

12. REPORTS AND STATISTICS

**This information does not take precedence over The Saskatchewan Employment Act and related regulations, or any other governing legislation. All worker should be familiar with the legislation applying to them in their workplace.*

Definitions

recordable case: an injury which results in one or more lost **work** days than the actual day of the incident. (Example 1: a worker is injured on Tuesday and returns to work on Thursday - this is a recordable case. Example 2: a worker is injured on Friday and returns to work on Monday - this is not a recordable case, regardless of whether the worker spent part of the weekend recovering from the injury.)

summaries: information compiled from the various safety reports which provide an overview of the company's overall safety record

no loss occurrence (also called "near miss"): an unplanned release of energy which does not result in a loss, but which could have under slightly different circumstances

first aid / medical consultation injury (FA/MCI): an injury which occurs at work, but does not require invasive treatment by medical personnel and does not result in lost time

medical treatment injury (MTI): an injury which occurs at work and requires **certain types of medical treatment, but results in no lost time beyond the day of the injury. (see "Recordability Guideline", in the Incident Reporting & Investigation section of this manual)

lost workday case (LWC): an injury resulting in lost work days beyond the day of the injury

lost time injury (LTI): an injury resulting in (i) a fatality, or (ii) lost work days beyond the day of the injury

restricted / modified duty injury (RMDI): A work-related injury that results in a permanent (this is Laurie's addition to knock down negative and misleading stats) change to the worker's regular job duties beyond the day of the incident. This includes the employee's being prevented from performing one or more of the routine functions of his/her job, and/or a change to the employee's work schedule.

fatality (F): an injury resulting in the death of a worker

Introduction

Safety program management is a dynamic and constantly-evolving process. To ensure the continued improvement and growth of our program, program performance is analyzed to identify trends and assist us in taking effective steps to reduce the likelihood of recurring losses of human, financial or material resources.

Common Statistical Calculations

Statistics are standardized indicators which are calculated from the raw numbers provided in reports and summaries.

Recordable Incident (RI):	MTIs, RMDs, LWCs and Fs
Total Recordable Incidents (TRI):	LTIs + MTIs + RMDs
Total Recordable Frequency (TRF):	$(Fs + LWCs + RMDs + MTIs) \times 200,000 / \text{hours worked}$
Lost Time Frequency (LTF):	$(Fs + LWCs) \times 200,000 / \text{hours worked}$
Lost Time Severity (LTS):	$\# \text{ of days away from work} \times 200,000 / \text{hours worked}$

(NOTE: WCB of Alberta has recognized that lost time frequency and severity calculations are not a reliable safety performance gauge for companies with less than 100 workers)

Recordability Guideline

Nature of Injury	First Aid / Medical Consultation (non-recordable)	Medical Treatment (recordable)
cuts, lacerations, punctures, abrasions, splinters	<ul style="list-style-type: none"> • bandaging on any visit to medical personnel • steri-strips / butterfly bandages • application of ointments on first or subsequent visits to prevent drying or cracking of skin • treatment of infection with non-prescription meds at non-prescription strength • removal of foreign bodies from wound by tweezers, cotton swabs or other simple techniques • removal of foreign bodies in the eye, not embedded, by irrigation, cotton swabs or other simple techniques • removal of bandages by soaking • drilling a finger or toe-nail to relieve pressure or draining fluids from blisters • using finger guards 	<ul style="list-style-type: none"> • sutures (stitches) • surgical glue • treatment of infection with prescription meds on any visit • application of prescription antiseptic or a non-prescription antiseptic at prescription strength • removal of foreign bodies requiring skilled services due to depth of embedment, size or shape of object(s), or location of wound • cutting away dead skin (surgical debridement)
fractures	<ul style="list-style-type: none"> • where x-ray taken as a precaution is negative for fracture 	<ul style="list-style-type: none"> • where x-ray results are positive • application of a cast or other professional means of immobilizing the injured part
strains, sprains, dislocations	<ul style="list-style-type: none"> • use of an elastic (Ace) bandage on a strain that is not otherwise recordable on first visit to medical personnel • use of hot or cold compresses for treatment of a strain on any visit • use of massage • chiropractic manipulation sought by a worker voluntarily without medical referral 	<ul style="list-style-type: none"> • application of a cast or other professional means of immobilizing injured part • splints with rigid stays are recordable • use of diathermy and whirlpool treatments ordered by a physician or employer • physical therapy • chiropractic manipulation ordered by a physician or physiotherapist
thermal or chemical burns	<ul style="list-style-type: none"> • treatment for first, second and third degree burns that require "first aid" 	<ul style="list-style-type: none"> • all first, second and third degree burns that require "medical treatment"
bruises, contusions	<ul style="list-style-type: none"> • soaking therapy or application of hot or cold compresses on any visit 	<ul style="list-style-type: none"> • treatment of a bruise by draining collected blood

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- recommendation or use of non-prescription medicines in non-prescription strength is considered first aid.
 - recommendation or use of prescription medications constitutes medical treatment (including professional samples). Administration of a single dose of prescription medication on a first visit for minor injury or discomfort is considered medical treatment and ***is*** recordable. Use of a non-prescription medication in a prescription dose / strength constitutes medical treatment and ***is*** recordable.
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MISCELLANEOUS GUIDELINES:

- Medical treatment is only one criterion for determining recordability. Any injury which may have required only first aid treatment but involved loss of consciousness, restriction of work or motion, or transfer to another job is recordable.
- Recordability is not linked to who renders treatment; it is dependent on what the treatment is. (In other words, a doctor can bandage a wound and it is not recordable. A co-worker or company nurse using surgical glue is still recordable.)
- Restricted work occurs when, as the result of a work-related injury or illness: (1) you keep the employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work; or (2) a physician or other licensed health care professional recommends that the employee not perform one or more of the routine functions of his or her job, or not work the full work day that he or she would otherwise have been scheduled to work. For recordkeeping purposes, an employee's routine functions are those work activities the employee regularly performs at least once per week.
- Tetanus shots, either initial shots or boosters, are considered preventative in nature and are not considered medical treatment.
- Hospitalization for observation, where no treatment is rendered other than first aid, is not considered medical treatment. Note, however, that most injuries requiring hospitalization will result in lost workdays and we be recordable for that reason.
- Any of the following significant illnesses or injuries diagnosed by medical personnel and deemed work-related are automatically recordable: (1) cancer; (2) chronic, irreversible diseases; (3) cracked or fractured bone; (4) punctured ear drum. All other diagnosed occupational illnesses are not automatically recordable. They are only recordable if they meet recordability criteria: medical treatment, loss of consciousness, restriction of work or motion or transfer to another job.
- All occupational fatalities are recordable
- A heart attack, if allowed as an industrial claim, is recorded as an illness.
- Replacement of broken eyeglasses in itself is not a recordable claim.

Adapted from a June 2009 OSHA publication



Saskatchewan
Labour

Occupational Health & Safety

First Aid in Saskatchewan Workplaces



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General Requirements

Employers, contractors or owners must provide first aid training and have first aid supplies at their workplaces. The number of first aid attendants needed, the extent of first aid training, as well as the amount and the type of first aid supplies required, depend on the following factors.

- The number of workers at the place of employment at any time.
- How hazardous the work is.
- The distance to a medical facility.

Consult Part V, *First Aid of The Occupational Health and Safety Regulations, 1996* for a complete description of requirements and Table 1 of this guide for a summary.

Exemptions

No first aid training or supplies are required for:

- Medical facilities where a physician or registered nurse is always readily available.

Worksites that are entirely administrative, professional or clerical (classified as low hazard work) located within 30 minutes of a medical facility.

First aid training

There are many agencies that supply this training in the province. It is the employer's duty to ensure the agency has competent instructors that have successfully completed instructor training and to ensure that the course meets the requirements of the Regulations.

Class A attendant - A Class A first aid attendant requires a minimum of 18 hours of combined First Aid and CPR training: a 14-16 hour course in first aid plus four to six hours of training in cardiopulmonary resuscitation (CPR)^[1]. Emergency First Responder training meets this training requirement. (Note: The revised 3 to 4 hour CPR A training provided by the National Heart and Stroke Foundation is considered to be sufficient to meet the intent of the CPR training requirement).

Class B attendant - A Class B attendant requires a minimum of 68 hours of First Aid and CPR training: 60-80 hour course plus from eight to ten hours of training in CPR.

EMT - An Emergency Medical Technician (EMT) must be licensed in Saskatchewan.

Certificate renewals - Certificates for First Aid training must specify the conditions for renewing the certificate and a renewal period that is no greater than every 3 years.

Table 1 shows the number of first aid personnel and the level of training needed for each type of workplace, depending on:

- The number of workers at the place of employment at any time: Sufficient personnel must be trained to a level that ensures the requirement is met on any shift.
- How hazardous the work is.
- The distance to a medical facility.

Where rescue personnel are required by regulations, the employer or contractor must ensure that at least one Class A attendant is readily available during work hours. Rescue personnel are required where workers:

- may be at risk from an immediately dangerous atmosphere (regulations 90[2] and 274[b])
- could fall and drown (regulation 108[2][a])
- may be at risk from exposure to an energized electrical conductor (regulation 467[2][b]).

Written Plan for Infectious Diseases

The employer, in consultation with the Occupational Health Committee, must prepare and implement a written infectious disease plan for first aid attendants who may be likely to be exposed to infectious materials when providing first aid. The plan, its contents, implementation and review are required by Section 85 of the Regulations. The plan must address hazard and risk information, preventative measures and training. See the Regulation for more information on this requirement.¹

¹ Consult *The Occupational Health and Safety Regulations, 1996* for the required content of first aid courses.

First aid supplies

All worksites (except those previously mentioned as being exempt) must have a first aid station equipped with a first aid box, a first aid register and an instruction manual. Any required emergency phone numbers or procedures should also be posted by the first aid station.

During transport - When workers are transported by an employer or contractor to or from work, or at work, a first aid station or medical facility may not always be readily accessible. In these situations, first aid boxes must be made readily available to those being transported.

First aid boxes

The items required in a first aid box are given in Table 2. Tables 3 and 4 list the additional supplies that are needed when a Class A or Class B attendant is required. Recommended quantities are also included.

First aid registers

All first aid treatment given to a worker while at work must be entered in the register. You must also enter each case that is referred for further medical treatment. The confidentiality of personal medical information must be maintained.

First aid rooms

First aid rooms are required where there are 100 or more workers who are more than 30 minutes from a medical facility. The room must be used exclusively to provide first aid, medical examinations and rest for injured workers. The room must:

- be clean, heated and well ventilated
- have a permanent sink with hot and cold water
- have a cot
- have appropriate first aid supplies
- be under the control of a first aid attendant

Transportation

The employer or contractor must ensure that a suitable means of transporting injured workers is available if there is no ambulance service within 30 minutes of the worksite. If the place of employment requires a stretcher (see Table 1) the means of transportation must be capable of accommodating and securing an occupied stretcher and providing protection against the weather.

Communication equipment

Communication equipment must be provided to allow workers to call for transportation. Where reasonably practicable, ensure that vehicles used to transport injured workers are equipped with communication equipment (e.g. cell phone or radio) to allow workers in the vehicles to talk with workers at the scene of accidents and with medical facilities to which injured workers are being transported.

**TABLE 1
SUMMARY OF FIRST AID REQUIREMENTS¹**

Minimum: Every place of employment requires a first aid box containing standard supplies (see Table 10 of the Appendix to the regulations), a manual, a register and emergency information. Additional requirements are listed below: (See tables 3 and 4 for lists of "Additional Supplies" referenced in this table).

Workers	Close (1/2 hour or less to medical facility)	Distant (1/2 - 2 hours to medical facility)	Isolated (More than 2 hours' surface transport to medical facility, or normal mode of transport is aircraft)
1	minimum	minimum	minimum
2-4	minimum	minimum plus <ul style="list-style-type: none"> blankets, stretcher and splints Class A attendant and additional supplies - if high hazard work² 	minimum plus <ul style="list-style-type: none"> blankets, stretcher and splints Class A attendant and additional supplies - if high hazard work²
5-9	minimum plus <ul style="list-style-type: none"> Class A attendant and additional supplies - if high hazard work² 	minimum plus <ul style="list-style-type: none"> Class A attendant and additional supplies blankets, stretcher and splints 	minimum plus <ul style="list-style-type: none"> Class A attendant and additional supplies blankets, stretcher and splints
10-20	minimum plus <ul style="list-style-type: none"> Class A attendant and additional supplies 	minimum plus <ul style="list-style-type: none"> Class A attendant and additional supplies blankets, stretcher and splints 	minimum plus <ul style="list-style-type: none"> Class A attendant and additional supplies blankets, stretcher and splints
21-40	minimum plus <ul style="list-style-type: none"> Class A attendant and additional supplies 	minimum plus <ul style="list-style-type: none"> Class A attendant and additional supplies blankets, stretcher and splints 	minimum plus <ul style="list-style-type: none"> Class B attendant and additional supplies - if high hazard work² Class A attendant and additional supplies if not high hazard work blankets, stretcher and splints
41-99	minimum plus <ul style="list-style-type: none"> Class A attendant and additional supplies 	minimum plus <ul style="list-style-type: none"> Class B attendant and additional supplies - if high hazard work² Class A attendant and additional supplies for other work blankets, stretcher and splints 	minimum plus <ul style="list-style-type: none"> Class A attendant and additional supplies - if low hazard work³ EMT - if high hazard work² Class B attendant and additional supplies for other work blankets, stretcher and splints
100+	minimum plus <ul style="list-style-type: none"> 2 Class A attendants and additional supplies 	minimum plus <ul style="list-style-type: none"> first aid room 1 EMT and 1 Class B attendant and additional supplies - if high hazard work² 2 Class A attendants and additional supplies for other work blankets, stretcher and splints 	minimum plus <ul style="list-style-type: none"> first aid room 1 EMT and 1 Class B attendant and additional supplies - if high hazard work² 2 Class A attendants and additional supplies for low hazard work³ 2 Class B attendants and additional supplies for other work blankets, stretcher and splints

- Hospitals, medical facilities and other health care facilities where a physician or registered nurse is always readily available and close places of employment where the work is entirely low-hazard work are exempt.
- Activities that constitute high hazard work are listed on the next page (see Table 8 of the Appendix to the regulations).
- Low hazard work is work of an administrative, professional or clerical nature that does not require substantial physical exertion or exposure to work processes, substances or other conditions that are potentially hazardous.

Activities that constitute high hazard work

- Building construction
- Drilling for gas, oil and minerals
- Service for gas and oil wells and power tong service
- Logging
- Sawmilling
- Iron and steel processing and fabrication
- Road construction, earthwork, tunnelling and trenching
- Local and provincial hauling and trucking
- Mining and smelting
- Exploration drilling, shaft sinking, quarrying and crushing of rocks
- Manufacturing of concrete block, brick, artificial stone and other clay and cement products
- Power line construction and maintenance

TABLE 2			
REQUIRED CONTENTS OF THE FIRST AID BOX AND RECOMMENDED QUANTITIES PER NUMBER OF WORKERS			
Supply	<10 workers	10-40	>40
Antiseptic, wound solution or antiseptic swabs	50-100 ml bottle 10-25 swabs	X 2	X 3
Bandage - adhesive strips and hypoallergenic adhesive tape	12-50 strips 1-2	X 2 X 2	X 3 X 3
Bandage - triangular, 100 centimetre folded, and safety pins	2-3 4-6	X 2 X 2	X 3 X 3
Bandage - gauze roller, various sizes 5 cm X 5-10 m 10 cm X 5-10 m	2-3 2-3	X 2 X 2	X 3 X 3
Dressing - sterile and wrapped gauze pads and compresses, various sizes including abdominal pad size 5 cm X 5 cm 7.5 cm X 7.5 cm 10 cm X 10 cm 15 cm X 20 cm	8-16 total 2-4 2-4 2-4 2-4	X 2 X 2 X 2 X 2 X 2	X 3 X 3 X 3 X 3 X 3
Dressing - self-adherent roller, various sizes 5 cm X 5 m 10 cm X 5 m	2-4 total 1-2 1-2	X 2 X 2 X 2	X 3 X 3 X 3
Pad with shield or tape for eye	1-2	X 2	X 3
Soap	1	X 1	X 1
Disposable gloves (e.g. nitrile, vinyl) small medium large or one universal size	12-100	X 1	X 1
Pocket mask with disposable one-way rebreathe valves	1 1-2	X 1 X 1	X 1 X 1
Forceps - splinter	1	X 1	X 1
Scissors - bandage	1	X 1	X 1

TABLE 3**ADDITIONAL SUPPLIES AND EQUIPMENT REQUIRED AND
RECOMMENDED QUANTITIES PER NUMBER OF WORKERS****CLASS A QUALIFICATIONS**

Supply	<10 workers	10-40	>40
Bag - hot water or hot pack	-	1	X 1
Bag - ice or cold water	-	1	X 1
Bandage - elastic, 5 cm and 10 cm widths	- -	1-2 1-2	X 2 X 2
Sterile burn sheets	-	1-2	X 2

Any other first aid supplies and equipment that are appropriate to the dangers and other circumstances of the place of employment and commensurate with the training of the first aid attendant.

TABLE 4**ADDITIONAL SUPPLIES AND EQUIPMENT REQUIRED AND
RECOMMENDED QUANTITIES PER NUMBER OF WORKERS****CLASS B QUALIFICATIONS**

Supply	<10 workers	10-40	>40
Bag - hot water or hot pack	-	1	
Bag - ice or cold water	-	1	
Bandage - elastic, 5 cm and 10 cm widths	- -	1-2 1-2	
Sterile burn sheet	-	1-2	
Stethoscope with a bell	-	1-2	
Sphygmomanometer	-	1	
Thermometer	-	1	
Where there is a potential cause of spinal injury, short and long spine boards with adequate restraining straps and medium and large cervical collars.	- - - -	1 1 1 1	X 1 X 1 X 1 X 1
Emergency oxygen system	-	1	X 1
Bag valve and mask resuscitator	-	1	X 1

Any other first aid supplies and equipment that are appropriate to the dangers and other circumstances of the place of employment and commensurate with the training of the first aid attendant.

Automated External Defibrillators in the Workplace

Where an employer has decided to provide an AED in a workplace, they must ensure:

- The device is licensed by Health Canada and is labelled according to their requirements.
- The regular maintenance and inspection of the device.
- The device can be safely used (e.g. they are not to be used in a flammable environment.).
- AED use is integrated into an overall emergency response system. Evidence indicates that when used within 5 minutes of a sudden cardiac arrest, they can increase the chance of survival by 30%. Their use must be promptly followed by more advanced emergency medical services.
- Providers have periodic training, according to the standards of the Heart and Stroke Foundation of Canada and Saskatchewan Health. This training must include CPR training if the provider has not had this training in the last 12 months. It is recommended that some AED providers also have the training and responsibilities of a first aid attendant at the workplace.
- The competency of the instructors who provide the training. Check with the Heart and Stroke Foundation and ensure the instructor's training meets the equivalent of their standard.
- Medical Oversight: AED providers require pre-authorization, by a physician approved by the local health region. Check with the Chief of Staff in your Regional Health Authority.

Contact Information

Saskatchewan Labour Occupational Health and Safety

**1870 Albert Street
REGINA, Saskatchewan
S4P 3V7
1-800-567-7233**

**122-3rd Avenue North
Saskatoon, Saskatchewan
S7K 2H6
1-800-667-5023**



**Saskatchewan
Labour**
Occupational Health
and Safety

Regina Inquiry: 787-4496
6th Floor,
1870 Albert Street
S4P 3V7
Toll Free: 1-800-567-7233

Saskatoon Inquiry: 933-5052
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www.labour.gov.sk.ca

www.worksafesask.ca

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