

First Aid vs. Recordable vs. Reportable: What does this mean to me?

Introduction

Some of the specific changes in the new rule (29CFR1904) that went into effect on 1/01/02 include (a) changes in coverage; (b) the OSHA Forms; (c) the Recording Criteria in determination of work-relationship, elimination of different recording criteria for injuries and illnesses, days away and job restriction/ transfer, definition of medical treatment and first aid, recording of needlestick and sharps injuries, and recording of tuberculosis; (d) change in ownership; (e) employee involvement; (f) privacy protections; and (g) computerized and centralized records.

This listing is not comprehensive of an employer's obligations under OSHA's recordkeeping rule. Please reference 29 CFR Part 1904 and other parts of this instruction for all details pertaining to all recordkeeping obligations.

Basic requirement. You must consider an injury or illness to meet the general recording criteria, and therefore to be record able, 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. An injury/illness must be considered a case to meet the general recording criteria if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, even 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.

First Aid

What is "first aid"?

For the purposes of Part 1904, "first aid" means the following:

- Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for record keeping purposes);
- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
- 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™ (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
- Using hot or cold therapy;
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for record keeping purposes);
- Using temporary immobilization devices while transporting an accident victim (**e.g.**, splints, slings, neck collars, back boards, etc.);
- 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 for record keeping purposes); or
- Drinking fluids for relief of heat stress.

Does the professional status of the person providing the treatment have any effect on what is considered first aid or medical treatment?

No, OSHA considers the treatments listed in § 1904.7(b)(5)(ii) of this Part to be first aid regardless of the professional status of the person providing the treatment. Even when a physician or other licensed health care professional provides these treatments, they are considered first aid for the purposes of Part 1904. Similarly, OSHA considers treatment beyond first aid to be medical treatment even when it is provided by someone other than a physician or other licensed health care professional.

What is the definition of medical treatment?

"Medical treatment" means the management and care of a patient to combat disease or disorder. For the purposes of Part 1904, medical treatment does not include:

- Visits to a physician or other licensed health care professional solely for observation or counseling;
- The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (**e.g.**, eye drops to dilate pupils).

Is every work-related injury or illness case involving a loss of consciousness recordable?

Yes, you must record a work-related injury or illness if the worker becomes unconscious, regardless of the length of time the employee remains unconscious.

What is a "significant" diagnosed injury or illness that is recordable on the OSHA 300 Log under the general criteria even 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?

Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone including chipped teeth, or a punctured eardrum must always be recorded under the general criteria at the time of diagnosis by a physician or other licensed health care professional.

Recordable

How do I decide if a case meets one or more of the general recording criteria?

A work-related injury or illness must be recorded on the OSHA 300 Log if it results in one or more of the following:

- Death. See § 1904.7(b)(2).
- Days away from work. See § 1904.7(b)(3).
- Restricted work or transfer to another job. See § 1904.7(b)(4).
- Medical treatment beyond first aid. See § 1904.7(b)(5).
- Loss of consciousness. See § 1904.7(b)(6).
- A significant injury or illness diagnosed by a physician or other licensed health care professional. See § 1904.7(b)(7).

Do I count the day on which the injury occurred or the illness began?

No, begin counting days away on the day after the injury occurred or the illness began.

How do I record an injury or illness when a physician or other licensed health care professional recommends that the worker stay at home but the employee comes to work anyway?

These injuries and illnesses must be recorded on the OSHA 300 Log using the check box for cases with days away from work and enter the number of calendar days away recommended by the physician or other licensed health care professional. If a physician or other licensed health care professional recommends days away, the employee's health care professional should be contacted to clarify the recommendation. The days away must be recorded whether the injured or ill employee follows the physician or licensed health care professional's recommendation or not. If you receive recommendations

from two or more physicians or other licensed health care professionals, you may make a decision as to which recommendation is the most authoritative, and record the case based upon that recommendation.

How do I handle a case when a physician or other licensed health care professional recommends that the worker return to work but the employee stays at home anyway?

Count the days away from work on the date the physician or other licensed health care professional recommends that the employee is capable of returning to work.

How do I count weekends, holidays, or other days the employee would not have worked anyway?

Count the number of calendar days the employee was unable to work as a result of the injury or illness, regardless of whether or not the employee was scheduled to work on those day(s). Weekend days, holidays, vacation days or other days off are included in the total number of days recorded if the employee would not have been able to work on those days because of a work-related injury or illness.

Is there a limit to the number of days away from work I must count?

Yes, you may "cap" the total days away at 180 calendar days. You are not required to keep track of the number of calendar days away from work if the injury or illness resulted in more than 180 calendar days away from work and/or days of job transfer or restriction. Entering 180 in the total days away column will be considered adequate.

May I stop counting days if an employee who is away from work because of an injury or illness retires or leaves my company?

Yes, if the employee leaves your company for some reason unrelated to the injury or illness, such as retirement, a plant closing, or to take another job, you may stop counting days away from work or days of restriction/job transfer. If the employee leaves your company because of the injury or illness, you must estimate the total number of days away or days of restriction/job transfer and enter the day count on the 300 Log.

If a case occurs in one year but results in days away during the next calendar year, do I record the case in both years?

No, you only record the injury or illness once. You must enter the number of calendar days away for the injury or illness on the OSHA 300 Log for the year in which the injury or illness occurred. If the employee is still away from work because of the injury or illness when you prepare the annual summary, estimate the total number of calendar days you expect the employee to be away from work, use this number to calculate the total for the annual summary, and then update the initial log entry later when the day count is known or reaches the 180-day cap.

How do I record a work-related injury or illness that results in restricted work or job transfer?

When an injury or illness involves restricted work or job transfer but does not involve death or days away from work, you must record the injury or illness on the OSHA 300 Log by placing a check mark in the space for job transfer or restriction and an entry of the number of restricted or transferred days in the restricted workdays column.

How do I decide if the injury or illness resulted in restricted work?

Restricted work occurs when, as the result of a work-related injury or illness:

- You keep the employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work; or,
- A physician or other licensed health care professional recommends that the employee not perform one or more of the routine functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work.

What is meant by "routine functions"?

For record keeping purposes, an employee's routine functions are those work activities the employee regularly performs at least once per week.

Do I have to record restricted work or job transfer if it applies only to the day on which the injury occurred or the illness began?

No, you do not have to record restricted work or job transfers if you, or the physician or other licensed health care professional, impose the restriction or transfer only for the day on which the injury occurred or the illness began.

If you or a physician or other licensed health care professional recommends a work restriction, is the injury or illness automatically recordable as a "restricted work" case?

No, a recommended work restriction is recordable only if it affects one or more of the employee's routine job functions. To determine whether this is the case, you must evaluate the restriction in light of the routine functions of the injured or ill employee's job. If the restriction from you or the physician or other licensed health care professional keeps the employee from performing one or more of his or her routine job functions, or from working the full workday the injured or ill employee would otherwise have worked, the employee's work has been restricted and you must record the case.

How do I record a case where the worker works only for a partial work shift because of a work-related injury or illness?

A partial day of work is recorded as a day of job transfer or restriction for record keeping purposes, except for the day on which the injury occurred or the illness began.

If the injured or ill worker produces fewer goods or services than he or she would have produced prior to the injury or illness but otherwise performs all of the routine functions of his or her work, is the case considered a restricted work case?

No, the case is considered restricted work only if the worker does not perform all of the routine functions of his or her job or does not work the full shift that he or she would otherwise have worked.

How do I handle vague restrictions from a physician or other licensed health care professional, such as that the employee engages only in "light duty" or "take it easy for a week"?

If you are not clear about the physician or other licensed health care professional's recommendation, you may ask that person whether the employee can do all of his or her routine job functions and work all of his or her normally assigned work shift. If the answer to both of these questions is "Yes," then the case does not involve a work restriction and does not have to be recorded as such. If the answer to one or both of these questions is "No," the case involves restricted work and must be recorded as a restricted work case. If you are unable to obtain this additional information from the physician or other licensed health care professional that recommended the restriction, record the injury or illness as a case involving restricted work.

What do I do if a physician or other licensed health care professional recommends a job restriction meeting OSHA's definition, but the employee does all of his or her routine job functions anyway?

You must record the injury or illness on the OSHA 300 Log as a restricted work case. If a physician or other licensed health care professional recommends a job restriction, you should ensure that the employee complies with that restriction. If you receive recommendations from two or more physicians or other licensed health care professionals, you may make a decision as to which recommendation is the most authoritative, and record the case based upon that recommendation.

Reportable

How do I decide if a case needs to be directly reported to OSHA?

Employers are required report the following incidents within 8 hours after the employer learns of it by telephoning the local OSHA office or calling 1-800-321-OSHA (1-800-321-6742).

- Death of an employee or the hospitalization of three or more employees.
- Whether or not an incident is immediately reportable, if it results in the death of an employee or the in-patient hospitalization of 3 or more employees within 30 days of the incident, OSHA requires that the employer report the fatality/multiple hospitalization within 8 hours after learning of it.
- Death caused by a heart attack while at work.
- Fatality involving a motor vehicle in a construction zone.

To reference 29 CFR Part 1904 and other parts of this instruction for all details pertaining to all recordkeeping obligations, please visit the [OSHA website – 29 CFR Part 1904](#).