

OSHA Docket Office
Docket No. OSHA-2009-0044
U.S. Department of Labor
Room N-2625
200 Constitution Avenue, NW
Washington, DC 20210

September 20, 2011

Re: Proposed Rule; Occupational Injury and Illness Recording and Reporting Requirements, -- NAICS Update and Reporting Revisions; Docket No. OSHA – 2010-0019; June 22, 2011 (76 FR 120)

Dear Sir/Madam:

Boehringer Ingelheim appreciates the intent of OSHA's proposed rulemaking change related to reporting of injuries as a means of identifying serious injuries and developing standards leading to better and more focused injury prevention regulations.

The Boehringer Ingelheim group is one of the world's 20 leading pharmaceutical companies. Headquartered in Ingelheim, Germany, it operates globally with 145 affiliates and more than 42,000 employees. Since it was founded in 1885, the family-owned company has been committed to researching, developing, manufacturing and marketing novel products of high therapeutic value for human and veterinary medicine.

900 Ridgebury Rd/P.O. Box 368
Ridgefield, CT 06877-0368
Telephone (203) 798-9988

As a central element of its culture, Boehringer Ingelheim pledges to act socially responsible. Involvement in social projects, caring for employees and their families, and providing equal opportunities for all employees form the foundation of the global operations. Mutual cooperation and respect, as well as environmental protection and sustainability are intrinsic factors in all of Boehringer Ingelheim's endeavors.

While we support OSHA's objective, we do not believe the proposed regulations in their entirety accomplish this goal. Instead they create a compliance burden that is beyond the control of employers to achieve. We believe, in general, that the current reporting requirement adequately addresses both the need to investigate serious incidents and focus attention of the agency on the most dangerous workplaces.

We support the current rule requiring reporting when 3 or more employees are hospitalized. We support the proposal to add reporting for amputations within 24 hours. We oppose the change in reporting of hospitalizations from 3 employees to 1 employee within 8 hours of the incident occurring and oppose the reporting of in-patient hospitalizations that occur within 30 days of a work-related incident.

We support the comments submitted on September 20, 2011 by the Mercer ORC Health, Safety and Environmental (HSE) Networks and submit the following comments for your consideration.

The basis of our opposition to the change in reporting hospitalization of 1 employee within 8 hours is as follows:

The stated purpose of the proposal is to facilitate the timely investigation of harmful incidents and quick mitigation of hazards. OSHA stated its belief that additional reporting burden would be an average of 15 minutes per reported incident.

We believe reducing the number of employees hospitalized from 3 to 1 goes beyond the stated desire to identify the most dangerous workplaces, places compliance with the 8 hour reporting period outside the control of employers and creates a burden well beyond the 15 minutes stated in the proposal.

Identification of the Most Dangerous Workplaces

- An incident in which 3 or more employees are admitted for hospitalization is a serious incident that requires a comprehensive investigation. Such an incident is indicative of a significant risk to which many workers are exposed. We support the need for reporting and follow-up on such incidents. While the hospitalization of 1 employee is significant and requires investigation and action on the part of the employer it does not necessarily indicate a systemic risk or the existence of a dangerous workplace. For example, a slip and fall in the parking lot after a storm could result in an employee being taken to the hospital for evaluation and or treatment. Such an incident does not indicate the existence of a dangerous workplace.

Compliance with the 8 hour reporting period:

- In many cases it is difficult for employers to obtain information from medical providers within the 8 hour timeframe. The change will require medical personnel to be in continuous communication with hospitals each time an employee is transported to the emergency room to ensure the reporting timelines are achieved. In many cases, when an employee is transported to the emergency room for observation and evaluation, decisions related to admission are made several hours after the employee arrives in the emergency room. Hospitals do not make notifications to employers when a decision is made to admit an employee and as such, the employer will have the burden of continuous communication with the ER to determine when a decision is made. Depending on the time of the injury this could occur at any time of the day or night.
- In some cases determination of work relatedness for a single event may not be made in 8 hours.

Reporting burden is under estimated by OSHA:

- In addition to the difficulty in complying within the 8 hour timeframe, as described above, this additional burden will be well beyond 15 minutes per case and will likely result in monitoring and follow-up on cases that ultimately do not meet the reporting requirement. It will require

continuous monitoring and follow-up each time an employee is transported to the emergency room and will result in monitoring and follow-up on cases that ultimately may not meet the reporting threshold because the employee was not admitted or the case was not work related.

- Employers with no onsite occupational health medical staff or those with multiple shifts may be disproportionately impacted because they often transport employees to the emergency room for treatment.

The basis of our opposition to the requirement for notification of in-patient hospitalizations that occur within 30 days of a work-related incident is as follows:

One of the stated purposes of the proposed change is to facilitate the timely investigation of harmful incidents and quick mitigation of hazards. The requirement to report incidents 30 days after occurrence does not help achieve this goal. Instead the requirement introduces additional procedural and tracking requirements and may actually interfere with timely correction and mitigation of hazards.

Conclusion

Boehringer Ingelheim greatly appreciates the opportunity to provide comments on this proposed rulemaking and would be pleased to provide additional information on this proposed rule.

Sincerely,

Mary McConnell-Meachen, CIH, CSP
ED, Environmental Health & Safety, Boehringer Ingelheim Pharmaceuticals, Inc