



**OSC | 10**  
Ohio Safety Congress & Expo

**OSHA recordkeeping national emphasis program**  
395

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Tuesday, March 30, 2010 2:15 to 3:15 p.m.

## Objective

- ◆ Upon completion of the Recordkeeping NEP class, participants will have the knowledge of the Injury and Illness Recordkeeping National Emphasis Program (RK NEP), including:
  - Scope of the program,
  - Procedures for reviewing records,
  - Interview process

2

## Background

- ◆ OSHA Recordkeeping Audits
  - Between 10% and 20% under-recording
  - GAO Study initiated August 2008
  - Reported in September 2009

3

## Background (continued)

- ◆ Three stated objectives
  - Assess OSHA's efforts to ensure that employers are properly recording injuries and illnesses
  - Determine what current studies and research say about the accuracy of employers' injury and illness rate data
  - Determine the role that occupational physicians play in reporting these data
- ◆ Focus placed on the methodology of the OSHA recordkeeping audits
- ◆ Interviewed auditors

4

## Background (continued)

- ◆ \$1,000,000 in FY 2009 Budget
  - Important component: To enhance enforcement and oversight of injury and illness recordkeeping to ensure complete and accurate recording and reporting by employers.
  - OSHA should use \$1,000,000 of the funds for a recordkeeping enforcement initiative on injury and illness reporting, addressing the **apparent lack of completeness of the OSHA Log of Work-related Injuries and Illnesses**.
  - The Department shall provide a report on OSHA's current and planned activities in this area to the Committees on Appropriations of the House of Representatives and the Senate not later than 90 days after enactment of this Act.

5

## Background (continued)

- ◆ CPL 02-09-08 Injury and Illness Recordkeeping National Emphasis Program (RK NEP)
- ◆ Inspection List provided by OSTAT
- ◆ Completed by one year from implementation date of CPL

6

## Background (continued)

- Use on-site inspections to review CY 2007 and CY 2008 injury and illness records in more than 300 establishments
- OSHA postulates the most likely places where under-recorded injuries and illnesses may exist would be low rate establishments operating in historically high rate industries. The NEP will focus on these establishments to identify under-recording.
- Selected from the list of establishments required to submit injury and illness information as part of the OSHA Data Initiative

7

## Scope

- List of industries is included in Appendix A
  - High rate industries listed on BLS Table SNR02, 2007
    - e.g. Animal Slaughtering, except Poultry; Steel Foundries; Soft Drink Manufacturing; Couriers; Nursing Homes
  - Poultry Processing and Support Activities
    - NAICS 311615
    - NAICS 115210
  - Selected establishments with 40 or more employees

8

## Scope Requirements of Establishments to be Inspected

- If the establishment is a corporate headquarters or office location with no production or service facilities, do not perform the inspection.
- If the establishment in an Out-of-Scope NAICS, do not perform the inspection
- If establishment is not a "low rate" facility, perform walkaround part of inspection only
- If the establishment is a VPP or SHARP site, do not perform the inspection
- If you identify the establishment as outside of the scope of the NEP, contact OSTAT for a replacement unit

9

## What are the Procedures for the Opening Conference?

- ◆ Explain purpose of visit
- ◆ Letter to employer
- ◆ Medical Access Order
- ◆ Obtain documents & document locations
- ◆ Name of recordkeeper, manager, Health Care provider for interview

10

## Opening Conference – Verify Scope

- ◆ Verify NAICS code
- ◆ Verify DART Rate
  - CY 2007
  - If different than ODI rate, document why

11

## Opening Conference - What Documents are Needed?

- ◆ OSHA Logs, summaries, employment and hours worked for 3 years
  - All 3 years are collected for IMIS entry
  - Inspection focuses on CY 2007 and 2008
- ◆ Roster of employees – CY 2007
  - Usually available from payroll records
  - List of employees receiving W-2 forms
- ◆ Location of documents
  - Medical records, Workers' Comp records, etc.
  - List of any off-site clinics used

12

## What are the Procedures for each Inspection?

- ♦ Three main components of inspection
  - Records Review
  - Interviews
  - Limited Walkaround
- ♦ No specified order for conducting the main components of the inspection
  - Document accumulation will require time
  - Walkaround on first day
  - Employee interviews are best conducted after the records review

13

## Records Inspection

- ♦ Determine employee sample from CY 2007 employee roster
  - ≤100 employees, include all employees on the roster
  - >100 and ≤ 250 employees, select 50% of employees (select the second employee on the list and choose every other one from there; i.e., 2<sup>nd</sup>, 4<sup>th</sup>, 6<sup>th</sup>, etc.)
  - >250 employees, select 33% of employees (select the third employee on the list and choose every third one from there; i.e., 3<sup>rd</sup>, 6<sup>th</sup>, 9<sup>th</sup>, etc.)
- ♦ Select employee names and create listing

14

## Records Inspection (continued)

- ♦ Use employee sample
- ♦ Review ALL available records for each employee (medical records, Workers' Comp, absentee records, audiograms, OSHA Form 301, etc.). In many cases this will include review at off-site clinics utilized by the establishment
- ♦ Do not limit review to what the employer deems work-related. Review "non-work related" records also
- ♦ Document discovered cases into Case Worksheet from Appendix C – Document correctly recorded cases, unrecorded cases and mis-recorded cases.

15

## Records Inspection (continued)

- ♦ Expand scope of review
  - If review of the sampled employees' records indicate under-recording exists the CSHO shall consult with AD to expand the records inspection beyond the sampled employees.

16

## Ergonomics

- ♦ If during review of the OSHA Forms and the injury and illness records, the CSHO determines a significant portion of the injuries and illnesses are ergonomics related, the CSHO shall calculate a DAFWII case rate for musculoskeletal disorder cases.
- ♦ If the calculated rate is greater than or equal to twice the industry rate listed in Appendix E, the CSHO will include the questions contained in the Supplemental Questionnaires for the employee, management and Health Care Professional interviews.
- ♦ The CSHO shall discuss the findings with the AD to determine if a referral is necessary.

17

## Interviews

- ♦ Recordkeeper
- ♦ Management
- ♦ Employees
- ♦ Health Care Provider
- ♦ CPL, Appendix C

18

## Employee Interviews

- ♦ Identify system for reporting cases
- ♦ Identify injuries and illnesses that occurred in 2007 and 2008
  - Follow-up on leads for both employee and co-workers
- ♦ Identify incentive and disincentive programs that could affect reporting cases
- ♦ Supplemental Ergo Questions

19

## Management Interview

- ♦ Identify system for reporting cases
- ♦ Identify system for treating injuries and illnesses
- ♦ Identify incentive and disincentive programs that could affect reporting cases – obtain copies of written policies
- ♦ Supplemental Ergo Questions

20

## Recordkeeper Interview

- ♦ Identify system for reporting cases
- ♦ Identify level of training received
- ♦ Identify incentive and disincentive programs that could affect reporting cases – obtain copies of written policies

21

## Health Care Provider Interview

- ♦ Identify knowledge of OSHA recordkeeping system
- ♦ Identify influence of recordability on treatment provided
- ♦ Identify awareness of incentive and disincentive programs that could affect reporting cases
- ♦ Supplemental Ergo Questions

22

## Limited Walkaround

- ♦ Each Recordkeeping NEP inspection will include a limited walkaround inspection of the main plant operations areas. The CSHO will generally be looking for consistency with the recorded injuries and illnesses, but will address any violations observed in plain view while conducting the limited walkaround inspection.
- ♦ The CSHO may, upon consultation with the Area Office, expand the scope of this inspection or make a referral in order to address other areas of the plant that may be problematic.

23

## Closing Conference

- ♦ Closing
  - Discovered discrepancies
  - Abatements
- ♦ Recordkeeping violations found on OSHA 300
  - Cite Part 1904 as appropriate
- ♦ Non-recordkeeping Citations
  - Cite as appropriate for a limited-scope inspection
  - Referral for any other problems

24

## Recordkeeping Violations

- ◆ A violation of the Recordkeeping Regulation can materially impair the ability to understand the hazards, injuries and illnesses at the workplace

25

## Recordkeeping Trends

- ◆ Identify Trends
  - Unrecorded cases
  - Misrecorded cases
  - Musculoskeletal Disorders (MSDs)
- ◆ When you find recordkeeping discrepancies at the establishment, evaluate to see if corporate-wide

26

## Recordkeeping Issues

- ◆ Employer policy for reporting
- ◆ Employers that discourage reporting
- ◆ Incentive programs

Obtain copies of employer policies

27

## Recording and Reporting Occupational Injuries and Illnesses

### Overview of the Rule



28

## 1904.4 – Recording Criteria

- ◆ Covered employers must record each fatality, injury or illness that:
  - is work-related, and
  - is a new case, and
  - meets one or more of the criteria contained in sections 1904.7 through 1904.11.

29

## 1904.5 – Work-Relatedness

- ◆ Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment
- ◆ A case is presumed work-related if, and only if, an event or exposure in the work environment is a discernable cause of the injury or illness or of a significant aggravation to a pre-existing condition. The work event or exposure need only be one of the discernable causes; it need not be the sole or predominant cause.

30

## 1904.5 – Work Environment

- ♦ The work environment is defined as the establishment and other locations where one or more employees are working or present as a condition of employment
- ♦ The work environment includes not only physical locations, but also the equipment or materials used by employees during the course of their work

31

## 1904.5 – Significant Aggravation

- ♦ A pre-existing injury or illness is significantly aggravated when an event or exposure in the work environment results in any of the following (which otherwise would not have occurred):
  - Death
  - Loss of consciousness
  - Days away, days restricted or job transfer
  - Medical treatment

32

## 1904.5 – Exceptions

- ♦ Present as a member of the general public
- ♦ Symptoms arising in work environment that are solely due to non-work-related event or exposure (Regardless of where signs or symptoms surface, a case is work-related only if a work event or exposure is a discernable cause of the injury or illness or of a significant aggravation to a pre-existing condition.)
- ♦ Voluntary participation in wellness program, medical, fitness or recreational activity
- ♦ Eating, drinking or preparing food or drink for personal consumption



33

## 1904.5 – Exceptions

- ♦ Personal tasks outside assigned working hours
- ♦ Personal grooming, self medication for non-work-related condition, or intentionally self-inflicted
- ♦ Motor vehicle accident in parking lot/access road during commute
- ♦ Common cold or flu
- ♦ Mental illness, unless employee voluntarily provides a medical opinion from a physician or licensed health care professional (PLHCP) having appropriate qualifications and experience that affirms work-relatedness



34

## 1904.5 – Travel Status

- ♦ An injury or illness that occurs while an employee is on travel status is work-related if it occurred while the employee was engaged in work activities in the interest of the employer
- ♦ Home away from home
- ♦ Detour for personal reasons is not work-related



35

## 1904.5 – Work at Home

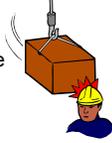
- ♦ Injuries and illnesses that occur while an employee is working at home are work-related if they:
  - occur while the employee is performing work for pay or compensation in the home, and
  - are directly related to the performance of work rather than the general home environment



36

## 1904.6 – New Case

- ♦ A case is new if the employee:
  - has not previously experienced a recordable injury or illness of the same type that affects the same part of the body; or
  - previously experienced a recordable injury or illness of the same type that affects the same part of the body, but had recovered completely and an event or exposure in the work environment caused the signs and symptoms to reappear.



37

## 1904.6 – New Case

- ♦ If there is a medical opinion regarding resolution of a case, the employer must follow that opinion
- ♦ If an exposure triggers the recurrence, it is a new case (e.g., asthma, rashes)
- ♦ If signs and symptoms recur even in the absence of exposure, it is not a new case (e.g., silicosis, tuberculosis, asbestosis)

38

## 1904.7 – General Recording Criteria

- ♦ An injury or illness is recordable if it results in one or more of the following:
  - Death
  - Days away from work
  - Restricted work activity
  - Transfer to another job
  - Medical treatment beyond first aid
  - Loss of consciousness
  - Significant injury or illness diagnosed by a PLHCP

39

## 1904.7(b)(3) - Days Away Cases

- ♦ Record if the case involves one or more days away from work
- ♦ Check the box for days away cases and count the number of days
- ♦ Do not include the day of injury/illness

40

## 1904.7(b)(3) – Days Away Cases

- ♦ Day counts (days away or days restricted)
  - Count the number of calendar days the employee was unable to work (include weekend days, holidays, vacation days, etc.)
  - Cap day count at 180 days away and/or days restricted
  - May stop day count if employee leaves company for a reason unrelated to the injury or illness
  - If a medical opinion exists, employer must follow that opinion

41

## 1904.7(b)(4) - Restricted Work Cases

- Record if the case involves one or more days of restricted work or job transfer
- Check the box for restricted/transfer cases and count the number of days
- Do not include the day of injury/illness

42

## 1904.7(b)(4) - Restricted Work Cases

- ♦ Restricted work activity exists if the employee is:
  - Unable to work the full workday he or she would otherwise have been scheduled to work; or
  - Unable to perform one or more routine job functions
- ♦ An employee's routine job functions are those activities the employee regularly performs at least once per week

43

## 1904.7(b)(4) – Restricted Work

A case is not recordable under 1904.7(b)(4) as a restricted work case if:

- ♦ the employee experiences minor musculoskeletal discomfort,
- ♦ a health care professional determines that the employee is fully able to perform all of his or her routine job functions, and
- ♦ the employer assigns a work restriction to that employee for the purpose of preventing a more serious condition from developing.

44

## 1904.7(b)(4) – Job Transfer

- ♦ Job transfer
  - An injured or ill employee is assigned to a job other than his or her regular job for part of the day
  - A case is recordable if the injured or ill employee performs his or her routine job duties for part of a day and is assigned to another job for the rest of the day

45

## 1904.7(b)(5) – Medical Treatment

- ♦ Medical treatment is the management and care of a patient to combat disease or disorder.
- ♦ It does not include:
  - Visits to a PLHCP solely for observation or counseling
  - Diagnostic procedures
  - First aid

46

## 1904.7(b)(5) – First Aid

- ♦ Using nonprescription medication at nonprescription strength
- ♦ Tetanus immunizations
- ♦ Cleaning, flushing, or soaking surface wounds
- ♦ Wound coverings, butterfly bandages, Steri-Strips
- ♦ Hot or cold therapy
- ♦ Non-rigid means of support
- ♦ Temporary immobilization device used to transport accident victims

47

## 1904.7(b)(5) – First Aid

- ♦ Drilling of fingernail or toenail, draining fluid from blister
- ♦ Eye patches
- ♦ Removing foreign bodies from eye using irrigation or cotton swab
- ♦ Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- ♦ Finger guards
- ♦ Massages
- ♦ Drinking fluids for relief of heat stress

48

## 1904.7(b)(6) – Loss of Consciousness

- ◆ All work-related cases involving loss of consciousness must be recorded

49

## 1904.7(b)(7) – Significant Diagnosed Injury or Illness

- ◆ The following work-related conditions must always be recorded at the time of diagnosis by a PLHCP:
  - Cancer
  - Chronic irreversible disease
  - Punctured eardrum
  - Fractured or cracked bone or tooth

50

## 1904.8 – Bloodborne Pathogens

- ◆ Record all work-related needlesticks and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (includes human bodily fluids, tissues and organs; other materials infected with HIV or HBV such as laboratory cultures)
- ◆ Record splashes or other exposures to blood or other potentially infectious material if it results in diagnosis of a bloodborne disease or meets the general recording criteria

51

## 1904.9 – Medical Removal

- ◆ If an employee is medically removed under the medical surveillance requirements of an OSHA standard, you must record the case
- ◆ The case is recorded as either one involving days away from work or days of restricted work activity
- ◆ If the case involves voluntary removal below the removal levels required by the standard, the case need not be recorded

52

## 1904.10 – Hearing Loss

- ◆ Must record all work-related hearing loss cases where:
  - Employee has experienced a Standard Threshold Shift (STS)<sup>1</sup>, and
  - Employee's hearing level is 25 decibels (dB) or more above audiometric zero [averaged at 2000, 3000, and 4000 hertz (Hz)] in the same ears as the STS

<sup>1</sup> An STS is defined in OSHA's noise standard at 29 CFR 1910.95(g)(10)(i) as a change in hearing threshold, relative to the baseline audiogram, of an average of 10 dB or more at 2000, 3000, and 4000 Hz in one or both ears.

53

## 1904.10 – Hearing Loss (cont'd)

- ◆ Must compute the STS in accordance with OSHA's noise standard, 1910.95
- ◆ Compare employee's current audiogram to the original baseline audiogram or the revised baseline audiogram allowed by 1910.95(g)(9)
- ◆ May adjust for aging to determine whether an STS has occurred using tables in Appendix F of 1910.95
- ◆ May not adjust for aging to determine whether or not hearing level is 25 dB or more above audiometric zero

54

## 1904.11 - Tuberculosis

- ◆ Record a case where an employee is exposed at work to someone with a known case of active tuberculosis, and subsequently develops a TB infection
- ◆ A case is not recordable when:
  - The worker is living in a household with a person who is diagnosed with active TB
  - The Public Health Department has identified the worker as a contact of an individual with active TB
  - A medical investigation shows the employee's infection was caused by exposure away from work

55

## 1904.30 – Multiple Business Establishments

- ◆ Keep a separate OSHA Form 300 for each establishment that is expected to be in operation for more than a year
- ◆ May keep one OSHA Form 300 for all short-term establishments
- ◆ Each employee must be linked with one establishment

56

## 1904.31 – Covered Employees

- ◆ Employees on payroll
- ◆ Employees not on payroll who are supervised on a day-to-day basis
- ◆ Exclude self-employed and partners
- ◆ Temporary help agencies should not record the cases experienced by temp workers who are supervised by the using firm

57

## 1904.40 – Providing Records to Government Representatives

- ◆ Must provide copies of the records within 4 business hours
- ◆ Use the business hours of the establishment where the records are located

58

## For More Help

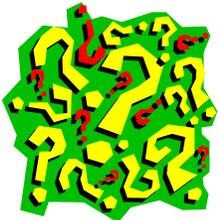
- ◆ OSHA's Recordkeeping Page on the website
- ◆ Call your Area Office-Columbus;  
614-469-5582

59

## OSHA Recordkeeping Page

The screenshot shows the OSHA Recordkeeping Page on the website. The page is titled "Injury and Illness Recordkeeping" and features a "New!" banner for the "OSHA Recordkeeping Handbook". Below the banner, there are several sections of text and links, including "Do I need to fill out the OSHA Log of Work-Related Injuries and Illnesses?", "What do I need to comply with the new recordkeeping requirements?", "What should I do if there is a fatality or catastrophe at my work site?", "How will the new requirements differ from the previous requirements?", "What kind of assistance will OSHA be providing to help me comply with the new requirements?", and "What if I still have questions?". The page also includes a "News Releases" section with a list of dates and links to PDF documents, and a "Federal Registers" section with a list of dates and links to PDF documents. The page is part of the United States Department of Labor Occupational Safety & Health Administration website.

Questions?



61