

U.S. Department of Labor

Occupational Safety and Health Administration
Marlton Area Office
2 Executive Drive Suite 120
Marlton, New Jersey 08053



July 24, 2023

Amazon.com Services, LLC – TEB3
Attn: Azhar Mohammed
Operations Manager Site Leader
and / or current Acting Site Leader
2651 Oldmans Creek Rd
Logan Township, NJ 08085

Re: Inspection # 1646340

Dear Mr. Mohammed,

The Occupational Safety and Health Administration (OSHA) performed an inspection of the Amazon TEB3 Fulfillment Center at 2651 Oldmans Creek Rd, Logan Township, New Jersey, on or about January 26, 2023. As part of the inspection, OSHA evaluated the medical care provided in the on-site AMCARE facility. OSHA reviewed OSHA 300 and 301 injury and illness recordkeeping forms; interviewed employees; and reviewed a range of employee medical documents including Austin excel spreadsheets and outside medical records.

Numerous systemic concerns, listed below, were identified in the current inspection; many were similar to issues in past inspections. Specific examples of adverse medical outcomes in Amazon employees due to these issues are detailed later in this letter.

- Amazon has *Conservative Care Protocols* (CCPs) for their Onsite Medical Representatives (OMR) to follow but this inspection identified multiple instances when the Austin record failed to document the approach specified in the CCPs.
- Amazon has a Physician Help Line (PHL) and/or an Amazon Nurses on Demand (ANOD) option for OMRs to call with questions or as indicated by the CCPs but this inspection found no documentation that these resources were used in the cases reviewed.
- Onsite Medical Representatives did not regularly consult the Conservative Care Protocols, nor did they follow national or state guidelines for evaluating or managing head injuries.

Head injuries, whether related to work or sports or activities at home, are a complex injury that can result in anything from benign outcomes to neurologic emergencies with life-threatening sequelae. Mild traumatic brain injuries (TBIs) can result either from a contact injury or from acceleration/deceleration forces. A mild TBI is typically defined by a Glasgow Coma Scale (GCS) score of 13-15 measured 30 minutes after an injury.¹ While the term “concussion” is sometimes used interchangeably with mild TBI, in the medical literature it is more specifically used to describe the characteristic symptoms and signs a person may experience after a mild TBI. It is estimated that

¹ Centers for Disease Control and Prevention. (2015). Report to Congress on Traumatic Brain Injury in the United States: Epidemiology and Rehabilitation. National Center for Injury Prevention and Control; Division of Unintentional Injury Prevention. Atlanta, GA. [tbi_report_to_congress_epi_and_rehab-a.pdf\(cdc.gov\)](https://www.cdc.gov/tbi/publications/2015-report-to-congress-epi-and-rehab-a.pdf)

occupational accidents are the cause of 10 percent of traumatic brain injuries in industrialized countries.²

Early symptoms of concussion include confusion, amnesia, headache, dizziness (vertigo or imbalance), lack of awareness of surroundings, and nausea/vomiting. Other symptoms can include mood/cognitive disturbances, sensitivity to light/noise, and sleep disturbances.³

Clinical guidelines from most trusted sources (UpToDate, American Heart Association, etc.) recommend that a person suspected of having a concussion or mild TBI should be medically evaluated by a licensed health professional. This evaluation is recommended to include a neurologic assessment and mental status testing, including assessment of cranial nerves, limb strength, coordination, gait, and orientation. Checklists (such as the Standardized Assessment of Concussion, Post-Concussion Symptom Scale, Graded Symptom Checklist, Sport Concussion Assessment Tool, or Westmead posttraumatic amnesia scale) can be used to identify symptoms of TBI and are often in the clinical setting, or even in the pre-clinical setting (such as at sports events) but are not a substitute for a more thorough medical evaluation. In a subset of patients with mild TBIs, imaging (such as a head computed tomography (CT) scan) are recommended, including the following:

- GCS <15 two hours after injury
- Suspected open or depressed skull fracture
- Any sign of basilar skull fracture
- Two or more episodes of vomiting
- Sixty-five years of age or older
- Amnesia for events occurring more than 30 minutes prior to impact
- Dangerous mechanism (pedestrian struck by motor vehicle, fall from height, etc.)
- Neurologic deficit
- Seizure
- Presence of bleeding diathesis or oral anticoagulant use
- Return visit for reassessment of head injury.⁴

Management of a mild TBI varies depending on associated/underlying conditions, symptoms, One clinical consensus statement recommended that for people with uncomplicated concussion, a period of physical and cognitive rest for at least 24 hours and pending resolution of symptoms should be provided followed by a gradual return to work, school, and physical activity.⁵

² Feigin VL, Theadom A, Barker-Collo S, Starkey NJ, McPherson K, Kahan M, Dowell A, Brown P, Parag V, Kydd R, Jones K, Jones A, Ameratunga S; BIONIC Study Group. Incidence of traumatic brain injury in New Zealand: a population-based study. *Lancet Neurol*. 2013 Jan;12(1):53-64. doi: 10.1016/S1474-4422(12)70262-4. Epub 2012 Nov 22. PMID: 23177532.

³ Cantu RC. Posttraumatic Retrograde and Anterograde Amnesia: Pathophysiology and Implications in Grading and Safe Return to Play. *J Athl Train*. 2001 Sep;36(3):244-248. PMID: 12937491; PMCID: PMC155413.

⁴ Canadian CT Head Injury/Trauma Rule. [Canadian CT Head Injury/Trauma Rule - MDCalc](#)

⁵ McCrory P, Meeuwisse WH, Aubry M, Cantu B, Dvorák J, Echemendia RJ, Engebretsen L, Johnston K, Kutcher JS, Raftery M, Sills A, Benson BW, Davis GA, Ellenbogen RG, Guskiewicz K, Herring SA, Iverson GL, Jordan BD, Kissick J, McCrea M, McIntosh AS, Maddocks D, Makdissi M, Purcell L, Putukian M, Schneider K, Tator CH, Turner M. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. *Br J Sports Med*. 2013 Apr;47(5):250-8. doi: 10.1136/bjsports-2013-092313. PMID: 23479479.

The 2022 Interim Clinical Practice Guidelines (EMS Protocols)⁶ for use by NJ EMS providers outline EMT standing orders that for traumatic brain injury, EMTs should assess breathing, assess/document pupillary response and Glasgow Coma Scale every five minutes, assess blood pressure, perform advanced spinal assessment, and follow the trauma triage and transport decision policy.

Over 10% of the injuries recorded at TEB3 since January 2019 have been traumatic head injuries. A review of the Austin logs did not show any neurologic or mental status evaluations completed for the workers with head injuries.

Amazon's own Conservative Care Protocols (CCPs) instruct Onsite Medical Representatives (OMRs) to follow the instructions in the CCP and Injury Prevention Specialists (IPS) and First Aid Providers (FAP) to call the physician hotline (PHL) to discuss all cases. The CCP then outline a fairly comprehensive approach to head injury cases that overall consistent with national recommendations. Unfortunately, there is no documentation that indicates these CCPs are followed.

During the interview with the Onsite Medical Representative (OMR), they confirmed that they do not review or follow the Conservative Care Protocols for every case. Instead, they rely upon their own knowledge and experience. While the OMR could list exactly which medications they could (albuterol, epinephrine, aspirin, naloxone) and could not (ibuprofen, acetaminophen) in their work as an EMT, they did not have the same restrictions at Amazon, where they could give an injured worker ibuprofen and/or acetaminophen, as their clinical judgment allowed. They were also able to verbalize that every emergency medical service squad had a medical director, whose role included writing prescriptions. They could not identify anyone with a similar role at Amazon and had no idea whether there was an active medical director. The OMR also confirmed they had never once called PHL in their year of working at Amazon. The OMR said they could see a worker for 14 to 21 days, but then they would be referred offsite if their symptoms had not resolved. Until that time, they were seen daily (when on shift) by AmCare staff and would be provided first aid treatment as indicated.

Adverse Employee Health Outcomes

The July 2022 Amazon *Conservative Care Protocol* for "Head Injury – General Considerations" states:

- For mild injury (from low force impact) with no loss of consciousness (GCS=15) or alteration of cognition, monitor vital signs every 10-15 minutes.
- All head injuries, however mild, should be reassessed throughout the remainder of the work day. If associate is at work or available, follow-up inquiries may be appropriate.
- Employ a very low threshold for referral even if just for follow-up assessment.
- Discuss all head injury cases with PHL/Telehealth/ANOD

OSHA reviewed Austin records for 4 employees who sustained head injuries. All reported two or more symptoms but none were discussed with the PHL and none were immediately referred for outside medical evaluation. None had vital signs or mental status monitored by Austin documentation. Two were eventually evaluated offsite and both had brain imaging ordered and were given work restrictions. One was on restricted work for 39 days due to his head injury.

⁶ New Jersey Department of Health. [2022 Interim Clinical Practice Guidelines.pdf \(nj.gov\)](#)

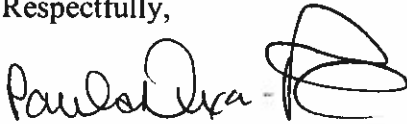
In summary, this inspection identified the bulleted concerns on the first page of this Hazard Alert Letter which result in inadequate medical care for Amazon employees with occupational injuries and illnesses as examples in this letter show. The underlying reason is an onsite medical process that lacks healthcare providers with the knowledge and expertise to manage these conditions.

At this time, OSHA will not issue a citation for these AMCARE issues, which would be addressed under the General Duty Clause of the Occupational Safety and Health Act of 1970.

In the interest of workplace safety and health, OSHA recommends that Amazon voluntarily take reasonable steps to address the problems identified in this inspection. Amazon should consult its corporate medical department to identify a process through which the appropriate healthcare expertise is provided to AMCARE units so that OMR staff are not working outside their scope of practice and the work in those units is compliant with standard medical practices. Guidance and ongoing training for AMCARE staff, review of their medical care for adherence to Amazon's protocols and recordkeeping accuracy, and review of trends in symptoms and injuries are all required. A quality management program should be instituted for AMCARE.

To evaluate your progress in addressing these issues, please send me a letter by August 24, 2023 detailing the actions you have taken or plan to take. The Marlton Area Office will follow up at a later date to evaluate any newly implemented or enhanced policies, procedures, training, or other measures taken to address the hazards identified above. If you have any questions, please feel free to contact me at (856) 596-5200 or Dixon-roderick.paula@dol.gov

Respectfully,



Paula Dixon-Roderick
Area Director

cc: Amazon Corporate Headquarters, 410 Terry Ave. N., Seattle, WA 98109e