

The Concentra logo features the word "Concentra" in a white sans-serif font, with a small orange cross icon positioned above the letter "a".

Lunch and Learn

OSHA Recordable Injuries

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Agenda

- Definitions.
- Areas of recordability not covered in this presentation.
- Intent of the standard.
- Who is covered by the standard.
- What does/does not constitute a recordable case.
- Case vignettes.
- Resources.

Definitions

Definitions

- Occupational Safety and Health Act (OSHA) 1970
- [29 CFR part 1904 – OSHA regulation pertaining to recordkeeping requirements](#)
- North American Industrial Classification System (NAICS)
- First aid
- Medical treatment
- Days away from work
- Restrict work/alternative work

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Areas of Recordability **NOT Covered** in This Presentation

OSHA-recordable Topics NOT Covered in This Presentation



- OSHA needle sticks and sharps standard
- Medical removal due to medical surveillance programs
 - Lead, cadmium, methylene chloride, formaldehyde, benzene, etc.
- OSHA noise standard
- OSHA work-related tuberculosis infection

Intent of the Standard

CFR 29 part 1904 – Purpose/Intent



DOES

Require employers to make and maintain accurate records of and report work-related fatalities, injuries, and illnesses, and to make such records available to the government and to employees and their representatives so that they can be used to secure safe and healthful working conditions.



DOES NOT

Mean that the employer or employee was at fault, that an OSHA rule has been violated, or that the employee is eligible for workers' compensation or other benefits.

Who is Covered by the Standard

CFR 29 part 1904 – Who Must Comply

Work-relatedness is presumed:

- For injuries and illnesses resulting from events or exposures occurring in the work environment.
- If an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness.

Work-related injuries or illnesses must be recorded/reported **within seven calendar days** of when the employer is first made aware.

What Does/Does Not Constitute a Recordable Case

NOT Work-related if . . . (1)

- ☒ The employee is present in the work environment as a member of the general public rather than as an employee.
- ☒ Signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment.
- ☒ The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball.

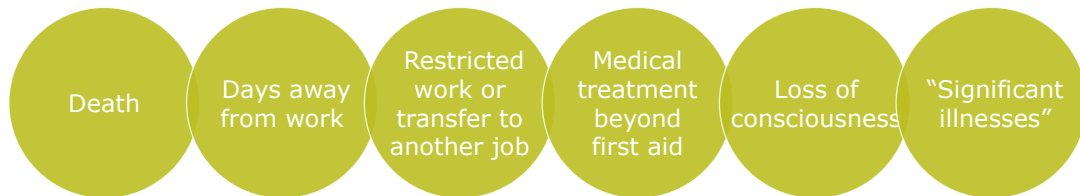
NOT Work-related if . . . (2)

- ☒ The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.
- ☒ The illness is the common cold or flu (Note: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work).
- ☒ The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related.

NOT Work-related if . . . (3)

- ☒ The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours.
- ☒ The injury or illness is solely the result of personal grooming, self medication for a non-work-related condition, or is intentionally self-inflicted.
- ☒ The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in).

Cases That Must Be Recorded



Death in the Workplace

If an employee fatality results from a work-related incident, it must be recorded on the OSHA 300 log in the designated area.



In addition, all work-related fatalities must be reported to OSHA **within 8 hours** of the incident.



Days Away From Work

- Time away from work the day of the injury DOES NOT count.
- If the medical provider designates the employee should be away from work, it must be recorded regardless of whether the employee returns to work.
- If the medical provider returns the employee to work, and the employee chooses to stay home, the days away from work DO NOT need to be recorded.
- If an employee is designated to be away from work, all weekend days, holidays and planned vacation days when the business is closed must be counted.
- Days away from work can be capped at 180 days.
- You can stop counting days if the employee leaves employment for reasons other than the injury or illness (i.e. takes another job, retires, etc.).



Restricted Work/ Transferred to Another Job

- Restrictions that apply only to the day of the incident DO NOT need to be reported.
- Restrictions that keep the employee from performing one or more of the routine functions must be reported.
- Restricting the employee from working a full shift must be recorded.
- If the provider designates vague restrictions such as "worker should be on light duty," seek clarification.
- If the medical provider designates restrictions to routine job functions, they days must be recorded regardless of whether the employee is performing their regular job.



Medical Treatment vs. First Aid

- See first attachment.
- If medical treatment recommended by the medical provider, it must be recorded regardless of whether or not the patient is compliant with the recommendations.



Musculoskeletal First Aid vs. Recordable

First Aid

- Flexible Taping
- Physical or Occupational Therapy Evaluation
- IASTM
- Preventive Exercise

Medical Treatment

- Cupping
- Dry Needling
- Electrical Stimulation
- Reactive Exercise
- Lasers and Diathermy



Loss of Consciousness

- If a work injury or exposure results in the employee becoming unconscious, it must be recorded.
- The length of time the patient is unconscious does not factor into the decision to record.

'New Case' vs. Recurrence

- A case is a new case if the employee has not previously experienced a recorded injury or illness of the same type that affects the same part of the body.
- A case is a new case if the employee previously experienced a recorded injury or illness of the same type that affected the same part of the body but had recovered completely (all signs and symptoms had disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear.

New Requirements – Jan. 1, 2015

All companies must report injuries or exposures that result in:

Death	Within 30 days of the event
In-patient Treatment	Within 24 hrs. of the event
Amputation	Within 24 hrs. of the event
Loss of an Eye	Within 24 hrs. of the event

Ways of reporting

1

Call the local
OSHA office.

2

Call 24 hours OSHA
Hotline: 800-321-6742

3

Electronic "Event Reporting
Application" found on the
OSHA web page.

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'Significant Illnesses'





- OSHA believes that most significant injuries and illnesses will result in one of the criteria listed in § 1904.7(a): death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.
- However, there are some significant injuries, such as a **punctured eardrum or a fractured toe or rib**, for which neither medical treatment nor work restrictions may be recommended.
- In addition, there are some significant progressive diseases, such as **byssinosis, silicosis, and some types of cancer**, for which medical treatment or work restrictions may not be recommended at the time of diagnosis but are likely to be recommended as the disease progresses.
- OSHA believes that **cancer, chronic irreversible diseases, fractured or cracked bones, and punctured eardrums** are generally considered significant injuries and illnesses, and must be recorded at the initial diagnosis even if medical treatment or work restrictions are not recommended, or are postponed, in a particular case.

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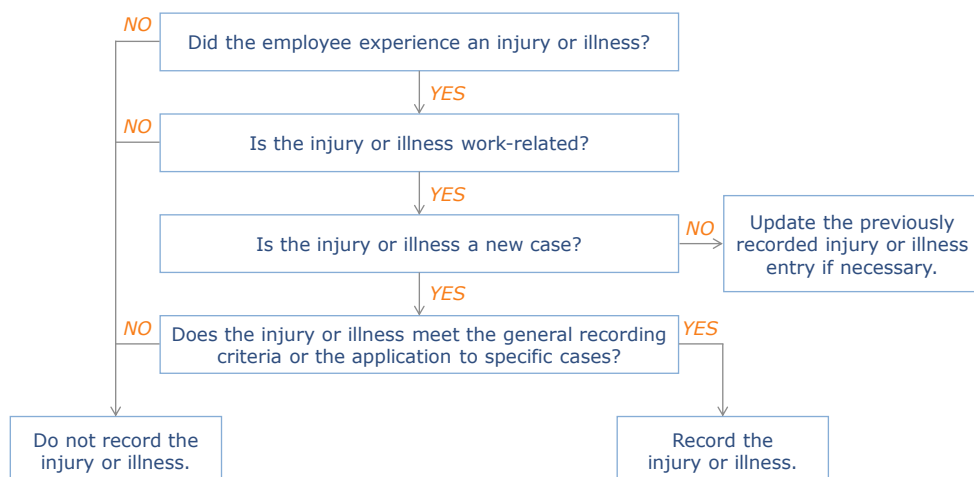
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'Privacy Cases'

No name is to be recorded on the OSHA 300 Log (i.e., name is kept separate to the actual log) in special cases such as:

-  Injury to an intimate body part.
-  Cases of sexual assault.
-  Case of HIV, hepatitis or TB.
-  Mental illness.

Algorithm for Recording Injuries



Case Vignettes



Case #1

A 24-year-old male patient reports that he was working under a car when a piece of debris fell into his right eye. He rubbed his eye initially but the piece of debris was still in his eye. He rinsed his eye with contact lens cleaning solution and the debris was rinsed out.

He presents to a medical doctor who checks his eye and determines that he has a superficial scratch on his cornea. The patient is given a tetanus booster shot and a prescription for erythromycin eye ointment. A recheck appointment is scheduled for the next day. The patient does not get the prescription for the drops filled and he does not return for his recheck appointment. He tells his supervisor that he feels fine and does not need to return to the doctor.

The supervisor reports to you that he does not think you need to report this injury because, "Obviously the guy did not need the prescription."

Case #2

A 45-year-old welder was grinding a piece of steel. A piece of metal ricocheted off of the work table and it got "around" his safety glasses.

He presented to a medical provider for evaluation. The provider saw the tiny piece of metal and tried to irrigate with saline. He tried to remove the foreign body with a cotton swab. Eventually, he needed to use a metal spud to dislodge the piece. There was a small irregularity of the cornea. A tetanus booster was given. Artificial tears were given to the patient. No work restrictions were written. The patient was seen back the next day and his exam was normal. He was discharged to regular duty.

The patient's supervisor comes to you and reports, "I can't believe he went to the doctor. I have had metal in my eye, like, five times. I just remove it and keep working. At least he didn't get a prescription, so it is not a recordable injury."

Case #3

A 40-year-old female is working on a line that boxes clothing. She walks around the corner and the corner of an open box, on a shelf, scratches her eye. She finishes her shift, but her eye keeps watering. Her supervisor recommends that she go to the doctor "to get it checked."

The employee has worked several 12-hour shifts and she is very tired. She is off the next day so she decides to "wait and see" if her eye heals. She has a bottle of Visine in her "medicine drawer" at home, so she uses it. She feels a little better, but her eye is still a little irritated so she decides to go to the doctor.

The doctor assess her eye and sees that, despite the fact that she probably should have had an antibiotic drop initially, her corneal abrasion is healing without complication. He gives her over-the-counter artificial tears. He writes a restriction that states, "Patient to take it easy for a couple of days." He sees her back the next day and her eye exam is normal. She is discharged from care.

Her supervisor comes to you and says, "Those *&%!!# doctors at ----- wrote work restrictions. I can't believe they made this an OSHA-recordable injury!!!"

Cases #4/5

A delivery driver slips on some ice on a resident's walkway. She twists her ankle slightly but finishes her deliveries for the day. The next day her ankle is still sore, so she presents to the doctor for evaluation.

The doctor determines that it is a "minor sprain." She tells the driver that she will likely have "a sore ankle for about a week, but that it should resolve on its own with no treatment."

The doctor gives her a neoprene ankle sleeve and tells her to take over-the-counter Aleve for the inflammation. The doctor says, "I know your company is sensitive about OSHA-recordable injuries, so just take Aleve. You can actually safely take two Aleve, twice a day." The doctor writes those instructions on the discharge paperwork. No restrictions are written and the patient's ankle sprain is fully healed in a week.

The patient's supervisor is very happy because he can report to you that the patient did not get a prescription or a rigid brace and was released to regular duty.

Case #6

A 22-year-old line worker was loading a box onto a pallet. His right hand hit a pole while moving the box and his middle finger was injured. It swelled slightly. He told his supervisor he was fine, but, per company protocol, he was sent to a doctor for evaluation.

The doctor did an X-ray, which was normal. The doctor asked the physical therapist to give the patient a home exercise program. The doctor recommended that patient take off the last 4 hours of his shift today, ice the finger, and take two over-the-counter ibuprofen with each meal. No work restrictions were written. On follow up two days later the patient was discharged from care.

The supervisor, who had just been to an OSHA-recordability lecture given by Concentra, told you he was very angry with the doctor because, since the patient was treated by a physical therapist, you would have to report this as an injury.

Resources

Resources

OSHA Recording Overview/Forms:

<https://www.osha.gov/recordkeeping/new-osh300form1-1-04.pdf>

OSHA Standard – CFR 29 Part 1904:

https://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1904

OSHA Hotline:

800-321-6742

OSHA Tutorial – Recordkeeping:

www.osha.gov/recordkeeping/tutorial.html

South Carolina/Regional OSHA Office:

(803) 734-9669

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Acknowledgements

osha.org

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