



First Aid or Recordable?

First aid is not a recordable. Recordables are injuries that require treatment beyond first aid.

Does your company treat all first aid incidents as recordables? Do you require that every dispensed bandage or pain reliever be reported to management? Should you? As a former plant manager, I have had to deal with decisions like this.

Given our commitment to continuous improvement, it is obvious that we should want to track first aid incidents so that we can address and eliminate their causes. But that does not mean escalating them to, or treating them as, recordables.

The first thing to do is to recognize that first aid is different from a recordable. Recordable events involve any medical treatment required beyond first aid. Thus, it follows that “mere first aid” is not recordable. If you feel it necessary to have your employees report even first aid incidents to you, that is your discretion. But first aid is not recordable.



How does OSHA define first aid?

First aid refers to medical attention that is usually administered immediately after the injury occurs and at the location where it occurred. It often consists of a one-time, short-term treatment and requires little technology or training to administer. First aid can include cleaning minor cuts, scrapes, or scratches; treating a minor burn; applying bandages and dressings; the use of non-prescription medicine; draining blisters; removing debris from the eyes; massage; and drinking fluids to relieve heat stress. OSHA's revised recordkeeping rule, which went into effect January 1, 2002, does not require first aid cases to be documented (bit.ly/PMPA-PM1124a).

OSHA has posted a First Aid List on its recordkeeping page (bit.ly/PMPA-PM1124b):

- Using a non-prescription medication at non-prescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription 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 and so on; or using butterfly bandages or Steri-Strips (other wound closing devices such as sutures, staples and so on 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 and so on (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 and so on);
- 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); or
- Drinking fluids for relief of heat stress.

These are classified as first aid by OSHA, and so they are not recordable. If they do not need to be recorded, why do you need them to be reported? You have the authority and discretion to insist that any and all such incidents be reported to management. Or not.

How does OSHA define a recordable injury or illness?

- Any work-related fatality;
- Any work-related injury or illness that results in loss of consciousness, days away from work, restricted work or transfer to another job;
- Any work-related injury or illness requiring medical treatment beyond first aid;
- Any work-related diagnosed case of cancer, chronic irreversible diseases, fractured or cracked bones or teeth and punctured eardrums;
- There are also special recording criteria for

work-related cases involving: needlesticks and sharps injuries, medical removal, hearing loss and tuberculosis.

A good rule to use — and I used this when I was plant manager at a steel mill — is if the application of the first aid required another person to provide it, management needs to be informed as soon as possible. The reasoning is that if it was so serious that it required assistance, management had a duty to know. And, to ensure that blood-borne safety protocols, washing and cleaning are taken to protect the person providing assistance as well as the person needing first aid. It also helps management assist the team find and eliminate the root causes for the need for first aid in the first place.

So as long as you and your team are able to distinguish between first aid versus more serious recordables, I think that we can all, in good conscience, relax the “report every bandage or pain reliever dispensed” requirement. Let’s focus on the significant few, not the trivial many. **P**

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