

FACT SHEET

OSHA Enforcing New Severe Injury Reporting Rule

Employers expected to focus on root-cause analysis, hazard abatement and prevention

This **WorkCare Fact Sheet** explains provisions of the Occupational Safety and Health Administration's revised rules for reporting severe injuries. It also provides clarification on reporting responsibility in cases involving temporary employees, factors that make a work-related injury or illness OSHA-recordable, and recommended preventive measures. In addition, it summarizes provisions in a proposed rule that would require employers to electronically submit workplace injury and illness records to OSHA.

Severe Injury Reporting

Under [29 CFR Subpart 1904.39, Reporting Fatality, Injury and Illness Information to the Government](#), covered employers are required to report **all** work-related in-patient hospitalizations, amputations and losses of an eye to the federal Occupational Safety and Health Administration (OSHA) within 24 hours of learning about them.

Employers were previously required to report in-patient hospitalizations involving three or more employees. All work-related fatalities must be reported within eight hours.

"Hospitalizations and amputations are sentinel events, indicating that serious hazards are likely to be present at a workplace and that an intervention is warranted to protect the other workers at the establishment," David Michaels, Ph.D., assistant secretary of labor, Occupational Safety and Health, said when the rule was first introduced.

"Before 2015, employers only had to report to OSHA work-related fatalities or incidents where three or more workers were hospitalized. But we have seen that when we inspected after these tragic events, the worksites reporting a fatality often had previous serious injuries and amputations that we had never known about. These were red flags that there were serious hazards in this workplace that needed to be prevented."

—Dr. David Michaels, Assistant Secretary of Labor, Occupational Safety and Health

OSHA officials say the revised reporting rule, which went into effect Jan. 1, 2015, allows the agency and employers to promote prevention and respond more effectively to workplace hazards. For example, OSHA recently issued a [Fact Sheet](#) on preventing cuts and amputations from food slicers and meat grinders. It also announced a [renewed focus on injuries in hospitals and nursing homes](#).

Investigations Encouraged



OSHA reports it initiated inspections for about 34 percent of the 5,400 severe injury reports it received during the first six months following implementation of the new rule and engaged with every reporting employer. OSHA expects companies that are not inspected to conduct their own investigations and inform the agency about their prevention plans.

FACT SHEET

OSHA Enforcing New Severe Injury Reporting Rule



Prior to the new reporting rule, employers recorded individual severe injuries on OSHA 300 logs but were not required to immediately bring them to the agency's attention.

To help put severe injury numbers in perspective, in 2013, the most recent year from which data are available, about 3 million non-fatal workplace injuries and illnesses were recorded by private industry employers—an incidence rate of 3.3 cases per 100 equivalent full-time workers, according to the Survey of Occupational Injuries and Illnesses conducted by the U.S. Bureau of Labor Statistics (BLS). Of those, 109 cases per 10,000 full-time workers involved lost time, with a median of eight days off work.

Who is Covered?

All employers covered by the Occupational Safety and Health Act, including those who are exempt from maintaining injury and illness records, are required to comply with the severe injury reporting rule or face potential citations and fines. In the [25 states and two U.S. territories](#) that have their own occupational health and safety programs, employers are advised to check with local jurisdictions on the status of enforcement.

Reporting Fatalities and Severe Injuries

As prescribed by OSHA, reporting is accomplished by:

1. Calling the agency's confidential toll-free number (1-800-321-OSHA)
2. Calling the nearest federal OSHA area office during business hours. After-hours reports are not accepted.
3. Submitting an electronic form. This option will be offered via [OSHA's online reporting portal](#).



Reporting parties must provide:

- Company name
- Location of the work-related incident
- Time of the work-related incident
- Type of reportable event
- Number of employees who suffered the event
- Names of the employees who suffered the event
- Name of a company contact person and his or her phone number
- Brief description of the work-related incident

The following do not have to be reported:

- Injuries resulting from a motor vehicle accident on a public street or highway; however, employers must report the event if it happened in a construction work zone.
- An event on a commercial or public transportation system (airplane, subway, bus, ferry, street car, light rail, train).
- When an employer learns about a fatality more than 30 days after it occurred or a hospitalization, amputation or loss of an eye more than 24 hours after learning about it.

Definitions

OSHA generally considers an injury, illness or fatality to be related to work when an event or exposure in the work environment either causes or contributes to the condition. If an event or exposure in the work environment significantly aggravates a pre-existing injury or illness, it also is considered work-related.

The following are defined in [Subpart 1904.39](#) of the revised reporting rule:

FACT SHEET

OSHA Enforcing New Severe Injury Reporting Rule



Hospitalization is a formal admission to the in-patient service of a hospital or clinic for care or treatment. Employers do not have to report an in-patient hospitalization if it was for diagnostic testing or observation only. Employers are not required to report an in-patient hospitalization due to a heart attack that may have resulted from a work-related incident.



An **amputation** is the traumatic loss of a limb or other external body part, including part of a finger or toe. Amputations include a limb or appendage that has been severed, either completely or partially; fingertip amputations with or without bone loss; medical amputations resulting from irreparable damage; and amputated body parts that are reattached. Amputations do not include avulsions (tearing away of attached or anchored tissue) and enucleations (surgical removal of an eye or other organ while leaving surrounding tissues intact).

With regard to amputations, when a health care professional's diagnosis is available, OSHA directs employers to "rely on that diagnosis." If there is no available diagnosis, employers are advised to rely on definitions and examples included in the regulatory text of section 1904.39. Examples of injuries that do not need to be reported include degloving (skin torn from

tissue) and scalpings; fingernail, toenail, eyelid and tooth avulsions; and severed ears.

Loss of an eye is defined as physical removal of the eye, including enucleation and evisceration (removal of internal eye contents). The regulation does not cover loss of sight without physical removal of the eye. However, a case involving loss of sight is reportable within 24 hours of in-patient hospitalization.

Another New Provision

As part of the rule change, OSHA has updated its [list of industries](#) with relatively low injury and illness rates that are partially exempt from a requirement to routinely keep related records. It also has updated the list of business establishments newly required to keep records.

These lists were formerly based on the Standard Industrial Classification (SIC) system and BLS injury and illness data from 1996-1998. They are now based on the North American Industry Classification System and 2007-2009 BLS injury and illness data.

The new rule retains the exemption for any employer with less than 11 employees, regardless of their industry classification, from the requirement to routinely keep records.

Investigating the Root Cause

In response to the new reporting requirements, employers are advised to:

- Plan in advance for a possible OSHA investigation
- Evaluate and make any necessary adjustments in how they conduct root-cause analyses
- Review/update their hazard response and prevention practices

FACT SHEET

OSHA Enforcing New Severe Injury Reporting Rule



According to Dr. Michaels, “addressing underlying or root causes is necessary to truly understand why an incident occurred, to develop truly effective corrective actions, and to minimize or eliminate serious consequences from similar future incidents.”

The National Safety Council and OSHA have jointly developed a guidance document for employers on [How to Conduct an Incident Investigation](#). It features nine key steps:

1. Call or gather people necessary to conduct the investigation and obtain an investigation kit.
2. Secure and preserve the area where the injury occurred.
3. Identify and gather witnesses.
4. Interview the involved worker.
5. Interview all the witnesses.
6. Document the scene of the injury through photos and/or videos.
7. Complete the investigation report, including determination of what caused the incident and corrective actions that will prevent recurrences.
8. Use results to abate hazards and improve injury and illness prevention programs.
9. Ensure follow-up on corrective actions.

As part of a root-cause analysis, experts recommend following a line of inquiry that explores possible contributing factors such as the presence of toxic substances; equipment or tool defects; job procedures and processes such as lockout/tagout; the overall work environment (e.g., lighting, air quality, floor surface, climate); training practices; and the use of personal protective gear. It’s also important to understand how factors such as fatigue, chronic health conditions or the use of illicit or prescription drugs can contribute to accidents and injuries.

OSHA Logs

When reporting an injury or illness, covered employers must use [OSHA’s injury and illness recordkeeping forms](#). Cases must be recorded on the *Log of Work-Related Injuries and Illnesses* (Form 300). Employers must classify and note the extent and severity of the case within seven days of receiving information that a recordable injury or illness has occurred. An annual summary (Form 300A) must be posted in a visible location at the workplace. Related records must be retained for at least five years. During this time covered employers must add any newly discovered recordable injuries or illnesses and updated changes in the classification of previously recorded injuries and illnesses.



Temporary Workers

In an [educational bulletin](#), OSHA explains that a staffing agency and host employer share a certain degree of responsibility for conditions of employment and legal compliance. However, only one party should record a temporary worker’s injury or illness; it usually is the host employer.

The employer considered responsible for recording work-related illnesses or injuries:

FACT SHEET

OSHA Enforcing New Severe Injury Reporting Rule



- supervises a temporary worker on a day-to-day basis
- controls conditions presenting potential hazards
- directs the worker's activities around, and exposure to, those hazards

Day-to-day supervision is defined as when “the employer supervises the details, means and methods and processes by which the work is to be accomplished.” Staffing agencies have a duty to stay in frequent contact with temporary employees and the host employer to ensure that injuries and illnesses are accurately recorded and hazardous conditions in the workplace are identified, OSHA says in the bulletin, distributed through the agency’s [temporary worker initiative](#).



What Makes a Case Recordable?

OSHA cites the following as factors that characterize a work-related injury or illness as either recordable or first aid (non-recordable). When there are “gray areas,” it’s advisable to seek advice from an experienced occupational health professional.

For example, if an employee does not test positive after being exposed to an infectious disease but receives antibiotics as a precautionary measure, it is not recordable because a work-related illness has not occurred.

However, if the employee tests positive for an exposure/infection and is prescribed antibiotics or receives related medical treatment—even in the absence of symptoms—the case is recordable.

Recordable

- Any significant work-related injury or illness diagnosed by a physician or other licensed health care professional.
- All work-related injuries and illnesses that result in days away from work, restricted work or transfer to another job (DART), loss of consciousness or medical treatment beyond first aid:
 - Restricted work is defined as keeping an employee from performing routine functions of his or her job or from working a full shift.
 - Medical treatment is defined as managing and caring for a patient for the purpose of combating disease or disorder. Medical treatment includes the use of prescription medications; non-prescription medications given at prescription strength; wound-closing devices such as sutures or staples; and devices with rigid stays or other systems designed to immobilize body parts.
- Needlesticks and cuts from sharp objects contaminated with another person’s blood or other potentially infectious materials as defined in OSHA’s Bloodborne Pathogen’s standard [1910.1030\(b\)](#).
- Acute and chronic illnesses such as, but not limited to, skin disease (e.g., contact dermatitis), respiratory disorder (e.g., occupational asthma, pneumoconiosis) or poisoning (e.g., lead exposure, solvent intoxication).

- Any case requiring an employee to be medically removed under the requirements of an OSHA health standard.
- Immunizations and inoculations, with the exception of tetanus immunizations, are considered medical treatment when given in response to a work-related injury or illness. For example, Hepatitis B and rabies vaccines, or an adverse reaction to a smallpox vaccination, are recordable.
- Tuberculosis infection as indicated by a positive skin test or diagnosis by a licensed clinician after exposure to a known case of active tuberculosis.
- When an audiogram reveals that an employee has experienced a work-related standard threshold shift (STS) in hearing in one or both ears and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS. (Refer to [1904.10](#) for cases involving occupational hearing loss.)
- Physical therapy and chiropractic treatment.

Refer to [29 CFR 1904.7](#) for recording criteria.

Privacy cases: An employee's name is not listed on the 300 Log in the following instances: sharps injuries, injuries to an intimate body part or the reproductive system, sexual assault, mental illness, HIV infection, hepatitis, tuberculosis, and when the employee requests that his or her name not be revealed.

First Aid



- Non-prescription medications such as non-steroidal anti-inflammatory medications (NSAIDs) at non-prescription strength
- Tetanus immunizations
- Cleaning, flushing or soaking wounds on the surface of the skin
- Hot or cold therapy, such as heating pads or ice packs
- Using wound coverings such as bandages, Band-aids, gauze pads, butterfly bandages or Steri-Strips
- Using any non-rigid means of support such as elastic bandages, wraps or non-rigid back belts
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.)
- Drilling a fingernail or toenail to relieve pressure or draining fluid from a blister
- Eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Finger guards
- Massage
- Drinking fluids for relief of heat stress

Refer to OSHA's [definition of first aid](#).

Status of Proposed Tracking Rule

In 2013, OSHA issued a [proposed change to its recordkeeping rule](#) with the intent of improving tracking of workplace injuries and illnesses and creating greater reporting transparency. At the time, Dr. Michaels, who heads the agency, said: "The proposal does not add any new requirement to keep records; it only modifies an employer's obligation to transmit these records to OSHA."

The rule would initially require quarterly electronic submission of injury and illness information by employers with more than 250 employees who are already required to keep records under Section 1904. OSHA also proposes that companies with 20 or more employees in certain industries with high injury and illness rates be required to electronically submit their annual summary of work-related injuries and illnesses.

OSHA plans to eventually post injury and illness data online, as encouraged by President Obama's [Open Government Initiative](#).

In public hearings on the proposed rule, a number of concerns were expressed. For example, it was suggested that electronic reporting and public exposure could:

- increase employers' administrative costs
- discourage employees from reporting injuries
- result in employer under-recording of injuries and illnesses

In response to these and other concerns, OSHA extended the public comment period on the proposal to Oct. 14, 2014, to allow more time for input and review. While the proposal is on its semi-annual agenda, given other priorities, OSHA is not expected to act on it in 2015.

Foundation

A strong safety and health management program with the following components is considered to be an essential part of any workplace prevention and risk-reduction strategy:

- Senior management leadership
- Employee involvement
- Sound planning and careful execution of initiatives
- Documentation of hazards and corrective actions
- Consistent use of a performance evaluation system

Recommended models include:

- [ANSI/AIHA/ASSE Z10](#) – a standard for occupational health and safety management systems
- British Assessment Bureau OHSAS [18001 certification](#)

Visit [OSHA's recordkeeping page](#) for details on all aspects of injury and illness recordkeeping and reporting requirements.

