CHEMICAL MANUFACTURERS ASSOCIATION
MEMBER FIRM STANDARD COMPARISON
INCIDENCE RATES PER 200,000 EXP. HRS.
YEAR TO DATE
THRU QUARTER 3 1982
GROUP SIZE 3
GREATER THAN 20,000,000 EXP. HRS. PER YEAR

MEMB. CODE	TOTAL RECORDABLES 1982	TOTAL RECORDABLES 1981	DEATHS & TOTAL LOST WORKDAY CASES 1982	DEATHS & TOTAL LOST WORKDAY CASES 1981	TOTAL LOST WORKDAY CASES AWAY FROM WORK 1982	TOTAL LOST WORKDAY CASES AWAY FROM WORK 1981	
270*	.89	1.09	.06	.11	.01	.03	
198*	.97	1.42	.43	.60	.14	.22	
164*	1.04	1.27	.36	.42	.30	.38	
230*	1.13	1.43	.22	.34	.22	.22	
224*	1.25	1.58	.47	.66	.04	.06	
000	1.36	.00	.54	.00	.49	.00	
111*	1.42	1.28	.38	.24	.33	.20	
128*	2.32	.00	.02	.00	1.27	.00	
207*	2.37	2.65	.84	1.19	.45	.49	
174*	2.54	4.13	.94	1.92	.13	.27	
280	2.86	3.50	1.42	1.90	.82	1.40	
256*	3.45	3.07	1.16	1.05	.33	.25	
209	8.23	.00	3.33	.00	1.66	.00	
AVG	2.23	2.42	.83	.97	.50	.48	13 MEMBERS

* INDICATES COMPANY HAS AGREED TO DISCLOSE IDENTIFICATION TO OTHER PARTICIPANTS ON REQUEST TO CMA

4. An employee who sustains an injury that was not caused because of a condition in the environment in a company owned parking lot, should the case be considered recordable?

5. Line Management, on site company physician and Corporate medical physician agree that an employee could have worked in a restricted capacity, but did not because his/her personal physician wanted the employee to stay home for two or three days, should the case be considered an OSHA lost work day absence case?

6. Must there be a clear record of an accident when classifying back injuries and hernias?

7. Three employees are assigned a task in a warehouse and all three sustain bee stings.

   The first person is known to be allergic to bee stings, the second person is not known to have allergic reaction, and the third is definitely not allergic.

   The first person is treated and hospitalized because of the possible reaction. Two days later, he is released from the hospital. The second person is treated for a possible reaction and released. The third person is examined, sting removed, and released with no side affects and returns to work.

   Question: How would each case be classified.

Cordially,

AMERICAN CYANAMID COMPANY

R. G. Pelletier

RGP10184

Revised Dec 3 1982

Nov 30

Ready to serve

GUIDELINES FOR REPORTING OCCUPATIONAL INJURY AND ILLNESSES

OSHA comments

CHEMICAL MANUFACTURERS ASSOCATION

2501 M Street, NW

Washington, D. C. 20037

202/887-1384

November 30, 1982

Chemical Manufacturers Association

GUIDELINES FOR REPORTING OCCUPATIONAL INJURIES AND ILLNESSES

SCOPE:

The Occupational Safety and Health Act, Section 8(c)(2), and related state regulations require employers to maintain records of all work-related deaths, illnesses and injuries which involve medical treatment (other than first aid), loss of consciousness, lost workdays, restriction of work or motion, transfer to another job or termination of employment. These guidelines are intended to interpret and clarify the Occupational Safety and Health Administration method for reporting and recording occupational injuries and illnesses. However, the Act places upon the employer the ultimate responsibility for deciding whether a case is recordable.

These guidelines are intended to assist member companies in their reporting of safety statistics to CMA. When recording safety statistics for OSHA on the Form 200, all member companies should follow the (rules) established by OSHA. These guidelines are not intended to replace OSHA reporting requirements.

PURPOSES:

1. Provide guidelines for recording relevant statistics uniformly throughout the chemical industry. These data will form the basis for
   a) Quarterly and annual CMA occupational injury and illness reports, and
   b) Lammot DuPont Safety Awards.
2. ~~Explain~~ the Occupational Safety and Health Administration (OSHA) method of recording injuries and illnesses.
3. Permit valid comparisons of ~~safety performance~~ occupational injuries + illness rates among companies within the chemical industry and between locations in the same company.
4. Provide a means for highlighting injury and illness trends in chemical industry.

TABLE OF CONTENTS

Section I

DEFINITIONS

1. Occupational (Work) Injury or Illness - Any death, injury or ~~occupational disease~~ suffered by a person which arises out of and in the course of ~~his~~ employment as a result of a work related incident or from an exposure in the work environment. Basic determinant between an injury and illness is the single incident concept. If the incident resulted from something that happened in one instant, it is an injury. If it resulted from a prolonged exposure to a hazardous substance or environmental factor, it is an illness.

2. Work Environment - The work environment is comprised of the physical location, equipment, materials processed or used, and the kind of operations performed in the course of an employees's work, whether on or off the employer's premises.

3. Recordable Cases - Deaths, injuries which require medical treatment (other than first aid) and illnesses. These are further classified as:

   a. Deaths (Refer to Section 5, "Classification").

   b. Lost Workday Cases (Refer to Section 5, "Classification").

   c. Nonfatal Cases Without Lost Workdays (Refer to Section 5, "Classification").

   d. Total Recordable Cases - Sum of a, b, and c. No case shall be counted more than once.

   Chart I (following) should be used to determine if a case is recordable.

4. Employee - A person (not pensioner) on the company roll, including temporary or limited service employees paid directly by the company. Contract labor (those who work for an outside agency) are not company employees.

5. Medical Treatment - (Refer to Section 2, "Injuries").

6. First Aid - (Refer to Section 2, "Injuries").

7. Incidence Rate - The number deaths, injuries and illnesses per 200,000 work hours of exposure. The 200,000 hours of exposure is approximately the number of hours worked by 100 employees in one year. Separate incidence rates are calculated for Total Deaths and Lost Workday Cases, Deaths and Lost Workday Cases Away from Work and total Recordable Cases.

*Note: The bases for calculating incidence rates are determined by the Bureau of Labor Statistics not the Occupational Safety and Health Administration. ~~There are no OSHA guidelines for calculating incidence rates~~. CMA has chosen to include fatalities with lost workday cases in calculating its incidence rates rather than calculating a separate fatality rate. Fatalities are shown as superscripts on the CMA-OIIR form.

move to bottom of 72 next page after calculate

$$\text{Incidence Rate} = \frac{\text{No. of Cases}^* \times 200{,}000 \text{ hours of exposure}}{\text{No. of hours of exposure}}$$

* Total recordable cases when calculating the total incidence rate (Column 10 of CMA Reporting Form).

* Deaths and Lost Workday cases involving days away from work and days of restricted activity when calculating the total lost workday incidence rate (Column 11 of CMA Reporting Form).

* Deaths and Lost Workday cases involving days away from work only, when calculating lost workday cases away from work incidence rate (Column 12 of CMA Reporting Form).

Example: A facility had 180,000 employee hours of exposure. It had a total of 10 recordable cases: 1 death, 4 injuries with lost workdays and 5 injuries without lost workdays (medical treatment cases). The 4 lost workday cases included 2 cases with lost days actually away from work. The 2 additional cases involved only days of restricted activity. The incidence rates are calculated as follows:

$$\text{Total Recordables Incidence Rate} = \frac{10 \times 200{,}000}{180{,}000} = 11.1$$

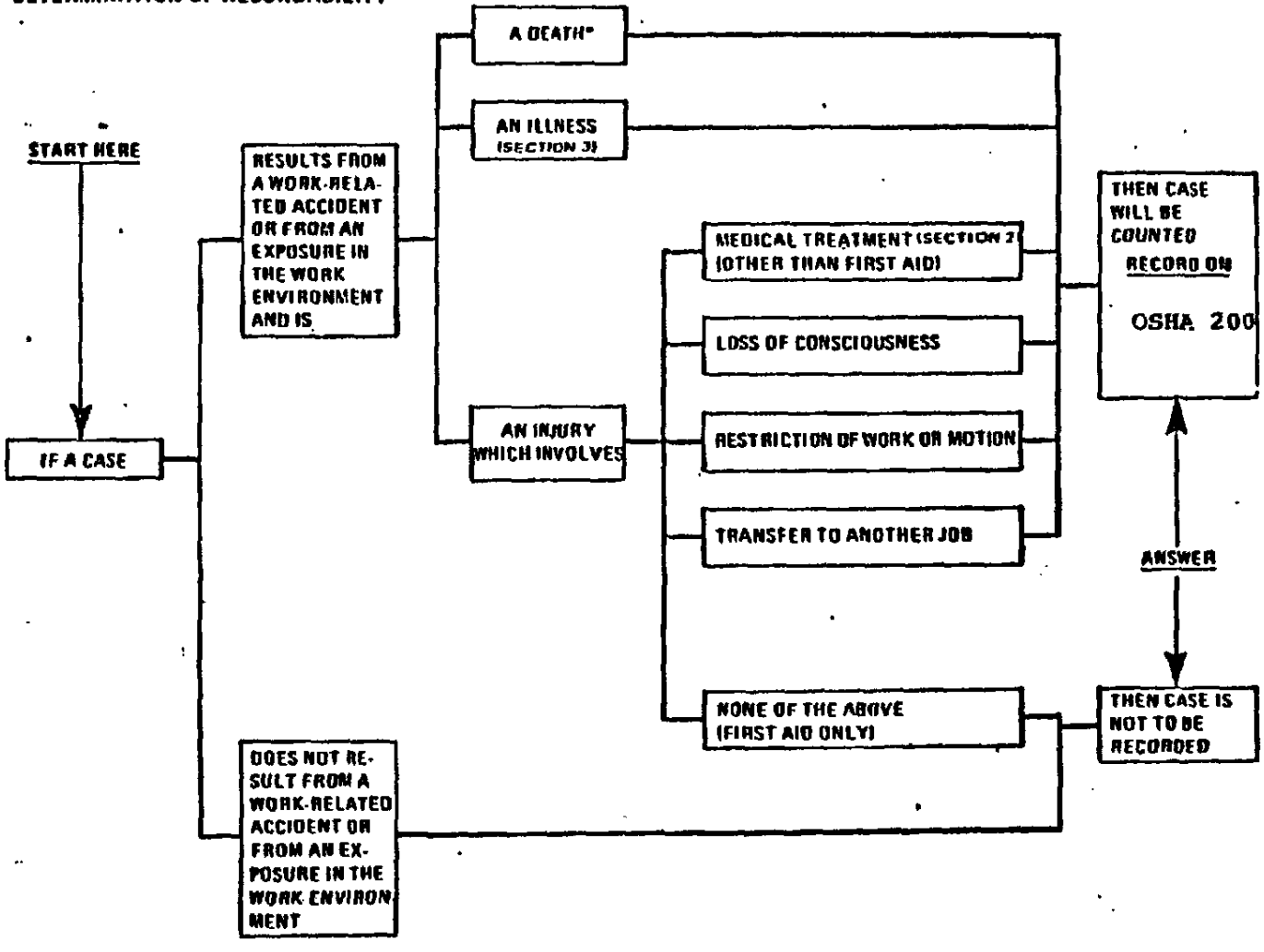
$$\text{Total Deaths and Lost Workday Cases Incidence Rate} = \frac{5 \times 200{,}000}{180{,}000} = 5.6$$

$$\text{Deaths and Lost Workday Cases Away from Work Incidence Rate} = \frac{3 \times 200{,}000}{180{,}000} = 3.3$$

~~RECORDING~~

~~Reporting Procedures = (Refer to Section 6, "Reporting").~~

DETERMINATION OF RECORDABILITY



Section 2

INJURIES

Medical vs. First Aid Determination

Basic Definitions

1. First Aid - is limited to any one-time treatment and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters and so forth, which do not ordinarily require medical care. First aid can be provided by a physician, or other registered professional personnel. Surveillance or observation, including in-patient observation, which reveals no injury or illness is not recordable.

2. Medical Treatment - (see detailed analysis below) which requires treatment administered by a licensed physician or by registered medical personnel under the standing orders of a licensed physician. It does not include actions soley for the reassurance or comfort of the patient.

Detailed Anaylsis

Refer to the following for determination by injury type:

A. Prescription Medications - use of prescription medication specifically prescribed to treat an occupational injury or illness normally constitutes medical treatment. However, it shall be considered First Aid when given merely as a preventive measure for a minor injury or simply for patient comfort.

It shall be considered first aid when a single dose or application of a prescription medication is given merely to alleviate pain. Tetanus booster injections are considered as a preventative treatment and are included as first aid, except when a reaction to the injection requires medical treatment.

B. Diagnostic Procedures

1. Surveillance or observation which reveals no injury or illness shall not be considered medical treatment.

2. Hospitalization for observation is not considered medical treatment where no medical treatment is rendered other than first aid.

3. Physical Examination, observation, or surveillance not substantiating subjective complaints in questionable causes is not considered medical treatment.

C. Bone Fractures

An x-ray examination for fracture is diagnostic, therefore constitutes neither first aid nore medical treatment. Where the x-ray is negative the case is non-recordable unless medical treatment is provided for supplementary injuries as described in C through I. All bone fractures, including teeth, are at least recordable medical treatment cases, whether or not there is treatment involved.

D. Cuts and Lacerations

First Aid. Treatment limited to cleaning wound, soaking, applying antiseptic and/or first aid medication (see A) and bandaging on first visit. Follow-up visits limited to observation including changing dressing and bandage. Additional cleaning and application of antiseptic permissible as first aid where required by work duties likely to soil bandage.

Medical Treatment. Injury required sutures (stitches), butterfly closures, surgical debridement (cutting away dead skin), treatment of infection, or other professional treatment.

E. Abrasions

First Aid. Same as cuts and lacerations except non-prescription ointments can be added on follow-up visits to prevent drying and cracking of skin.

Medical Treatment. Injury requires careful examinations for removal of imbedded foreign material, multiple soakings, treatment of infection, or other professional treatment. Any case involving more than a minor, spot-type injury, for example, abrasions occurring to greater than full skin depth are considered medical treatment.

F. Bruises

First Aid. Treatment limited to a single soaking or application of cold compresses to a minor bruise. Follow up visits limited only to observation.

Medical Treatment. Injury requires multiple soakings or other extended care beyond mere observation.

G. Splinters and Puncture Wounds

First Aid. Treatment limited to cleaning wound, removal of foreign object(s) by tweezers or other simple techniques, application of antiseptics and non prescription medications (see A) and bandaging on first visit. Follow-up visits limited to observation including changing bandage. Additional cleaning and application of antiseptic permissible as first aid where required by work duties likely to soil bandage.

Medical Treatment. Injury requires removal of foreign object(s) by physician due to depth of penetration, size or shape of object(s) or location of wound. Also, injuries requiring treatment for infection, other professional treatment, (assuming treatments are required as related to the injury involved).

H. Burns (Thermal and Chemical)

First Aid. Treatment limited to cleaning or flushing surface, soaking, applying cold compresses, antiseptics, and/or non-prescription medications (see A) and bandaging on first visit. Follow-up visits restricted to observation of wounds, including minor first and second degree burns.

Medical Treatment. Injury requires a series of treatments including soaks, whirlpool, surgical debridement (cutting away dead skin), and application of medications. Most second and third degree and extensive first degree burns shall be deemed to require medical treatment.

Burn cases are especially difficult to classify until several days after the injury occurs.

I. Sprains and Strains

First Aid. Treatment limited to soaking, application of cold compresses and use of elastic bandage on first visit. Follow-up visits limited to observation including reapplying bandage.

Medical Treatment. Injury requires series of hot and cold soaks, use of whirlpools, diathermy treatment, or other professional treatment.

J. Eye Injuries

First Aid. Treatment limited to irrigation, removal of foreign material not imbedded in eye, and application of

non-prescription medications (see A). Precautionary visit (special examination) to doctor is still considered as first aid if treatment is limited to above items. Follow-up visits for observation only.

Medical Treatment. Cases involving removal of imbedded foreign objects, use of prescription medications (see A), or other professional treatment.

K. Inhalation of Toxic or Corrosive Gases

First Aid. Treatment limited to removal to fresh air or the one-time administration of oxygen for several minutes.

Medical Treatment. Professional treatment beyond the above. All cases involving loss of consciousness.

Section 3

OCCUPATIONAL ILLNESS

Basic Definition

Occupational Illness - Any abnormal condition or disorder such as dermatitis, rash, respiratory problem, poisoning, heat exhaustion, and hearing loss, caused by an exposure to environmental factors associated with the work environment. Exposure may be caused by inhalation, absorption, ingestion or direct contact with dust, fumes, vapors or mists.

Recording - General

1. All diagnosed illnesses are considered at least medical treatment cases if they are caused by work exposure. The basic determinant is the single-incident concept. If the case is the result of an exposure involving a single incident in the work environment, it is an injury. If the result is due to prolonged exposure to a hazardous substance, physical agent, or environmental factor, it is an illness.

2. In general, illnesses are recorded as occurring on the date of diagnosis. However, if an employee is unable to work due to an illness that is later diagnosed as work related, the first day of absence is recorded as the day of occurrence

3. If an employee is transferred to another job as a precautionary measure while his case is being diagnosed, the case becomes recordable only if the transfer proved necessary.

4. Where employees are transferred or rotated as medical control to avoid illness or disability, such transfer shall not be recorded provided the health of the employee at the time of the transfer is not impaired.

Section 4

I. SPECIFIC CASES OF INJURIES AND ILLNESSESS

A. Precautionary Transfers - If an employee is temporarily removed from work as a precautionary measure due to exceeding a physiological norm. The case is considered an illness only if the employee exhibits symptoms of an illness related to the exposure. This could include exposure to lead, mercury, organophosphorous, and others.

B. Hearing Impairment - A hearing impairment is considered an illness only if it is proven to be permanent, loss exceeding an average of 25dB (Ref - Audiometric Zero) in the worst ear at 500, 1000, 2000, and 3000 Hz,. and noise-induced as a result of the employee's work environment.

C. Preexisting Medical Conditions - An injury which results solev from a preexisting medical condition is not recordable. An aggravation of a preexisting medical condition by an accident or exposure is recordable.

D. Backs and Hernias - A back injury or inguinal hernia is recordable when it results from a work-related incident such as a slip, trip, fall, sudden effort, impact or work activity requiring excessive exertion.

E. Self-Inflicted Injuries - Suicide or other intentional self-inflicted injuries are not recordable.

F. Change in Injury/Illness Status - if at a later date, a minor (nonfatal without lost workday) injury or illness results in absence from work or transfer to a restricted activity job or termination because of medical restriction, the case would be considered "lost workday" and the OSHA Log 200 should be marked to so indicate.

G. Layoff Due to Lack of Work - If an employee is laid off due to cutback or lack or work, recording of "lost workdays" ends on his last day of work even though he is not released for full duty.

THE

the employee

Section 4

II. REPORTING

USE LEFT-HAND SECTION "Log" OF "LOG" AND SUMMARY OF OCCUPATIONAL INJURIES AND ILLNESSES (OSHA NO. 200)

A. Enter every OSHA recordable case on the log within six (6) working days after learning of the occurrence or diagnosis of the death, injury or illness. Refer to the reverse side of the form for complete instructions on completing it. To avoid error these instructions should be followed in sequence.

B. Differentiate between actual time off work and restricted duty time.

C. While an injured employee is off or on restricted duty, continue to report these as "Lost Workdays" until the injured employee returns to their regularly assigned job, is permanently transferred to another job, or is terminated.

D. Maintain logs at each operating location for five (5) years following the end of the calendar year to which they relate.

Section 4

III. SUMMARY

A. Compile from data on the OSHA 200 Log at the end of each calendar year.

B. To compete, follow in sequence the instructions on the reverse of the form.

C. Enter the year, company name, location, address, and sign.

C. Post the "summary" for the entire month of February. Then remove and retain for five (5) years.

artment of Labor

For Calendar Year 19 81 Page ___ of ___

B.C. CHEMICALS, INC.
COMMERCIAL PRODUCTS DIVISION
1 MAIN ST. CHICAGO, ILL.

Form Approved
O.M.B. No. 44R 1453

INJURY / ILLNESS

Type, Nature of, and Outcome of ILLNESS

Injuries With Lost Workdays			Injuries Without Lost Workdays	Type of Illness							Fatalities	Nonfatal Illnesses				
				CHECK Only One Column for Each Illness (See other side of form for examinations of permanent transfers.)								Illnesses With Lost Workdays				Illnesses Without Lost Workdays
Enter a CHECK if injury involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above.	Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systemic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter DATE of death. Mo./day/yr.	Enter a CHECK if illness involves days away from work, or days of restricted work activity, or both.	Enter a CHECK if illness involves days away from work.	Enter number of DAYS away from work.	Enter number of DAYS of restricted work activity.	Enter a CHECK if no entry was made in columns 8 or 9.
(3)	(4)	(5)	(6)	(7) (a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)
✓	5	2														
✓	8		✓													
		15														
			✓													
				✓												✓
												✓	✓	1		
✓	46	53														
		10														
			✓													
3	69	80	2	1	0	0	1	0	0	0	0	1	1	1	0	1

INJURIES

ILLNESSES

Totals By A.L. PHABET Title PLANT MANAGER Date 1-15-82

POST ONLY THIS PORTION OF THE LAST PAGE NO LATER THAN FEBRUARY 1.

AP00005052

Columns 6 and 13 — INJURIES OR ILLNESSES WITHOUT LOST WORKDAYS. Self-explanatory.

Columns 7a through 7g — TYPE OF ILLNESS.
Enter a check in only one column for each illness.

TERMINATION OR PERMANENT TRANSFER—Place an asterisk to the right of the entry in columns 7a through 7g (type of illness) which represented a termination of employment or permanent transfer.

V. Totals

Add number of entries in columns 1 and 8.
Add number of checks in columns 2, 3, 6, 7, 9, 10, and 13.
Add number of days in columns 4, 5, 11, and 12.
Totals are to be generated for each column at the end of each page and at the end of each year. *Only* the yearly totals are required for posting.

If an employee's loss of workdays is continuing at the time the totals are summarized, estimate the number of future workdays the employee will lose and add that estimate to the workdays already lost and include this figure in the annual totals. No further entries are to be made with respect to such cases in the next year's log.

VI. Definitions

OCCUPATIONAL INJURY is any injury such as a cut, fracture, sprain, amputation, etc., which results from a work accident or from an exposure involving a single incident in the work environment.
NOTE: Conditions resulting from animal bites, such as insect or snake bites or from one-time exposure to chemicals, are considered to be injuries.

OCCUPATIONAL ILLNESS of an employee is any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact.

The following listing gives the categories of occupational illnesses and disorders that will be utilized for the purpose of classifying recordable illnesses. For purposes of information, examples of each category are given. These are typical examples, however, and are not to be considered the complete listing of the types of illnesses and disorders that are to be counted under each category.

7a. Occupational Skin Diseases or Disorders
Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; chrome ulcers; chemical burns or inflammations; etc.

7b. Dust Diseases of the Lungs (Pneumoconioses)
Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, siderosis, and other pneumoconioses.

7c. Respiratory Conditions Due to Toxic Agents
Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung; etc.

7d. Poisoning (Systemic Effect of Toxic Materials)
Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics, and resins; etc.

7e. Disorders Due to Physical Agents (Other than Toxic Materials)
Examples: Heatstroke, sunstroke, heat exhaustion, and other effects of environmental heat; freezing, frostbite, and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn); etc.

7f. Disorders Associated With Repeated Trauma
Examples: Noise-induced hearing loss; synovitis, tenosynovitis, and bursitis; Raynaud's phenomena; and other conditions due to repeated motion, vibration, or pressure.

7g. All Other Occupational Illnesses
Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidioidomycosis, etc.

MEDICAL TREATMENT includes treatment (other than first aid) administered by a physician or by registered professional personnel under the standing orders of a physician. Medical treatment does NOT include first-aid treatment (one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care) even though provided by a physician or registered professional personnel.

ESTABLISHMENT: A single physical location where business is conducted or where services or industrial operations are performed (for example: a factory, mill, store, hotel, restaurant, movie theater, farm, ranch, bank, sales office, warehouse, or central administrative office). Where distinctly separate activities are performed at a single physical location, such as construction activities operated from the same physical location as a lumber yard, each activity shall be treated as a separate establishment.

For firms engaged in activities which may be physically dispersed, such as agriculture; construction; transportation; communications; and electric, gas, and sanitary services, records may be maintained at a place to which employees report each day.

Records for personnel who do not primarily report or work at a single establishment, such as traveling salesmen, technicians, engineers, etc., shall be maintained at the location from which they are paid or the base from which personnel operate to carry out their activities.

WORK ENVIRONMENT is comprised of the physical location, equipment, materials processed or used, and the kinds of operations performed in the course of an employee's work, whether on or off the employer's premises.