090045

OSHA RECORD-KEEPING REQUIREMENT FOR REPORTING OCCUPATIONAL INJURIES AND ILLNESSES

AS OF JANUARY 1, 1977, NSC MEMBERS WILL BE ASKED TO RECORD THEIR OCCUPATIONAL INJURY AND ILLNESS CASES USING THE OSHA RECORD-KEEPING SYSTEM INSTEAD OF THE AMERICAN NATIONAL STANDARD Z16.1 FOR USE IN NSC PROGRAMS. IT IS INTENDED THAT THESE GUIDELINES WOULD BE PUT INTO USE BY NSC MEMBERS AT THAT TIME AS AN AID IN USING THE OSHA RECORD-KEEPING SYSTEM.

- WORK RELATED CASES
- RECORDABILITY
- CLASSIFICATION BY EXTENT OF INJURY OR ILLNESS

WORK RELATED CASES -

NO DETAILED DEFINITION OF WORK-RELATED IS CONTAINED IN ANY OF THE OSHA PUBLICATIONS OR IN THE LAW ITSELF.

THE BROAD CONCEPT IS:

ANY INJURY OR ILLNESS "OCCURRING IN THE WORK ENVIRONMENT" IS WORK-RELATED.

THE FINAL DETERMINATION OF WHETHER ANY CASE IS WORK-RELATED MUST BE MADE BY THE EMPLOYER.

RECORDABILITY -

WORK-RELATED CASES ARE RECORDABLE THAT INVOLVE ANY OF THE FOLLOWING:

DEATHS

INJURIES RESULTING IN ANY OF THE FOLLOWING -

- LOST WORK DAYS
- MEDICAL TREATMENT
- LOSS OF CONSCIOUSNESS
- RESTRICTION OF WORK OR MOTION
- TRANSFER
- TERMINATION

ILLNESSES INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING CATEGORIES -

- SKIN DISEASES OR DISORDERS
- DUST DISEASES OF THE LUNGS
- RESPIRATORY CONDITIONS DUE TO TOXIC AGENTS
- POISONING (SYSTEMIC EFFECTS OF TOXIC MATERIALS
- DISORDERS DUE TO PHYSICAL AGENTS (OTHER THAN TOXIC MATERIALS)
- DISORDERS ASSOCIATED WITH REPEATED TRAUMA
- ALL OTHER OCCUPATIONAL

CLASSIFICATION BY EXTENT OF INJURY OR ILLNESS -

- DEATHS
- LOST WORK DAY CASES INVOLVING DAYS AWAY FROM WORK
    - -- WEEKENDS
    - -- IRREGULAR SHIFTS
    - -- DOUBTFUL CASES
    - -- FULL SHIFTS ONLY
    - -- RESTRICTED DAYS
- LOST WORK DAY CASES WITH DAYS OF RESTRICTED WORK ACTIVITY ONLY
    - -- TEMPORARY ASSIGNMENT
    - -- LOSS OF PART OF SHIFT
    - -- RESTRICTED WORK ACTIVITY
- NON-FATAL CASES WITHOUT LOST WORK DAYS
    - -- RESTRICTION OF MOTION

090049

OSHA NO. 100

LOG OF OCCUPATIONAL INJURIES AND ILLNESSES

CASE OR FILE NUMBER	DATE OF INJURY OR ONSET OF ILLNESS	EMPLOYEE'S NAME (First name or initial, middle initial, last name)	OCCUPATION (Enter regular job title, not activity employee was performing when injured or at onset of illness.)	DEPARTMENT (Enter department in which the employee is regularly employed.)
	Mo./day/yr.			
(1)	(2)	(3)	(4)	(5)

DESCRIPTION OF INJURY OR ILLNESS		EXTENT OF AND OUTCOME OF CASES					
			LOST WORKDAY CASES			NONFATAL CASES WITHOUT LOST WORKDAYS	TERMINATIONS OR PERMANENT TRANSFERS
				LOST WORKDAYS			
of Injury or Illness and Part(s) of Affected al entries for this column might be: ation of 1st joint right forefinger of lower back t dermatitis on both hands icution—body)	Injury or Illness Code See codes at bottom of page.	DEATHS (Enter date of death.) Mo./day/yr.	Enter a check if case involved lost workdays	Enter number of days AWAY FROM WORK due to injury or illness	Enter number of days of RESTRICTED WORK ACTIVITY due to injury or illness	(Enter a check if no entry was made in columns 8 or 9 but the case is recordable, as defined above.)	(Enter a check if the entry in columns 9 or 10 represented a termination or permanent transfer.)
(6)	(7)	(8)	(9)	(9A)	(9B)	(10)	(11)

WORK ENVIRONMENT is comprised of the physical location, equipment, materials processed or used and the kinds of operations performed by an employee in the performance of his work, whether on or off the employer's premises.

There are *no stated exclusions* of place or circumstance. Therefore, injuries or illnesses occurring in such places as the employee parking lot, lunch room or rest room, or during rest or lunch period on the employer's premises can be *work-related*. The final determination of whether any case is *work-related* must be made by the employer. Responsibility or fault *does not* enter into the decision of whether a case is *work-related*. In doubtful situations, a case should be recorded.

Section II—Recordability

Recordable Cases

Work-related cases are recordable that involve any of the following:

Deaths — All occupational deaths regardless of the time between injury and death or length of illness.

Injuries—All occupational injuries resulting in any of the following:

1) *Lost Workdays* (either Days Away From Work or Days of Restricted Activity);

2) *Medical treatment* other than first aid;

3) *Loss of consciousness;*

4) *Restriction of work or motion;*

5) *Transfer.* Temporary or permanent transfer to another job;

6) *Termination* of the injured or ill employees.

Illnesses—All occupational illnesses including, but not limited to, the following categories and examples:

1) *Occupational Skin Diseases or Disorders* – Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants, oil acne; chrome ulcers, chemical burns or inflammations, etc. (Direct contact causing tissue damage only, resulting from a thermal or chemical burn, is classified as an injury, not an illness case.)

2) *Dust Diseases of the Lungs* (Pneumoconioses)—Examples: Silicosis, asbestosis, coal worker's pneumoconiosis, byssinosis, and other pneumoconioses.

3) *Respiratory Conditions Due to Toxic Agents*—Examples: Pneumonitis, pharyngitis, rhinitis or acute congestion due to chemicals, dusts, gases, or fumes; farmer's lung; etc.

4) *Poisoning (Systemic Effects of Toxic Materials)* — Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals, poisoning by carbon monoxide, hydrogen sulfide or other gases; poisoning by benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion, lead arsenate; poisoning by other chemicals such as formaldehyde, plastics and resins, etc.;

5) *Disorders Due to Physical Agents (Other Than Toxic Materials)*—Examples: Heatstroke, sunstroke, heat exhaustion and other effects of environmental heat; freezing, frostbite and effects of exposure to low temperatures; caisson disease; effects of ionizing radiation (isotopes, X-rays, radium); effects of nonionizing radiation (welding flash, ultraviolet rays, microwaves, sunburn), etc.;

6) *Disorders Associated With Repeated Trauma*—Examples: Noise-induced hearing loss; synovitis, tenosynovitis, and bursitis; Raynaud's phenomena; and other conditions due to repeated motion, vibration, or pressure.

7) *All Other Occupational Illnesses*—Examples: Anthrax, brucellosis, infectious hepatitis, malignant and benign tumors, food poisoning, histoplasmosis, coccidioidomycosis, etc.

NOTE: Conditions resulting from animal bites, such as insect or snake bites, or from one-time exposure to chemicals are considered to be injuries.

A discussion of what constitutes Days Away From Work, Days of Restricted Work Activity, Temporary Transfers, Permanent Transfers, and Terminations is contained in *Section III—Classification.*

Loss of consciousness of the employee for any period of time is self explanatory. Restriction of motion is not defined specifically in the OSHA publications or in the law. Each case must be judged individually to determine if there is more than a trivial amount of restricted motion, such as would occur when a small adhesive bandage was placed on the second joint of the finger. It should be noted here that damage to prostheses (such as false teeth) is not in and of itself grounds for recordability unless accompanied by other damage to the body that meets the recordability criteria.

The distinction between *medical treatment* and *first aid* is probably the most difficult of the recordability criteria to interpret. Medical treatment and first aid are defined in the same paragraph of the OSHA 100 *Log* as follows:

MEDICAL TREATMENT *includes treatment (other than first aid) administered by a physician or by registered professional personnel under the standing orders of a physician. Medical treatment does* NOT *include first aid treatment (one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care) even though provided by a physician or registered professional personnel.*

The important point to be stressed is that the decision as to whether a case involves medical treatment should be made on the basis of whether the case *normally* would require medical treatment. The decision cannot be made on the basis of who treats the case. First aid can be administered by a physician and medical treatment by someone other than a physician.

It is not possible to list all types of medical procedures and treatments and *on that basis alone* determine if first aid or medical treatment was involved. For example, whirlpool treatments, heat treatments, application of hot or cold compresses, or elastic bandages are not in and of themselves either first aid or medical treatment.

What follows is a discussion of *Diagnostic procedures and preventive procedures and treatments*, both of which are not in and of themselves medical treatment. Next is a discussion of *Treatments that are almost always medical treatment*, and comments on *Medical treatment and first aid for certain types of injuries*.

Diagnostic procedures

Hospitalization for observation, where no medical treatment is rendered other than first aid, is *not* considered medical treatment. However, if the employee misses any part of his next scheduled shift, the case would become recordable because of lost workdays.

Visits to a physician or nurse for observation *only* or for a routine change of dressing are *not* medical treatment.

X-ray examination for fractures is considered diagnostic procedure and as such is *not* medical treatment or first aid. Where the X-ray is negative, the case is not recordable, unless the injury required other medical treatment or met one of the other criteria for recordability.

Physical examination yielding few or no findings, and not substantiating subjective complaints in questionable cases, is *not* medical treatment.

Reactions to or side effects of diagnostic procedures, which are necessitated by a work-related injury or illness and which meet the criteria for recordability, *should* be recorded.

Preventive procedures and treatments

Tetanus shots—Either initial tetanus shots or boosters, are considered preventive in nature and are *not* in and of themselves considered medical treatment. However, treatment of a reaction to a tetanus shot administered because of an injury *would* be considered medical treatment, and would make the case recordable.

Prescription medication — Any use of prescription medication normally constitutes medical treatment. However, it should be considered first aid when a single dose or application of a prescription medication is given on the first visit merely for relief of pain or as preventive treatment for a minor injury. This situation can occur at facilities having dispensaries stocked with prescription medications frequently used for preventive treatment and relief of pain and attended by a physician or nurse operating under the standing orders of a physician. The administration of nonprescription medication in similar circumstances would be considered first aid.

Ointments and salves—The application of ointments and salves to prevent the drying or cracking of skin at the site of a minor injury can be considered first aid.

Antiseptics and dressings — The application of antiseptics to minor injuries, which do not themselves require medical treatment, can be considered first aid. Changing the bandage or dressing on an injury, which did not require medical treatment, because the bandage or dressing has become dirty, is considered to be first aid.

Preventive medication — Reaction to preventive medication (not administered because of an occupational injury or illness) administered in plant (such as flu shots) would not constitute a recordable case.

Off-the-job cases — In-plant treatment of off-the-job injuries and illnesses is not recordable.

Treatments that are almost always medical treatment

Sutures — The suturing of any wound.

Fractures — Treatment of fractures.

Casts — Application of a cast or other professional means of immobilizing an injured part of the body.

Infections—Treatment of infection arising out of an injury.

Bruises — Treatment of a bruise by drainage of blood.

Debridement — Surgical debridement, that is, the removal of dead or damaged skin.

Abrasions — Treatment of abrasions that occur to greater than full skin depth.

Prescriptions — Administration of prescription medicines are usually *medical treatment*. (See also *Preventive procedures and treatments.*)

Burns — The treatment of second and third degree burns is almost always medical treatment.

Medical treatment and first aid for certain types of injuries

Cuts and lacerations—

First aid treatment is limited to cleaning wound, soaking, applying antiseptic and nonprescription medication and bandaging on first visit. Follow-up visits limited to observation including changing dressing and bandage. Additional cleaning and application of antiseptic ointment, sible as first aid where it is required by work duties that are likely to soil the bandage. The application of butterfly closures for *cosmetic purposes only* can be considered first aid.

Medical treatment includes the application of butterfly closures for noncosmetic purposes, sutures (stitches), surgical debridement (cutting away dead skin), treatment of infection, or other professional treatment.

Abrasions—

First aid treatment for abrasions is the same as for cuts and lacerations except ointments can be added on follow-up visits to prevent drying and cracking of skin.

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

Bruises—

First aid treatment is limited to a single soaking or application of cold compresses. Follow-up visits limited only to observation.

Medical treatment includes multiple soakings, draining of collected blood, or other extended care beyond observation.

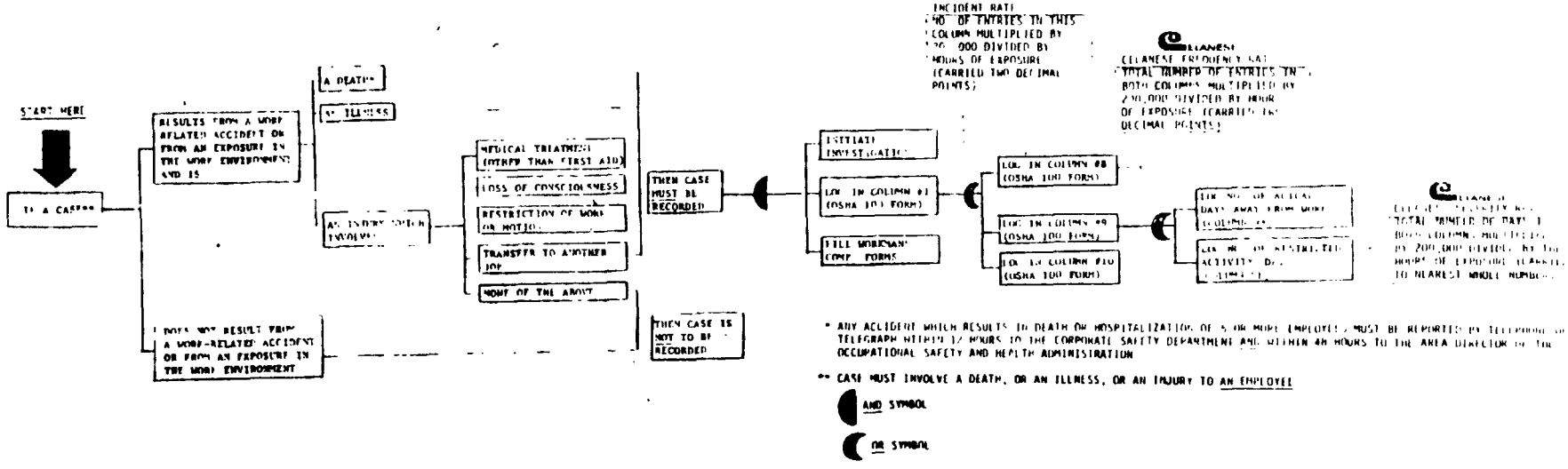
Splinters and puncture wounds—

First aid treatment is limited to cleaning the wound, removal of foreign object(s) by tweezers or other simple techniques, application of antiseptics and nonprescrip-

090059

CELANESE

LOGIC DIAGRAM FOR DETERMINATION OF RECORDABILITY



* ANY ACCIDENT WHICH RESULTS IN DEATH OR HOSPITALIZATION OF 5 OR MORE EMPLOYEES MUST BE REPORTED BY TELEPHONE OR TELEGRAPH WITHIN 12 HOURS TO THE CORPORATE SAFETY DEPARTMENT AND WITHIN 48 HOURS TO THE AREA DIRECTOR OF THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

** CASE MUST INVOLVE A DEATH, OR AN ILLNESS, OR AN INJURY TO AN EMPLOYEE