Office of Environment, Safety and Health Assessments

Observations and Initiatives on Occupational Injury and Illness Recordkeeping Assessments

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Background

- First Occupational Injury and Illness (OII) Assessment conducted at the request of a DOE Field Office
  - Conducted 2\textsuperscript{nd} Qtr 2017
  - Reviewed recent OII case records
    - Incident Reports
    - OSHA 300 Logs
    - Medical Records
- Issues
  - Auditable case files containing information supporting classification
  - Some OII cases were not classified as OSHA recordable as required
  - Quality checks were not effective in ensuring that OII OSHA classifications were accurate
Where did we look?

- “Office of Worker Safety and Health Assessments Targeted Assessments of Occupational Injury and Illness Recording and Reporting for Fiscal Year 2018”
  - Memorandum dated Dec 26, 2017
  - EA-32 identified eight potential Sites for Assessments
    - Based on ORPS, CAIRS data
    - Input from Office of Worker Safety & Health Enforcement (EA-11)
    - Attempt made to look across the Complex (EM, Science & NNSA Sites)
  - Four Sites were selected
What did we find?

• OII Recordkeeping issues that warrant attention:
  • Auditable case files containing information fully supporting classification not consistently established
  • Work-related vs Not Work-related Classifications
  • Timeliness of reporting OII cases into CAIRS
  • Recording of subcontractor injuries
OSHA’s OII Recordkeeping
5 Step Process

Did the employee experience an injury or illness?

YES

Is the injury or illness work-related?

YES

Is the injury or illness a new case?

YES

Does the injury or illness meet the general criteria or the application to specific cases?

YES

RECORD THE INJURY OR ILLNESS
Work-Relatedness

Determination of Work-Relatedness [1904.5]

Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment unless an exception specifically applies.

A case is presumed work-related if, and only if, an event or exposure in the work environment is a discernable cause of the injury or illness or of a significant aggravation to a pre-existing condition.
Auditable OII Case File

Best practices at DOE sites for the content of an auditable OII case file* include:

- First report of injury (Injury/Illness Report)
- Employee witness statements
- Safety investigation or fact finding meeting results
- Health Services, Hospital, ER in/out injured person medical record
- Medical diagnosis for related case (from health services, hospital/ER, contracted Occupational Medicine provider, and other medical providers/referrals)

* T. Krietz, J. Macon
Auditable OII Case File

• Medical treatment provided at each medical visit, including types of medical devices (e.g., rigid splint)

• Prescribed medication

• Health/medical services, other LHCP source, or supervisor/manager direction on imposed medical/work restrictions and how restrictions impact employee performing routine work activities (for set of restrictions as case progresses)

• Classification decision rationale (why the case is or is not OSHA recordable) documentation

• DOE Form 5484.3 (DOE Individual Accident/Incident Report) when case is OSHA recordable

• Corrective actions (or linkage to corrective actions in local issue tracking system)
Industrial Hygiene Issues

Industrial Hygienists are a valuable resource in the resolution of many OII cases.

• Many OII cases start with either non-specific symptoms or chronic conditions that are hard to tie to a single event
  • Indoor Air Quality issues
  • Ergonomic issues
• Chemical exposures from maintenance or construction work
  • Employees in situations where they are unaware/unfamiliar with the chemicals being used
  • Medical issues can be triggered by these work-related exposures
• Input from IHs can be critical in determining if:
  • An injury or illness exists (as opposed to only an exposure)
  • There is a work-related cause
  • The injury of illness is a new case
Industrial Hygiene Issues

“An ounce of prevention is worth a pound of cure.”
– Benjamin Franklin

• During our Assessments, it was clear that employees understood the requirement to report injuries and seek prompt medical attention.

• However, occupational stressors may manifest themselves as employee discomfort or nuisance-type issues before they become an injury or illness requiring medical intervention.

• It was noted that prompt IH evaluation of certain workplace stressors was effective in resolving these issues early before the situation worsened.

• IAQ Investigations, Ergonomic Evaluations, and other IH Health Hazard Evaluations go a long way in preventing OII cases by mitigating hazards and addressing employee concerns before they feel compelled to seek medical treatment.
What’s next?

• EA-32 will publish a report on lessons learned from Assessments of Occupational Injury and Illness Recordkeeping.

• No OII Recordkeeping Assessments are on the schedule for FY19.

• We’re continuing to receive valuable feedback on the topic of OII Recordkeeping across DOE and appreciate the cooperation we’ve received in this effort.
Questions?