

**Recordkeeping and Reporting
Stakeholders Meeting Minutes
October 24, 2014
09:00 am to 12:30 pm**

Attendees:

Linda A. Atkin
Bob Bramhall
Bob Hall
Brian Silbernagel
Shirley A. Faber
Brendon Fisher
Jennifer Flood
Ed C. Lanssens
Graham K. Munsell
Nargess Shad
Nathan Taylor
Teri Watson
Hal Morgan

Randy Ingraham
Shelley Latin
David Solomon
Toney Howard
Kathleen Kincade
George Goodman
Greg Jackson
Josiah D. Zeiner
Dave McLaughlin
Peggy Munsell
Marilyn Schuster
Ken Langley

This is the first stakeholder meeting concerning changes in Recordkeeping and Reporting. The meeting was held in Conference Room 260 at the Labor and Industries Building of DCBS, 350 Winter Street NE, Salem Oregon 97310.

Dave McLaughlin called the meeting to order at 09:04, and presented the proposed changes to the group. He explained that these changes were based upon proposed changes to the Federal Recordkeeping and Reporting Rules. He explained that Recordkeeping and Reporting would be split into two separate rules. The presentation began with the changes in the Recordkeeping Rule.

-A stakeholder recommended that Oregon OSHA define the term “executive” regarding the required review and certification of the OSHA 300 log at the end of each calendar year; that we should work on defining who can review and certify the log.

-Comments from stakeholders concerning employee reporting of injuries were as follows:
-Late reporting can disrupt recordkeeping and corrective action.
-The work force should know where and how to report an injury.

-A question was asked about how the SIC codes relate to the NAICS codes. Dave explained the history of the industrial codes.

The presentation now moved to the Reporting changes.

-A stakeholder commented that reporting becomes complicated due to the use of the word “work related”, and suggested we include a better definition of “work related”.

-A comment was made by a stakeholder that a heart attack at work doesn't mean the heart attack is a work related compensable incident. Another stakeholder asked about the scenario of an employee heart attack "off-the-clock" but on the work premises. Oregon OSHA answered that this is "probably not reportable." A comment was made that filing a workers' compensation claim doesn't necessarily mean it is an OSHA related reportable.

-A stakeholder stated that the Recordkeeping Rule clashes with the reporting requirements. Another stakeholder answered that "A heart attack still might be a work related heart attack. What is the resistance to reporting?" The previous stakeholder responded that it increases the employer's third-party liability.

-A stakeholder then suggested "Just say 'anything that happens at work' should be reported."

Regarding the eight hour time frame for reporting, a stakeholder suggested the rule should say "as soon as possible" not immediately, or reasonably, or promptly.

Oregon OSHA stated: The Federal language is best.

-A stakeholder suggested a small group be brought together to work out these definitions. Dave explained that we are up against the Federal time frame for completion.

The discussion now focused on the definition of *hospitalization*, and *in patient*.

-Oregon OSHA stated that *in patient* is being checked into a hospital *and given a bed*.

-A stakeholder commented that sometimes the employer can't get this information from a hospital, and so cannot know the status of the employee.

-A stakeholder commented: "If the employer is unable to verify the hospital status of an employee, report it anyway."

-A stakeholder commented: "Don't include the finger tip language. An avulsion and an amputation are the same thing. It is absurd to be married to the Federal language when it doesn't make sense. Remove the NOTES section of definitions. They are not needed. No one would consider a chipped tooth as an amputation. I believe the NOTES are not needed."

-Another stakeholder then commented: "I disagree. Definitions help clarify whether it is reportable. Leave the language in."

Dave asked: "Should avulsions and enucleations be called amputations?"

-A stakeholder replied, "An avulsion is an amputation. If you include these there will be many more reports."

-A stakeholder asked why there are two categories. Out patient treatment goes on the Log, but is not reportable.

-The group stated the following: Degloving is not reportable as an amputation. Scalping is not an amputation. Ear loss is an amputation. Partial ear loss is not an amputation.

-A stakeholder stated: The difference in losing an ear or an earlobe, for example, is a big difference. Is there a medical distinction? The word “partial” is not helpful.

-A stakeholder explained: If there is cartilage loss, that is severe, and should be reported.

-A stakeholder was confused about the SIC chart. It was explained that the charts had not been changed yet on this draft document.

-A stakeholder asked: Why not remove all exemptions? This question was answered as follows: The Feds track injuries nationally, both OSHA and the BLS, and the terminology must be consistent nationally (to generate accurate data.)

-A stakeholder asked if a farm worker is injured in an employer-provided farm worker housing situation, would that be recordable or reportable. (Answered: not recordable.) And, if someone falls on steps as a result of a housing condition, should these be reportable? (Answered: Bears thinking about.)

-A stakeholder asked if the Feds are considering the bone loss issue on fingertip loss, is Oregon OSHA? This was answered “We are looking into this too.”)

-A stakeholder asked if it is possible to find some common ground on how long various records must be kept. Dave answered that there are many things to consider.

Dave asked the group to begin thinking about the Financial Impact of these Recordkeeping and Reporting changes. This would be something to think about. Dave will e-mail suggested/added changes to each participant. The next meeting is tentatively scheduled for November 7, 2014.

Meeting adjourned at 12:30 pm.