



**ANSWERS TO QUESTIONS SUBMITTED BY REGISTRANTS OF THE  
1/21/2021 WEBINAR - OSHA RECORDKEEPING IN THE HEALTHCARE SETTING**

**QUESTION**

Are splashes of blood and body fluid resulting in exposures OSHA Recordable if the medical provider or clinician draws blood from the employee and source? Is drawing blood considered medical treatment beyond first aid?

**ANSWER**

No. Drawing blood would be equivalent to a diagnostic test.

However if the source patient is determined to be positive for a blood borne disease and a prophylaxis medication is prescribed for the employee, the case would be OSHA Recordable since the medication is classified as medical treatment under the statute.

**QUESTION**

If an employee sustains a nose fracture after being struck by a patient but no medical treatment is rendered and only an exam, does this case get recorded on the OSHA 300 Log?

**ANSWER**

Yes. 1904.7(b)(7) lists fractured bones as one of the significant diagnosed injury or illnesses that must be recorded even if there is no medical treatment.

## **QUESTION**

Are dermabond and silvadene medications that are considered medical treatment beyond first aid?

## **ANSWER**

If the medications are ones that are prescription only, then yes. If they are considered over the counter or optionally over the counter, then it is not. I would clarify with the medical provider who gave them to the employee or someone in that medical providers office.

## **QUESTION**

A. If an employee falls in the parking lot while walking to their personal vehicle and missed 2 days of work does that go on OSHA 300 log. B. Also do I need to wait for the WC Claims adjuster to make a compensability determination before making a decision.

## **ANSWER**

A. Yes. It is recordable If the employee is in the company parking lot walking into or leaving work. However, if an employee is involved in a motor vehicle accident in the company parking lot as a result of commuting to or from work, it is not recordable.

B. You can always work with the claims personnel to gather the facts to assist you in making your case determination however, occasionally the Worker's Comp criteria and OSHA Case Determination for work relatedness may differ.

## **QUESTION**

Can you go into a little bit more detail of the OSHA recordkeeping piece for Covid 19? Specifically slide #69 in regards to the criteria for work relatedness. Does it need to meet ALL THREE criteria to be considered work related?

## **ANSWER**

Yes. It must meet all three criteria.

1. Confirmed case of COVID-19
2. Confirmed work relatedness
3. Meets OSHA recording criteria

## **QUESTION**

Could you clarify whether I need to do separate OSHA recordkeeping for a clinic that is considered part of the hospital at the hospital site?

## **ANSWER**

If the clinic is considered a department and is a part of the hospital site (or the "establishment" for OSHA Recordkeeping purposes), then you would include injuries and illnesses from that clinic as part of your hospitals OSHA Recordkeeping requirements.

## **QUESTION**

If we have clinics that we are not required to keep OSHA Injury and Illness Records, do we include the hours worked at those clinics in the total hours worked for the hospital?

## **ANSWER**

If those clinics are not part of the "establishment" (which in this scenario is the hospital), then you would not include those hours worked in your hospitals total hours on the OSHA 300A.

## **QUESTION**

I had a couple nurses submit injury forms for symptoms after the COVID vaccine. They did not miss any scheduled days but they did not work the next day. Do I have to record this as missing work days?

## **ANSWER**

Although OSHA has not come out with an official statement at this time regarding whether a reaction to a COVID-19 vaccination is OSHA Recordable, they did go on record stating that a small pox vaccination is recordable if it was provided to protect the employee against small pox in the work environment even though it was not required. In this case, if the vaccination was not mandatory, it could be considered OSHA Recordable based upon the response to the FAQ about smallpox vaccinations. If the vaccination was mandatory, it is definitely OSHA Recordable. <https://www.osha.gov/smallpox/vaccination>

I have forwarded this question to our Compliance and Safety Officer contact at the OSHA office in Peoria, IL for clarification and send a follow up reply.

## **QUESTION**

WHAT about an employee who has been off work for over 20 days as a result of a COVID-19 exposure?

## **ANSWER**

If the employee does not meet the criteria outlined by OSHA, 1. COVID-19 Illness is confirmed 2. Determined to be work related 3. Meets the general OSHA Recording Criteria in 1904.7, it is not OSHA Recordable.

## **QUESTION**

Does the 24 hour deadline for reporting inpatient hospitalizations to OSHA from the beginning of the time the employee enters the hospital or from the time when the observation status is changed to an inpatient admission?

## **ANSWER**

You are responsible to report it 24 hours from the time you are are of the inpatient hospitalization. Therefore, using the scenario described above, it would be important to document when you became aware of the inpatient hospitalization in case there was a question as to whether you were compliant with the standard to defend your position if needed.

## **QUESTION**

We have an employee who is positive for COVID-19 but the employees does not think that they contracted it at work, should we record it on the OSHA log?

## **ANSWER**

If your case determination reflects that the employee did not contract COVID-19 at work, the case would not be OSHA Recordable.

## **QUESTION**

If we received documentation from an employee of a COVID positive, but it was not job related, do we have to log it?

## **ANSWER**

If, after interviewing the employee as required by OSHA in determining work relatedness, the information gathered reflects that the employee was not exposed to COVID-19 at work, the case is not OSHA Recordable.

## **QUESTION**

When it comes to determining whether an employee's COVID-19 illness is work related, has OSHA issued any rulings/guidance about what they would consider to be a reasonable investigation? For example, after they issued the guidance about the types of questions we need to ask, have there been any citations because an employer said they did an investigation and determined it wasn't related, but OSHA came back in later and said it was?

## **ANSWER**

I am unaware of a scenario in which a citation was issued because the employer did not conduct a reasonable investigation. However, if the guidelines are followed from the 5/19/2020 memo on a consistent basis, it should not result in a violation.

## **QUESTION**

We had an employee in July who got overheated in their work environment. They never fell but received medical treatment and a Rx. We had an employee a couple of weeks later who got overheated and passed out. She received medical treatment and a Rx. I question them because there is no event of contusion, sprain, laceration, etc

## **ANSWER**

Based upon the information provided, it would appear under the "All Other Illnesses" illness type in Column (M) on the OSHA 300 Log. Under "All Other Illnesses" it lists heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat as part of the description.

## **QUESTION**

If the leader reports to our facility, but the worker reports to that leader, is it only the leader that would go on the facility log?

## **ANSWER**

Each employee should be assigned to a facility if they are not always working at the same location. If the employee is assigned to one facility, but the work accident occurs at another facility, you would record the injury at the facility where they were injured.