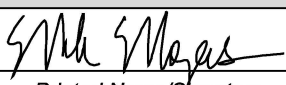
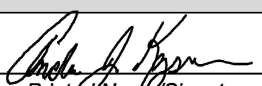
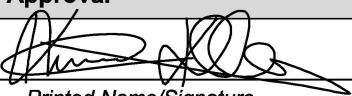





UPF ADOPTED PROCEDURE APPROVAL (APA) FORM

UPF Document Number:	APA-2HC-E0A0-000104-001	Rev:	0
UPF Procedure Title:	UPF Injury and Illness Reporting and Recordkeeping		
Bechtel Procedure Number:	2HC-E0A0-00104-001	Rev:	001
Bechtel Procedure Title:	Core Process 104 Injury and Illness Reporting and Recordkeeping		
Effective Date of APA:	01/31/23		
Description of Need (<i>attach continuation page[s] if needed</i>): During the evaluation of the PRMS requirements that were added as a result of CR-03372, a gap in the procedural requirements was identified for Injury and Illness Reporting and Recordkeeping. BNI has been using the corporate procedure, without adopting it on the UPF project.			
Implementation of this procedure is required to (<i>restate purpose of procedure here</i>): Define how BNI ES&H performs Injury and Illness Reporting and Recordkeeping for the UPF project.			
UPF Project-Specific Deviations/Enhancements (<i>attach continuation page[s] if needed</i>): All referenced records in Section 9 are generated electronically via BNI BESH database software. There are no project generated records or forms. OSHA 300 form generated and issued by BNI corporate yearly for posting. Monthly ES&H Performance Data and Reports are generated via corporate software. BESH Data Records on Injuries and Illnesses are generated on an as needed basis and contain PII.			

Adopted Document(s) List (for adopted Manuals only; add lines/table as necessary)					
UPF Procedure Number	Procedure Title	Rev.	Revised or New?	Quality Requirements?	UPF Project-Specific Deviations/Enhancements
N/A				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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REVISION HISTORY



UPF ADOPTED PROCEDURE APPROVAL (APA) FORM

Revision	Description	Intent	Non Intent
0	Initial Issue	X	

RECORDS

Records generated by this Procedure shall be maintained within the BNI Corporate BESH database (IRIS) system.



ENERGY
INFRASTRUCTURE
MINING & METALS
NUCLEAR, SECURITY
& ENVIRONMENTAL

Core Process 104

Injury and Illness Reporting and Recordkeeping


Bechtel Environmental, Safety & Health

Protecting People and the Environment

Document and Revision Number	Status	Effective Date
2HC-E0A0-00104-001	Issued for Use	11 November 2021
Electronic documents, once printed, are uncontrolled. Refer to the electronic documents at the BESH Website for current versions.		

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Core Process 104 – Injury and Illness Reporting and Recordkeeping		2HC-E0A0-00104-001

1 Purpose and Scope

This Core Process (CP) provides guidance and requirements on injury and illness reporting and is applicable to all Bechtel projects/facilities regardless of Global Business Unit (GBU) or country. It describes Environmental, Safety and Health (ES&H) performance reporting, database management, quality assurance, and compliance with regulatory requirements associated with workplace injuries and illnesses.

2 Responsibilities

The project/facility ES&H Manager/Supervisor or designated representative is responsible for ES&H data management, internal reporting, and filing of injury and illness reports as required by government agencies over the lifetime of the project/facility.

Responsibility for data reporting and entering injury and illness data into the Bechtel ES&H (BESH) data system, rests with the assigned ES&H Manager/Supervisor as indicated below, or designee, based on the type of project or facility.

Project / Facility			Responsibility
Projects	with	ES&H Representative	ES&H Representative
Projects	without	ES&H Representative	ES&H GBU Manager or Designee
Facility	with	ES&H Coordinator	ES&H Coordinator or Facility Manager
Facility	without	ES&H Coordinator	ES&H GBU Manager, Facility Manager, or Designee

A Monthly Performance Report (MPR) that captures injury and illness data and other performance measures may be required by a Global Business Unit (GBU) as part of their GBU-specific data reporting requirements. The ES&H Manager or designee for each GBU must establish the format of such MPR that summarizes project/facility ES&H performance and data.

The GBU ES&H Manager is responsible for confirming that data management and reporting is being accurately completed, including entries made in the corporate BESH data system and project/facility databases. The GBU ES&H Manager also is responsible for sharing performance data with GBU senior management and corporate ES&H as requested.

Corporate ES&H is responsible for summarizing performance data extracted from the BESH data system and reporting the results to corporate senior management. The BESH data system administrator will interface with GBU counterparts to assure that information recorded on injuries, illnesses, and incidents is accurate and complete.

The project/facility ES&H Manager should routinely meet with the assigned medical supervisor and Workers' Compensation (as applicable) and Risk Management personnel to review the occupational determination, severity classification, and status of injury and illness cases. This coordination is intended to assure proper classification and reporting per this CP. It also is intended to assure coordinated case management, including appropriate transition of injured employees as they progress through medical treatment, for example, from restricted to full work duties.

3 Record Reproduction/Accessibility

ES&H records are not to be duplicated or distributed to governmental agencies, customers, employees, or other third parties without the express permission of the GBU ES&H Manager and assigned Risk Manager.

3.1 Medical Records

All medical records are deemed confidential. The employee medical file will contain individual medical information and treatment information only. Medical information shall be stored in a confidential manner and accessed only by

licensed medical professionals. Should an ES&H representative require such access, all applicable laws and regulations (state, province, country, etc.) must be followed to ensure that only the appropriate release of medical information occurs.

Storage and access to medical records must comply with in-country regulations; for example, the Health Insurance Portability and Accountability Act (HIPPA) or General Data Protection Regulation (GDPR). The project/facility may be subject to regulatory actions and fines if non-compliant.

If the project/facility retains a medical services subcontractor to provide health services, a determination must be made regarding use of an electronic medical records system versus a paper record system. This determination should be made in consultation with the GBU ES&H Manager and corporate Manager of Medical Services. Whichever method is used, it must comply with government regulations pertaining to the storage and access of medical information.

Medical records must be stored in the BESH data system if the project is self-performing. In this case, the project/facility ES&H Manager or designee must confirm that the BESH data system complies with in-country requirements for storage and access of medical information.

Non-occupational and occupational medical records must be filed separately.

4 Recordkeeping Requirements

All projects/facilities must identify during the planning phase the applicable regulatory requirements for reporting workplace injuries and illnesses and any associated government benefits or employer responsibilities. The project/facility ES&H Manager/Supervisor must review such information and required coordination and recordkeeping with the assigned Risk Manager during the planning and mobilization stage (ref: CP 103).

The project/facility ES&H Manager/Supervisor or designee must establish recordkeeping to support internal coordination per Bechtel requirements and external reporting per regulatory and customer requirements. Such processes must be established in coordination with Risk Management during project planning and mobilization.

4.1 US-Based Projects

The US Occupational Safety and Health Act of 1970 requires companies operating in the United States to complete and maintain an Occupational Safety and Health Administration (OSHA) 300 Log. The injury and illness data stored in the BESH data system must be used to prepare the Log.

GBU ES&H managers must assure that the Log is completed for each project/facility in the US, signed as appropriate by a GBU senior manager, and submitted to the required state or federal agency. A copy must be sent by the GBU ES&H Department to the relevant project/facility for posting and as a permanent record; it also must be sent to corporate ES&H.

Each State in the US has specific reporting requirements and a Workers' Compensation claim form to be used. Workers' Compensation will advise the project which forms are to be used. If there is a Workers' Compensation representative on project, they are responsible for submitting the relevant paperwork. If there is no Workers' Compensation representation on project, the relevant ES&H representative must complete and submit the paperwork to the offsite Bechtel Workers' Compensation team for submission.

4.2 Non-US Projects

For projects/facilities located outside the US, ES&H managers/supervisors are responsible for determining and complying with all applicable regulations.

Copies of all such forms/reports must be submitted to Risk Management and the GBU ES&H Department and retained as a project/facility permanent record.

5 Data Reporting

Bechtel will record and report injury and illness data and payroll hours for the following contract types:

- Direct Hire
- Joint-Venture Partner
- Construction Management
- Project Management
- Agent for the Owner

Refer to Exhibit A for clarification regarding employees, injury and illness classifications, and situations for which data recording is required. Also see Exhibit B for guidance on classifying injuries and illnesses.

Questions regarding the BESH data system should be directed to the GBU ES&H data coordinator or corporate ES&H system administrator.

6 Monthly Performance Reporting

Every Bechtel project/facility is required to expeditiously enter data into the BESH data system, keep the data system updated, and comply with monthly due dates.

The monthly due date for the completion of data entry into the BESH system will be confirmed by GBU ES&H managers in coordination with the corporate ES&H Manager. Monthly reporting from projects/facilities will be aligned with GBU and corporate data reports required by senior management.

Preparation of an MPR, in addition to use of the BESH data system, may be used by GBUs for ES&H performance reporting. Each GBU can structure this summary-level reporting as appropriate for obtaining data specific to their GBU and key performance indicators; the template for reporting must include data for all three ES&H disciplines.

Information from the BESH data system and MPR will be used for:

- Performance monitoring and assessment;
- Reviewing the status of program objectives;
- Trend analysis for identifying needed improvements;
- Marketing and proposal development;
- Management awareness and gaining support for the ES&H program;
- Innovative process development; and
- Producing regulatory or risk management reports.

7 Injury and Illness Data

Corporate ES&H will maintain a data system so that projects/facilities can electronically record injury and illness data in a central repository (ref: CP 120). All individuals assigned to enter data must be trained in the use of the system by a competent person.

The GBU ES&H data coordinator will enter the necessary information to establish a new project/facility within the BESH data system and approve individual access to the system at the GBU level. Project ES&H Managers are responsible for designating ES&H representatives who will have assigned access to the system.

Quality assurance on data entered by a project/facility within the BESH data system is the responsibility of the respective GBU ES&H Department. This includes monthly, year-to-date, and inception-to-date data.

Where system access is not feasible because of site location, joint-venture partnership, or contract requirements, the ES&H Manager/Supervisor must arrange electronic data entry by the GBU ES&H Department. Information provided by such a project/facility must match current data requirements in the electronic BESH data system.

7.1 Recording Guidelines

GBU ES&H managers or their designee must confer with project/facility ES&H managers/supervisors to confirm that injury and illness recording is aligned with Bechtel's processes, contractual responsibilities for the project/facility, and regulatory requirements.

The guidelines provided in Exhibit A should be used to determine:

- Whether an injured employee is covered by Bechtel's injury and illness recording requirements;
- Whether an injury or illness is recordable;
- How to classify an injury and illness;
- How to calculate the number of lost/restricted work days;
- Whether and how to report a severe injury or fatality.

Questions regarding interpretation of the recording guidelines should be directed to the applicable GBU ES&H Manager who will consult with the Corporate ES&H Manager if warranted.

Any situation that potentially involves reclassifying an injury/illness to a lesser category of injury/illness, or from occupational to non-occupational status, must be discussed with, and approved by, the GBU ES&H Manager prior to reclassification. Any such reclassification must be documented in the BESH data system with an explanation and supporting facts and medical documentation that justify the change.

The Reclassification of Injury or Illness Form (Exhibit C) must be used and attached to the incident record when there is a reclassification. The project/facility ES&H Manager, and Project Manager or Site Manager, must sign the form before it is sent to the GBU ES&H Manager for signature.

7.2 Adjustments

Adjustments or corrections to injury and illness data submitted in prior months needs to be entered into the BESH data system by the project/facility ES&H personnel or GBU ES&H data coordinator immediately upon recognition of a needed change. Any adjustment or correction identified during the month the incident occurred must be reflected in the BESH data system prior to the end-date for monthly reporting. This can include changing the classification status of an injury, for example, from a first aid to a recordable case.

The GBU data coordinator and BESH data system administrator will communicate as appropriate on needed changes that either party identifies during data handling and review.

8 Exhibits

- Exhibit A: Recording Guidelines for Bechtel Projects/Facilities
- Exhibit B: Guidelines for Classifying Injuries and Illnesses
- Exhibit C: Form for Reclassifying an Injury or Illness

9 Records

- OSHA 300 Logs (US only)
- Monthly Performance Data and Reports
- BESH Data Records on Injuries and Illnesses

10 References

- CP 103 – Program Planning and Initiation
- CP 120 – Document and Data Management

Exhibit A: Recording Guidelines for Bechtel Projects/Facilities

These guidelines must be used to determine:

1. Whether an injured employee is covered by Bechtel's injury and illness recording requirements;
2. Whether an injury/illness is recordable;
3. How to classify an injury/illness; and
4. How to calculate the number of lost/restricted workdays.

These guidelines are based on OSHA (US Occupational Safety and Health Administration) definitions that will be applied to all Bechtel projects/facilities in all geographic locations. The intent of using this one standard is to achieve consistent internal recordkeeping and assessment of performance trends across all Bechtel projects/facilities. Updates to OSHA definitions may necessitate changes to the recordkeeping requirements described in this guideline.

Local/national recording requirements and classifications, if not aligned with these guidelines, must be followed separately.

Project/Facility management is responsible for the timely and accurate investigation and reporting of injuries/illnesses. They also are responsible for the proper determination and classification of recordability in accordance with the requirements below.

I. Covered Employees

General Rule: We must record and include in our company statistics the recordable injuries and illnesses of all employees on our payroll, whether they are labor, executive, hourly, salaried, part-time, seasonal or migrant workers. We also must record and include in our company statistics the recordable injuries and illnesses that occur to employees not on our payroll but are supervised by us on a day-to-day basis.

Bechtel projects also should document/report significant incidents, injuries and illnesses that are incurred by non-Bechtel, manual, and non-manual employees at locations where Bechtel has an (E)PM/CM presence, but where we do not supervise others directly and are not responsible for their ES&H (i.e., Owner Contractors).

Non-Bechtel injuries, illnesses, fatalities, and property losses that occur from non-Bechtel incidents will not be included in the statistics used to report on the performance of Bechtel employees or employees supervised by Bechtel.

- A. Bechtel Office Facilities: All Bechtel non-manual and manual employees, and Bechtel subcontractor employees working in the office facility.
- B. Bechtel Direct Hire Projects: All Bechtel manual and non-manual employees and Bechtel subcontractor employees (including sub-tier subcontractor employees) working on site.
- C. Construction Management Projects: All Bechtel manual and non-manual employees, all employees whom we supervise on a day-to-day basis, and Bechtel subcontractor employees (including sub-tier subcontractor employees) working on site when Bechtel is responsible, by contract, for managing the subcontractors and the ES&H program for the project.
- D. Joint-Venture Projects: All Joint-Venture manual and non-manual employees, all employees whom we supervise on a day-to-day basis, and Joint-Venture subcontractor employees (including sub-tier subcontractor employees) working on site when Bechtel is responsible, by contract, for managing the ES&H program.
- E. Project Management: Only Bechtel non-manual employees working on site and all employees whom we supervise on a day-to-day basis. Do not report injuries/illnesses for other employees working on site without special approval from the applicable GBU ES&H Manager.
- F. Agent for Owner: Only Bechtel non-manual employees working on site and all employees whom we supervise on a day-to-day basis. Do not report injuries/illnesses for other employees working on site without special approval from the applicable GBU ES&H Manager.
- G. Owner-Contractor Employees: See General Rule.

Notes:

1. *The guiding principle to be used for determining whether recordable incidents/injuries should be recorded by Bechtel shall be: "If (1) the employee is on Bechtel's payroll, or (2) is one whose work is supervised by a Bechtel employee on a day-to-day basis, or (3) Bechtel controls and is responsible for project/location ES&H by contract, action, or regulation, then associated incidents/injuries incurred by all entities at that project/location and over which Bechtel has such control and responsibility shall be recorded and reported by Bechtel."*
2. *"Covered employees" does not include suppliers/vendors making deliveries to a work location or persons over which we have no actual or contractual control or responsibility.*
3. *All questions or disagreements about what constitutes a "covered employee" are to be directed to the appropriate GBU ES&H manager for resolution in accordance with these guidelines. Clarification on such matters shall not be sought from any Regulatory Agency (i.e., OSHA; Mine Safety and Health Administration (MSHA); Health and Safety Executive (HSE), etc.) without prior approval of the Corporate and/or GBU ES&H Manager.*

II. Injuries/Illnesses that must be Recorded

- A. General – All new, work-related/occupational injuries or illnesses and significant aggravations of pre-existing injuries or illnesses must be recorded in the BESH data system if they result in the following:
- Fatality;
 - Lost Time (Days Away from Work);
 - Restricted Work or Transfer (Outside of normal duties for job classification);
 - Medical Treatment beyond First Aid – also referred to as "Recordable";
 - Loss of Consciousness (regardless of the length of time the employee remains unconscious);
 - First Aid Cases;
 - Significant injury or illness as diagnosed by a physician/licensed medical professional;
 - Needle stick and sharps injuries;
 - Employees removed from work for medical surveillance requirements;
 - Employees diagnosed with occupational hearing loss;
 - Employees diagnosed with work-related tuberculosis.

Notes:

1. *New Case -- A case is new if:*
 - a) *The employee has not previously experienced a recordable injury or illness of the same type that affects the same part of the body,*
 - or*
 - b) *The employee had previously experienced a recordable injury or illness of the same type that affected the same part of the body but was determined by a physician/licensed medical professional to have recovered completely and a work-related event/exposure caused the signs and symptoms to reappear/reoccur.*
2. *Work-related – An injury/illness is considered work-related if:*
 - a) *An event/exposure that occurs in the work environment either caused by or contributed to the resulting condition,*
 - or*
 - b) *An event/exposure that occurs in the work environment significantly aggravates a pre-existing injury/illness.*

Work relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception in Section II.B (below) applies. The determining factor for work relatedness is not whether the project could have controlled or prevented the injury/illness. Rather, the fact that the injury/illness is work related (occupational) determines recordability.

When the exact work-related cause cannot be immediately understood or determined, the driving assumption is that the injury/illness would not have occurred at all except for the employment obligations that placed the employee in the work environment when and where the injury/illness occurred.

3. *Work Environment - The work environment is defined as the establishment and other locations where one or more employees are working or are present as a condition of employment. The work environment includes lunchrooms, parking lots and sidewalks (note that a motor vehicle accident that occurs on a company parking lot or company access road while that employee is commuting to or from work is not recordable; see II.B. Exceptions below.)*
 - *The work environment includes not only physical locations, but also vehicles, equipment, tools and materials used by employees during their work.*
 - *The work environment does not include temporary residences such as project-provided homes, apartments, hotels, camps, or any other type of temporary living location. With the exception of employees who perform assigned work in such locations (such as camp maintenance, kitchen staff, camp management), personnel in such locations are considered to have left their work environment when the commute back to the camp or other temporary work location and re-enter the work environment when they finish their commute from the camp or temporary work location back to the work site. Injuries and/or illness that occur to such employees while they are living in these temporary work locations are not considered recordable per this Core Process.*
4. *Significant Aggravation – A pre-existing injury/illness is significantly aggravated when an event/exposure in the work environment and results in any of the following (which otherwise would not have occurred):*
 - (1) *Fatality;*
 - (2) *Loss of consciousness;*
 - (3) *Days away from work or restricted work; or*
 - (4) *Medical treatment beyond first aid provided by a physician/licensed medical professional where no medical treatment was needed for the injury/illness before the workplace event/exposure occurred, or a change in medical treatment was necessitated by the workplace event/exposure.*

B. Exceptions – to reporting injuries/illnesses for covered employees are as follows:

- When at the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee.
- When the injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment.
- When the injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, or sports.
- When the injury or illness is solely the result of an employee eating, drinking or preparing food or drink for personal consumption.
- When the injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours.
- "Assigned working hours" are those hours during which the employee is expected to work and includes overtime and breaks in the normal work schedule such as lunch breaks and smoke breaks. It also includes time before clocking in and after clocking out, if the employee is in the work environment.
- When the injury or illness is solely the result of personal grooming, self-medication of a non-work-related condition, or is intentionally self-inflicted.
- When the injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while that employee is commuting to or from work.
- Where the illness is the common cold or flu.
- Where the illness is a mental illness, unless employee voluntarily provides a medical opinion from a physician/licensed medical professional having appropriate qualifications and experience that affirms work-relatedness.

Notes:

1. *Projects can use a Bechtel selected Occupational Physician to re-evaluate the injured/ill person and base recordkeeping decisions on the diagnosis that the project/facility ES&H Manager/Supervisor believes is the most authoritative. However, once medical treatment is provided or a prescription is written for a work-related injury or illness, or days away from work or work restrictions have occurred, the case is recordable regardless of the opinion of the second physician.*

2. *Absent an applicable exception, injuries that occur in the work environment are recordable regardless of fault. Such recordable events include injuries associated with work tasks; acts of violence such as a fight with a coworker or sexual assault; illegal activity; horseplay; an interaction with a member of the public; traffic accidents, work-related travel, and acts of nature.*
3. *All questions or disagreements about recordability are to be directed to the appropriate GBU ES&H Manager for resolution in accordance with these guidelines. Clarification on such matters shall not be sought from any Regulatory Agency (i.e. OSHA, MSHA, HSE, etc.) without the prior approval of the Corporate and/or GBU ES&H Manager.*

C. Travel Status – An injury/illness that occurs while an employee is on travel status is work-related if it occurred while the employee was engaged in work-related activities in the interest of the employer. Detours for personal reasons and before/after work commutes are not work-related.

Note: Injuries/illnesses involving office-assigned employees will be reported by the employee's payroll office even if the employee was out of the office traveling on business (e.g. on a jobsite) at the time of the incident.

III. Injury/Illness Classification

A. First Aid (FA) – A work-related injury/illness requiring limited/minimal medical assistance will be classified as first aid, regardless who provides the treatment. The following is a complete list of all treatments considered "First Aid" for recording purposes:

- Using nonprescription medication at nonprescription strength;
- Tetanus immunization;
- Cleaning/ flushing or soaking surface wounds;
- Wound coverings, butterfly bandages, steri-strips;
- Hot or cold therapy;
- Non-rigid means of support;
- Temporary immobilization device used to transport accident victims;
- Drilling of fingernail or toenail to relieve pressure or draining fluid from a blister;
- Eye patches;
- Removing foreign bodies from eye using irrigation or cotton swab;
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
- Finger guards;
- Massages;
- Drinking fluids for relief of heat stress.

(Note: In the US, unless accompanied by restricted work, lost work time or loss of consciousness, cases that do not require medical treatment need not be included on the OSHA 300 log).

B. No Treatment – A work-related injury/illness that only involves examination, observation, diagnostic, preventative, or counseling services shall be classified as a "No Treatment." If any treatment beyond first aid is provided, the incident must be classified as described in Section III C.

C. Medical Treatment Beyond First Aid (MTBFA) – Medical treatment beyond first aid that is required for a work-related injury/illness will be classified as a Medical Treatment/Recordable case. If the employee is unable to return to work, see Sections III D and III E below. Examples of Medical Treatment/Recordable cases include:

- Suture;
- Glue
- Prescriptions;
- Foreign body extrication involving surgical instruments;
- Fractures;
- Second or third degree burns or burns caused by electric shock / electrocution.

(Note: In the US, Medical Treatment beyond First Aid cases are recordable and shall be included on the OSHA 300 log.)

- D. *Restricted Work Case (RWC)* – A work-related injury/illness that involves one or more days of restricted work will be classified as a Restricted Work Case. Restricted work activity occurs when a physician/licensed medical professional determined either: (1) medical restrictions prevent the employee from performing one or more of his/her routine job functions (work activities the employee regularly performs at least once per week); (2) that the employee is restricted to working less than his/her regularly scheduled work shift; or (3) that the employee be transferred to another position.

(Note: In the US, Restricted Work Cases are recordable and shall be included on the OSHA 300 log.)

- E. *Lost Workday Case (LWDC)* – A work-related injury/illness that causes an employee to be unable to report to work on the next calendar day, regardless of whether the employee is scheduled to work, will be classified as a Lost Workday Case. The determination that the employee is unable to report to work on the next calendar day must have been made by a physician/licensed medical professional.

(Note: In the US, Lost Workday Cases are recordable and shall be included on the OSHA 300 log.)

- F. *Other Recordable Cases* – These include the following classification of cases:

- Loss of consciousness (regardless of the length of time the employee remains unconscious);
- Significant injury or illness as diagnosed by a physician/licensed medical professional;
- Needlestick injuries and cuts (from sharp objects that are contaminated with another person's blood or other potentially infectious material);
- Medical removal (employee is medically removed under the medical surveillance requirements of any applicable regulatory standard);
- Occupational hearing loss (employee's hearing test (audiogram) reveals that the employee has experienced a work-related Standard Threshold Shift (STS) in hearing in one or both ears, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS;
- Work-related tuberculosis (employee has been occupationally exposed to anyone with a known case of active tuberculosis (TB), and that employee subsequently develops a tuberculosis infection, as evidenced by a positive skin test / diagnosis by a physician or other licensed health care professional).

Notes:

1. *Every Fatality, Restricted Work Case, Lost Workday Case, Medical Treatment Beyond First Aid, Loss of Consciousness, as well as diagnosis of a significant injury or illness, needlestick injuries and cuts, medical removal, occupational hearing loss, and work-related tuberculosis case must be recorded as a Recordable Case.*
2. *Every Recordable Case must be reviewed to determine whether it is also a Doctor Visit Case.*
3. *If an employee is injured on the last working day of the week and a physician/licensed medical professional recommends that the employee should not work or should only work with restrictions on his/her normal day(s) off, then injury/illness must be reported as a Lost Workday Case or Restricted Workday Case even if the employee reports back to work for his/her next regularly scheduled shift.*
4. *All questions or disagreements about how to classify an injury/illness are to be directed to the appropriate GBU ES&H Manager for resolution in accordance with these guidelines. Clarification on such matters shall not be sought from any Regulatory Agency (i.e. OSHA, MSHA, HSE, etc.) without prior approval of the Corporate and/or GBU ES&H Manager.*

IV. Calculating Lost Workdays/Restricted Workdays

- A. *Lost Workday/Restricted Workday Calculations - Count the number of calendar days the employee was unable to work or was on restrictions (include weekend days, holidays, vacation days, etc.) Do not count the day the injury/illness resulted in time away from work/work restrictions, or the day the employee returns to normal duties. Cap the day count at 180 days away and/or days restricted. Stop the count if the employee leaves the company for a reason unrelated to the injury or illness, (i.e., completion of assignment, reduction in force or disciplinary measures).*

V. OSHA Reporting Requirements (US Only)

- A. Within eight (8) hours after the fatality of any employee from a work-related incident (defined at II.A.2) or within twenty-four (24) hours after the in-patient hospitalization of one or more employees, or any amputation, or the loss of an eye as a result of a work-related incident, orally report the fatality, hospitalization, amputation, or eye loss by telephone, electronically, or in person to the Area Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor, that is nearest to the site of the incident. You may also use the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742).

Notes:

1. *An amputation is the traumatic loss of a limb or other external body part. Amputations include a part, such as a limb or appendage, that has been severed, cut off, amputated (either completely or partially); fingertip amputations with or without bone loss; medical amputations resulting from irreparable damage; amputations of body parts that have since been reattached. Amputations do not include avulsions, enucleations, degloving's, scalping's, severed ears, or broken or chipped teeth.*
 2. *In-patient hospitalization is defined as a formal admission to the in-patient service of a hospital or clinic for care or treatment. It does not include formal admissions to a hospital or clinic that involves observation or diagnostic testing only.*
- B. If you cannot reach a person at the Area OSHA Office, do not leave a voicemail or fax a report; report the fatality, hospitalization incident, amputation, or eye loss incident using the 800 number.
- C. Be prepared to give OSHA the following information: (a) the establishment name; (b) the location of the incident; (c) the time of the incident; (d) the number of fatalities or hospitalized employees; (e) the names of any injured employees; (f) your contact person and his/ her phone number; and (g) a brief description of the incident.
- D. If the severe injury or fatality results from a motor vehicle accident on a public street or highway, and does not occur in a construction work zone, the incident does not have to be reported to OSHA. However, injuries must be recorded on your OSHA injury and illness records.
- E. A fatality caused by a heart attack at work must be reported to OSHA. The local OSHA Area Office director will decide whether to investigate the incident, depending on the circumstances of the heart attack.
- F. If you do not learn of a reportable incident at the time it occurs, and the incident would otherwise be reportable, make the report to OSHA within eight (8) hours of the time that the incident is reported to you or to any of your agent(s) or employee(s).

VI. Classification Questions

All questions or disagreements about injury/illness classifications or "reportability" are to be directed to the appropriate GBU ES&H Manager for resolution in accordance with these guidelines. Timely reporting of a fatality or injury, or emergency response and associated actions, shall not be compromised by such questions. Clarification on such matters shall not be sought from any Regulatory Agency (i.e. OSHA, MSHA, HSE, etc.) without prior approval of the Corporate and/or GBU ES&H Manager.

Exhibit B: Guidelines for Classifying Injuries and Illnesses

For use when reporting incidents within the BESH data system.

General Recording Criteria

Each fatality, injury, illness must be recorded if:

- | | |
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| <ol style="list-style-type: none"> 1. It is work-related, and 2. It is a new case, and 3. Meets one or more of the following recording criteria: <ul style="list-style-type: none"> – Death; – Days away from work; – Restricted work activity; – Transfer to another job; – Medical treatment beyond first aid; – Loss of consciousness; – Significant illness or injury diagnosed by a licensed healthcare professional | <p>Work-related:</p> <ul style="list-style-type: none"> – An event or exposure in the work environment either caused or contributed to the resulting condition (unless any work-related exception applies) – An event or exposure in the work environment significantly aggravated a preexisting injury or illness <p>New Case:</p> <ul style="list-style-type: none"> – If there is a medical opinion resolution of a case, the project must follow that opinion – If an exposure triggers a recurrence, it is considered a “new case” (e.g., asthma, rashes, etc.) – If signs and symptoms recur in the absence of exposure, it is not a new case (e.g., silicosis, tuberculosis, asbestosis, etc.) |
|--|--|

Work-Related Exceptions

Cases meeting the conditions of any of the following exceptions to work relationship are not considered work-related and are, therefore, not recordable. The following list includes the **ONLY** acceptable exceptions to recordability:

1. At the time of the injury / illness, the employee is present in the work environment as a member of the general public, not as an employee;
2. Symptoms arising in the work environment that are solely due to a non-work-related event or exposure (regardless of where the signs or symptoms surface, a case is work-related only if a work event or exposure is discernable cause of the injury / illness or a significant aggravation to a pre-existing condition);
3. An injury / illness occurs as a result of voluntary participation in a wellness program, medical, fitness, or recreational activity;
4. An employee is injured or becomes ill as a result of eating, drinking, or preparing food or drink for personal consumption;
5. An employee is injured or becomes ill while performing personal tasks outside of assigned working hours;
6. An injury / illness occurs while an employee is self-grooming, self-medicating for a non-work-related condition, or an injury / illness is intentionally self-inflicted;
7. An injury results from a motor vehicle accident in a company or non-company parking lot/access road during a commute to/from the work environment;
8. An illness is determined to be common cold or flu;
9. The illness is diagnosed a mental illness (unless the employee voluntarily provides a medical opinion from a physician or a licensed healthcare professional having appropriate qualifications and experience that affirms work-relatedness).

Nature of Injury	Medical Treatment Recordable	First Aid Non-Recordable
Cuts, Lacerations, Punctures, Abrasions, Infections, and Splinters	<ul style="list-style-type: none"> – Sutures (stiches) – Surgical glue – Treatment of infection with prescription medicine (on any visit) – Application of prescription antiseptic or a non-prescription antiseptic at prescription strength – Removal of foreign bodies requiring skilled services due to depth of embedment, size or shape of object(s), or location of wound – Removal of dead skin (surgical debridement) 	<ul style="list-style-type: none"> – Bandaging on any body part by medical personnel – Steri-strips / butterfly bandages – Application of ointments on first or subsequent visits to prevent drying or cracking of skin – Treatment of infection with non-prescription medicine at non-prescription strength – Removal of foreign bodies from wound by tweezers, cotton swabs, or other simple techniques – Removal of foreign bodies in the eye, not embedded, by irrigation, cotton swabs, or other simple techniques – Removal of bandages by soaking – Drilling finger / toenail to relieve pressure, draining fluids from blisters – Using finger guards
Fractures	<ul style="list-style-type: none"> – When x-ray results are positive for fracture – Application of a cast or other professional means of immobilizing injured part 	<ul style="list-style-type: none"> – Where x-ray taken as a precaution is negative for fractures
Strains, Sprains, and Dislocations	<ul style="list-style-type: none"> – Application of a cast or other professional means of immobilizing injured part – Splints with rigid stay are recordable – Use of a diathermy and whirlpool treatments ordered by a physician or employer – Any physical therapy is recordable – Chiropractic manipulation 	<ul style="list-style-type: none"> – Use of an elastic (Ace) bandage on a strain that is not otherwise recordable on first visit to medical personnel – Use of hot or cold compresses for treatment of a strain on any visit – Use of massage
Thermal or Chemical Burns	<ul style="list-style-type: none"> – All first, second, and third degree burns that require medical treatment 	<ul style="list-style-type: none"> – Treatment for first, second, and third degree burns that require “first aid”
Bruises and Contusions	<ul style="list-style-type: none"> – Treatment of a bruise by draining collected blood 	<ul style="list-style-type: none"> – Soaking therapy or application of hot or cold compresses on any visit
Administration of Medications	<ul style="list-style-type: none"> – Recommendation or use of prescription medicine (including medical samples) – Administration of a single dose of prescription medicine on first visit for any minor injury or discomfort – Use of non-prescription medicine in prescription strength 	<ul style="list-style-type: none"> – Recommendation or use of a non-prescription medicine in non-prescription strength – Tetanus shots, either initial or booster, are preventative in nature and, therefore, not considered medical treatment

Additional Guidelines

- Medical treatment is only one criterion for determining recordability. Any injury which may have required only first aid treatment but involved loss of consciousness, restriction of work or motion, or transfer to another job is still recordable.
- Recordability is not linked to who renders treatment; it is dependent on what the treatment is (e.g., doctor can bandage a wound and it is not recordable; a co-worker or a company nurse uses surgical glue on a wound and it is recordable).
- Restricted work occurs when, as the result of a work-related injury or illness: The employee is kept from performing one or more of the routine functions of his/her job; or from working the full workday that he/she would otherwise have been scheduled to work; or a physician or other licensed healthcare professional recommends that the employee not perform one or more routine functions of his/her job (for recordkeeping purposes, an employee's routine functions are those activities the employee regularly performs at least once per week).
- Hospitalization for observation, where no treatment is rendered other than first aid, is not considered medical treatment (note, however, that most injuries requiring hospitalization will result in lost workdays and will be recorded for that reason).
- Any of the following significant illnesses / injuries diagnosed by medical personnel and deemed work-related are automatically recordable: cancer, chronic irreversible diseases; cracked or fractured bone or tooth, or punctured ear drum.
- A heart attack, if determined work-related, is recorded as an illness.

Exhibit C: Form for Reclassifying an Injury or Illness

Project/Incident Information

IRIS Incident Number:	Date Prepared:	Prepared by:
Project Name:	Project Number:	ES&H Manager:
Name of Employee:	Date of Incident:	
Date of Claim:	Claim Number:	Claim Status:
Current Classification: <input type="checkbox"/> Medical Treatment Only Case <input type="checkbox"/> Restricted Case <input type="checkbox"/> Lost Time Case <input type="checkbox"/> Other Recordable Case		
Proposed Classification: <input type="checkbox"/> Non-Occupational <input type="checkbox"/> Occupational, Non-Recordable <input type="checkbox"/> Occupational, Change in Severity		

Description of Incident Event

Key Facts and Documentation to Support Reclassification

Final Resolution (Case Classification Recommendation)

Approved By:

Project ES&H Manager		Date Approved:	
Project/Site Manager		Date Approved:	
GBU ES&H Manager		Date Approved:	