



MEMORANDUM

TO: OMSA Regular (Vessel Owning or Operating) Members
FROM: Richard Wells, Vice President of OMSA
RE: Confidential Survey of member TRIR data to compile OMSA average TRIR
DATE: June 14, 2018

Purpose and Summary:

This memo represents OMSA's request for TRIR (Total Recordable Incident Rate) and Lost Time Incident Rate (LTIR) data from OMSA vessel owners and operators. Once received, this data will be aggregated and anonymized to create the 2017 OMSA average TRIR. In turn, this average will be used to track and tout the safety of our industry. To ensure this report is an accurate reflection of the offshore vessel industry, OMSA strongly encourages all vessel operators within the OMSA membership to submit their data. Data is submitted per Section I, below.

TRIR Data:

As OMSA members know, the offshore service industry has long made the safety of those working in our industry a primary point of importance. In fact, encouraging and promoting the highest standards of safety is one of the reasons that OMSA was founded, and to join the Association, all prospective OMSA members must take a pledge to strive for the highest safety standards.

To track how the offshore industry is doing in achieving this goal and provide a benchmark against which OMSA members can measure themselves, OMSA publishes Total Recordable Incident (TRIR) data from its members on an annual basis. Additionally, this data is used by OMSA and OMSA members to promote our industry and evaluate if regulatory changes will make a meaningful impact on safety.

The OMSA TRIR data is compiled by OMSA staff annually from OMSA member's submission of the OMSA TRIR data collection spreadsheet. This data is completely anonymous and requests the same standardized incident data that OMSA members currently supply to their clients.

Data Submission Process:

The following pages have instructions to download and complete the TRIR data collection spreadsheet and how to submit your data. If you have questions about the form or the process in general, please do not hesitate to contact Richard Wells at (504) 528-9411 or Richard.Wells@offshoremarine.org.

- A. If you are experienced in TRIR calculations, please submit your TRIR data according to Section I of this memo.
- B. If you need a reminder on how to compute Lost Time (L), Other Recordable (O), and Total Domestic Exposure Hours (EH), please read Section I and II of this memo.
- C. If this is your first time collecting or reporting the Lost Time (L), Other Recordable (O), and Total Domestic Exposure Hours (EH) data, please read Section I and II and review Section III of this memo.

I. OMSA TRIR Data Submission Process

Please Note: The TRIR data for each OMSA member vessel operating company are CONFIDENTIAL and are only seen by Richard Wells of the OMSA staff to compute the OMSA membership TRIR (Total Recordable Incident Rate) and Lost Time Incident Rate (LTIR).

To complete this survey, collect your data for **(L)** = Lost Time Cases (Death, Injuries, Illnesses), **(O)** = Other Recordable Cases (Restricted Duty, Medical treatment), and **(EH)** = Total Domestic Exposure Hours **for domestic vessel crewmembers only**.

Once collected, download the TRIR data submission Excel spreadsheet by [clicking here](#). Once the data for (L), (O), and (EH) are entered into the Excel spreadsheet, then the TRIR and LTIR figures are calculated by the spreadsheet. In past years there were some apparent typos or miscalculations in the manual data received, so Excel will do the math to avoid input errors.

Once this data has been inserted, save the spreadsheet as a PDF (to ensure accuracy) and send a copy to Richard.Wells@offshoremarine.org. We recommend saving the spreadsheet with a file name that does not include company identifying information.

Once all OMSA members have completed this process, OMSA is able to provide an OMSA membership TRIR/LTIR that allows you to make an apples-to-apples comparison of your TRIR/LTIR data against the OMSA membership TRIR/LTIR as well as against other industry sectors' TRIR/LTIR data posted on the [OSHA website](#).

If you need detailed definitions and rules for calculating (L), (O), and (EH) for OMSA TRIR submission, see Section II below. To clarify any unclear cases for reporting accuracy and consistency, please see Section III below. If more information about reporting is needed, please contact Richard Wells at (504) 528-9411.

OSHA accident recording forms and definitions can be found on the [OSHA](#) website.

II. OMSA TRIR Data Computation Process and Examples

Work Environment: The work environment for marine crewmembers is the vessel and other locations where one or more employees are working or are present as a condition of their employment. The work environment includes not only physical locations, but also the tools, equipment, or materials used by the employee at work.

Work-Related: An injury or illness is work-related under the OMSA/OSHA rules if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless:

- At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee (unlikely to happen).
- The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment.
- The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, or exercise class.
- The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while on the vessel, the case would not be considered work-related. If the employee gets food poisoning from food supplied by the employer, the case would be considered work-related. (This would also be reportable to the Coast Guard on a CG-2692 Casualty

Report if professional medical treatment (treatment beyond first aid) is given and if the crewmember is unfit to perform his or her routine duties).

- The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours (An OSHA rule not applicable to OMSA members as we DO take responsibility for employees at all times on a vessel.)
- The injury or illness is solely the result of personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted.
- The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.
- The illness is the common cold or flu (Note: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work).
- The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related.

Domestic Employee Exposure Hours (EH): OMSA uses exposure hours rather than work hours for calculating our TRIR data. Unlike shoreside employers, who are only responsible for employees while on the job, you are responsible for an injury to your mariners 24-hours per day when on your vessel. The total crew hours on board vessels during the year is **(EH)**. The computation is (average number of crew per boat) X (24 hours per day) X (number of boats in the fleet) X (work period in days). Of course, if your payroll system can provide the total days all your mariners worked on all your vessels, then the calculation would change to total crew work days X 24 hours.

Recordability of Work-Related Injuries/Illnesses: An injury or illness should be recorded for OMSA TRIR computation if it is work related and is either a/an; Lost Time Incident (**L**) as defined below; or Other Recordable Incident (**O**) as defined below.

Lost Time Incidents (L): A work-related incident resulting in death, loss of consciousness, or injury/illness producing days off work.

Other Recordable Incidents (O): A work-related incident resulting in restricted duty, medical treatment, or work-related cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum, but does not meet the Lost Time Incident standard.

Total Recordable Incidents (T): This is the sum of the (**L**) and (**O**) data.

200,000: This is the number that OMSA will use to normalize the data. This is the annual base hours number established by OSHA for comparative purposes (company-to-company, industry-to-industry). Although this normalization number was based on employees working in a 40-hour a week job, it is the **only** nationally recognized standard and is used by most safety professionals.

Death: Regardless of time between injury/illness and death, or length of illness. Death is recorded as an (**L**) case.

Disabling Injuries/Illnesses: Injuries or illnesses that prevent an employee from working in **any** capacity are recorded as disabling injuries/illnesses. This includes preexisting illnesses which were aggravated by the work environment aboard the vessel, or while engaged in an activity related to employment. This does not include transportation in company vehicles. These events are recorded as an (**L**) case.

Restricted Duty: This includes injuries or illnesses that prevent an employee from **fully** performing his or her duties, or that require an employee to be transferred to a less physically demanding position. Restricted Duty is recorded as an (**O**) case.

Medical Treatment: This includes any treatment that would normally be performed by a physician or another licensed medical personnel. This **does not** include first aid, which is normally NOT recordable. Detailed help in separating first aid from medical treatment is detailed in Section III below. Medical Treatment is recorded as an (O) case unless the incident also meets the (L) case description, and then it is recorded as an (L) incident.

III. Distinctions Between First Aid and Medical Treatment for Common Situations

It is often unclear whether your response to an incident was First Aid (which is a not recordable incident unless the incident meets the (L) or (O) standard above after applying first aid) or Medical Treatment (an Other Recordable Case (O) unless the incident also meets the (L) standard above). OSHA and OMSA use the following examples to assist in properly categorizing common workplace situations. For example, if a mariner asks the vessel Master for an ice pack to treat a minor burn, this is first aid and not a recordable incident. However, if that same mariner is not able to work a scheduled watch on the following day due to the burn, despite the first aid given, it is now a recordable case due to days off work or restricted duty.

PRESCRIPTION MEDICATION: The normal use of prescription medication constitutes medical treatment. However, it shall be considered first aid when a single dose or application of a prescription medication is given on the first visit. This situation can occur at facilities having dispensaries attended by a physician or nurse and stocked with prescription medications frequently used for preventative treatment.

CUTS AND LACERATIONS:

- **First Aid:** Treatment limited to cleaning wound, soaking, applying antiseptic and/or medication, and bandaging on a first visit. Follow-up visits must be limited to observation including changing dressing and bandage. Additional cleaning and application of antiseptic permissible as first aid where required by exposure to a dirty environment.
- **Medical Treatment (O):** Injury requires butterfly closures, sutures (stitches), surgical debridement (cutting away dead tissue), treatment of infection, or other professional treatment.

ABRASIONS:

- **First Aid:** Same as for cuts and lacerations except ointments may be added on follow-up visits to prevent drying and cracking of the skin.
- **Medical Treatment (O):** Injury requires careful examination for removal of embedded foreign material, multiple soakings, whirlpool treatment, treatment of infection, or other professional treatment. Any case involving more than a minor, spot-type injury. Treatment of abrasions occurring to greater than full skin depth is considered medical treatment.

BRUISES:

- **First Aid:** Treatment limited to a single soaking or application of cold compresses on a minor bruise. Follow-up visits limited to observation.
- **Medical Treatment (O):** Injury requires multiple soakings, draining of collected blood, or other extended care beyond mere observation.

SPLINTERS AND PUNCTURE WOUNDS:

- **First Aid:** Treatment limited to cleaning wound, removal of foreign object(s) by tweezers or other simple techniques, application of antiseptics and non-prescription medications, and bandaging on a first visit. Follow-up visits limited to observation including changing a bandage. Additional cleaning and application of antiseptic permissible as first aid where required by exposure to a dirty environment. Tetanus booster injections are considered a preventative treatment and are included under first aid.
- **Medical Treatment (O):** Injury requires removal of foreign object(s) by a physician due to the depth of embedment, size or shape of the object(s) or location of the wound. Also, injuries requiring treatment for infection, treatment of a reaction to tetanus booster, or other professional treatment.

BURNS - THERMAL OR CHEMICAL:

- **First Aid:** Treatment limited to cleaning or flushing surface, soaking, applying cold compresses, antiseptics and/or non-prescription medications and bandaging on a first visit. Follow-up visits restricted to observation including changing, bandage or possibly additional cleaning.
- **Medical Treatment (O):** Injury requires removal of foreign object(s) by a physician due to depth of embedment, size or shape of the object(s) or location of the wound. Also, injuries requiring treatment for infection, treatment of a reaction to tetanus booster, or other professional treatment.

STRAINS, SPRAINS:

- **First Aid:** Treatment limited to soaking, application of cold compresses, medication is given for pain and use of elastic bandage on a first visit. Follow-up visits for observation possibly including reapplying bandage.
- **Medical Treatment (O):** Injury requires series of hot and cold soaks, use of whirlpools, diathermy treatment, or other professional treatment.

FRACTURES:

- **First Aid:** Treatment is considered first aid when X-ray examination is made as a precaution and results are negative.
Medical Treatment (O): Incident where X-ray results are positive or other professional treatment is administered. This would be an (L) incident if time off work is needed for healing.

EYE INJURIES:

- **First Aid:** Treatment limited to irrigation, removal of foreign material not embedded in the eye, and application of non-prescription medications. A precautionary visit to a doctor is still considered as first aid if treatment is limited to above items. Follow-up visits for observation only.
- **Medical Treatment (O):** Cases involving removal of embedded foreign objects, use of prescription medications, or other professional treatments.

INHALATION OF TOXIC OR CORROSIVE GASES:

- **First Aid:** Treatment is limited to removal of the employee to fresh air or the one-time administration of oxygen for several minutes.
- **Medical Treatment (O):** Any professional treatment beyond that listed as first aid. All cases involving loss of consciousness are recordable as an L incident.

ADDITIONAL FIRST AID EXAMPLES:

- Application of antiseptics during the first visit to medical personnel;
- Treatment of first-degree burn(s);
- Application of bandage(s) during any visit to medical personnel;
- Use of elastic bandage(s) during the first visit to medical personnel;
- Application of butterfly adhesive dressing(s) or steri-strip(s) in lieu of sutures;
- Removal of foreign bodies from the wound; if the procedure is uncomplicated, and is, for example, by tweezers or other simple technique;
- Use of Non-prescription medications and administration of single dose of prescription medication on the first visit for minor injury or discomfort;
- Soaking therapy on the initial visit to medical personnel or removal of bandages by soaking;
- Application of hot or cold compress(es) during the first visit to medical personnel;
- Application of ointments to abrasions to prevent drying or cracking;
- Application of heat therapy during the first visit to medical personnel;
- Use of whirlpool bath therapy during the first visit to medical personnel;
- Negative X-ray diagnosis; and
- Observation of injury during a visit to medical personnel.

ADDITIONAL EXAMPLES OF MEDICAL TREATMENT (O):

- Treatment of infection;
- Application of antiseptics during a second or subsequent visit to medical personnel;
- Treatment of second or third-degree burn(s);
- Application of sutures (stitches);
- Removal of foreign bodies embedded in the eye;
- Removal of foreign bodies from the wound; if the procedure is complicated because of the depth of embedment, size, or location;
- Use of prescription medication (except a single dose taken on the first visit for minor injury or discomfort);
- Use of hot or cold soaking therapy during a second or subsequent visit for minor injury or discomfort);
- Use of hot or cold soaking therapy during a second or subsequent visit to medical personnel
- Cutting away dead skin (surgical debridement);
- Application of heat therapy during a second or subsequent visit to medical personnel;
- Use of whirlpool bath therapy during a second or subsequent visit to medical personnel;
- Positive X-ray diagnosis (fractures, broken bones, etc.); and
- Admission to a hospital or equivalent medical facility for treatment.

CLASSIFICATION OF SPECIAL CASES THAT OSHA HAS ADDRESSED:

- **Non-Specific Back and Hernia Cases:** An Inguinal hernia and back injuries are excluded as work injuries unless the injury occurred during a specific incident such as a slip, trip, fall or sudden effort. The employer must decide whether the case is work-related.
- **Horseplay:** Injuries or illness that are a result of horseplay within the work environment should be recorded.
- **Altercations:** Injuries due to an altercation (fight) within the work environment would be recorded.