additionally, by combining additional data points, such as preventable crashes (reported internally), “automated enforcement violations” from red-light cameras and radar-speed-cameras, and “How’s my driving?” events, and so forth, the fleet can get a clearer picture of which drivers are taking excessive risks while behind the wheel. In an article that appeared in *Construction Executive*, driver safety expert Peter Van Dyne states:

Annually monitor driver performance to compare each driver’s actual performance against established safe driving expectations. However, such monitoring provides limited insight if the company has not established the right expectations. The company should review the individual’s driving

record, crashes and compliance with company fleet safety expectations using a combination of observation, technology and manager feedback.³

3. Telematics or GPS systems provide alerts on harsh braking, excessive speed, heavy acceleration and excessive sway/swerve. Some even provide speed limit alerts based on mapping of speed limits throughout the territory. The issue is that the pile of alerts generated in a given day or week can become excessive, requiring a filter to separate the “urgently actionable” from the “background noise”. Additionally, it can become tedious to keep repeating “slow down” to your drivers if they continue to speed. Clearly, enhanced feedback strategies are needed to translate data into behavior safety results.
4. “Camera in cabin” systems capture video of crashes so that you can tell drivers what they did wrong and why they violated your safety policies. Typically, this leads to hurt feelings, animosity, bruised egos and fear among other drivers that their own mistakes might be documented for posterity (or court). Still, these programs could be tailored to provide a more positive coaching experience and in those circumstances may be able to provide a long-term, sustainable solution via coaching programs instead of playing “gotcha!” games with drivers.

Other programs could include supervisory ride alongs, road trailing (following behind company vehicles to make discreet

observations), or incorporating feedback from customers.

Secondly, (once a data gathering program is in place) supervisors need to develop practical skills on how to provide feedback on a regular basis. This is best characterized as delivering material coaching on critical performance issues (such as complacency, failure to adhere to policy, and excessive risk taking) to an operator with the intent of helping them enhance their performance before a truly negative outcome occurs (for example, crash or injury).

When it’s time to talk to the driver, it’s important to have a strategy. Many supervisors don’t know where to start and quickly end up putting the driver on the defensive—unwilling to consider whether they could change their own habits to prevent injuries or crashes.

Drivers may fear coaching sessions because they’re perceived to be unhelpful, masked punishment. In these instances, the drivers will typically push back through defensive arguing and negotiating over the details of the incident regardless of how the data was developed (for example, “how’s my driving” versus telematics—the driver will argue that the system failed in some manner and that the driver is blameless). The key is to avoid blame setting by either the supervisor or driver, and focus on getting both parties to agree on what the expected level of performance must be and how to establish a goal to keep performance within those boundaries.

SafetyFirst has produced an online, interactive training module, a stand alone video and numerous power points and word documents to help supervisors prepare for coaching sessions. In addition to these proprietary resources, we often recommend articles on providing feedback such as the recent one featured in *Forbes*.

In summary, the *Forbes* article, titled “Are You Making Any Of These Common Feedback Mistakes?”⁴ covers five key mistakes folks make when providing feedback:



1. The Pillow Effect—Sometimes we’re so concerned with the potential emotional response (or bruising) that could happen when delivering feedback about negative performance that we go overboard in placing “pillows” of false praise to cushion the blow of the actual feedback. Sometimes referred to as the “sandwich” of praise, criticism and more praise, this approach more often confuses the operator because we’re sending mixed signals. Instead of trying to cushion the blow, be direct and honest. Explain why this coaching session was triggered (for example, we don’t want anyone getting hurt and we take safety seriously) and outline the ideal outcome of the session. Perhaps the start of the conversation might sound like this: “I’d like us to talk about and agree on a plan to do things differently to reduce the chances of a crash—part of that plan will need to include no-fault training that offers a basic refresher on key topics—not because you’re at fault, but because we need to document actions taken and because it’s never a bad time to get a refresher on safety.” This is clear and avoids the “good news, bad news, good news” sandwich that leaves operators confused as to what’s actually happening—did I do well or poorly? Am I in trouble and don’t really know it yet?

2. Lack of specificity—As supervisors and managers, the more precisely we define the issue, the more constructive the conversation can be. Saying things like “you need to be more careful” doesn’t help most operators very much. Explaining why most can get into trouble with inadequate reaction time and stopping distance is more helpful when trying to help drivers curb their tailgating habits.
3. Wrong type of feedback—Feedback is not a one-size-fits-all effort. A rookie driver may need more details and examples of how to do it right, but a seasoned vet may need a blunt discussion about following the rules instead of taking liberties with policies that are in place to protect them from getting hurt. The article suggests a “skills versus will” chart to help diagnose whether the underlying issue is one of skills (don’t know what to do or how to do it correctly) versus will (knows how to do it correctly, but isn’t willing to follow the procedure due to complacency or other issue).⁵ An example can be found at <http://www.primarygoals.org/general/skill-will-matrix/>.
4. Wrong setting—Providing your operator with advance notice about a private coaching session gives them time to prepare, but it also gives you time to prepare yourself to focus on the benefits

of improved performance, elimination of sloppy habits and the reduced chances of being hurt due to a crash—even if it’s another driver’s fault.

5. Over-reliance on positive or negative feedback—Regarding safety issues, it’s important to avoid the blame game and instead focus on working as a team to set short-term, highly achievable goals that reduce risk, comply with policy and encourage the operator to leave the session empowered to do their job in an expert manner—for the benefit of both the operator’s well being and the company’s mission.

In addition to these methods, many employers are sending their operators to online training modules as refreshers to shake off complacency and regain a fresh attitude about safety. The average online driver safety training session runs about forty-two minutes long! This may be a problem since the average adult attention span is under fifteen minutes, and most television ads have been cut from thirty seconds to fifteen seconds in recent years. This could leave a lasting impression in the driver’s mind that management doesn’t care enough to talk to them directly and the training is being used as a surrogate for disciplinary action.

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The selection of training content could undermine all of your coaching feedback efforts in an instant. How? If you ask a driver to submit to a mind-numbing series of modules on why they should be using their turn signals consistently, it will surely feel like punishment after the fact.

Instead of a traditional online broadcast, how about an engaging program featuring a mix of styles which delivers a pithy (substantive) reminder in less than five minutes? This approach respects the driver's time, and is more likely to jostle them out of apathy and back into safety vigilance. Of course, coupling such a presentation with a basic ten-question quiz helps to deliver a greater sense of urgency and importance to the effort. This shows the driver respect and gets them back on the road quickly.

Summary

Feedback is critical to assuring success in any driver safety effort. For fleets of company cars, supervisors may want to examine MVR data to identify drivers who may be at-risk of becoming involved in collisions. Other fleets may use telematics or "how's my driving?" hotlines to target drivers who may be at-risk of becoming involved in a collision if their behaviors are ignored.

When you invest time to help supervisors improve their feedback skills and provide short, tailored reminder training, you'll get a much larger dividend than from safety coaching alone—they'll be better equipped to provide feedback on all sorts of performance issues (such as idling and customer service).

More information can be found at www.safetyfirst.com.


Endnotes

1 U.S. Department of Transportation, "Driver Issues: Commercial Motor Vehicle Safety Literature Review," <http://www.fmcsa.dot.gov/facts-research/research-technology/report/driver-issues-cmv-safety-literature-review-june2007.pdf> (accessed Sept. 24, 2013).

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The Most Costly Workers Compensation Claim?

by Paul Farrell

As employers, we pay a heavy price for each and every work-related injury—not only for medical treatments for affected employees, but in the case of vehicle-related events, our commercial auto insurance also treats the employees' immediate passengers (if any) and covers liability associated with the injuries of third parties (anyone our vehicle hit). This does not include loss of cargo, disruption to normal business operations, or the cost to repair or replace our vehicle.

The National Safety Council publishes an annual statistics book called *Injury Facts* that states, according to data from the National Council on Compensation Insurance (NCCI), the most costly lost-time workers compensation claims result from motor vehicle crashes with an average cost of \$65,875.

Isn't that an amazing (if tragic) fact? I have heard many safety managers dispute this by arguing that "this or that" type of claim is more severe, but they sit down and look at their own data and come to the same conclusion....at the end of the year, when all claims have been tallied, motor vehicle collisions are the most tenacious.

I did a little more digging at the NCCI website and found this quote from December 2012:

...motor vehicle accidents are more severe than the average workers compensation claim; they impact a diverse range of occupations other than just truckers; top diagnoses include neck injuries; duration is more than a third longer; subrogation is significant, with traffic accident claims comprising more than half of all claims with subrogation; and attorney involvement is greater.¹

This serves as a great reminder that "fleet" is not just "trucking," but can cover salespersons' cars, local deliveries, service fleets that get technicians and tradespeople to their respective job sites, and more.

When setting up a safety plan for the year, or a budget, it is important to remember to

count workers compensation claim costs into your fleet safety budgeting, too. It is not just a matter of fixing dents and repainting fenders—there are third-party liability costs, litigation costs, lost supervisory time for extended investigations, depositions, protection of evidence, and much more. Just that one phrase, "duration [of the motor vehicle collision-related workers comp claim] is more than a third longer [than other workers comp claims]," affects your lost time calculations for the Occupational Safety and Health Administration (OSHA) and your experience modifier for setting insurance rates.

At safety conferences, I often ask participants the following question:

All workplace injuries should be prevented; however, does driver safety take a keystone priority to your company's safety program if you operate any number of, or any type of, commercial vehicles?

Safety professionals typically make the connection between vehicle liability and workers comp costs, but not all fleet managers have access to the data to build the case for a stronger safety effort in the "wheeled world." Naturally, a fleet manager cares about vehicle uptime, collision costs, and the effects of collisions on lease turn backs or final resale of the vehicle, but the fleet manager's vision of driver safety may not be aligned with the OSHA specialist's own vision.


When I worked in the insurance world, we covered a large baking operation that specialized in making fruit pies for restaurants. The workers comp claim totals far eclipsed the commercial vehicle claims at first glance. However, when we isolated all of the workers comp costs by employee type and location and restacked the data, we found that if we took injuries related to driving, and making deliveries, and placed them in the same bucket as the commercial vehicle crashes, we had a clearer case to make to those in top management that they

needed to put most of their safety efforts into the fleet operations, not the manufacturing plant. They followed our lead, and loss costs for the entire company plummeted.

The ANSI Z15 standard (published by the American Society of Safety Engineers, <http://www.asse.org>) outlines many practical steps toward saving lives of employees who drive as part of their job. One critical element of that standard is to monitor driver behaviors to provide coaching and retraining if hazardous habits are detected. This can be accomplished in many ways: through How's My Driving? hotlines, GPS-black box systems, supervisory road observations, camera-in-cabin systems, et al. Regardless of the system or systems used to monitor performance, delivering coaching feedback to modify behaviors is most important; without the feedback discussion, the monitoring is pointless.

So if your workers compensation costs are high, your insurance program rates keep rising, or your experience modifier is creeping up, consider reevaluating the factors that are contributing to the issue. Maybe a stronger and more effective focus on "wheels" can help moderate your workers compensation costs!

Endnotes

1 Tanya Restrepo and Harry Shuford, "The Role of Traffic Accidents in Workers Compensation—An Update," NCCI, December 2012, https://www.ncci.com/nccimain/IndustryInformation/ResearchOutlook/Pages/Traffic_Accidents-Workers_Comp.aspx (accessed September 30, 2013). 

Loss Control Interest Group

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