

Toolbox Talk

Recordable Injuries - Part 1

This is one of the most challenging safety topics to get correct. It can feel like there is a lot of grey area when deciding what is or isn't recordable. As the concept of "recordable" filters through the workplace, injuries that should have been reported are usually left off.

For this Toolbox Talk, let's look at the surface level of injury recording.

Basics

If you have 10 employees or more you are legally obligated to record, and then report to OSHA annually.

There are 3 official forms that need to be submitted by March 2nd every year.

1. 300 – Log of Work-Related Injury and Illness (all recordable through the year listed here)
2. 300A – Summary of Work-Related Injury and Illness (the statistics from 300)
3. 301 – Injury and Illness Incident Report (each incident from 300 gets its own 301)

Employers with less than 10 employees are not required to record and report unless directly told to do so by OSHA or the BLS. You **are** still required to report any incident that resulted in a fatality or hospitalization of 3 or more employees, within 8 hours of the incident.

What is a Recordable injury?

If it results in any of the following: death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness.

OR

If it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness, **but was** diagnosed by a physician or other licensed health care professional. Such as cancer, silicosis, punctured eardrum, fractured bone, etc.

What is Medical Treatment?

Any inpatient care/procedure. Care that can only be done by a medical professional such as (but not limited to) stitches/staples, hard cast, resetting bones, prescribed physical therapy, chiropractic adjustment, immunization from exposure, treatment from chemical exposure.

What is not a Recordable injury?

Minor injuries that are treated with basic First-Aid do not need to be recorded. For the purposes of record keeping and OSHA Part 1904, first aid is strictly defined as this list.

- Using a non-prescription medication at nonprescription strength

- Administering tetanus immunizations
- Cleaning, flushing or soaking wounds on the surface of the skin;
- Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™
- Using hot or cold therapy
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.
- Using temporary immobilization devices while transporting an accident victim
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- Using 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
- Using finger guards
- Using massages (physical therapy or chiropractic treatment are considered medical treatment)
- Drinking fluids for relief of heat stress.

Where do I record?

Internally you should have an email or form that will be kept confidential and be submitted to a person in management in charge of record keeping (HR, office admin, owner, etc). That same person shall designate what reports go onto the official OSHA 300, 300A, and 301 logs that can be updated throughout the year and submitted by March 2nd every year.

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

Why Employees Should Report

For the purposes of this topic, "reporting" is to a manager and not the official forms.

You were not meant to come to work to be injured. If you get hurt at work, no matter how minor, you should be reporting that to someone in management that has the ability and authority to make a change. "Near Misses" are also important to report, you may not have been injured but if it almost happened to you it could actually happen to someone else. Reporting to management is not the same as Recording on the official injury log.

Minor injuries that are not treated properly can become *recordable*. Use misses and minor injuries as coach-able moments.

Example 1: Bob cut his finger on the gate on Monday, wipes it off on his pants and continues working. Wednesday it is swollen and painful. Thursday he can't bend it so he shows his supervisor who sends him to urgent care and gets prescribed an antibiotic. This is now a Recordable Injury because he was seen by a medical professional for treatment beyond first aid.

Example 2: Bob gets a cut on his finger on Monday, cleans it out and uses a Band-Aid, and emails his supervisor “cut my finger today on the gate, cleaned and dressed at the first aid station.” Bob is doing fine on Wednesday and by Thursday he notices his boss made a fix to the gate. Bob has a respect for their company safety procedure and feels no shame reporting his injury, the response he saw from his boss makes him happy he works in a great place.

Questions for you

1. Do you know who to report and injury to?
2. Is your first aid kit stocked and does everyone know where it is?
3. Is your safety culture "judgement free" and reporting confidential?