



Recording and Reporting Occupational Injuries and Illnesses

University Facilities

Internal Procedure: July 1, 2013

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Approved by: Bob Wells

1.0 Program Objective

Risk Management has adopted this policy for Injury/Illness Recordkeeping in accordance with the following OSHA regulations:

§1904 – Injury/Illness Recordkeeping

2.0 Purpose and Scope

2.1 Records

It is the policy of The Office of Risk Management to keep records of fatalities, injuries, and illnesses that:

- 2.1.1 Are work related
- 2.1.2 Is a new case, and
- 2.1.3 Meets one or more of the general recording criteria.

It is the policy of The Office of Risk Management to enter each recordable injury or illness on an OSHA 300 Log and 301 incident report, or other equivalent form, within seven (7) calendar days of receiving information that a recordable injury or illness has occurred. At the end of each calendar year The Office of Risk Management will examine the OSHA 300 Log and certify that, based on the knowledge of the process by which the information was recorded, that the annual summary is correct and complete.

2.2 Annual Summary Posting

It is the intent of The Office of Risk Management to post a copy of the annual summary in each facility. The summary must be posted in a conspicuous place or places where notices to employees are customarily posted. It is the determination of The Office of Risk Management to ensure that the posted annual summary is:

- 2.2.1 Not altered,
- 2.2.2 Defaced, or
- 2.2.3 Covered by other material.

It is the policy of The Office of Risk Management that the annual summary must be posted no later than February 1st of the year following the year covered by the records. The posting must be kept in place until April 30th.

It is the determination of The Office of Risk Management to save the OSHA 300 Log, the privacy case list (if one exists), the annual summary, and the OSHA 301 Incident Report Forms for five (50 years following the end of the calendar year that these records cover. The decision tree for recording work-related injuries and illnesses on the next page shows the steps involved in how to decide whether a particular injury or illness is recordable.

2.3 Reporting Requirements

2.3.1 For Injuries

2.3.1.1 If a fatal injury, illness, or hospitalization of three (3) or more employees occurs, Risk Management will immediately notify the following persons and agency:

- Corporate Environmental Health and Safety (EHS)
- Director Division Manager (or any superior in this level)
- Group Manager or Team Leader (or any superior in this level)
- The area OSHA office (must be notified within 8 hours)

2.3.2 Involving the Environment

2.3.2.1 If an environmental incident occurs that is required to be reported to local, state and/or federal agencies, the following persons should be notified:

- Corporate EHS Director
- Division Manager (or any superior in this level)
- Group Manager or Team Leader (or any superior in this level)
- Appropriate local, state and/or federal agency

2.3.2.2 Time elements of when incident should be reported

2.3.2.3 Risk Management is required to verbally report incidents to OSHA within 8 hours of discovery.

2.3.2.4 Incidents must be reported to owner client as soon as possible (or within 24 hours).

2.3.3 Reportable Incidents

2.3.3.1 Injury, illness, death, hospitalization of employees

2.3.3.2 Spills, property damage, fires, explosions, vehicle damage

Personnel Policies and Procedures Manual

SECTION: Office of Risk Management		
SUBSECTION: Injury		
SUBJECT: Workers' Compensation	Last Update:	4/29/03
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1.0 Workers' Compensation Procedure

1.1 Procedure in the Event of Employee Injury

1.1.1 Initial Notification

1.1.1.1 In case of accidental injury, it is an employee's responsibility to notify his supervisor or department head immediately. Any injury, no matter how slight, must be reported.

2.0 Medical Attention for the Work Injured Employee

- 2.1** If the injured employee or his supervisor judges that the medical attention is needed, the supervisor or other designated person may call Compendium Services at 1-877-709-2667 to report the injury and assist in completing the First Report of Injury. The employee will be referred to Redfern Health Center. In the event of life or limb-threatening emergencies, treatment should be sought at the nearest emergency facility.
- 2.2** Once an employee receives initial treatment, any subsequent treatment must be by the same physician or a physician within the same practice, or upon referral by that physician. An employee, who initiates a change in physicians without referral, or

without notification and approval through Compendium Services, may not be covered further under workers' compensation.

- 2.3 The time away for the initial treatment and any subsequent treatments should be recorded as hours worked, not as sick or annual leave. If subsequent medical treatments are prescribed the employee may leave work to go directly to the treating physician and/or other approved treatment with the understanding that the employee will return to work immediately following completion of the treatment. For these subsequent treatments time will be listed as regular work time.

3.0 Workers' Compensation Coverage of Medical Treatment

- 3.1 All parties treating a work injured employee should be informed to direct the charges to: State Accident Fund, PO Box 102100, Columbia, SC 29221-5000.
- 3.2 **Notice:** A work injured employee should not provide group medical insurance (Blue Cross-Blue Shield) information to any agent in the treatment of his injury. If there is any knowledge of a claim for work injury treatment being directed to Blue Cross-Blue Shield, notify Risk Management immediately.
- 3.3 Charges may include emergency transportation, physician fees, X-ray charges, medical facility services and medication prescribed by the physician. The employee is responsible for providing Risk Management with the name and complete mailing address of any party involved in his treatment. If the employee has paid personally for any medical service, he may request reimbursement by forwarding his payment receipt to Risk Management.
- 3.4 Risk Management shall ensure to the best of its knowledge at the time a claim initially is reported that the injury comes under the provisions of the South Carolina Workers' Compensation Law, and shall communicate as necessary with all parties concerned regarding medical charges. The official files on an employee's work injury claim shall be maintained within Risk Management.
- 3.5 Official Reporting of Work Injury - IMMEDIATELY after initial treatment, the injured employee and his supervisor are responsible for notifying ComPendum Services and for preparation of the EMPLOYER'S FIRST REPORT OF INJURY. Failure to give immediate notice may cause serious delays in the payment of compensation.
- 3.6 If the employee does not wish to be treated at the time of injury, the supervisor shall complete the First Report of Injury and forward to Risk Management.

4.0 Additional Procedure in Event of Lost Days from Work Injury

4.1 Notification of Absence

- 4.1.1 If upon treatment of a work injury, the physician declares the employee unable to resume his regular duties, the employee may remain absent unless alternate work is made available which the employee can perform without detriment. The employee must obtain a doctor's statement indicating first date of absence and estimated date of return.

- 4.1.2 When work absence is necessary, it is the responsibility of the employee and his supervisor to notify Risk Management immediately by telephone.

4.2 Temporary Light Duty Program

- 4.2.1 Each department should provide temporary light duty work for employees whose physician allows them to return to work after a work related injury. If the employees' department cannot provide a light duty job, the supervisor must contact Risk Management for an alternative work assignment in another department. If an employee refuses light duty assignment, workers' compensation benefits may be terminated. Funding of the employee's salary and leave accrual will remain in the home department. The employees' supervisor and Risk Management will review the light duty assignment for continuation at the end of thirty (30) calendar days.

4.3 Notification to Employee on Pay and Compensation Options

- 4.3.1 Upon notification of a work absence, Risk Management will issue a letter to the disabled employee informing him of the pay and compensation options provided by the South Carolina Worker's Compensation Law. Refer to the [Lost Time form letter](#) which explains these options in detail.

4.4 Notice of Election

- 4.4.1 The disabled employee must decide on an option which is available to him and which is advantageous to his personal circumstances. It is recommended that the employee consult by telephone with Risk Management before electing an option because the direction taken can affect fringe benefits, earnings, service credit, etc. An employee's choice of option shall be irrevocable for the duration of his disability period. Refer to the [Notice of Election](#).
- 4.4.2 Note: An employee who chooses Option (1) or Option (3) will remain in the chosen option unless paid leave is exhausted. Upon exhaustion of available paid leave, the employee will revert automatically to Option (2).

4.5 Agreement as to Compensation

- 4.5.1 After the disabled employee's choice of option has been established, he will be required to sign a prepared Agreement as to Compensation to indicate paid leave and/or temporary total disability compensation payments. The Agreement termination date, if not otherwise specified, depends upon the treating physician's declaration that the employee may return to work.
- 4.5.2 When the treating physician releases the employee for return to work, Risk Management must be notified immediately by telephone regarding the specific date the employee will begin work.
- 4.5.3 Compensation shall cease:

- 4.5.3.1 When the injured employee returns to work upon the direction of the treating physician, at a pay rate equal to or greater than his average pay rate before injury.
- 4.5.3.2 If there is discovered any fraud or intent to deceive.
- 4.5.3.3 If the injured employee refuses employment which is suitable to his capacity and approved by the S.C. Worker's Compensation Commission.
- 4.5.4 If an injured employee is unable to maintain his former responsibilities while recovering from his injury or because of disability from the injury, he may be able to accept other work. If he must accept less pay than his average pay rate before injury, he is entitled to compensation based on 66.67% of the difference in pay rate.

5.0 Permanent Impairment

- 5.1 In the event that maximum medical improvement is attained and the injured employee exhibits evidence of a permanent disability or disfigurement, his treating physician will specify the amount of impairment upon his final treatment statement.
- 5.2 The South Carolina Worker's Compensation Commission will schedule a conference and notify the employee of the time, date, and location. If the employee cannot attend, he should notify Risk Management to arrange an alternate date or location.

Please refer to [Compensation Conference Policy](#) for information regarding the conference.

For more detailed information, please contact [Denise Godwin](#) at 864-656-3365 or the department of Risk Management.

6.0 What is an OSHA Recordable?

- 6.1 An OSHA recordable injury is an occupational injury or illness that requires medical treatment more than simple first aid and must be reported.
- 6.2 All employers shall comply with OSHA regulations for recording and reporting occupational injuries and illnesses as prescribed in 29 CFR 1904. This requires some injuries and illnesses to be recorded on the OSHA 300 Log of Work-Related Injuries and Illnesses and the OSHA 301 Injury and Illness Incident Report.
- 6.3 Any medical treatment that goes beyond first aid meets the general recording criteria and is thus recordable.

6.4 OSHA Recordable Criteria:

- 6.4.1 Death
- 6.4.2 Loss of consciousness
- 6.4.3 Days away from work

- 6.4.4 Restricted work
- 6.4.5 Job transfers
- 6.4.6 Affects routine (essential) job functions
- 6.4.7 "Significant" injuries or illnesses diagnosed by physician such as cancer, asbestosis, fractures or punctured eardrums
- 6.4.8 Medical treatment beyond first aid

6.5 First Aid includes:

- 6.5.1 Observation or counseling
- 6.5.2 Diagnostic procedures, including X-ray, blood tests
- 6.5.3 Over-the-counter med's at over-the-counter strength
- 6.5.4 Tetanus
- 6.5.5 Cleaning, flushing or soaking wounds
- 6.5.6 Wound coverings, including suture substitutes such as butterfly bandages and Steri-strips
- 6.5.7 Hot/cold treatment
- 6.5.8 Non-rigid support such as ace, non-rigid back belts, etc.
- 6.5.9 Temporary immobilization for transport purposes
- 6.5.10 Drilling of nail to relieve sub-ungula hematoma
- 6.5.11 Eye patches
- 6.5.12 Foreign Body (FB) removal from eye using only irrigation or swab
- 6.5.13 Simple skin FB removal
- 6.5.14 Finger guards Massages

ACCIDENT/INCIDENT REPORT				
Date of Accident	Time	Day of Week	Shift	Department
Name:		Address:		
Age:	Phone:			
Job Title:		Supervisor Name:		
Length of Employment at Company:		Length of Employment at Job:		
Employee Classification:		Full Time	Part Time	Contract Temporary
Nature of Injury	Bruising	Dislocation	Other (specify)	Injured Body Part:
Strain/Sprain	Scratch/Abrasion	Internal		
Fracture	Amputation	Foreign Body	Remarks:	
Laceration/Cut	Burn/Scald	Chemical Reaction		
Tatment	Name and Address of Treating Physician or Facility:			
First Aid				
Emergency Room				
Dr.'s Office				
Hospitalization				
DAMAGED PROPERTY				
Property, Equipment, or Material Damaged		Describe Damage		
Object or Substance Inflicting Damage:				
INCIDENT DESCRIPTION				
Describe what Happened (attach photographs or diagrams if necessary)				
ROOT CAUSE ANALYSIS (check all that apply)				
Improper work technique	Poor workstation design./layout	Lack of written policies & procedures		
Safety rule violation	Congested work area	Safety rules not enforced		
Improper PPE or PPE not used	Hazardous substances	Hazards not identified		
Operating without authority	Fire or explosion hazard	PPE unavailable		
Failure to warn or secure	Inadequate ventilation	Insufficient work training		
Operating at improper speeds	Improper material storage	Insufficient supervisor training		
By-passing safety devices	Improper tool or equipment	Improper maintenance		
Guard not used	Insufficient knowledge of job	Inadequate supervision		
Improper loading or placement	Slippery conditions	Inadequate job planning		
Improper lifting	Poor housekeeping	Inadequate hiring practices		
Servicing machinery in motion	Excessive noise	Inadequate workplace inspection		
Horseplay	Inadequate hazards guarding	Inadequate equipment		
Drug or alcohol use	Defective tools/equipment	Unsafe design or construction		
Unnecessary haste	Insufficient lighting	Unrealistic scheduling		

Unsafe act of others	Inadequate fall protection	Poor process design
Other:	Other:	Other: