

## Injury and Illness Safety Reporting

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Does every injury or illness need to be reported? The short answer is yes, just because most injuries and illnesses are considered minor does not mean they could not have been worse. Cuts can become infected, and loss of consciousness can lead to a serious, potentially life-threatening concussion. Reporting these minor occurrences allows us to review them for trends and opportunities for continuous improvement.

**All safety significant occurrences, *regardless of their severity* should follow [notification requirements to emergency contacts and the member's unit or wing commander](#). The occurrence should also be reported in the **CAP Safety Information System (CAPSIS)** which will help us with trend analysis. In an ideal reporting culture, reporting all occurrences, even minor ones, is a good practice to ensure we capture opportunities to do better. Here are a few guidelines that can make the process more efficient.**

- Report all injuries or illnesses involving similar conditions at an activity in a single occurrence record. Multiple individuals can be listed on a single record and questions answered about the specific conditions of each individual.
- Is it an illness or just a symptom? Nausea, for example, may just be a symptom and not an illness. A cadet who becomes temporarily nauseous because of overexertion but then takes a short rest period and returns to the activity without any further issues may not need to be reported as a safety occurrence.
- A cadet, for example, who becomes nauseous and loses consciousness while standing at attention when it's 100 degrees outside would need to be reported as a safety significant occurrence because the symptom occurred because of potential exposure to unnecessary risk - outdoor activities during mid-day heat.
- Over-reporting is better than under-reporting. Every reported occurrence can help us improve our safeguards, especially when it comes to how activities are planned and supervised.

### **Just the Facts**

While reporting all injuries and illnesses is required, CAP's safety regulation, [CAPR 160-2](#), Section 7.2, provides an exception to conducting a complete review and analysis on occurrences involving injuries and illnesses where first aid was the only treatment received.

### **Take this example:**

"A member stumbles and falls while walking on a flat sidewalk, resulting in abrasions on both hands. The member was wearing adequately soled shoes while walking normally. The member indicated they were not distracted at the time."

How much is there to be learned from a full analysis of this occurrence? Maybe not much in the context described, however, what if that member had tripped and fallen off the sidewalk and into a busy street?

In the first instance, a recording of the facts may be adequate. CAPR 160-2, Section 7.2. First Aid Exception, allows a region or wing commander or director of safety to close some occurrences without a full safety review if the injury or illness is similar to those found in OSHA Standard 1904.7(b)(5)(ii) A through N <https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.7>. Under the circumstances of this example, the assigned safety officer or review officer may only need to ensure the record data is accurate,

the event chain records the facts of what happened, and the activity risk assessment is attached.

In the second instance, a review and analysis should probably be conducted because of the higher risk presented by the busy street. Was supervision adequate? Were safeguards all in place and followed? If not, what led to them not being followed? Even if everything was handled as expected and there were no causal factors to address, we owe our members the effort to discover any potential area where we can ensure their continuous wellbeing while in our care.