

OOSH BULLETIN

PESH Recording and Reporting of Occupational Injuries and Illnesses

January 2006



Each employer subject to the recordkeeping requirements of Rule PART 801 (12NYCRR Part 801) must maintain a record of recordable occupational injuries and illnesses. Recordkeeping provides information to employers and employees on injuries and illnesses and related hazards in the

workplace. The SH 900 is one of three forms used to maintain such records for the calendar year. The SH 900- **Log of Work Related Injuries and Illness** should be maintained along with its counterparts, the SH 900.1-**Summary of Work-Related Injuries and Illnesses** and SH 900.2-**Injury and Illness Incident Report**. Each form, though similar, records specific data. The utilization of separate forms, allows the safeguarding of privacy.

THE SH-900-- Log of Work Related Injuries and Illnesses

When is a case considered to be work related?

- ◆ A case is considered work-related if an event or exposure in the work environment either caused or contributed to the resulting condition.
- ◆ A case is considered work-related if an event or exposure in the work environment significantly aggravated a pre-existing injury or illness.
- ◆ Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment.

What is an injury?

An injury or illness is an abnormal condition or disorder. An Injury can be any wound or damage to the body resulting from an event in the workplace. It can also include damage to muscle, joints, and connective tissue when resulting from slip, trip, and fall.

What is an illness?

An illness can be musculoskeletal disorders, skin diseases or disorders, respiratory conditions, poisoning, noise-induced hearing loss, and all other occupational illnesses.

Employers must record each fatality, injury or illness that:

- ◆ Is work-related, and
- ◆ Is a new case, and
- ◆ Meets one or more of the general recording criteria

General Recording Criteria

An injury or illness is recordable if it results in one or more of the following:

- ◆ Death
- ◆ Days away from work
- ◆ Restricted work activity
- ◆ Transfer to another job
- ◆ Medical treatment beyond first aid
- ◆ Loss of consciousness
- ◆ Significant injury or illness diagnosed by a Physician or a Licensed Health Care Professional (PLHCP)

Medical treatment does not include:

- ◆ Visits to a PLHCP solely for observation or counseling
- ◆ Diagnostic procedures
- ◆ First aid

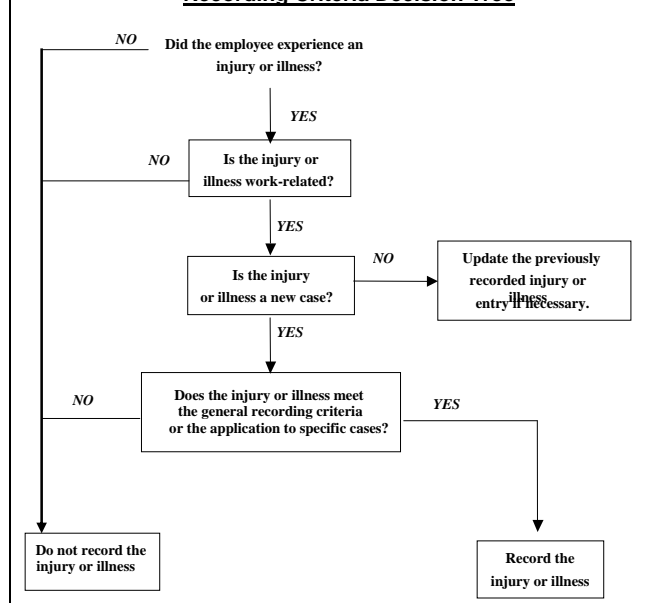
Other significant diagnosed work-related injury or illness must be recorded even if NO death, days away from work, restricted work, job transfer, loss of consciousness, or medical treatment beyond first aid in cases, such as:

- ◆ Cancer
- ◆ Chronic irreversible disease
- ◆ Fractured or cracked bone
- ◆ Punctured eardrum
- ◆ Bloodborne pathogens or tuberculosis cases

All work-related Bloodborne pathogens or tuberculosis cases must be recorded:

- ◆ Cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (includes human bodily fluids, tissues and organs; other materials infected with HIV or HBV such as laboratory cultures.)
- ◆ Splashes or other exposures to blood or other potentially infectious material if it results in diagnosis of a bloodborne disease or meets the general recording criteria.
- ◆ A case where an employee is exposed at work to someone with a known case of active tuberculosis, and subsequently develops a TB infection.

Recording Criteria Decision Tree



SH 900--Instructions for Recording and Reporting Public Employees' Occupational Injuries and Illnesses

Column A.-Case no.

The case number is a number assigned by the officer responsible for maintaining the record. Should this be a privacy case, a special denotation must be made so that the privacy case number may be cross-referenced to the respective case.

Column B.-Employee's name

Enter affected employee's name. If an employee chooses not to reveal their identity in regards to the specifics of their injury/illness, this should be designated on the SH 900.2. Should an employee fail to make such a designation, the employee's name should be entered on the SH 900.

In the event that this case is a privacy case, the name of the employee **should not** be entered. Rather "Privacy Case" or "PC" should be entered in the box. A separate log/ list of all privacy cases, the case numbers and the employee's name should be kept in a confidential file.

Column C.-Job title

Self-explanatory

Column D.-Date of injury or onset of illness (month/day)

For occupational injuries, enter the date the work related accident occurred which resulted in injury. For occupational illnesses, enter the date of initial diagnosis of illness, or, if absence from work

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occurred before diagnosis, enter the first day of the absence attributable to the illness subsequently diagnosed or recognized.

Column E.-Where the event occurred

Enter specific location of where in the facility the injury took place. (e.g., Room 312, lunchroom, etc.)

Column F.-Describe the injury or illness, parts of body affected, and object/substance that directly injured or made person ill

Describe the injury or illness, parts of body affected, and object/substance that caused injury/illness. (e.g. Second degree burns on right hand from Bunsen burner)

Column G. -Death

Place a check only in the box. Place the checkmark in box representative of the most severe consequence of the illness/injury. (Ex: An employee was away from work for 3 days due to the injury. The employee died on day 4 due to the injury/illness—death is the most severe consequence. The checkmark should be placed in Column G.) Note: Do not enter numbers here.

Column H.-Days away from work

Record if the case involves one or more days away from work. Check the box for day's away cases and count the number of days. Do not include the day of injury/illness.

Columns I - J.-Remained at work (Job transfer or restriction/ other recordable cases)

Describe the incident in which an employee is injured at work in Column F, but remains at work. Place check in the appropriate box. Restricted work activity occurs when an employee cannot perform one or more routine functions of his or her job; or an employee cannot work a full workday; or a physician or licensed health care professional (PLHCP) recommends either of the above.

Column K. -Away fro work

Enter the number of **calendar days** the employee was away from work due to the injury/illness. Calendar days include weekend days, holidays, and vacations days. This count begins the 1st day **after** the incident and ends at 180 days away and/or days restricted. Do not include the day of injury/illness. A medical opinion, if available, takes precedence and should be entered.

Column L.-On job transfer or restriction

Enter the number of **calendar days** the employee was at work but because of the injury/illness was transferred to another location/assignment or was on modified duty. Calendar days include weekend days, holidays, and vacations days. This count begins the 1st day **after** the incident and ends at 180 days away and/or days restricted. Do not include the day of injury/illness. Partial days or half days are counted as days of restricted work activity. A medical opinion, if available, should be entered. Partial days away from work (e.g., half days) are considered days of restricted work activity.

Column M.-Injury or illness

Only one box should be checked. If the incident resulted in an injury, check box #1. If the incident resulted in an illness, check the box that categorizes the illness (boxes #2-6).

Fatalities and Work-Related Hospitalizations

The death of an employee in the work environment, **regardless of cause**, must be reported within eight (8) hours of the occurrence. The in-patient hospitalization of two (2) or more employees due to a work-related incident must be reported within eight (8) hours of the hospitalizations. This report may be made orally by telephone to (718) 935-2319 or in person to the New York City Department of Education, Office of Occupational Safety and Health, 65 Court Street, Room 706, Brooklyn, NY 11201.

Updating Injury and Illness Outcomes

According to the PESH recordkeeping rule, 12 NYCRR Part 801, this form must be retained for five (5) calendar years after the recording year. During the 5-year period the log must be retained, if there is a change in the extent and outcome of an injury or illness which affects the entries in columns G. – M., cross out the first entry with a single line and enter the updated information. This form **may and should be updated** as necessary.

■ COMPLETING THE SH 900.1 -- Summary of Work Related Injuries and Illnesses

The SH 900.1-- Summary of Work Related Injuries and Illnesses -- provides data that allows employers to calculate incidence rates.

According to the PESH recordkeeping rule, 12 NYCRR Part 801, this form must be maintained for five (5) calendar years after the recording year. This form **should not** be updated.

Posting Requirements

By regulation, a copy of this form must be completed annually and posted at each establishment in the place or places where notices to employees are customarily posted. The copy must be posted from **February 1 through April 30** of the year subsequent to the year the record is for. In the event that there were no injuries or illnesses during the recorded year, zeros must be entered in the appropriate boxes and the form must posted for the required timeframe.

Box 1. Enter establishment information. A separate form is required for each location.

Box 2. Enter employment information. This information may be obtained by performing the calculations on the reverse of the form.

To calculate the **Average No. of Employees** and the **Total Hours Work by all Employees** create a worksheet with 2 columns. Add column B, this is the total number of employees paid in all pay periods for the year. Enter on line A. Follow steps 2-3. (See table 1 and 2)

PART I

Steps to estimate Annual Average Number of Employees

STEP 1: Add the number of employees your establishment paid in every pay period for the year. (See table 1 and 2)

Include all employees: full-time, part-time, temporary, seasonal, salaried and hourly.

For Example:

Public School 123K pays its employees 24 times each year; therefore it has 24 pay periods per year. (The pay period for a fulltime employee in a year may be 26 at your reporting site) *If that is the case use 26 instead of 24 and follow the same steps.*

STEP 2: Divide the sum by the number of pay periods your establishment had per year. **Include** any pay periods when you had no employees.

Because PS 123K has 24 pay periods, it would divide its sum by 24. {2,370 divided by 24 = 98.75 -99.00}

STEP 3: Round the answer to the next highest whole number. Write the rounded number in the box marked Annual average number of employees. (See sample sheet on page 4)

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Pay period	Number of employees
1	100
2	100
3	100
4	100
5	100
6	100
7	90
8	100
9	100
10	100
11	100
12	100
13	100
14	100
15	100
16	85
17	100
18	100
19	100
20	90
21	100
22	100
23	105
24	100
25	100
26	100
*Total	2,570(sum)

Table 1-26 pay periods

In this pay period	PS 123K paid this many employees
1	100
2	100
3	100
4	100
5	100
6	90
7	100
8	100
9	100
10	100
11	100
12	100
13	100
14	100
15	85
16	100
17	100
18	100
19	90
20	100
21	100
22	105
23	100
24	100
*Total	2,370(sum)

Table 2-24 pay periods

PART II

Steps to estimate Total Hours Worked

Note: Total Hours Worked should exclude vacation, sick leave, holidays and other non-work time.

STEP 1: Find the number of full-time employees in your establishment for the year. (See sample sheet on page 4)

Public School 123K had **90 full-time** employees during the year.

STEP 2: Multiply this number by the number of hours worked for a full-time employee in a year. This is equal to the number of full-time hours worked:

Public School 123K's 90 full-time employees worked an average of about 1,200 hours each per year after excluding vacation, sick leave, holidays, and other non-work time. (The hours worked for a full-time employee in a year may be different at your reporting site) i.e., a full-time employee working about 35 hours a week per year would work about 1,700 hours per year.

According to PESH a teacher usually works about 1,200 hours per year.

90 (full-time employees) times 1,200 (hours worked by a full-time employee in a year) equals 108,000 full-time hours.

STEP 3: Add the number of any overtime hours and the number of hours worked by other employees (part-time, temporary, and seasonal) to the amount in Step 2:

Public School 123K's full-time employees worked a total of 1,000 hours of overtime. In addition, 10 part-time employees worked a total of 2,000 hours during the year. Adding these hours to those from Step 2:

Full-time hours from Step 2:	108,000
Overtime hours	+ 1,000
Part-time hours	+ 2,000
Total hours worked by all Employees during the year	= 111,000

Box 3-5. Enter the corresponding information from the SH-900.

Box 6. The highest-ranking supervisor of the establishment must certify that the entries are recorded with accuracy, and completed to the best of their knowledge.

COMPLETING THE SH 900.2 -- Injury and Illness Report

The SH 900.2-- **Injury and Illness Incident Report** -- includes specifics about how the injury or illness occurred. The recording officer and the injured employee or his/her designee should fill out this form.

This form contains information concerning employee health and must be maintained in a manner that protects the confidentiality of employees to the extent possible while providing the necessary occupational safety and health information. This form should be filled out **within seven (7) calendar days** after receipt of information that a recordable work-related injury of illness has occurred.

The ill/injured employee or their designee must choose a disclosure option on the bottom of the form. Should no choice be made, the affected employee's name **will appear** on the SH 900, provided the recordable incident is not a privacy case.

Privacy concern cases include:

- ◆ An injury or illness to an intimate body part or reproductive system
- ◆ An injury or illness resulting from sexual assault
- ◆ Mental illness
- ◆ HIV infection, hepatitis, tuberculosis
- ◆ Needlestick and sharps injuries that are contaminated with another person's blood or other potentially infectious material
- ◆ Employee voluntarily requests to keep name off for illness cases

According to the PESH recordkeeping rule, 12 NYCRR Part 801, this form must be maintained for five (5) calendar years after the year it records. This form **should not** be updated. This form **should not** be posted.

All three forms must be completed and mailed to the Office of Occupational Safety and Health, 65 Court Street, Room 706, Brooklyn, NY 11201 by February 1. PESH Officers review these forms annually and collect statistical data for the State Department of Labor.



THE NEW YORK CITY DEPARTMENT OF EDUCATION

Office of Occupational Safety & Health

65 Court Street, Room 706

Brooklyn, New York 11201

Phone: (718) 935-2319

Fax: (718) 935-4682

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SAMPLE

CALCULATING EMPLOYMENT INFORMATION (Section 2)

If accurate figures regarding the average number of employees and the total hours worked by your employees are not available, please use the steps below to estimate these numbers.

Average Number of Employees

1. Add the total number of employees paid in all pay periods for the year.
Include all full-time, part-time, temporary, seasonal, salaried, and hourly Employees. **2,370** (a)
2. Count the number of pay periods for the year, including pay periods with no employees. **24** (b)
3. Divide the number of employees by the number of pay periods. **98.75** (c)
4. Round the answer to the next whole number. Enter this number in the line for "Annual average number of employees" in items 2 on the front. **99.00** (d)

Total Hours Worked By All Employees

1. Enter the number of full-time employees in your establishment for the year. **90** (e)
2. Enter the number of work hours for a full time employee in a year. **1,200** (f)
3. Multiply (e) by (f) to find the number of full-time hours worked. **X** **108,000** (g)
4. Add number of overtime hours and number of hours worked by other employees (part-time, temporary, seasonal). **+** **3,000** (h)
5. Round the answer to the next highest whole number. Enter this number in the lines for "Total Hours Worked by All Employees Last Year" in Item 2 on the front. **=** **111,000** (i)