



Illinois Health and Hospital Association

## OSHA Recordkeeping in the Healthcare Setting



### Objectives

1. *Outline OSHA's Recordkeeping Requirements for Hospital and Healthcare Organizations*
2. *Explain how the new COVID-19 Directives impact the OSHA Recordkeeping Process*
3. *Describe how to use OSHA Recordkeeping data in your Safety and Health Management Program*

## Brief History of the BLS & OSHA



## 1940's

- BLS (Bureau of Labor Statistics) begins collecting work injury data
- Limited in scope and voluntary for employers



- December 1970 – Occupational Safety and Health Act (OSH Act) is signed into law by President Richard Nixon
- April 28, 1971 OSHA is formed



## Purpose of OSHA

“...to assure safe and healthful working conditions for working men and women....”

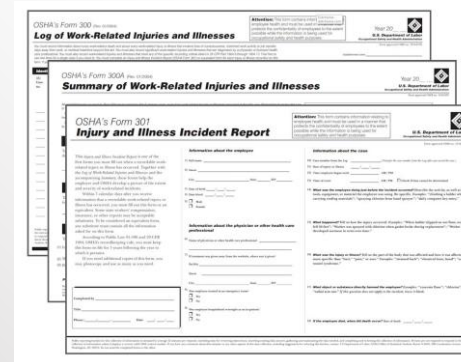
[https://www.osha.gov/laws-regs/oshact/section\\_1](https://www.osha.gov/laws-regs/oshact/section_1)

### Purpose of OSHA Recordkeeping

“The OSHA Recordkeeping system is intended to collect, compile and analyze uniform and consistent nationwide data on occupational injuries and illnesses.”

<https://www.blr.com/workplace-safety/safety-administration/injury-and-illness-records-osa-300>

### OSHA Injury & Illness Recordkeeping Rule 29 CFR Part 1904



## Sections of OSHA's Recordkeeping Rule

Standard Number - 1904

- Subpart A - Purpose
- Subpart B - Scope
- Subpart C - Forms and recording criteria
- Subpart D - Other requirements
- Subpart E - Reporting to the government
- Subpart F - Transition
- Subpart G - Definitions

## Subpart A Purpose (of the Rule)

To require employers to record and report work-related fatalities, injuries, and illnesses

### Subpart B - Scope

1904.1 – Small employer partial exemptions

- If 10 or fewer employees at all times during the last calendar year

1904.2 – Partially exempt industries

- If establishment classified in specific industry group, do not need to keep OSHA injury and illness records

(see OSHA's appendix A to 1904 Subpart B for a complete list of partially exempt industry groups)  
<https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.2>

### Partially Exempt Healthcare related Industries

Some examples of partially exempt healthcare related industries

1. Offices of Physicians
2. Offices of Dentists
3. Offices of Other Health Practitioners
4. Outpatient Care Centers
5. Medical and Diagnostic Laboratories



## Covered Healthcare Industries That Must Record Injuries and Illnesses

1. General Medical & Surgical Hospitals
2. Psychiatric and Substance Abuse Hospitals
3. Specialty (except Psychiatric and Abuse) Hospitals
4. Nursing Care Facilities (Skilled Nursing Facilities)



## 1904 Subpart C Recordkeeping Forms and Recording Criteria

Must record all **new cases** of **work related** fatalities, injuries, and illnesses that meet one or more of the **criteria** contained in sections 1904.7 through 1904.11.

## General Recording Criteria

1904.7

Injuries or Illness that involve one or more of the following must be recorded on the OSHA 300 Log

- Death
- Days away from work
- Restricted Work or Job Transfer
- Medical Treatment beyond first aid
- Loss of consciousness
- Other significant injuries or illnesses

The image shows a portion of the OSHA 300 Log form. It includes columns for 'Date', 'Description of Injury/Illness', 'Part of Body Affected', 'Job Title', and 'Days Away from Work'. A red arrow points to the 'Days Away from Work' column.

## Days Away Cases

1904.7(b)(3)

Record if the case involves one or more days away from work (excluding day of injury or illness)

Check the box for days away cases and count the number of calendar days

**Classify the case**  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Death (G)	Remained at Work		
	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Enter the number of days the injured or ill worker was:**

Away from work (K)	On job transfer or restriction (L)
___ days	___ days



### Days Away Cases

1904.7(b)(3) (continued)

- Cap day count at 180 days away and/or days restricted

Enter the number of days the injured or ill worker was:		Enter the number of days the injured or ill worker was:	
Away from work	On job transfer or restriction	Away from work	On job transfer or restriction
(K)	(L)	(K)	(L)
180 days	_____ days	145 days	35 days

- May stop day count if employee leaves company for a reason unrelated to the injury or illness

### Restricted Work Cases

1904.7(b)(4)

Record if the case involves one or more days of restricted work or job transfer (excluding day of injury or illness)

Check the box for restricted/transfer cases and count the number of days

**Classify the case**  
CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Remained at Work**

### Restricted Work Cases

1904.7(b)(4) (continued)

Restricted work means the employees 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

Routine Job Functions: those activities the employee regularly performs at least once per week



### Job Transfer

1904.7(b)(4)

#### Definition of 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

Enter the number of days the injured or ill worker was:

Away from work (K)	On job transfer or restriction (L)
_____ days	_____ days

## Medical Treatment

1904.7(b)(5)(i)

### Definition of Medical Treatment

“The management and care of a patient to combat disease or disorder.”



### It does not include:

- Visits to Medical Provider solely for observation or counseling
- Diagnostic procedures
- First aid

## First Aid

1904.7(b)(5)



- 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

## First Aid (continued)

1904.7(b)(5)



- 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

## Classifying the Injury and Type of Illness

Column (M) - OSHA 300 Log

### Definition of "Injury"

Any wound or damage to the body resulting from an event in the work environment. Cut, puncture, laceration, abrasion, fracture, bruise, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.

**Check the "Injury" column or choose one type of illness:**

(M)	(1)	(2)	(3)	(4)	(5)	(6)
Injury	Skin disorder	Respiratory conditions	Poisoning	Hearing loss	All other illnesses	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[https://www.osha.gov/recordkeeping/osha-rkforms-winstr\\_fillable.pdf](https://www.osha.gov/recordkeeping/osha-rkforms-winstr_fillable.pdf)

## Classifying the Injury and Type of Illness

### Column (M) - OSHA 300 Log

Illness Type: Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

**Check the "Injury" column or choose one type of illness:**

(M)	(1)	(2)	(3)	(4)	(5)	(6)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Skin disorder	Respiratory conditions	Poisoning	Hearing loss	All other illnesses	

[https://www.osha.gov/recordkeeping/osh-rkforms-winstr\\_fillable.pdf](https://www.osha.gov/recordkeeping/osh-rkforms-winstr_fillable.pdf)

## Classifying the Injury and Type of Illness

### Column (M) - OSHA 300 Log

Illness Type: Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

**Check the "Injury" column or choose one type of illness:**

(M)	(1)	(2)	(3)	(4)	(5)	(6)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Skin disorder	Respiratory conditions	Poisoning	Hearing loss	All other illnesses	

[https://www.osha.gov/recordkeeping/osh-rkforms-winstr\\_fillable.pdf](https://www.osha.gov/recordkeeping/osh-rkforms-winstr_fillable.pdf)

### Classifying the Injury and Type of Illness Column (M) - OSHA 300 Log

Illness Type: Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

**Check the "Injury" column or choose one type of illness:**

(M)	Injury	Skin disorder	Allergy	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[https://www.osha.gov/recordkeeping/osa-rkforms-winstr\\_fillable.pdf](https://www.osha.gov/recordkeeping/osa-rkforms-winstr_fillable.pdf)

### Classifying the Injury and Type of Illness Column (M) - OSHA 300 Log

Illness Type: Severity Type: Hearing Loss is noise-induced hearing loss as defined for recordkeeping purposes as a change in hearing threshold.

**Check the "Injury" column or choose one type of illness:**

(M)	Injury	Skin disorder	Allergy	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

[https://www.osha.gov/recordkeeping/osa-rkforms-winstr\\_fillable.pdf](https://www.osha.gov/recordkeeping/osa-rkforms-winstr_fillable.pdf)

### Classifying the Injury and Type of Illness Column (M) - OSHA 300 Log

Illness Type: All other illnesses include heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; blood borne pathogenic diseases, such as AIDS, HIV, Hepatitis B or Hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

**Check the "Injury" column or choose one type of illness:**

(M)	Injury	Skin disorder	Respiratory conditions	Poisoning	Loss of consciousness	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[https://www.osha.gov/recordkeeping/osh-rkforms-winstr\\_fillable.pdf](https://www.osha.gov/recordkeeping/osh-rkforms-winstr_fillable.pdf)

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

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



## Significant Diagnosed Injury or Illness

1904.7(b)(7)

Always record the following work related conditions:  
(even if no treatment rendered)

Cancer

Chronic irreversible disease

Punctured eardrum

Fractured or cracked bone or tooth

## Bloodborne Pathogens

1904.8

**All** work-related “**contaminated sharps**” i.e. needlesticks and cuts from sharp objects that are contaminated with another person’s blood or OPIM must be recorded on the OSHA 300 Log



**Only** record work-related splashes or “**non-sharp**” related exposures to blood or OPIM **if it results in a diagnosis of a bloodborne disease** or meets the general recording criteria



OPIM = Other Potentially Infectious Material



## Medical Removal

1904.9

- Work Exposures in which an employee is medically removed under the medical surveillance requirements of an OSHA standard, must be recorded on the OSHA 300 Log.

Examples: Lead, cadmium, methylene chloride, formaldehyde, benzene etc.



## Hearing Loss

1904.10

### Must record all work-related hearing loss cases where:

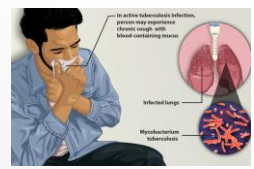
- An employee's hearing test (audiogram) demonstrates they have experienced a work-related Standard Threshold Shift (STS) in hearing in one or both ears, and the total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ears as the STS.



See OSHA Standard Number 1904.10 for complete details

### Tuberculosis 1904.11

Work related exposures to someone with a known case of active TB **that develops into a TB infection** must be recorded on the OSHA Log.



### OSHA 300 Log & 301 Form 1904.29(b)(3)

- Record case in log and complete OSHA 301 form within 7 calendar days of receiving information.

A screenshot of the OSHA Form 300, 'Log of Work-Related Injuries and Illnesses'. It features a table with columns for 'Date', 'Description of Incident', 'Employee Name', 'Job Title', 'Department', 'City', 'State', and 'Zip'. The table contains several rows of data, including dates like 1/22/20, 1/23/20, and 1/24/20, and descriptions of incidents such as 'Slip, Trip, Fall' and 'Lifting/Lowering Object'. There are also checkboxes for 'Lost Workdays' and 'Job Transfer'.A screenshot of the OSHA Form 301, 'Injury and Illness Incident Report'. It contains various fields for reporting an incident, including 'Date of Incident', 'Time of Incident', 'Location of Incident', 'Description of Incident', 'Employee Name', 'Job Title', 'Department', 'City', 'State', and 'Zip'. It also includes sections for 'Investigation Details', 'Medical Treatment', and 'Return to Work'.

# OSHA Form 301 Injury and Illness Incident Report

**OSHA's Form 301** (Rev. 04/2004)  
**Injury and Illness Incident Report**

**Form 301** is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses and the accompanying Summary, these forms help the employer and 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 on 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 information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, 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 the printout or insert additional form pages in the PDF, and then use as many as you need.

**Completed by:** \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Information about the employee**

1. Full name: \_\_\_\_\_  
2. Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
3. Date of birth: \_\_\_\_\_  
4. Date hired: \_\_\_\_\_  
5. OSHA ID number: \_\_\_\_\_  
6. Name of physician or other health care professional: \_\_\_\_\_  
7. If treatment was given away from the workplace, where was it given?  
Facility: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
8. Was employee treated in an emergency room?  
 Yes  
 No  
9. Was employee hospitalized overnight or in a patient?  
 Yes  
 No

**Information about the case**

10. On what number from the Log: \_\_\_\_\_  
11. Date of injury or illness: \_\_\_\_\_  
12. How employee began work (12/04/04): \_\_\_\_\_  
13. Time of onset (12/04/04): \_\_\_\_\_  
14. By what 14 to 17: \_\_\_\_\_  
15. What was the employee doing just before the incident occurred?  
16. How did it happen?  
17. What signs or symptoms already existed at the workplace?  
18. If the employee died, when did death occur?

**U.S. Department of Labor**  
Occupational Safety and Health Administration

Form approved OSHA 301 (04/2004)

# OSHA 300 Log & 301 Form 1904.29(b)(3) continued

- Forms that have all of the same information that is on the OSHA 301 Form may be used

Example: work accident or incident reports

**ACCIDENT REPORT**

**MUST HAVE ALL OF THE SAME INFORMATION AS**

**OSHA's Form 301** (Rev. 04/2004)  
**Injury and Illness Incident Report**

The information on this form must be the same as that on the OSHA Form 301. If you are using a different form, it must contain all the information requested on the OSHA Form 301. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, 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 the printout or insert additional form pages in the PDF, and then use as many as you need.

**Completed by:** \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Information about the employee**

1. Full name: \_\_\_\_\_  
2. Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
3. Date of birth: \_\_\_\_\_  
4. Date hired: \_\_\_\_\_  
5. OSHA ID number: \_\_\_\_\_  
6. Name of physician or other health care professional: \_\_\_\_\_  
7. If treatment was given away from the workplace, where was it given?  
Facility: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
8. Was employee treated in an emergency room?  
 Yes  
 No  
9. Was employee hospitalized overnight or in a patient?  
 Yes  
 No

**Information about the case**

10. On what number from the Log: \_\_\_\_\_  
11. Date of injury or illness: \_\_\_\_\_  
12. How employee began work (12/04/04): \_\_\_\_\_  
13. Time of onset (12/04/04): \_\_\_\_\_  
14. By what 14 to 17: \_\_\_\_\_  
15. What was the employee doing just before the incident occurred?  
16. How did it happen?  
17. What signs or symptoms already existed at the workplace?  
18. If the employee died, when did death occur?

**U.S. Department of Labor**  
Occupational Safety and Health Administration

Form approved OSHA 301 (04/2004)

## OSHA 300 Log & 301 Form 1904.29(b)(3) continued

- Computer records are permitted
- **if they can be produced when needed**



## OSHA Log - Privacy Concern Cases 1904.29(b)(6)

- Do not enter the name of an employee on the OSHA 300 Log for “privacy concern cases”
- Enter “privacy case” in the name column

Identify the person		
(A) Case no.	(B) Employee's name	(C) Job title <i>(e.g., Welder)</i>
1	Privacy Case	RN

- Keep a separate confidential list of the case numbers and employee names

### Privacy Case Determination 1904.29(b)(7)

#### Privacy concern cases are:

- Injuries or illnesses to an intimate body part or reproductive system
- Injury or illness from a sexual assault
- Mental illness

Identify the person		
(A) Case no.	(B) Employee's name	(C) Job title (e.g., <i>Holder</i> )
1	Privacy Case	RN

### Privacy Case Determination 1904.29(b)(7) continued

#### Privacy concern cases are:

- HIV infection, hepatitis, tuberculosis
- Needlestick or sharps injuries contaminated with another person's blood or OPIM
- Employee requests to keep their name off

Identify the person		
(A) Case no.	(B) Employee's name	(C) Job title (e.g., <i>Holder</i> )
1	Privacy Case	RN

### Sharps Injury Log 29 CFR 1910.1030

- Must establish and maintain a sharps injury log recording of percutaneous injuries from contaminated sharps
- Must be recorded in such manner as to protect the confidentiality of the injured employee

Establishment/Facility Name: \_\_\_\_\_

Sample Sharps Injury Log				Year 2
Date	Case Number	Type of Device (i.e., syringe, needle, scalpel)	Brand Name of Device	[Brief description of how the incident occurred (do not include names)]

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### Sharps Injury Log 29 CFR 1910.1030

Minimum information that should be on the log

- (A) The type and brand of device involved in the incident,
- (B) The department or work area where the exposure incident occurred, and
- (C) An explanation of how the incident occurred.

Establishment/Facility Name: \_\_\_\_\_

Sample Sharps Injury Log				Year 2
Date	Case Number	Type of Device (i.e., syringe, needle, scalpel)	Brand Name of Device	[Brief description of how the incident occurred (do not include names)]

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## Subpart D – Other OSHA Injury & Illness Recordkeeping Requirements

- 1904.30 – Multiple business establishments
- 1904.31 – Covered employees
- 1904.32 – Annual summary
- 1904.33 – Retention and updating
- 1904.34 – Change in business ownership
- 1904.35 – Employee involvement
- 1904.36 – Prohibition against discrimination
- 1904.37 – State recordkeeping regulations
- 1904.38 – Variances from the recordkeeping rule

## Multiple Business Establishments

1904.30

OSHA Recordkeeping for:

- Hospital
- Other Locations
- Hospital or Health System Employees working at multiple locations

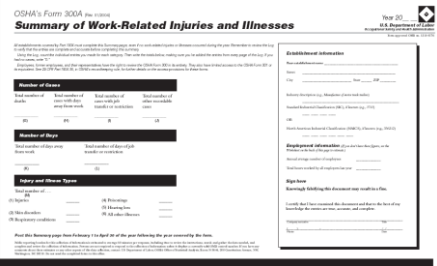
### Covered Employees 1904.31

The following employees are to be recorded on the OSHA 300 Log

- All employees on your payroll
- Temp Employees you supervise on a day-to-day basis i.e. Agency RN, CNA, etc.
- Contractor employees you supervise on a day-to-day basis

### Annual Summary of Injuries OSHA 300A - 1904.32

At the end of each calendar year you must prepare and post form OSHA 300A.



The image shows a sample of OSHA Form 300A, 'Summary of Work-Related Injuries and Illnesses'. The form is divided into several sections:

- OSHA Form 300A** (top left)
- Summary of Work-Related Injuries and Illnesses** (top center)
- Page 20** (top right)
- Establishment Information** (right side, includes name, address, phone, fax, and OSHA ID)
- Number of Injuries** (table with columns for Total, Lost work days, Job transfer or restriction, and Significant injury or illness)
- Number of Days** (table with columns for Total, Job transfer or restriction, and Significant injury or illness)
- Injury and Illness Types** (checkboxes for various categories like Skin, Eye, Hearing, etc.)
- Employment Information** (right side, includes employee count, full-time/part-time status, and other details)
- Sign Date** (bottom right)



# Annual Summary of Injuries OSHA 300A - 1904.32

## Step 1

- Review & Update OSHA 300 Log

# Annual Summary of Injuries OSHA 300A - 1904.32

## Completing Sections of the OSHA 300A

**Number of Cases**

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)

**Number of Days**

Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)

**Injury and Illness Types**

Total number of... (M)

(1) Injuries	(4) Poisonings
(2) Skin disorders	(5) Hearing loss
(3) Respiratory conditions	(6) All other illnesses

## Annual Summary of Injuries OSHA 300A - 1904.32

### Continued Completing Sections of the OSHA 300A

<b>Your establishment name</b> _____
Street _____
City _____ State _____ ZIP _____
Industry description (e.g., <i>Manufacture of motor truck trailers</i> ) _____
Standard Industrial Classification (SIC), if known (e.g., 3715) _____
OR _____
North American Industrial Classification (NAICS), if known (e.g., 336212) _____

#### Examples of Healthcare Industry Descriptions

NAICS 622100  
General Medical and  
Surgical Hospitals

NAICS 621111  
Offices of Physicians  
(except Mental Health  
Specialists)

## Annual Summary of Injuries OSHA 300A - 1904.32

### Continued Completing Sections of the OSHA 300A

<b>Employment information</b> (If you don't have these figures, see the Worksheet on the back of this page to estimate.)
Annual average number of employees _____
Total hours worked by all employees last year _____

## Annual Summary of Injuries OSHA 300A - 1904.32

### Annual average number of employees calculation

**How to figure the average number of employees who worked for your establishment during the year:**

**1 Add** the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The number of employees paid in all pay periods = **1** \_\_\_\_\_

**2 Count** the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = **2** \_\_\_\_\_

**3 Divide** the number of employees by the number of pay periods.

$\frac{\mathbf{1}}{\mathbf{2}}$  \_\_\_\_\_ = **3** \_\_\_\_\_

**4 Round the answer** to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.

The number rounded = **4** \_\_\_\_\_

## Annual Summary of Injuries OSHA 300A - 1904.32

### Annual average number of employees calculation Example

For example, Acme Construction figured its average employment this way:

For pay period...	Acme paid this number of employees...	
1	10	Number of employees paid = 830 <b>1</b>
2	0	Number of pay periods = 26 <b>2</b>
3	15	
4	30	
5	40	$\frac{830}{26} = 31.92$ <b>3</b>
▼	▼	26
24	20	31.92 rounds to 32 <b>4</b>
25	15	
26	+10	32 is the annual average number of employees
	830	

# Annual Summary of Injuries OSHA 300A - 1904.32

## Step 3

- Certify the Summary

OSHA's Form 300A (Rev. 10/15/10) Summary of Work-Related Injuries and Illnesses

**Number of Injuries**

OSHA 300A-101	OSHA 300A-102	OSHA 300A-103	OSHA 300A-104	OSHA 300A-105
1	2	3	4	5

**Number of Days Lost**

OSHA 300A-201	OSHA 300A-202	OSHA 300A-203	OSHA 300A-204	OSHA 300A-205
6	7	8	9	10

**Signatures**

OSHA 300A-301  
OSHA 300A-302  
OSHA 300A-303  
OSHA 300A-304  
OSHA 300A-305

**Sign here**  
Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_



# Annual Summary of Injuries OSHA 300A - 1904.32

Company Executive who signs form can be:

- An Officer of the hospital or health system i.e. CEO, Compliance Officer
- The Highest ranking company official of the hospital or health system

**Sign here**  
Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive \_\_\_\_\_ Title \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

## Annual Summary of Injuries OSHA 300A - 1904.32

### Step 4

- Post Annual Summary no later than February 1<sup>st</sup>

Where should it be posted?

- “conspicuous place or places where notices to employees are customarily posted.”



## Annual Summary of Injuries OSHA 300A - 1904.32

### Mandatory Posting Period

The Annual Summary of Injuries must be posted between February 1<sup>st</sup> and April 30<sup>th</sup>



### Retention & Updating 1904.33

#### 5 Year Retention Requirement

You **MUST** keep **ALL** OSHA Recordkeeping Records (5) years following the of the calendar year that these records cover.



### Retention & Updating 1904.33

Updating the OSHA 300 Log during five-year storage period

Hospitals/Health Systems **MUST UPDATE** stored OSHA 300 Logs documenting new cases and change in case status.

### Retention & Updating 1904.33

OSHA 300A – Annual Summary & OSHA 301 Incident Reports

You **DO NOT** have to update the OSHA 300A Annual Summary Form or OSHA 301 Incident Reports.

### Subpart E - Reporting Information to the Government

1904.39 Fatality and catastrophe reporting

1904.40 Access for Government representatives

1904.41 OSHA Survey

1904.42 BLS Survey

## Reporting Fatalities and Severe Injuries

1904.39

### Report a Fatality or Severe Injury

- All employers are required to notify OSHA when an employee is killed on the job or suffers a work-related hospitalization, amputation, or loss of an eye.
- A fatality must be reported within 8 hours.
- An in-patient hospitalization, amputation, or eye loss must be reported within 24 hours.



### \*\*\*\*Important OSHA Reporting Condition\*\*\*\*

- **Fatality Reporting:** “only if fatality occurs within (30) days of the work-related incident.” 1904.39(b)(6)
- **In-Patient Hospitalization:** “only ...if it occurs within (24) hours of the work-related incident.” 1904.39(b)(6)

## Reporting Fatalities and Severe Injuries

1904.39

### To Make a Report

- Call the nearest OSHA office.
- Call the OSHA 24-hour hotline at 1-800-321-6742 (OSHA).
- [Report online](#)

Be prepared to supply: Business name; names of employees affected; location and time of the incident, brief description of the incident; contact person and phone number.



### Electronically Reporting Form 300A Data to OSHA

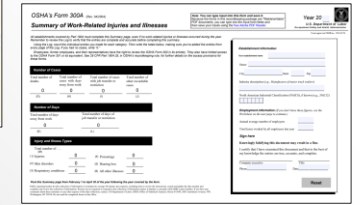
Which healthcare organizations must report

- Establishments with 250 or more employees that are required to keep OSHA Injury & Illness Records
- Establishments with 20-249 employees that are classified in certain industries

### Electronically Reporting Form 300A Data to OSHA - 1904.41

Deadline

Submission must be made **by March 2** of each year



## Electronically Reporting Form 300A Data to OSHA - 1904.41

Data submission process

OSHA provides a secure website where employers create an account, enter, and submit their data.

<https://www.osha.gov/injuryreporting/ita/>

## BLS Survey of Occupational Injuries and Illnesses - 1904.42

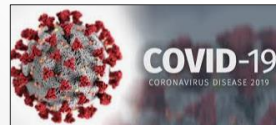
**Basic requirement.** If you receive a Survey of Occupational Injuries and Illnesses Form from the Bureau of Labor Statistics (BLS), or a BLS designee, you must promptly complete the form and return it following the instructions contained on the survey form.

## OSHA Recordkeeping Directives for COVID-19 Cases

May 19, 2020 Revised Enforcement Memo from OSHA

Criteria to Record COVID-19 Cases on OSHA 300 Log

- Confirmed case of COVID-19 as defined by the CDC
- Case is work related as defined by 29 CFR § 1904.5
- Case involves one or more general recording criteria set for in 29 CFR § 1904.7



## COVID-19 Determining Work Relatedness

Employers should make a reasonable investigation to determination of work relatedness

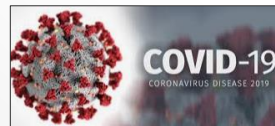
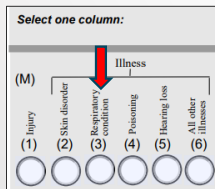
- Ask employee how they believe they contracted COVID-19 illness
- Discuss with employee work and out of work activities that may have led to COVID-19 illness
- Review employee's work environment for potential COVID-19 exposure



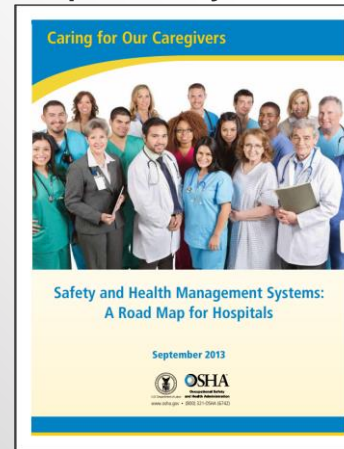
### COVID-19 Type of Injury or Illness

Pursuant to the May 19, 2020 Memo from OSHA

“COVID-19 is a respiratory illness and should be coded as such on the OSHA Form 300.”



### OSHA Recordkeeping & Hospital Safety and Health Management Systems



- SIX MAJOR ELEMENTS OF AN EFFECTIVE INJURY & ILLNESS PREVENTION PROGRAM**
- Management Leadership
  - Worker Participation
  - Hazard Identification and Assessment
  - Hazard Prevention and Control
  - Education and Training
  - Program Evaluation and Improvement
- OSHA FACT SHEET – INJURY & ILLNESS PREVENTION PROGRAMS  
<http://www.mssc.org/wp-content/uploads/2013/06/OSHA-3665.pdf>

## Hazard Identification and Assessment

Table 2-1. Examples of Information Sources for Hazard Identification and Assessment

One of the sources listed are Workplace injury and illness information including the OSHA Recordkeeping forms.

The image shows three OSHA recordkeeping forms stacked on top of each other. The top form is OSHA Form 300, titled 'Log of Work-Related Injuries and Illnesses'. The middle form is OSHA Form 300A, titled 'Summary of Work-Related Injuries and Illnesses'. The bottom form is OSHA Form 301, titled 'Injury and Illness Incident Report'. Each form includes various fields for recording workplace incidents, such as dates, descriptions, and employee information.

## OSHA 300 Log Safety Information

Provides the opportunity to identify:

1. Hazards that caused the most incidents
2. Occupations with the most incidents
3. Departments with the most incidents and types of incidents
4. Incidents and hazards resulting in the most severe outcomes

## OSHA 300A and Benchmarking

The information collected by the BLS is available to review for benchmarking purposes.

## Benchmarking Rate Definitions

Total Incidence Rate = Total recordable injury & illness cases

Days Away Rate = Cases involving days away from work

Job Transfer/Restriction Rate = Cases involving job transfer or restricted work activity only

DART Rate = Total cases involving days away from work, days of restricted work activity, and/or job transfer

### OSHA 300A and Benchmarking

Example of a result using the BLS Injury and Illness Rate Calculator and Comparison Tool for General Medical and Surgical Hospitals (NAICS 622100).

Injury And Illness Incidence Rate Calculator and Comparison Tool

Year:	2019	
Area:	Private industry, All U.S.	
Supersector:	Education and health services	
Industry:	General medical and surgical hospitals	

Case Type	Your Establishment	Private industry, All U.S.
Total	5.0	5.5
Days Away	1.6	1.3
Job Transfer/Restriction	0.8	0.9
DART	2.4	2.2

### HOSPITAL BENCHMARKING EXAMPLE

NAICS 622100 - General Medical and Surgical Hospitals

TOTAL INCIDENCE RATE		
	General Medical and Surgical Hospitals	Hospital A
2015	6	6.3
2016	5.9	6.6
2017	5.7	6.1
2018	5.6	5.5
2019	5.5	5.2

DAYS AWAY RATE		
	General Medical and Surgical Hospitals	Hospital A
2015	1.4	1.3
2016	1.3	1.8
2017	1.3	1.2
2018	1.3	1.1
2019	1.3	1.1

JOB TRANSFER/RESTRICTION		
	General Medical and Surgical Hospitals	Hospital A
2015	1	0.8
2016	1	1.4
2017	1	1.2
2018	0.9	1.1
2019	0.9	0.7

DART RATE		
	General Medical and Surgical Hospitals	Hospital A
2015	2.3	2.1
2016	2.3	3.2
2017	2.2	2.4
2018	2.2	2.2
2019	2.2	1.8

## QUESTIONS?

Please email all questions to Mike Benedeck at  
[mbenedeck@team-iha.org](mailto:mbenedeck@team-iha.org)

OSHA Recordkeeping and other presentation resource  
links will be emailed to all participants

## For More Help

For any OSHA Recordkeeping assistance needed  
Contact the IRMS/ICT Loss Control Department.

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