



# OSHA Recordkeeping Training

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# Agenda

- Review of Recordkeeping Forms
- Presentation and Review
- Incident Analysis
- Questions and Answers

# Forms

- **OSHA Form 300**
  - Log of Work-Related Injuries and Illnesses
- **OSHA Form 301**
  - Injury and Illness Incident Report
- **OSHA Form 300A**
  - Summary of Work-Related Injuries and Illnesses
- **PERRP Forms**
  - 300P, 301P, 300AP

This presentation is based on final revisions to the Federal recordkeeping standard issued January 19, 2001, and an addendum issued July 3, 2001.

Note: In July 2003, PERRP announced changes to its injury and illness recordkeeping rule.

- Effective January 2005, Ohio public employers must complete OSHA 300 series injury and illness recordkeeping forms.





# OSHA Form 300 Recordkeeping

- OSHA requires facilities to maintain records of all work-related recordable injuries and illnesses.
- The employer has the ultimate responsibility for making a good faith determination about recordability.



# OSHA 300 Recordability vs. Workers' Compensation Compensability

- The requirements for recordability should not be confused with compensability.
- Decisions regarding recordability must be made without regard to compensability.

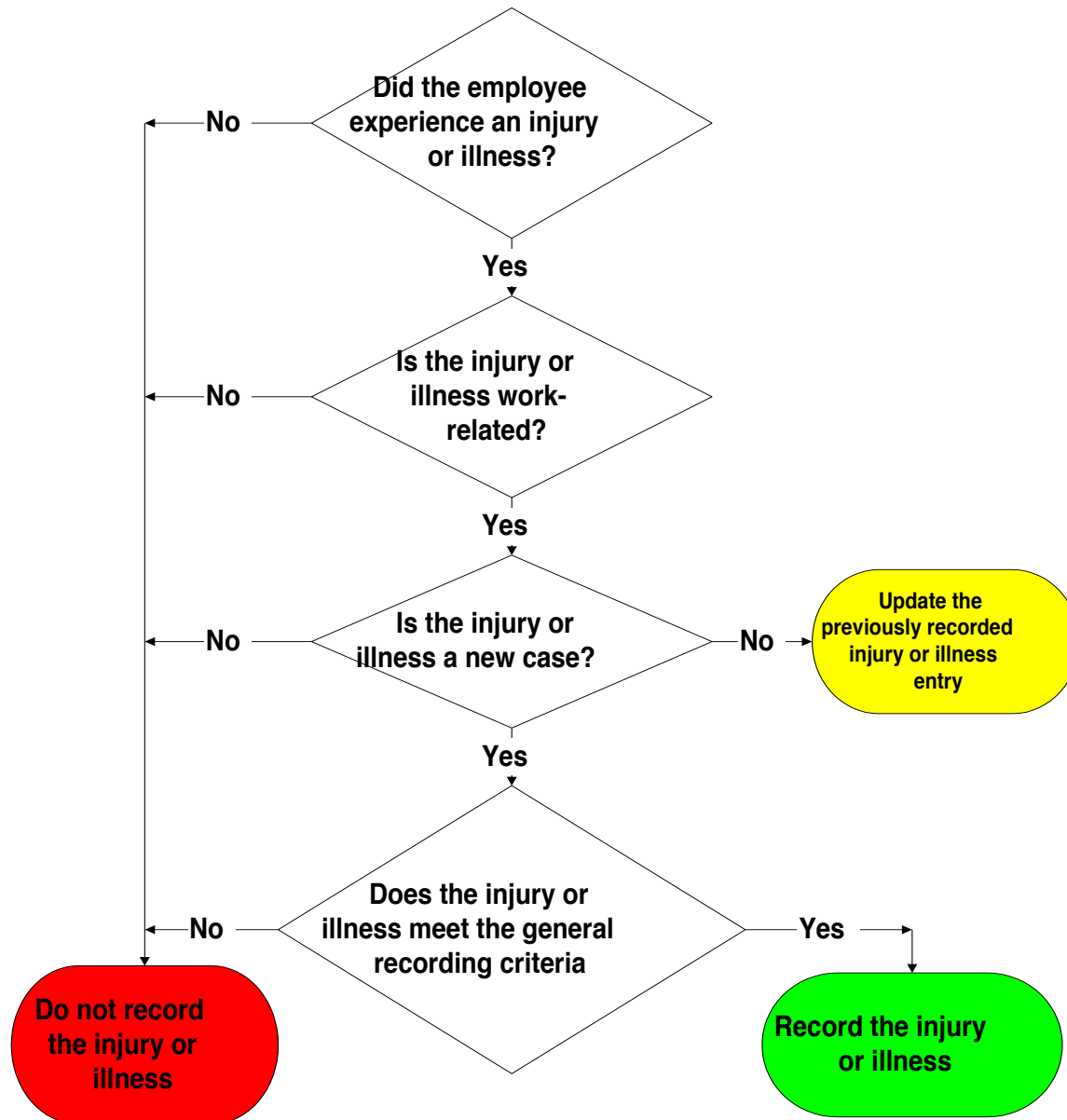
# Implementation

- Requirements effective January 1, 2002.
- The new rule replaces the existing rule, the blue book, and the OSHA letters of interpretation.

# Recording Criteria

- Employers must record each fatality, injury or illness that is:
  - work-related; and
  - a new case; and
  - meets one or more of the general recording criteria contained in sections 1904.7-1904.12
- The same recording criteria will be applied to both injuries and illnesses, i.e., no longer are all illnesses recordable.

## Recordkeeping Decision Tree



# Establishing Work Relationship

- If an event results in an injury/illness in the work environment, it is presumed work-related.
  - A case is considered work-related if an event or exposure in the work environment either caused or contributed to the resulting condition.
  - A pre-existing injury or illness is considered work-related if an event or exposure in the work environment **SIGNIFICANTLY** aggravated the condition.

# Establishing Work Relationship (continued)

- A pre-existing injury or illness is significantly aggravated when an event or exposure in the work environment results in any of the following:
  - death
  - loss of consciousness
  - one or more days away from work, or restricted days, or a job transfer
  - medical treatment



# Work Relationship Exceptions

- Employee present as a member of the general public (rather than employee).
- Symptoms surface at work solely due to non-work related event.
- Voluntary participation in wellness programs, medical, fitness, or recreational activity.
- Eating, drinking, or preparing food or drink for personal consumption.





# Work Relationship Exceptions

*(continued)*

- Personal tasks outside assigned working hours.
- Personal grooming, self-medication for a non-work related condition, or intentionally self-inflicted.
- Motor vehicle accident in company parking lot / access road during commutes.
- Common cold or flu

# Key Definitions

**New Case** - the employee has not had a recorded injury or illness of the same type that affects the same part of the body, **or**

- The employee previously had a recorded injury or illness of the same type that affected the same body part, but:
  - had recovered completely, **and**
  - an event caused the symptoms to reappear



# Key Definitions *(continued)*

**First Aid** - is defined as anything contained in a comprehensive, specific list within the standard. This is a complete list of all treatments considered first aid.

- First aid can be administered by a physician, nurse, or other licensed health care professional.
- First Aid cases are not recordable.



## Key Definitions *(continued)*

**Occupational Injury or Illness** - any abnormal condition or disorder. Injuries include such cases as, but not limited to, a cut, fracture, sprain or amputation. Illnesses include cases that are both acute and chronic, such as , but not limited to, a skin disease, respiratory disorder or chemical poisoning.

# Key Definitions *(continued)*

**Medical Treatment** - the management and care of a patient to combat disease or disorder.

- Does not include:
  - visits to physician solely for observation or counseling
  - diagnostic procedures, e.g., X-rays (negative), blood tests, prescriptions used solely for diagnostic purposes, e.g. eye drops to dilate pupils
  - first aid cases

# Key Definitions *(continued)*

Recordable injury - a case is recordable if the injury or illness results in:

- death
- days away from work
- restricted work or transfer to another job
- medical treatment beyond first aid
- loss of consciousness

# Key Definitions *(continued)*

- Record a case if it involves a **significant** injury or illness, diagnosed by a licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness. Examples include:
  - punctured eardrum
  - fracture
  - chronic irreversible disease



# General Recording Criteria – First Aid

- Non prescription medication at non-prescription strength
- Tetanus immunizations
- Cleaning, flushing, soaking surface wounds
- Wound coverings, butterfly bandages, steri-strips
- Hot or cold therapy (regardless of number of applications)





# General Recording Criteria - First Aid *(continued)*

- Non-rigid means of support, e.g., ace bandage
- Temporary immobilization devices used to transport accident victims
- Drilling, toe or finger nails, draining fluid from blister
- Eye patches



# General Recording Criteria - First Aid *(continued)*

- Removing foreign bodies from eye with only irrigation or cotton swab
- Removing splinters/foreign material from areas other than eye by irrigation, tweezers, cotton swabs or other simple means
- Finger guards
- Massages (not physical therapy)
- Drinking fluids to relieve heat stress



# General Recording Criteria - First Aid *(continued)*

- If not included on the first aid list, the treatment is **RECORDABLE**



# General Recording Criteria

## Prescription Medication

- Issuance of any prescription medication (including single dose) is recordable. Even if:
  - the employee does not take the prescription, or
  - the employee does not fill it
- Over the counter medication, e.g., ibuprofen, given in prescription strength is recordable.
- Samples of prescription medicine are recordable.

# General Recording Criteria - Burns

- Only burns that receive medical treatment are recordable. Therefore:
  - the vast majority of 1st degree burns and minor second degree burns will not be recordable
  - more serious 1st and 2nd degree burns that receive medical treatment will be recordable
  - 3rd degree burns are recordable



# General Recording Criteria - Hearing Loss Cases

Hearing loss cases are recordable if there is a work-related shift in hearing of an average of 10 dB or more at 2,000, 3,000, and 4,000 Hz in one or both ears



# General Recording Criteria - Bloodborne Pathogens

## Recordable if:

- Needlesticks and cuts from sharp objects, if contaminated with:
  - another person's blood; or
  - OPIM
- Splashes or other exposures (not cuts or scratches) if exposure results in:
  - Diagnosis of bloodborne illness (HIV, Hepatitis)
  - General recording criteria are met



# General Recording Criteria - Musculoskeletal Disorders

Soft tissue cases are recordable only if they are:

- work-related
- a new case
- meet one or more of the general recording criteria
- Check either the injury or illness column as appropriate.



# General Recording Criteria - Tuberculosis

Record cases where:

- employees exposed to someone with known case of active TB, and employee subsequently develops a TB infection
  - positive skin test
  - diagnosis by physician or LHCP
- Record the case in the “respiratory condition” column of the 300 Log

# General Recording Criteria - Tuberculosis (*continued*)

Do not record case when:

- employee living in household with person diagnosed with active TB
- the public health department identifies the worker as contact of an individual with active TB
- a medical investigation shows the employee's infection was caused by exposure away from work



# Medical Removal

If an employee is medically removed (except voluntary removals below required removal levels) from the work environment under the medical surveillance requirements of an OSHA standard, record the case as:

- involving days away from work or restricted work activity
- standards include lead, cadmium, methylene chloride, formaldehyde and benzene



# Distinguishing Between Employees and Other Workers

- Employers are required to maintain injury and illness records for their own employees.
- Employers are not responsible for maintaining records for employees of other firms or for independent contractors.
- Key factor in determining who should record a worker's injury or illness is "supervision." The employer who generally supervises the day-to-day activities is responsible for recording injuries/illnesses.

# Location of OSHA Form 300

Each case must be linked with one establishment

- an injury or illness experienced by an employee is normally recorded on the log at the employee's home site
- if an injury or illness occurs to an employee who is at another company site, record the case at that site
- If an injury or illness occurs away from the employees home site, i.e., not within the company, record on the log where the employee normally reports.



# Travel Status

To be on travel status, employees must either be:

- outside their normal geographic area of operation, or
- working off premises for more than a normal workday (such as staying overnight).

An employee's "normal geographic area of operation" includes the town or city where the employee normally works and directly adjoining municipalities.



## Travel Status *(continued)*

When a traveling employee checks into a hotel or motel, they establish a "home away from home".

An injury/illness would not be recordable if it occurred during normal living activities, e.g., eating, sleeping, recreation, etc., or if the employee deviates from a reasonably direct route of travel.





## Travel Status *(continued)*

- Employees who travel on company business shall be considered to be engaged in work-related activities all the time they spend in the interest of the company, including, but not limited to, travel to and from customer contacts and, entertaining for the purpose of transacting, discussing, or promoting business.





# General Recording Criteria - Lost Workday Cases

- Lost workday cases are those cases resulting in days lost from work of injury or illness.
- The number of days away from work does not include the day of injury, or the onset of illness.
- Count the number of calendar days the employee was unable to work, regardless of whether the employee was scheduled to work.
- Weekend days, holidays, and vacation days, or other days off, e.g., temporary plant closing, are included in the total number of lost workdays recorded if the employee was not able to work.



# General Recording Criteria - Lost Workday Cases *(continued)*


The total days away from work are “capped” at 180 calendar days.

Stop counting days away from work if the employee leaves the company for some reason unrelated to the injury or illness, such as retirement, permanent plant closing, or to take another job.




## General Recording Criteria - Restricted Work Activity

The emphasis on determining restricted activity is the employee's ability to perform all of his or her routine functions during all of his or her normal workday or shift.



## General Recording Criteria - Restricted Work Activity *(continued)*


An employee's **routine functions** are those work activities the employee regularly performs at least once per week.



# General Recording Criteria - Restricted Work Activity *(continued)*

Restricted work occurs when, as a result of a work-related injury or illness:

- the employer, physician or other LHCP, keeps the employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work; or
- you assign an employee to a job other than his or her regular job



## General Recording Criteria - Restricted Work Activity *(continued)*

Days of restricted work are counted in the same way as lost workdays.



# Log Entry Time Requirements

Employers must enter each recordable case on the appropriate forms within 7 calendar days of receiving information that a recordable case occurred.



# Retention and Updating

- Keep forms for the current year plus 5 previous years.
- Must update the OSHA Form 300 during the retention period.
- DO NOT need to update the OSHA Form 300A or 301.



# Privacy Concern Cases

## Finite list:

- HIV infection, hepatitis, tuberculosis
- recordable needlestick and sharps injuries
- mental illness
- injury or illness involving sexual assault
- injury or illness to the reproductive system
- employee requests to keep name off

Employer may use discretion in “description”  
portion of log if employee can still be identified



# Privacy Issues

Do not enter the employee's name on the OSHA Form 300 for “privacy concern cases”.

Write “privacy concern” in the name column.

Keep a separate confidential list of the case numbers and employee names.

# Annual Summary

Review OSHA Form 300 for accuracy.  
Complete OSHA Form 300A.

Certify Summary (signed by company executive).

Post the Form 300A summary February 1 through April 30 in a conspicuous place(s) where notices to employees are customarily posted.



## Annual Summary *(continued)*

A company executive must certify that:

- they have examined the log
- they reasonably believe, based on personal knowledge of the recordkeeping process, that the summary is accurate and complete

# Annual Summary *(continued)*

A company executive certifying the summary must be one of the following:

- an officer of the corporation
- the highest ranking company official working at the establishment
- The immediate supervisor of the highest ranking official on site

# Record Access to Government Employees

- Provide copies of records kept under 1904 within 4 business hours to:
  - a representative of OSHA conducting the inspection
  - a representative of a State agency administering portions of a State plan
  - a representative of NIOSH conducting an investigation



# Employee Involvement

You must inform each employee of the process to report an injury or illness to management. This means:

- set up a system for reporting
- inform each employee of the system



## Employee Involvement *(continued)*

Must provide access to injury and illness records to employees, former employees, their personal representatives and authorized employee representatives.



# Employee Involvement *(continued)*

## Access Rules:

- provide copy of OSHA Form 300 by end of next business day. May not remove names except for privacy concern cases.
- provide copy *of their own* OSHA Form 301 to employees, and former employees, or their personal representatives by the end of the next business day.

# Fatality/Catastrophe Reporting

Report orally to OSHA within 8 hours, any work-related fatality or incident involving 3 or more in-patient hospitalizations (notify local office, or if no answer call 1-800-321-OSHA (6742)).

- You must only report each fatality or multiple hospitalization incident that occurs within 30 days of an incident, e.g., death that occurs 60 days after incident does not need to be reported.

Must report fatal heart attacks.

Do not need to report:

- public street motor vehicle accidents (outside of construction zone)
- commercial airplane, train, subway, or bus accidents



# Fatality/Catastrophe Reporting

*(continued)*

You must provide OSHA with the following:

- establishment name
- location of the incident
- time of the incident
- the number of fatalities or hospitalized employees and their names
- the site contact person and phone number
- a brief description of the incident

# Questions Thus Far?



# Case Study I

An employee is removing a tool from an elevated work surface. The employee falls, injuring the right knee. The employee is sent to the hospital for an examination which results in a diagnosis of a right knee sprain.

The employee does not return to work for three days.

# Case Study 2

An employee is walking from a vehicle into the plant entrance. The employee falls, injuring the left hip. The employee is escorted to the hospital for an examination. X-rays are taken. The x-rays are negative. Diagnosis is a left hip contusion.

Work restrictions are no standing for greater than 4 hours.

The employee returns to work after the examination.



# Case Study 3

An employee is walking from their vehicle into the plant entrance when something enters the employee's right eye. The employee enters the plant and uses an eyewash station to remove the debris.



# Case Study 4

An employee is working on a hydraulic system. A hydraulic line fails, releasing hydraulic fluid which enters the employee's left eye. The employee uses an eyewash station to remove the contaminant but is unsuccessful. The employee is escorted to the hospital where a doctor uses drip irrigation for 4 hours.

The employee returns to work the next day.



# Case Study 5

A sales employee is walking into a customer's plant when she slips and falls. The employee is escorted to a local hospital. The employee has a right knee sprain.

There are no work restrictions.

The employee is given a 7-day sample of an anti-inflammatory medication.

The employee returns to work the next day.



# Case Study 6

An employee is traveling to the Ohio Safety Congress in Columbus, Ohio.

The employee is involved in a vehicle accident.

The employee receives medical attention from an EMT at the scene of the accident for a laceration to the right forearm.

# Case Study 7

An employee is pulling wire through conduit when he falls off of a step-ladder, injuring his left foot. The employee does not report the injury immediately.

Three days later, the employee reports that they went to the hospital the previous evening due to the left foot injury. The employee states that they did not think anything of it at the time but that the pain has not gone away in three days.

The employee is diagnosed with a fractured left foot.

The employee has surgery and does not return to work for 207 days. Upon return, the employee has work restrictions for 395 days.

# Case Study 8

An employee is closing a large gate valve when the employee's hand slips causing contact with the valve handle and a laceration of the employee's left forearm.

The employee is escorted to the hospital and receives irrigation, steri-strips, a sterile wrap and a tetanus shot.

The employee returns to work with a work restriction of keeping the bandage clean and dry.

# Case Study 9

An employee is missing from the production floor for an hour before another employee reports them MIA. The employee is found in the bathroom where they seem to be sick.

The employee is escorted to the hospital via ambulance.

Upon medical evaluation, the employee is diagnosed with a diabetic attack.

The employee returns to work the next day.

# Case Study 10

An employee cuts their hand with a utility knife while opening a package.

The employee uses supplies from the plant's first aid kit.

# Questions?

