



Weekly Safety Tip

“Your Connection for Workplace Safety”

Phone: 920-208-7520

We're about service, commitment, results, and accountability!

SCI Safety Tip: The Seven Safety Virtues

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

Date: March 4, 2011

Everyone deserves a safe workplace, and by applying strong training and motivation techniques and consistent enforcement of policies and rules, your company can reach this goal. Your employees should work safely because:

1. They know what they are supposed to do. Your employees know the company policies. They have been over the company rules many times and in several formats. A manager or supervisor has talked to them and made sure they understand. They have passed quizzes on the policies and rules. They know whom to ask if they have any questions about safe practices.
2. They know how to do what they are supposed to do. Someone has watched them work or perform their assigned tasks. Workers have had enough practice or drills to feel comfortable with procedures. Someone has instructed, corrected, and coached them until they got the procedures right.
3. They know safety is important and affects them directly. Employees have learned—often first hand—how injuries from accidents impact workers, their families, their co-workers, and the company, both personally and financially. They know the company enforces its safety rules. They also know that working safely is part of their performance appraisals and can affect their pay and job security.
4. They care about safety. For the reasons just described, workers care about safety, but they also care because they have invested time and energy in addressing safety problems themselves. They know that their safety ideas, concerns, and complaints will get a fair hearing by their employer.
5. They know that their company cares about safety, too. Your employees have seen accidents and near-misses investigated promptly and thoroughly, and they are informed of the results. They expect safety issues to be part of company communications and training. They are aware that the company corrects hazards and establishes and maintains safe work practices.
6. They never forget about safety. Even on days when employees feel distracted, they still remember to work safety because by now, it is their habit.
7. Employees know shortcuts aren't worth the risks. Even when employees are tempted to take shortcuts around the demands that safe work presents, they don't take the risk because they are aware of the consequences of carelessness in the workplace.

Our Weekly Safety Tip provides valuable and current safety information relevant for Work, Home & Play.

And, you will be kept current on the latest Safety Compliance issues.



SCI SAFETY NEWS OR TIP



SCI OSHA NEWS OR COMPLIANCE



SCI HEALTHYLIVING and WELLNESS NEWS

We want to hear from you! Send us your feedback and give us ideas for future safety topics.

Let us know how you feel about our new look!

Safety Slogan

**Informed is better
than deformed.
James Lehrke-SCI**

of the week

SCI OSHA Requirements: Recordable Injury or Not? (Part 1)

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

Date: February 28, 2011

Q. If an employee is seen by a doctor and the only treatment was administering oxygen, would this be recordable under OSHA's recordkeeping requirements?

A. Administering oxygen is considered medical treatment and therefore, is recordable.

Q. Do you have to record unconsciousness that is a result of a preexisting illness such a diabetes or epilepsy?

A. Loss of consciousness would be recordable if the preexisting injury or illness would likely not have resulted in loss of consciousness except for an occupational event or exposure.

In other words, if one or more events or exposures in the work environment significantly aggravated a preexisting condition and caused unconsciousness, it would be recordable.

Q. An employee tripped over a pallet and fell on his shoulder. He went to an Urgent Care clinic and received an X-ray. He appears to be bruised, but no medication or treatment was administered. Is this a recordable incident?

A. X-rays for diagnosis only are not recordable. If the employee had no days away from work or restricted work, the incident is not recordable.

Q. One of our employees was diagnosed with carpal tunnel that was work related. Per company policy she saw our company doctor who didn't concur with the prior diagnosis. Since there was apparently no injury can the name be removed from the OSHA 300 Log?

A. OSHA was asked a similar question, and here's its answer:

Employer's Question. Once an employer has recorded a case involving days away from work, restricted work or medical treatment and the employee has returned to his regular work or has received the course of recommended medical treatment, is it permissible for the employer to delete the Log entry based on a physician's recommendation, made during a year-end review of the Log, that the days away from work, work restriction or medical treatment were not necessary?

OSHA's Answer: The employer must make an initial decision about the need for days away from work, a work restriction, or medical treatment based on the information available, including any recommendation by a physician or other licensed health care professional. Where the employer receives contemporaneous recommendations from two or more physicians or other licensed healthcare professionals about the need for days away, a work restriction, or medical treatment, the employer may decide which recommendation is the most authoritative and record the case based on that recommendation. Once the days away from work or work restriction have occurred, or medical treatment has been given, however, the employer may not delete the Log entry because of a physician's recommendation, based on a year-end review of the Log, that the days away, restriction, or treatment were unnecessary.

Q. An employee was injured on the job in 2009 and returned April 2010 without any restrictions. Three months later he went out again for 2 weeks due to pain from the previous injury. How do I record on the OSHA 300 log the days he has missed for 2010?

A. Enter the injury on the 300 log for 2009. Enter the total number of calendar days away from work including the two weeks the employee was out the second time. Injuries are recorded on the log for the year in which they occurred. You may stop counting at 180 days.

Q. We have an employee who has an allergy to one of the chemicals we use. This employee was put on a permanent restriction. I believe this is recordable on the OSHA log. But I can't figure out how many days to put down for job transfer or restriction. The employee did not miss any days.

A. Here's an excerpt from the recordkeeping regulations that should answer your question:

1904.7(b)(4)(xi) How do I count days of job transfer or restriction? You count days of job transfer or restriction in the same way you count days away from work, using § 1904.7(b)(3)(i) to (viii), above. The only difference is that, if you permanently assign the injured or ill employee to a job that has been modified or permanently changed in a manner that eliminates the routine functions the employee was restricted from performing, you may stop the day count when the modification or change is made permanent. You must count at least one day of restricted work or job transfer for such cases.

SCI Health News: Feds Announce Major Investment to Build Healthier Communities

Source: <http://www.allvoices.com/contributed-news/8144560-hhs-announces-750-million-investment-in-prevention>

Date: March 3, 2011

New health care law provides new funding to reduce tobacco use, obesity and heart disease, and build healthier communities

Department of Health and Human Services Secretary [Kathleen Sebelius](#) today announced a \$750 million investment in prevention and public health, funded through the Prevention and Public Health Fund created by the new health care law. Building on \$500 million in investments last year, these new dollars will help prevent tobacco use, obesity, heart disease, stroke, and cancer; increase immunizations; and empower individuals and communities with tools and resources for local prevention and health initiatives.

"Prevention is something that can't just happen in a doctor's office. If we are to address the big health issues of our time, from physical inactivity to poor nutrition to tobacco use, it needs to happen in local communities," said Sebelius. "This investment is going to build on the prevention work already under way to help make sure that we are working effectively across the federal government as well as with private groups and state and local governments to help Americans live longer, healthier lives."

The Prevention and Public Health Fund, part of the Affordable Care Act, is designed to expand and sustain the necessary capacity to prevent disease, detect it early, manage conditions before they become severe, and provide states and communities the resources they need to promote healthy living. In FY2010, \$500 million of the Prevention Fund was distributed to states and communities to boost prevention and public health efforts, improve health, enhance health care quality, and foster the next generation of primary health professionals. Today, HHS posted new fact sheets detailing how that \$500 million was allocated in every state. Those fact sheets are available at www.HealthCare.gov/news/factsheets/prevention02092011a.html

This year, building on the initial investment, new funds are dedicated to expanding on four critical priorities:

- **Community Prevention (\$298 million):** These funds will be used to help promote health and wellness in local communities, including efforts to prevent and reduce tobacco use; improve nutrition and increase physical activity to prevent obesity; and coordinate and focus efforts to prevent chronic diseases like diabetes, heart disease, and cancer.
- **Clinical Prevention (\$182 million):** These funds will help improve access to preventive care, including increasing awareness of the new prevention benefits provided under the new health care law. They will also help increase availability and use of immunizations, and help integrate behavioral health services into primary care settings.
- **Public Health Infrastructure (\$137 million):** These funds will help state and local health departments meet 21st century challenges, including investments in information technology and training for the public health workforce to enable detection and response to infectious disease outbreaks and other health threats.
- **Research and Tracking (\$133 million):** These funds will help collect data to monitor the impact of the Affordable Care Act on the health of Americans and identify and disseminate evidence-based recommendations on important public health challenges.

The Obama Administration recognizes the importance of a broad approach to addressing the health and well-being of our communities. Other initiatives put forth by the Obama Administration to promote prevention include:



Let us know how you feel about our new look! Send us an email at:

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See us at:

<http://www.safetyconnections.com>

*In Loving
Memory of Jessica Lefirke*

- The **President's Childhood Obesity Task Force** and the **First Lady's Let's Move! initiative** aimed at combating childhood obesity.
- The **American Recovery and Reinvestment Act of 2009** that provides \$1 billion for community-based initiatives, tobacco cessation activities, chronic disease reduction programs, and efforts to reduce healthcare-acquired infections.
- The **Affordable Care Act's National Prevention, Health Promotion and Public Health Council**, composed of senior government officials, charged with designing a National Prevention and Health Promotion Strategy.
- For more information about the FY2011 Prevention and Public Health Fund investments, visit <http://www.HealthCare.gov/news/factsheets/prevention02092011b.html>