

**HENDERSON HALL SAFETY GUIDANCE FOR REPORTABLE AND NON REPORTABLE
MISHAPS**

The following mishaps must be investigated, recorded, or reported per MCO5102.

1. Class A, B and C government property damage mishaps. This includes property damage caused by a government evolution, operation or vehicle to other government or non-government property.

2. Class A, B, and C on-duty DoD civilian mishaps and military on/off-duty mishaps.

a. For military fatalities and injuries occurring during Permanent Change of Station (PCS) orders, it is the responsibility of the gaining command to submit the mishap report.

b. For mishaps occurring to personnel assigned to unified or joint task force commands, Navy and Marine Corps activities will submit mishap reports per this manual and any Memorandums of Agreement.

c. For mishaps associated with the secondary side of naval nuclear propulsion plant or non-nuclear components, report per this manual.

3. Any other work-related illness or injury that involves medical treatment beyond first aid, loss of consciousness, and/or days away from work, as well as light duty or limited duty for on/off-duty military personnel, or days of job transfer or restricted work for on-duty civilians,

4. Other incidents of interest to the Navy and Marine Corps for mishap prevention purposes, and those addressed by reference 3g, are reportable mishaps:

a. All on-duty military fatalities or permanent total disabilities that are the result of a medical event that commenced within one hour of a command-sponsored Physical Training (PT), Physical Readiness Test (PRT), Physical Fitness Test (PFT), or Physical Fitness Assessment (PFA) (e.g., chest pains, heart attack, coma, etc.)

b. Mishaps occurring as the result of a DoD activity, operation, or evolution that results in the injury or death of a guest or military dependent.

c. All on-duty military training-related fatalities, and any high or moderate risk training mishaps that result in the loss of one training day, rolling back or disenrollment of the student from a course.

d. All explosive mishaps, including all ordnance impacting off range and all live fire mishaps.

e. All on-duty diving cases involving the Central Nervous System (CNS), oxygen toxicity, Pulmonary Over Inflation Syndrome (POIS), or hyperbaric treatment.

f. All afloat cases of grounding, collision, and flooding. In the case of collisions involving only U.S. Navy or Military Sealift Command ships or craft, the senior command will submit a consolidated report of the event. In all other collisions (including a vessel running into a stationary object), the report will include an estimate of the damage to the other ship, craft, or object.

g. All fires occurring afloat (all cases except small trash fires in which no personnel were injured and the material property damage was limited to trash.)

h. All Government Motor Vehicle (GMV) or Government Vehicle Other (GVO) mishaps resulting in \$5000 or more government vehicle or government property damage, and/or injury/fatality of DoD-personnel; or a mishap caused by a GMV/GVO resulting in \$5000 or more total damage including any private vehicle or private property damage, and/or injuries/fatalities to non-DoD personnel.

i. Any mishap involving Helicopter Rope Suspension Technique (HRST), air cargo drop, and/or parachuting, regardless of damage costs or extent of injuries.

j. All reportable work-related injury and illness mishaps involving a contractor, where DoN provided direct supervision of the contractor, the mishap was caused wholly or in part by DoD operations, and DON has the means to affect change to prevent reoccurrence of the mishap.

k. Any medically diagnosed work-related illness and injury, such as cumulative trauma disorder or musculoskeletal disease, whether or not involving further medical treatment or any time away from work.

l. Work-related Significant Threshold Shift (STS) in hearing averaging 10 dB or more at 2000, 3000, and 4000 Hz in one or both ears, and the person's total hearing level is 25 decibels or more above audiometric zero in the same ears (averaged at 2000, 3000, 4000 Hz) when an audiologist, otologist, or occupational medicine physician confirms the shift is toward deteriorated hearing, is permanent, and is considered to be of occupational origin. Per reference 3i, age corrections shall not be used for calculating reportable hearing loss. That loss shall only be reported once unless an additional reportable loss of hearing is incurred. When a reportable hearing loss occurs from an instantaneous event (e.g., acoustic trauma from a

one-time blast or over-pressure) the hearing loss shall be reported as an injury.

m. Any work-related needle stick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material.

n. Work-related tuberculosis infection, as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional, after exposure to a known case of active tuberculosis.

o. Any case requiring a military member or civilian employee to be medically removed under the requirements of an OSH health standard.

PLEASE NOTE: All civilians who are not DOD or Military and are injured at a MCCS or Henderson Facility shall be reported to the Safety office.

NON-REPORTABLE MISHAPS.

The following mishaps need not be investigated, recorded, or reported per MCO5102. However, for DON civilians, if these mishaps are considered to have occurred in the performance of duty under provisions of Federal Employee Compensation Act (FECA), they are considered reportable to the Department of Labor (DOL)/OSHA.

1. Mishaps associated with naval nuclear propulsion plants. However, mishaps associated with the secondary side of naval nuclear propulsion plant or non-nuclear components are reportable per this manual.
2. Mishaps involving nuclear weapons.
3. Damage or injury by direct action of an enemy or hostile force. This does not include suspected cases of friendly fire.
4. Intentional, controlled jettison or release, during flight, of canopies, cargo, doors, drag chutes, hatches, life rafts, auxiliary fuel tanks, missiles, target drones, rockets, conventional munitions, and externally carried equipment not essential to flight, when there is no injury, no reportable damage to the aircraft or other property, and, in the case of missiles, drones, or munitions, when the reason for jettison is not a malfunction of the launch or release system. Navy activities holding Marine Corps Class V (W), and Marine

Corps activities will submit reports of all missing, lost, stolen or recovered arms, ammunition and explosives (AA&E)

5. Replacement of component parts due to normal wear and tear, and when any associated damage is confined to the component part. This exemption only applies to items that are normally used until they fail or until predetermined wear limits are reached. Replacement need may not be evident until malfunction or failure of the part.

6. Injuries associated with non-occupational diseases, when the disease, not the injury, is the proximate cause of the lost time, such as diabetes and its resultant complications, such as loss of vision. Complications of the injury (such as the infection of a cut aggravated by a work-related activity) that result in lost time are reportable.

7. Attempted or consummated suicide, homicide, or intentionally self-inflicted injuries; e.g., Russian roulette, hanging, overdose (except alcohol), etc. However, notification of these types of death to COMNAVSAFECEN is required. Submission of a mishap report is not required.

8. Injuries resulting from altercations, attack, or assault, unless incurred in the performance of official duties.

9. Injuries sustained before entry into military service or employment by the United States government, unless specifically aggravated by current tenure of service.

10. Hospitalization for treatment where the patient is retained beyond the day of admission solely for administrative reasons.

11. Hospitalization for observation or administrative reasons not related to the immediate injury or occupational illness.

12. Injuries that result from the following:

- a. Pre-existing musculoskeletal disorders unless aggravated or accelerated by federal employment, as determined by a medical authority.

- b. Minimum stress and strain (simple, natural, and nonviolent body positions or actions, as in dressing, sleeping, coughing, or sneezing), those injuries unrelated to mishap producing agents or environments normally associated with active participation in daily work or recreation.

13. Injuries or fatalities to persons in the act of escaping

from or eluding military or civilian custody or arrest.

14. Death due to natural causes that are unrelated to the work environment.

15. Intentional or expected damage to DoD equipment or property incurred during authorized testing or combat training, including missile and ordnance firing.

16. Foreign object damage to aircraft, air-breathing missiles, or drone/Unmanned Aerial Vehicle (UAV) engines discovered during scheduled engine disassembly.

17. Property damage, death, or injury as a result of vandalism, riots, civil disorders, sabotage, terrorist activities, or criminal acts, such as arson. The exception is for occupationally related death or injury to emergency responders in the performance of their duties.

18. Adverse bodily reactions resulting directly from the use of drugs under the direction of competent medical authority.

19. Death or injury resulting solely from illegal use of drugs or other substances. This shall not preclude reporting motor vehicle mishaps in which the use of alcohol was a contributing factor.

20. Normal residual damage as a result of a missile launch.

21. Contractor mishaps, for contractor's not under direct DON supervision or caused solely by contractor operations,

22. **First aid treatment** for a work-related injury:

First Aid Treatment. Any one time treatment, with follow-up treatment if required, to clean, bandage, or observe a scratch, cut, burn, splinter, sprained ankle, etc., not necessarily provided by competent medical authority. First Aid, for purposes of MCO 5102 and 29 CFR Part 1904, are not required to be recorded or reported, using the following definition of first aid:

a. 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 record keeping purposes).

b. Administering tetanus immunizations (other

immunizations, such as hepatitis B vaccine or rabies vaccine, are considered medical treatment).

c. Cleaning, flushing or soaking wounds on the surface of the skin.

d. 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);

e. Using hot or cold therapy.

f. 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 record keeping purposes).

g. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).

h. Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;

i. Using eye patches;

j. Removing foreign bodies from the eye using only irrigation or a cotton swab.

k. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;

l. Using finger guards;

m. Using massages (physical therapy or chiropractic treatment are considered medical treatment for record keeping purposes); or;

n. Drinking fluids for relief of heat stress.

Henderson Hall Safety

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