

Safety Steps

BY KRISTEN CHIPMAN

With a few simple tweaks to your safety management process, you'll be better prepared to avoid injuries as well as manage them if they do occur.

WE HAVE AN INJURY! Now what?

While most of us (hopefully) have a more extensive injury management policy than this, there are some basic steps that we can all take, as employers, to improve how to respond to injuries in our facilities, if and when they happen.

Create a culture where team members will report injuries. Early reporting gives the team members the best opportunity to minimize the impact on their health and recovery. It also gives your company the best opportunity to minimize the impact of the injury for the workplace. One example of this is a team member with a superficial metal foreign body in the eye. If reported early, the team member gets first aid treatment only (exam, eye flush, etc.) and returns to work. If this is not reported early, the injury may progress and the team member may experience extreme pain, require treatment beyond first aid to repair the damage and potentially even miss days of work.

Build a relationship with a local care provider. Based on your work locations, determine where work-related injuries will be treated ahead of time. Visit the clinic/hospital prior to taking

any team members for treatment. If you can explain your company's work environment, safety policies, injury management practices and return-to-work programs up front, you will have a better opportunity to manage injuries. If the medical providers are not familiar with occupational health and/or OSHA's recording criteria, use that opportunity to do some educating with your providers.

Document, document, document! Every injury/incident is an opportunity to learn and improve. In the event of an injury, have the reporting team member complete an injury report immediately upon returning to work if possible. Document all the witness statements as well while the incident is fresh in their memories. Details crucial to understanding the incident are captured more accurately sooner rather than later. Investigate all injuries completely and communicate your findings.

You should also request and review all documentation from the treating physicians. Many times what the team member is telling you and what the doctor is documenting in their notes or forms do not match up. Be sure to clarify all communications.

Know which minor changes to your injury management process can make a major difference. Research the definitions of OSHA's record keeping requirements. Below are the two definitions that are critical to know:

Medical treatment means the management and care of a patient to combat disease or disorder. For the purposes of Part 1904, medical treatment does not include:

- Visits to a physician or other licensed health care professional solely for observation or counseling.
- The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils).
- "First aid" as defined below.



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For the purposes of Part 1904, *first aid* means the following:

- Using a non-prescription medication at nonprescription strength (for medications available in both prescription and nonprescription form, a recommendation by a physician or other licensed health care professional to use a nonprescription medication at prescription strength is considered medical treatment for recordkeeping purposes).
- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment).
- Cleaning, flushing or soaking wounds on the surface of the skin.
- Using wound coverings such as bandages, Band-Aids, gauze pads, etc., or using butterfly bandages or Steri-Strips (other wound closing devices such as sutures, staples, etc. are considered medical treatment).
- Using hot or cold therapy.
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes).
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.

- Using eye patches.
- Removing foreign bodies from the eye using only irrigation or a cotton swab.
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means.
- Using finger guards.
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes).
- Drinking fluids for relief of heat stress.

You can research OSHA's entire list of recordkeeping requirements at www.osha.gov/recordkeeping/handbook.

Work with providers to understand the injury, the treatment plan and the return-to-work modifications or abilities. Many employers send a case manager, supervisor or safety employee with injured team members to the treating physician. This is not always feasible but it can help with communication and management of an injury. The first priority is always to ensure the team members receive the appropriate medical care. Once that is done there is an opportunity to better manage the injury and return to work processes and possibly avoid a recordable and/or DART (days away restricted transfer) case.

Injuries can happen even with the best safety plan. Improving your injury management processes will help you better manage injuries to the benefit of both your workers and your company.

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