

## NON-OCCUPATIONAL

By Loren Meyers, Plantwide Safety Chairman

By the time you read this, it will be well into 2023. Considering the events leading up to the holidays and events so far in the New Year, it doesn't look like much has changed. The powers that be continue to say one thing and then do another, while at the same time, holding workers to higher standards of accountability than themselves.

In 2017, a member who was doing his assembly work, put the tool he was using down to pull his trousers up because his belt did not hold them up due to poor genetics. When This member reached behind and grabbed his belt loop and pulled, he felt a hot burning sensation in his right hand that radiated up his arm. The member was in a little bit of shock due to the thought that he was having a stroke. After calming down and taking a few minutes to evaluate the situation the member noticed that his thumb on his right hand was not working anymore. So, the member went to his supervisor and told him what happened and then the member went to medical, and the nurse made out an accident report.

I want to give you some background leading up to this injury. For several years leading up to this injury the member had went to 3 different supervisors reporting to them that he was having pain, cramping, loss of grip and swelling in his right-hand and wrist, but each supervisor told him to do hand stretches or see his own doctor. This member had good documentation of when his hand was getting worse, and he had told each supervisor and ME that from 2011 to 2017 or 18 the job he was performing had major Quality issues that he had discovered in 2011 while performing his assemble. The original process the operator had to do was a simple calculation based off dimensions stamped on the case and engineering instructions. However, due to two major gear issues that a supplier was shipping not to print, this part of the process was useless, and assemblers were instructed to perform a pattern test on the two gears moving together. If the pattern failed, then the units had to be disassembled and then re-shimmed based off Engineer changes off the original process instructions. Too disassemble the units and re-shim them is very difficult and involves using a 5-pound hammer and driver that weighed 5 to 10 pounds to beat a 10-inch diameter race 2 inches thick out of the case that it was assembled in frozen. This process had to be performed sometimes multiple times a day. The member complained to management several times how doing this new process was causing damage to his hand and wrist but was not allowed to go to medical but instructed to go to his own doctor. The member was having a lot a pain in his wrist and swelling to the point he went to his family doctor who said it was caused by repetitive motion based off his job description, so he gave the member a cortisone injection to his right wrist and made an appointment for the member to see a specialist the following week. The specialist gave the same diagnosis as the family doctor then injected the members right wrist with cortisone again. Two days later the injury occurred the member was put on light duty until he went out on medical for surgery which resulted in;

- Thumb tendon repair surgery.
- Cubital Tunnel Syndrome Surgery.
- Carpal tunnel wrist surgery.

No investigation was done. What do you think managements response to the injury was? **NON-OCCUPATIONAL**

September of 2022, building KK, another member reported an injury to their supervisor of wrist pain and swelling caused by a lifting device she had told management about. There was another member working in the same department that reported the lifting device too. The injured member was sent to KK medical then to SS medical where she saw the doctor on staff. The member was in pain but SS Doctor would not put her on restrictions because she was denied workmen comp and the injury was considered **NON-OCCUPATIONAL**... before she even seen the doctor? SS doctor did give the injured member a non-rigid wrist brace to wear. When the member came back to her department and told the supervisor the supervisor put the injured member in a light duty work area because she was in a lot of pain. This member has had surgery and has been out on medical since this injury.

I have been trying to get management to explain to me how they determine an injury is work related and every management person I have asked has given a vague or different process. Why so secretive? I do know that it is being determined by a group of individuals. One is a workmen comp adjuster by the name of Frank Tolton which our member who was injured in September was given his name and phone number from the SS doctor on staff to call if she had any question. Again, her injury was considered NON-OCCUPATIONAL? So, I am assuming these individuals have a medical background to make these decisions without investigating the incident, getting the SS Doctors opinion, or talking to the employee who stated she was in pain and could not perform her job duties. However, management did go into the workstation, modify the lifting device that injured member and changed packaging requirements for the part the injured employee was lifting but said it was not related to the incident?

I have been confronted by several of our members for similar cases where they reported and received medical attention, time off, restrictions and management considered them **NON-OCCUPATIONAL**. Some of the individuals are still experiencing pain from those incidents but are afraid to report them due to retaliation. [OSHA Recordkeeping regulation \(29 CFR 1904\)](https://www.osha.gov/recordkeeping) <https://www.osha.gov/recordkeeping>

### **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](#).

### **How does OSHA define first aid?**

- Using a non-prescription medication at nonprescription 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, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., 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, etc. (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, etc.). 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.

If you go to management to report an injury and the business unit has already reached what it considers recordables an acceptable limit for the year, you will most likely fall into the **NON-OCCUPATIONAL** category. If management does an investigation, the injuries are not considered as repetitive motion injuries over time. The investigation will show the injury that just happened could not have happened over a period of time from repetitive work.

Lastly, we the workers are not the problem; we are the solution to Caterpillar's health and safety problems. We are the experts on our jobs and the way they are done. We don't design the workplace, parts, processes, or tools we work with, but we certainly suffer the injuries and illnesses attributed to them. We need to get our respective workplaces in order. If you feel that you are exposed to a safety or health hazard on your job, notify your supervisor. If he/she can't or won't deal with it in a satisfactory manner, ask for your union health and safety representative. If you are hurt at work or suffer from a work-related illness, report it. If you are asked for a written statement, invoke your Weingarten Rights if anything you provide might be used against you. Remember, your union representative is your only advocate, there to help you, if only you call.