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<b>Occupational Injury/Illness Recordkeeping Criteria and Review Approach Document</b>		
Authorization and Approval	<hr/> For Charles Kreager, Director Office of Worker Safety and Health Assessments	<hr/> David Olah, Lead Occupational Safety and Health Manager Office of Worker Safety and Health Assessments

## 1.0 PURPOSE

The mission of the U.S. Department of Energy (DOE) Office of Environment, Safety and Health Assessments (EA-30) is to assess the effectiveness of safety and emergency management systems and practices used by line and contractor organizations and to provide clear, concise, rigorous, and independent evaluation reports of performance in protecting workers, the public, and the environment from the hazards associated with DOE activities.

In addition to the general independent oversight requirements and responsibilities specified in DOE Order 227.1A, *Independent Oversight Program*, this criteria and review approach document (CRAD), in part, fulfills the responsibility assigned to EA in DOE Order 226.1B, *Implementation of Department Energy Oversight Policy*, to conduct independent assessments of high consequence activities. This CRAD specifically relates to assessments of injury and illness records retention and accessibility under 10 C.F.R. § 851, *Worker Safety and Health Program*, and DOE Order 231.1B, *Environmental, Safety and Health Reporting*.

The CRADs are available to DOE line and contractor assessment personnel to aid them in developing effective DOE oversight, contractor self-assessment, and corrective action processes. The current revision of EA's CRADs are available at <http://www.energy.gov/ea/criteria-and-review-approach-documents>.

## 2.0 APPLICABILITY

The following CRAD is approved for use by the Office of Worker Safety and Health Assessments.

### 3.0 FEEDBACK

Comments and suggestions for improvements on this CRAD can be directed to the Director, Office of Environment, Safety and Health Assessments.

### 4.0 CRITERIA AND REVIEW APPROACH

The review of occupational injury and illness (OII) recordkeeping practices and recordkeeping ensures the quality and accuracy of safety performance metric data available to DOE and DOE contractor management for feedback, improvement analysis and decision-making purposes.

The objectives and lines of inquiry are supported by the following regulations and orders:

- 10 C.F.R. § 851, *Worker Safety and Health Program*
- 29 C.F.R. § 1904, *Recording and Reporting Occupational Injuries and Illnesses*
- 29 C.F.R. § 1910.1020, *Access to Employee and Exposure Medical Records*
- DOE Order 231.1B, *Environment, Safety and Health Reporting*
- DOE Order 440.1B, Chg 3 (Ltd Chg), *Worker Protection Program for DOE (including the national Nuclear Security Administration) Federal Employees*
- Executive Order 14042, *Ensuring Adequate COVID Safety Protocols for Federal Contractors*
- AU-1 Memo, *Supplemental Guidance for Recording and Reporting COVID-19 Cases*, 10/16/21

The following objectives are designed as stand-alone sections to be used in any combination based on the need of the specific assessment.

#### **OBJECTIVES**

**OII.1: A procedure is in place to ensure occupational injuries and illnesses to DOE and DOE contractor employees are identified, properly classified, accurately recorded, accessed, and retained.**

#### **Criteria:**

1. The organization maintains a formal injury and illness recordkeeping program that outlines the responsibilities and procedures for identifying, reporting, classifying, documenting, accessing, and retaining OII records to include:
  - Reporting and investigating all OIIs.
  - Documenting medical treatment and work restrictions.
  - Determining and documenting case classification based on DOE requirements and direction and maintaining classification determination information in an easily auditable system (e.g., case files).
  - Maintaining complete, accurate local records that are reflected in the DOE Computerized Accident/Incident System (CAIRS).
  - Verifying the adequacy of recordkeeping programs and recordkeeping data maintained by subordinate organizations.
  - Submitting workhour exposure quarterly to CAIRS.
  - Performing and documenting quarterly quality assurance quality checks to ensure OII

records submitted to CAIRS are thorough and accurate and reflects local records (e.g., OII case files, Occupational Safety and Health Administration (OSHA) 300 Log, first aid log, health clinic treatment logs).

- Preparing, certifying, and posting OSHA 300A, *Summary Form*, annually from at least February 1 through April 30 after the year covered by the records.
- Verifying medical records access reflects DOE confidentiality requirements.
- Determining recordkeeping systems accurately capture medical records retention periods.

(See 10 C.F.R. § 851.11(a)(3)(i), 851.20(a)(6), 851.23(a)(2), and 851.26(a)(2)-(4) for contractors under DOE regulatory jurisdiction. See DOE Order 440.1B, Chg 3 (LtdChg), Sections 4.f(5), 4.m(7), 29 C.F.R. § 1904, 29 C.F.R. § 1910.1020 and Attachment 1, Section 11 for DOE Federal organizations OII records.)

2. The OII reporting requirements flow to appropriate subordinate organizations and sub-tiered contractor records are reported to the DOE computer system (CAIRS) within the required timeframes. (See 10 C.F.R. § 851.11 and DOE Order 231.1B, Attachment 1, Contractor Requirements Document, section 2.a.(1).)
3. Personnel with OII recordkeeping responsibilities are properly trained. (See 10 C.F.R. § 851.25(c) and DOE Order 231.1B, Attachment 3, Section 1.i.)
4. Workers and sub-tier organizations/contractors are trained to report all injuries and illnesses promptly per the organizational procedure and contractual requirements. (See 10 C.F.R. § 851.20(a)(6), 851.26(a)(2) & (3) and 29 C.F.R. § 1904.35.)

**OII.2: DOE contractor and subcontractor occupational injuries and illnesses are accurately classified and recordable OII, as well as work exposure records, are reflected in CAIRS and OSHA 300 forms in a timely manner.**

**Criteria:**

1. Workers report occupational injuries and illnesses without fear of reprisal. (See 10 C.F.R. § 851.20(a)(6) and 29 C.F.R. § 1904.35(b)(1)(i).)
2. Personnel with assigned CAIRS/OII recordkeeping responsibility are informed of all contractor and subcontractor injuries and illnesses through established accident/occurrence reporting mechanisms and review of other documentation (e.g., health clinic treatment logs, security/emergency information and/or workers' compensation case information, and subcontractor OII notifications.) (See DOE Order 231.1B, 10 C.F.R. § 851.23(a)(2), 851.26(a)(2) & (3).)
3. OIIs are investigated and classified per 29 C.F.R. § 1904 criteria with cases found recordable documented on the CAIRS Form and on the local OSHA 300 log within seven calendar days. (See 29 C.F.R. § 1904.29(b)(3).)
4. Auditable case files are established for each OII containing information supporting classification decisions (See 10 C.F.R. § 851.26(a)(2) and DOE Order 414.1D, Attachment 2, Quality Assurance Criteria, Criterion 4, Management/Documents and Records.)

5. The organization electronically submits initial case reports and updates to the CAIRS database on or before the 15th and the last workday of the month and any revisions by the 10th of the month that follows each quarter until closed. (See DOE Order 231.1B, Attachment 3, Section 1.d.)
6. Changes to CAIRS organizational codes are requested to reflect current reporting organizations, including separate organizational codes for contractors and their subcontractors. (See DOE Order 231.1B, Attachment 1, Contractor Requirements Document, Section 2.a.(3).)
7. Work exposure hours for each assigned reporting organization code are properly accounted for and electronically reported into CAIRS on or before the due date (10<sup>th</sup> of the month that follows each calendar quarter). (See DOE Order 231.1B, Attachment 3, Section 1.e.)
8. Quarterly quality checks of local OII data and associated CAIRS records to ensure information is thorough, accurate and consistent. (See DOE Order 231.1B, Attachment 3, Section 1.f.)
9. OII local and CAIRS record discrepancies identified by DOE oversight activities are corrected as directed by DOE reviewing organization. (See DOE Order 231.1B, Attachment 3, Section 1.h.)

**OII.3: Occupational injuries and illnesses are adequately investigated and documented for accident prevention purposes and corrective action by management (feedback and improvement).**

**Criteria:**

1. Injuries and illnesses are investigated, and documented reports thoroughly describe the event, causes, and corrective actions. (See 10 C.F.R. § 851.20(a)(7), and 10 C.F.R § 851.26, DOE Order 225.1B 4.c.)
2. Recordable and non-recordable OII information (sometimes referred to as first aid cases) are analyzed for recurring event/issues and need for lessons learned documentation. (See DOE Order 231.1B, Attachment 3, Section 1.g., 10 C.F.R. § 851.26(b) and DOE Order 226.1B, Attachment 1, Contractor Requirements Document, Section 2.b.3.)

**OII.4: DOE develops and implements mechanisms to ensure occupational injury and illness record data integrity and quality assurance. (See DOE Order 231.1B, Section 5.e.4 and DOE Order 226.1.)**

**Criteria:**

1. DOE line management conducts oversight and operational awareness activities of the contractor's OII recordkeeping and reporting program and recordkeeping classification decisions. (See DOE Order 226.1, Section 4.b.)
2. Oversight activities are conducted by technically competent and experienced personnel. (See DOE Order 226.1B, Section 4.a.(2).)

3. DOE line management performs periodic quality assurance checks of local injury and illness recordkeeping data and verifies local records are accurately reflected in the CAIRS database. A suggested approach for this effort may include the following:
  - Review required contractor quarterly quality assurance checks to ensure they include comprehensive follow-up on all injuries/illnesses to determine any changes in recordability (e.g., change from first aid to recordable medical treatment, escalating specialty medical treatments that may be required to treat the injury, or new information on any days away from work or work restricted days) and that all new information was used to update local records and CAIRS database.
  - Complete a sample review of injuries and illness from typical sources (e.g., occupational medical treatment logs or database, first aid log, workers compensation cases, etc.) to determine if the contractor has identified all pertinent information that would change the recordability and/or type of case over time (total recordable cases (TRC) and days away, restricted or transferred (DART) information. The contractor properly records updated information on the OSHA 300 log (29 C.F.R. § 1904.33) and in the local case files.
  - Using a CAIRS Injury/Illness Case "Log" printout (includes TRC and DART case information), cross-check against the contractor's local records including the OSHA 300 log, personnel files first aid logs, etc. to ensure case data elements are accurately reflected and updated in CAIRS (e.g., number of days away or days restricted).
  - Using a CAIRS Injury/Illness Case "Log" printout, evaluate the time lag between the date of the injury and the time the case was entered on the OSHA 300 log, (29 C.F.R. § 1904.29(b)(3)) and first entered into CAIRS (DOE Order 231.1B, Attachment 3, section 1.d) to determine if cases are initially recorded within the required time allowance. In addition, validate that DART days are adequately updated when known, or at least quarterly.
  - Validate OII rates (e.g., total recordable case/days away, restricted or on job transfer case rates) performance metrics provided by the contractor to DOE for use in contract performance reporting against information found in periodic quality checks and in the CAIRS database.
  - Verify OSHA 300A Summary forms are complete, accurate and certified for each recording organization.

**OII.5: Organizations use DOE and external lessons learned to review and improve their OII recordkeeping practices and quality of DOE OII records. (See DOE Order 210.1A, Attachment 1, CRD, Section 1.a.(2).)**

**Criteria:**

1. Organizations identify and use lessons learned from OSHA recordkeeping resources and interpretation letters regarding implementation of OII case classification criteria. OSHA OII recordkeeping resources and interpretation letter can be found at:

- <https://www.osha.gov/recordkeeping/>
  - <https://www.osha.gov/recordkeeping/RKinterpretations.html>
  - <https://www.osha.gov/coronavirus/standards>
2. Organizations considered recommendations and best practices to address common OII recordkeeping strengths and weaknesses identified in DOE lessons learned documents, such as the report *Office of Enterprise Assessments Lessons Learned from Assessments of Occupational Injury and Illness Recordkeeping and Reporting at U.S. Department of Energy Sites, January 2019* at:
- <https://www.energy.gov/ea/downloads/enterprise-assessments-lessons-learned-assessments-occupational-injury-and-illness>.

**OII.6: Organizations have a process to assure pandemic (COVID-19) recordkeeping requirements reflect OSHA and DOE regulations (29 C.F.R. § 1904, 29 C.F.R. § 1910.1020 and 10 C.F.R. § 851.26(a)(2)).**

**Criteria:**

1. Personnel with OII recordkeeping responsibilities are properly trained (10 C.F.R. § 851.25c) and retrained to remain current with DOE and OSHA COVID-19 recordkeeping requirements (29 C.F.R. § 1904 and 10 C.F.R. § 851.26(a)(2)).
2. Organizations assure COVID-19 medical records are adequately documented, maintained, retained, and accessible as required by 29 C.F.R. § 1910.1020 and applicable executive orders.
3. Organizations have COVID-19 testing and contact tracing procedures sufficient to determine work-relatedness of exposures, as recommended by CDC guidelines, [Guidance Documents | CDC](#).

**REVIEW APPROACH**

Record Review:

Pre-on-site records review: Prior to the field portion of the assessment, the organization(s) being assessed should provide the following information:

- Organizational chart(s) for all safety and health related elements assessed
- DOE contract (e.g., clauses or DOE directives regarding OII recordkeeping requirements)
- Recordkeeping procedures and local guidance documents utilized by the organization being reviewed and any sub-tier organization included in the assessment (e.g., contractor and subcontractors)
- A listing identifying the individual(s) responsible for OII recordkeeping and record certification, CAIRS report submission, OII investigation, and OII self-assessments
- Listing of subordinate organizations (e.g., subcontractors) by employment size and work hour schedule
- Copies of applicable OSHA 300 Log(s) for the assessment period
- Copies of certified and posted OSHA 300A Summary for the assessment period
- Listing from workers' compensation records for the assessment period that indicates employees who either filed a notice of injury and/or were paid for work time off due to any OII

- Listing of OII cases treated by the contractor's occupation medical provider or other off-site health clinic and nature of treatments and medical/work restrictions, if any
- A copy of the most recent external records review and self-assessment, including any corrective action plans
- COVID-19 testing policies and procedures
- COVID-19 contact tracing procedures, to include determination of work-relatedness of exposure(s)
- Any written plans that address pandemic (COVID-19) recordkeeping

Onsite records review: The following information should be readily available for the assessor(s) during the onsite review:

- Any pre-onsite records not available prior to onsite review
- Auditable case file records for the assessment period including first aid, non-occupational (cases that occur on site but are determined to be non-occupational), and recordable cases. Case files should contain the following pertinent information:
  - First report of injury
  - Statements from the injured worker and any witnesses
  - Results of the safety investigation and/or fact-finding meeting
  - Health services, hospital, and emergency room in/out medical record for the injured person
  - Medical diagnosis for injury/illness related to case, (from health services, hospital/emergency room, contracted occupational medical provider, and/or other medical providers/referrals)
  - Medical treatment provided at each medical visit, including types of medical devices (e.g., rigid splint) applied
  - Prescribed medication (at initial and any follow-up medical evaluation)
  - Health/medical services, other licensed health care provider (LHCP), or supervisor/manager direction on imposed medical/work restrictions and how restrictions impact the worker's ability to perform routine work activities (updated for each set of restrictions as the OII case progresses)
  - Workers' compensation case information that can be used to cross-check OII case (e.g., new cases opened, payments for medical prescriptions or treatment, or payments for time off from work due to an injury)
  - Documented classification decision rationale (i.e., why the case is or is not OSHA recordable)
  - DOE Form 5484.3, *Individual Accident/Incident Report*, for OSHA recordable cases
  - Corrective actions (or linkage to corrective actions in the local issue tracking system)
  - Medical records provided to or obtained from any health care departments for COVID-19 contact tracing
  - COVID-19 quarantine or isolation medical records
- Documented protocol for COVID-19 change of duty or restricted duty for personnel
- Training records of personnel with OII recordkeeping responsibilities
- OII performance and trend analysis reports/graphics that are available for the assessment period
- Any current direction or guidance provided to assessed organization on OII recordkeeping and reporting by DOE line organizations
- COVID-19 positive case report records with associated contact tracing records

#### Interviews:

- Manager(s) for the organization responsible for maintaining the OSHA 300 Log and 300A Summary (e.g., Director of the Safety and Health Division)
- Records reporter(s) for the organization

- Occupational Medical Director
- Occupational Medical Nurse(s)
- Onsite contact(s) to the medical staff if occupational medical provider is off site
- Offsite LHCP, if required
- Injured/ill workers (selected by assessors from medical/workers' compensation/first aid occurrence reporting and processing system and CAIRS case file records, and other sources documenting that an injury or illness has occurred). These interviews should be limited to the employee being interviewed, their representative (if requested), and the assessment team member(s)
- Human Resources/Workers' Compensation contact/Risk Management Manager/Recordkeeper
- DOE site worker safety and health subject matter experts (SMEs)/oversight staff
- DOE Facility Representative(s) and OII SMEs
- Contractor Union Representative(s)
- Pandemic Operations Managers

Observations:

- Injury/illness investigation and recordkeeping meetings (if occurring during onsite review)
- DOE oversight (including operational awareness activities) of recordkeeping activities
- Demonstrations of and/or access to databases used to report, analyze, document medical and supervisory restrictions due to OII and OSHA case classification, and for analyzing OII performance
- Meetings or phone calls with offsite organizations for COVID-19 services
- Recordkeeping training and update sessions
- Verifications of current medical restrictions being followed