Welcome and Introduction

Goals of this session

- E-Reporting – What do we have to do
- Understand why occupational injury management is important
- Learn the elements of occupational injury management
- Gain a basic understanding of OSHA recordkeeping
- Learn about the resources available to assist in OSHA recordkeeping
- Serious Injury definition change effective 1/1/2020 per AB 1805
OSHA Recordkeeping, Workers’ Compensation and OSHA Reporting are independent of each other……..

- OSHA Recordable
- Compensable Workers Comp
- Reportable Injuries/Illnesses to Cal-OSHA
- AOE / COE
- Work Environment
- Death, Serious Injury
Log 300 Recording and Reporting Occupational Injuries and Illnesses, with Anti-Discrimination Provisions

Effective January 1, 2017, employers in states regulated by federal OSHA were required to electronically submit Log 300 records of injuries and illnesses. The electronic reporting requirements, along with the incorporation of an existing statutory prohibition on retaliating against employees for reporting work-related injuries or illnesses, were added to federal OSHA's recording and reporting regulations found in the Code of Federal Regulations, title 29, p 1904.

On April 30, 2018, federal OSHA posted a "trade release" requiring all affected employers to submit injury and illness data in the federal OSHA Injury Tracking Application (ITA) online portal, even if the employer is covered by a state plan and has not completed adoption of their own state rule. https://www.osha.gov/news/newsreleases/trade/04302018

Therefore, even though California has not yet adopted its own state rule, affected employers are advised to comply with federal OSHA’s directive to provide Form 300A data covering calendar year 2017. Federal OSHA is requiring all affected employers to submit their data by July 1, 2018. For specific instructions, go to federal OSHA’s ITA website.
Why is Occupational Injury Management Important

• Assures appropriate medical care for injured worker
• Provides early/initial diagnosis and prognosis
• Gives clear understanding of work limitations
• Establishes an agreed upon treatment plan
Elements of occupational injury management

- Designate occupational medical providers upfront
  - General providers and specialists
- Understand the limitations of field first-aid treatment
- Establish who is responsible to accompany injured worker(s) to the medical provider
- Establish clear injury reporting criteria
- Ensure an appropriate investigation is conducted
- Understand the difference between OSHA recordable and compensable classifications
• Our priority is the individual’s well being and care

• As the Manager/Supervisor, we must:
  • Obtain proper medical care
  • Address logistics if required:
    o Arrange logistics to obtain medical care
    o Arrange ride home (e.g. pain killers)
  • Avoid confusion regarding work restrictions
  • Handle/support communications with family and friends
- Common injury and illness classifications help ensure consistent reporting levels
  - First-aid treatment (non-recordable)
  - First-aid by professional (non-recordable)
  - Compensable / non-recordable
  - Non-occupational (non-recordable)
  - Medical treatment (OSHA recordable)
  - Restricted work (OSHA recordable)
  - Lost time (OSHA recordable)
  - Fatalities (OSHA recordable)
# OSHA 300 & 300A

## Log of Work-Related Injuries and Illnesses

- **Identification:**
  - Employer's name:
  - Address:
  - City:
  - State:
  - ZIP Code:
  - Telephone:
  - Reporting person:

- **Injury or Illness:**
  - Date of injury/illness:
  - Description:
  - Date injury/illness occurred:
  - Date returned to work:
  - Date last work restriction removed:

- **Classification:**
  - Nature of injury/illness:
  - Type of injury/illness:
  - Cause of injury/illness:
  - Duration of work restriction:

- **Case ID:**
  - Employee's name:
  - Social Security Number:

## Annual Summary of Work-Related Injuries and Illnesses

- **Establishment Information:**
  - Address:
  - City:
  - State:
  - ZIP Code:
  - Telephone:

- **Injury and Illness Types:**
  - Total number of injuries/illnesses:
  - Types of injuries/illnesses:

- **Employee Information:**
  - Average number of employees:
  - Total hours worked by all employees last year:

- **Sign Here:**
  - Certification:

*Post this Annual Summary from February 1 to April 30 of the year following the year covered by the form.*
### Cal/OSHA Form 301

**Appendix C**

**Injury and Illness Incident Report**

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with Log of Work-Related Injuries and Illnesses and the accompanying Annual Summary, these forms help the employer and Cal/OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers’ compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the instructions and information asked for on this form.

According to CCR Title 8 Section 14300.33, Cal/OSHA’s recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

#### Information about the employee

<table>
<thead>
<tr>
<th>1</th>
<th>Full name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>3</td>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Date hired</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>

#### Information about the physician or other health care professional

| 6 | Name of physician or other health care professional |

#### Information about the case

<table>
<thead>
<tr>
<th>10</th>
<th>Case number from the log</th>
<th>(Transfer the case number from the log after you record the case.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Date of injury or illness</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Time employee began work</td>
<td>AM/PM</td>
</tr>
<tr>
<td>13</td>
<td>Time of event</td>
<td>AM/PM</td>
</tr>
<tr>
<td>14</td>
<td>What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: “climbing a ladder while carrying roofing materials,” “spraying chlorine from hand sprayer,” “daily computer key-entry.”</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>What happened? Tell us how the injury occurred. Examples: “When ladder slipped on wet floor, worker fell 20 feet”; “Worker was sprayed with chlorine when gauntlet broke during replacement”; “Worker developed weakness in wrist over time.”</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than “burn,” “pain,” or “sore.” Examples: “strained back,” “chemical burn, hand,” “carpal tunnel syndrome.”</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>What object or substance directly harmed the employee? Examples: “concrete floor,” “chlorine,” “radiation arms.” If this question does not apply to the incident, leave it blank.</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>If the employee died, when did death occur? Date of death</td>
<td></td>
</tr>
</tbody>
</table>

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**OSHA 301 or equivalent**
OSHA Recordkeeping Rule

- Purpose: §14300
- Scope: §14300.1 & §14300.2
- Forms and Recording Criteria: §§14300.4 – 14300.29
- Other Requirements: §§14300.30 – 14300.38
- Reporting to Government: §§14300.39 – 14300.42
- Transition from Formal Rule: §§14300.43 – 14300.45
- Definitions: §14300.46
Partial Exemption for Establishments in Certain Industries

- Applies to certain low-hazard businesses in retail, services, finance, insurance or real estate sectors (public or private sector)
  - Partial exemption based on the Standard Industry Code of each establishment, not on the entire company

- In the same company, some establishments may be required to keep records and some may not

14300.2 - Partial Exemption for Establishments in Certain Industries
Covered employers must record each fatality, injury or illness that is:

- Work-related;
- A new case; and
- Meets one or more of the general (§14300.7) or specific (§§14300.8 – 14300.12) recording criteria.
A case is “work-related” if an event or exposure in the work environment:

- Caused or contributed to the injury or illness; or
- Significantly aggravated a pre-existing injury or illness

Work-relatedness is presumed unless an exception in §14300.5(b)(2) applies.
“Work environment” means the establishment and other locations where an employee works or is present as a condition of employment.

- Work environment includes the:
  - Physical location of work; and
  - Equipment or materials used during the work.
An injury or illness is not work related if caused by:

- Voluntary participation in a wellness program, or a medical, fitness or recreational activity
- Eating, drinking or preparing food or drink for personal consumption
- Performing personal tasks (unrelated to employment) outside assigned working hours
- Personal grooming or self-medication for a non-work-related condition
- Intentional, self-inflicted act

14300.5(b)(2) - Work-Relatedness Exceptions
• Motor vehicle accident in a parking lot or on an access road during commute
• Common cold or flu
• Symptoms surfacing at work due solely to a non-work-related event or exposure
• Employee being present in the work environment as a member of the general public
• Mental illness (unless the employee provides an opinion of a qualified healthcare provider that the employee has a mental, work-related illness)
A “pre-existing condition” is an injury or illness that resulted solely from a non-work-related event or exposure occurring outside the work environment.
• 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 would not have occurred but for the occupational event or exposure:
  • Death
  • Loss of consciousness
  • One or more days away from work
  • Restricted work activity
  • Job transfer
  • Medical treatment or a change in medical treatment
• An injury or illness that occurs while an employee is traveling is work-related if it occurs while the employee was engaged in work activities in the interest of the employer.

Examples:
• Entertainment for the purpose of transacting, discussing or promoting business at the direction of the employer.
• Traveling to or from customer contacts.
• Conducting job tasks.
• An injury or illness that occurs while an employee is traveling is not work-related if the employee:
  • Detours for personal reasons that are not work-related; or
  • Establishes a temporary residence (e.g., checks into a hotel) and performs activities that are not in the interest of the employer

14300.5 (b)(6) - Travel Status and Work-Relatedness
• An injury or illness 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; or
  • Previously experienced a recorded injury or illness of the same type that affects the same part of the body, but recovered completely; and
  • An event or exposure in the work environment caused the signs / symptoms to reappear
- Recurring symptoms of a chronic illness are not new cases (e.g., cancer, asbestosis, silicosis)

- Each episode caused by a new event or exposure in the work environment is a new case (e.g., occupational asthma, skin disorders)

- If medical advice is sought to determine if an injury or illness is a new case or a recurrence or an existing condition, the employer must follow the medical advice

**14300.6(a) - Determination of New Cases**
• An injury or illness is recordable (Cal/OSHA Form 300) if it results in one or more of the following (as defined in the regulation):
  • Death
  • Days away from work
  • Restricted work
  • Transfer to another job
  • Medical treatment beyond first-aid
  • Loss of consciousness
  • Significant injury or illness diagnosed by a licensed physician or other healthcare provider
If a licensed healthcare provider recommends that the employee:

- Stay home but s/he comes to work anyway, count the days away from work in the medical recommendation and record them on the Cal/OSHA Form 300
- Return to work but s/he stays home, end the count of days away from work on the date the medical recommendation states the employee should return to work

If two or more recommendations from licensed healthcare providers exist, decide which is the most authoritative and record the days away from work based on that recommendation
Restricted work occurs when:

- The employer, on the recommendation of a licensed healthcare provider, keeps the employee from:
  - Performing one or more “routine functions” of the job (i.e., work activities regularly performed at least once per week); or
  - Working a full workday

- Restricted work days do not include the day of the injury or illness
• If the healthcare provider’s recommendations are vague, ask if the employee can:
  • Perform all routine job functions; and
  • Work the full assigned work shift

• Then, record the injury/illness as a restricted work case if:
  • The answer to either question above is no; or
  • Clarifying information cannot be obtained from the healthcare provider

14300.7(b)(4) - Restricted Work
“Medical treatment beyond first-aid” means the management and care of a patient to combat disease or disorder, not including:

• Visits to licensed healthcare provider solely for observation or counseling
• Diagnostic procedures (x-rays, blood tests, prescription medications used solely for diagnosis)
• First-aid (as defined in the regulation)
“First-aid” means using:

- Non-prescription medication at nonprescription strength
- Wound coverings, gauze pads, butterfly bandages, Steri-Strips
- Hot or cold therapy
- Non-rigid means of support
- Temporary immobilization devices (backboards; c-collars)
- Eye patches
- Finger guards
- Massages

- Removing foreign bodies and splinters by irrigation, tweezers, cotton swabs or other simple means
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Administering Tetanus immunizations
- Cleaning, flushing, or soaking surface wounds
- Drilling of fingernail or toenail, draining fluid from blister
- Drinking fluids for heat stress

14300.7(b)(5) - First Aid
Non-prescription medications include:

- Ibuprofen (Advil) < 467 mg
- Naproxen Sodium (Aleve) < 220 mg
- Diphenhydramine (Benadryl) < 50 mg
- Ketoprofen < 25 mg

OSHA recordable medical treatment

- IV fluids
- SILVADENE Cream
  - Used for Burns – Bacitracin as an alternative
- Surgical glue is OSHA recordable medical treatment
- Oxygen is first-aid if only for precautionary measures; OSHA recordable medical treatment if symptoms are present
- Loss of consciences is OSHA recordable
- Broken teeth are OSHA recordable
**Second Opinions:**
If a physician or other licensed healthcare professional recommends medical treatment, days away from work or restricted work activity as a result of a work-related injury or illness can the employer decline to record the case based on a contemporaneous second provider’s opinion that the recommended medical treatment, days away from work or work restriction are unnecessary, if the employer believes the second opinion is more authoritative?

Yes. However, once medical treatment is provided for a work-related injury or illness, or days away from work or work restriction have occurred, the case is recordable. If there are conflicting contemporaneous recommendations regarding medical treatment, or the need for days away from work or restricted work activity, but the medical treatment is not actually provided and no days away from work or days of work restriction have occurred, the employer may determine which recommendation is the most authoritative and record on that basis. In the case of prescription medications, Cal/OSHA considers that medical treatment is provided once a prescription is issued.

**Minor CTDs and Recordability**¹
Does the employer have to record a work-related injury and illness, if an employee experiences minor musculoskeletal discomfort, the health care professional determines that the employee is fully able to perform all of his or her routine job functions, but the employer assigns a work restriction to the injured employee?

A case would not be recorded under section 14300.7(b)(4) if 1) the employee experiences minor musculoskeletal discomfort, and 2) a health care professional determines that the employee is fully able to perform all of his or her routine job functions, and 3) the employer assigns a work restriction to that employee for the purpose of preventing a more serious condition from developing. If a case is or becomes recordable under any other general recording criteria contained in section 14300.7, such as medical treatment beyond first aid, a case involving minor musculoskeletal discomfort would be recordable.

¹Taken from Cal-OSHA FAQ’s January 2005
Hearing loss must be recorded if employee’s audiogram reveals:

- Work-related Standard Threshold Shift of 25 decibels or more (averaged at 2000, 3000 and 4000 hertz) above audiometric zero in the same ear
- Age adjustment is allowed
- Determine if case is work-related using 8CCR 14300.5
- Check “Other Illnesses” on Cal/OSHA Form 300 (or equivalent)
Employer Records of Occupational Injury and Illness

Getting Started

Additional Resources
Reporting

• No exemptions; all employers must report:
  • Immediately any serious injury, illness or death occurring in a place of or in connection with employment to the Division of Occupational Safety and Health as required by Title 8, Section 342; and
  • Occupational injury or illness to the Division of Labor Statistics and Research
From 8CCR330 and 8CCR342

Every employer shall report immediately by telephone or telegraph to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment. Immediately means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.

Serious Injury/Illness

Whenever a state, county, or local fire or police agency is called to an accident involving an employee covered by this part in which a serious injury, or illness, or death occurs, the nearest office of the Division of Occupational Safety and Health shall be notified by telephone immediately by the responding agency.
Starting Jan 1, 2020 AB 1805 Reporting Injuries and Illness to Cal-OSHA

- Serious Injury/Illness

“Serious injury or illness” means any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for hospitalization, for other than medical observation or diagnostic testing, or in which an employee suffers a loss of any member of the body or suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway. highway, unless the accident occurred in a construction zone.

Inpatient care means you are admitted to the hospital on a doctor's order. ... Outpatient care is defined as hospital or medical facility care that you receive without being admitted or for a stay of less than 24 hours (even if this stay occurs overnight)