UMD INJURY AND ILLNESS EXPERIENCE

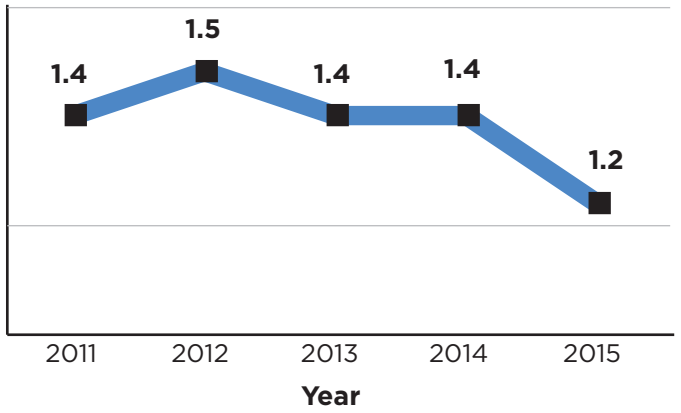
This report discusses the injuries experienced by UMD employees that required medical attention or caused lost time or restricted duty from work, defined by OSHA as "recordable." The Total Recordable Injury Rate* (TRIR) for 2015 was calculated for the university as a whole; it has been on an overall downward trend over the past five years, primarily due to the reduction in injury numbers and rates for large campus departments whose employees provide support for the campus.

Injury rates were calculated separately for the large departments as an indicator of their safety performance. Calculations of TRIR allows us to observe trends over time and compare our experience with national rates of organizations doing similar work; the national statistics are calculated annually by the US Department of Labor, Bureau of Labor Statistics (BLS). While zero injuries is always the eventual target, a short term goal would be to lower departmental injury rates to approximate the national rates where our departmental rates are higher than the national norms. BLS TRIR Statistics for 2014 (latest date available) are listed below:

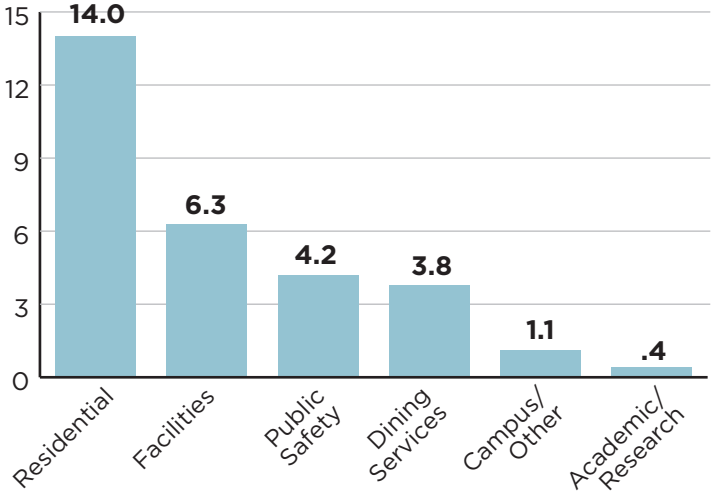
2014 BLS TRIR Statistics

Colleges and Universities (NAICS 611300)	**2.1**
Facilities Support, including janitorial and maintenance (NAICS 5612)	**3.1**
Plumbing, heating and air conditioning contractors (NAICS 23822)	**4.1**
Special Food Services (NAICS 7223)	**4.3**
Justice, order and safety activities (NAICS 9221)	**6.1**

UMD TRIR 2011-2015



2015 OSHA TRIR* by Campus Subgroups

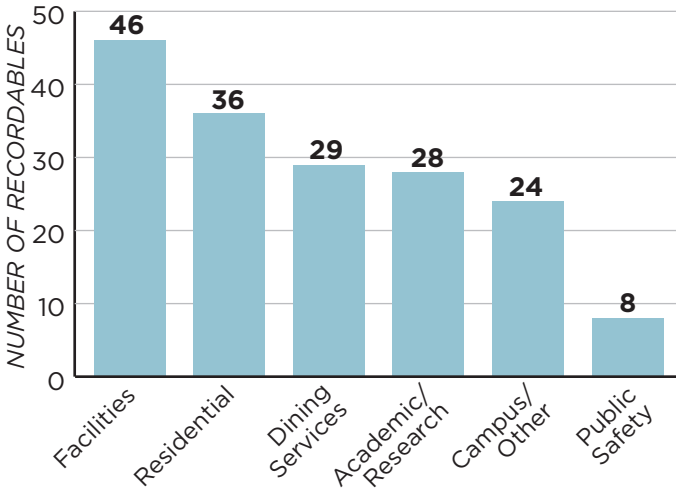


*The Total Recordable Injury Rate (TRIR) is a function of the number of recordable injuries and the numbers of hours worked. TRIR = number of injuries x 200,000 ÷ total hours worked.

INJURY CAUSES AND TYPES

The number and type of injuries experienced by employees in various departments varies considerably by the risks the employees encounter during the workday and the number of employees in the department. The types of incidents leading to injuries over a three year period are shown in the table below. The two major causes of injury in previous years have been 1) *slips, trips and falls* and 2) *bodily position and exertion.* This year, *contacts with objects and equipment* occurred more often than positional injuries. 30% of these were associated with food preparation and serving tasks and include cuts and burns.

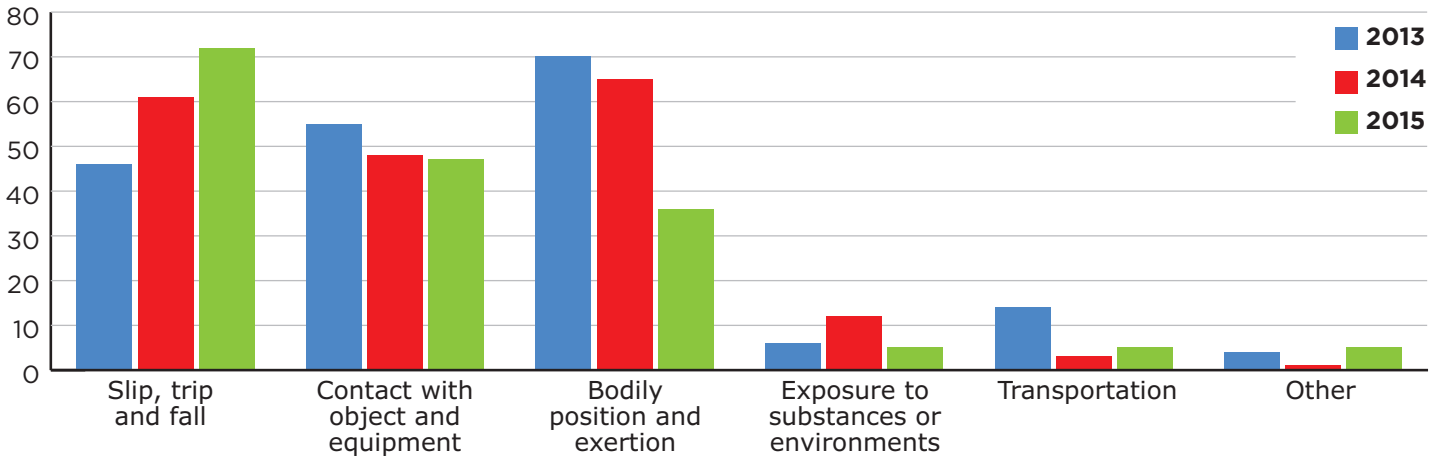
2015 Number of Recordable Injuries and Illnesses by Campus Subgroups



Campus departments have focused attention on higher risk areas with additional training and job hazard analysis (JHA). ESSR has been conducting JHAs for client departments as well as teaching them to conduct their own hazard analyses. Under the category of slips, trips and falls, UMD employees experienced 18 injuries related to ice and snow in early 2015 and acted to prepare for these hazards going forward.

Facilities Management (FM) and Residential Facilities (RF) have the primary responsibility for snow removal on campus; these departments are working to mitigate the hazards related to winter conditions with ergonomic and equipment training specific to snow related tasks. The FM Building and Landscape services department has also made modifications to the management of snow removal services and requirements for employees to report early during snow events, minimizing potential exposures to untreated surfaces.

Three-Year Injury by Event — UMD (2013-2015)

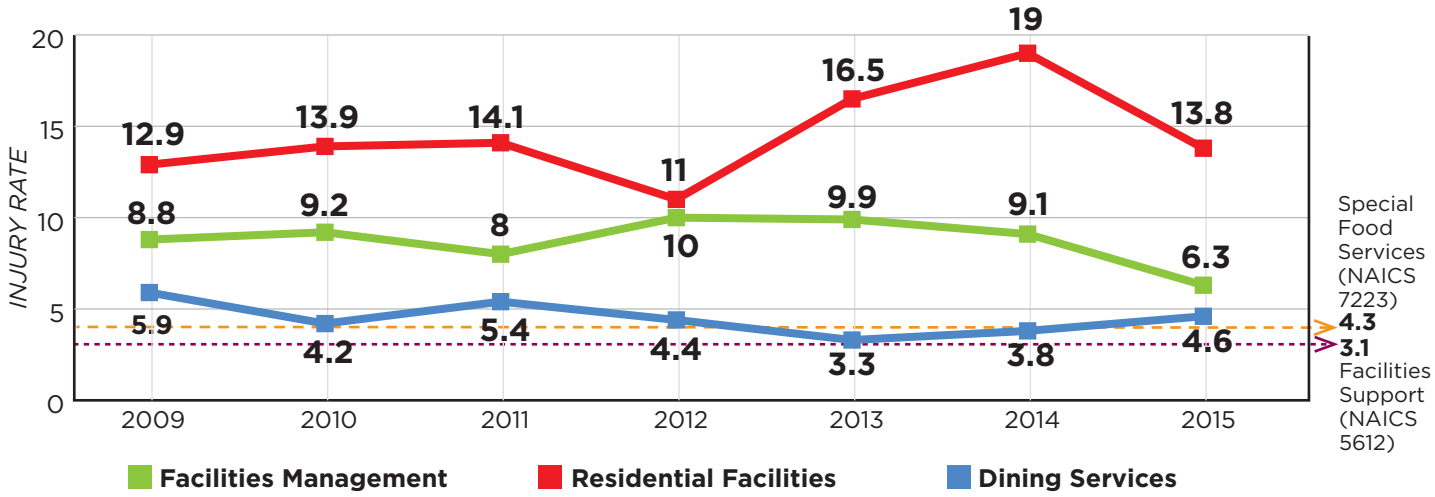


SAFETY AND RISK MANAGEMENT

ESSR provides technical expertise and support for campus departments by identifying the most frequent types of lost time injuries and developing loss control efforts, including shifting some paradigms in the approach to safety and clarifying the role that management plays in injury prevention

Current emphasis includes 1) task specific training focused on high loss areas; 2) using the Incident Investigation process to determine injury root causes, to learn from incidents and prevent future occurrences; 3) using JHA techniques to identify task specific hazards and controls; 4) providing departmental leadership with opportunities to demonstrate their commitment to safety and injury prevention and 5) conducting shop inspections in facilities support and academic shops to identify and correct hazards.

Seven-Year Rates by Department (2009-2015)



Facilities Management has engaged their population, from senior team to first line supervisory personnel, in reviewing injury data on a regular basis and forming committees to develop or improve several safety management processes. Their injury rate dropped 31% in 2015 to 6.3 from the previous six year average rate of 9.2.

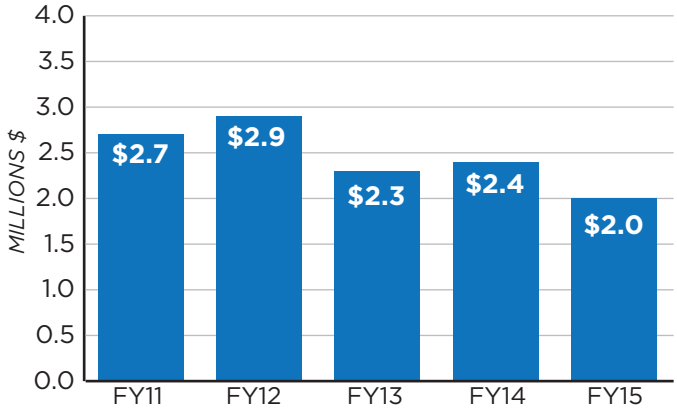
Residential Facilities has initiated a safety committee and focused on safety training to improve their competencies in injury prevention. Residential Facilities' TRIR has averaged 14.5 over the past 7 years. The majority of their injuries were related to bodily position or slips, trips and falls experienced by the housekeeping and maintenance staff. A strengthening of the RF safety system and targeted loss control efforts will help to lower this rate closer to national rates.

Dining Services has also recently initiated a safety committee and has maintained an average injury rate of 4.5 over the past 7 years. This rate is just slightly higher than the national average injury rate for organizations in their type of business. Emphasis on preventing some of the injuries categorized as contacts with objects and equipment, which includes cuts and burns, will help to reduce this injury rate.

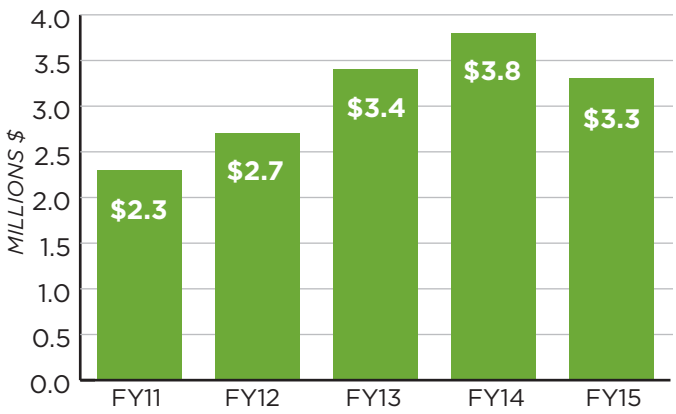
COSTS

Costs: The left hand chart below shows the costs paid by Chesapeake Employer's Insurance (formerly IWIF) to medical providers, and to employees who become partially disabled (indemnity), on behalf of UMD. The right hand chart shows the amounts paid to the Department of Budget and Management (DBM) for our worker's comp "premium". Calculations for the DBM figures are based on costs from the previous three years and include the actual amounts of medical and indemnity payments made through Chesapeake as well as indirect costs including case management, legal and administrative fees. The amount paid by UMD to DBM decreased approximately 14% from the previous year to $3.28 M in FY 2015. These cost savings are a result of fewer injuries experienced by UMD employees and some aggressive claims settlement by Chesapeake.

Medical and Indemnity Costs Billed to IWIF



Worker's Compensation Paid to DBM



Lost Time Costs: Some of the costs not captured above include accident leave paid to employees (2/3 wages paid to employees not able to report to work in any capacity) and lost productivity when employees are not available to do their regularly assigned work. Accident leave costs were approximately $155K in 2015 and the number of lost time days was 2,349 which is equivalent to 10 employees working full time for a year, or 10 lost person-years. Restricted duty days (when employees report to work in a modified duty capacity and receive their regular pay) totaled 1,117, or approximately 4.5 lost person-years. There was a significant decrease in the amount of lost and restricted time from 2014 (12 and 10 person-years respectively) as a result of having fewer injuries and a focus on returning employees to work as soon as they are medically fit.

Worker's Compensation Program: UMD has initiated a multi-departmental working group to improve the process by which Worker's Compensation claims are managed and reduce the associated costs. An initial area of focus was moving the responsibility for initiating claims with IWIF to departmental coordinators within large departments to improve reporting efficiency. Since this shift, the number of claims that were reported > 3 days after the injury was reduced to 153, (average reporting time of 6 days), vs. the same time period the previous year, when 227 claims were reported > 3 days after the injury (average lag time of 12 days). The group is also addressing WC program components including: encouraging additional departments to provide modified duty for their injured employees; refinement of the criteria by which employees can be evaluated to facilitate their return to modified duty; and creation of a "job bank" to provide opportunities for employees to return to work with restrictions.