At a foundational level, compliance with OSHA regulations to provide a safe and healthy workplace really boils down to just 3 primary actions:

- Proper identification of workplace hazards.
- Establishing degree of risk based on exposure probability and outcome severity.
- Applying a standardized hierarchy of risk reduction control strategies starting with the most effective, hazard elimination, and working down to the least effective, PPE.

The construction industry is identified as an extremely hazardous work environment. Year after year, reports from the Bureau of Labor Statistics illustrate work related fatalities, injuries and illnesses continue to happen at nearly the same rate, especially SIFs - significant injuries and fatalities.

In CFR 29 Part 1904, OSHA has clearly detailed both mandatory reporting and recording protocols employers must follow when responding to an injured worker. The reporting process is quite simple, the recording process not so much.

When OSHA first adopted Part 1904 in 1971, the original purpose of recording these events was to aid employers in identification of causal trends and patterns that could be used to take corrective actions to avoid reoccurrence. Unfortunately, and I would argue improperly, today these records are being used to "measure" our contractors' safety performance in the selection process of awarding future projects. This puts extreme pressure on contractors to not only elevate their safety and health management system processes (not really a bad thing) but also to manage care of injured workers in a manner that will not result in a recordable entry on their OSHA Form 300 Log. This is where problems can occur.

Depending on the degree of injury, a number of options exist when providing care to injured workers. Over the last decade or so, onsite medical treatment has been used at a higher frequency than typical offsite Occupation Medical services. This can be attributed to our contractors directly offering this incident response to their workers, as well as "highly suggested" (mandatory is illegal) client and GC requirements typically found in OCIP and CCIP projects.

Onsite healthcare brings medical services right to the workplace, offering immediate access to healthcare professionals without the hassle of leaving the job site. By making medical care easily accessible, it can prevent minor issues from becoming major problems, those which will likely lead to a recordable level injury. This timely response can also reduce absenteeism, boost productivity and cut down on healthcare costs.

While contractors and workers can definitely benefit from onsite medical services, both parties must be fully informed of the potential limitations of the type of care they provide. Some musculoskeletal disorders (MSDs) involving sprains and strains that result in tears of tissue, muscle and tendons will need advanced diagnostics and potentially, surgical procedures.

In these cases, limiting treatment to rest, ice, stretching, massage and exercises, the type of care typically provided by onsite medical providers, will not be sufficient and delays recovery of the injured worker, ultimately increasing overall claim costs. Furthermore, OSHA recently published guidance for their Compliance Officers when conducting inspections to specifically review these types of treatment and have identified underreporting of recordable injuries in many cases - especially those involving stretching and exercise.

Labor is our most important asset and it is in the best interest of all parties involved with a work-related injury to seek the care appropriate for the degree of injury. There have been many reported successes using onsite medical treatment. There have also been some situations where the injury required advanced medical care instead. If you have any questions regarding this topic, please contact me.