

Twelve Steps to Safety Step Two: Recordkeeping and Reporting

In September 2003, CMAA signed an Alliance with OSHA to promote safe and healthful working conditions for membership club employees in the areas of hazard communication, recordkeeping and respiratory protection. In February 2005, CMAA renewed its Alliance and added a new scope of concentration, landscaping and horticulture. The Alliance was again renewed in October of 2007. This article, the second in a series of 12 articles, was written by club industry expert Alan Achatz, CCM, CHE, of AKA Capitol Adventures in conjunction with participants in the OSHA and CMAA Alliance. The purpose of this series is to help new and seasoned managers embark on a path to safety compliance at their facilities.

Background

Most clubs have to maintain records of employee injuries and illnesses that occur. This article will guide you to the necessary forms and what information is needed on the forms. It is essential to note that if an OSHA representative were to visit your operation, their first material request would be to see the OSHA logs listed above right.

Caveats

This article shares information for clubs that follow Federal OSHA guidelines. Clubs covered under State programs or that respond to Bureau of Labor Statistics or its State's surveys may have additional reporting requirements. Athletic, city and university clubs may be exempt from these Federal recordkeeping requirements.

The OSHA Forms You Need

Three forms were issued in 2002. These were the OSHA 300, 300A and 301.

OSHA 300 Log of Work-Related Injuries and Illnesses
OSHA 300A Summary of Work-Related Injuries and Illnesses
OSHA 301 Injury and Illness Incident Report
(Your worker's compensation form can be substituted for the 301.)

The 300 form was modified and reissued in 2004 with one change and that is an additional injury column (Part M): Hearing Loss. Please verify that your forms are correct and you are using the different forms for 2002-2003 and from 2004 to present.

If you do not have either set of these forms, they can be downloaded in MS Excel™ format. They are available at <http://www.osha.gov/recordkeeping/RKforms.html>.

Open Forms Package for CY 2004 and beyond
Open Forms Package for CY 2002 and CY 2003 are at the bottom of the displayed page.

Note: These Forms Packages are opening on your computer. You are not on the OSHA Web site. The MS Excel® program link allows you to maintain these forms on your own computer.

Entering the Information On the Logs

The best feature of these revised forms is that they can now be maintained electronically. Of course, if you prefer, the forms can also be maintained manually. Injury/illness information that is kept on the OSHA 300 logs can differ from the data you submit to your worker's compensation carrier.

Items that have to be recorded on the OSHA 300 log include work-related injuries/illnesses if they result in the following: death; days away from work; restricted work or transfer to another job; medical treatment beyond first aid; loss of consciousness; or diagnosis of a significant injury/illness by a physician or licensed health care professional. You do not need to list items that are

considered to be first aid on your OSHA 300 log. (See First Aid box at end of article.)

All needle stick and sharps injuries that involve contamination with another person's blood or bodily fluids must be recorded. While you may not think of needles in the club environment, definitely consider procedures when a knife or other item/piece of machinery cuts an employee.

Needle stick injuries have occurred in the club environment and discarded needles have been found.

(FYI, a written Bloodborne Pathogen policy is required to address all situations involving blood or other bodily fluids. Please refer to OSHA standard 29 CFR 1910.1030 for additional information.)

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How Detailed Should the Entries Be?

The more detail that can be listed, the better. The reason is that you should be attempting to eliminate the incident from occurring again.

Questions that should be asked when making an injury report are:

- What triggered the occurrence?
- Did the job involve heavy lifting, repetitive motion, excessive force, vibration, awkward posture or rapid hand and wrist movement? (For example: A torn rotator cuff from lifting 50 pound bags of grass seed is a lot more descriptive than “hurt shoulder when moving bags.”)

Other Requirements

The following are some additional key requirements under OSHA’s recordkeeping and reporting regulations:

- In the past it was an arduous and time consuming task to figure out “lost workdays.” Now, instead of attempting to calculate scheduled workdays that the employee was supposed to work, the calculation is based upon the number of calendar days the employee is away from work with the count of days missed commencing the day after the incident.
- The number of days away is no longer counted beyond 180 days.
- A company executive is required to certify the accuracy of the OSHA 300 log. The definition of ‘executive’ is the owner, officer, highest-ranking employee or his/her supervisor.
- The employer must also review the 300 log information before it is summarized on the 300A form. It is a good idea for the ‘executive’ to review all the data before it is condensed on this report to determine if there are any common injuries/illnesses and then consider a mode to eliminate them.

- The OSHA 300A form must be posted on the employee bulletin board for three months from February 1 to April 30. For clubs in a southern climate, this may mean that you must ensure that a log is posted on every department bulletin board (pool, tennis) as well as in the grounds department.
- The 300A form does not list the employees’ names, just the number of cases, days away from work and injury/illness types. This form also requires the average number of employees and the total number of hours worked.
- Under the regulations, employers are required to protect an employee’s privacy and withhold descriptive information on the 300 log for certain types of injuries and illnesses (Examples: sexual assaults, HIV infections, mental illnesses, hepatitis, needle stick injuries, injuries/illnesses to an intimate body part or reproductive system, tuberculosis, etc.).
- The regulations do allow employees or their representative access to the 301 form. Employees can access the entire 301 form pertaining to themselves and only the right-hand portion of the 301 forms pertaining to other employees of the facility. All personal information about the other employees and their health care provider is to be withheld.
- Another employer responsibility is to set up a methodology for the employees to report work-related injuries/illnesses and further ensure that you communicate to them how they are to report these items to you. (It cannot be stressed enough that any injury – no matter how slight – needs to be reported to a supervisor.)
- Employers must call OSHA for all fatal heart attacks occurring in the work environment. As required in the past, employers still have to call OSHA at 1-800-321-OSHA within eight hours to report a fatality or work-related injury that results in the inpatient hospitalization of three or more employees. (Note: these are Federal OSHA regulations.)
- If OSHA shows up at the door, employers must provide records to the OSHA compliance officer who requests information within four hours. Note: This OSHA agent will most probably request to see your OSHA 300 and 300A forms. Please request to see their identification first.
- If oxygen is administered to an injured or ill employee, it is a recordable.
- Parking lots are now considered part of the facility and there are specific guidelines for determining work-related recording of injuries sustained in this area.
- Further definitions have been added to clarify exceptions of cases involving recording of injuries and illnesses for employees voluntarily involved in exercise, blood donations, common colds and flu, mental illnesses, etc. (An example would be if an employee is playing volleyball and injures him/herself; it is not a recordable injury.)
- Of great interest to all food service operations is whether food poisoning is recordable under OSHA’s recordkeeping regulations. If any employer provides food and the employee becomes ill, it is a recordable! (Note: If the employee buys food from the employer restaurant and becomes ill, the case is not considered work-related).

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Penalties for Non-Compliance

OSHA can assess the following penalties if they discovered you did not comply with the recordkeeping regulations:

Failure to maintain OSHA 300 log.....	\$1,000
Failure to post OSHA 300A log	\$1,000
Failure to report a fatality or catastrophe	\$5,000

Closing

Since the inception of the OSHA and CMAA Alliance, clubs have come a long way when it comes to addressing safety and most clubs are doing a great job

maintaining their OSHA logs while concurrently monitoring their injuries and illnesses. These clubs recognize that by addressing employee safety issues, there are great savings to be realized whether financially or in terms of productivity. By using the OSHA 300 log and an accident report, a manager can better identify where he/she should focus their safety and health efforts in the future.

Additional Resources

Recordkeeping Web Page:
<http://www.osha.gov/recordkeeping/index.html>

Recordkeeping Handbook:
<http://www.osha.gov/Publications/osha3169.pdf>

For more information on how your club can benefit from the Alliance and OSHA topics specific to the club industry including archives of previous articles in this series, please visit <http://www.cmaa.org/legislat/osha.asp> or contact Melissa Low, director, Industry Resources and Legislative Services, at melissa.low@cmaa.org or (703) 739-9500. This article was written by club industry expert Alan Achatz, CCM, CHE, of AKA Capitol Adventures in conjunction with participants in the OSHA and CMAA Alliance. It does not necessarily reflect the official views of OSHA or the U.S. Department of Labor. ♦

FIRST AID

According to OSHA Recordkeeping Regulation, "First Aid" Means the Following:

- Using a non-prescription medication at non-prescription 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, 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.

