

§ 50.20-1

A, B, and items 5 through 12 of section C of Form 7000-1 shall be completed and mailed to MSHA in accordance with the instructions in § 50.20-1 and criteria contained in §§ 50.20-4 through 50.20-6.

(b) Each operator shall report each occupational injury or occupational illness on one set of forms. If more than one miner is injured in the same accident or is affected simultaneously with the same occupational illness, an operator shall complete a separate set of forms for each miner affected. To the extent that the form is not self-explanatory, an operator shall complete the form in accordance with the instructions in § 50.20-1 and criteria contained in §§ 50.20-2 through 50.20-7.

(Secs. 103 (a) and (h), and 508, Pub. L. 91-173, as amended by Pub. L. 95-164, 91 Stat. 1297, 1299, 83 Stat. 803 (30 U.S.C. 801, 813, 957))

[42 FR 65535, Dec. 30, 1977, as amended at 44 FR 52828, Sept. 11, 1979; 60 FR 35695, July 11, 1995; 69 FR 26499, May 13, 2004]

§ 50.20-1 General instructions for completing MSHA Form 7000-1.

Each Form 7000-1 consists of four sheets, an original and three copies. The original form shall be mailed to:MSHA Office of Injury and Employment Information, P.O. Box 25367, Denver Federal Center, Denver, Colo. 80225, within ten working days after an accident, occupational injury or occupational illness. At the same time, the first copy shall be mailed to the appropriate local MSHA district office. If the first copy does not contain a completed Section D—Return to Duty Information—the second copy shall be retained by the operator until the miner returns to work or a final disposition is made respecting the miner. When the miner returns to work or a final disposition is made, the operator shall, within five days, complete Section D and mail the second copy to the MSHA Office of Injury and Employment Information at the above address. A third copy, containing all the information in the first and second copies shall be retained at the mine office closest to the mine for a period of five years. You may also submit reports by facsimile, 888-231-5515. To file electronically, follow the instructions on MSHA Internet site, <http://www.msha.gov>. For assistance in

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electronic filing, contact the MSHA help desk at 877-778-6055.

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§ 50.20-2 Criteria—“Transfer to another job.”

“Transfer to another job” means transfers, either temporary, or permanent, which are occasioned by a work-related injury or illness. Permanent or temporary transfers to remove miners from further exposure to health hazards are considered preventative in nature and are not required to be reported. Controlling the amount of exposure to radiation during some period of time is one example. Transfer of a coal miner to a less dusty area of a mine when the miner elects to exercise rights under Section 203(b) of the Federal Coal Mine Health and Safety Act of 1969 is another example.

§ 50.20-3 Criteria—Differences between medical treatment and first aid.

(a) Medical treatment includes, but is not limited to, the suturing of any wound, treatment of fractures, application of a cast or other professional means of immobilizing an injured part of the body, treatment of infection arising out of an injury, treatment of bruise by the drainage of blood, surgical removal of dead or damaged skin (debridement), amputation or permanent loss of use of any part of the body, treatment of second and third degree burns. Procedures which are diagnostic in nature are not considered by themselves to constitute medical treatments. Visits to a physician, physical examinations, X-ray examinations, and hospitalization for observations, where no evidence of injury or illness is found and no medical treatment given, do not in themselves constitute medical treatment. Procedures which are preventive in nature also are not considered by themselves to constitute medical treatment. Tetanus and flu shots are considered preventative in nature. First aid includes any one-time treatment, and follow-up visit for the purpose of observation, of minor injuries such as, cuts, scratches, first degree

burns and splinters. Ointments, salves, antiseptics, and dressings to minor injuries are considered to be first aid.

(1) *Abrasion*. (i) First aid treatment is limited to cleaning a wound, soaking, applying antiseptic and nonprescription medication and bandages on the first visit and follow-up visits limited to observation including changing dressing and bandages. Additional cleaning and application of antiseptic constitutes first aid where it is required by work duties that soil the bandage.

(ii) Medical treatment includes examination for removal of imbedded foreign material, multiple soakings, whirlpool treatment, treatment of infection, or other professional treatments and any treatment involving more than a minor spot-type injury. Treatment of abrasions occurring to greater than full skin depth is considered medical treatment.

(2) *Bruises*. (i) First aid treatment is limited to a single soaking or application of cold compresses, and follow-up visits if they are limited only to observation.

(ii) Medical treatment includes multiple soakings, draining of collected blood, or other treatment beyond observation.

(3) *Burns, Thermal and Chemical (resulting in destruction of tissue by direct contact)*. (i) First aid treatment is limited to cleaning or flushing the surface, soaking, applying cold compresses, antiseptics or nonprescription medications, and bandaging on the first visit, and follow-up visits restricted to observation, changing bandages, or additional cleaning. Most first degree burns are amenable to first aid treatment.

(ii) Medical treatment includes a series of treatments including soaks, whirlpool, skin grafts, and surgical debridement (cutting away dead skin). Most second and third degree burns require medical treatment.

(4) *Cuts and Lacerations*. (i) First aid treatment is the same as for abrasions except the application of butterfly closures for cosmetic purposes only can be considered first aid.

(ii) Medical treatment includes the application of butterfly closures for non-cosmetic purposes, sutures, (stitches), surgical debridement, treat-

ment of infection, or other professional treatment.

(5) *Eye Injuries*. (i) First aid treatment is limited to irrigation, removal of foreign material not imbedded in eye, and application of nonprescription medications. A precautionary visit (special examination) to a physician is considered as first aid if treatment is limited to above items, and follow-up visits if they are limited to observation only.

(ii) Medical treatment cases involve removal of imbedded foreign objects, use of prescription medications, or other professional treatment.

(6) *Inhalation of Toxic or Corrosive Gases*. (i) First aid treatment is limited to removal of the miner to fresh air or the one-time administration of oxygen for several minutes.

(ii) Medical treatment consists of any professional treatment beyond that mentioned under first aid and all cases involving loss of consciousness.

(7) *Foreign Objects*. (i) First aid treatment is limited to cleaning the wound, removal of any foreign object by tweezers or other simple techniques, application of antiseptics and nonprescription medications, and bandaging on the first visit. Follow-up visits are limited to observation including changing of bandages. Additional cleaning and applications of antiseptic constitute first aid where it is required by work duties that soil the bandage.

(ii) Medical treatment consists of removal of any foreign object by physician due to depth of imbedment, size or shape of object, or location of wound. Treatment for infection, treatment of a reaction to tetanus booster, or other professional treatment, is considered medical treatment.

(8) *Sprains and Strains*. (i) First aid treatment is limited to soaking, application of cold compresses, and use of elastic bandages on the first visit. Follow-up visits for observation, including reapplying bandage, are first aid.

(ii) Medical treatment includes a series of hot and cold soaks, use of whirlpools, diathermy treatment, or other professional treatment.

[42 FR 65535, Dec. 30, 1977; 43 FR 12318, Mar. 24, 1978]