### 5 Step Process for Determining Recordability

#### WAC 296-27-01101

**For all Recordkeeping Requirements, go to:**
http://www.lni.wa.gov/safety/rules/chapter/27/

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**Step-1**
Did the employee experience an injury or illness?

- **YES**
  - **STOP - Not Recordable**
- **NO**
  - **STOP - Not Recordable**

**Step-2**
Is the injury/illness work-related?

- **YES**
  - **STOP - Not Recordable**
- **NO**
  - **STOP - Not Recordable**

**Step-3**
Is the injury/illness a new case?

- **YES**
  - **STOP - Not Recordable**
- **NO**
  - **STOP - Not Recordable**

**Step-4**
1. Does the injury/illness meet one or more of the General Recording Criteria?
   - **Death**
   - **Days away (4)-(13)**
   - **Job restriction or transfer (14)-(18)**
   - **Loss of consciousness**
   - **Medical treatment beyond first aid**
   - **WAC 296-27-01107(1) through (20)**

   **OR**

2. Is the injury/illness a *Significant Diagnosed Case*?
   - **Cancer**
   - **Chronic irreversible disease**
   - **Fractured/cracked bone**
   - **Punctured ear drum**
   - **WAC 296-27-01107(21)**

   **OR**

3. Is the injury/illness a *Specific Case*?
   - **Needle-stick & Sharps**
   - **Hearing loss**
   - **Tuberculosis**
   - **Medical removal**
   - **WAC 296-27-01109 through 01115**

- **‘No’ to ALL 3**
  - **STOP - Not Recordable**

- **‘Yes’ to ANY of the 3**
  - **Record the Case**

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**New Case** is when an employee has either:
- Not experienced a recorded injury or illness of the same type before, or
- Experienced a previously recorded injury or illness of the same type but had recovered completely and an event or exposure in the work environment caused the signs or symptoms to reappear (i.e., significantly aggravated preexisting condition).

**Note:** If it’s an aggravation of a previously recorded injury or illness from which the employee had not yet fully recovered, then update the original record.

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**Work-relatedness** (unless an exception applies), is presumed:
- For injuries or illness from events or exposures in the work environment, and
- When the event or exposure in the work environment is the likely cause of the injury or illness.

**Exceptions:**
- Employee present as part of the general public
- Symptoms from non-work related event
- Eating, drinking, preparing food for personal consumption
- Mental illness
- Common cold or flu
- Personal tasks at the establishment outside of work hours
- Motor vehicle accident on company lot during commute
- Voluntary participation in employer sponsored:
  - Wellness program
  - Medical, fitness or recreational activity
- Personal:
  - Grooming
  - Self-medication (non-work related)
  - Intentional self-inflicted injury

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**What is considered Medical Treatment?**
**What is considered First Aid?**
Where can I find more information on **Specific & Significant Diagnosed** cases?

See Page 2
Medical treatment means the management & care of a patient to combat disease or disorder. Medical treatment does not include:
- First Aid as defined below; or
- Visits to a physician or other licensed health care professional (LHCP) solely for observation or counseling; or
- Diagnostic procedures, such as x-rays & blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils).

First Aid is all of the following unless otherwise specified in this section.

- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccines, are considered medical treatment).
- Cleaning, flushing, or soaking wounds on the surface of the skin.
- Drilling a fingernail or toenail to relieve pressure, or draining fluid from a blister.
- Drinking fluids for relief of heat stress.
- Removing:
  - Foreign bodies from the eye using only irrigation or a cotton swab.
  - Splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means.
- Using:
  - Nonprescription medication at nonprescription strength (but a recommendation by a physician or other (LHCP) to use a nonprescription medication at prescription strength is considered medical treatment).
  - Wound coverings such as bandages, Band-Aids™, liquid bandage, butterfly bandages, or using Steri-Strips™ or gauze pads etc., (wound closing devices such as sutures, staples, surgical/medical glue are considered medical treatment).
  - Hot or cold therapy (regardless of how many times it’s used, it is first aid).
  - Any nonrigid means of support, such as elastic bandages, wraps, nonrigid back belts, etc., (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment).
  - Temporary immobilization devices; like splints, slings, neck collars, backboards etc., used during transport of an accident victim.
  - Eye patches or finger guards.
  - Massages (physical therapy and chiropractic treatments are considered medical treatment).

Medical removal cases. Under the medical surveillance requirements, record any case involving the medical removal of an employee on the Log as an injury involving days away or restricted work activity.

- Check the “poisoning” column if the medical removal was the result of chemical exposure.

Notes:
- There are no medical removal provisions in Bloodborne pathogens or Noise.
- There are medical removal provisions in Standards that cover specific chemical substances; such as lead, cadmium, methylene chloride, formaldehyde, and benzene.
- If you voluntarily remove an employee from exposure before medical removal criteria are met, you don’t have to record the case.

“Significant” Diagnosed Injuries or Illnesses. Recorded upon initial diagnosis even if the general recording criteria doesn’t apply because medical treatment or work restrictions will likely:
- Not be recommended for significant injuries such as a punctured eardrum or a fractured toe or rib.
- Be recommended for significant progressive diseases; like byssinosis, silicosis, and some types of cancer, as the disease progresses.

Work-related (TB) tuberculosis cases. Record a TB case as a “respiratory condition” if any employee has been occupationally exposed to anyone with a known case of active TB in your work environment, and that employee subsequently develops TB.

Notes: A positive TB skin test obtained at a pre-employment physical isn’t recordable.

Occupational hearing loss cases. To determine if an employee has a recordable threshold shift, compare the employee’s current audiogram with their baseline audiogram.

However, if the employee has a previously recorded hearing loss case, then you want to compare the employee’s current audiogram with the revised baseline audiogram. The revised baseline audiogram is the audiogram that resulted in the most current, previously recorded hearing loss case.

Record the case if the employee’s audiogram reveals:
- A change in hearing threshold of an average of 10 decibels or more at 2000, 3000, & 4000 hertz in one or both ears, and
- An overall hearing level of 25 decibels or more above audiometric zero (also averaged at 2000, 3000, & 4000 hertz) in the same ear(s) as the change.

Needle-stick & sharps injuries. Record all work-related incidents that result in:
- Needle-stick injuries, punctures, cuts or lacerations from sharp objects contaminated with another person's blood or other potentially infectious material (OPIM).
  - Follow the requirements for privacy concern cases when entering these on the Log.
- An employee being splashed or exposed to blood or OPIM without being cut or scratched on the Log as an illness only if it results in the diagnosis of a bloodborne illness or meets one or more of the general recording criteria.
  - If the cut, laceration, scratch etc involves a clean object or a contaminant other than blood or OPIM, record the case only if it meets one or more of the general recording criteria.