

COMPLIANCE OVERVIEW

Coronavirus Recording and Reporting Under OSHA Rules

The [Occupational Safety and Health Act](#) (the Act) requires employers to report and record work-related injuries and illnesses. The [Occupational Safety and Health Administration](#) (OSHA) has indicated that COVID-19 infections are recordable injuries if they are work-related and they meet the Act's recording criteria. Recording requirements apply only to employers with more than 10 employees who are not in an [exempt, low-risk industry](#).

In addition, employers must report incidents that result in an employee's fatality within eight hours. Incidents that result in inpatient hospitalization, amputation or loss of an eye must be reported within 24 hours.

This Compliance Overview presents a summary of the reporting and recording requirements that will most likely apply to coronavirus cases in the United States. For additional information on OSHA reporting and recording requirements please contact The Sterling Group, Inc or visit the OSHA

LINKS AND RESOURCES

- OSHA recording and reporting [website](#)
- OSHA COVID-19 Guidance [website](#)
- CDC COVID-19 [website](#)
- OSHA COVID-19 recoding enforcement [guidance](#)

website.

Work-relatedness

An injury or illness is work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a preexisting injury or illness.

Work-relatedness is presumed for events or exposures in the work environment.

Recording Criteria

Work-related COVID-19 cases are recordable if they:

- Result in loss of consciousness, days away from work, restricted work or transfer to another job;
- Require medical treatment beyond first aid;
- Are a diagnosed case of cancer, chronic irreversible disease, fractured or cracked bones or teeth, and punctured eardrums; or
- Meet the special recording criteria for work-related cases involving [needlesticks and sharps injuries](#), [medical removal](#), [hearing loss](#) or [tuberculosis](#).

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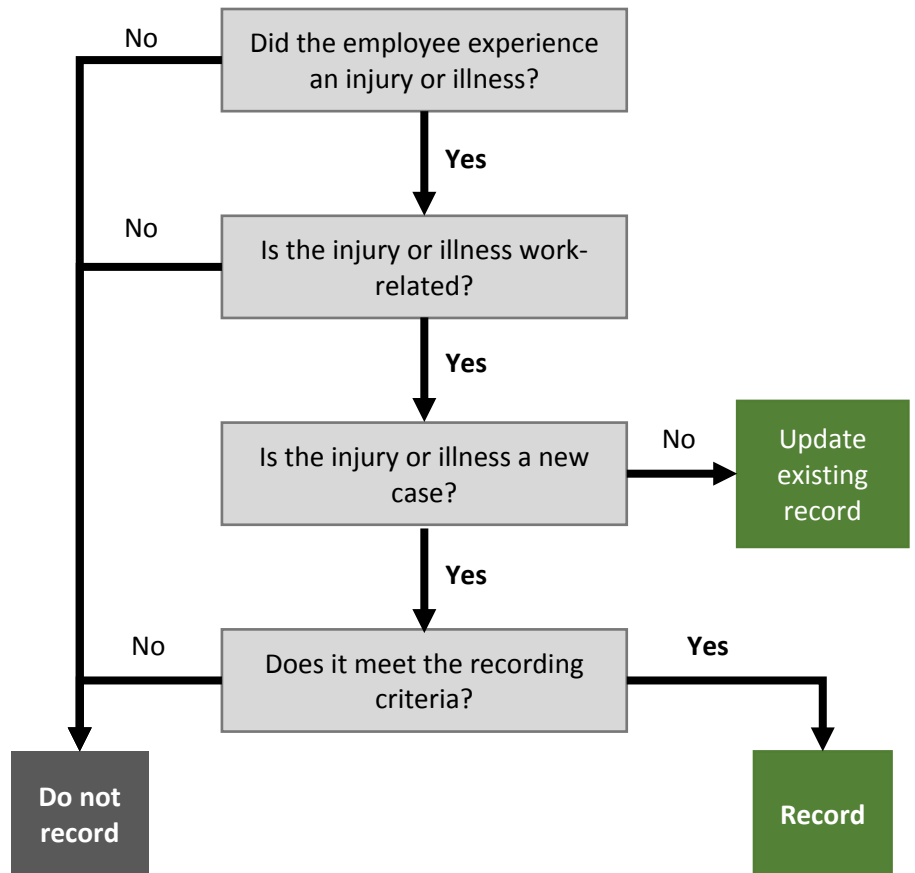


Recording COVID-19 Cases

OSHA has [clarified](#) that COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties. Employers can use the graphic on the right to determine whether incidents should be recorded under the Act.

However, employers are only responsible for recording cases of COVID-19 if all of the following are met:

1. The case is a confirmed case of COVID-19 (see [Centers for Disease Control and Prevention \(CDC\) 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, or days away from work).



OSHA’s definition of a recordable illness includes “both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder or poisoning.” This definition is limited to abnormal conditions or disorders that exclude the common cold and the seasonal flu. This can make it difficult when employees show up to work with coronavirus-like symptoms, such as a high fever or coughing. For this reason, employers should wait until they have a confirmed COVID-19 diagnosis before starting a recordability analysis.

A **confirmed case** of COVID-19 means an individual with at least one respiratory specimen that tested positive for SARS-CoV-2, the virus that causes COVID-19. See www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html.

An employer must consider an injury or illness to be **work-related** if an event or exposure in the work environment 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](#) specifically applies.

Finally, 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

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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.

Recent Guidance for Compliance Officers

On Apr. 10, 2020, OSHA issued recording guidance for its compliance officers. The guidance recognizes that in areas where there is ongoing community transmission, employers may have difficulty determining whether workers who contracted COVID-19 did so due to exposures at work.

For this reason, OSHA is has clarified that:

- ☑ Employers in the healthcare industry, emergency response organizations (e.g., emergency medical, firefighting and law enforcement services) and correctional institutions must continue to make work-relatedness determinations as required by OSHA regulations; and
- ☑ Until further notice, OSHA will not enforce 29 CFR § 1904 to require other employers to make the same work-relatedness determinations, except where:
 - There is objective evidence that a COVID-19 case may be work-related. This could include, for example, a number of cases developing among workers who work closely together without an alternative explanation; and
 - The evidence was reasonably available to the employer. For purposes of this memorandum, examples of reasonably available evidence include information given to the employer by employees, as well as information that an employer learns regarding its employees' health and safety in the ordinary course of managing its business and employees.

In addition, OSHA compliance officers have been instructed to make sure that COVID-19 is treated and coded as a respiratory illness. As a result, employers will need to enter privacy cases in their OSHA log for any employee that makes a privacy request.

Reporting COVID-19 Cases

As mentioned above, COVID-19 cases must be reported if they are **work-related** and result in a **fatality** (within eight hours), inpatient hospitalization, amputation or loss of an eye (within 24 hours). The reporting periods begin as soon as the employer learns about the work-related incident, even if there is a delay between the time the incident takes place and the time the incident is reported to the employer.

If the OSHA area office is closed, employers are expected to report these incidents by phone at **1-800-321-OSHA (6742)** or the reporting application located on OSHA's public website at www.osha.gov. OSHA reports must include the following information:

- ☑ The establishment name;
- ☑ The location of the work-related incident;
- ☑ The time of the work-related incident;
- ☑ The type of reportable event (i.e., fatality, inpatient hospitalization, amputation or loss of an eye);
- ☑ The number of employees who suffered a fatality, inpatient hospitalization, amputation or loss of an eye;

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- ☑ The names of the employees who suffered a fatality, inpatient hospitalization, amputation or loss of an eye;
- ☑ The employer's contact person and his or her phone number; and
- ☑ A brief description of the work-related incident.

Inpatient Hospitalizations

An inpatient hospitalization is a formal admission to the inpatient service of a hospital or clinic for care or treatment. Admissions that are strictly for observation or diagnostic testing are not reportable.

Delayed Reporting

Employers must report fatalities to OSHA if they occur **within 30 days** of the work-related incident.

Inpatient hospitalizations, amputations and loss of an eye must be reported even if they take place **within 24 hours** of the work-related incident.