OSHA Recordkeeping & Blood Borne Pathogens

OSHA 300 Logs

Using the Guidelines for Determining OSHA Recordability (Exhibit “D”), the Safety & Compliance Manager will review the accident, to determine recordability. The Safety & Compliance Manager is then responsible for entering an injury / illness on the OSHA 300 Log (Exhibit “E”).

What is Medical Treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder (Exhibit “D”). The following are ***not*** considered medical treatments and are **NOT recordable:**

- Visits to a doctor or health care professional solely for observation or counseling.
- Diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes.
- Any procedure that can be labeled first aid.

Authorization for Medical Treatment Form

When an employee goes to a health care provider for a work-related injury or illness, an Attending Physician’s Return to Work Recommendations Record Form (Exhibit “A”) shall accompany the employee.

The employee will not be allowed to return to work without a “Return to Work Release” from the health care provider.

First Aid Treatment vs. Insurance Carrier Notification

Not all injuries result in a Worker’s Compensation claim. Each year thousands of injuries, such as scrapes, bruises and cuts receive nothing more than first aid treatment, result in no lost time and the employee recovers rapidly while continuing to work. However, some injuries do result in Worker’s compensation claims and must be reported to the insurance carrier as quickly as possible. The following criteria may be used in determining which injury requires first aid treatment and which injury requires immediate notification to the insurance carrier.

First Aid Treatment

Injuries which commonly fall into the first aid treatment category (Exhibit “D”) that do not require insurance carrier notification are generally classified as those injuries which:

- Are **not** required to be recorded on the OSHA 300 Log (See Exhibit "E")
- Do **not** result in employee lost time.

Any time an injured employee begins seeing their personal health care provider, returns to a health care provider to have the injury treated a second time, or gives any indication that a Worker's Compensation claim may be filed; the injury must be immediately reported to the insurance carrier using the Employer's First Report of Injury form. All Employee Injury Reports are available on the SCS Safety Portal.

Insurance Carrier Notification

Injuries which must be immediately reported to the insurance carrier, using the Employer's First Report of Injury or Disease form, are those injuries which:

- Are required to be recorded on the OSHA 300 Log (see Exhibit "E").
- Do result in lost time.

The Safety & Compliance Manager will complete all OSHA 300A and required reporting on an annual basis. All logs will be displayed on all corporate sites, property sites, construction sites, and the SCS Safety Portal as required.

Exhibit D

GUIDELINES FOR DETERMINING OSHA RECORDABILITY

When is an Injury or Illness Considered Work-Related?

In order for an injury or illness to be recorded, it must be work-related. An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a pre-existing condition.

Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CRF part 1904.5(b)(2) for the exceptions.

The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR part 1904.5 (b) (1). This is defined as anywhere on the employer's premises, such as the worksite, the company cafeteria, customer's worksite where the employer has a contracted job, etc. The work environment surrounds the worker wherever he or she

goes on company business . . . on official travel, on dispersed operations, or along regular routes (e.g. sales representatives, truck drivers, construction workers, field personnel, etc.).

Which Work-Related Injuries and Illnesses Should You Record?

Record those work-related injuries and illnesses that result in:

- Fatality
- Loss of consciousness
- Days away from work
- Restricted work activity, job transfer or termination of employment
- Medical treatment beyond first aid

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

What are the Additional Criteria?

You must record the following conditions when they are work-related:

- Any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material.
- Any case requiring an employee to be medically removed under the requirements of an OSHA health standard.
- Tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.

While most of the above are clear cut and easily understood, "all work-related injuries requiring medical treatment beyond first aid" forces you to make the decision concerning recordability. In this category, recordable and non-recordable injuries are only distinguishable by the actual treatment provided. That is, if the injury required medical treatment as opposed to first aid treatment, it is recordable. If, on the other hand, the injury is such that only first aid treatment is required, regardless of who applies the first aid, it is not a recordable incident.

The following guidelines should assist you in determining Recordability- first aid vs. medical treatment and significant diagnosed injury or illnesses.

FIRST AID (All Inclusive)

- Using **non-prescription** medications at non-prescription strength (for medications available as both prescription and non-prescription drugs). A recommendation by a physician or other licensed health care professional to use a non-prescription drug at prescription strength is considered medical treatment for recordkeeping purposes.
- Administering tetanus or diphtheria **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, butterfly bandages, Steri-Strips, etc. (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 eyes** by irrigation, tweezers, cotton swabs, or other simple means.
- Using finger **guards**.
- Using **non-therapeutic massages** (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes).
- Drinking **fluids for relief** of heat disorders.

MEDICAL TREATMENT

- All treatment that does not fall into first aid as listed above.
- Using prescription medications or use of a non-prescription drug at prescription strength.
- Using wound closing devices such as surgical glue, sutures, staples, etc.
- Using any devices with rigid stays or other systems designed to immobilize parts of the body.

SIGNIFICANT DIAGNOSED INJURY OR ILLNESS

- Any serious or significant work-related disorder that is diagnosed by a physician or other licensed health care provider or identified by a positive medical test. These include work-related cases involving cancer, chronic irreversible disease, a fractured or a cracked bone or a punctured eardrum.

CLASSIFYING INJURIES

An injury is any wound or damage to the body resulting from an event in the work environment.

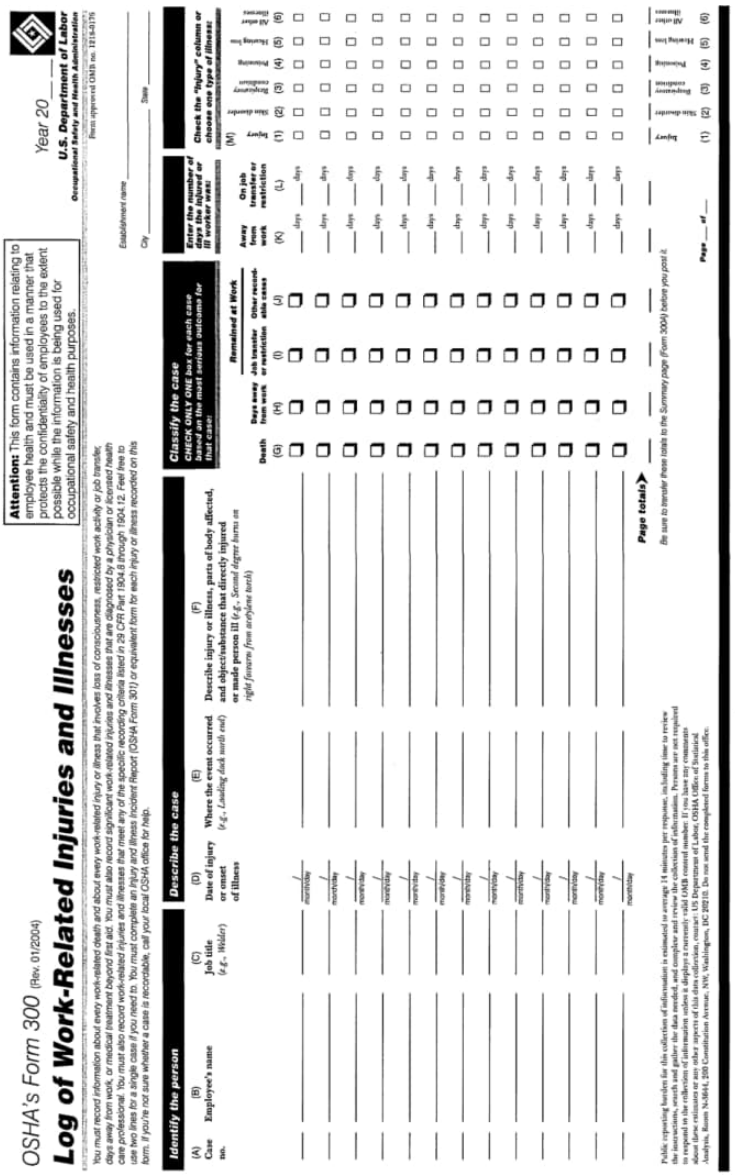
Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical or radiation burn. Sprain and strain injuries to muscles, joints and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.

CLASSIFYING ILLNESSES

- **Skin Diseases or Disorders** are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances. Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants, oil acne, friction blisters, chrome ulcers, inflammation of the skin.
- **Respiratory Conditions** are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work. Examples: silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis and other pneumoconiosis'.
- **Poisoning** includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body. Examples: Poisoning by lead, mercury, cadmium, arsenic or other metals; poisoning by carbon monoxide, hydrogen sulfide or other gases; poisoning by benzene, benzol, carbon tetrachloride or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals such as formaldehyde.
- **All Other Occupational Illnesses** Examples: heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of non-ionizing

radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

Exhibit E



OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20___

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____

City _____ State _____

Identify the person			Describe the case			Classify the case								Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and objects/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:								Away from work (K)	On job transfer or restriction (L)	Injury (M)	Skin disorder (1)	Respiratory condition (2)	Poisoning (3)	Hearing loss (4)	All other illnesses (5)
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Remained at Work											
						☐	☐	☐	☐					____days	____days		☐	☐	☐	☐	☐
						☐	☐	☐	☐					____days	____days		☐	☐	☐	☐	☐
						☐	☐	☐	☐					____days	____days		☐	☐	☐	☐	☐
						☐	☐	☐	☐					____days	____days		☐	☐	☐	☐	☐
						☐	☐	☐	☐					____days	____days		☐	☐	☐	☐	☐
						☐	☐	☐	☐					____days	____days		☐	☐	☐	☐	☐
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					Page totals ▶	____	____	____	____					____	____		____	____	____	____	____

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Page ___ of ___

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20__ __

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	____	(4) Poisonings	____
		(5) Hearing loss	____
(2) Skin disorders	____	(6) All other illnesses	____
(3) Respiratory conditions	____		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State ____ ZIP _____

Industry description (e.g., *Manufacture of motor truck trailers*)

_____

Standard Industrial Classification (SIC), if known (e.g., *3715*)

__ __ __ __

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

__ __ __ __ __ __

Employment information *(If you don't have these figures, see the Worksheet on the back of this page to estimate.)*

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

_____ _____
Company executive Title

( ) - / /
Phone Date

Bloodborne Pathogens

Purpose

To reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens that employees may encounter in their workplace.

References

OSHA 29 CFR 1910.1030

Policy

S.C. Swiderski, LLC believes that there are several good general principles that should be followed when working with bloodborne pathogens. These include:

- It is prudent to minimize all exposure to bloodborne pathogens.
- Risk of exposure to bloodborne pathogens should never be underestimated.
- Our facilities should institute as many work practice and engineering controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

We have implemented an Exposure Control Plan to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is twofold:

- To protect our employees from the health hazards associated with bloodborne pathogens.
- To provide appropriate treatment and counseling in the event an employee is exposed to bloodborne pathogens.

INFORMATION CHECKLIST

The following information is being given so that you can quickly identify department personnel if you have a question about the program. For the locations where copies of the Exposure Control Plan are kept, see Item #5.

1. Name of the person responsible for maintaining the list of employees who have specific responsibilities in your Exposure Control Plan. **Safety & Compliance Manager**
2. Name of the person who has been appointed to the position of Exposure Control Officer. **Safety & Compliance Manager**

3. Names and departments of the people making up the Exposure Control Committee. **Human Resources, General Superintendent, and Safety & Compliance Manager**
4. Name of the person who has been selected to be your facility's Education/Training Coordinator. **Human Resources and Safety & Compliance Manager**
5. Locations within your facility where copies of your Exposure Control Plan are kept and are accessible to employees. **Safety & Compliance Manager, General Superintendent, and in all Foremen and Superintendents' Safety Boxes**
6. The name of the person responsible for maintaining and updating the lists of job classifications and tasks/procedures in which occupational exposure to bloodborne pathogens occurs. **Human Resources**
7. The date on which your facility began practicing Universal Precautions. **_09/02/2014___**
8. The name of the person or department who is responsible for overseeing your facility's Universal Precautions Program. **Safety & Compliance Manager**
9. The name of the person responsible for overseeing Engineering Controls in your facility. **Safety & Compliance Manger**
10. The date on which your "Engineering Controls Survey" was completed. **__N/A_____**
11. The interval (in months) between reviews of your facility's Engineering Controls. **N/A**
12. The name of the person responsible for making sure personal protective equipment is available in all appropriate locations. **Superintendent**
13. The name of the person responsible for making sure personal protective equipment is available in all appropriate locations. **Superintendent**
14. The name of the person or department responsible for the disposal of contaminated personal protective equipment. **Superintendent**
15. The name of the person responsible for setting up and carrying out your facility's Cleaning and Decontamination Schedule. **Superintendent**
16. The name of the person or department responsible for the collection and handling of your facility's contaminated waste. **Superintendent**
17. The name of the person or department responsible for setting up and operating your facility's Hepatitis B Vaccination Program. **Human Resources**
18. The date that your Hepatitis B Vaccination program started. **___N/A_____**
19. The name of the person or department who investigated all "exposure incidents". **Safety & Compliance Manager and Human Resources**
20. The names of the people in your facility who oversee your Post-exposure Evaluation and Follow-up Process. **Human Resources**
21. The name of the person or department responsible for setting up and maintaining employee medical records. **Human Resources**
22. The name of the person or department responsible for setting up and maintaining your facility's biohazard labeling program. **Safety & Compliance Manager**

23. The name of the person responsible for overseeing your facility's employee training program. **Safety & Compliance Manager**
24. The names of the persons responsible for assisting with your employee training program. **Human Resources**

TRAINING METHODS

Training presentations make use of several training techniques including, but not limited to:

- Classroom type atmosphere with personal instruction
- Video programs.
- Training manuals/employee handouts
- Employee review sessions

Because we feel that employees need an opportunity to ask questions and interact with their instructors, time is specifically allotted for these activities in each training session.

Concrete and Mason Construction

Definitions applicable to this subpart:

In addition to the definitions set forth in 1926.32, the following definitions apply to this subpart.

"Bull float" means a tool used to spread out and smooth concrete.

"Formwork" means the total system of support for freshly placed or partially cured concrete, including the mold or sheeting (form) that is in contact with the concrete as well as all supporting members including shores, reshores hardware, braces, and related hardware.

"Lift slab" means a method of concrete construction in which floor, and roof slabs are cast on or at ground level and, using jacks, lifted into position.

"Limited access zone" means an area alongside a masonry wall, which is under construction, and which is clearly demarcated to limit access by employees.

"Precast concrete" means concrete members (such as walls, panels, slabs, columns, and beams) which have been formed, cast, and cured prior to final placement in a structure.

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