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NIOSH Comments to DOL on Proposed Revisions to Recordkeeping Guidelines for Occupational Injuries and Illnesses Under the Occupational Safety and Health Act of 1970 and 29 CFR 1904 by J. D. Millar, September 1985

(U.S.) National Inst. for Occupational Safety and Health
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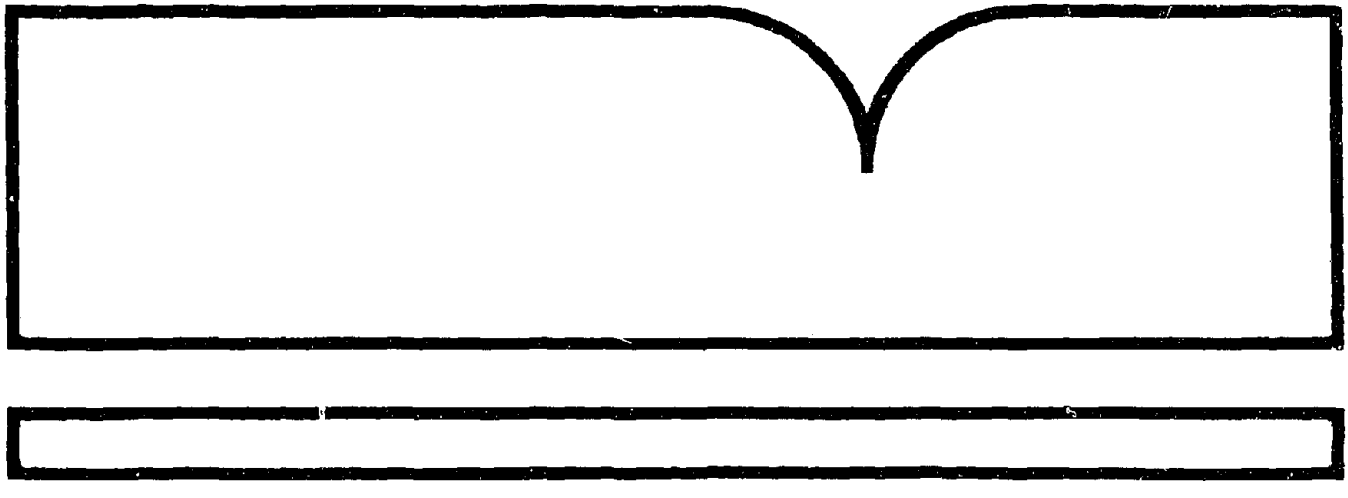

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16. Abstract (Limit: 200 words) This testimony reports concerns of NIOSH regarding proposed revisions to the recordkeeping guidelines for occupational injuries and illnesses. The OSHA requirement is that within 48 hours of the occurrence of an employment accident which is fatal to one or more workers or which results in hospitalization of five or more workers be reported to the area director of OSHA. The concern is that this practice results in a significant under reporting of occupational fatalities in the United States. NIOSH is also concerned that illnesses resulting from instantaneous exposures will be incorrectly identified as injuries. A number of editorial comments are also made regarding the proposal.

17. Document Analysis a. Descriptors

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NIOSH Comments to DOL

COMMENTS OF THE NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH ON PROPOSED REVISIONS TO RECORDKEEPING GUIDELINES FOR OCCUPATIONAL INJURIES AND ILLNESSES UNDER THE OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970 AND 29 CFR 1904

50 FR 29102

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September 1985

NIOSH Comments on Recordkeeping Guidelines for
Occupational Injuries and Illnesses

1904.8 Reporting of Fatality on Multiple Hospitalization Accidents
This section requires that fatalities be reported to the Area Director of the Occupational Safety and Health Administration (OSHA) within 48 hours after the occurrence of an employment accident which is fatal to one or more employees or which results in hospitalization of five or more employees.

The concern is that this practice results in a significant underreporting of occupational fatalities in the United States. A recent study prepared by the University of Pittsburgh School of Medicine (accepted for publication, Journal of Occupational Medicine) reviewed the experience of one county in the United States and found that 40 percent of occupational fatalities were not reported to OSHA because the fatalities occurred more than 48 hours after the incident. To avoid this underreporting, NIOSH recommends that 1904.8 be revised to state that: "All occupational fatalities shall be reported to the nearest office of the Area Director of the Occupational Safety and Health Administration, U.S. Department of Labor within 48 hours of such death regardless of the time lapse between the occurrence of the event and the death of the employee."

With regard to recording requirements described on pages 29105-29110 of 1904: we are concerned about whether or not new entries of previously unrecorded cases are recorded on reports from previous years; also does BLS have any indication that this guidance is followed; and does BLS currently or intend to review historic records that adjust previously published statistics accordingly? Such an adjustment would seem useful in assessing the effectiveness of OSHA and BLS activities. In this section, BLS also explains that the recurrence of a disease would not be recorded and cites the recurrence of the symptoms of silicosis as an example. We agree that recurrence of symptoms of diseases such as silicosis should not be recorded as if they were indicative of new disease. However, we do believe that some occupational illnesses can recur as the result of new exposures, such as dermatological or respiratory sensitivity should be recorded. Since the recurrence of such illnesses is a result of exposure to a sensitizing agent we believe that their recurrence should be recoded.

NIOSH is concerned that illnesses that may result from instantaneous exposures will be incorrectly classified as an injury. Such misclassification could lead to a significant underreporting or misclassification of some occupational illnesses and could seriously impair epidemiologic investigations. NIOSH is willing to work with BLS to more precisely define which illnesses are likely to be due to instantaneous exposures and therefore be misclassified.

On page 29141 of the proposed revision, BLS states in bold letters: "For the case to be OSHA recordable, employers must still establish that the condition is a result of an exposure in their work environment." NIOSH recommends, in order to avoid potential confusion on the part of the employer, that BLS adopt the following language: If an employee has a disease that is on the Sentinel Health Event (Occupational) [SHE(O)] list

prepared by NIOSH and if that employee was exposed to the agent associated with the disease and was employed in the appropriate occupation or industry, then it should be assumed, unless information to the contrary is available, that the disease is occupationally related.

In addition to these general comments, we have a number of editorial comments concerning the SHE(O) list:

1. Page 29160. All the Latin entries for agents should be italicized.

2. The intent of the parenthetical entry after anthrax, "diagnosis often hinges upon determination of occupation," is not clear. The same could be said of tularemia, plague, brucellosis, ornithosis, hemangiosarcoma of the liver, toxic peripheral neuropathy, any of the pneumoconioses, and toxic hepatitis (possibly others, as well). We suggest that this be modified as follows: "identification of anthrax as an occupational disease hinges upon determination of occupation."

3. Page 29160. The agent for silicotuberculosis (no hyphen) is SiO_2.

4. Page 29160. Non-A, Non-B hepatitis is <u>not</u> "toxic" hepatitis; Non-A, Non-B hepatitis is caused by at least two (possibly three) viruses. Toxic hepatitis is correctly described later in the table (page 29164).

5. Page 29161. Close up "hemangiosar-coma." Remove caps from "Chloride Monomer."

6. Page 29161. The spelling of nasal cavities is wrong.

7. Page 29161. Insert semicolon between arsenic and mustard gas in agent listing for lung cancer. Insert semicolon between bischloromethyl and chloromethyl methyl ether.

8. Page 29161. The spelling of "unknown" in agent listing for lymphoid leukemia is wrong.

9. Page 29161. Under aplastic anemia, "explosive manufacturer" should be "explosive manufacturing."

10. Page 29161. Move the comment following methemoglobinemia to the symptoms column.

11. Page 29164. Close up "tet-rachloride."