OSHA Recordkeeping Logic: Fill out for each case

Employee: ____________________ Injury/illness date: ____________ Case # ________

☐ The employee has a new occupational injury/illness (if occupational but not new, update old log). Fault, preventability, and compensability are irrelevant. See Work-Relatedness Logic Chart on p.3.

OR

☐ The employee’s previous injury/illness (even if non-occupational) has been aggravated at work.

AND

(If you check any of the boxes below, record the case.)

The newly incurred or aggravated illness/injury –

☐ Caused a licensed healthcare professional (LHCP) to recommend, or the employee to have, a day away from work beyond the injury day. (Ignore time for examination/diagnosis; stop time when LHCP recommends return to work.)

☐ Caused an LHCP to say that the employee is unable to do any task that the employee regularly does at least once weekly (“a routine function”) or to work a full workday (exclude injury day). See CAUTION below and Restrictions on p.4.

☐ We kept the employee from doing a routine function or from working a full workday (exclude injury day).

☐ CAUTION: (1) Whether the employee can still do other useful work is irrelevant. See Restrictions on p.4. (2) Vague restrictions (“light duty,” “take it easy”) are restrictions unless you clarify with LHCP that he means otherwise. See Vague or Conflicting Restrictions on p.4.

☐ Caused a job transfer (ignore injury day).

☐ Caused unconsciousness (ignore length).

☐ Caused a treatment not on the First Aid/Non-Medical Treatment List.

☐ Caused an LHCP to administer or prescribe prescription medication, or non-prescription medication at prescription strength, even if not taken. See Medical Treatment and Prescriptions on p.4.

☐ Is cancer or a chronic irreversible disease.

☐ Is a broken or cracked bone (including tooth).

☐ Is a punctured eardrum.

☐ Is a stick/cut from a contaminated needle or sharp.

☐ Is a work-related Standard Threshold Shift (STS).

☐ Is tuberculosis caused by a known work exposure. OR

☐ An OSHA standard requires removal of the employee.

First Aid /Non-Medical Treatment List

• Observation or counseling by LHCP;
• Diagnostic procedures, and prescription medications used for diagnosis;
• Non-prescription medication at non-prescription strength;
• Tetanus immunization;
• Cleaning, flushing or soaking wounds on the surface of the skin;
• Wound coverings (bandages, Bandaids™, gauze pads, butterfly bandages, Steri-Strips™);
• Hot or cold therapy;
• Non-rigid means of support;
• Finger guards;
• Temporary immobilization devices for transport;
• Drilling of a fingernail or toenail;
• Draining blister fluid;
• Eye patches;
• Removing foreign bodies from the eye using only irrigation or a cotton swab;
• Removing splinters or foreign material from non-eye areas by irrigation, tweezers, cotton swabs or other simple means;
• Massage;
• Drinking fluids for relief of heat stress.
General Recordkeeping Logic Chart

Did the employee experience an injury or illness?

- No
  - Is the injury or illness work-related?
    - No
      - Is the injury or illness a new case?
        - No
          - Update the previously recorded entry if necessary.
        - Yes
          - Does the injury or illness meet the general recording criteria or the application to specific cases?
            - Yes
              - Record the injury or illness.
            - No
              - Do not record the injury or illness.
    - Yes
      - Update the previously recorded entry if necessary.

- Yes
  - Update the previously recorded entry if necessary.
Did an event or exposure in the work environment cause or contribute to the resulting condition, or significantly aggravate a pre-existing injury or illness?

- Yes
  - Was the employee present in work environment as a member of the general public?
  - Did case involve signs or symptoms that surface at work but result solely from non-work-related event or exposure that occurs outside the work environment?
  - Was case caused by voluntary participation in wellness programs, medical, fitness or recreational activity?
  - Was case caused by eating, drinking or preparing food or drink for personal consumption?
  - Was case caused by personal tasks at establishment outside assigned working hours?
  - Was case caused by personal grooming, self medication for non-work-related condition, or intentionally self-inflicted?
  - Was case caused by motor vehicle accident in company parking lot/access road during commute?
  - Was case a common cold or flu?
  - Was case a mental illness?

- No
  - Case is not work related.

Did employee volunteer opinion of work-relatedness from appropriately trained LHCP?

- Yes
  - Case is work related.
- No
Restrictions

Definition of a Restriction: A restriction occurs when, on a day other than the injury/illness day, either the employer keeps the employee from performing, or a licensed health care professional (LHCP) recommends that the employee not perform, at least one work activity that the employer regularly performs at least once per week (“a routine function”), or from working the full workday that the employee would otherwise have been scheduled to work. Therefore, the following are irrelevant:

• Whether the employee can still perform useful work. Giving the employee different work to do (carrying lighter tools; painting instead of welding) does not avoid a restriction. Avoid this common error.
• Whether an employee works despite an LHCP-recommended restriction.
• Whether the employee was scheduled to work. In counting restricted days, include all calendar days, including weekends, holidays, and vacations.
• Whether the employee produces fewer goods or services, or works more slowly, than he would have before the injury/illness. Decreased productivity alone is not a restriction.
• Whether the employee restricts himself. The employer or an LHCP must restrict the employee.

Evaluate the Particular Employee. The same injury may result in a restriction for one employee and not another. It all depends on whether the injury keeps the employee from performing a work activity the employee regularly performs at least once per week (“a routine function”), or from working a full workday.

Vague or Conflicting Restrictions:

• A vague or unclear LHCP recommendation – e.g., that the employee engage only in “light duty” or “take it easy for a week” – results in a restriction unless the LHCP clarifies that the employee can still perform all routine functions and work a full shift.
• If two LHCP’s differ on whether the employee is restricted, choose the more authoritative view.
• Once an employee works under a restriction, it’s recordable. The bell can’t be unrung.

Medical Treatment and Prescriptions

• Medical treatment is anything not on the first aid list. If a treatment is not there, it’s recordable.
• Use or LHCP recommendation of prescription medicine or a non-prescription medicine at prescription strength is medical treatment. To find out if prescription or prescription strength: Call a pharmacy or OSHA; check the FDA Orange Book (http://www.fda.gov/ceder/ob/) or Medline (www.nlm.nih.gov/medlineplus/druginformation.html).
• Common prescription doses of non-prescription medication: Ibuprofen (Advil™)>467 mg; Diphenhydramine (Benadryl™)>50 mg; Naproxen sodium (Aleve™)>220 mg; Ketoprofen (Orudus KT™)>25 mg.
• It is irrelevant whether the employee fills a prescription or takes the medicine.
• Another bell that cannot be unrung is the use, administration, or LHCP prescription of prescription medicine or non-prescription medicine at prescription strength.

Whom to Believe

The employee is a witness; evaluate his credibility just as you would any other person.
You can rebut a doctor only with another doctor. But once medical treatment is given, a day away from work is incurred, or an employee works under a restriction, it is too late to rebut the first doctor’s view, except as to work-relatedness.

This document is simplified. For details or questions, consult the OSHA Recordkeeping Regulations, the OSHA Recordkeeping Handbook, or call Gene Jones or Andrea Rys.