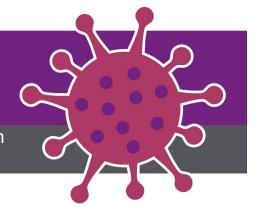
# CORONAVIRUS DISEASE 2019 (COVID-19)

Job aid: Infectious Disease Capture in the THEIR application in STARS Enterprise





Audience: Gatekeepers, Supervisors, All Colleagues

**Revision Date:** 03/01/2022

Version: 10

**COVID-19 Response Team Owner: Planning** 

Date of Last Review: 01/06/2021

# What's Changed:

- Updated the OSHA 300 Log Info Page section to include OSHA's clarification on what are the reporting requirements of work-related exposures to COVID-19 that result in hospitalization or death
- Added links to several COVID-19 Non-Clinical Loss Control, Workers' Compensation, and Regulatory documents

# Reporting and Gatekeeping a COVID-19 Work-Related Incident in the THEIR Application

This job aid is specific to the information colleagues need to include when they report a work-related COVID-19 incident. It also includes instructions for Gatekeepers on gatekeeping COVID-19 incidents in the THEIR application. This document does not provide guidance regarding compensability of a claim under Workers' Compensation laws. Please contact your WC Claims Manager or Workers' Compensation COVID-19 FAQs for guidance.

When entering COVID-19, please enter exactly as identified in this document; do not use abbreviations or spaces, and do not eliminate the hyphen. All entries must be **COVID-19**.

The Occupational Safety and Health Administration (OSHA) has interpreted work-related injuries and illnesses as being those injuries and illnesses which result from events or exposures on the employer's premises are work-related. Additionally, if it is likely that the event or exposure caused or contributed to the injury or illness, it is presumed to be work-related.

For purposes of OSHA Recordkeeping standard compliance and Trinity Health standardization, result definitions are based on either physician diagnosis or testing as follows:

- Negative result:
  - Physician diagnosis (because the colleague is asymptomatic) or test result is negative.
  - If the test is negative but the physician diagnosis remains SUSPECT COVID-19 after considering the test result, the case is considered a positive result.
- Positive result:
  - Physician diagnosis (because the colleague is symptomatic) or test result is positive.
  - If the test is negative but the physician diagnosis remains SUSPECT COVID-19 after considering the test result, the case is considered a positive result.

#### Date of Injury/Illness:

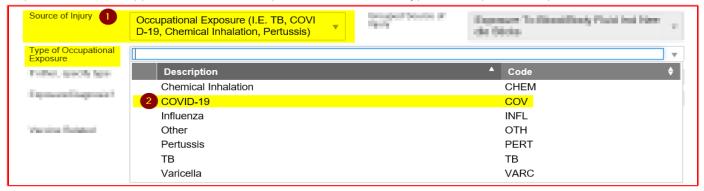
The Date of Injury is generally defined as the date the colleague incurred a work-related exposure to COVID-19. The Date of Injury IS NOT considered to be the date of a COVID-19 diagnosis.

This definition may vary slightly by state; generally, if the date of the work-related exposure is unknown, the last date of work may be used.

# **SOURCE Coding:**

When colleagues enter an incident:

The source should be Occupational Exposure (code 0015). If the colleague has chosen a different option, change it to Occupational Exposure when gatekeeping. Once Occupational Exposure has been selected, a second required dropdown menu will appear. The second dropdown menu asks for Type of Occupational Exposure. Select COVID-19.

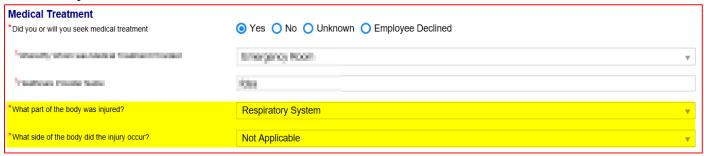


Under **Incident Information**, enter all Medical Record Numbers (MRNs) for Patients Under Investigation (PUIs) and patients diagnosed with COVID-19. There can be more than one MRN in this space if there were multiple exposures on the same day.





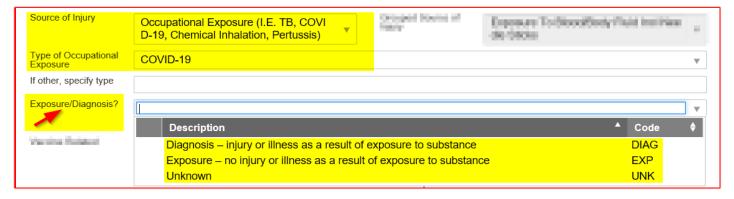
# Under **Medical Treatment**, when answering **Body Part**, select **Respiratory System**, then select **Not Applicable** for **Side of Body**:



If the colleague does not select Respiratory System for Body Part at the time of intake, Body Part will change to Respiratory System and Side of Body will change to Not Applicable after the colleague submits the incident.

When Type of Occupational Exposure is identified as either TB, COVID-19, Pertussis, Varicella, or Influenza, the Exposure/Diagnosis? field must be completed. The three choices are:

- 1. **Diagnosis** an injury or illness has been diagnosed as a result to a work-related exposure to one of these five diseases. Diagnosis can be through physician diagnosis based on symptomology or other method, or based on laboratory-confirmed testing.
- 2. **Exposure** there was a work-related exposure to one of these five diseases, but the exposure did not result in an injury or illness. We sometimes refer to these as "near-miss" incidents; there was an exposure but no conversion to illness or injury.
- 3. **Unknown** there is a work-related exposure to one of these five diseases, but we do not know if the exposure is going to result in an illness or injury (diagnosis).
  - a. This field should only be used as a last choice when we cannot make a determination of exposure or diagnosis.
  - b. It is not intended to be used as a "waiting for outcome" field (such as an incubation period) to determine exposure or diagnosis.
  - c. We recognize that on very rare occasions it will not be clear as to whether it is an exposure without conversion to injury or illness, so we have included this as an option.
  - d. If you select this option, you must update this option to either Exposure or Diagnosis when you have clearer information.

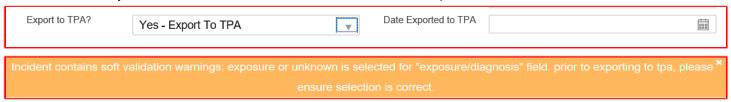


If Occupational Exposure is chosen as the Source of Injury, and if the Exposure/Diagnosis? field does not have a selection, you will receive the following Yellow Notification at the bottom of the incident screen. You cannot save the incident and complete gatekeeping until you complete the Exposure/Diagnosis? field:

"Exposure/Diagnosis" field is required when "Type of Occupational Exposure" is COVID-19, Influenza, Pertussis, TB or Varicella

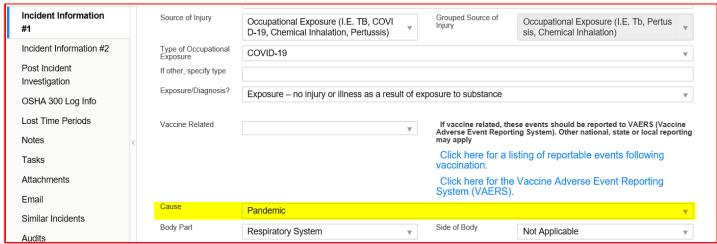


If the incident is being exported to ESIS (e.g., the **Export to TPA** field is marked as **YES – Export to TPA**), and if the **Exposure/Diagnosis?** field is marked as either **Exposure or Unknown**, you will receive a **Yellow Soft Validation Warning Notification** at the bottom of the incident screen asking you to verify whether your current selection of either Exposure or Unknown is correct. This is because the incidents that are exported to TPA are usually because of a diagnosis that required treatment, lost time, or met some other requirement for exporting. You can still proceed with saving the incident and exporting the incident without changing your **Exposure/Diagnosis?** field response. This is a reminder to ensure you have chosen the correct selection at the time of export:



#### **CAUSE Coding:**

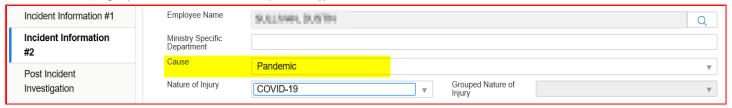
When gatekeeping the incident, Pandemic (code 83) will automatically default for the CAUSE on the Incident Information #1 page. If it does not default to Pandemic, select Pandemic as the Cause:



Additionally, while on the Incident Information #1 page, ensure that **Respiratory System** was correctly populated for the **Body Part** dropdown and that **Not Applicable** was properly populated for the **Side of Body** dropdown:



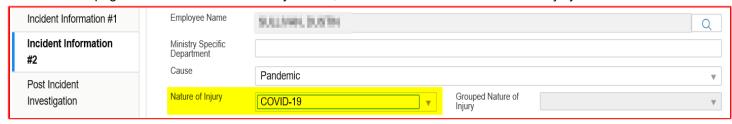
The CAUSE code on Incident Information #2 page will automatically select the same Cause code selected on Incident Information #1 page (in this case, Pandemic (code 83)):





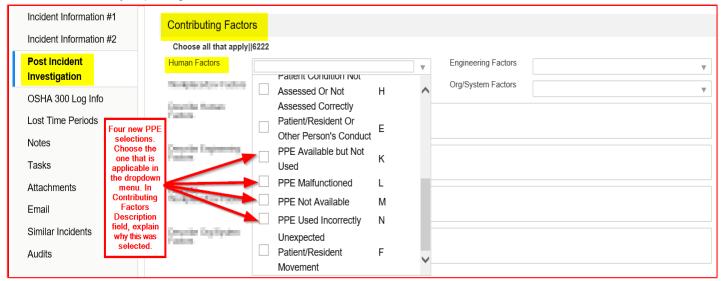
#### **NATURE Coding:**

When gatekeeping the incident, COVID-19 (code 83) will automatically default for the NATURE on the Incident Information #2 page. If it does not automatically default, select COVID-19 as the Nature of Injury code:



#### POST-INCIDENT INVESTIGATION (PII) Page

There are specific choices for determining whether **Personal Protective Equipment (PPE)** was used. The PPE options are in the Human Factors dropdown menu under Contributing Factors. Choose which one(s) apply to the situation and then explain in more detail why these selections were chosen. Specifically choosing at least one of these options will assist in consistently capturing data for PPE related events.



For Type of Incident on the PII page, select Blood/Bodily Fluid/Sharps exposure because COVID-19 mainly through respiratory droplets produced when an infected person coughs or sneezes. This category includes bodily fluids. Saliva is not typically considered a bodily fluid by OSHA definition unless it is related to a dental procedure, but this is the most appropriate selection from the available choices for the PII page.

For additional information, see THEIR Post-Incident Investigation FAQs

#### **General PII Reminders:**

- When investigating a work-related colleague-to-colleague exposure, it is important to maintain confidentiality standards. This is the same process and expectation we have of all work-related incident investigations and is not unique to COVID-19.
- When a colleague voluntarily reports that they have a work-related COVID-19 diagnosis, the supervisor and colleague meet when possible to discuss what happened, identify contributing factors, and identify prevention actions.



- Investigations also include potentially identifying other colleagues who have worked with the diagnosed colleague. Each affected colleague's supervisor should meet with the affected colleague(s) to investigate work conditions and identify any other potential exposures within the workforce.
- When meeting with colleagues with potential exposures, the investigations are considered potential workplace safety exposures. If necessary, it may mean identifying the colleague that initiated the workrelated COVID-19 diagnosis incident report in order to identify the type of exposure the affected colleague had to the diagnosed colleague.
- It is appropriate to identify the colleague that initiated the work-related incident report and the minimum necessary details to conduct effective exposure tracing (dates, times, shifts worked together, PPE worn, etc.)

# **OSHA 300 LOG INFO Page**

OSHA utilizes the term employee instead of colleague as its standard language, so in this section we will utilize the same terminology of employee.

When an employee has a work-related injury or illness, the **employee's name**, **the type of injury or illness (including a diagnosis of COVID-19)**, and how it occurred (along with job title, department, and other information) is recorded on the OSHA 300 Log as **a requirement** under **OSHA's** *Recording and Reporting Occupational Injuries and Illnesses* standard (29 CFR 1904).

Employees, former employees, and authorized employee representatives have a right to request to see the OSHA 300 Log, which includes the ability to see the names of the employees who have injuries or illnesses recorded on this log. OSHA identifies some situations as "privacy concern" cases (aka privacy cases). If the situation is a privacy case, the employee's name is hidden from the OSHA 300 Log. If it is not a privacy case, OSHA requires that the employee's name be present on the 300 Log. Privacy cases include:

- diagnosis of TB, Hepatitis, or HIV
- contaminated sharps exposures
- sexual assault
- injury or illness to an intimate body part or the reproductive system
- mental illness
- other illnesses, if the employee voluntarily requests that his or her name not be entered on the log

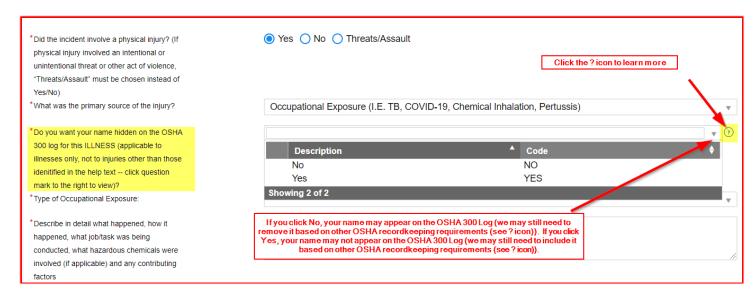
OSHA does not consider COVID-19 to be a privacy case. Therefore, an employee's name must be recorded on the OSHA 300 Log along with the diagnosis of COVID-19 (or any other injury or illness other than those identified above). Employees have a right to request that their name not be published on the OSHA 300 Log for any illness.

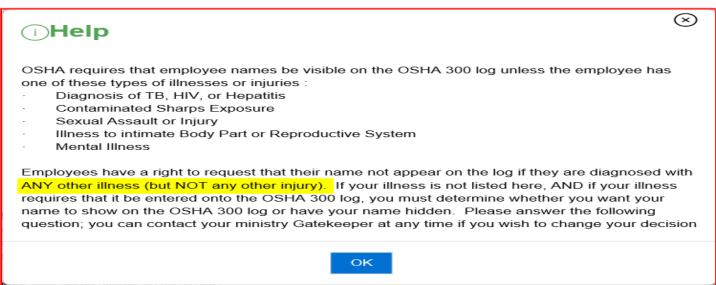
Employees have a right to request that their name not be published on the OSHA 300 Log for any illness. Employees cannot request this for injuries not identified above per OSHA's recordkeeping standard. If an employee does not want their name published on the OSHA 300 Log for an illness not identified above, the employee must reach out to the Ministry workers' compensation Gatekeeper and request in writing that their name be removed from the OSHA 300 Log. If you are not sure who to contact, reach out to Human Resources at your ministry.

Additionally, a change is being implemented in the THEIR application to require employees to identify whether you would like your name hidden on the OSHA 300 log. Your name will be hidden (labeled as Privacy Case) on the OSHA 300 log if it meets any of the criteria identified above.

Employees cannot request this for injuries not identified above per OSHA's recordkeeping standard. Therefore, if you
request to have your name hidden but it is for an injury not identified above, your name may still appear on the OSHA 300 log
(this follows OSHA's recordkeeping standard).





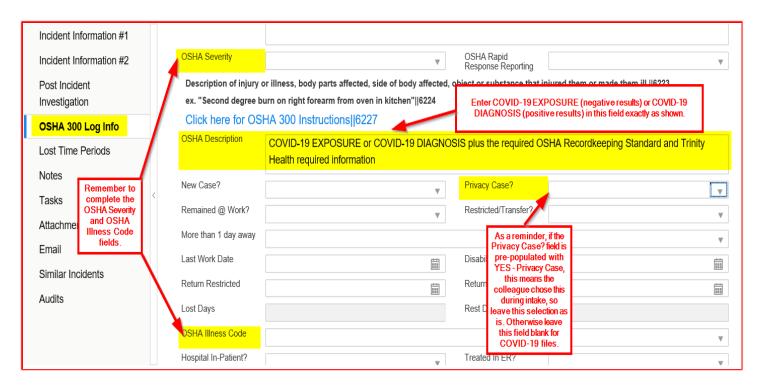


Out of an abundance of caution and concern for treating these cases with the utmost privacy, Trinity Health originally instructed ministries to record all COVID-19 Diagnoses and Exposures as privacy cases. OSHA is clear that employees must make that decision individually and must request individually that their name be removed from the OSHA 300 Log and marked as a privacy case. Therefore, all COVID-19 cases on the OSHA 300 Log must show the employee's name, unless the employee requests a change to a privacy case.

In the OSHA Description field enter either **COVID-19 EXPOSURE** or **COVID-19 DIAGNOSIS** as the first words in the description and then the required OSHA Recordkeeping Standards and Trinity Health required information. The incident is not considered OSHA recordable unless there is treatment beyond first aid for the active disease (or presumed active disease). This job aid represents phrasing to be used for the OSHA 300 Log page in the event OSHA recordkeeping requirements or company interpretation of the standard changes:

- **COVID-19 EXPOSURE** is used whenever there is a work-related exposure to COVID-19 but the employee is not diagnosed with COVID-19 ("near miss" or negative category).
- COVID-19 DIAGNOSIS is used whenever there is a work-related exposure to COVID-19 and the employee is diagnosed with COVID-19 (positive category).





COVID-19 is considered generally a disease that primarily affects the respiratory system. Therefore, the **OSHA Illness Code** would be Respiratory condition (the colleague has been diagnosed as having COVID-19).

- COVID-19 hospitalizations that occur as a result of a work-related exposure to COVID-19 must be reported
  within 24 hours of being notified of the hospitalization. The hospitalization must be reported regardless of when it
  occurs (e.g., the 24-hour window from date of work-related exposure does not apply in cases of work-related
  COVID-19 hospitalizations).
  - If the date of the exposure is unknown, use the date of symptomology
  - o If the date of symptomology is unknown, use the date of diagnosis
- If the hospitalization is for observation only, and no other care or treatment occurs, it is not considered a SER/RRR.
- COVID-19 fatalities that occur as a result of a work-related exposure to COVID-19 must be reported within 8 hours of being notified of the fatality. The fatality must be reported regardless of when it occurs (e.g., the 30-day window from date of work-related exposure does not apply in cases of work-related COVID-19 fatalities). If the date of the exposure is unknown, use the date of symptomology.
- If the date of symptomology is unknown, use the date of diagnosis.

When reporting the hospitalization or fatality to OSHA; report incidents online via https://www.osha.gov/pls/ser/serform.html (preferred method) or by calling 1-800-321-OSHA (6742):

- Notify Legal Services (Donelle Buratto) and Non-Clinical Loss Control (Renée Patterson) OSHA Communications and Notifications of Complaints
- Complete the filing online instead of via telephone when possible; print the confirmation submission screen and retain for your records

If you have a State OSHA plan, follow State OSHA reporting instructions; the link above will ask you for your state, and will direct you to that state's SER/RRR process if it is different from federal OSHA



#### **EXPORT TO TPA:**

If a work-related incident meets one of the following requirements, it should be exported to TPA:

- 1. a COVID-19 diagnosis from a physician, or
- 2. a laboratory-confirmed positive COVID-19 test

For any questions related to COVID-19 workers' compensation claims management, please contact your WC Claims Manager or refer to <a href="Workers">Workers</a>' Compensation COVID-19 FAQs.

