

Sample Back Injury Prevention and Safe Lifting Program

Organization Policy

The _____ is committed to the prevention of back injuries and maintaining the well-being of our employees. The Back Safety and Program is intended to identify back injury hazards, mitigate them to the fullest extent possible and train employees on proper lifting and materials handling techniques.

The Program Administrator _____ has overall responsibility for the program.

The duties of the Program Administrator are as follows:

1. Conduct or arrange for hazard assessments. Identify affected employees/departments.
2. Review workers' compensation claims and OSHA 300 logs for back related loss trends.
3. Become familiar with the organization's Personal Protective Equipment (PPE) Program.
4. Identify need of Personal Protective Equipment (PPE).
5. Identify alternative materials handling equipment.
6. Conduct and/or organize training sessions.
7. Ensure training is documented and records kept.
8. Evaluate the written program and update as needed.

Training

The Program Administrator is responsible for ensuring that training is conducted. Training may be conducted by Program Administrator or designated Individuals. Initial training at new employee orientation shall consist of:

1. An overview of the facility's Back Injury Prevention and Safe Lifting Program.
2. Proper lifting techniques.
3. An opportunity to ask questions.

Training shall also include the following:

1. Specific job related duties that involve lifting.
2. Proper lifting techniques to perform the assigned duties.
3. Any Personal Protective Equipment (PPE) that is available.
4. Alternative materials handling equipment that is available.
5. An opportunity to ask questions.

Program Administrator shall certify that the training has been accomplished. The certification will contain each employee's name, the signatures of the trainers, and the dates of the training. The certification will be available for inspections by employees or their authorized representatives.

Employees who experience back-related workers' compensation injuries shall receive re-training on proper lifting techniques and alternative materials handling equipment.

Management

Management will make sure the written program is available, help update the program as needed and clearly communicate it to supervisors and employees

Supervisors

Training done will be documented by the Supervisor and kept on file. Copies will be given to the Program Administrator. Supervisors will also complete the Back Injury Prevention Program Self- Inspection Checklist on a monthly basis, and keep on file. Issues identified in the checklist will be addressed as soon as possible but no longer than 48 hours.

Records

Program Administrator is responsible for maintaining the training records of this facility. Training records will be filled out for each employee upon completion of training. These documents will be kept for at least 3 years and will include:

1. The date of the training session
2. The contents or summary of the training session
3. The names and qualifications of the person(s) conducting the training
4. The names and job titles of all persons attending the training session
5. Training records will be provided upon request to the employee or the employee's authorized representative

Supervisors and Management will

1. Identify job duties that include heavy lifting
2. Instill general safety awareness as it relates to back safety
3. Identify and eliminate, when possible, job hazards
4. Train new employees, whose job responsibilities include lifting, on proper lifting techniques within 30 days of hire. Periodically (at least annually) conduct refresher training. Training will be documented and kept on file
5. Provide an overview on back safety to all employees (even if their job duties normally do not include heavy lifting) to assist in protecting employees from spur-of-the-moment unsafe lifting
6. Ensure that all employees understand that if an item is too heavy, they should ask for help
7. Provide appropriate Personal Protective Equipment (PPE), as needed
8. Provide alternative materials handling equipment, as needed
9. Initiate appropriate disciplinary action when an employee fails to follow the safety requirements of the organization

Employees

All employees will attend annual Back Injury Prevention and Safe Lifting training, use proper lifting techniques learned from the training, and follow the safety procedures and recommendations

contained in the written program and discussed in training. Employees are encouraged to report any hazardous conditions that could lead to injury and offer suggestions on how they can be addressed. Employees must use materials handling equipment when available, and ask for assistance when needed before lifting or moving heavy objects.

1. Comply with the Back Injury Prevention and Safe Lifting Program procedures
2. Ask for help in lifting or pushing heavy items
3. Report any accident or injury to the supervisor
4. Immediately report unsafe conditions, equipment, or observed practices to the supervisor
5. Use Personal Protective Equipment (PPE), as required
6. Use alternative materials handling equipment, as needed

BACK INJURY PREVENTION PROGRAM SELF-INSPECTION CHECKLIST

Department: _____ Date: _____

Shift: _____

ITEM	YES	NO	COMMENTS
Safety rules enforced?	<input type="checkbox"/>	<input type="checkbox"/>	_____
WORK AREA			
Materials stored at proper height?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floors kept dry?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walkways free of obstacles?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper desk/counter height maintained?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chairs ergonomically correct?	<input type="checkbox"/>	<input type="checkbox"/>	_____
TRAINING			
All employees receive monthly training?	<input type="checkbox"/>	<input type="checkbox"/>	_____
New and transferred employees receive training?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Management and supervisory staff receive annual training?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Injured employees receive additional training?	<input type="checkbox"/>	<input type="checkbox"/>	_____
PERSONAL PROTECTIVE EQUIPMENT (PPE)			
PPE provided?	<input type="checkbox"/>	<input type="checkbox"/>	_____
PPE used?	<input type="checkbox"/>	<input type="checkbox"/>	_____
PPE inspected monthly?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use of PPE mandatory?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use of PPE enforces?	<input type="checkbox"/>	<input type="checkbox"/>	_____
OTHER EQUIPMENT			
Necessary equipment available?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanical equipment inspected daily?	<input type="checkbox"/>	<input type="checkbox"/>	_____

ANNUAL SAFETY TRAINING

ATTENDANCE SIGN IN SHEET *(Please make additional copies if needed)*

Subject: Back Injury Prevention & Safe Lifting Program Date:

Training Conducted By:

Member Entity:

Training Material: Safety Talk Video Handouts Demonstration Other

NAME AND TITLE: (PLEASE PRINT)	DEPARTMENT	SIGNATURE
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Instructor/Trainer (please print):

Signature:

Department Head or Supervisor

(If different from Instructor/Trainer) Signature:

Program Administrators: Make and keep a copy for your records

Supervisors: Keep one copy for your records

Back Injury Prevention and Safe Lifting Program Policy Acknowledgement

I acknowledge that I have been informed of the (Organization name)'s Back Injury Prevention and Safe Lifting Program and have knowledge of where the written program is maintained. I have been provided initial training and understand that my supervisor will conduct additional job-related training. I understand my responsibilities as they relate to Back Safety/Proper Lifting Safety, and I accept this plan and procedures as working documents that I will support and follow in my daily work at (Organization name). I further understand that failure to follow these procedures or instructions from management may result in disciplinary action.

(Organization Name)

Employee Name (print and sign)

Date

Supervisor's Name (print and sign)

Date