



BRINGING THE INDUSTRY HOME SAFE

- Let's join together and network as one team, one conference!
- Let's be engaged and learn this week!
- Let's be respectful of our fellow attendees!
- Let's align on a goal of safety and no recordables!



HYPER FOCUS & MISUSE OF TOTAL RECORDABLE INCIDENT RATE (TRIR)



September 27, 2018

OSHA Docket Office
Docket No. OSHA-2013-0023
U.S. Department of Labor
Room N-2695
200 Constitution Avenue. NW
Washington, DC 20210

Re: Improve Tracking of Workplace Injuries and Illnesses

Dear Sir/Madam:

ORCHSE Strategies, LLC (ORC HSE) welcomes this opportunity to comment on the Occupational Safety and Health Administration's (OSHA) July 30, 2018 Federal Register notice seeking comments on its Notice of Proposed Rule Making (NPRM) to Improve Tracking of Workplace Injuries and Illnesses.



C. The questionable quality of the source data undermines its utility for OSHA's intended purposes.

Employee reporting of discretionary cases (those that can be hidden) is often made on the basis of consequences to the injured/ill employee, and is influenced by factors such as:

- a. Likelihood of discipline
- b. Supervisory behavior
- c. The employee's relationship with the supervisor
- d. Incident investigation practices
- e. Gain-sharing plans with recordable rate as one of the metrics
- f. Company recognition programs

C. The questionable quality of the source data undermines its utility for OSHA's intended purposes. (cont.)

- g. Benefit plan designs
- h. Response of initial treatment provider
- i. Employee relationship with company doctor
- j. Accessibility of medical provider
- k. Perceived costs -- worker's compensation vs. company non-occupational coverage
- l. Job content or schedule
- m. Post-accident drug testing

C. The questionable quality of the source data undermines its utility for OSHA's intended purposes.
(cont.)

Variables affecting employer recordkeeping practices include:

1. Knowledge of the rules by employees, the record keeper, supervisors, and key operations staff
2. Understanding complicated (and sometimes seemingly stupid) nuances
3. Information flow within the company
4. Dealing with pressure on the metric
5. Ability to check the thoroughness and accuracy of information provided by the employee
6. Company physician vs. personal medical care
7. Location of medical department (onsite vs. offsite)

PPSA

BRINGING THE INDUSTRY HOME SAFE

what
are we *doing?*

- Eliminating Barriers to Excellence
 - Under reporting of Injuries
 - Inconsistent Data
 - Global metric inconsistencies
- Prioritizing Resources to Target Serious Injury & Fatalities (SIFs)
 - Engaging contractors
 - Aligning communications – open dialog on SIFs
- Focus on the Science – Human Factors & Human Organizational Performance (HOP)
- Realigning awards and recognition to leading and proactive measures
- Industry Collaboration
- Better Lagging/More Leading Measures & Recognition



**American
Forest & Paper
Association**

Industry Collaboration

Leading Indicators

Influence Future Performance:
Training, Safety Plans, Inspections, Meetings, Observations, etc.



Safety Incident

Lagging Indicators

Analyze Past Performance:
RIF, LWD, Work-Comp Cost, 1st Aid Cases, etc.

A Call to Action

STOP measuring performance by failures

START looking at capacity and system strengths

Focus on high risk activities with continuous improvement in applying multilevel engineering and elimination controls

Allow employees to fail safely

Encourage a reporting culture

Safety is not the absence of injuries, it is the presence of defenses!

Quote: From a
25 Year Safety
Professional

Why can't we provide a level of medical treatment that exceeds all abundance of caution while showing compassion for a fellow employee? The cost is inconsequential compared to the long-term credibility damage we cause when managing a case to avoid the OSHA recordable threshold.