OSHA 300: A Log to Live By

Properly documenting work-related injuries/illnesses can reduce incidents

In 480 B.C., during the Battle of Thermopylae, hundreds of thousands of Persians were thwarted from invading Greece by 300 Spartans.[1] Today, a different 300 can prove just as powerful to health care organizations (HCOs) seeking to protect their employees from harm and decrease downtime: the OSHA 300 Log.

Forms become the norm— And great tools for preventing injuries and reducing costs

Enacted in 1970, the Occupational Safety and Health Act requires large employers such as hospitals to prepare and maintain records of work-related injuries and illnesses (WRIIs)—including the completion of up to three key forms[2]:

1. Form 300, the Log of Work-Related Injuries and Illnesses (kept on a calendar-year basis), is used to record the severity and reach of each case, including who, what, when, and where for serious work-related injuries and illnesses.
2. Form 301, the Injury and Illness Incident Form, required to be completed for every new event, is filled out for every incident that is recorded on the main log and provides additional helpful information about the injury or illness.
3. Form 300A, the Summary of Work-Related Injuries and Illnesses, indi-

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> *—U.S. Department of Labor, Bureau of Labor Statistics*

cates the annual totals of work-related injuries and illnesses that were recorded. It is posted every year in the workplace during the months of February, March, and April.

For those who are not familiar with the 300 Log, hospitals and nursing homes with more than 10 employees must record all work-related injuries and illnesses that receive medical treatment beyond first aid—as well as those that involve death, loss of consciousness, days away or restricted work activity, or job transfer. (See "When an Injury or Illness Occurs," page 9, for recommended steps to follow after an injury or illness occurs.)

Proper recording (which means including the who, what, when, and

Use the OSHA 300 to record the severity of each work-related injury and illness.

where of an incident) of WRII via 300 Log documents also helps fulfill Joint Commission Environment of Care standards. The intent of Standard EC.04.01.01 is to establish a culture of monitoring the environment. Standards EC.04.01.03 and EC.04.01.05 apply analysis and improvement based on what is monitored. In terms of Joint Commission standards, the OSHA 300 Log is an invaluable resource that should be integrated into monitoring and analysis.

Using logs to target prevention resources

Not only is it law, of course, but today, keeping accurate records, recording the required information, and using the OSHA 300 Log information is more important than ever before, given current injury statistics. Consider that, according to the Bureau of Labor Statistics (BLS), the health care and social assistance industry reported 653,900 WRII cases in 2010—more than any other private industry sector.[3] In addition, in 2010 the rate of non-fatal WRII at hospitals was a very high 7.0 (per 100 workers), compared to 4.0 and 4.4, respectively, for the construction and manufacturing industries, which are generally considered to be high-risk industries.[3] Many of these injuries are due to repeated manual patient handling activities, often

involving heavy manual lifting associated with transferring and repositioning patients, as well as working in extremely awkward postures. Nurses aides, orderlies, and attendants have the highest rates of musculoskeletal injuries among health care workers: an incidence rate more than seven times the average for all industries. The consequences of work-related injuries are substantial. Along with higher employer costs due to medical expenses, disability compensation, and litigation, nurse injuries are also costly in terms of

chronic pain and functional disability, absenteeism, and turnover; as many as 20% of nurses who leave direct patient care positions do so because of risks associated with the work.

"The numbers show that hospitals are having problems with injuries and illnesses," says Mark Hagemann, acting director of OSHA's Office of Technological Feasibility, Washington, DC. "But we believe that if [HCOs] properly use their injury and illness data, including OSHA 300 Logs, they can target where they're occurring and reduce these rates."

Hagemann is convinced that HCOs can better utilize the OSHA 300 Log data that they're already required to keep.

"In many cases, [HCOs] have the information, but they just need to analyze it more thoroughly to determine what it's telling them. This is valuable data that shouldn't just be locked up in a box somewhere in the hospital basement. Looking closer [at the 300 Log] can re-

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When an Injury or Illness Occurs

If one of your employees incurs an injury or illness, follow these tips, provided by the U.S. Department of Labor/OSHA:

- Within seven days after receiving information about a case, decide if it's recordable under the OSHA recordkeeping requirements.
- Determine whether the incident is a new case or a recurrence of an existing one.
- Establish whether the case was work related.
- If the case is recordable, decide if you will use OSHA Form 301 or an equivalent substitute (for example, a state workers compensation, insurance, or other report).

How to work with the OSHA 300 Log:

- Identify the employee involved, unless it is a privacy concern case.
- Identify when and where the case occurred.
- Describe the case as specifically as you can.
- Classify the seriousness of the case by recording the most serious outcome associated with the case, with "death" being the most serious and "other recordable cases" being the least serious.
- Identify whether the case is an injury or illness and check the appropriate category.

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veal a lot of important information, such as what tasks employees are performing when they are injured and how," says Hagemann. "Unfortunately, we also know that many health care workers have been trained to believe that certain injuries and illnesses are simply part of the job. We know that there is a lot of self-treatment in the health care profession and underreporting of injuries and illnesses. This is unfortunate because the more data you have, the better you can spot patterns of injury and illness or certain job tasks with higher rates of or more serious injuries. You need to identify the problems so you can fix them. That's the only way to assure a culture of safety for both patients and health care workers."

There is clear link between patient safety and worker safety in hospitals. For example, if nurses aides can't lift patients without endangering their backs, the quality of their patient care will suffer. When health care workers can't do their jobs safely, they can't do their jobs well. Scrutinizing the data for both worker safety and patient safety may reveal patterns which indicate that certain work activities are creating more problems. For example, patient safety data on pressure ulcers, falls, or skin tears may be just as indicative of a problem with patient lifting and repositioning as worker musculoskeletal injuries. Only after closer inspection might organizations discover that necessary patient lifting equipment was not provided or used or that training or staffing was inadequate to safely provide necessary patient care. Further data analysis might also show that more preventable incidents happen on certain days of the week or perhaps during certain shifts, Hagemann adds.

Some injuries can be avoided by implementing safer work practices.

Correct completion is critical

For the data to have value, it's essential that 300 Log forms be completed correctly. This starts with determining whether an injury or illness is truly work related, says Dave Schmidt, director of OSHA's Office of Statistical Analysis. If the exposure or event in the work environment contributed to or caused the condition or significantly aggravated a preexisting condition, it qualifies as work related.

"There are certain exceptions to this rule. For example, cases where the injury or illness was due to outside factors, such as an epileptic employee who has a seizure while working and hurts himself while falling," says Schmidt. In this case, it's not considered work related. Nor is an incident that results from personal grooming, such as a shift worker who wants to shower on the premises before going home but slips, falls, and hurts herself in the hospital shower."

Some HCOs are under the mistaken impression that the Health Insurance Portability and Accountability Act

(HIPAA) privacy and security rules prevent them from recording the name of an injured employee on the 300 Log. Employers must normally record the employee's name for each case, and the names may not be removed when access to the forms is provided to employees and their representatives. Having the employee's name is actually very important to investigating an incident because it can help identify dangerous jobs or job tasks that should be targeted with preventive measures. However, there are certain times when an employee's name should be omitted from a 300 Log form because of privacy concerns. These include incidents involving intimate body parts or the reproductive system, sexual assault, mental illnesses, HIV/hepatitis/tuberculosis infection, needlestick and other sharps injuries, and other illnesses if the employee independently and voluntarily requests that his or her name not be entered on the log.

A rate state of mind

Schmidt says that data recorded on 300 Log forms are not only helpful internally but are also beneficial to OSHA and the BLS, particularly WRII incidence rates that hospitals can optionally calculate and report. Determining this rate can help an HCO identify problems or progress made in preventing WRIIs in its workplace. The case rate calculation formula is as follows:

Total number of injuries and illnesses x 200,000 ÷ Number of hours worked by all employees = Total recordable case rate

"This calculation tells you the number of cases per 100 full-time workers per year, with the 200,000 being the constant that represents the number of hours worked by 100 employees annually," says Schmidt. "It essentially allows you to compare diverse establishments to each other."

Warning signs can contribute to a safer work environment.

Schmidt recommends comparing your workplace rate to the incidence rate data (categorized by industry, employer, size, and so on) published annually by the BLS at http://www.bls.gov/iif. (For other helpful links, including online access to 300 Log forms, see "Quick Links," page 10.)

Tap your staff

To ensure that you gather accurate WRII data, it's wise to communicate regularly with employees.

"Solicit their input," Hagemann says. "Employees are invaluable for finding out what's really going on (in the workplace). Show them the data you log and ask, 'Is this what you're experiencing?' You can take the information they provide and come up with better plans and strategies for controlling hazards."

Once you've crunched the 300 Log data and singled out problem areas, Hagemann recommends identifying resources to help resolve these issues, delegating responsibilities to appropriate employees, establishing a time line with deadline goals for reducing particular WRIIs, and continually monitoring progress.

"All of these steps can tie into your overall injury and illness prevention program," says Hagemann. "It starts by identifying hazards and then coming up with a plan to control those hazards. And your workers can be instrumental in this entire process." EC

References
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