

**COVID-19 OSHA Reporting Flow Chart (Under Vaccination ETS)**

**Use this flow chart to assess whether to report to Fed OSHA an employee’s COVID-19 illness that results in hospitalization or death.**

Does an employee have a “confirmed” COVID-19 case (i.e., a respiratory specimen tested positive for SARS- CoV-2)?

**YES**

Did the illness result in
the employee’s death?

Is there evidence of potential work-relatedness reasonably available (i.e., provided by the employee or learned in the normal course of business)?

**YES**

**NO**

**NON**

**NO**

Not Reportable

Was the employee admitted to the in-patient service of a hospital for treatment (not just observation/diagnostics)?

**NO**

**YES**

Not Reportable

**YES**

Do the employee’s job duties include having frequent close exposure to
the general public in an area w/
ongoing community transmission?

Was the illness contracted shortly
after a lengthy, close exposure to a particular customer or coworker who
has a confirmed case of COVID-19?

Have several employees
who work closely together contracted COVID-19?

**YES**

**NO**

Report work-related COVID-19 death to
OSHA w/in 8 hours

Report work-related COVID-19 hospitalization
to OSHA w/in 24 of hours

**NO**

**NO**

**YES**

**YES**

**YES**

Not Reportable

**NO**

**Was there any identifiable alternative (non-work) explanation
for the infection (e.g., resides w/ someone who was positive,
takes public transportation or flew, etc.)?**

***See* *CMC’s COVID-19 Work-Relatedness Questionnaire***

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Not Reportable

**YES**

# **NOTE: Document all your findings, particularly if you determine the case is NOT reportable.**

# *This document is for informational purposes only and does not constitute legal advice or form an attorney-client relationship with the reader.*

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# **COVID-19 OSHA Recordkeeping Flow Chart**

**Use this flow chart to assess whether to record an employee’s COVID-19 illness on the OSHA 300 Log.**

 Does the case involve any of the following general recording criteria:

1. Death;

2a. Days away from work (including quarantine while asymptomatic);

2b. Licensed healthcare professional recommended days away;

3a. Restricted from performing a job function normally done at least
 once per week or from working a full workday;

3b. Licensed healthcare professional recommended a job restriction;

3c. Permanent or Temporary transfer to another job;

4. Medical treatment beyond first aid; and/or

5. Loss of consciousness?

Is this a “confirmed” case of COVID-19 (i.e., at least 1 respiratory specimen tested positive for SARS- CoV-2)?

**YES**

Is there reasonably available evidence of potential work-relatedness (i.e., provided by the employee or learned in the normal course of managing the business)?

**YES**

**NO**

**NO**

Not Recordable

**NO**

**YES**

Do the employee’s job duties include having frequent close exposure to
the general public in an area w/
ongoing community transmission?

Not Recordable

Was the illness contracted shortly
after a lengthy, close exposure to a particular customer or coworker who
has a confirmed case of COVID-19?

Have several employees
who work closely together contracted COVID-19?

**NO**

**YES**

**NO**

**NO**

**NO**

**YES**

**YES**

Record on the OSHA
300 Log and complete
a 301 Report

**YES**

**NO**

Not Recordable

**Is there any alternative (non-workplace) explanation for the confirmed case (e.g., resides or closely associated w/ someone who tested positive, takes public transportation, shops or socializes in an area w/ on-going community spread)?**

***See* *CMC’s COVID-19 Work-Relatedness Questionnaire***

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Not Recordable

**YES**

**NOTE: Employers w/ 10 or fewer employees or in designated low-hazard industries (see Appendix A of 29 C.F.R. 1904) are exempt
from keeping OSHA injury and illness records. Regardless, all employers must meet *reporting* obligations under 29 C.F.R. 1904.39.**

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**How to Record a COVID-19 Illness Case on an OSHA 300 Log**

If you determine that the illness must be recorded, you must record it w/in 7 calendar days of receiving information that a recordable case has occurred. How to record depends on the consequences of the illness (see all that apply):

**DEATH**

If the illness results in death, you must record it on the OSHA 300 Log by:

* entering a check mark in the space for cases resulting in death - Column (G); and
* entering a check mark in Column (M) to indicate that it is a respiratory type of illness.

**DAYS AWAY FROM WORK**

If the illness results in days away from work, you must record it on the OSHA 300 Log by:

* entering a check mark in the space for days away from work - Column (H);
* entering the number of calendar days away from work in Column (K); and
* entering a heck mark in Column (M) to indi- cate that it is a respiratory type of illness.

To determine the day count:

* Begin counting days away on the day after the illness began.
* If the only day away from work is the day the illness occurred, it is not recordable as a days’ away from work case.
* Count the number of calendar days the em- ployee was unable to work as a result of the illness, even if the employee was not scheduled to work on those days, including weekend days, holidays, vacation days or other days off.

Additional Considerations to Determine Day Count:

* If a licensed health care professional recommends a number of days away from work, you must enter the number of calendar days away as recommended by the health care professional, even if the employee ignores the recommendation and comes to work or chooses to stay at home longer than the recommended period.
* If the employee is out for an extended period of time, you must enter an estimate of the days that the employee will be away and update the day count when the actual number is known.
* Cap # of days away at 180 calendar days
* Stop counting days if the employee leaves for some reason unrelated to the illness, such as retirement, a plant closing, or to take another job. If the employee leaves because of the illness, you must estimate the total number of days away and enter the day count on the 300 Log.
* If an employee, who is not normally scheduled to work from home, is directed to work from home due to the illness, the days worked from home must be recorded as days away from work even if the employee can perform all of his or her routing job functions.

**RESTRICTED WORK OR JOB TRANSFER**

**LOSS OF CONSCIOUSNESS**

If the illness results in loss of consciousness, but does not involve death or days away from work or work restriction/ transfer, you must record it on the OSHA 300 Log by:

* entering a check in the box for other recordable cases – Column (J); and
* entering a check in Column (M) to indicate it is a respiratory type of illness.

Additional Considerations for Recording:

* You must record a work-related illness if the worker becomes unconscious, regardless of the length of time the employee remains unconscious.

If the illness results in restricted work or job transfer but does not involve death or days away from work, you must record on the OSHA 300 Log By:

* entering a check in the space for job transfer or restriction

- Column (I);

* entering # of calendar days on job restriction or transfer in Column (L); and
* entering a check in Column (M) to indicate a respiratory illness.

To determine the day count:

* Begin counting days on job restriction or transfer the day after the illness began.
* If the only day of restriction or transfer is the day the illness occurred, it is not recordable as a job restriction or transfer.
* Count days of job transfer or restriction in the same way you count days away from work, except, if you permanently assign the ill employee to a job that has been modified or permanently changed in a manner that eliminates the routine functions the employee was restricted from performing, you may stop the day count when the modification or change is made permanent.

Additional Considerations When Determining Day Count:

* If a licensed health care professional recommends a job restriction, but the employee does all of his or her routine job functions anyway, you must still record the illness on the OSHA 300 Log as a restricted work case for the number of days recommended.
* If the employee is out for an extended period of time, you must enter an estimate of the days that the employee will be away and update the day count when the actual number is known.
* Cap the number of days on restriction or job transfer at 180 calendar days.

If the illness involves days away from work AND restricted work or job transfer, you must record it on the OSHA 300 Log by:

* entering a check mark in the space for days away from work - Column (H) (employers should only mark the most serious outcome of the illness).
* entering # of calendar days away from work in Column (K) and calendar days on work restriction or job transfer in Column (L); and
* entering a check mark in Column (M) to indicate that it is a respiratory type of illness.
* Note: the combined total of days away from work and job restriction or transfer can be capped at 180 days.

**MEDICAL TREATMENT BEYOND FIRST AID**

If the illness results in medical treatment beyond first aid, but does not involve death or days away from work or work restriction/transfer, you must record it on the OSHA 300 Log by:

* entering a check in the box for other recordable cases – Column (J); and
* entering a check in Column (M) to indicate a respiratory illness.

Additional Considerations for Recording:

* If a licensed health care professional recommends medical treatment but the employee does not follow the recommendation, you still must record the case.
* If a licensed health care professional prescribes an employee prescription strength medication, the case is recordable even if the employee does not fill or take the prescription, and even if prescribed only as a precautionary measure.

**Questionnaire to Assess Work-Relatedness for COVID-19 Infections**

If there is reasonably available objective evidence an employee’s COVID-19 diagnosis may be work-related for OSHA recording and reporting purposes, use this questionnaire to assess work-relatedness, including whether there is an alternative explanation for the infection.

**General Employee and Workplace Information**

1. Employee name
2. Title
3. Workplace location
	1. Is the facility located in hotspot?
	2. What is population of city/county/zip code?
	3. How many confirmed cases in city/county/zip code?
	4. Is % of confirmed cases in the facility less than % in city/county/zip code?
4. Workplace history
	1. Have there been prior confirmed cases at the facility?
	2. If so, dates of each confirmed case?
	3. Did the facility close for period of time after learning of confirmed case? When?
	4. Was commercial cleaning of the facility completed? When?

**Employee-Specific COVID-19 Infection Data**

1. Date of exposure (if known)
2. Date symptoms first reported
	1. To whom
	2. By whom
	3. What reported
	4. Documented (email/doctor’s note)
3. Date symptoms started (if known and reported)
4. Date hospitalized, if applicable
5. Date of death, if applicable

**Relevant Workplace Circumstances and Conditions**

1. Last shift worked
	1. Date
	2. Hours worked (note if employee left early)
	3. If breaks taken:
		1. Time (duration) of break(s)
		2. Location of break (break area or offsite)
		3. With whom did employee associate during break(s)



1. Shifts worked in last 2 weeks (dates/hours worked)
2. Shifts worked by others who confirmed positive for COVID-19 (dates/hours worked)
3. Number of employees awaiting test results due to potential exposure
4. Shifts worked by each employee awaiting test result (dates/hours worked)
5. Work duties of employee (any heightened exposure?)
	1. Does individual regularly interact with public?
	2. Any known cases of confirmed positive visitors while employee worked? When?
	3. Was the employee in close contact (within 6ft) with this member of the public?
		1. If yes, was there a barrier or PPE in place to restrict exposure?
6. Did employee work in close proximity to (within 6 ft) another employee with COVID-19 diagnosis for prolonged period of time?
	1. When?
	2. Duration of work with said employee?
	3. Source of information (time records, badge swipe, witness interview)?

**Alternative Non-Work-Related Sources of Exposure**

1. Did employee report having a family member who is a confirmed case?
2. Has the employee hosted any family or friends that do not live with the employee at home?
3. Did employee report close contact with someone outside of work with a confirmed case?
4. Has anyone in the employee’s household either tested positive for the virus or shown symptoms of the virus within the past 14 days?
5. Does employee live with or report having close contact with someone working in:
	1. Healthcare
	2. Emergency response (e.g., emergency medical, firefighting, or law enforcement)
	3. Correctional institution
6. How does employee typically get to work – take public transit, Uber/lyft, taxi, carpool, or alone in own personal vehicle?
7. Has the employee attended any gatherings of friends or family that do not live in the employee’s household (i.e., parties, birthdays, weddings, funerals, church services, or any informal get together) in the past 14 days before the employee began to feel symptoms?
8. Has the employee visited any restaurants, clubs, bars, etc. in the past 14 days before the employee began to feel symptoms?
9. Has the employee traveled (via bus, train, airplane) in the past 14 days before the employee began to feel symptoms?
10. Does the employee have children in the household who are attending in-person daycare, camps, or school?
11. Has the employee visited a retail store (grocery, hardware store, mall, etc.) within the past 14 days before the employee began to feel symptoms?
12. Has the employee visited a gym, spa, tattoo parlor, beauty salon or barbershop within the past 14 days before the employee began to feel symptoms?