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INTRODUCTION

This book has been put together in an attempt to assist in classifying incidents and determine recordability. As questions arise and addressed, additions will be made to this book. The answers in this book, although similar to certain governmental regulations, are industry accepted guidelines and should not be relied upon when determining the reporting and tracking of incidents that are required by (some or various) governmental agencies. When a clear answer cannot be found in this question and answer book, program participants should default to the OSHA Recordkeeping Standard (29CFR1904).

1.0 FIRST AID:

1.1 What is "first aid"? "First Aid" means the following:

- Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes);
- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
- Cleaning, flushing or soaking wounds on the surface of the skin;
- Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, surgical glue etc., are considered medical treatment);
- Using hot or cold therapy;
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
- Using eye patches;
- Removing foreign bodies from the eye using only irrigation or a cotton swab;
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
- Using finger guards;
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
- Drinking fluids for relief of heat stress.

1.2 Question: Is the use of a rigid finger guard considered first aid?

Answer: If the case does not meet the criteria of medical treatment, then yes, the use of finger guards is always first aid.

1.3 Question: The rule defines first aid, in part, as “removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means.” What are “other simple means” of removing splinters that are considered first aid?

Answer: “Other simple means” of removing splinters, for purposes of the first-aid definition, means methods that are reasonably comparable to the listed methods. Using needles, pins or small tools to extract splinters would generally be included.
1.4 **Question:** Are any other procedures included in first aid?

**Answer:** No, this is a complete list of all treatments considered first aid.

1.5 **Question:** Are surgical glues used to treat lacerations considered “first aid?”

**Answer:** No, surgical glue is a wound-closing device. All wound closing devices except for butterfly and steri-strips are by definition “medical treatment,” because they are not included on the first aid list.

1.6 **Question:** Because the location of a wound was such that a plastic type of wound covering would not stay in place surgical glue was used to cover the wound. If surgical glue or a liquid band aid is used for covering a wound only, not as a closure device (stitch(s), is this a First Aid Case?

**Answer:** The concept that underlies the medical treatment vs. first aid distinction made between this type of treatment centers around the basic difference between wound closures and wound coverings. “Using wound coverings, such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-strips™ are first aid, (wound closing devices, such as sutures, staples, etc. are considered medical treatment).” Therefore if no other medical treatment is given, the use of wound coverings, like a liquid band aid or surgical glue to cover the wound is deemed to be first aid treatment.

1.7 **Question:** The first aid list states “drinking fluids for relief of heat stress.” Does this include administering intravenous (IV) fluids?

**Answer:** No Intravenous administration of fluids to treat work-related heat stress is medical treatment.

1.8 **Question:** An employee gets the very tip of his little finger caught in between an object that caused him to have the very tip of his finger and nail lacerated. Doctor’s exam and x-rays: X-rays were negative and the wound was cleaned, over the counter antibiotic ointment applied and a bandage applied. He was released to full duty with instructions to return for the next few days for observation, clean/replace ointment and changing of bandage.

**Answer:** This case considered not to be recordable. The antibiotic ointment would have to be prescription to make it recordable.

1.9 **Question:** Is the use of Band-Aid Brand Liquid Bandage considered first aid or medical treatment.

**Answer:** Using wound coverings; such as bandages, Band-Aids, gauze pads, etc.; or using butterfly bandages or Steri-strips are first aid (other wound closing devices, such as sutures, staples, etc. are considered medical treatment). Therefore, the use of wound coverings like Band-Aid Brand Liquid Bandage is deemed to be first aid treatment.

2.0 **RECORDABLE INCIDENTS:**

2.1 **Question:** Do I count the day on which the injury occurred or the illness began?

**Answer:** No, you begin counting days away on the day after the injury occurred or the illness began.

2.2 **Question:** Is every work-related injury or illness case involving a loss of consciousness recordable?
Answer: ‘Yes, you must record a work-related injury or illness if the worker becomes unconscious, regardless of the length of time the employee remains unconscious.

2.3 Question: How do I record an injury or illness when a physician or other licensed health care professional recommends that the worker stay at home but the employee comes to work anyway?

Answer: ‘You must record these injuries and illnesses. If you receive recommendations from two or more physicians or other licensed health care professionals, you may make a decision as to which recommendation is the most authoritative, and record the case based upon that recommendation.

2.4 Question: How do I handle a case when a physician or other licensed health care professional recommends that the worker return to work but the employee stays at home anyway?

Answer: ‘In this situation, you must end the count of days away from work on the date the physician or other licensed health care professional recommends that the employee return to work.

2.5 Question: How do I record a case in which a worker is injured or becomes ill on a Friday and reports to work on a Monday, and was not scheduled to work on the weekend?

Answer: ‘You need to record this case only if you receive information from a physician or other licensed health care professional indicating that the employee should not have worked, or should have performed only restricted work, during the weekend. If so, you must record the injury or illness as a case with days away from work or restricted work as appropriate.

2.6 Question: How do I record a case in which a worker is injured or becomes ill on the day before scheduled time off such as a holiday, a planned vacation, or a temporary plant closing?

Answer: ‘You need to record a case of this type only if you receive information from a physician or other licensed health care professional indicating that the employee should not have worked, or should have performed only restricted work, during the scheduled time off. If so, you must record the injury or illness as a case with days away from work or restricted work.

2.7 Question: How is an employer to determine whether an employee has “recovered completely” from a previous injury or illness such that a later injury or illness of the same type affecting the same part of the body resulting from an event or exposure at work is a “new case” (incident)? If an employee’s signs and symptoms disappear for a day and then resurface the next day, should the employer conclude that the later signs and symptoms represent a new case?

Answer: ‘An employee has “recovered completely” from a previous injury or illness, when he or she is fully healed or cured. The employer must use his best judgment based on factors such as the passage of time since the symptoms last occurred and the physical appearance of the affected part of the body. If the signs and symptoms of a previous injury disappear for a day only to reappear the following day, that is strong evidence the injury has not properly healed. The employer may, but is not required to, consult a physician or other licensed health care provider (PLHCP). Where the employer does consult a PLHCP to determine whether an employee has recovered completely from a prior injury or illness, it must follow the PLHCP’s recommendation. In the event the employer receives recommendations from two or more PLHCPs, the employer may decide which
recommendation is the most authoritative and record the case based on that recommendation.

2.8 **Question:** Do all minor illness cases have to be classified as recordable?

**Answer:** No, injuries and illnesses are recorded using the same criteria. As a result, some minor illness cases are not recordable. For example, a case of work-related skin rash is recorded only if it results in days away from work, restricted work, transfer to another job, or medical treatment beyond first aid.

2.9 **Question:** Does the size or degree of a burn determine recordability?

**Answer:** No, the size or degree of a work-related burn does not determine recordability. If a work-related first, second, or third degree burn results in one or more of the following (days away, work restrictions, medical treatment, etc.), the case must be recorded.

2.10 **Question:** If an employee is exposed to chlorine or some other substance at work and oxygen is administered as a precautionary measure, is the case recordable?

**Answer:** If oxygen is administered as a purely precautionary measure to an employee who does not exhibit any symptoms of an injury or illness, the case is not recordable. If the employee exposed to a substance exhibits symptoms of an injury or illness, the administration of oxygen makes the case recordable.

2.11 **Question:** We assume that Oxygen is considered a medication. Since medical protocol for any “suspected” inhalation injury/illness whether it turns out to be benign or not, calls for humidified oxygen. Should we suspect inhalation injury or illness in the work place and as a precaution, administer oxygen. Upon examination by a physician, nothing is found to be wrong with the individual does this become a Recordable Incident?

**Answer:** We have determined that the use of oxygen strictly as precaution/preventative is considered first aid, and therefore, not recordable.

2.12 **Question:** If an employee reports an injury or illness and receives medical treatment this year, but states that the symptoms first arose at some unspecified date last year, on which year's log do I record the case?

**Answer:** Ordinarily, the case should be recorded on the Log for the year in which the injury or illness occurred. Where the date of injury or illness cannot be determined, the date the employee reported the symptoms or received treatment must be used. In the case in question, the injury or illness would be recorded on this year’s Log because the employee cannot specify the date when the symptoms occurred.

2.13 **Question:** If an employee dies during surgery made necessary by a work-related injury or illness, is the case recordable? What if the surgery occurs weeks or months after the date of the injury or illness?

**Answer:** If an employee dies as a result of surgery or other complications following a work-related injury or illness, the case is recordable.

2.14 **Question:** An employee hurts his or her left arm and is told by the doctor not to use the left arm for one week. The employee is able to perform all of his or her routine job functions using only the right arm (though at a slower pace and the employee is never required to use both arms to perform his or her job functions). Would this be considered restricted work?
Answer: No. If the employee is able to perform all of his or her routine job functions (activities the employee regularly performs at least once per week), the case does not involve restricted work. Loss of productivity is not considered restricted work.

2.15 Question: I was re-reading some criteria for Medical Treatments and came across this statement: “Intravenous administration of fluids to treat work-related stress” When I read this, I read between the lines and thought it said heat stress. But, it does not. Is that what is intended, or should that be a literal translation?

Answer: Heat stress or any other type of work related stress in which an IV is used as treatment is medical treatment.

2.16 Question: NOTE THE INTERPRETATION TO THE FOLLOWING QUESTIONS HAVE BEEN CHANGED BASED ON RECENT INTERPRETATIONS REGARDING THE USE OF AN IV OR CATHETER TO KEEP THE INJURED PERSON’S VEIN OPEN. Standard procedure for EMT personnel who are transporting an injured person is to start an IV as a means to keep the vein (KVO) open. An IV was started and he was transported to the emergency medical center. By the time he arrived at the center, his breathing problems had gone away and when examined (including X-Ray) it was found that nothing was wrong and the worker was released to full duty. How do we classify this incident?

a) If a catheter is put in just in case it is needed during transportation and no Medical treatment or prescription medication is given either during transport or at the medical center and the person is released to full duty, the case is not recordable.

b) If an IV saline drip is used as KVO (Keep Vein Open) and not for stress or administering prescription medication and the medical profession at the medical center did not give any medical treatment or prescription medication and the person is released to full duty, the case is not recordable.

2.17 Question: An employee who was injured in the work place due to a work related incident, he was transported to the hospital and was held for 24 hours for observation. During this time they gave him an IV. At the end of the 24 hours observation, the individual was released to full duty without any restrictions. How do we classify this case?

Answer: This incident would be classified depending on the purpose of the IV. The IV used only for purposes of KVO the case is not recordable. If on the other hand the IV for administration of fluids for treatment of shock, dehydration, heat stroke or medium for administrating medications the case is recordable.

2.18 Question: Is giving Hepatitis “B” vaccine considered medical treatment when it is given to medical personnel or other personnel who may be exposed to blood borne pathogens.

Answer: If no exposure had occurred and the shot is for preventative measures, it is not considered to be anything as far as reporting is concerned, but if it is given after possible exposure, it is Medical Treatment. If the first aid or emergency medical provider is exposed to Hepatitis “B” while treating an injured person and then receives Hepatitis “B” vaccine, the case is recordable.

2.19 Question: How about prescription medication for prophylaxis? (example: tetanus shots for a laceration)

Answer: A tetanus shot prevention of infection from a wound would be 1st aid. Specifically if a man stepped on a nail in the work site and a doctor gave him a tetanus shot, how would it be classified. The shot is for the prevention of infection, therefore it would be 1st aid. Of course if stitches or other treatment were involved, the case could be classified as a medical treatment.
2.20 Question: What is the amount of prescription medication that would make a case recordable.

Answer: A single dose of prescription medication is considered medical treatment, and is therefore, recordable.

2.21 Question: For medications such as Ibuprofen that are available in both prescription and non-prescription form, what is considered to be prescription strength? How is an employer to determine whether a non-prescription medication has been recommended at prescription strength?

Answer: The prescription strength of such medications is determined by the measured quantity of the therapeutic agent to be taken at one time, i.e., a single dose. Refer to local regulations to determine whether or not a medication is considered prescription strength.

2.22 Question: If an employee who sustains a work-related injury requiring days away from work, restricted work days, or medical treatment, is terminated for drug use based on the results of a post-accident drug test, how is the case recorded?

Answer: When the employer conducts a drug test based on the occurrence of an accident resulting in an injury at work and subsequently terminates the injured employee, the termination is related to the injury the incident is recordable.

2.23 Question: An employee is injured and taken to a physician or licensed health care professional. The employee is given one dose of prescription medication for pain and told to return in the morning for examination. Upon examination, the physician finds nothing that requires treatment or need for additional medication and the employee receives a full duty release to return to work. Is this case recordable?

Answer: “There is no medical reason for differentiating medical treatment from first aid on the basis of the number of doses involved. This is particularly well illustrated by the recent trend toward giving a single large dose of antibiotics instead of the more traditional pattern involving several smaller doses given over several days.” So, if the physician is administering prescription medication for pain, it is a recordable case.

2.24 Question: We have a case where an individual got some equipment cleaning soap in his eye. It was flushed extensively at the work site. Later in the day it continued to bother the individual so he was sent to a medical center. At the medical center they flushed his eye some more but could not find anything in the eye, or any sign of infection. The medical professional gave the injured person a shot of antibiotic as a preventative measure. Is this case recordable?

Answer: This case is recordable. This is the decision process we use:

Did the employee experience an injury? Yes. Is the injury work related? Yes. Did the injury meet the general recording criteria? Yes, (medical treatment - the antibiotic is not on the first aid list, so it is medical treatment). Then the case is recordable.

2.25 Question: If an employee was working on a structure and a sudden strong wind came up and blew the structure over (the structure is designed to withstand 100 mph winds). The employee receives a recordable injury due to the wind storm, is this incident recordable?

Answer: Yes the worker was injured out of his normal work duties.
2.26 Question: We had an individual go to the emergency room with a bruised arm. Examination was given and X-Rays showed that the arm was just bruised. The emergency room doctor indicated that the injured person needed to see a specialist in the morning. The emergency room doctor gave the man a prescription medication to take. When examined by the specialist in the morning, the specialist stated that the injured person did not need any prescription medication and that normal usage of over the counter pain medication was sufficient. The injured person was released to full duty. Is this a medical treatment case since the more highly qualified doctor indicated that there was no need for prescription medication?

Answer: Your question is: If a physician or other licensed health care professional recommends medical treatment, days away from work or restricted work activity as a result of a work-related injury or illness can the employer decline to record the case based on a contemporaneous second provider's opinion that the recommended medical treatment, days away from work or work restriction are unnecessary, if the employer believes the second opinion is more authoritative they may chose not to classify the case as recordable. However, once medical treatment is provided for a work-related injury or illness, or days away from work or work restriction have occurred, the case is recordable. If there are conflicting contemporaneous recommendations regarding medical treatment, or the need for days away from work or restricted work activity, but the medical treatment is not actually provided and no days away from work or days of work restriction have occurred, the employer may determine which recommendation is the most authoritative and record on that basis. In the case of prescription medications, for reporting purposes, medical treatment is provided once a prescription is issued.

2.27 Question: When an employee experiences the signs or symptoms of a chronic work-related illness, do I need to consider each recurrence of signs or symptoms to be a new case?

Answer: ‘No, for occupational illnesses where the signs or symptoms may recur or continue in the absence of an exposure in the workplace, the case must only be recorded once. Examples may include occupational cancer, asbestosis, byssinosis and silicosis.

2.28 Question: When an employee experiences the signs or symptoms of an injury or illness as a result of an event or exposure in the workplace, such as an episode of occupational asthma, must I treat the episode as a new case?

Answer: ‘Yes, because the episode or recurrence was caused by an event or exposure in the workplace, the incident must be treated as a new case.

2.29 Question: May I rely on a physician or other licensed health care professional to determine whether a case is a new case or a recurrence of an old case?

Answer: ‘You are not required to seek the advice of a physician or other licensed health care professional. However, if you do seek such advice, you must follow the physician or other licensed health care professional's recommendation about whether the case is a new case or a recurrence. If you receive recommendations from two or more physicians or other licensed health care professionals, you must make a decision as to which recommendation is the most authoritative (best documented, best reasoned, or most authoritative), and record the case based upon that recommendation.

2.30 Question: An employee fell off a ladder, strikes his and head and feels very disoriented. The EMTs put him in a rigid neck brace and spine board. Following further diagnosis it is found that the employee is bruised but can and does return to work on his next scheduled day without restrictions. Is this incident recordable?
2.31 Question: Is this case recordable since the man did not see a doctor? We had a case where the crew tripped pipe and after work, an individual taking a shower complained of back pain. The company was concerned about aggravating the sore back so a telephone call was placed to a doctor, who recommended over the telephone, that the man be put on restricted duty for a couple of days. After the two days of restricted duty, the man returned to normal work without any problems. If it is recordable is this a restricted work case?

Answer: If the employee was placed on restricted duty by a physician; you have a recordable case with 2 days restricted work.

2.32 Question: An employee receives a cut on his forearm while working with some equipment on the drill floor that had an unnoticed metal burr on its surface. The cut is not deep enough to require stitches, steristrips will do fine (as discussed with onshore medical support - MD). The cut is then treated by washing and rinsing, steristrips applied, some over the counter antibiotic ointment is applied to the top of the cut, then a dressing and bandage are applied, and lastly, a tetanus shot - treated and documented appropriately as a FIRST AID at this point, however......

Because of the environment and the job in which the employee works, the MD also prescribes an antibiotic tablet regimen for a few days as a proactive or precautionary measure to assist in protecting the employee from a possible infection - the MD was not TREATING an infection, but acting in a preventative manner. How is this any different than providing a tetanus shot being considered first aid treatment? Certainly, tetanus vaccine is a prescription medication so I am at a loss here. Could the employee have done without the tetanus or the antibiotics? Sure, but why put the employee at greater risk for complications as dangerous as they might develop when we can be proactive in our treatment regime?

Answer: The above scenario would be considered Medical treatment for purposes of Recordkeeping.

1) Did the employee experience an injury or illness? Yes, the cut was the injury or illness.
2) Did the employer determine the injury or illness was work-related? Yes.
3) Was the injury or illness a new case? Yes.
4) Did the injury or illness result in one or more of the general recording criteria? Yes, the injured worker was given prescription medication.

Note: The infection is not the injury or illness.

2.33 Question: The rig had been rigged down and loaded on trucks for transport to the new location. The distance between the two locations was about 60 miles. An incident occurred while crews were in-transit from one location to the next. A labor contractor who is responsible to transport crews to and from rig and between locations provides the crews transportation. The crewmembers are not under the supervision of a representative of our company during transport, only while working on site. The crew was traveling from one location to the next and just prior to reaching the location (1/4 mile short of location) the driver stopped the vehicle. There was no rig equipment on location yet. After an hour of sitting on the side of the road, seven of the crewmembers started towards location while two stayed behind with the driver. Approximately 15 minutes later the two remaining crewmembers decided to go to the location. One crewmember reached into van to grab his stuff and did not notice the second person putting his hand on the upright member between the front and back sliding door. Upon retrieving his items he closed the door trapping the
other individual's little finger in the door causing a cut to finger. There was no supervision from the rig there only the labor contractor's driver and their crews and they were not at the work site.

**Part “1”** The injury required medical treatment, is this a Recordable Injury incident?

**Part “2”** Who is responsible for recording the incident?

**Answer:**

**Part “1”** This is a recordable case. It doesn't matter that there was not a supervisor standing there looking over their shoulder.

**Part “2”**: Whoever provides the overall supervision of the crew, or whoever provides general instruction to the crew, is responsible for recording this case.

### 2.34 Question

A man was working on the site and his hand began to swell. He does not recall anything happening. He was taken to the site medic and the medic found what he thought was an insect bite. The man was given antibiotics to prevent infection. Would an insect bite be considered a work related incident?

**Answer:**

If the employee received the insect bite while on the premises, then, yes it is recordable. Insect bites in and of themselves are not recordable. It is the treatment, prescription medication that makes it recordable.

### 2.35 Question

We had a case where a worker was injured and required stitches. He was transported to the hospital where he was treated. The doctor then released him to full duty. It is our understanding that this would be a medical treatment case, but a question has come up due to the time needed to transport the employee to and from the hospital. The due to transportation issues, the man was not able to return to work the next day even though the doctor gave him a full duty release. I understand that time spent traveling to and from, as well as time waiting for treatment is not considered when classifying an incident. Is this correct?

**Answer:**

Time spent traveling or for treatment or diagnosis, is not considered lost time. So, in your scenario, you would have a recordable with no lost time.

### 2.36 Question

An employee who is injured on Wednesday, traveled to the doctor Thursday and on Friday received medical treatment and a recommendation from the doctor to take "X" number of days off. We would not count Wednesday in the Days Away, but start on Thursday and include Friday and the "X" number of days the doctor recommended. Is this correct? We would count the days the same way if it were a Restricted Work or Transfer case.

**Answer:**

Travel to and from a medical facility is not counted in any lost time, nor is time spent obtaining a medical evaluation. So, in this case, you would NOT count days away/restricted days until Friday.

### 2.37 Question

An employee who is injured on Wednesday, traveled to the doctor Thursday and received medical treatment only and a release to return to work on Friday. He was released without restriction or any recommendation to take any days off. We would count this as a Medical Treatment Case but there would not be any days counted as days away or restricted. Is this correct?

**Answer:**

This case is recordable as medical treatment only

### 2.38 Question

Same as in 2.37, except that the employee did not receive medical treatment and was released full duty. This would either be a first aid case or nothing. Is this correct?
2.39 **Question:** An employee had the tip of his thumb cut off at the root of the nail. He was transported to one clinic and the doctor recommended that he go to a hospital. He was transported to the hospital and had surgery the same day to clean up the wound. The doctor held him for observation for two days and then released him back to work. Is this a medical treatment case or a Lost Time case?

**Answer:** This case would be a lost time incident (Days Away). The employee actually had more than observation by the doctor. The employee was admitted to the hospital, not for observation only, but for surgery and medical procedures and kept in the hospital not just overnight, but for 2 nights. The only other thing you can ask here, is would the employee been able to return to work had he been released from the hospital? Otherwise, this is a days away case.

2.40 **Question:** We have a case where a worker got drilling mud on himself while the rig was making a connection. This happens once in a while. He lost his temper and punched a piece of equipment with his fist. This resulted in him needing stitches in his hand. Are self-inflicted injuries recordable?

**Answer:** No, self-inflicted injuries are not recordable.

2.41 **Question:** We have a case where a man received a minor hernia while at work, but continued to work through his week. After he went on days off, he went to his personnel doctor and had microscopic surgery and received a release to return to work. Later that week he developed an infection and then the doctor told him he had to take time off. The infection was due to the surgery, so we are wondering if the case is a Restricted Work Case or does it develop into an LTI?

**Answer:** If the hernia is work related, and the employee had surgery due to the hernia, and an infection developed, then this case should be recorded as a days away case.

2.42 **Question:** We had an employee slip and fall in the workplace. The fall resulted in a dislocated shoulder. The shoulder was reset in the workplace and the employee did not seek medical attention. Is this a recordable incident?

**Answer:** The incident would be considered one of those “significant” injuries even if treatment by a medical provider was not given. Resetting dislocated joints is not on the list of First Aid Treatments, therefore the case would be recordable.

2.43 **Question:** An individual’s leg was caught between 2 bundles of casing. He was given first aid treatment on the rig and returned to work. His leg did not improve over the course of the next few days and he was sent in to see an Orthopedic for evaluation. X-rays were taken and were negative. He was given over the counter meds for swelling and was scheduled for further testing to rule out blood clots. The scans for such all returned negative. He was instructed to wear a compression stocking on his injured leg to aid in the reduction of swelling and was given a regular duty release. The swelling in his leg decreased as he was sent back to the rig on the first available transportation. Later the employee’s leg began to swell again and was somewhat warm to the touch. Upon further investigation it was found that the employee did not use his compression stocking as instructed by the Orthopedic. Arrangements were made for the employee to be sent back to the Orthopedic. His leg was examined for swelling and 100+ cc of fluid was drained from his leg for use in evaluation for signs of infection as well as general removal of this fluid. He was given a full duty release. To date, no further complications have arisen and the employee is on days off as per regular scheduled crew change. All meds were OTC.
Answer: Taking fluid from a knee or leg with a syringe or something like that, would definitely be medical treatment.

2.44 Question: An employee suffered a knee injury as a result of a work-related fall in March and seen by a physician and is diagnosed with a contusion and treated with "first aid." On April 15, the employee retired for reasons wholly unrelated to the injury. On June 15, the employee is continuing to have knee pain from the March 15 fall. The employee underwent surgery (medical treatment) on July 15 to treat the March 15 work-related knee injury.

(a) Given that the employee's employment terminated April 15, and this termination was unrelated to the injury, does the March 15 case nevertheless become recordable based on the "medical treatment" that occurs on July 15?

Answer: The case should be recorded because it occurred while the worker was still employed and the case met the recording criteria in July when the injury required "medical treatment". Since the recording criteria were met when the employee received "medical treatment," the case should be recorded as a Medical Treatment Case since no lost work time resulted from this injury because the employee was already retired.

2.45 Question: We have a case where a person received a minor work related injury to his small toe. He reported it and received first aid treatment (ice pack on his bruised toe for 20 minutes) at the work site. He told the first aid provider that he was ok to return to work. On his own, the injured person took 3 x 200 mg ibuprofen which we know exceeds the non-prescription dosage. Since the worker took the medication in a quantity that exceeded the non-prescription dosage on his own without any advice from the first aid provider, is this considered a recordable medical treatment case? This is of great concern since often workers will take pain reliever medication without anyone knowing it so it will be difficult to determine classification of minor injuries.

Answer: For purposes of recordkeeping, an injured or ill employee does not determine the outcome for a recordable case. A work-related injury or illness becomes recordable when a recommendation is made by a physician or licensed health care professional or the employer has made the ultimate decision in which resulted in one or more of the general recording criteria. Your case in question did not result in medical treatment beyond first-aid, because a physician or licensed health care professional and/or the employer did not recommend the injured worker take over the counter 600 mg of ibuprofen.

2.46 Question: With the fast growth of oil and gas development operations there has been a strain on local facilities such as hotels, trailer parks, eating establishments, etc. Due to this, new trailer parks, work camps, etc. have sprung up around the active areas.

We have had a case that has raised a number of questions regarding illness resulting from bacterial water contamination. Below are a number of scenarios that have concern for us. All situations the employees became ill after drinking bacteria contaminated water and required medical treatment.

1. Workers staying in a hotel not owned or controlled by their employer and rented by the workers. The water supply was supplied by the hotel owner. Are these cases recordable? No, because the cases would not be considered work-related.

2. Workers staying in a hotel not owned or controlled by their employer but rooms rented by the employer. The water supply was supplied by the hotel owner. Are these cases recordable? No, because the cases would not be considered work-related.
3. Workers staying in a trailer park in trailers rented by the workers. The water supply was supplied by the trailer park owner. Are these cases recordable? **No, because the cases would not be considered work-related.**

4. Workers staying in a trailer park in trailers rented by their employer. The water supply was supplied by the trailer park owner. Are these cases recordable? **No, because the cases would not be considered work-related.**

5. Workers staying in a work lodging camp not owned or controlled by their employer, and pay their own rent. The water supply was supplied by the camp owner. Are these cases recordable? **No, because the cases would not be considered work-related.**

6. Workers staying in a work lodging camp not owned or controlled by their employer but the employer pays the rent. The water supply was supplied by the camp owner. Are these cases recordable? **No, because the cases would not be considered work-related.**

7. Workers staying in a work lodging camp under the control of their employer. The water supply was supplied under control of the employer. Are these cases recordable? **This case is work-related because the camp is under the control of the employer.**

8. While at work workers became ill to the point of medical treatment. The drinking water was supplied by a municipal water supply and after the incident the investigation found that the municipal supply was contaminated prior to entering the workplace, are these cases recordable? **No, the work-related exception would apply to this case in question.**

9. While at work workers became ill to the point of medical treatment. The drinking water supply was controlled by the employer. After the incident the investigation found that the water supply was contaminated prior to entering the workplace, are these cases recordable? **Yes, the case is work-related because the employer has control of the water supply.**

10. While at work, workers became ill from water supplied by the supervisor via a water cooler. Are these cases recordable? **Yes**

2.47 **Question:** An employee is sweeping the floor and accidently hit himself in the mouth with the broom handle. The broom handle displaced a cap (crown) on his tooth but does not damage the tooth. Is this incident recordable?

**Answer:** **No.** Injuries, illnesses and recordability are limited to disorders and abnormal conditions related to a person. Damage to artificial or mechanical devices, such as dentures (crowns/caps), eyeglasses, canes, or prosthetic arms or legs, would not be considered an injury or illness. Also, repair or replacement of an artificial device, such as a denture (crown/cap) would not be considered a recordable injury or illness. If the tooth is damaged and requires dental repair prior to replacing the crown/cap, the case is recordable.

### 3.0 QUESTIONS REGARDING WORK RELATED CASES:

3.1 **Question:** If an employee stays at work after normal work hours to prepare for the next day’s tasks and is injured, is the case work-related? For example, if an employee stays after work to prepare air-sampling pumps and is injured, is the case work-related?
**Answer:** A case is work-related any time an event or exposure in the work environment either causes or contributes to an injury or illness or significantly aggravates a pre-existing injury or illness, unless one of the exceptions applies. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. The case in question would be work-related if the employee was injured as a result of an event or exposure at work, regardless of whether the injury occurred after normal work hours.

3.2 **Question:** Are there exemptions to the presumption of work relationship?

**Answer:** Exceptions to presumption of work relationship include:

1) Member of the general public  
2) Symptoms arising on premises totally due to outside factors  
3) Voluntary participation in wellness program  
4) Eating, drinking and preparing one's own food  
5) Personal tasks outside working hours  
6) Personal grooming, self-medication, self-infliction  
7) Motor vehicle accident in parking lot/access road during commute  
8) Cold or flu  
9) Mental illness unless employee voluntarily presents a medical opinion stating that the employee has a mental illness that is work-related.

3.3 **Question:** The first two questions are the same, but one event is sponsored by the company and the other one the company just participates in an event sponsored by another organization.

1. If the company sponsors an event and personnel are not required to participate nor are they compensated for their time. If an employee receives an injury that otherwise meets recordable classification, is it recordable?  
2. If the company participates in an event sponsored by another organization and their personnel are not required to participate nor are they compensated for their time. If an employee receives an injury that otherwise meets recordable classification, is this a recordable incident?  
3. If the company compensates its employees for participating in civic event, and receive an injury that otherwise meets recordable classification, is this a recordable incident?  
4. If the company provides food for their personnel who volunteer in a civic event and an employee becomes ill due to ingesting food supplied by the company outside the employer's establishment, is this a recordable incident?  
5. If employees are provided transportation from a company's facility to a civic event and there is a vehicle incident and employees are injured, is their injuries recordable?  
6. The event was on a weekend while employees were off duty. An employee was picked up at his home by a company contracted transportation agency and there was a vehicle incident, is the injury to the employee recordable?

**Answer:** None of the above scenarios’ are recordable.

3.4 **Question:** Employee was off duty and scheduled to depart the rig, he had just completed a helicopter briefing. As he was exiting the briefing room to board helicopter he inadvertently left his hand on the door frame and sustained a cut to his finger, the rig nurse cleaned & dressed the cut. The employee was flown to a clinic where he was given two stitches and a splint and spent the night at the clinic.

**Answer:** The cut to the employee's finger occurred in the work environment resulting in sutures (medical treatment beyond first-aid) therefore, this case would be a recordable medical treatment case.
3.5 **Question:** Employee was off duty in the accommodations unit when an emergency drill alarm was sounded. He jumped out of bed and injured his ankle. The injury met the criteria for a recordable injury, but since he was off tour in the accommodations unit and sleeping is a personal activity we assume that the incident is not work related.

**Answer:** When an emergency or emergency drill occurs the actions of personnel in reaction to the emergency (drill) are work related therefore if an injury occurs that meets the recordable reporting criteria the injury is recordable.

3.6 **Question:** A worker who was on tour left the work place to use the restroom in the accommodations unit. He walked into a restroom stall door and broke a tooth. I understand that a broken tooth meets recordability criteria, but I am trying to determine that since it occurred when he went to the restroom for personal reasons, is this case recordable?

**Answer:** Yes this case is recordable since it would not meet the personal grooming work-related exception. The activity (event/exposure - walked into a door) being performed at the time of the broken tooth was not considered a personal grooming task. Because work-related broken bones or teeth fall under this is a recordable case.

3.7 **Question:** A worker was injured at work and was being transported from the rig to a medical center in a company vehicle for an x-ray. A tire blew out on the vehicle and it rolled over. The individual being transported died as a result of the vehicle roll over despite wearing his seatbelt and the vehicle’s roll-cage.

We assume that the drivers were both LTIs since they were injured at their place of work (driving a company transport vehicle).

1. The question is whether the fatality is recordable. The back seat of a vehicle isn't his place of work but he's being sent for medical attention during his hours of work. The case seems to fall between two stools; whether its work related - given that his injury was caused at work - but there are conditions in the OSHA 300 guidelines regarding time travelling for examination not being considered as hours lost. Please could you let us know which way this one falls?

**Answer:** Since the two drivers were on duty at their job driving the vehicle, their incidents are recordable LTIs. 2. The fatality would be recordable because he was injured at work and being transported in a company vehicle.

3.8 **Question:** This incident involves a bus accident. The bus is provided for transportation from the camp to the work site. The bus is provided as a convenience for the men. The men traveling in the bus are not on the payroll until they check in at the work site, but the driver is on the company payroll. The bus was run off the road and the driver suffered an injury that involved days away. Is it correct to assume that the bus driver incident would be recordable, but any injuries to the men riding in the bus would not be recordable?

**Answer:** In this scenario, the people on the bus were merely commuting to their work-site and therefore the travel is not work related. The bus driver, however, was working so his injury is work-related.

3.9 **Question:** We have a case where two men were finger bending to see who was the strongest. This type of horse play is not allowed, but during some slow time on a rig the men did it anyway. One of the men received a broken hand. The doctor recommended days away. Since the injury was due to horseplay that had nothing to do with work, is this case considered work related.
Answer: It would be considered work related because it occurred during the employees’ assigned working hours, so work relationship is presumed. Unfortunately, horseplay is NOT on our list of exemptions, so therefore, you will need to record this as a Days Away case.

3.10 Question: A welder and supervisor left the maintenance yard in a company owned welding truck. The yard is where they normally work or get assignments to go to the field to conduct repairs. While driving from the yard to the work site where they were to make repairs, their truck was run off the road by another driver. Both men suffered injuries that required days away from work. Are the injuries from a vehicle accident such as this recordable? Does it matter whether or not they are being paid for this travel time? For example if they clock in at the yard and are being paid from that time until they finish the assigned job or when they clock out at the yard again?

Answer: The incident scenario is recordable. An employee’s commute to and from work is not work related. Any travel in the interest of the employer between work sites is work related. Being on or off the clock does not come into consideration when determining work relationship. In this scenario, the employees were traveling between work sites and therefore the travel is work-related.

3.11 Question: Our company hosted a barbecue during work hours to recognize employees for safe work performance. Ten employees became ill and were diagnosed with E-coli bacteria poisoning. Five of the employees were admitted to the hospital for two days and released to work. The other five were given antibiotics and sent home for two days. Are these incidents recordable?

Answer: All of the cases are lost workday cases. “1.” The food poisoning occurred at work during work hours and “2.” The company provided the food. Either “1” or “2” make the incident recordable.

3.12 Question: Are cases of workplace violence considered work-related?

Answer: The guidelines contain no general exception, for purposes of determining work-relationship, for cases involving acts of violence in the work environment. However, some cases involving violent acts might be included within one of the exceptions for example, if an employee arrives at work early to use a company conference room for a civic club meeting and is injured by some violent act, the case would not be work-related under the exception in section.

3.13 Question: If an employee dies or is injured or infected as a result of terrorist attacks, should it be recorded as a work related incident? Example: A company vehicle was high jacked while on company business. During the high jacking, the driver (a company employee) was stabbed and required stitches. We understand that this is a medical treatment, but is it work related?

Answer: Yes, injuries and illnesses that result from a terrorist event or exposure in the work environment are considered work-related for recordkeeping purposes.

3.14 Question: What activities are considered “personal grooming” for purposes of the exception to the geographic presumption of work-relatedness?

Answer: Personal grooming activities are activities directly related to personal hygiene, such as combing and drying hair, brushing teeth, clipping fingernails and the like. Bathing or showering at the workplace when necessary because of an exposure to a substance at work is not within the personal grooming exception. Thus, if an employee slips and falls while showering at work to remove a contaminant to which he has been exposed at work, and sustains an injury that meets one of the general recording criteria, the case is recordable.
3.15 **Question:** What are “personal tasks” for purposes of the exception to the geographic presumption?

**Answer:** “Personal tasks” are tasks that are unrelated to the employee’s job. For example, if an employee uses a company break area (welding shop, etc.) to work on a personal project, he is engaged in a personal task.

3.16 **Question:** An employee was pouring himself some coffee in the workplace and received burns that meet the criteria for a Medical Treatment Case. Is this incident recordable?

**Answer:** This incident is not recordable because it met the exception requirement. (drinking for personnel consumption.)

3.17 **Question:** An employee stated to another employee that he was going to get a cup of coffee and while going to the bunk house where the coffee was, he stumbled on a set of stairs and received an injury that meets the criteria for a Medical Treatment Case. Is this incident recordable?

**Answer:** This incident is recordable because the employee was not injured while eating or drinking.

3.18 **Question:** Follow up questions related to the previous ones on food preparation or consuming (drinking). This regards an injury to a man who is making coffee for the crew. As in most work places, when the pot gets low, whoever gets the last cup makes a new pot. Since he was preparing coffee for himself and the crew we are not sure if the case is exempt. Is this incident recordable if it meets the other criteria of recordability?

This also leads to another question; sometimes the crewmen living in bunkhouses at the work site prepare meals for each other. We assume that if the men are doing this voluntarily, an incident as above would not be recordable, but if the man was assigned by his supervisor to prepare meals, the incident would be recordable. Is this correct?

**Answer:** Preparing or consuming food or drink for personal consumption is not recordable. So, neither of your scenarios would be recordable. However, if the preparation is directly related to work assignments, then it is recordable.

3.19 **Question:** If a maintenance employee is cleaning the parking lot or an access road and is injured as a result, is the case work-related?

**Answer:** Yes, the case is work-related because the employee is injured as a result of conducting company business in the work environment. If the injury meets the general recording criteria (death, days away, etc.), the case must be recorded.

3.20 **Question:** This question involves the following sequence of events: Employee A drives to work, and parks in the company parking lot and is walking across the lot when struck by a car driven by employee B, who is commuting to work. Both employees are seriously injured in the accident. Is either case work-related?

**Answer:** Neither employee’s injuries are recordable. While the employee parking lot is part of the work environment, injuries occurring there are not work-related if they are caused by motor vehicle accidents occurring on the company parking lot while the employee is commuting to and from work. In the case in question, both employees’ injuries resulted from a motor vehicle accident in the company parking lot while the employees were commuting.
3.21 **Question:** At a business area parking lot that is not owned (controlled) by an employer and is common for a number of businesses operating out of the building(s), if an employee getting out of her car at work and breaks her ankle is the incident recordable?

**Answer:** Incidents occurring in parking lots are only recordable if the parking lot is controlled by the employer.

3.22 **Question:** Another case that came up was at a strip center where there are convenience stores, coffee shops, as well as small businesses. The parking lot is for all the various businesses and is owned by the leasing company. If an employee comes to work early and plans to get a cup of coffee and breakfast roll at the coffee shop prior to going to the office and while getting out of her car breaks her ankle, is this case recordable?

**Answer:** Incidents occurring in parking lots are only recordable if the parking lot is controlled by the employer. In addition, the injured was going to the coffee shop was on a personal errand before going to work. Therefore the incident is not work related.

3.23 **Question:** How do I decide whether an injury or illness is work-related if the employee is on travel status at the time the injury or illness occurs?

**Answer:** Injuries and illnesses that occur while an employee is on travel status are work-related if, at the time of the injury or illness, the employee was engaged in work activities “in the interest of the employer.” Examples of such activities are:

- Travel to and from customer contacts,
- Travel for conducting job tasks,
- Entertaining or being entertained to transact, discuss, or promote business (work-related entertainment includes only entertainment activities being engaged in at the direction of the employer).

Injuries or illnesses that occur when the employee is on travel status do not have to be recorded if they meet one of the exceptions listed below.

- If the employee has checked into a hotel or motel for one or more days. The employee has established a home away from home. Activities after the employee checked into the hotel, motel or temporary residents must be evaluated to determine work-relatedness. When the employee checks into the temporary residence, he or she is considered to have left the work environment. When the employee begins work each day, he or she re-enters the work environment. If the employee has established a “home away from home” and is reporting to a fixed worksite each day, you also do not consider injuries or illnesses work-related if they occur while the employee is commuting between the temporary residence and the job location.
- If the employee has taken a detour for personal reasons. Injuries or illnesses are not considered work-related if they occur while the employee is on a personal detour from a reasonably direct route of travel (e.g., has taken a side trip for personal reasons).

3.24 **Question:** While rigging down an oil and gas well drilling rig, the employees were staying at a hotel. In the morning they checked out of the hotel and drove to the old drilling site to finish up the work on that location. While at the location they were on the clock (being paid). During the course of the day, the Toolpusher instructed the employees to drive to the new location. They traveled in their private vehicles and they stayed on the clock (were being paid for time to travel to the new location). While driving on a public highway, one of the employees in route to the new location was involved in a vehicular accident. Another vehicle failed to stop and hit the employee’s vehicle in the rear end. The doctor recommended that the employee be taken off of work and the employee was given two pain medications. The employee has a follow-up appointment with the possibility that physical therapy to also be
prescribed. Since this was on a public highway and the cause of the accident was due to another vehicle failing to stop, it would appear that it would not be work related. Is this a recordable incident?

**Answer:** If the employee has completed a job, and is told to report to a new job, then the accident (or injury) is not work related, and therefore not recordable. But, if the employee was just moving from one job site to another as a continuation of his work day (still on the clock) the case would be recordable. In general the worker is commuting when he leaves the hotel and goes to the first work site and commuting when he leaves the second worksite to return to the hotel (injuries that occur during this commute are not recordable), but movement from one worksite to another during the work day is not considered to be a commute and injuries suffered on these trips are considered to be work related and therefore recordable. (added 4 Dec. 2008)

3.25 **Question:** Is seasickness a recordable condition? To me, this is a questionable issue as everyone’s tolerance level for vessel motion is different, even their health condition on a particular day can cause an occurrence of seasickness. Seasickness can also be brought on due to too much alcohol the night or day before reporting to duty. I have been aboard a vessel during a day when I would not normally feel uncomfortable, but suffering from a head cold and felt seasick as a result. The Medical Director's protocol for this treatment includes an Rx medicine or an over the counter medicine at an Rx dosage, will this then be considered a recordable incident? If so, and an employee who is off duty and gets seasick and is treated by the medic, is that considered work related?

**Answer:** If an employee receives a prescription medication for symptoms of seasickness, it is a recordable case. The employee's tolerance level does not play into the decision process. It’s the same as some people develop rashes or respiratory conditions to certain exposures, while others don’t. So, if the employee receives a prescription, the case is recordable. In the second scenario, if the employee is not on duty (i.e., has established a home away from home), and is treated for seasickness, then it is not recordable.

3.26 **Question:** If an employee's pre-existing medical condition causes an incident, which results in a subsequent injury, is the case work-related? For example, if an employee suffers an epileptic seizure, falls, and breaks his arm, is the case recordable?

**Answer:** Neither the seizures nor the broken arm are recordable. Injuries and illnesses that result solely from non-work-related events or exposures are not recordable. Epileptic seizures are a symptom of a disease of non-occupational origin, and the fact that they occur at work does not make them work-related. Because epileptic seizures are not work-related, injuries resulting solely from the seizures, such as the broken arm in the case in question, are not recordable.

3.27 **Two cases related to pre-existing conditions:** **Question:** The first case involved a worker who has sugar diabetes; he had a sugar low and passed out. Due to his passing out, suffered an injury and he received stitches. It is our understanding that neither the loss of consciousness nor the stitches would be recordable. Is this correct?

**Question:** The second case also occurred when a worker passed out and received stitches and a bruised knee. The incident occurred at 5:15 am and the employee was not engaged in strenuous work activities. He became unconscious and started to jerk, but came to a short time later. When taken to the hospital, the doctor could not find any work related cause for the seizure. The medical tests did show that he has Elevated Liver Function and C.O.P.D. [Chronic obstruction of pulmonary delivery] as well as high blood pressure. His mother has a history of seizures and he has been under a lot of stress due to his brother passing away. The treating physician did not release him back to work, but referred him to his personal physician, who released him to full duty.
**Answer:** In either of these cases, if there was nothing in the work environment or work activity that caused, contributed, or significantly aggravated the pre-existing conditions, then neither case would be recordable.

**3.28 Question:** How do I handle a case if it is not obvious whether the precipitating event or exposure occurred in the work environment or occurred away from work?

**Answer:** In these situations, you must evaluate the employee's work duties and environment to decide whether or not one or more events or exposures in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing condition.

**3.29 Question:** How do I know if an event or exposure in the work environment "significantly aggravated" a preexisting injury or illness?

**Answer:** A preexisting injury or illness has been significantly aggravated, for purposes of injury and illness recordkeeping, when an event or exposure in the work environment results in any of the following:

- Death, provided that the preexisting injury or illness would likely not have resulted in death but for the occupational event or exposure.
- Loss of consciousness, provided that the preexisting injury or illness would likely not have resulted in loss of consciousness but for the occupational event or exposure.
- One or more days away from work, or days of restricted work, or days of job transfer that otherwise would not have occurred but for the occupational event or exposure.
- Medical treatment in a case where no medical treatment was needed for the injury or illness before the workplace event or exposure, or a change in medical treatment was necessitated by the workplace event or exposure.

**3.30 Question:** Which injuries and illnesses are considered pre-existing conditions?

**Answer:** An injury or illness is a preexisting condition if it resulted solely from a non-work-related event or exposure that occurred outside the work environment.

**4.0 RECORDABILITY QUESTIONS REGARDING SUPERVISION:**

**4.1 Question:** How is the term "supervised" in defined for the purpose of determining whether the host employer must record the work-related injuries and illnesses of employees obtained from a temporary help service?

**Answer:** The host employer must record the recordable injuries and illnesses of employees not on its payroll if it supervises them on a day-to-day basis. Day-to-day supervision occurs when "in addition to specifying the output, product or result to be accomplished by the person's work, the employer supervises the details, means, methods and processes by which the work is to be accomplished."

**4.2 Question:** If a temporary personnel agency sends its employees to work in an establishment, does the agency have to record the recordable injuries and illnesses of these employees?

**Answer:** A temporary personnel agency need not record injuries and illnesses of those employees that are supervised on a day-to-day basis by another employer. The temporary personnel agency must record the recordable injuries and illnesses of those employees it supervises on a day-to-day basis.
4.3 **Question:** A trucking contractor is contracted to move our equipment. There are a number of trucks with drivers and helpers. In addition there is a “Truck Pusher” who co-ordinates the activities of the drivers and their helpers. In addition, we have employees under our supervision preparing the equipment for loading up or setting in place at the new location. Our employees are under the supervision of one or more of our supervisors. The trucking supervisor and our head supervisor communicate and co-ordinate the movement of the equipment. If a recordable incident occurs to an employee of the trucking company, are we responsible for incident or is the Trucking Contractor responsible?

**Answer:** The trucking contractor has a supervisor on site therefore it is his responsibility for reporting the incident.

4.4 **Question:** A trucking contractor is contracted to move our equipment. There are a number of trucks with drivers and helpers who work for the trucking contractor, but there is no immediate supervisor from the trucking company. The drivers direct (supervise) the helpers. In addition, we have employees under our supervision preparing the equipment for loading up or setting in place at the new location. Our employees are under the supervision of one or more of our supervisors. The trucking company drivers are knowledgeable about moving the equipment. So our supervisor communicates and co-ordinates the movement of the equipment. If a recordable incident occurs to an employee of the trucking company, are we responsible for reporting this incident or it the responsibility of the trucking contractor?

**Answer:** An injury to a truck helper would be reported by the trucking contractor.

4.5 **Question:** We contract a self-employed trucker to assist in moving equipment around the location. We depend on his professional ability as a heavy equipment hauler but does the work as directed by our supervisor. If he is injured, are we responsible for entering the incident on our as if he were our employee?

**Answer:** If the trucker is under direct day–to–day supervision by your supervisor, the incident is recordable by your company.

4.6 **Question:** We contract a welding crew that has a welding supervisor on site, and the work is coordinated between our onsite supervisor and the contract welding company’s supervisor. If an employee of the contract welder receives a recordable injury, are we responsible for reporting this incident or is it the responsibility of the contract welder?

**Answer:** The welding contractor is responsible for reporting the incident.

4.7 **Question:** We contract a welding crew that does not have a welding supervisor on site, but we depend on the professional knowledge of the welders to carry out the work. Our supervisor assigns the work project and checks up on their progress. If one of the welders receives a recordable injury, are we responsible for reporting this incident?

**Answer:** If the contract welding crew is not under day–to–day supervision by a supervisor of your company, the incidents are not recordable to your company.

4.8 **Question:** We contract a self-employed welder and we depend on his professional knowledge to do the various projects. Our supervisor assigns the projects and checks up on their progress. If the contracted self-employed welder receives a recordable injury, are we responsible for reporting this incident?

**Answer:** If the contract welder is not under day–to–day supervision by a supervisor of your company, the incidents are not recordable to your company.
4.9 **Question:** The same as the previous question, except that our supervisor occasionally provides advice on the project. This advice is based on the fact that our supervisor knows what the finished project should be and is attempting to keep the welder on line. If the contracted self-employed welder receives a recordable injury, are we responsible for reporting this incident?

**Answer:** If the advice given to the contract welder or welding crew is deemed as day-to-day supervision, the incident is recordable to your company.

4.10 **Question:** A service company is contracted to provide meals and clean the accommodations and the contracted service company has a supervisor on site. If one of the service company's cleaning or food handling workers received a recordable injury while on duty is the incident recordable?

**Answer:** Due to the fact that the service company has a supervisor on site, the service company is responsible for reporting the incident.

4.11 **Question:** A company is contracted to provide meals and clean the accommodations, has a supervisor on site, but the supervisor receives direction from our head on-site supervisor. If one of the cleaning or food handling workers received a recordable injury while on duty is the incident recordable?

**Answer:** The party responsible for reporting the incident will depend on the amount of supervision given by your supervisor. If the direction given relates to items such as what areas are lacking in cleaning, or the quality of food is not sufficient, the service company is responsible for the incident, but if your supervisor instructs on the preparation of food or methods of cleaning, your company is responsible for recording the incident.

4.12 **Question:** What are “assigned working hours”?

**Answer:** Assigned working hours,” means those hours the employee is actually expected to work, including overtime.

4.13 **Question:** How do I calculate the “total hours worked” when I have both hourly and temporary workers?

**Answer:** To calculate the total hours worked by all employees, include the hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers you supervise (e.g., workers supplied by a temporary help service). Do not include vacation, sick leave, holidays, or any other non-work time even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, you must estimate the hours that the employees actually worked.

4.14 **Question:** Do I record injuries to temporary or contract workers?

**Answer:** You must record the recordable injuries and illnesses of all employees on your payroll, whether they are labor, executive, hourly, salary, part-time, seasonal, or migrant workers. You also must record the recordable injuries and illnesses that occur to employees who are not on your payroll if you supervise these employees on a day-to-day basis. Day-to-day supervision occurs when “in addition to specifying the output, product or result to be accomplished by the person's work, the employer supervises the details, means, methods and processes by which the work is to be accomplished.”

4.15 **Question:** An employee sustained a work-related bruise on his knee was told by a physician not to return to work until undergoing an MRI. The employee was off work for
some days before the procedure could be performed. You recorded the case based on the
days away from work, and ask whether the entry may now be lined out because the MRI
showed that no recordable injury occurred.

Answer: 'The case was properly recorded based on the physician's recommendation that
the employee not return to work before undergoing an MRI for his bruised knee. The
subsequent MRI results do not change these facts. Accordingly, the MRI results are not a
basis to remove the injury from recordable status.

5.0 RESTRICTED / WORK TRANSFER CASES:

5.1 Question: How do I record a work-related injury or illness that results in restricted work or
job transfer?

Answer: 'When an injury or illness involves restricted work or job transfer but does not
involve death or days away from work, you must record the injury or illness as a transfer or
restricted work case.

5.2 Question: How do I decide if the injury or illness resulted in restricted work?

Answer: 'Restricted work occurs when, as the result of a work-related injury or illness
• You keep the employee from performing one or more of the routine functions of his or
her job, or from working the full workday that he or she would otherwise have been
scheduled to work; or
• A physician or other licensed health care professional recommends that the employee
not perform one or more of the routine functions of his or her job, or not work the full
workday that he or she would otherwise have been scheduled to work.

5.3 Question: What is meant by "routine functions"?

Answer: 'For record keeping purposes, an employee's routine functions are those work
activities the employee regularly performs at least once per week.

5.4 Question: Do I have to record restricted work or job transfer if it applies only to the day on
which the injury occurred or the illness began?

Answer: 'No, you do not have to record restricted work or job transfers if you, or the
physician or other licensed health care professional, impose the restriction or transfer only
for the day on which the injury occurred or the illness began.

5.5 Question: If you or a physician or other licensed health care professional recommends a
work restriction, is the injury or illness automatically recordable as a "restricted work" case?

Answer: 'No, a recommended work restriction is recordable only if it affects one or more of
the employee's routine job functions. To determine whether this is the case, you must
evaluate the restriction in light of the routine functions of the injured or ill employee's job. If
the restriction from you or the physician or other licensed health care professional keeps the
employee from performing one or more of his or her routine job functions, or from working
the full workday the injured or ill employee would otherwise have worked, the employee's
work has been restricted and you must record the case.

5.6 Question: How do I record a case where the worker works only for a partial work shift
because of a work-related injury or illness?
5.7 **Question:** If the injured or ill worker produces fewer goods or services than he or she would have produced prior to the injury or illness but otherwise performs all of the routine functions of his or her work, is the case considered a restricted work case?

**Answer:** No, the case is considered restricted work only if the worker does not perform all of the routine functions of his or her job or does not work the full shift that he or she would otherwise have worked.

5.8 **Question:** If a worker breaks his left arm, but still performs all job duties at a slower pace, do I record this as a restricted case?

**Answer:** No. If the employee is able to perform all of his or her routine job functions, the case does not involve restricted work. Loss of productivity is not considered restricted work.

5.9 **Question:** How do I handle vague restrictions from a physician or other licensed health care professional, such as that the employee engages only in "light duty" or "take it easy for a week"?

**Answer:** If you are not clear about the physician or other licensed health care professional's recommendation, you may ask that person whether the employee can do all of his or her routine job functions and work all of his or her normally assigned work shift. If the answer to both of these questions is "Yes," then the case does not involve a work restriction and does not have to be recorded as such. If the answer to one or both of these questions is "No," the case involves restricted work and must be recorded as a restricted work case. If you are unable to obtain this additional information from the physician or other licensed health care professional who recommended the restriction, record the injury or illness as a case involving restricted work.

5.10 **Question:** What do I do if a physician or other licensed health care professional recommends a job restriction meeting the ISP program definition, but the employee does all of his or her routine job functions anyway?

**Answer:** You must record the injury or illness as a restricted work case. If a physician or other licensed health care professional recommends a job restriction, you should ensure that the employee complies with that restriction. If you receive recommendations from two or more physicians or other licensed health care professionals, you may make a decision as to which recommendation is the most authoritative, and record the case based upon that recommendation.

5.11 **Question:** How do I decide if an injury or illness involved a transfer to another job?

**Answer:** If you assign an injured or ill employee to a job other than his or her regular job for part of the day, the case involves transfer to another job. Note: This does not include the day on which the injury or illness occurred.

5.12 **Question:** Are transfers to another job recorded in the same way as restricted work cases?

**Answer:** Yes, both job transfer and restricted work cases are recorded. For example, if you assign, or a physician or other licensed health care professional recommends that you assign, an injured or ill worker to his or her routine job duties for part of the day and to another job for the rest of the day, the injury or illness involves a job transfer.
5.13 **Question:** If an employee who routinely works ten hours a day is restricted from working more than eight hours following a work-related injury, is the case recordable?

**Answer:** Generally, the employer must record any case in which an employee’s work is restricted because of a work-related injury. A work restriction, occurs when the employer keeps the employee from performing one or more routine functions of the job, or from working the full workday the employee would otherwise have been scheduled to work. The case in question is recordable if the employee would have worked 10 hours had he or she not been injured.

5.14 **Question:** Individual is struck by a tool on the hand working resulting in a small puncture wound and possible fracture of the thumb. He received one dose of morphine for pain management then transferred to an emergency medical center. Upon examination by the orthopedic doctor, it was confirmed that there was a stable fracture that did not require surgical repair. The only concern was possible infection secondary to the puncture wound. For this, it was decided to make an incision into the wound allowing them to clean it properly. The wound was then closed with sutures. All of this occurred on a Tuesday, the last day of the individuals scheduled hitch. The doctor inquired as to when the patient had to return to work and he was told that the injured had the next three weeks off. Later the doctor decided to keep the patient overnight for observation and an IV antibiotic therapy for the prevention of possible infection. This therapy continued into the next day and the doctor was not available to release the patient until the morning of Thursday. At this point the doctor, convinced that infection was no longer a threat, gave the individual a "Return to duty with restriction of the right hand" release.

**Answer:** If the individual was held for observation only and if the doctor said the employee would have restricted use of the hand for "xxx" amount of days, the incident is a Restricted Work Case. The severity of the injury was such that so many days of restriction would be required so you need to capture that even if the employee was not scheduled to work. You should use the documentation provided by the doctor. If the employee received treatment and continued to receive medication for pain or infection during the time he was held for observation, the case would be a days away from work case (LTI).

5.15 **Question:** An employee sustained a fractured arm on Friday night requiring surgical repair at 03:00 a.m. on Saturday morning. The employee was kept in the hospital for observation only over the weekend and released to restricted duty on Monday. During the time the injured was held for observation he received medication related to the injury.

**Answer:** If the employee is held only for observation and received no treatment, the case would be a restricted work case. If while being held for observation the injured received medication related to the injury, the case would be a days away case (LTI).

5.16 **Question:** How do I record a work-related injury or illness that results in days away from work?

**Answer:** When an injury or illness involves one or more days away from work, you must record the injury or illness days away (LTI). An employee who is injured and receives treatment for the injury, as in question 4.13 or 4.13a then is held for observation, the case no longer fits the definition of "being held for observation" therefore the case is a days away case if the worker misses one or more days of work.

5.17 **Question:** We had an incident on Dec 8th where an employee was knocked down on the helideck. He was checking the door of the baggage compartment when the helicopter shifted, and the shift caused him to fall down. He reported the incident and paramedic checked him and he found no injuries. The employee returned to work to finish his 12-hour shift with no complaints. Then on Dec. 10th he requested to go in to see a doctor, he is complaining of back pains, soreness in his neck and upper and lower limbs. He is sent in
that day and saw Emergency Room doctor, who took X-rays, everything looked ok but employee still complained of pain. The next day (the 11th) he saw a company doctor who referred him to an orthopedic and neurologist. Tests were run up to the point of a MRI scan to determine the source of the employee’s pain.

An MRI was run and the results of the MRI were found to be normal, this was completed on the 3rd of January and light duty release was given to the employee along with a recommendation of physiotherapy for 2 weeks to alleviate the soreness in his neck. There was no diagnosis by any of the doctors until this point. They did not say whether he could work or not until the 3rd of January when they gave him a light duty release. We assume that the case would be classified as a Restricted Work Case, is that correct?

**Answer:** You’re right. It would be a restricted case, and only restricted for the time recommended by the health care provider.

**5.18 Question:** An employee was injured and the doctor placed him on restricted duty/job transfer. After a time on the restricted duty/job transfer, the employee was causing problems at the work site, so it was decided to remove him from the work site (put him of days away from work status). He was removed from his normal pay scale and put on workers compensation.

When it was decided to remove the employee from the work site, does the case then become a days away from work case (lost workday case)? If so do the days away from work start counting on the day he was removed from the work site, or the day he started restricted duty/job transfer?

**Answer:** You would record this case as a restricted duty case and count all the days the employee was on restricted duty, up until the employee is sent home. Then you stop counting restricted and start counting days away as of the date the employee is sent home. This would then become a days away case.

**5.19 Question:** On the 26th of June we had an incident which was classified as a LTI. Based on IADC guidelines could you confirm that the classification was correct? The details are: 26th of June at 9.50am Incident occurred, 10.15am he was sent to Oil Company Medical clinic for treatment and received sutures. Then at 13:30pm he was transported to another clinic for overnight observation. On 27 June a follow up examination by the doctor found swelling and he was kept in clinic for second night for observation. Then on 28 June he was discharged from clinic and proceeded on normal crew change break for home. He returned to work on his normal crew changes 4 weeks later.

**Answer:** A work related injury must be recorded as one involving days away from work if the employer assigns days away from work or a licensed health care professional recommends days away from work. Because the physician kept the employee in the hospital for three days, it implies the physician’s determination that the employee was not able to work for those three days and should be recorded as a days away from work case. However, if there is a direct statement from the physician indicating that the employee was fully capable of working those three days and did not only for the reason of being observed, then days away from work need not be recorded.

### 6.0 MEDICAL TREATMENT:

**6.1 Question:** How do I record an injury or illness that involves medical treatment beyond first aid?

**Answer:** If a work-related injury or illness results in medical treatment beyond first aid, you must record it. If the injury or illness did not involve death, one or more days away from
work, one or more days of restricted work, or one or more days of job transfer, you record it as medical treatment but remained at work and was not transferred or restricted.

6.2  Question:  What is the definition of medical treatment?

Answer:  "Medical treatment" means the management and care of a patient to combat disease or disorder. For the purposes of ISP medical treatment does not include:

- Visits to a physician or other licensed health care professional solely for observation or counseling;
- The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils); or
- "First aid" as defined in the ISP Guidelines.

6.3  Question:  What if a physician or other licensed health care professional recommends medical treatment but the employee does not follow the recommendation?

Answer:  If a physician or other licensed health care professional recommends medical treatment; you should encourage the injured or ill employee to follow that recommendation. However, you must record the case even if the injured or ill employee does not follow the physician or other licensed health care professional's recommendation.

6.4  Question:  Does the professional status of the person providing the treatment have any effect on what is considered first aid or medical treatment?

Answer:  "No, the treatments listed to be first aid regardless of the professional status of the person providing the treatment. Even when these treatments are provided by a physician or other licensed health care professional, they are considered first aid for the ISP recordkeeping purposes. Similarly, treatment beyond first aid is considered to be medical treatment even when it is provided by someone other than a physician or other licensed health care professional.

6.5  Question:  What is a "significant" diagnosed injury or illness that is recordable under the general criteria 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?

Answer:  "Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum must always be recorded under the general criteria at the time of diagnosis by a physician or other licensed health care professional. Most significant injuries and illnesses will result in one of the criteria listed in: death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness. However, there are some significant injuries, such as a punctured eardrum or a fractured toe or rib, for which neither medical treatment nor work restrictions may be recommended. In addition, there are some significant progressive diseases, such as byssinosis, silicosis, and some types of cancer, for which medical treatment or work restrictions may not be recommended at the time of diagnosis but are likely to be recommended as the disease progresses.

6.6  Questions:

1. A man chipped his tooth at work. The chip was minor and the man refused medical treatment. Is this recordable?
2. A man chipped his tooth at work, was taken to a dentist and due to the minor nature of the chip, the dentist only filed the sharp points smooth. The man did not receive any prescription medication and was released full duty. Is this recordable?

3. A man chipped his tooth at work, and was taken to a dentist. The dentist used a resin material to fill in the chip. No prescription medication was give or prescribed and the man was released full duty. Is this a recordable incident?

Answer: 2 A chipped tooth is considered to be a significant injury, and would be recordable regardless of the treatment.

6.7 Question: We had a man who pinched his hand between two pieces of equipment and received a crushing cut between his thumb and forefinger. Our safety man cleaned the wound and put antibiotic cream on it and bandaged it up. The man was ready to return to work, but the medic for the company we worked for discussed the injury with their company doctor over the telephone and recommended that the man receive a tetanus shot and be sent in for stitches. The man refused to receive the treatment and went back to work without any problems. Recently the company has told us that we must record this as a medical treatment case. Since the man only received first aid, refused any other treatment and never had any complications from the wound, why would we have to classify this as a MTO?

Answer: 2 This is NOT a recordable case. The employee did not receive stitches. Tetanus shots (which he did not receive) are considered first aid.

7.0 QUESTIONS REGARDING RIG RECOGNITION:

7.0 Question: Does the rigs operational mode make a difference in counting incidents?

Answer: IADC does not differentiate between operating and non-operating modes. As long as personnel are onboard the rig all incidents that occur on the rig no matter what mode the rig is in are to be reported for IADC ISP statistics. This would include: 1. Stacked rigs; 2. Rigs under relocation; 3. Rigs under maintenance; 4. Rigs in shipyard construction; 5. Rigs in operation mode; and any other mode that the rig has personnel assigned to it and man-hours are being charged to the rig.

7.1 Question: How does a rig qualify for recognition?

Answer: A company may designate one or more of its individual rigs for recognition provided the following requirements have been met:

- The company is a member in good standing of the IADC.
- The company is a current participant in the IADC ISP Program.
- The company has submitted statistical reports to the ISP Program for the prior 12 months, and a Supplemental Incident Report (SIR) has been completed for each RWTC, MTO, LTI (DAFWC) or FTL recorded in the monthly report since January 1, 2007.
- The company has submitted an individual Rig recognition request form stating the recognition category and time period for which the award was earned.
- The Rig designated for recognition has achieved 365 days without a lost-time incident (fatality). NOTE: The 365 days need not be consecutive, but may be cumulative, not including days the Rig is not reporting man-hours.
- The president/CEO of the company has certified that the Rig designated for recognition has met the above requirement. (A space is provided for this on the recognition request form.)
8.0 QUESTIONS REGARDING ACRONYMS:

8.1 Question: What does LTI stand for?
Answer: LTI stands for Lost Time Incident or Days Away Work Case including fatalities.

8.2 Question: What does DWAC stand for?
Answer: DWAC stands for Days Away Work Case or an LTI including fatalities.

8.3 Question: What does DART stand for?
Answer: DART stands Days Away, Restricted or Transfer work cases.

8.4 Question: What does RWTC stand for?
Answer: RWTC stands for Restricted Work or Transfer Cases.

8.5 Question: What does MTO stand for?
Answer: MTO stands for Medical Treatment Only cases.

8.6 Question: What does FLT stand for?
Answer: FLT stands for a fatal incident. For purposes of LTI calculations, FTL incidents are included.

8.7 Question: What does SIR stand for?
Answer: SIR stands for Supplemental Incident Report. A SIR is to be submitted for each recordable incident reported to IADC.

9.0 QUESTIONS ON COUNTING DAYS AWAY AND WORK STATUS:

9.1 Question: Counting Days Away From Work: Under the criteria in the IADC Incident Statistics program, I could not find anything to designate how to count total days away from work. Do we only count actual time supposed to be spent aboard the rig, actual calendar days, or do we even count this anymore?
Answer: IADC Incident Statistics Program has never counted the days away from work. Many operators want the contractor to report days away from work (lost work days). Under the old rules that most operators followed, lost work days were only those work days that the injured missed. Under the new rules, which many of the large operators are going to follow, days away are those days that a doctor prescribes up to 180 days. So even though a person was injured on his last day of his hitch, and he was to be off 14 days, and the doctor said to take 4 days off, those 4 days would be counted even though he would not have worked those days anyway.

9.2 Question: Maybe you already heard about this one via my colleagues. We had a LTI, a few days ago on a land rig. The rig was released from the current well and it was planned to shut the rig down on that location for major maintenance. Whilst rigging down a low severity LTI occurred. Recently a jack-up rig had a LTI during major maintenance along side a shipyard. Here the case was clear. The incident went against Maintenance and man-hours / LTI were not against the rig. For the onshore rig, the rig down was considered within
Operations and Maintenance had not started. But as you know normally the rig down goes against the next well.

**Answer:** Per the ISP Guidelines, all incidents that occur to personnel normally assigned to the rig and have a LTI (recordable) incident whether in maintenance, shipyard stack or operation mode are charged to the rig. For Rig Recognition for **Days since last LTI (Recordable)** the count would start at day one on the day after the occurrence of an LTI or Recordable incident.

9.3 **Question:** Still not clear as the rig was ‘between’ an operating and maintenance mode. Your reply is clear if the rig mode is agreed. In this case the Operator released the rig from the well so I presume technically the rig was then in a maintenance mode. But Maintenance personnel have nothing to do with the rig until after the rig down when it is handed over to them. Hence we still consider the rig in an Operations mode whilst rigging down.

**Answer:** ^1Your assumption is correct. Most contracts include de-mobilization so the rig would be considered to still be in the operation mode. Even if there was no de-mob included, the rig would not be out of the operation mode until it had been rigged down. At times a rig maybe released and left on the well for a period of time while the operator decides what to do. If the maintenance was being carried out during this time and prior to rig down, it would have to be a judgment call on your part. (Note: **Per IADC 2003 guidelines, it does not matter if the rig is operating or in maintenance mode. Any incident that occurs to a person charging man-hours to the rig, the incident is counted.**)

9.4 **Question:** During the current hurricane season, we moved rig personnel to motels away from the storm. We paid the men for their time while in temporary housing. Do we count man-hours or incidents when personnel are temporarily housed away from the rig?

**Answer:** ^2You would not count man-hours for the time personnel are housed in temporary accommodations due to the storm, nor would you count incidents that occur.

1 = OSHA Published Guidelines

2 = OSHA Interpretation

3 = IADC