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Weekly Safety Tip

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April 17, 2017

SCI Safety Tip: 'Other recordable cases' or simple first aid? How to tell (Part 1)

By: *Ana Ellington, Legal Editor*

Source: <http://www.blr.com>

Date: *April 11, 2017*



Federal OSHA does not require employers to record injuries that only require first aid on OSHA injury and illness forms (OSHA Form 300 and 301 Incident Reports). At most workplaces, injuries or illnesses requiring only first aid are commonplace.

However, it is easy to get confused about when to record an incident and what is really a recordable event. This article will explain which types of cases federal OSHA considers other recordable or simply limited to first aid and not recordable.

Column J: Other recordable cases

A case is OSHA recordable if it involved treatment beyond first aid or a diagnosis of significant injury or illness.

If the employee did not have days away from work (Column H), job transfer, or restriction (Column I), the case is recorded in Column J: Other Recordable Cases. You must also record the appropriate category under Column M: Injury and Illness Types.

Examples of these cases include:

- **Medical treatment** that does not fall under first aid, such as:
 - **Prescription medication.** The use of nonprescription medication at prescription strength as recommended by a physician or a licensed healthcare professional (PLHCP) is considered prescription medication.

SCI Safety Slogan

**FALLS WRECK MORE
THAN JUST ONE LIFE.
AND MOST FALL INJURIES AND DEATHS ARE
PREVENTABLE.**

OSHA'S NATIONAL SAFETY STAND-DOWN MAY 4-15, 2015

James Lehrke-SCI

Meet Our New Teammates! Welcome!



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Anthony Fischer comes to the group with a multi-faceted work experience. My career started in the utility industry. As evolution would have it, we had an easy transition into training. Time was spent aiding general industry with programs, work procedures, also helping with health and work place exposure issues. What I found most exciting was the construction industry. I couldn't get enough of that ever-changing dynamic atmosphere. We have much to offer, 35 plus years in the safety and health field brings insight and a smooth temperament. We can help.

- **Immunizations** (except tetanus) such as hepatitis B or rabies vaccines.
- **Wound-closing** devices such as surgical glue, sutures, staples, etc.
- Any device with **rigid stays** or other systems designed to immobilize parts of the body.
- Therapeutic massages such as **physical therapy or chiropractic treatment**.
- Removal of **foreign materials embedded in the eye**.
- **Significant diagnosed injury or illness**—any serious or significant work-related disorder that is diagnosed by a PLHCP or identified by a positive medical test. These include cases of cancer, chronic irreversible disease, a fractured or cracked bone or tooth, or a punctured eardrum.
- **Needlestick injuries and cuts from sharp objects that are contaminated** with another person's blood or other potentially infectious materials. Potentially infectious materials include human bodily fluids, tissues and organs, and materials infected with HIV or the hepatitis B virus.
- An OSHA standard requires **medical removal of an employee** for medical surveillance.
- **Loss of consciousness** from a work-related injury or illness is reportable. Loss of consciousness due *solely* to personal health conditions (diabetes, epilepsy, narcolepsy, etc.) is *not* recordable.

Not recordable

If a case is limited to first-aid treatment *and* there are no days away from work, job transfer, or job restriction, do not include the case on your OSHA 300 Log. The case is not OSHA recordable, even if the first-aid treatment is administered at a health clinic, emergency room, hospital, or other medical treatment facility.

"First-aid treatment" is defined as:

- Visits to a PLHCP solely for **observation or counseling**.
- **Diagnostic procedures**, such as X rays and blood tests, including the administration of prescription medications solely for diagnostic purposes (such as eye drops to dilate pupils).
- Using **nonprescription medications** at nonprescription strength (per box instructions).
- **Cleaning and flushing, or soaking wounds** on the surface of the skin.
- Using **wound coverings**, such as such as bandages, Band Aids, gauze pads, butterfly bandages, Steri-strips, and other similar coverings. (*Note:* Wound-closing devices are medical treatment.)
- Using any **nonrigid means of support**, such as elastic bandages, wraps, nonrigid back belts, etc.
- Using **temporary immobilization devices** while transporting a victim, such as splints, slings, neck collars, and back boards.
- **Drilling of fingernail or toenail** to relieve pressure, or draining fluid from a blister.
- **Removing splinters** or foreign material from areas other than the eyes by irrigation, tweezers, a cotton swab, or other means.
- Removing **foreign bodies from the eye** using only irrigation or a cotton swab.
- Using **eye patches or finger guards**.
- **Nontherapeutic massages** (spa treatments).
- Using **hot or cold therapy**.
- **Drinking fluids** for relief of heat disorder.
- Administering **tetanus immunizations**.

Next week we explore what is a non-recordable



Quick Tips for Healthy Living

End Bad Eating Habits for Good!

It always starts out so innocently. We let ourselves indulge in a few unhealthy choices all in the name of everything in moderation, and then suddenly our “once in a while treat” is now a bad habit. Check out the tips below from www.eatright.org to help you get back on the right track!

- Eat breakfast. There's no better way to start your morning — and the year — than with a healthy breakfast. "It provides your body with the fuel it needs to make energy to keep you focused and active throughout the day," says Jessica Crandall, RDN, CDE, AFAA, Academy of Nutrition and Dietetics Spokesperson.
- Cut back on caffeine. Too much caffeine can interfere with sleep, make you jittery and cause you to lose energy later in the day, says Jim White, RDN, ACSM-HFS, Academy Spokesperson. Keep your caffeine intake in check by limiting regular coffee to 3 cups or less per day, and watch what you put into it. Skip unwanted calories and sugar by drinking it as plain as possible.

Need to wean off? White says to try three things: switch to half decaf or tea, drink plenty of water and eat small, frequent meals to keep up energy.

- Bring lunch to work. How do you make bringing lunch to work easy? "Have your arsenal of food for the week. Have the right foods to put together," says White. "By stocking up the fridge, you're setting yourself up for success." White suggests preparing the week's lunches over the weekend — bake chicken, chop veggies, steam rice. Make sure your options include a combination of lean protein and carbohydrates.
- Eat more fruits and vegetables. Fruits and veggies add color, flavor and texture, plus vitamins, minerals and fiber to your plate. Crandall recommends picking one fruit or veggie you've never tried each time you go to the grocery store. "It's a great way to discover new options," she says.
- Cook dinner at home. Making meals at home doesn't have to zap the last bit of your time and energy. The trick is to plan ahead. "If the week is cramped for you, then prepping on the weekend is a great time saver," says Crandall.

SCI OSHA: OSHA to hold fourth annual fall prevention stand-down (Part 1)

Source: <http://www.blr.com>

By [Emily Scace](#), Senior Editor, Safety

Date: April 11, 2017

On May 8-12, OSHA will hold its fourth annual National Fall Prevention Stand-Down. Aimed at raising awareness of fall hazards in the construction industry, OSHA describes the event as “an opportunity for employers to have a conversation with employees about hazards, protective methods, and the company’s safety policies and goals.” Keep reading to find out how you can get involved.

Falls from heights are the leading cause of injuries and fatalities in construction, accounting for one-third of work-related deaths in the industry. According to the Center for Construction Research and Training (CPWR), one of the organizations partnering with OSHA for the Stand-Down, each year in the United States more than 200 construction workers are killed and over 10,000 are seriously injured by falls.

In previous years, OSHA has reached over a million workers through the Stand-Downs. While the largest percentage of companies that participated in prior years were in the commercial construction sector; other construction and nonconstruction employers were also well represented. One goal of the Stand-Down is to reach more small residential contractors, which experience a disproportionately high share of fall-related injuries and fatalities.

OSHA is partnering with a number of groups for the Stand-Down, including the National Institute for Occupational Safety and Health (NIOSH), the National Occupational Research Agenda (NORA), OSHA-approved state plans, state consultation programs, the Center for Construction Research and Training (CPWR), the American Society of Safety Engineers (ASSE), the National Safety Council (NSC), the National Construction Safety Executives (NCSE), the U.S. Air Force, and the OSHA Training Institute (OTI) education centers. Many of these groups offer training materials and other [resources](#) employers can use for their own Stand-Down efforts.

Continued next week

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See our bold new look

In Loving Memory...
Jessica, Kristin and Nick



**SAVE TOMORROW
THINK SAFETY TODAY**