

# Guidelines for Reporting Occupational Injuries and Illnesses to the National Safety Council, Using OSHA Recordkeeping Requirements

PLAINTIFF'S  
EXHIBIT  
DUP-1366

The purpose of these guidelines is to promote uniform recording, classification, and reporting to the National Safety Council of occupational injuries and illnesses, using the Recordkeeping Requirements under the Occupational Safety and Health Act of 1970. Based upon past experience, guidelines are necessary to provide the uniformity and consistency necessary for NSC statistics, contests, and award programs.

THE RECORDKEEPING REQUIREMENTS as written in the *Code of Federal Regulations*, as well as the burden placed on the employer to record those cases where there is doubt, make it impossible to devise a set of guidelines that will result in perfectly uniform recordkeeping. However, perfection is not possible under any recordkeeping system, as there will always be cases that fall into a gray area and are subject to varying interpretations. Hopefully, though, these guidelines can reduce the number of such cases and increase the consistency and uniformity of reporting using the OSHA recordkeeping system.

It must be stressed that these guidelines are *not a replacement* for the present *OSHA Recordkeeping Requirements* nor are they meant to change them. Rather, these guidelines are a clarification of and an adjunct to the requirements. As such, the guidelines should be used in conjunction with such federal publications as *Recordkeeping Requirements Under the Occupational Safety and Health Act of 1970* (Revised 1975),<sup>\*</sup> *U. S. Department of Labor, Occupational Safety and Health Administration, and What Every Employer Needs to Know about OSHA Recordkeeping*, U. S.

Department of Labor, Bureau of Labor Statistics, Report 412 (Revised), 1973.<sup>\*\*</sup>

Using these guidelines, participants would prepare reports for NSC by simply copying totals from the OSHA No. 102 *Summary Form* or tallying cases from the OSHA No. 100 *Log*.

## How the guidelines are organized

Three decisions must be made in recording a case. First, it must be determined if the case is work-related. Second, it must be decided whether the case meets the criteria for recordability. If a case is recordable, a third decision must be made to determine the proper injury or illness classification. These guidelines consist of three sections that correspond to these three decisions:

- Section I—Work-related cases;
- Section II—Recordability;
- Section III—Classification by extent of injury or illness.

The first section deals with the concept of *work-related* injuries and illnesses, and the determination of what cases occur in the work environment. The second section discusses which *work-related* injuries and illnesses are to be recorded and

presents information useful in distinguishing between *first aid* and *medical treatment*. The third section covers classification by extent of injury or illness:

- Deaths;
- Lost Workday Cases Involving Days Away From Work;
- Lost Workday Cases With Days of Restricted Work Activity;
- Non-Fatal Cases Without Lost Workdays.

Definitions of these classifications and points to be considered in making the distinctions between them are included.

In using these guidelines, remember that the final decision of whether to record a case and how to classify a recordable case rests with the employer. When the employer is in doubt about recordability or the extent of injury or illness, the case should be recorded and classified to the higher extent of injury or illness.

## Section I—Work-Related Cases

Cases that are work-related and meet the criteria discussed in Section II should be recorded. No detailed definition of work-related is contained in any of the OSHA publications or in the law itself.

The broad concept is that any injury or illness "occurring in the work environment" is *work-related*. The OSHA Form 100, *The Log*, provides the following definition:

As of Jan. 1, 1977, NSC members will be asked to record their occupational injury and illness cases using the OSHA Recordkeeping 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 Recordkeeping System.

\*U. S. Department of Labor, Occupational Safety and Health Administration, Washington, DC 20210

\*\*U. S. Department of Labor, Bureau of Labor, Washington, DC 20212.

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; chronic ulcers; chemical burns or inflammations; etc. (Direct contact causing tissue damage only, result-

ing 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 Trans-

fers, 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 treat-

ment 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 *Pre-*

*ventive 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 permissible 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-

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tion medications, and bandaging on first visit. Follow-up visits are limited to observation including changing bandage. Additional cleaning and application of antiseptic permissible as first aid where it is required by work duties that are likely to soil the bandage.

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

**Burns, thermal and chemical (resulting in destruction of tissue by direct contact)—**

*First aid treatment* is limited to cleaning or flushing the surface, soaking, applying cold compresses, antiseptics and/or non-prescription medications and bandaging on first visit. Follow-up visits restricted to observation, changing bandages or additional cleaning. Most first degree burns are amenable to first aid treatment.

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

**Sprains and strains—**

*First aid treatment* is limited to soaking, application of cold compresses, and use of elastic bandage on first visit. Follow-up visits for observation, possibly including reapplying bandage, are first aid.

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

**Eye injuries—**

*First aid treatment* is limited to irrigation, removal of foreign material not imbedded in eye, and application of nonprescription medications. Precautionary visit (special examination) to physician is considered as first aid if treatment is limited to above items. Follow-up visits for observation only.

*Medical treatment* cases involve removal of imbedded foreign objects, use of prescription medica-

tions, or other professional treatment.

**Inhalation of toxic or corrosive gases—**

*First aid treatment* is limited to removal of the employee to fresh air or the one-time administration of oxygen for several minutes.

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

### Section III—Classification by Extent of Injury or Illness

There are four classes, based on extent of injury, used in the OSHA recordkeeping system as defined below. An injury or illness should be classified according to its most severe consequence. For example, a case might first become recordable as a Non-Fatal Case Without Lost Workdays. Subsequently, the injured or ill employees may lose workdays because of the injury or illness. The case then becomes a Lost Workday Case and should be counted under that classification. Because a particular injury or illness should be counted in *only one* of the four classifications, this case would be removed from the total of Nonfatal Cases Without Lost Workdays when the employer becomes aware of the lost workdays.

There is an additional category for those cases where injury or illness resulted in termination or permanent transfer. Any case involving termination or permanent transfer must *also* be classified by extent of injury or illness.

Any case that results in death is counted in that classification *only*. Any lost workdays, transfers, or terminations, which have been recorded prior to the occurrence of death, should be lined out on the OSHA Log and not included in the totals for those classifications when summaries are made or reported to the National Safety Council.

#### Deaths

Any work-related injury or illness that results in the death of the employee, regardless of the length of time between injury and death,

or the length of illness is recordable.

#### Lost Workday Cases Involving Days Away From Work

Cases that result in one or more Days Away From Work are recordable. Days Away From Work are those workdays (consecutive or not) on which the employee would have worked but could not because of occupational injury or illness. The number of lost workdays should *not* include the day of injury or onset of illness or any days on which the employee would not have worked even though able to work.

**Weekends —** For example, if an employee, who is scheduled to work Monday through Friday, is injured on Friday and returns to work on Monday, the case does not involve any Days Away From Work even if the employee was unable to work on Friday, Saturday, or Sunday. If this same employee had been scheduled to work on Saturday, even if that Saturday constituted overtime, the Saturday would be counted in the Days Away From Work, and the case would be classified as a Lost Workday Case with Days Away From Work.

**Irregular shifts —** For employees not having a regularly scheduled shift, i.e., certain truck drivers, construction workers, farm labor, casual labor, part-time employees, etc., it may be necessary to estimate the number of lost workdays. Estimates of the number of days that the employee would have worked should take into account the prior work history of the employee and days worked by fellow employees, not ill or injured, working in the same department or occupation as the ill or injured employee.

**Doubtful cases —** In some cases an injured or ill employee will miss one or more scheduled days or shifts beside the day of injury or onset of illness, but it will be uncertain whether the employee was truly unable to work on the days missed. Such cases may arise when a physician judges that the employee is able to work but the employee decides that he is not. In such cases, the employer should not rely solely on the physician's opinion. He should make the final judgment himself, based on all the

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evidence at his disposal. Again, the rule should be "when in doubt, record the case."

**Full shifts only — Days Away From Work** should include only those full days or shifts that are missed by the employee. The loss of a part of a day or shift would be counted under Days of Restricted Work Activity as defined below.

**Restricted days — A Lost Workday Case Involving Days Away From Work** may also result in Days of Restricted Activity. Such a case will be recorded as only one case, but will have days recorded under both categories of recordable days.

#### Lost Workday Cases With Days of Restricted Work Activity Only

These are cases that result in one or more days of Restricted Work Activity but do not result in any Days Away From Work. Although the OSHA Log and the OSHA Summary contain a separate classification for Days of Restricted Work Activity, the Summary does not provide a separate column for entering the number of such cases. This number can be arrived at by subtracting the number of Cases Involving Days Away From Work (Column No. 4 on the OSHA 102 Summary) from the number of Total Lost Workday Cases (Column No. 3). Days of Restricted Work Activity include those days (consecutive or not, but excluding the day of injury or onset of illness) on which one of the following occurred:

1) **Temporary assignment** — The employee was assigned to another job on a temporary basis. Even if the employee normally shifts from job to job within an occupational classification, if any switch or transfer is occasioned by a work-related injury or illness, the case involves Days of Restricted Work Activity. Such days are meant to cover all days on which the employee was unable to contribute a full day's work on all parts of his permanent job. In cases where an employee is not working at his regular job and is injured or becomes ill and is transferred back to his original job, which he can perform without limitation, there are no Days of Restricted Work Activity.

2) **Loss of part of shift** — The employee worked at a permanent job less than his full shift or normal day. Loss of a full day or shift would constitute a Lost Workday Away From Work.

3) **Restricted work activity** — The employee worked at a permanently assigned job but could not perform all duties normally connected with it. All days (excluding the day of injury or onset of illness), for which the employee was scheduled to work, and could not perform *all or any part* of his normal assignment during *all or any part* of the workday or shift, should be considered Days of Restricted Work Activity.

**Estimating days lost** — As in determining whether or not a case involves Days Away From Work, there may be cases where the employer must estimate the number of days for those employees working irregular or unusual shifts. Again, the final determination as to whether a case involves Days of Restricted Work Activity must be made by the employer, considering all evidence, and recording the case if there is any doubt.

**Precautionary transfers** — If an employee is transferred to another job as a precautionary measure while his case is being diagnosed, the case should be included under Lost Workday Cases with Days of Restricted Work Activity only if the transfer proves necessary (that is, the diagnosis indicates that such a transfer was indeed necessary).

**When to stop counting** — The number of Days of Restricted Work Activity can end for a particular case in the following ways:

- The employee is able to return to his regularly scheduled job and is able to perform all of its duties for a full day or shift.
- The employee is permanently transferred to another permanent job (which would be recorded under Permanent Transfers and Terminations). If this happens, even though the employee could not perform his original job any longer, the Days of Restricted Work Activity will stop.
- The employee is terminated

or leaves the job. (Terminations would also be recorded under Permanent Transfers and Terminations.)

- If the employee continues on his regular job for a long period of time, even though he cannot perform all parts of it, the job can be considered to be redefined after a reasonable period of time and the Days of Restricted Work Activity will stop. It is not practical to continue to count Lost Workdays for the rest of the work life of such employees.

#### Non-Fatal Cases Without Lost Workdays

This classification would include those cases that are recordable (as defined in Section II) but do not result in Death or Lost Workdays (either Days Away From Work or Days of Restricted Work Activity) as discussed above. These are primarily cases involving medical treatment only.

**Restriction of motion** — One of the criteria for recordability, as opposed to classification, is any restriction of motion. As some restrictions of motion may not affect the employee's ability to perform all the duties normally connected with his job, it is possible to record a case because of restriction of motion as a Non-fatal Case Without Lost Workdays.

#### Date of Recordability

**Injury** — An injury should be charged to the date on which it occurred, not the date when it is reported or brought to the attention of the employer. If the extent of injury changes, such as a case originally recorded as a Non-fatal Case Without Lost Workdays which subsequently results in Lost Workdays, the date of recordability does not change.

**Illness** — For occupational illnesses, the case is charged to the date on which the illness is diagnosed or brought to the attention of the employer. As with injuries, as outlined above, any changes in the outcome of the case would not change the date against which the illness is charged.—End.