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## ORPS Criteria Clarification: Occupational Injury Reporting

This Operating Experience (OPEX) Awareness Notice provides clarification for the DOE Order 232.2A, [Occurrence Reporting and Processing of Operations Information](#) requirement for reporting occupational injuries or exposures to the Department of Energy (DOE) in the Occurrence Reporting and Processing System (ORPS). This clarification article provides expectations and case study examples to individuals who have ORPS reporting responsibilities to adequately implement this requirement.

### Why is this ORPS criteria clarification needed?

Feedback from ORPS users indicates variability and inconsistent understanding in the implementation of certain reporting criteria in Attachment 2, Occurrence Reporting Criteria. This variability may lead to omission of reporting significant events, resulting in an incomplete assessment of DOE safety performance for learning and prevention of future adverse events.

Specifically, the areas requiring clarification are the two notes (in **bold** below) under Section 4, Group 2, Subgroup A, Number (5) [i.e., criterion 2A(5)]. Criterion 2A(5) in Attachment 2 states the following:

*(5) Any single occurrence resulting in an occupational injury or exposure that:*

*(a) Requires in-patient hospitalization for more than 48 hours, commencing within seven days from the date the injury or exposure was received;*

*(b) Results in a fracture of any bone (except bone chips; simple fractures of fingers, toes, or nose; or a minor chipped tooth);*

*(c) Causes severe hemorrhages or severe damage to nerves, muscles, tendons, or ligaments  
**(Note: Severe damage is generally considered to have occurred if surgery is required to correct the damage.);***

*(d) Damages any internal organ;*

*(e) Causes*

*1 a concussion or*

*2 loss of consciousness due to an impact to the head, or*

*(f) Causes second or third-degree burns, affecting more than five percent of the body surface.*

**[Notes: The intent of Group 2A(5) reporting criterion is to report injuries based on the initial or first-line diagnosis and treatment. Events reported in this category are those for which the diagnosis was obtained within 21 calendar days after the event occurred. If changes occur from the initial diagnosis, resulting in revised treatment plans (i.e., misinterpretation of initial test results, additional evaluations performed), then reporting will need to be re-evaluated based on corrected diagnosis.]**

## Clarification of Notes under 2A(5)

### Clarification of “Note” within 2A(5)(c):

*Causes severe hemorrhages or severe damage to nerves, muscles, tendons, or ligaments (Note: Severe damage is generally considered to have occurred if surgery is required to correct the damage.)*

Section 2A(5)(c) specifies that reporting is required if the occurrence resulted in severe damage. This severity determination relies on a diagnosis by a medical professional. In many cases, severe hemorrhage or severe damage to nerves, muscles, tendons, or ligaments is clearly evident. In other cases, where the severity is less evident, professional medical judgment is required.

The 2A(5)(c) Note implies that severe damage generally results in requiring surgery to correct. However, there is no intent to only link severity to a surgery treatment plan or the actual performance of surgery. For example, extended periods of physical therapy to restore use may also be indicative of severe damage.

**“SEVERE DAMAGE” CASE STUDY:** A worker walking on an icy sidewalk slipped and twisted their ankle. The worker was taken to medical for evaluation and X-Rays disclosed no broken bones. The medical team diagnosed the worker with a severe ankle sprain and instructions to return to work after two days of rest with standing and walking limitations. The medical diagnosis also determined that the ankle sprain would require long-term physical therapy to repair.

**ANALYSIS:** In this case study, the medical diagnosis and treatment prescribed by the clinic indicated a severe injury and triggers the threshold as an ORPS reportable event.

### Breakdown of “Notes” paragraph following 2A(5)(a-f):

*The intent of Group 2A(5) reporting criterion is to report injuries based on the initial or first-line diagnosis and treatment.*

This sentence sets the expectation that when facility staff learn of an injury, they must make an ORPS Reportability/Categorization decision based on the initial diagnosis/treatment information and use the time they learned of the injury as the *discovery date and time*<sup>1</sup>.

*Events<sup>2</sup> reported in this category are those for which the diagnosis was obtained within 21 calendar days after the event occurred.*

This statement supports connecting the injury or exposure to a discrete, documented event (i.e., a “single occurrence”) that caused the injury or exposure. The initial evaluation and diagnosis by a medical practitioner is to occur within 21 calendar days of the event. Chronic injuries, such as carpal tunnel syndrome, and events where a significant amount of time lapses between the initiating event and the initial injury diagnosis do not meet reporting criteria in this category but could be reported under Group 10 (Management Concerns and Issues), Number 1.

<sup>1</sup> Discovery date and time is defined in DOE O 232.2A as “the point at which the facility staff discover or become aware of an event or condition. Discovery date is NOT the date and time when the event or condition is determined to be reportable.”

<sup>2</sup> Event is defined in DOE O 232.2A as “something significant and real-time that happens (e.g., pipe break, valve failure, loss of power, environmental spill, earthquake, tornado, flood, injury).”

**“21 DAYS” CASE STUDY:** A worker reported to their supervisor that they recently visited their private doctor for knee pain and the doctor diagnosed cartilage damage that required surgery to repair. The worker believed they had injured the knee several months earlier when slipping on a stairway at work but had not reported it or had it medically evaluated at the time.

**ANALYSIS:** This injury was not initially diagnosed by a medical practitioner within 21-days of a documented on-site event. Since several months elapsed since the stairway slip, other factors beyond the worker’s fall may play a role in driving the severity of the current injury and diagnosis. Although this event may not be reportable under 2A(5) in ORPS due to the wording in the note that the injury receives an initial diagnosis within 21 days, the site can still report as Management Concern under 10(1) and should perform an evaluation of the stairway with the worker’s feedback to determine if improvements are needed.

*If changes occur from the initial diagnosis, resulting in revised treatment plans (i.e., misinterpretation of initial test results, additional evaluations performed), then reporting will need to be re-evaluated based on corrected diagnosis.*

This statement clarifies that if new information (e.g., surgery required) is discovered regarding the severity of the injury (even if it is after the 21 days), then the event must be re-evaluated for ORPS reportability and acted upon accordingly.

**“RE-DIAGNOSIS” CASE STUDY:** A worker lifting a bag of material felt a sharp pain in their shoulder. They reported the event to their supervisor and were sent to medical where they were evaluated. The medical team diagnosis was a pulled muscle and the worker was returned to work with restrictions from lifting activities for two weeks. Based on the initial diagnosis, this was not an ORPS reportable event. During the third week, the worker returned to normal duties and immediately noticed pain in their shoulder when lifting items. They again reported to their supervisor and returned to medical, who scheduled the worker for Magnetic Resonance Imaging (MRI) to further evaluate the condition of the shoulder. The MRI was obtained 25 days after the original injury and disclosed a torn rotator cuff that required surgical repair. The surgery was completed two weeks later, approximately 40 days after the original event.

**ANALYSIS:** Although in this case study the worker's initial diagnosis (within 21 days of a documented event) of a pulled muscle did not meet the level of severity for ORPS reporting, the updated diagnosis revealed a more severe injury that now requires an ORPS report. There is no specific time limit for an updated diagnosis to occur. The timing of the actual surgery is also not a relevant factor in reportability. In the reporting of this event, the discovery date entered in ORPS would be the date of the initial injury and diagnosis.

Careful attention and consistent implementation of ORPS reporting requirements will help individual sites and DOE develop an improved understanding of safety performance. It will also enhance DOE’s ability to learn from occurrences and prevent future adverse events.

**For additional information and guidance:**

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