



# **OSHA Covid-19 Safety & Compliance for Healthcare Providers**

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# Overview



- Navigating OSHA guidelines and requirements for healthcare workers during the current pandemic.
- Related information that may apply to a worker exposure to the novel coronavirus, SARS-CoV-2, that causes Coronavirus Disease 2019 (COVID-19).
- Areas most relevant to clinical facilities including Bloodborne Pathogens, Hazard Communication,
- Exposure Control Plans (ECP) and Site Specific Plan (SSP)
- Workers Rights and Personal Protective Equipment (PPE) Requirements
- OSHA SARS-CoV-2 Regulatory Activity
- Post Exposure Guidelines
- Require Logs and Reports

# Why is OSHA Important?

- 5,333 workers were killed on the job in 2019
- An average of nearly 15 workers die every day
- Nearly 3.0 million serious workplace injuries and illnesses were reported by private industry employers in 2019
- 2020 Data has not been published

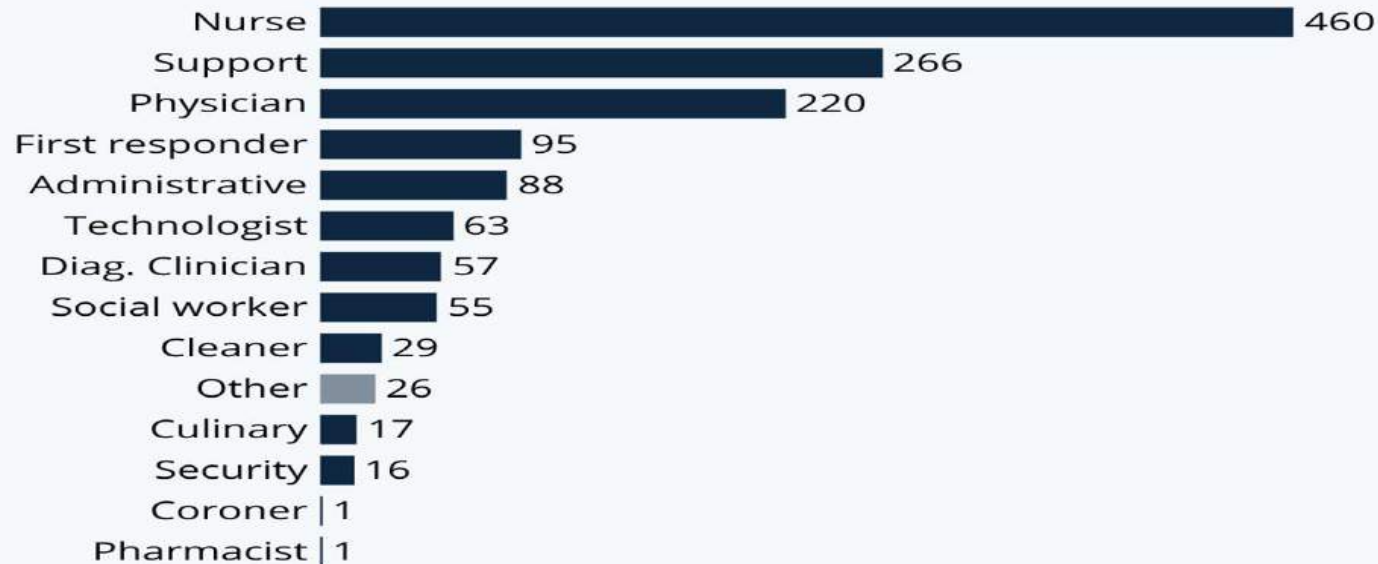
## OSHA Makes a Difference

- Worker deaths in America are down—on average, from about 38 worker deaths a day in 1970 to 12 a day in 2013.
- Worker injuries and illnesses are down—from 10.9 incidents per 100 workers in 1972 to 3.0 per 100 in 2012.

# Healthcare Workers Death due to SARS-CoV-2

## The Pandemic's Devastating Toll On U.S. Healthcare Workers

Estimated U.S. healthcare worker deaths in the pandemic by occupation\*



\* Up to December 23, 2020. Out of 2,921 worker deaths documented, occupation data was available for 1,394.

Source: Kaiser Health News/The Guardian

# History of OSHA

- OSHA stands for the Occupational Safety and Health Administration, an agency of the U.S. Department of Labor
- OSHA's responsibility is to improve worker safety and health protection



- ▶ **On December 29, 1970, President Nixon signed the OSH Act**
- ▶ **This Act created OSHA, the agency, which formally came into being on April 28, 1971**

# OSHA's Mission



- The mission of OSHA is to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance.
- Some of the things OSHA does to carry out its mission are:
  - Developing job safety and health standards and enforcing them through worksite inspections
  - Providing training programs to increase knowledge about occupational safety and health

# What Rights Do You Have Under OSHA?



- You have the right to:
  - A safe and healthful workplace
  - Know about hazardous chemicals
  - Report injury to employer
  - Complain or request hazard correction from employer
  - Training
  - Hazard exposure and medical records
  - File a complaint with OSHA
  - Participate in an OSHA inspection
  - Be free from retaliation for exercising safety and health rights



# Worker Rights

## OSHA Poster



Have you seen this poster at  
your place of work?



Your Right to...

# Safe & Healthful Workplace



Worker Protection is Law: *The Occupational Safety and Act of 1970 (OSH Act)*



- OSHA was created to provide workers the right to a safe and healthful workplace
- It is the duty of the employers to provide workplaces that are free of known dangers that could harm their employees
- This law also gives workers important rights to participate in activities to ensure their protection from job hazards

# Exposure Control Plan (ECP)

- ECP is accessible to employees
- At a minimum the ECP is reviewed and updated annually
- ECP is updated as needed to reflect new or modified tasks and procedures with potential exposure
- At a minimum, annual consideration, documentation, and implementation of safer medical devices.
- Non-managerial employees with direct patient care responsibility participate in evaluation and selection of safer medical devices.

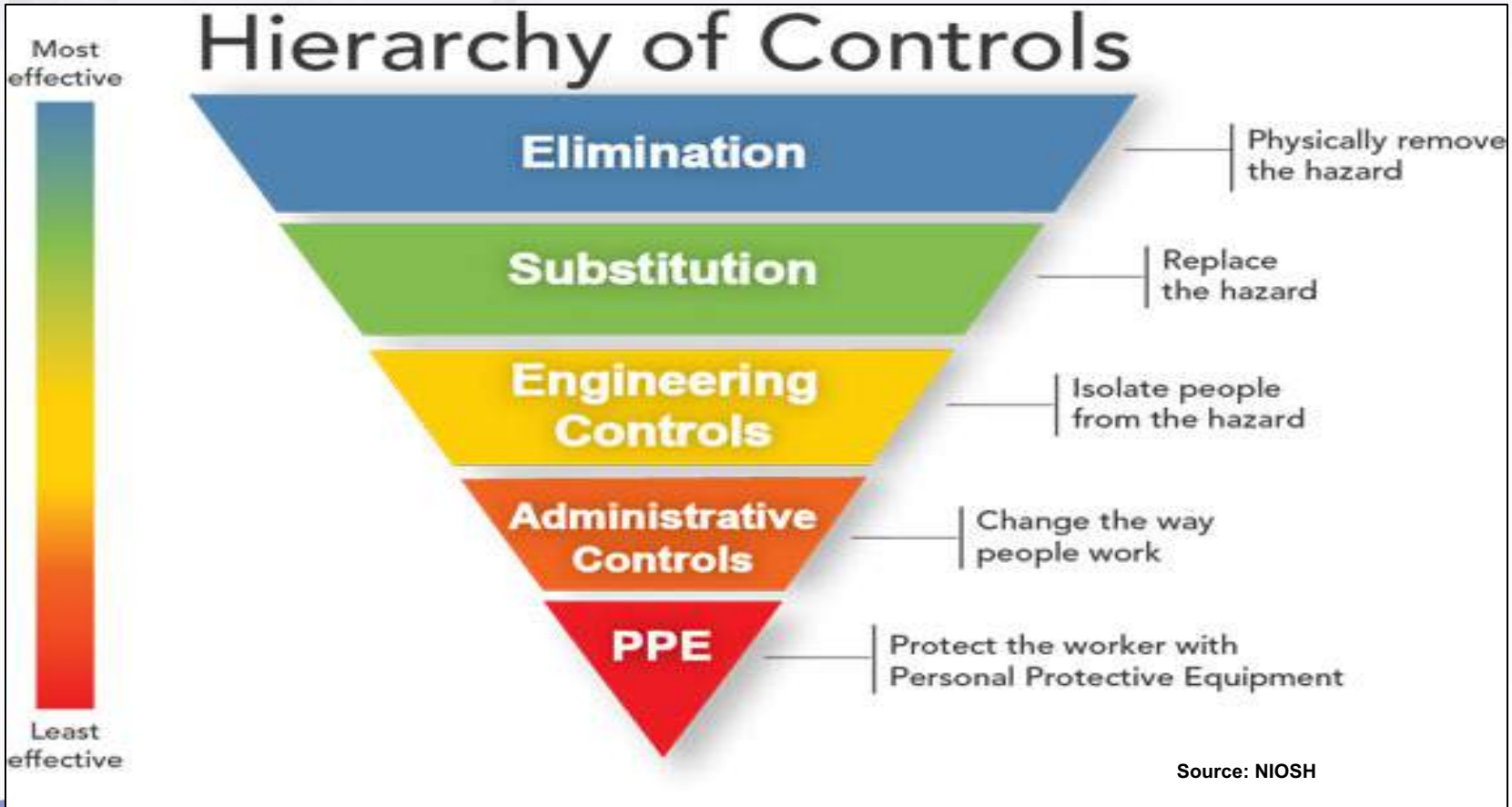
# Exposure Determination



- Job classifications listed in which all employees have occupational exposures.
- Job classifications listed in which some employees have occupational exposures.
- List of tasks and procedures in which there is a risk of occupational exposure.
- Exposure determination is made without the use of personal protective equipment

# Prevent/Control Workplace Hazards

- Identify and Evaluate Options



# Universal Precautions



- Universal precautions is an approach to infection control to treat all human blood and certain body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens.
- The Bloodborne Pathogen Standard allows alternative approaches to infection control.
- These alternatives are usually known as Standard Precautions or Body Substance Isolation (BSI).
- These alternative methods define all body fluids and substances.

# Universal Precautions and Body Substance Isolation Procedures



## Engineering Controls

- Eye Wash Station
- Contaminated sharp instruments placed in puncture resistant disposable containers.
- Specimens of blood/OPIM placed in containers that prevent leakage.
- If there is outside contamination of the specimen container, or danger of puncture, specimen will be placed in a secondary container.
- Mechanical devices or one-handed techniques used for recapping or removal of needles.
- Mechanical pipetting devices used (if applicable).
- Biosafety cabinet/ventilation system used (if applicable).
- Regularly scheduled examination and maintenance or replacement of engineering controls.
- Open containers of fluid should not be on desk, near computers or near electrical outlets

# Universal Precautions and Body Substance Isolation Procedures



## Workplace Controls

- Hand washing facilities available.
- Skin washed immediately after contact with blood/OPIM or removal of PPE.
- Antiseptic hand cleaner used if hand washing facilities not feasible.
- Shearing or breaking of contaminated needles or two-handed recapping prohibited.
- Reusable sharps placed in puncture resistant, leak proof containers immediately after use.
- Procedures involving blood/OPIM conducted to minimize splashing and spraying.
- Mouth pipetting or suctioning of blood/OPIM is prohibited.
- Eating, drinking, smoking, applying of cosmetics or other hand-to-mouth activities and handling of contact lenses are prohibited in areas where blood/OPIM are present.
- Food and/or drink storage prohibited in areas where blood/OPIM are present.
- Contaminated equipment is decontaminated prior to service or shipping.



# Spill Contingency Plan



Although you can purchase a small spill kit from almost any medical supply company, it's very easy to set up your own kit. Kits must include at the minimum:

- Bleach
- EPA Registered Disinfectant
- Gloves
- Whisk Broom or Plastic Scoop
- Antibacterial Soap
- Paper towel or Fluid Absorber
- Transport Container
- Red Bag
- Sharps Container
- Dust Pan

Depending on the procedures you do, some facilities will need to include masks, safety glasses, gowns and shoe coverings.

# Personal Protective Equipment (PPE)



- PPE provided to employees in appropriate sizes at no cost and is readily accessible.
- PPE used by employees when occupationally exposed to blood/OPIM.
- PPE material does not permit blood/OPIM to pass through under normal use.
- Contaminated PPE removed and replaced as soon as feasible following contamination.
- All PPE removed prior to leaving work area.
- PPE placed in designated area or container for storage, washing, decontamination or disposal.
- PPE cleaned, laundered, or disposed of by employer at no cost to employees.
- PPE repaired or replaced by employer at no cost to employees.
- Gloves worn during hand contact with blood/OPIM, mucous membrane, non-intact skin, when performing vascular access procedures, when touching contaminated items.

# Personal Protective Equipment (PPE)



- Hand washing after glove use is required.
- Masks in combination with eye protection devices with solid side shields or chin-length face shields worn when splashes, sprays, splatter or droplets of blood/OPIM reasonably anticipated
- Gowns, aprons, lab coats, clinic jackets, or other garments worn depending on task and degree or exposure anticipated.
- Surgical cap/hoods and shoe covers worn when gross contamination reasonably anticipated.
- Resuscitation devices available (if applicable).

*Your Right to...*

# Know About Hazardous Chemicals



- Employers must have a written, complete hazard communication program that includes information on:
  - ▶ Container labeling,
  - ▶ Safety Data Sheets (SDSs), and
  - ▶ Worker training.
    - ▶ The training must include the physical and health hazards of the chemicals and how workers can protect themselves



The Hazard Communication Standard (HCS) requires chemical manufacturers, distributors, or importers to provide Safety Data Sheets (SDSs) (formerly known as Material Safety Data Sheets or MSDSs) to communicate the hazards of hazardous chemical products. As of June 1, 2015, the HCS will require new SDSs to be in a uniform format.

# Hazard Communication

The new SDS format will convey physical, health and environmental hazards

The colors represent the following types of hazards:

- **HEALTH WARNING**
- **FLAMMABILITY WARNING**
- **REACTIVITY WARNING**
- **SPECIAL WARNINGS**

The numbers represent the degree of risk:

- 0 Minimal
- 1 Slight
- 2 Moderate
- 3 Serious



# Communication of Hazards to Employees

- Warning labels are affixed to containers of regulated waste,
- refrigerators or freezers of blood/OPIM, other containers used to store, transport, or ship blood/OPIM, and contaminated equipment. Red bags or containers may be substituted for labels.
- Labels are orange/red colored with the word "biohazard" and biohazard symbol in a contrasting color.
- All occupationally exposed employees participate in a training program, which is provided at no cost during working hours, at the time of initial assignment, annually, and when exposures change.
- Training is appropriate for the educational level of the employees and covers the elements listed in the standard.

# Housekeeping



- Written schedules for cleaning and methods of decontaminating work areas and equipment.
- Work surfaces decontaminated following procedures, contamination, or end of shift.
- Protective equipment or surface covering removed and replaced following contamination.
- Reusable containers inspected and decontaminated periodically and after contamination.
- Employees not allowed to open, empty, or manually, clean reusable sharps containers.
- Contaminated broken glassware picked up only by mechanical means, not by hand.
- Contaminated sharps placed in closable, leak proof, puncture resistant, and labeled containers.

# Housekeeping

- Containers are easily accessible, labeled, maintained upright, and are not overfilled.
- Regulated wastes placed in closable, puncture proof & leak proof, labeled containers.
- Sharps and regulated waste containers closed prior to transport and placed in secondary closable, leak proof, and labeled container if leakage possible or outside contamination occurs.
- Regulated waste disposed of according to applicable federal, state, or local regulations.
- Contaminated laundry placed in leak proof and labeled/color coded bags or containers.
- Contaminated laundry bagged or containerized, but not rinsed or sorted at location of use.
- Protective gloves and other appropriate PPE used by employees handling contaminated laundry.



# OSHA COVID19 Regulatory Activity



- January 21, 2021: As part of President Joe Biden's National Strategy for the COVID-19 Response and Pandemic Preparedness, he issued an executive order on worker health and safety that directs the Occupational Safety and Health Administration to issue updated guidance on COVID-19 worker protections.
- It also directs OSHA and the Mine Safety and Healthcare Administration to consider issuing emergency temporary standards (and, if needed, to do so by **March 15th**).

## LINKS:

<https://www.osha.gov/coronavirus/control-prevention/healthcare-workers>

<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-protecting-worker-health-and-safety/>

# OSHA COVID19 Regulatory Activity



## Expectations:

- Expect a **Federal OSHA Temporary Emergency Order on COVID-19** sooner rather than later, and certainly by Pres. Biden's March 15<sup>th</sup> deadline.
- Expect it to be at least loosely modeled on the California standard, and to require employers to develop a **site-specific written Coronavirus Protection Plan**, to assess exposure risks in their facility, to enforce routine precautions like universal masking and handwashing, plus training and more recordkeeping requirements.
- **START NOW** to make your preparations!

# COVID-19 Worker Protections

## Examples of healthcare work tasks associated with exposure risk levels

Lower (caution)	Medium	High	Very High
<ul style="list-style-type: none"><li>Performing administrative duties in non-public areas of healthcare facilities, away from other staff members.</li></ul> <p>Note: For activities in the lower (caution) risk category, OSHA's <i>Interim Guidance for Workers and Employers of Workers at Lower Risk of Exposure</i> may be most appropriate.</p>	<ul style="list-style-type: none"><li>Providing care to the general public who are not known or suspected COVID-19 patients.</li><li>Working at busy staff work areas within a healthcare facility.</li></ul>	<ul style="list-style-type: none"><li>Entering a known or suspected COVID-19 patient's room.</li><li>Providing care for a known or suspected COVID-19 patient not involving aerosol-generating procedures.</li></ul>	<ul style="list-style-type: none"><li>Performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.</li><li>Collecting or handling specimens from known or suspected COVID-19 patients.</li></ul>

# COVID-19 Protection Plan



- Perform a detailed risk assessment and implement a site-specific protection plan (SPP)
- Train employees on how to limit the spread of COVID-19, including how to screen themselves for symptoms and stay home when symptomatic
- Implement individual control measures and screenings
- Implement cleaning and disinfecting protocols
- Implement physical distancing guidelines
- Provide face coverings to workers or reimburse workers for the reasonable cost of obtaining them and employers must provide and ensure workers use all required protective equipment, including eye protection and gloves.

# COVID-19 Protection Plan



- Signage also needs to be posted at the public entrance of each worksite to inform all employees and customers that they should:
  - Avoid entering or using the facility if you have COVID-19 symptoms;
  - Maintain a minimum six-foot distance from one another;
  - Sneeze and cough into a cloth or tissue or, if not available, into one's elbow;
  - Wash hands often;
  - Wear face coverings; and
  - Do not shake hands or engage in any unnecessary physical contact

# Recording workplace exposures to COVID-19



## Revised Enforcement Guidance for Recording Cases of Coronavirus Disease (COVID-19)

- This memorandum provides updated interim guidance to Compliance Safety and Health Officers (CSHOs) for enforcing the requirements of 29 CFR Part 1904 with respect to the recording of occupational illnesses, specifically cases of COVID-19.
- On May 26, 2020, the \*previous memorandum on this topic will be rescinded, and this new memorandum will go into and remain in effect until further notice. This guidance is intended to be time-limited to the current COVID-19 public health crisis.
- ***Please frequently check OSHA's webpage at [www.osha.gov/coronavirus](http://www.osha.gov/coronavirus) for updates.***
- ***\*Previous memo mentioned was on April 10<sup>th</sup>: <https://www.osha.gov/memos/2020-04-10/enforcement-guidance-recording-cases-coronavirus-disease-2019-COVID-19>***

# Recording workplace exposures to COVID-19



- Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness, and thus employers are responsible for recording cases of COVID-19, if:
  - The case is a confirmed case of COVID-19, as defined by the Centers for Disease Control and Prevention (CDC);
  - The case is work-related as defined by 29 CFR § 1904.5; and
  - The case involves one or more of the general recording criteria set forth in 29 CFR § 1904.7.

# Recording workplace exposures to COVID-19



Work-related is defined as:

- Under 29 CFR § 1904.5, an employer must consider an injury or illness to be work-related if an event or exposure in the work environment (as defined by 29 CFR § 1904.5(b)(1)) either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness.
- Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in 29 CFR § 1904.5(b)(2) specifically applies. See [www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.5](http://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.5).



# Recording workplace exposures to COVID-19



## General recording criteria:

- Under 29 CFR § 1904.7, an employer must consider an injury or illness to meet the general recording criteria, and therefore to be recordable, 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 employer must also consider 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

# Determining if COVID-19 was contracted at work.

- COVID-19 illnesses are likely work-related when several cases develop among workers who work closely together and there is no alternative explanation.
- An employee's COVID-19 illness is likely work-related if it is contracted shortly after lengthy, close exposure to a particular customer or coworker who has a confirmed case of COVID-19 and there is no alternative explanation.
- An employee's COVID-19 illness is likely work-related if his job duties include having frequent, close exposure to the general public in a locality with ongoing community transmission and there is no alternative explanation.
- An employee's COVID-19 illness is likely not work-related if she is the only worker to contract COVID-19 in her vicinity and her job duties do not include having frequent contact with the general public, regardless of the rate of community spread.
- An employee's COVID-19 illness is likely not work-related if he, outside the workplace, closely and frequently associates with someone (e.g., a family member, significant other, or close friend) who (1) has COVID-19; (2) is not a coworker, and (3) exposes the employee during the period in which the individual is likely infectious.

# Healthcare Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak



- Due to the impact on workplace conditions caused by limited supplies of N95 FFRs, all employers should reassess their engineering controls, work practices, and administrative controls to identify any changes they can make to decrease the need for N95 FFRs used for protection against hazardous dusts and airborne biological hazards.
- Employers should, for example, consider whether it is feasible to increase the use of wet methods or portable local exhaust systems for dust-generating operations, or to move operations outdoors, so that N95 FFRs are not necessary. In some instances, an employer may also consider taking steps to temporarily suspend certain non-essential operations to limit potential exposure to the hazardous dust and/or biological hazards, such as SARS-CoV-2.
- If respiratory protection must be used, employers may consider the use of alternative classes of respirators that provide equal or greater protection compared to N95 FFRs

# Let's Talk Disease, Virus and Vaccines

# Hepatitis C or HCV



- Hepatitis C or HCV is another bloodborne disease and it's a huge problem domestically and worldwide. In the United States the CDC estimates approximately 3.2 million Americans are chronically infected and the CDC believes at least ½ of them may not know they have it.
- Hepatitis C is a contagious liver disease caused by a virus which is primarily spread through contact with blood of an infected person.
- The virus silently damages the liver over years, and people may only discover they are infected when they develop irreversible liver cirrhosis, since the initial infection causes no symptoms in most cases.
- HCV is the single leading cause for liver transplants and annual deaths from HCV now exceed those from HIV.

# HIV/AIDS

- Human immunodeficiency virus, or HIV, is the virus that causes AIDS. HIV/AIDS weakens a person's ability to fight infections and cancer.
- Like Hepatitis B and C, HIV can be transmitted through exposure to blood or fluids with visible blood. It can also be transmitted through semen, vaginal secretions, amniotic fluid, and synovial fluids.

# PREVENTION OF BLOODBORNE DISEASES



- Many needlesticks and other cuts can be prevented by using safer techniques such as not recapping needles hand to hand, using medical devices with safety features built-in, and disposing of needles at point of origin. Exposures to the eyes, nose, mouth and skin can be reduced by the use of appropriate PPE anytime there is a possibility of splashing or splattering.
- Obviously avoiding occupational exposure to blood or other potential infectious materials (OPIM) is the best way to avoid transmission of HBV, HCV or HIV, but accidents can happen to even the most seasoned healthcare workers.

# Hepatitis B Vaccination



- Offered to all employees at risk of occupational exposure at no cost.
- Vaccine given only after training, and within 10 working days of initial assignment.
- Not provided when employee has previously received vaccine series, immunity revealed through antibody testing, or vaccine is medically contraindicated.
- Participation in pre or post screening not a prerequisite for receiving the Hepatitis B vaccine.
- Employees who decline vaccine have signed declination statement
- Employees that initially decline but request the vaccine at a later date are provided the vaccine within 10 days of the request.
- Booster doses made available if recommended by the U.S. Public Health Service.



# COVID-19 Vaccination: *Mandatory In The Work Place*



- As COVID-19 vaccines are approved and begin to roll out across the country, employers are asking one question: Should—and could—we make the vaccine mandatory for employees?
- The bottom line is that employers can require employees to get immunized with the coronavirus vaccine, with some accommodation exceptions. In new guidance released last week, the Employment Opportunity Commission said employers can require that employees get vaccinated as a condition of going to work. However, they must be prepared to exempt employees with disabilities and religious objections.
- In those cases, an employer must offer a reasonable accommodation to the employee—such as working remotely or being reassigned—as long as the accommodation doesn't cause “undue hardship” for the employer.

<https://hrexecutive.com/4-takeaways-for-hr-from-the-eeoc-guidance-on-covid-19-vaccines/>

# WHAT DO I DO IF I HAVE AN EXPOSURE INCIDENT?

- All exposure incidents are to be considered matters of urgent medical concern. If a skin puncture has occurred, induce bleeding at the puncture site by applying gentle pressure as you wash the area with soap and warm water.
- If skin or mucous membranes have been splashed by a body fluid, immediately rinse the area thoroughly with water.
- Notify your supervisor immediately, details regarding the incident are important and must be recorded on the Exposure Incident Report and if applicable, the Sharps Injury Log

# WHAT DO I DO IF I HAVE AN EXPOSURE INCIDENT?

It is the employer's financial obligation to provide postexposure medical evaluation and follow-up based on current CDC recommendations. Following an exposure:

- A blood sample is drawn and tested as soon as feasible for HIV, Hepatitis B and C
- Entitled to medical evaluation if requested
- After the initial blood test, re-testing will be offered at 6 weeks, 12 weeks and 6 months based on recommendations of the consulting clinician and current CDC guidelines
- You should report any acute illness, which is accompanied by fever, within the next 12 weeks and to seek medical attention for any such occurrence

# WHAT DO I DO IF I HAVE AN EXPOSURE INCIDENT?

- If a source patient is involved in the reported incident, you must explain the situation to him or her and, if possible, obtain consent to test his or her blood.
- Complete a copy of the Consent to Draw Blood form that can be found at the back of your Osha guard manual.
- After testing, if the source patient is not infected with a bloodborne pathogen, baseline testing or further follow-up of the exposed employee is not necessary.
- If the source patient refuses to be tested or is unknown, be sure to document this on the form. This is an OSHA requirement.

*Your Right to...*

# Information About Injuries/Illnesses



- OSHA's Recordkeeping rule requires most employers with more than 10 workers to keep a log of injuries and illnesses
- Workers have the right to report an injury\* and review current log
- Workers also have the right to view the annually posted summary of the injuries and illnesses (OSHA 300A)



**\*It is against the OSHA law to retaliate or discriminate against a worker for reporting an injury or illness**

# Post-Exposure Follow-Up



- Routes of exposure and circumstances of exposure documented.
- Source individual identified and documented unless infeasible or prohibited by state or local law.
- Results of source individual testing (if applicable) available to exposed employee and employee informed of privacy and disclosure laws related to the source individual testing.
- Post-exposure prophylaxis provided when medically indicated.
- Post-exposure counseling and evaluation of reported illnesses available.

# Post-Exposure Follow-Up

- A copy of the standard, description of exposed employee's duties, documentation of route and circumstances of exposure, source individual's blood test (if available), vaccination status, and all appropriate medical records provided to the healthcare professional evaluating the exposure incident.
- Healthcare professional's written opinion provided to employee within 15 days of completion.
- Written opinion limited to whether Hepatitis B vaccine is indicated and possible medical conditions resulting from exposure; all other information remains confidential and is not included in the report

# Recordkeeping

- All employees with risk of occupational exposure must participate in training program during work hours and at no cost to employee. Training must be provided as follows:
  - At initial assignment
  - Before undertaking new tasks or assignments with potential risk of exposure.
  - When new safer sharps and medical devices are utilized by the practice.
  - When new services or procedures have a risk of exposure.
  - Within a year of initial training and annually thereafter.



# Recordkeeping



- Training records contain the dates of training sessions, summary of training, names and qualifications of the trainer(s), names and job titles of the trainees, and are maintained for 3 years.
- Medical records (OSHA employee medical records are separate from the employee's regular medical record.) include the employee's name and social security number, copy of employee's Hepatitis B vaccination status, results of examinations and medical testing, follow-up procedures, healthcare professional's written opinion, and information provided to the healthcare professional.
- Records are confidential and not disclosed except to the employee or to someone who has the employee's written consent.
- Medical records are kept for the duration of employment plus 30 years.

# OSHA Illness & Injury Logs.

- Form 301 - OSHA Injury and Illness Incident Record
  - Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent.
- Form 300/300A – OSHA Injury and Illness Log and Summary
  - Each February through April, employers must post a summary of the injuries and illnesses recorded the previous year. Also, if requested, copies of the records must be provided to current and former employees, or their representatives.
  - Recording workplace exposures to COVID-19
    - OSHA recordkeeping requirements mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log (29 CFR Part 1904).
- Forms kept for 5 years from year represented.

# Recording workplace exposures to COVID-19



- COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties. However, employers are only responsible for recording cases of COVID-19 if all of the following are true:
  1. The case is a confirmed case of COVID-19 (see [CDC information](#) on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19);
  2. The case is work-related (as defined by [29 CFR 1904.5](#)); and
  3. The case involves one or more of the general recording criteria set forth in [29 CFR 1904.7](#) (e.g., medical treatment beyond first aid, days away from work).

# OSHA Form 300



## OSHA's Form 300 Log of Work-Related Injuries and Illnesses

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20       
 U.S. Department of Labor  
 Occupational Safety and Health Administration  
 Form 300-RT-10 (Rev. 11/15/10)

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Few fees to use two lines for a single case if you need it. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Employment Area: Old D Castings  
 City: Buffalo State: TX

Identify the person		Describe the case			Classify the case				Enter the number of days the injured or ill worker was		Check the "Injury" column or check one type of illness					
(A) Case no.	(B) Employer's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock east end)	(F) Describe injury or illness, part of body affected, and circumstance that directly injured or made person ill (e.g., Second degree burn on right forearm from welder tank)	Using three four categories, check ONLY the most serious result for each case:				On job (working or on call)	Days away from work (A)	Job transfer or restriction (B)	Medical treatment beyond first aid (C)	Loss of consciousness (D)	Death (E)	
						Result	Days away from work	Job transfer or restriction	Medical treatment beyond first aid			Days away from work	Job transfer or restriction	Medical treatment beyond first aid	Loss of consciousness	Death
1	Empl A	Maint	month	Warehouse C	Ankle sprain	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	day	day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Empl B	Assy	month	Final Assy	C/S - wrist discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	56	day	day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Empl C	Plating	month	Dip tank area	Nauseous from vapors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	day	day	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Empl D	Maint	month	Receiving	Fatality - fall from ladder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		day	day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Empl E	Press Oper	month	Fabrication	Hand laceration - strip stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		day	day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Empl F	Yard Worker	month	Tank farm	Poison ivy - arms & face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		day	day	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Empl G	Grinder	month	Fabrication	Grinding dust - pneumoconiosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	day	day	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Empl H	Plating	month	Dip tank area	Skin rash on hands - solvent	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	day	day	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Empl I	Operator	month	Foundry	Burned hand - hot casting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		day	day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		day	day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		day	day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		day	day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		day	day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page total's:     

Be sure to handle these items in the Summary page (Form 3002) when you file.

File the reporting burden for this collection of information in a period of average 15 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and review the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing the burden, to Washington Headquarters Office, Bureau for Economic Analysis, U.S. Department of Commerce, 1412 Constitution Avenue, NE, Washington, DC 20516. You may also contact the Office of Management and Budget, Paperwork Project Director, 1215 Jefferson Avenue, NE, Washington, DC 20503.

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# OSHA Form 301

## OSHA'S Form 301 Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB No. 1218-0126

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed By: Michelle Adair

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

06/18/2016

### Information about the employee

- 1) Full Name Michael Dowdy
- 2) Street \_\_\_\_\_  
City \_\_\_\_\_ State TX ZIP \_\_\_\_\_
- 3) Date of Birth 07/24/2016
- 4) Date Hired 07/24/2016
- 5)  Male  
 Female

### Information about the physician or other health care professional

- 6) Name of Physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given? \_\_\_\_\_

..

- 8) Was employee treated in an emergency room?  
 Yes  
 No
- 9) Was employee hospitalized overnight as an in-patient?  
 Yes  
 No

### Information About the Case

- 10) Case Number from the Log: FY15-0376 (Transfer the case number from the Log after you record the case.)
- 11) Date of Injury or Illness: 06/18/2016
- 12) Time Employee Began Work: 12:12 PM
- 13) Time of Event: 12:31 PM  Check if Time Cannot Be Determined
- 14) What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; daily computer key-stroke."  
running
- 15) What happened? Tell how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."  
fell
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."  
Crushing of Ankle, Anterior Side
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*  
Containers, Furniture and Fixtures - Containers
- 18) If the employee died, when did death occur? Date of death \_\_\_\_\_



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