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OSHA REPORTING AND RECORDKEEPING OF WORK-RELATED INJURIES AND ILLNESSES UTILIZING THE AUTOMATED SAFETY INCIDENT SURVEILLANCE AND TRACKING SYSTEM (ASISTS)

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy and guidelines for the implementation of Title 29 Code of Federal Regulations (CFR) Part 1904 regarding new recordkeeping rules on work-related fatalities, injuries, and illnesses. ***NOTE:** This expanded functionality of ASISTS is conveyed via the Veterans Health Information Systems Technology Architecture (Vista) software, Patch OOPS*2*7.*

2. BACKGROUND

a. On November 26, 2004, the Occupational Safety and Health Administration's (OSHA) final ruling on Federal Agency Recordkeeping and Reporting Requirements was published in the Federal Register. This mandate requires all Federal agencies to record and report employee fatalities, injuries, and illnesses in the same manner as the private sector, in accordance with 29 CFR Part 1904. Effective January 1, 2005, recording and reporting occupational injuries and illnesses is a required safety and health program element for Federal agencies under 29 CFR Part 1960. OSHA implemented new recordkeeping rules on work-related fatalities, injuries, and illnesses; VHA will implement these new OSHA rules via the Automated Safety Incident Surveillance and Tracking System (ASISTS), the computerized system used by VHA facilities to track and monitor Occupational Safety and Health incidents and injuries.

b. The revised recordkeeping rules were designed to:

(1) Provide and to collect information about occupational fatalities, injuries, and illnesses on a national basis;

(2) Simplify the recordkeeping procedure;

(3) Support injury rate comparisons between private and public sector workplaces;

(4) Improve employee awareness and involvement in the recording and reporting of injuries and illnesses; and

(5) Permit the increased use of technological advantages in the implementation of OSHA-required recordkeeping.

c. ASISTS has been mandatory in VHA facilities since February 1998. ASISTS provides essential information to improve programs that manage occupational injuries and illnesses as

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well as associated workers' compensation (WC) expenditures. Therefore, occupational health clinicians, safety personnel, workers' compensation coordinators, and supervisors must be trained and knowledgeable about the Department of Labor's two major programs dealing with reporting and recording occupational injuries and illnesses as set forth in 29 CFR Part 1904 and the Employment Standard Administration's Office of Workers' Compensation Programs (OWCP).

d. Pertinent Changes to Recordkeeping

(1) **New category: "Significant Injury."** The new rule requirement has a new category of injuries and/or illnesses for employers to record, called "significant injury or illness diagnosed by a physician or other licensed health care professional." This includes such injuries and/or illnesses as work-related cancer, and chronic irreversible diseases such as: silicosis, a fractured or cracked bone, or a punctured eardrum.

(2) **Additional Criteria for Previously Mandated Recording.** New criteria were added to the revised rule for recording:

(a) Needlestick and sharp injury cases where objects are contaminated with another person's blood or other potentially infectious material;

(b) Tuberculosis cases;

(c) Occupational hearing loss cases; and

(d) Medical removal cases under OSHA standards.

(3) **Discontinuation of Recordkeeping and Recordability.** Injuries that are treated with hot or cold compresses on more than one occasion are now considered "first aid" cases and are, therefore, not required to be recorded on the OSHA 300 Log. *NOTE: The removal of injury-recording requirements for safety does not affect compensability decisions under the Federal Employee Compensation Act, administered by the Employment Standards Administration.*

(4) **Broad Categories of Injuries and Illnesses no Longer Have to be Recorded.** Several broad categories of injuries and illnesses no longer have to be recorded on the OSHA 300 Log although they occurred at work. These include:

(a) First aid cases;

(b) Events arising purely from non-work related factors in the work place. Events caused by non-work related factors in the work place include motor vehicle accidents in a company parking lot while the employee is commuting to or from work, burns incurred in the cafeteria while eating lunch, or strokes incurred at a desk; and

(c) Voluntary participation in wellness programs.

NOTE: Many of these will still be covered by the Federal Employee Compensation Act and will be reported to the Department of Labor in a different system.

(5) **Clarification.** The new rule clarifies what injuries and illnesses are recordable and which are non-recordable when they occur to workers who are on work-related travel assignments.

d. Resulting Actions and Implications

(1) **Internal Communication Requirements.** The new rules require effective communication between safety staff and workers' compensation staff on tracking the number of days away from work or on restricted duty. They may also require more structured communications between safety staff and staff in occupational health units to determine whether incidents meet recordkeeping requirements. Such communication is exempt from the provisions of the Health Insurance Portability and Accountability Act (HIPAA) but is still covered by the Privacy Act. Attachment A provides the information facility staff will need to identify reportability under 29 CFR 1904.

(2) **Changes to ASISTS.** The new forms for use with the OSHA 300 Log have been installed in the ASISTS program. The new forms used for recording injuries and illnesses in accordance with 29 CFR Part 1904.29 are:

(a) OSHA 300 Log of Work-Related Injuries and Illnesses to record all injuries and illnesses. *NOTE: The OSHA 300 Log is maintained on a calendar year instead of a fiscal year basis, and it replaces the old OSHA 200 Log.*

(b) Form 300-A, Summary of Work-Related Injuries and Illnesses, is to be posted in the workplace annually.

(c) VA Form 2162, Incident Report, in place of Form 301, Injury and Illness Incident Report, must be used to record information on how each injury or illness case occurred, including all contributing factors.

(d) Each recordable injury or illness case must be recorded on the OSHA 300 Log and VA Form 2162, within 7 calendar days after the supervisor receives notice that the injury or illness occurred.

(3) **Training.** Training and other initiatives to assist in the implementation of the requirements of this Directive include OSHA 300 changes as forwarded to the field in Patch OOPS 2*7. Training programs have been distributed and posted on the Center for Engineering, Occupational Safety and Health (CEOSH) website at: <http://vaww.CEOSH.med.va.gov/WorkersComp/WorkersCompListing.htm> and include a "quick-assessment tool" to aid Occupational Health and Safety staff to determine entry on the OSHA 300 log. Additionally, an updated ASISTS User's Manual is on the VISTAU website at: <http://vaww.vistau.med.va.gov/VistaU/asists>

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3. POLICY: It is VHA policy that all occupational injury and illness information related to OSHA's Recordkeeping Requirements as outlined in 29 CFR Part 1904 must be maintained in ASISTS (see http://www.access.gpo.gov/nara/cfr/waisidx_05/29cfr1904_05.html).

4. ACTION: Facility Directors are responsible for ensuring that:

a. A log unique to each distinct site (e.g., VA medical centers, community based outpatient clinics (CBOCs), residential facilities, rehabilitation facilities, etc.) are maintained for the purpose of tracking injuries and illnesses that occur at that location. ASISTS currently supports such recordkeeping through the location field. Compliance officers may ask to see injury logs separately for each physical location; this implies separate physical locations. *NOTE: As safety is managed at the facility, strategic planning for health and safety needs to still be conducted at the facility level.*

b. The end of the calendar year certification, Form 330-A, is correct and posted annually in the workplace.

c. The ASISTS software program is used on a day-to-day basis to document and to track injuries and illnesses of all employees, without compensation (WOC) individuals, and contractor(s) supervised by VA personnel.

d. Workers' compensation coordinators assist safety personnel in the tracking of Days Away from Work, Job Restrictions, and/or Job Transfers for those employees who file Federal Employee Compensation Act (FECA) claims via the ASISTS Program.

e. Supervisors provide safety personnel with the required information when claims are not filed, or are filed by those not eligible to file FECA claims, i.e., contractors supervised by VA personnel.

5. REFERENCES

- a. Title 29 CFR Part 1904.
- b. Title 29 CFR Part 1960.
- c. VHA Handbook 7701.1.

6. FOLLOW-UP RESPONSIBILITY: The Strategic Health Group for Environmental and Occupational Health (136) and the Chief Network Office (10NB) are responsible for VHA programs related to this Directive. Questions may be addressed to 512-389-6535.

7. RESCISSION: None. This VHA Directive expires May 31, 2011.

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ATTACHMENT A

**INCIDENT REPORTING TO OCCUPATIONAL SAFETY AND HEALTH
ADMINISTRATION (OSHA) 300 LOG**

Facility staff need to consider the following in determining if, or whether, an incident needs to be included on the Occupational Safety and Health Administration (OSHA) 300 Log (see Title 29 Code of Federal Regulations (CFR) 1904).

1. An incident or event is recordable if it is a fatality, injury, or illness that is a new case and is work-related and meets one or more of the following criteria:

- a. Loss of consciousness;
- b. Days away from work;
- c. Days restricted;
- d. A job transfer;
- e. Medical treatment (more than first aid, does not include visits to a professional licensed health care provider solely for observation or counseling);
- f. Death, and
- g. A major injury or illness, diagnosed by a physician or other licensed health care professional.

2. Nine Work-related Exemptions to Recordability

- a. Present as a member of the general public;
- b. Symptoms arising in work-environment that are solely due to non-work related event;
- c. Voluntary participation in wellness program, medical, fitness, or recreational activity;
- d. Personal tasks outside assigned working hours;
- e. Eating, drinking or preparing food or drink for personal consumption;
- f. Personal grooming, self-medication for non-work related condition, or intentionally self-inflicted;
- g. Motor vehicle accident in parking lot or an access road during commute;
- h. Common cold or flu; and

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i. Mental illness, unless the employee voluntarily provides medical opinions that affirms work relatedness.

3. Criteria for “First Aid” Cases Which are Exempt from Recording

- a. Using nonprescription medication at nonprescription strength;
- b. Tetanus immunizations;
- c. Cleaning, flushing, or soaking surface wounds;
- d. Wound coverings, butterfly bandages, steri-strips;
- e. Hot or cold therapy;
- f. Non-rigid means of support;
- g. Temporary immobilization device used to transport accident victims;
- h. Drilling of fingernail or toenail;
- i. Draining fluid from blister;
- j. Eye patches;
- k. Removing foreign bodies from eye using irrigation or cotton swab;
- l. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means;
- m. Finger guards;
- n. Massages; and
- o. Drinking fluids for relief of heat stress.