Summary of Recording Criteria for Healthcare

This summary is intended to be a quick reference guide to determine if a work-related injury or illness should be recorded on the OSHA 300 log. For additional questions or to address topics not covered, please contact your Coverys Workers’ Compensation Services Risk Consultant.

**Basic Recording Requirements** (Ref: 29 CFR 1904.4)
Injuries or illnesses must be recorded if they are work-related, are new cases and meet the general recording criteria, or are an application to a specific case.

**Deciding Whether a Particular Injury or Illness Is Recordable**
The decision tree for recording work-related injuries and illnesses shows the steps involved in making this determination; definitions are below.

**A Work-Related Injury/Illness** (Ref: 29 CFR 1904.5)
You must consider an injury or illness to be “work-related” 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. Note: work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception (listed in the “exception” section) specifically applies.

**A New Case** (Ref: 29 CFR 1904.6)
You must consider an injury or illness to be a “new case” if either of the following applies:
(a) The employee has not previously experienced a recorded injury or illness of the same type that affects the same part of the body.
(b) 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.

For occupational illnesses where the signs or symptoms of a chronic work-related illness recur or continue in the absence of an exposure in the workplace, the case must only be recorded once. Examples include: occupational cancer, asbestosis, byssinosis and silicosis.

When an employee experiences signs or symptoms of an injury/illness as a result of an event or exposure in the workplace (such as an episode of occupational asthma), the episode must be treated as a new case, because it was caused by an event or exposure in the workplace.

**General Recording Criteria** (Ref: 29 CFR 1904.7)
An injury or illness meets the “general recording criteria” and is recordable if it results in:

a) death; b) days from work; c) restricted work or transfer to another job; d) medical treatment beyond first aid; e) loss of consciousness regardless of the length of time the employee remains unconscious; or f) if a significant injury or illness is diagnosed by a physician/licensed health care professional (LHCP).
NOTE: As of January 1, 2016, all KYOSH employers must orally report:

1. Any work-related incident that results in the death of any employee or the hospitalization of three or more employees within 8 hours.
2. Incidents which result in the hospitalization of one or two employees, report within 72 hours of the incident. Note: Hospitalizations of 1 or 2 employees which occur more than 72 hours following the incident are not required to be reported.
3. All amputations within 72 hours of the incident.
4. A loss of an eye within 72 hours**.

Call KY Labor Cabinet Dept. of Workplace Standards, Div. of Occupational Safety and Health Compliance (502) 564-3070. If unreachable, call OSHA (800) 321-OSHA (6742).

A Significant Injury or Illness (Ref: 29 CFR 1904.7)
Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum are considered significant injuries or illnesses and must always be recorded under the general criteria at the time of diagnosis by a physician or LHCP. For many of these cases, neither medical treatment nor work restrictions may be recommended. In addition, there are some “significant” progressive recordable diseases such as byssinosis, silicosis, and some types of cancer for which medical treatment or work restrictions might not be recommended at the time of diagnosis but are likely to be recommended as the disease progresses.

Application to Specific Cases (Ref: 29 CFR 1904.8)

Needlesticks and Privacy Cases (Ref: 29 CFR 1904.29)
You must record all work-related needle stick injuries and cuts from sharp objects that are contaminated with another person’s blood or other potentially infectious material (human bodily fluids, tissues, and organs, other materials infected with the HIV or hepatitis B virus). The term “contaminated” incorporates the definition from the Bloodborne Pathogens Standard at 29 CFR 1910.1030(b) (“Definitions”). Thus, “contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Note: You must put “privacy case” (instead of the employee’s name) in the employee name column. You must also keep a separate, confidential list of the case numbers and employee names for your privacy concern cases, which include any of the following:

1) An injury or illness to an intimate body part or the reproductive system;
2) An injury or illness resulting from a sexual assault;
3) Mental illnesses;
4) HIV infection, hepatitis or tuberculosis;
5) Needlestick injuries and cuts from sharp objects that are contaminated with another person’s blood or other potentially infectious material; and
6) Other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log. If you have reason to believe the employee is still definable, you can reduce specificity (e.g., “injury from assault,” not indicating it was sexual in nature, or “lower abdomen injury” rather than injury to reproductive organs.

Musculoskeletal injuries are not considered privacy cases. This does not apply to injuries.
Cuts, Lacerations, Punctures and Scratches
You need to record cuts, lacerations, punctures and scratches only if they are work-related and involve contamination with another person’s blood or other potentially infectious material. You must enter the case on the OSHA 300 log as an injury. If the cut, laceration, or scratch involves a clean object or other than blood contaminant, you only need to record the case if it meets the general recording criteria. When a sharps injury is recorded and the employee is later diagnosed with an infectious bloodborne disease, you must update the classification of the case on the OSHA 300 log if the case results in death, days away from work, restricted work, or job transfer. You must also update the description to identify the infectious disease and change the classification of the case from an injury to an illness.

Sharps Injury Log* (Ref: 29 CFR 19)
All of the following provisions apply to a Sharps Injury Log:
(a) An employer shall establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps. The information in the Sharps Injury Log shall be recorded and maintained in a manner that protects the confidentiality of the injured employee. At a minimum, a Sharps Injury Log shall contain all of the following information:
   (i) The type and brand of device involved in the incident.
   (ii) The work unit or work area where the exposure incident occurred.
   (iii) An explanation of how the incident occurred.

Splashes or Exposures to Blood or Other Potentially Infectious Material without Being Cut or Scratched (Ref: 29 CFR 1904.8)
You do not need to record the exposure on the 300 log unless: a) it results in the diagnosis of a bloodborne illness such as HIV, hepatitis B, or hepatitis C, or b) it meets one or more provisions in the general recording criteria.

Recording Work-Related TB Cases (Ref: 29 CFR 1904.11)
If any of your employees have been occupationally exposed to anyone with a known case of active tuberculosis (TB) and that employee subsequently develops a TB infection (as evidenced by a positive skin test or diagnosis by a physician or other LHCP), you must record the case on the OSHA 300 log and check the “respiratory condition” column. Note: you do not have to record on the log a positive TB skin test result obtained at a pre-employment physical because the employee was not occupationally exposed to a known case of active tuberculosis in your workplace. Also, you may line-out/erase a recorded TB case if you obtain evidence that the case was not caused by occupational exposure under any of the following circumstances: (i) the worker is living in a household with a person who has been diagnosed with active TB; (ii) the public health department has identified the worker as a contact of an individual with a case of active TB unrelated to the workplace; or (iii) a medical investigation shows that the employee’s infection was caused by exposure to TB away from work, or proves that the case was not related to the workplace TB exposure.

*Sharps Injury Log information is from 29 CFR 1910.1030 Bloodborne Pathogens Standard.
Medical Removal (Ref: 29 CFR 1904.9)
If an employee is medically removed under the medical surveillance requirements of an OSHA standard (such as benzene, lead, cadmium, formaldehyde, Methyleneedianiline, Methylene Chloride, or Vinyl Chloride), you must record the case on the OSHA 300 log as either: 1) a case involving days away from work, or 2) a case involving restricted work activity. If the medical removal is the result of a chemical exposure, check the “poisoning” column on the log. If the case involves voluntary medical removal before the medical removal levels required by an OSHA standard, you do not need to record the case on the OSHA 300 Log.

Exceptions: Injuries or Illnesses That Are Not Recordable (Ref: 29 CFR 1904.5)
An injury or illness occurring in the work environment that falls under any of the following exceptions is not work-related, and therefore is not recordable.

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<th>You are not required to record injuries and illnesses if...</th>
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<td>(i) At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee.</td>
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<td>(ii) The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment.</td>
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<td>(iii) 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.</td>
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<td>(iv) 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. For example, if the employee is injured by choking on a sandwich while in the employer’s establishment, the case would not be considered work-related. Note: if the employee is made ill by ingesting food contaminated by workplace contaminants, such as lead, or gets food poisoning from food supplied by the employer, then the case would be considered work-related.</td>
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<td>(v) The injury or illness is solely the result of an employee doing personal tasks, unrelated to his or her employment at the establishment outside of the employee’s assigned working hours.</td>
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<td>(vi) The injury or illness is solely the result of personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted.</td>
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<td>(vii) 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.</td>
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<td>(viii) 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).</td>
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<td>(ix) 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 who has appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, or the like) stating that the employee has a mental illness that is work-related.</td>
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First Aid (Ref: 29 CFR 1904.7)

This is the complete listing of all work-related injuries requiring “first aid” treatment that do not involve any of the conditions considered to be “medical treatment” (see listing below). These injuries or illnesses are NOT recordable on the OSHA 300 log, regardless of the professional status of the person providing the treatment. However, it is recommended that an employee incident report form still be completed for these injuries.

1. Using nonprescription medications at nonprescription strength (for medications available as both prescription and nonprescription, a recommendation by a physician or LHCP to use a nonprescription drug at prescription strength is considered medical treatment for recordkeeping).
2. Administering tetanus or diphtheria immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment).
3. Cleaning, flushing or soaking wounds on the surface of the skin.
4. Using wound coverings such as bandages, Band-Aids, gauze pads, butterfly bandages, Steri-Strips, etc. (other wound closing devices, sutures, staples, etc. are medical treatment).
5. Using hot or cold therapy.
6. Using any non-rigid means of support such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes).
7. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, backboards, etc.).
8. Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.
10. Removing foreign bodies from the eye using only irrigation or a cotton swab.
11. Removing splinters or foreign material from areas other than the eyes by irrigation, tweezers, cotton swabs or other simple means.
13. Using non-therapeutic massages (physical therapy or chiropractic treatment is considered medical treatment for recordkeeping purposes).

Medical Treatment: Recordable Cases That Require Treatment Beyond First Aid (Ref: 29 CFR 1904.7)

These injuries or illnesses ARE recordable on the OSHA 300 log:

1. All treatment that does not fall into “first aid.”
2. Using prescription medications or use of a nonprescription drug at prescription strength.
3. Using wound-closing devices such as surgical glue, sutures, staples, etc.
4. Using any devices with rigid stays or other systems designed to immobilize parts of the body.

Note: medical treatment does not include any of the following: 1) visits to a physician or other licensed health care professional solely for observation or counseling, or 2) the conduct of diagnostic procedures, such as X-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes, such as eye drops to dilate pupils.

Sources
OSHA. Recording and Reporting Occupational Injuries and Illnesses. 29 CFR 1904.