

CORONAVIRUS DISEASE 2019 (COVID-19)

Colleague Work-Related Incident Reporting Frequently Asked Questions



Audience: All Colleagues, Gatekeepers, and Workers' Compensation Coordinators

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What's Changed:

Updated Question 20 to address the status of the OSHA Vaccination and Testing Emergency Temporary Standard 1910.501, OSHA Healthcare ETS 1910.502, COVID-19 logs, OSHA Severe Event Reporting/Rapid Response Reporting, and the Mini Respiratory Protection Program 1910.505.

Colleague Work-Related Incident Reporting Frequently Asked Questions

Follow state workers' compensation guidelines if definition of work-related COVID-19 is more encompassing.

Question	Answer
1. What is a work-related COVID-19 exposure as defined by OSHA?	<p>Any unprotected work-related close contact (exposure) to a suspect or confirmed case of COVID-19 that arises out of and in the course of employment.</p> <p>Close contact means being within 6 feet of any other person for a cumulative total of 15 minutes or more over a 24-hour period during that person's potential period of transmission. The potential transmission period runs from 2 days before the person felt sick (or, for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated.</p> <p>COVID-19 illnesses are likely work-related when the colleague, while on the job, has frequent, close contact with the general public in a locality with ongoing community transmission and there is no alternative explanation.</p> <p>For purposes of Workers' Compensation compensability coverage, the use of PPE may not be relevant for determining compensability and thus work-relatedness should be based on whether there was a likelihood the exposure (regardless of use of PPE) arose out of and in the course and scope of employment. Refer to Workers' Compensation COVID-19 FAQ.</p>
2. What is a work-related COVID-19 incident ("near miss")?	<p>A work-related COVID-19 near miss incident is when a colleague has a work-related exposure but has not been diagnosed as having COVID-19 (either through physician diagnosis or through testing).</p>

Question	Answer
3. Are all work-related COVID-19 exposures supposed to be reported through the THEIR colleague incident reporting application?	<p>Yes, all incidents that are work-related must be reported, whether or not the colleague is symptomatic or has been diagnosed with COVID-19.</p> <p>Only those work-related incidents where the COVID-19 diagnosis is positive (either by physician or test) should be Exported to TPA (see #7 below). Refer to Workers' Compensation COVID-19 FAQ.</p>
4. Can I delay reporting and gatekeeping work-related COVID-19 exposures in the THEIR application if the colleague tests negative or does not have any symptoms of COVID-19?	<p>This is not a recommended practice because OSHA requires that all OSHA recordable incidents be updated at least every 7 calendar days. If the ministry has a robust system to track exposed colleagues that captures the fundamental information necessary to enter an incident at a later date, provided the colleague either did not become symptomatic or was diagnosed as not having COVID-19, the ministry could delay gatekeeping the incidents that are not OSHA recordable if the ministry is in crisis staffing for gatekeeping.</p>
5. What is OSHA's requirement for tracking COVID-19 exposures?	<p>OSHA requires that all COVID-19 exposures (whether or not work-related) be tracked on a COVID-19 log. The log must include:</p> <ul style="list-style-type: none"> • colleague's name • one form of contact information • occupation, location where the colleague worked • date of the colleague's last day at the workplace • date of the positive test for, or diagnosis of, COVID-19 • date the colleague first had one or more COVID-19 symptoms, if any were experienced <ul style="list-style-type: none"> • If the ministry does not gatekeep work-related exposures (see Question 4 above) within the identified timeframe, the information must also include Colleague Employee ID • Date of Work-Related Exposure • Date Work-Related Exposure Reported to Ministry • How Exposure Occurred (e.g. aerosolizing procedure, caring for a patient prior to patient being diagnosed with COVID-19, handling contaminated equipment without proper personal protective equipment (PPE), etc.) • Specific Location Where Exposure Occurred (if available)
6. Can I delay reporting and gatekeeping work-related COVID-19 exposures in the THEIR application if the colleague tests positive or has symptoms of COVID-19?	<p>No, you cannot delay reporting any positive test or positive diagnosis of work-related COVID-19 exposures in the THEIR application. It must be immediately reported and gatekept.</p>
7. Should all work-related COVID-19 incidents be exported to TPA?	<p>No, only those work-related incidents meeting one of the following requirements should be exported to TPA:</p> <ul style="list-style-type: none"> • a COVID-19 diagnosis from a physician • a laboratory confirmed COVID-19 test <p>Follow state workers' compensation guidelines for reporting if definition of work-related COVID-19 is more encompassing.</p>
8. If a physician diagnosis for COVID-19 is positive, but a subsequent lab	<p>Physician diagnosis of COVID-19 is a scenario we may experience to a high degree of frequency. Patients may be seen by a physician and given a positive diagnosis based on history and presenting symptoms. If a physician diagnoses a patient with</p>

Question	Answer
test is negative, how should this be reported?	COVID-19, there will not be a subsequent reversal of that diagnosis for purposes of reporting. The incident should be entered in the THEIR application utilizing the “positive” categories identified in the Infectious Disease Capture in the “THEIR application in ClearSight COVID-19 Gatekeeping Instructions”. The incident should be exported to TPA if deemed work-related or as determined by state guidelines.
9. How do we address COVID-19 OSHA complaints and communications?	All OSHA communications (whether or not related to COVID-19) must be directed initially to Trinity Health System Office Legal Services and Insurance and Risk Management Services. This guidance, OSHA Communications and Notification of Complaints , is found under RESOURCES BY DEPARTMENT , then under the REGULATORY tab of the COVID-19 webpage located at http://www.trinity-health.org/covid19-pulse .
10. When is a work-related COVID-19 exposure OSHA Recordable?	<p>If a colleague had a work-related exposure to COVID-19, was diagnosed with COVID-19, and meets any of the following recording criteria, the case is OSHA recordable:</p> <ul style="list-style-type: none"> • death • days away from work • restricted work or transfer to another job • medical treatment beyond first aid • loss of consciousness • a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness. <p>If a colleague had a work-related exposure to COVID-19 and did not become ill (negative bucket or “near miss”), the exposure is not considered OSHA recordable. A THEIR incident report is still required.</p>
11. When do we begin counting Lost Time days for work-related COVID-19 OSHA Recordable incidents?	If the case is OSHA recordable, Lost Time begins at Day 1 (first day after identified exposure, see Question 15 for additional information), irrespective of Administrative Leave. There is no Lost Time for OSHA recordkeeping purposes if the colleague does not have a work-related COVID-19 diagnosis.
12. Are work-related COVID-19 incidents considered privacy cases on the OSHA 300 Log?	<p>OSHA does not consider COVID-19 to be a privacy case. When a colleague has a work-related injury or illness, the colleague’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).</p> <p>Colleagues, former colleagues, and authorized colleague representatives have a right to request to see the OSHA 300 Log, which includes the ability to see the names of the colleagues 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 colleague’s name is hidden from the OSHA 300 Log. If it is not a privacy case, OSHA requires that the colleague’s name is published on the 300 Log. Privacy cases include:</p> <ul style="list-style-type: none"> • 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 colleague voluntarily requests that his or her name not be entered on the log.

Question	Answer
	<p>OSHA does not consider COVID-19 to be a privacy case. Therefore, a colleague'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). Colleagues have a right to request that their name not be published on the OSHA 300 Log for any illness. Colleagues cannot request this for injuries not identified above per OSHA's recordkeeping standard. If a colleague does not want their name published on the OSHA 300 Log for an illness not identified above, the colleague must reach out to the Ministry workers' compensation Gatekeeper and request in writing that their name be removed from the OSHA 300 Log.</p> <p>If you are not sure who to contact, reach out to Human Resources at your ministry. Additionally, a change has been implemented in the THEIR application to require colleagues to identify whether they would like their name hidden on the OSHA 300 log. The colleague's name will be hidden (labeled as Privacy Case) on the OSHA 300 log if it meets any of the criteria identified above.</p> <ul style="list-style-type: none"> Colleagues cannot request this for injuries not identified above per OSHA's recordkeeping standard. Therefore, if they request to have their name hidden but it is for an injury not identified above, their name may still appear on the OSHA 300 log (this follows OSHA's recordkeeping standard). <p>If a colleague does not want their name published on the OSHA 300 Log for an illness not identified above, the colleague must reach out to the Ministry workers' compensation Gatekeeper and request in writing that their name be removed from the OSHA 300 Log. If a colleague is not sure who to contact, reach out to Human Resources; the Gatekeeper is usually the person who initially processes the work-related incident when it is initially reported to the ministry.</p>
<p>13. When does a work-related COVID-19 incident need to be reported to OSHA for Severe Event Reporting (SER) (Rapid Response Reporting (RRR))?</p>	<ol style="list-style-type: none"> A work-related COVID-19 fatality or in-patient hospitalization must be reported through the SER/RRR process regardless of the amount of time between the exposure to COVID-19 in the workplace and either death or in-patient hospitalization. The ministry must report each colleague work-related COVID-19 fatality to OSHA within 8 hours of learning about the fatality. The ministry must report each colleague work-related COVID-19 in-patient hospitalization to OSHA within 24 hours of learning about the in-patient hospitalization. If the hospitalization is for observation only, and no other care or treatment occurs, it is not considered a SER (RRR). If the colleague was hospitalized for COVID-19 or expired as a result of COVID-19 but at the time the case was not considered work-related, the case is not an OSHA reportable event under SER/RRR. However, if subsequent investigation determines that the hospitalization or fatality was work-related, then the incident must be reported within 24 hours of the determination. <p>Report incidents online via Serious Event Reporting Online Form Occupational Safety and Health Administration (osha.gov) or by calling 1-800-321-OSHA (6742). If you have a State OSHA plan, follow State OSHA reporting instructions. We recommend filing online instead of via telephone when possible; print the confirmation submission screen and retain for your records.</p> <p>Remember to:</p> <ul style="list-style-type: none"> update the OSHA Rapid Response field in ClearSight (formerly STARS Enterprise) to the appropriate selection of either YES/Reported, YES/To Be Reported, or NO/Not RRR Export to TPA

Question	Answer
14. Do we enter separate incidents for multiple work-related COVID-19 exposures?	<p>No, you do not need to submit a separate incident for multiple same-day exposures but be sure to provide enough information about the incident to allow for adequate investigation/follow-up, including, if possible, listing the multiple patients that the colleague was exposed to.</p> <p>If there are multiple exposures on different days, each incident needs to be submitted separately.</p> <p>See Question 1 above for definition of work-related exposure.</p> <p>See Workers' Compensation COVID-19 FAQ for determining which incident to Export to TPA.</p>
15. What Date of Injury (DOI) should I use for a work-related COVID-19 incident/claim?	<p>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. See Question 1 above for additional information.</p>
16. How do I investigate colleague-to-colleague work-related COVID-19 exposures?	<p>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.</p> <p>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.</p> <p>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 work-related COVID-19 diagnosis incident report in order to identify the type of exposure the affected colleague had to the diagnosed colleague.</p> <ul style="list-style-type: none"> • 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.) AND • Investigations are confidential conversations, and the affected colleague(s) cannot further disclose this information with anyone else via verbal conversations with other colleagues, social media requests for prayers and support, or other means of communication.
17. What OSHA Illness Code should I use to classify work-related OSHA recordable cases of COVID-19?	<p>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).</p> <p>In the OSHA 300 Log Description field, gatekeepers must reference the body part(s) affected; we recommend referencing respiratory system as the body part unless there is a different body part affected (such as joints, etc.)</p>
18. What selection do I use for Type of Incident on the Post-Incident Investigation (PII) page	<p>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</p>

Question	Answer
in ClearSight (formerly STARS Enterprise) for work-related COVID-19 incidents?	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.
19. Is an adverse reaction to the COVID-19 vaccination or booster considered a work-related incident for OSHA purposes?	<p>Based on the COVID-19 vaccination program being mandated by Trinity Health, an adverse reaction to the COVID-19 vaccination or booster may be considered a work-related event. However, OSHA has indicated that adverse reactions to vaccinations should not be recorded on the OSHA 300 log through at least May 2022 even if they would otherwise meet requirements for recordability.</p> <p>See Workers' Compensation COVID-19 FAQ for determining which incident to Export to TPA.</p>
20. What is the status of the:	
a. OSHA Vaccination, and Testing Emergency Temporary Standard (ETS) 1910.501 (issued November 2021)	The OSHA Vaccination and Testing ETS 1910.501 was issued and effective November 5, 2021. Following numerous legal challenges, the Supreme Court of the United States stayed this ETS in January 2022. OSHA then withdrew the ETS on January 26, 2022; therefore, the Vaccination and Testing ETS is no longer enforceable as a separate standard.
b. OSHA Healthcare ETS 1910.502 (issued in July 2021),	The non-recordkeeping portions of the OSHA Healthcare ETS 1910.502 were withdrawn in December 2021. However, OSHA has been clear that the COVID-19 log (see Question 5 above) and the requirement for reporting hospitalizations or fatalities from work-related COVID-19 exposures (see Question 13 above) remain in effect and that OSHA will also vigorously enforce the general duty clause and its general standards, including the Personal Protective Equipment (PPE) and Respiratory Protection Standards.
c. Mini Respiratory Protection Program 1910.504?	The Mini Respiratory Protection Program 1910.504 was a section within the Healthcare ETS. However, to date OSHA has indicated that the requirements of the Mini Respiratory Protection Program are still in effect and enforceable.