



WINTER WALKING CHALLENGES

SHIELD STUDY

MICHAEL RANER

- ▶ Bachelor of Science ISU OSAF, Authorized Instructor OSHA 10-30Hr General Industry, OSHA 10-30 Construction Standards
- ▶ Red Cross Instructor Trainer, CPR/AED
- ▶ FF1 and FF2 Certified, ISU Fire Service
- ▶ Authorized IMSHA part 46,48 Miner Safety
- ▶ Long standing member ASSE,IISC





**COUNCIL OF
GOVERNMENTS
ADMINISTERED**

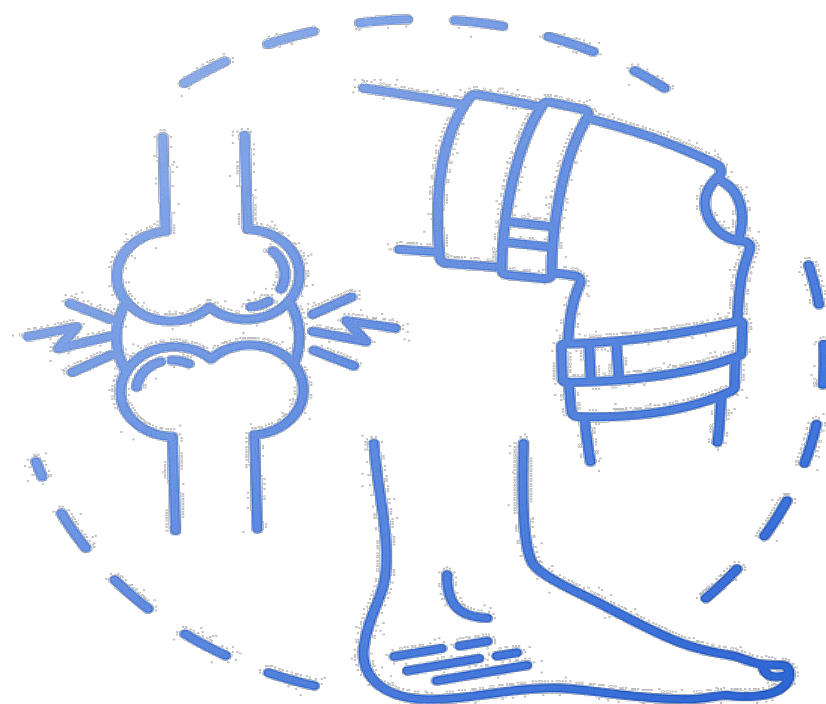
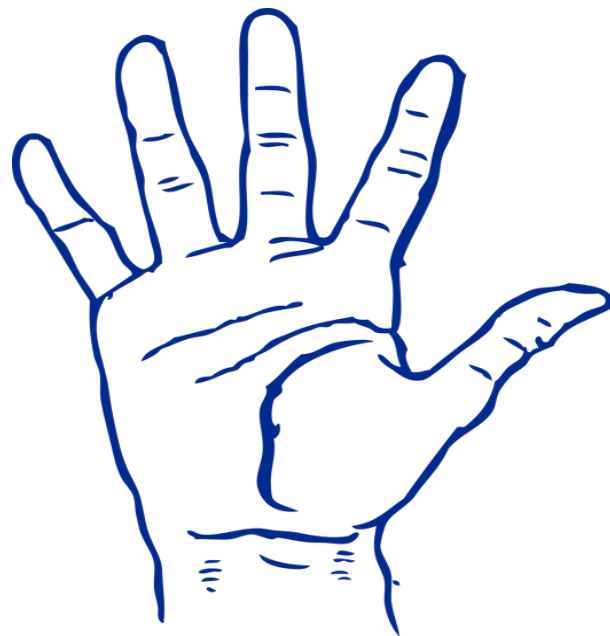


**FOUNDED IN 1994 WITH
A GRANT**



12 MEMBERS

TYPE OF INJURIES





PAST ATTEMPTS



DIFFERENT TYPES OF TRACTION AIDS



ACCOUNTABILITY



HAZARDS

NEW STRATEGY

Identifying and selecting participating members

Finding the right type of traction aid

Employee buy-in

Training

Promotion

Monitor program



THE PROJECT

■ IOWA MUNICIPALITIES WORKERS' COMPENSATION ASSOCIATION

IMWCA

+

SHIELD





New Traction Aid



Easy to put on and take off



Can be worn all day



Less problems catching on steps or ladders

PROJECT COMPONENTS



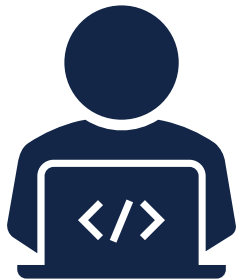
PROJECT SET-UP

EMPLOYEE TRAINING

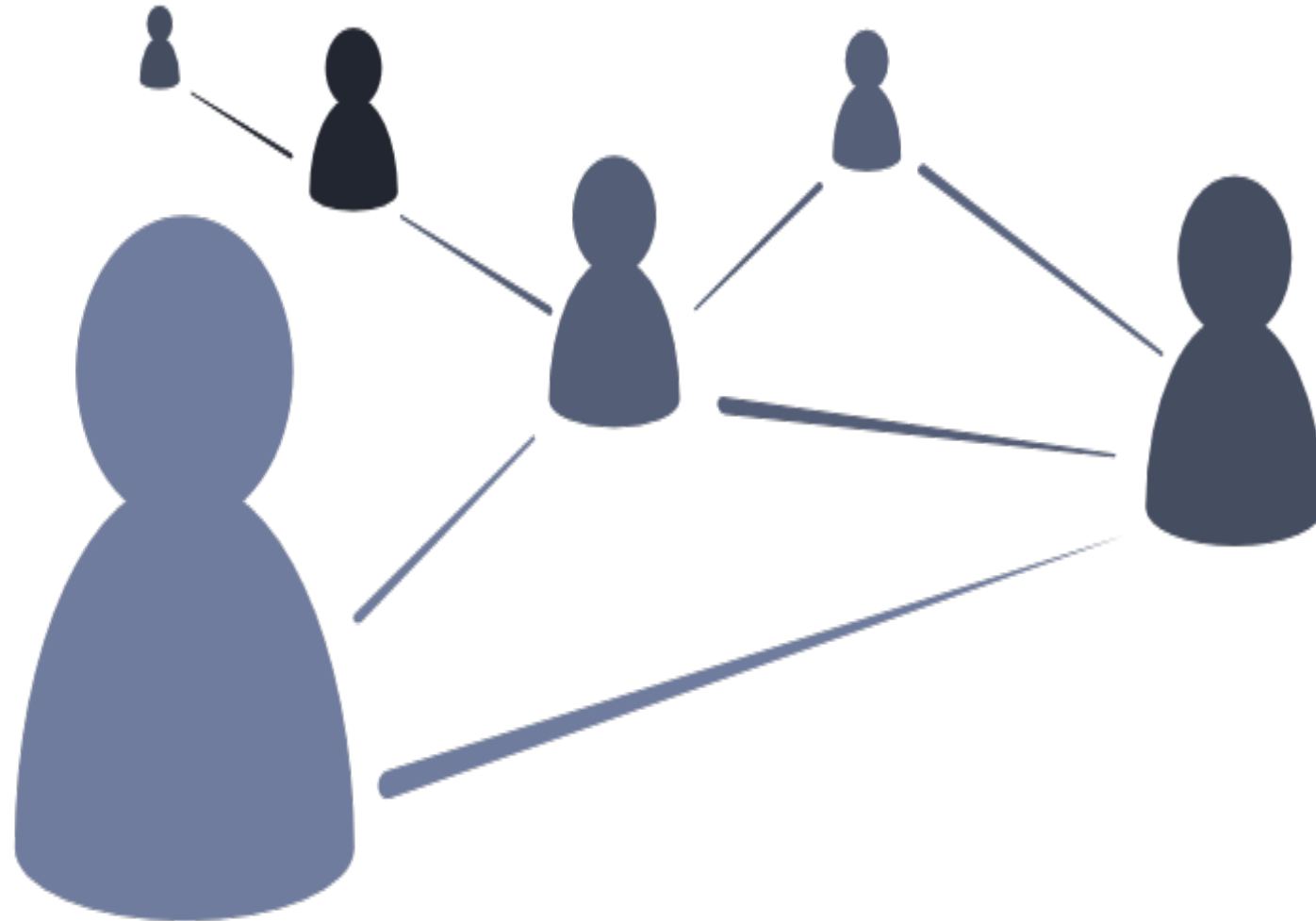


**NEW POLICIES AND
PROCEDURES**

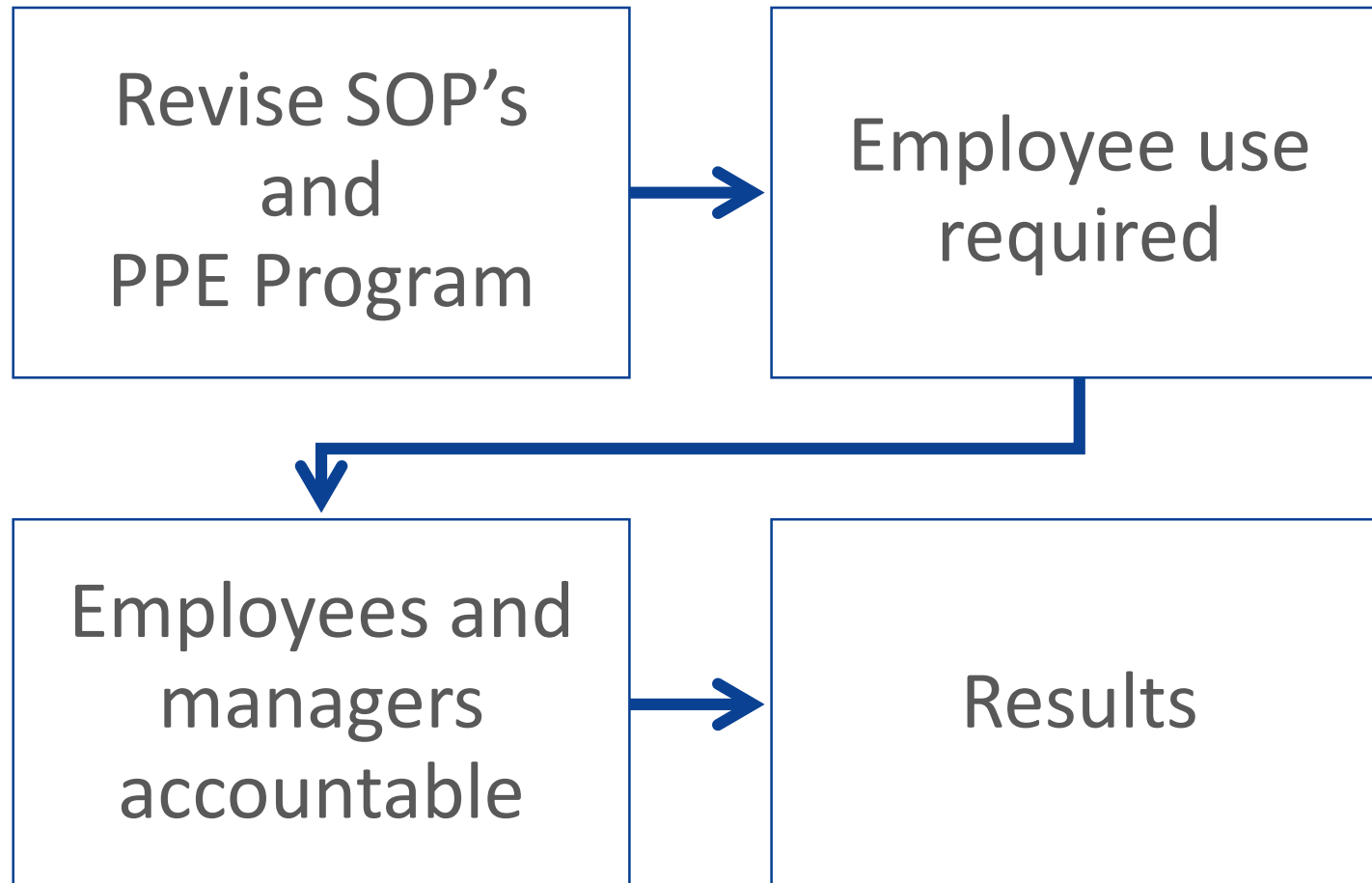
PROJECT RESULTS



CONTROL GROUP PROJECT SUMMARY



NEW STANDARD OPERATING PROCEDURES



EMPLOYEE SURVEY COMMENTS

TRACTION FOOTWEAR PRODUCT SURVEY

YOUR NAME: _____ DATE: 5-4-20

COMPANY: City of Spencer

DEPARTMENT: St-Dept

PRODUCT TESTED:

1. Rate the product you tested on the following:

a. COMFORT:	Excellent	Very Good	<input checked="" type="radio"/> Good	Fair	Poor
b. EASE OF USE:	Excellent	Very Good	<input checked="" type="radio"/> Good	Fair	Poor
c. TRACTION:	Excellent	Very Good	<input checked="" type="radio"/> Good	Fair	Poor

2. Did you have the product on at all times when there were slippery conditions?

a. Yes No

b. If answer to 2a. was "No", why not?

TRACTION FOOTWEAR PRODUCT SURVEY

YOUR NAME: _____ DATE: 4/4/2020

COMPANY: Iowa Great Lakes Sanitary District

DEPARTMENT: Office

PRODUCT TESTED:

1. Rate the product you tested on the following:

a. COMFORT:	Excellent	<input checked="" type="radio"/> Very Good	Good	Fair	Poor
b. EASE OF USE:	Excellent	<input checked="" type="radio"/> Very Good	Good	Fair	Poor
c. TRACTION:	Excellent	<input checked="" type="radio"/> Very Good	Good	Fair	Poor

2. Did you have the product on at all times when there were slippery conditions?

a. Yes No

b. If answer to 2a. was "No", why not?

3. Overall, did you feel that the product you tested increased your walking safety?

Yes No

4. As compared to the other products that you've used in the past, how would you rank the product you tested?

A Lot Better Same A Lot Worse



Zero lost time accidents



Policy and SOP



Gained knowledge



Right type of traction aids



WHY SHOULD OTHERS

1

2

3

Things to Consider

Have a safe day.

What questions do you have?

Michael D. Raner
SHIELD Health and Safety
Program Director
NWIPDC
217 W 5th ST
Spencer, IA. 51301
michael.raner@nwipdc.org