Restaurant Injuries
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Numbers, Numbers, Numbers

- 13.5 million workers in the U.S. Restaurant industry
- 1 million Restaurants
- 700 billion dollar industry
- 210,000 injuries
- 3.3% of restaurant workers injured in a year.
- $2,000,000 Injury cost (medical + productivity)
2 billion out of a 700 billion dollar industry

“Hell, I spill more than that”

1985 SW Airlines told me they spill more Jet A than their injuries cost them.

The world has changed
Injuries at a glance Industry wide

- Lacerations
- Burns
- Sprains and strains
- Eye Injuries
Collateral Damage

- Loss of valued employees
- Hiring replacements
- Training new employees
- Overtime-making up of injured employees
- Customer service suffers
- Higher workers compensation cost
- $4-$6 spent for every $1 in medical expense
Vicious Circle

Injuries cause turnover and new employees are more frequently injured...
Injury Prevention

- Unintentional Injuries the leading cause of death from childhood to 40s

- More deaths from injuries than the next 9 causes of death combined

- Research challenging: how do you measure people who don’t get hurt?
Injury prevention overview

“the 3 Es” of Injury Prevention:
- Engineering
- Education
- Enforcement
Engineering

- The most effective as it doesn't require employee effort or action.
- Airbags automatically protect you—a classic example
- Meat slicer guards,
- Fryers only filled half way
- Antiskid mats
Engineering - Ergonomics

- Ergonomics- designing the job to avoid putting unnecessary stress on the body.
  - Knives sharp to avoid repetitive motion injuries
  - Handles well designed
  - Long handles to keep hands away from heat
  - Work counters proper height to avoid bending
  - Padded Mats where prolonged standing occurs.

- An overall design of the workplace to avoid preventable injuries.
Engineering-Physical Plant

- Physical Plant Design
  - No blind corners
  - Doors opening safely in the proper direction
  - Room to do job safely (i.e., freezer design)
  - Non-Skid floors
  - Grease well contained (prevents falls and fires)
  - Ventilation to prevent lung injury
  - Proper lighting
  - Counter height, width, and length
  - Storage accessible and proper height
Education

- Require effort by employees.
  - Training in restaurant safety.
    - How to avoid burns, cuts, back injuries...

  - Protective gear-eye protection, non-flammable aprons, hats, hair ties.
  - Training proper work pace to avoid injury.
  - Training specific procedures (grill cleaning...)

Problem-Education can be forgotten. Fatigue, Drugs increase inattentiveness.
Enforcement (Rules and Laws).

- Stop at Red lights or consequence (fine..)
  - Must wear antiskid shoes
  - No open toed footwear
  - Eye protection when using deep fryer
  - Equipment Maintenance procedures (must clean grease trap daily).
  - No trip hazards
  - Spills must immediately be cleaned up.

- Rules and Laws are the least effective way to avoid injuries
Not classic 3 Es Prevention

- Breaks- prevent employee fatigue which increases injuries
- Job rotation to increase alertness
- Drug Screens- alert sober employees are much safer
- Interview and Hire with care.
- Enticements (bribery)-some bonus for no injuries in a time period.
  - Perhaps prevents more reporting that injuries.
Burns Considerations

- 20-25% of restaurant injuries.
- Burns are Tetanus Prone 2\textsuperscript{nd} to tissue destruction.
  - Tetanus shot within 5 years-safe
  - Within 10 years-only safe for minor burns.
  - Over 10 years-Needs one now!

How deep is the burn?
   Initial appearances can be deceiving.
Burns

How deep is the burn?

- Initially can be deceiving
- Mechanism of burn-heat capacity, length of transfer (i.e., momentary contact with hot surface vs hot grease into shoe)
- Deep burns need medical care if bigger than a dime or on a face.
- Circumferential and facial burns are trouble

Appearance of burn while healing-redness spreading from the burn is infection.
Don’t pop intact blisters.
Reasonable Burn Treatment

- Clean with soap and water
- Apply anti-biotic ointment (bacitracin, triple antibiotic ointment or Neosporin).
- Don’t pop intact blisters
- Cover (if fluid gets out, infection can get in).
- Clean and redress 2x daily.
- Infection demands immediate medical intervention
Lacerations and puncture wounds.

- Do they need a tetanus shot? (less than 5-no they don’t).
- Is function impaired? (suggests fracture or tendon injury).
- Where is the wound?
- How much movement or use at the wound site?
- How deep is the wound? (the deeper the higher chance of something important being cut).
- How hard is it to control bleeding.
- No one ever bled to death from a finger injury.
Cuts and Wounds

- Is the employee Vasovagal?

- This is not a condition the employee has choice in
  - Lie them flat, elevate the feet/legs-to raise blood pressure
  - Don’t add a broken arm to the injury (from falling).
  - Smelling salts are worthless.
  - Don’t put your head between your knees.
  - Usually passes in 2-3 minutes.
  - Flop sweat normal for vasovagal reaction
Reasonable Laceration Care

- Soap and water to clean
- Apply otc antibiotic ointment
- Cover and redress 2x or 3x daily
- **REMEMBER, A LACERATION MUST BE SUTURED WITHIN 10 HOURS.**
- If you are sending them to the clinic-Don’t goop-up the wound. Just cover it.
  - Gauze and a small Ace Wrap
Strains and sprains

Acute Musculoskeletal Injuries
- Slips and falls
- Lifting injury
- Forceful movement injury
- Awkward movement
- Poorly designed work place (room to life, product in reasonable weight and size packages).
Evaluation of Acute Musculoskeletal Injury

- Consider the mechanism/the forces involved
  - (fall onto hard floor vs lifting a 30 lbs box causing back pain)
  - Larger force higher chance of fracture.

Consider the Appearance
- Deformity?
- Significant joint swelling?
Musculoskeletal injuries

- Consider the pain.
- Consider the employee (stoic vs not stoic).
- Consider Joint Function (range of motion).
- Compare them to the universal standard (yourself).
- How is the injury progressing?
Reasonable treatment for minor musculoskeletal injuries

+ **RICE**
  + Rest
  + Ice
  + Compress
  + Elevate

+ OTC Advil and or Tylenol (can take both).
+ Do not stress the area but keep it moving.
+ Classically Ice x 24 then moist heat (because of bleeding).
Do it yourself

+ Benign Mechanism, benign appearing strains/sprains can usually be safely watched for a few days.
Repetitive Motion Injuries.

- Cumulative Trauma.
- The darndest things...
- They are real-lateral epicondolits and the keyboard.
- Poorly understood why some are susceptible and others will never be.
- Gradual in onset and slow to heal.
- The more nonspecific the symptoms the more difficult to treat.
Repetitive Motion injuries

- Carpel Tunnel Syndrome
  - Wrist pain and N/T in Thumb and Index fingers
  - Pathology is tendon swelling in the wrist causes pressure on the median nerve.
  - Any treatment that reduces the swelling will fix the problem.
  - Bracing, Rest, NSAID, Physical Therapy, ice or as a last result Surgery.

These are safe to do a trail of light duty, otc anti-inflammatory and otc brace.
Cumulative Trauma Injuries

- Tendonitis
  - Nonspecific upper extremity pain (hand, wrist, forearm, elbow, shoulder or neck).
    - Slow to develop
  - Basic principals of care.
    - Change the job to reduce to stress on one area.
    - Keep the patient at work in a lighter duty job.
    - NSAIDS-anti-inflammatories OTC or Rx
    - Brace (either otc or Rx).
    - Ice
    - Patience
Cumulative Trauma Elbow

- Lateral Epicondylitis
  - Lifting with hand palm down
  - “Tennis Elbow”
  - Inflammation, micro-tear at insertion of muscle on bone
  - Treatment - ice, tennis elbow strap, PT, light duty occ (10%) need cortisone injection.

Medial Epicondylitis - the same except from palm up lifting.
Elbow cumulative trauma

EPICONDYLITIS (Tennis Elbow).

Lateral Epicondylitis
+ From forceful extension at the wrist or palm down lifting.
+ Pain at muscle insertion at lateral elbow
+ Treatment: Tennis Elbow Strap, Ice, NSAID, duty modification.
  + Medial Epicondylitis
  + Rarer than Lateral Epicondylitis
  + From forceful grip and flexion at wrist.
  + Responds like lateral epicondylitis.
Shoulder Cumulative Trauma

- Pain, usually in anterior shoulder.
- Pain is usually in all planes of motion.
- Ice is the shoulders best friend.
- DO NOT WATCH SHOULDER PAIN TOO LONG-FROZEN SHOULDER
ACUTE STRAINS AND SPRAINS

- Low velocity injuries.
- Lifting, pushing, pulling
- Can involve any joint; commonly neck, back, shoulder, ankle.
- Again - Consider the Mechanism. Gives you some idea of the force on the joint.
Sorting the Wheat from the Chaff

- Good idea of the seriousness of the injury.
- Significant joint swelling-get care
- Any Deformity-get care
- Focal swelling-get care.
Do it yourself-Strains and Sprains

- **ICE is Nice**-Ice, Compression and Elevation
- **Meds**-NSAID (Ibu 200) add acetaminophen as needed.
- Expect progress
Restaurant Injuries

- Prevention is less painful than treatment.
- If the mechanism is mild - the injury usually is also
- A short trial of conservative care is seldom harmful.
- You can always call us for a little advice (U.S. HealthWorks).