

**QUESTION:**

When an employee was working onsite his personal monitor alarmed for hydrogen fluoride (HF). The employee was not wearing respiratory protection at the time of the incident and the reading was 0.7 ppm HF. The employee immediately evacuated the area and contacted emergency services. Once the emergency response team arrived, the employee was provided with a calcium gluconate breathing treatment (nebulizer) at prescription strength (2.5% aqueous calcium gluconate solution.) Emergency responders upon arrival collected HF samples and found 7-8 ppm at the source but not the breathing zone as the worker had already exited the area.

The employer states that using the more conservative ACGIH standards, which they do follow, the STEL for HF = 2 ppm. The employer does not believe the employee was exposed to HF at significant levels and is stating the employee was administered the treatment as a prophylactic only. The employer added, the employee may have smelled HF but denied having symptoms and did not exhibit any signs and/or symptoms of exposure. The employer believes that medical providers will often administer oxygen and/or a 2.5% aqueous calcium gluconate solution by nebulizer as a conservative measure for treatment to a potentially affected employee, and the 2.5% aqueous calcium gluconate solution is industry standard for inhalation exposures. The employee did receive a prescription inhaler on a follow up visit to the medical provider. The employer indicates that the inhaler was offered due to the results of a pulmonary function evaluation in respect to a test performed in March of this year not due to the September event.

The employer concludes the incident did not result in a recordable injury to this employee. The employer cites the following guidance as justification for their decision to not record the case.

As indicated in Q&A B-6 on Page 30 of the [Recordkeeping Guidelines for Occupational Injuries and Illnesses](#), exposures to harmful substances, ". . . in and of themselves, are not recordable under Part 1904 of the regulations. Entries on the log, OSHA No. 200, and on the supplementary record, OSHA No. 101, should be made only when the exposure results in a recordable work injury or illness." As Q&As B-7 through B-9 on Page 30 of the [Recordkeeping Guidelines](#) indicate, if actions are taken "(1) To control the amount of employee exposure during a specific period of time or (2) to remove an employee from an area to prevent the development of adverse health effects" or care and medicine is given that is preventive in nature and the employee exhibits no evidence of injury or illness, than the case should not be recorded.

**Based on the information, is this a recordable occupational injury?**

**RESPONSE:**

First, the paragraph referenced by the employer comes from the "Blue Book" which was null and void on 1/1/2002.

Based on the facts provided, for purposes of OSHA recordkeeping Part 1904, if the prescription strength calcium gluconate breathing treatment was given to the employee for purely preventative reasons, this would not meet the criteria to record. However, if the employee experienced an injury/illness (exhibited any signs or symptoms from the HF) the case would be an OSHA recordable case because the nebulizer was provided. This response is consistent with interpretation guidance provided by OSHA.