



January 2009

## OSHA Posting Requirements Annual Posting of Work-Related Injuries Log

As we do at the beginning of each new year, we'd like to remind you of OSHA's annual requirement that you post your Summary of Work-Related Injuries and Illnesses for the calendar year 2008. Some of the key items related to these requirements are highlighted below:

- The required posting period is three months (February 1 through April 30).
- In addition to the 300A, you must also maintain the OSHA 300 and 301, as well as a Privacy Cases Log.
- A company executive must certify the accuracy of the data reported on the log.

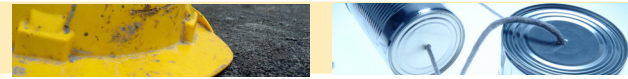
To assist you in this process, we suggest the following:

- Thoroughly review your log, as well as the instructions on the back of the log, to ensure that it is complete and accurate. Also review your:
  - Workers' compensation claim files
  - First aid case log (be sure to add recordable incidents to the OSHA 300 and 300A)
  - Any other incident records that your firm may keep
- Make sure the top of the summary is completed and the bottom is signed and dated by an executive certifying the accuracy of the information it contains.
- Copy the log and post it in a conspicuous place. OSHA recommends that the log be posted on the bulletin board at each office and at each work site in a location where employees normally gather. Even if your firm had no recordable cases, you must still post a log.

- Review the classification of the cases on your log carefully. Be sure that only cases that fit OSHA's definition of recordability appear on the log. Accurate classification also establishes your firm's incidence rates which can be of use in your pre-qualification process. Not all cases involving trips to a doctor are recordable. Refer to OSHA's definition of "first aid" which we've provided on the back of this newsletter. If you have logged a case that you have now determined is not recordable, simply draw a line through the entry, and initial and date it beside the line. Do not white out or black out incorrect entries.
- For cases involving lost time or restricted work activity, determine an accurate count of lost days or restricted activity. This information may be obtained from the treating doctor's status/treatment report or from your workers' compensation claims administrator. The lost time maximum per case to be indicated on the log is now 180 days.
- If the status of a case has changed, including its severity, from the time you originally entered it on the log, you must also change the log entry. Be sure to include the date of change and your initials.
- You must retain the original log with your safety records for a minimum of five years.

### RESOURCES

You may obtain information on the regulations and the forms from the Division of Occupational Safety and Health's website at [www.dir.ca.gov/dosh](http://www.dir.ca.gov/dosh). Go to Title 8 Regulations, Division of Labor Statistics and Research, Chapter 7, Subchapter 1, Section 14,000-14,400, Article 2. Other good



sources of information include your firm's safety staff or the safety representatives from your insurance broker or insurer.

### WORKERS' COMPENSATION UPDATE FOR 2009

The 2004 California Workers' Compensation Reform Legislation has produced a significant impact on claim costs, which in turn, has provided the basis for significant insurance premium reductions. However, statistics are now beginning to show an increase in the cost of medical benefits. This has led to the approval of a 5% increase in the average Workers Compensation Claims Cost Benchmark effective January 1, 2009. Although this benchmark is advisory only, many insurers incorporate this recommendation, or one similar to it, into their base premium rates. The base rates, by work classification, form the foundation for each employer's workers compensation insurance premium. As a result, employers should expect to see their 2009 renewal rates increase.

#### Experience Modifications:

Last year we reported that many employers were seeing an increase in their experience modifiers even though their own claims and payroll history had not varied significantly from their historical norms. This is because the expected loss rates (ELR), which represents the expected average for that industry group, had been reduced significantly. Any employer whose actual claims had deviated from the industry average would see an impact on their experience modifier.

For 2009, the ELR's have reversed their downward trend. In fact, the ELR's for many work classifications have increased. Therefore, some employers may see a decrease in their 2009 experience modifier.

If you would like a more detailed explanation of how your modifier may be impacted, please contact your Woodruff-Sawyer account executive.

#### A Reminder Regarding Payroll Recordkeeping for Dual Wage Classifications:

Effective 1/1/08, employers whose employees are subject to any dual wage construction or erection classification, will

be required to maintain precise records of hours worked, including start and stop times, for each employee. This also applies to employees who are paid on a piecework, production, or commission basis. If the employer's records do not accurately reflect the required information, the employee's payroll will be assigned to the low wage

### What is "first aid"?

For the purposes of Article 2, OSHA defines "first aid" as the following:

1. 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 record keeping purposes);
2. Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
3. Cleaning, flushing or soaking wounds on the surface of the skin;
4. Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound-closing devices such as sutures, staples, etc. are considered medical treatment);
5. Using hot or cold therapy;
6. Using any non-rigid means of support, such as elastic bandages, wraps, back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for record keeping purposes);
7. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, backboards, etc.);
8. Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
9. Using eye patches;
10. Removing foreign bodies from the eye using only irrigation or a cotton swab;
11. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
12. Using finger guards;
13. Using massages (physical therapy or chiropractic treatment are considered medical treatment for record keeping purposes); or
14. Drinking fluids for relief of heat stress.



## Contact Us

For further information on any of the topics addressed in this newsletter, please contact Woodruff-Sawyer's Construction & Real Estate Practice at:

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classification. This may result in additional premium billings at the time of final audit.

Also keep in mind the following:

- Since your workers' compensation insurance cost is directly impacted by your work-related injuries, this is a great time to perform a thorough review of your injury and illness prevention program to ensure it is effective. Our safety representatives can provide your safety team with valuable assistance.
- Always notify your insurance broker when you are bidding a job which will be insured under a "wrap-up" program. This will help ensure that you will not have coverage gaps and allow us to assist you to better manage the workers' compensation claims and safety issues.

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