

aid for the purposes of Part 1904. Similarly, OSHA considers treatment beyond first aid to be medical treatment even when it is provided by someone other than a physician or other licensed health care professional.

(v) *What if a physician or other licensed health care professional recommends medical treatment but the employee does not follow the recommendation?* If a physician or other licensed health care professional recommends medical treatment, you should encourage the injured or ill employee to follow that recommendation. However, you must record the case even if the injured or ill employee does not follow the physician or other licensed health care professional's recommendation.

(6) *Is every work-related injury or illness case involving a loss of consciousness recordable?* Yes, you must record a work-related injury or illness if the worker becomes unconscious, regardless of the length of time the employee remains unconscious.

(7) *What is a "significant" diagnosed injury or illness that is recordable under the general criteria 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?* Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum must always be recorded under the general criteria at the time of diagnosis by a physician or other licensed health care professional.

NOTE TO §1904.7: OSHA believes that most significant injuries and illnesses will result in one of the criteria listed in §1904.7(a): death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness. However, there are some significant injuries, such as a punctured eardrum or a fractured toe or rib, for which neither medical treatment nor work restrictions may be recommended. In addition, there are some significant progressive diseases, such as byssinosis, silicosis, and some types of cancer, for which medical treatment or work restrictions may not be recommended at the time of diagnosis but are likely to be recommended as the disease progresses. OSHA believes that cancer, chronic irreversible diseases, fractured or cracked bones, and punctured eardrums are generally considered significant injuries and illnesses, and must be recorded at the initial diagnosis even if medical treatment or work

restrictions are not recommended, or are postponed, in a particular case.

§ 1904.8 Recording criteria for needlestick and sharps injuries.

(a) *Basic requirement.* You must record all work-related needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material (as defined by 29 CFR 1910.1030). You must enter the case on the OSHA 300 Log as an injury. To protect the employee's privacy, you may not enter the employee's name on the OSHA 300 Log (see the requirements for privacy cases in paragraphs 1904.29(b)(6) through 1904.29(b)(9)).

(b) *Implementation.* (1) *What does "other potentially infectious material" mean?* The term "other potentially infectious materials" is defined in the OSHA Bloodborne Pathogens standard at §1910.1030(b). These materials include:

(i) Human bodily fluids, tissues and organs, and

(ii) Other materials infected with the HIV or hepatitis B (HBV) virus such as laboratory cultures or tissues from experimental animals.

(2) *Does this mean that I must record all cuts, lacerations, punctures, and scratches?* No, you need to record cuts, lacerations, punctures, and scratches only if they are work-related and involve contamination with another person's blood or other potentially infectious material. If the cut, laceration, or scratch involves a clean object, or a contaminant other than blood or other potentially infectious material, you need to record the case only if it meets one or more of the recording criteria in §1904.7.

(3) *If I record an injury and the employee is later diagnosed with an infectious bloodborne disease, do I need to update the OSHA 300 Log?* Yes, you must update the classification of the case on the OSHA 300 Log if the case results in death, days away from work, restricted work, or job transfer. You must also update the description to identify the infectious disease and change the classification of the case from an injury to an illness.

§ 1904.9

(4) *What if one of my employees is splashed or exposed to blood or other potentially infectious material without being cut or scratched? Do I need to record this incident?* You need to record such an incident on the OSHA 300 Log as an illness if:

(i) It results in the diagnosis of a bloodborne illness, such as HIV, hepatitis B, or hepatitis C; or

(ii) It meets one or more of the recording criteria in § 1904.7.

§ 1904.9 Recording criteria for cases involving medical removal under OSHA standards.

(a) *Basic requirement.* If an employee is medically removed under the medical surveillance requirements of an OSHA standard, you must record the case on the OSHA 300 Log.

(b) *Implementation.* (1) *How do I classify medical removal cases on the OSHA 300 Log?* You must enter each medical removal case on the OSHA 300 Log as either a case involving days away from work or a case involving restricted work activity, depending on how you decide to comply with the medical removal requirement. If the medical removal is the result of a chemical exposure, you must enter the case on the OSHA 300 Log by checking the “poisoning” column.

(2) *Do all of OSHA’s standards have medical removal provisions?* No, some OSHA standards, such as the standards covering bloodborne pathogens and noise, do not have medical removal provisions. Many OSHA standards that cover specific chemical substances have medical removal provisions. These standards include, but are not limited to, lead, cadmium, methylene chloride, formaldehyde, and benzene.

(3) *Do I have to record a case where I voluntarily removed the employee from exposure before the medical removal criteria in an OSHA standard are met?* No, if the case involves voluntary medical removal before the medical removal levels required by an OSHA standard, you do not need to record the case on the OSHA 300 Log.

§ 1904.10 Recording criteria for cases involving occupational hearing loss.

(a) *Basic requirement.* If an employee’s hearing test (audiogram) reveals

29 CFR Ch. XVII (7–1–03 Edition)

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, you must record the case on the OSHA 300 Log.

(b) *Implementation.*

(1) *What is a Standard Threshold Shift?* A Standard Threshold Shift, or STS, is defined in the occupational noise exposure standard at 29 CFR 1910.95(g)(10)(i) as a change in hearing threshold, relative to the baseline audiogram for that employee, of an average of 10 decibels (dB) or more at 2000, 3000, and 4000 hertz (Hz) in one or both ears.

(2) *How do I evaluate the current audiogram to determine whether an employee has an STS and a 25-dB hearing level?*

(i) *STS.* If the employee has never previously experienced a recordable hearing loss, you must compare the employee’s current audiogram with that employee’s baseline audiogram. If the employee has previously experienced a recordable hearing loss, you must compare the employee’s current audiogram with the employee’s revised baseline audiogram (the audiogram reflecting the employee’s previous recordable hearing loss case).

(ii) *25-dB loss.* Audiometric test results reflect the employee’s overall hearing ability in comparison to audiometric zero. Therefore, using the employee’s current audiogram, you must use the average hearing level at 2000, 3000, and 4000 Hz to determine whether or not the employee’s total hearing level is 25 dB or more.

(3) *May I adjust the current audiogram to reflect the effects of aging on hearing?*

Yes. When you are determining whether an STS has occurred, you may age adjust the employee’s current audiogram results by using Tables F-1 or F-2, as appropriate, in Appendix F of 29 CFR 1910.95. You may not use an age adjustment when determining whether the employee’s total hearing level is 25 dB or more above audiometric zero.

(4) *Do I have to record the hearing loss if I am going to retest the employee’s hearing?*