

CHAPTER 6 - FORM FRA F 6180.55a
Railroad Injury and Illness Summary (Continuation Sheet)

A. REQUIREMENT

Each event or exposure arising from the operation of a railroad shall be reported on Form FRA F 6180.55a if the event or exposure is a discernable cause of one or more of the following outcomes, and this outcome is a new case or a significant aggravation of a pre-existing injury or illness:

- (1) Death to any person;
- (2) Injury to any person that results in medical treatment;
- (3) Injury to a railroad employee that results in:
 - (i) A day away from work;
 - (ii) Restricted work activity or job transfer; or
 - (iii) Loss of consciousness;
- (4) Occupational illness of a railroad employee that results in any of the following:
 - (i) A day away from work;
 - (ii) Restricted work activity or job transfer;
 - (iii) Loss of consciousness; or
 - (iv) Medical treatment;
- (5) A significant injury to or significant illness of a railroad employee diagnosed by a physician or other licensed health care professional even if the injury or illness does not result in death, a day away from work, restricted work activity or job transfer, medical treatment, or loss of consciousness;
- (6) An illness or injury that meets the application of any of the following specific case criteria:
 - (i) A needlestick or sharps injury to a railroad employee;
 - (ii) Medical removal of a railroad employee;
 - (iii) Occupational hearing loss of a railroad employee;
 - (iv) Occupational tuberculosis of a railroad employee; or
 - (v) A musculoskeletal disorder of a railroad employee if this disorder is independently reportable under one or more of the general reporting criteria.

Event or exposure arising from the operation of a railroad includes—

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- (1) with respect to a person who is on property owned, leased, or maintained by the railroad, an activity of the railroad that is related to the performance of its rail transportation business or an exposure related to the activity;
- (2) with respect to an employee of the railroad (whether on or off property owned, leased or maintained by the railroad), an activity of the railroad that is related to the performance of its rail transportation business or an exposure related to the activity; and
- (3) with respect to a person who is not an employee of the railroad and not on property owned, leased, or maintained by the railroad—an event or exposure directly resulting from one or more of the following railroad operations:
 - (i) a train accident, a train incident, or a highway-rail crossing accident or incident involving the railroad; or
 - (ii) a release of a hazardous material from a railcar in the possession of the railroad or of another dangerous commodity that is related to the performance of the railroad's rail transportation business.

In the context of casualty reporting, the terms “event” and “exposure” include events of a specific nature, e.g., being struck by a train, and those conditions associated with work place activities, or exposures, that occur over a period of time, e.g., occupational illnesses. See § 225.19(d)

A railroad need not report the following:

1. Casualties at highway-rail crossing sites that do not involve the presence or operation of on-track rail equipment, or the presence of railroad employees engaged in the operation of a railroad;
2. Casualties in or about living quarters that do not arise from the operation of a railroad (Note: camp cars, and permanent facilities on the railroad's premises are a part of the work environment and casualties occurring in these are considered to have arisen from the operation of a railroad. Normally, injuries occurring in these facilities will be reported as occurring to an employee not on duty (Class B), but at other times the employee is more properly classified as being on duty (Class A). In these workplaces, if the employee is on-duty or engaged in a work activity at the time of injury or illness, then the employee is classified as on duty. In addition, an employee in living quarters on railroad property who is harmed as a result of a serious workplace accident such as a chemical release, fire, explosion, derailment, collision, or building collapse while

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off-duty is nevertheless to be classified as on duty. All other injuries and illnesses occurring during off-duty hours while in living quarters are to be classified as injuries or illnesses to employees not on duty.)

3. Suicides, as determined by a coroner or other public authority; or
4. Attempted suicides.

See § 225.15.

B. EMPLOYEE ON DUTY INJURY/ILLNESS REPORTING

BASIC REQUIREMENT.

A report must be made of each railroad employee fatality, injury and illness that:

1. Is work-related;
2. Is a new case, or a significant aggravation of a preexisting condition; and
3. Meets one or more of the general reporting criteria or the application to specific cases.

Injuries and Illnesses: An injury or illness is an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses, such as, but not limited to, a skin disease, respiratory disorder, or poisoning. (Note: Injuries and illnesses are reportable only if they are new, work-related cases that meet one or more of the reporting criteria.)

Note: The distinction between injury and illness is no longer a factor for determining which cases are reportable.

Q1. The old rule required the reporting of all occupational illnesses, regardless of severity; all that was necessary was that there be a diagnosis/recognition that the condition existed and that an exposure in the work environment was a contributing factor. For example, a work-related skin rash was reported even if it didn't result in medical treatment. Does the rule still capture these minor illness cases?

A1. No. Under the new rule, injuries and illnesses are reported using the same criteria. As a result, some minor illness cases are no longer reportable. For example, a case of

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work-related skin rash is now reported only if it results in days away from work, restricted work, transfer to another job, or medical treatment beyond first aid.

Q2. What if the injury was caused by the employee's own negligence, or was a result of events beyond the railroad's control, e.g., an employee was assaulted by a trespasser, or two employees were engaged in horseplay; would this make a difference in terms of whether the injury or illness must be reported?

A2. No. Responsibility or fault is not a consideration when deciding whether or not to report. FRA notes that many circumstances that lead to a reportable work-related injury or illness are "beyond the employer's control," at least as that phrase is commonly interpreted. Nevertheless, because such an injury or illness was caused, contributed to, or significantly aggravated by an event or exposure at work, it must be reported (assuming that it meets one or more of the reporting criteria and does not qualify for an exemption to the geographic presumption). This approach is consistent with the no-fault reporting system FRA has adopted, which includes work-related injuries and illnesses, regardless of the level of employer control involved.

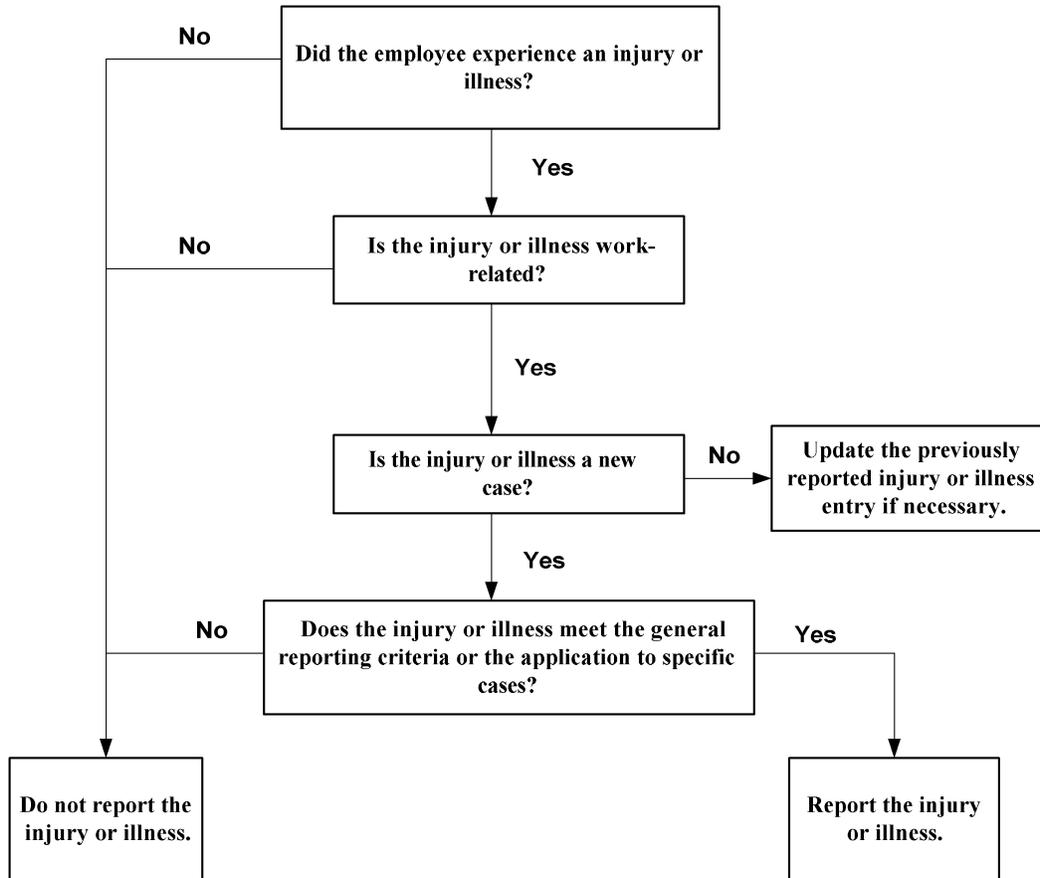
The following do not affect reportability if there is evidence an employee was harmed while in the work environment:

1. The event was not witnessed.
2. The employee did not immediately notify a supervisor.
3. The employee did not require medical treatment at the time of the condition.
4. The condition was the result of an employee's error.
5. The condition was caused by outside factors, e.g., an assault on an employee, insect or animal bites, struck by lightning, act of nature.
6. The condition did not meet all the necessary conditions for reporting at the time of the initial event, activity, or exposure.
7. The condition was the culmination of a series of activities.

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Q3. How do I decide whether a particular injury or illness of an employee on duty is reportable?

A3. The following decision tree shows the basic steps involved in making this determination.



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DETERMINATION OF WORK-RELATEDNESS.

You must consider an injury or illness to be work-related if an event or exposure in the work environment either discernibly caused or contributed to the resulting condition.

Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, unless an exception specifically applies (see Q4 and A4). Under this language, a case is presumed work-related if, and only if, an event or exposure in the work environment is a discernable cause of the injury or illness or a significant aggravation to a pre-existing condition. The work event or exposure need only be one of the discernable causes; it need not be the sole or predominant cause.

A case is not reportable if it involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside of the work environment. This language is intended as a restatement of the principle described above. Regardless of where signs or symptoms surface, a case is reportable only if a work event or exposure is a discernable cause of the injury or illness or a significant aggravation to a pre-existing condition.

If it is not obvious whether the precipitating event or exposure occurred in the work environment or elsewhere, the employer must evaluate the employee's work duties and environment to decide whether or not one or more events or exposures in the work environment caused or contributed to the resulting condition or significantly aggravated a pre-existing condition. This means that the employer must make a determination whether it is more likely than not that work events or exposures were a cause of the injury or illness, or of a significant aggravation to a pre-existing condition. If the employer decides the case is not work-related, and FRA subsequently issues a citation for failure to report, the Government would have the burden of proving that the injury or illness was work-related.

FRA defines the “work environment” as the establishment and other locations where one or more employees are working or are present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials used by the employee during the course of his or her work. The term “event” includes occurrences which can be identified in terms of a specific time and those of a continuing or intermittent nature which can be identified only in terms of a probable time or activity, e.g., physical activity over a period of time.

Q4. Are there situations where an injury or illness occurs to an employee while in the work environment, but would not be reported as an injury to, or illness of, an employee on duty?

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A4. Yes. An injury or illness occurring in the work environment that falls under one of the following exceptions would not be reported as one to an employee on duty. These situations must be evaluated to determine if the employee's condition is reportable using the criteria for individuals who are not employees on duty, e.g., employee not on duty, nontrespasser.

- (1) 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.
- (2) 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.
- (3) 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, racquetball, or baseball.
- (4) The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption (whether bought on the employer's premises or brought in). For example, if the employee is injured by choking on a sandwich while in the employer's establishment, the case would not be considered work-related.

Note: If however the employee is made ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by the employer, the case would be considered work-related.

- (5) 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.
- (6) The injury or illness is solely the result of personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted.
- (7) The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.

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- (8) The illness is the common cold or flu. **(Note: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work.)**
- (9) The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (e.g., psychiatrist, psychologist, psychiatric nurse practitioner.) stating that the employee has a mental illness that is work-related and indicating the basis for this conclusion.

Q5. What activities are considered "personal grooming" for purposes of the exception to the geographic presumption of work-relatedness for employees on duty?

A5. Personal grooming activities are activities directly related to personal hygiene, such as combing and drying hair, brushing teeth, clipping fingernails and the like. Bathing or showering at the workplace when necessary because of an exposure to a substance at work is not within the personal grooming exception. Thus, if an employee slips and falls while showering at work to remove a contaminant to which he has been exposed at work, and sustains an injury that meets one of the general reporting criteria, the case is reportable.

Q6. What are "personal tasks" for purposes of the exception to the geographic presumption?

Q6. "Personal tasks" are tasks that are unrelated to the employee's job. For example, if an employee uses a company break to perform work on his or her personal automobile that is not part of his or her job duties, he or she is engaged in a personal task.

Q7. If an employee stays at work after normal work hours to prepare for the next day's tasks and is injured, is the worker considered to be an employee on duty? For example, if an employee stays after work to prepare equipment and is injured, is the case work-related?

A7. Yes. This individual is considered to be "on duty." A case is work-related any time an event or exposure in the work environment either causes or contributes to an injury or illness or significantly aggravates a pre-existing injury or illness, unless one of the specific exceptions in this section applies. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. The case in question would be work-related

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if the employee was injured as a result of an event or exposure at work, regardless of whether the injury occurred after normal work hours and regardless of whether the employee was in pay status.

Q8. How do I handle a case if it is not obvious whether the precipitating event or exposure occurred in the work environment or occurred away from work?

A8. You must evaluate the employee's work duties and environment to decide whether it is more likely than not that one or more events or exposures in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing condition.

Q9. How do I know if an event or exposure in the work environment "significantly aggravated" a preexisting injury or illness?

A9. A preexisting injury or illness has been significantly aggravated, for purposes of FRA injury and illness recordkeeping, when an event or exposure in the work environment results in any of the following:

- (1) Death, provided that the preexisting injury or illness would likely not have resulted in death but for the occupational event or exposure.
- (2) Loss of consciousness, provided that the preexisting injury or illness would likely not have resulted in loss of consciousness but for the occupational event or exposure.
- (3) One or more days away from work, or days of restricted work, or days of job transfer that otherwise would not have occurred but for the occupational event or exposure.
- (4) Medical treatment in a case where no medical treatment was needed for the injury or illness before the workplace event or exposure, or a change in medical treatment was necessitated by the workplace event or exposure.

Q10. Which injuries and illnesses are considered pre-existing conditions?

A10. An injury or illness is a preexisting condition if it resulted solely from a non-work-related event or exposure that occurred outside the work environment, e.g., diabetes.

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Q11. How do I decide whether an injury or illness is work-related if the employee is on travel status at the time the injury or illness occurs?

A11. Injuries and illnesses that occur while an employee is on travel status are work-related if, at the time of the injury or illness, the employee was engaged in work activities "in the interest of the employer." Examples of such activities include travel to and from customer contacts, conducting job tasks, and entertaining or being entertained to transact, discuss, or promote business (work-related entertainment includes only entertainment activities being engaged in at the direction of the employer).

Injuries or illnesses that occur when the employee is on travel status do not have to be reported if they meet one of the exceptions listed below.

- (1) An employee checks into a hotel or motel for one or more days. When a traveling employee checks into a hotel, motel, or other temporary residence, he or she establishes a "home away from home." You must evaluate the employee's activities after he or she checks into the hotel, motel, or other temporary residence for their work-relatedness in the same manner as you evaluate the activities of a non-traveling employee. When the employee checks into the temporary residence, he or she is considered to have left the work environment. When the employee begins work each day, he or she re-enters the work environment. If the employee has established a "home away from home" and is reporting to a fixed worksite each day, you also do not consider injuries or illnesses work-related if they occur while the employee is commuting between the temporary residence and the job location.

Note: An employee in deadhead transportation is considered an "employee on duty" regardless of the mode of transportation. Deadhead transportation occurs when an employee is traveling at the direction or authorization of the carrier to or from an assignment, or the employee is involved with a means of conveyance furnished by the carrier or compensated by the carrier.

Exception:

If an employee is housed by the carrier in a facility such as a motel, and part of the service provided by the motel is the transportation of the employee to and from the work site, any reportable injury to the employee during such transit is

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to be reported as that to an employee not on duty (Class B). Likewise, if the employee had decided upon other means of transportation that had not been authorized or provided, such as a ride from a friend, and for which he would not have been compensated by the railroad, the injury is not considered to be an on-duty injury.

- (2) An employee takes a detour for personal reasons. Injuries or illnesses are not considered work-related if they occur while the employee is on a personal detour from a reasonably direct route of travel (e.g., has taken a side trip for personal reasons).

Q12. This question involves the following sequence of events: Employee A drives to work, parks her car in the company parking lot and is walking across the lot when she is struck by a car driven by employee B, who is commuting to work. Both employees are seriously injured in the accident. Is either worker considered to be an employee on duty?

A12. Neither employee's injuries are reportable as to an employee on duty. While the employee parking lot is part of the work environment, injuries occurring there would be classified as injuries to employees not on duty.

Q13. How do I decide if a case is work-related when the employee is working at home or telecommuting from another location?

A13. Injuries and illnesses that occur while an employee is working at home, including work in a home office, will be considered work-related if the injury or illness occurs while the employee is performing work for pay or compensation in the home, and the injury or illness is directly related to the performance of work rather than to the general home environment or setting. For example, if an employee drops a box of work documents and injures his or her foot, the case is considered work-related. If an employee is injured because he or she trips on the family dog while rushing to answer a work phone call, the case is not considered work-related. If an employee working at home is electrocuted because of faulty home wiring, the injury is not considered work-related.

Q14. If an employee voluntarily takes work home and is injured while working at home, is the case reportable?

A14. No. Injuries and illnesses occurring in the home environment are only considered work-related if the employee is being paid or compensated for working at home and the

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injury or illness is directly related to the performance of the work rather than to the general home environment.

DETERMINATION OF NEW CASES.

You must consider an injury or illness to be a "new case" if:

1. The employee has not previously experienced a reported injury or illness of the same type that affects the same part of the body; or
2. The employee previously experienced a reported injury or illness of the same type that affected the same part of the body but had recovered completely (all signs and symptoms had disappeared) from the previous injury or illness and an event or exposure in the work environment caused the signs or symptoms to reappear.

One set of criteria is used for determining whether any injury or illness, including a musculoskeletal disorder, is to be treated as a new case or as the continuation of an "old" injury or illness. First, if the employee has never had a reported injury or illness of the same type and affecting the same part of the body, the case is automatically considered a new case and must be evaluated for reportability. This provision will handle the vast majority of injury and illness cases, which are new cases rather than recurrences or case continuations. Second, if the employee has previously had a reported injury or illness of the same type and affecting the same body part, but the employee has completely recovered from the previous injury or illness, and a new workplace event or exposure causes the injury or illness (or its signs or symptoms) to reappear, the case is a recurrence that the employer must evaluate for reportability.

Q15. How is an employer to determine whether an employee has "recovered completely" from a previous injury or illness such that a later injury or illness of the same type affecting the same part of the body resulting from an event or exposure at work is a "new case"? If an employee's signs and symptoms disappear for a day and then resurface the next day, should the employer conclude that the later signs and symptoms represent a new case?

A15. An employee has "recovered completely" from a previous injury or illness, for purposes of this section, when he or she is fully healed or cured. The employer must use his best judgment based on factors such as the passage of time since the symptoms last occurred and the physical appearance of the affected part of the body. If the signs and symptoms of a previous injury disappear for a day only to reappear the following day, that is strong

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evidence the injury has not properly healed. The employer may, but is not required to, consult a physician or other licensed health care provider (PLHCP). Where the employer does consult a PLHCP to determine whether an employee has recovered completely from a prior injury or illness, it must follow the PLHCP's recommendation. In the event the employer receives recommendations from two or more PLHCPs, the employer may decide which recommendation is the most authoritative and report the case based on that recommendation.

Q16. When an employee experiences the signs or symptoms of a chronic work-related illness, do I need to consider each recurrence of signs or symptoms to be a new case?

Q16. No. For occupational illnesses where the signs or symptoms may recur or continue in the absence of an exposure in the workplace, the case must only be reported once. Examples may include occupational cancer, asbestosis, byssinosis, and silicosis.

Q17. When an employee experiences the signs or symptoms of an injury or illness as a result of an event or exposure in the workplace, such as an episode of occupational asthma, must I treat the episode as a new case?

A17. Yes. Since the episode or recurrence was caused by an event or exposure in the workplace, the incident must be treated as a new case.

Q18. May I rely on a physician or other licensed health care professional to determine whether a case is a new case or a recurrence of an old case?

A18. You are not required to seek the advice of a physician or other licensed health care professional to determine whether a case is new or a recurrence of an old one. However, if you do seek such advice, you must follow the physician or other licensed health care professional's recommendation about whether the case is a new case or a recurrence. If you receive recommendations from two or more physicians or other licensed health care professionals, you must make a decision as to which recommendation is the most authoritative (best documented, best reasoned, or most persuasive), and report the case based upon that recommendation. If a subsequent physician determines that the condition does not exist or is not work-related following a review of the examining physician's tests, notes, diagnosis, etc., then it must be clearly documented why the subsequent physician's findings differ from the original physician.

GENERAL REPORTING CRITERIA.

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You must consider an injury or illness to meet the general reporting criteria, and therefore to be reportable, if it results in any of the following: death, day(s) away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness. You must also consider a case to meet the general reporting criteria if it involves a significant injury or illness diagnosed by a physician or other licensed health care professional, 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.

Q19. How do I decide if a case meets one or more of the general reporting criteria?

A19. A work-related injury or illness must be reported if it results in one or more of the following:

- (1) Death,
- (2) Days away from work,
- (3) Restricted work or transfer to another job,
- (4) Medical treatment beyond first aid,
- (5) Loss of consciousness, or
- (6) A significant injury or illness diagnosed by a physician or other licensed health care professional.

Days Away From Work

Q20. How do I report a work-related injury or illness that results in day(s) away from work?

A20. When an injury or illness involves one or more days away from work, you must report the injury or illness on Form FRA F 6180.55a and report the number of calendar days away from work in column 5o. **(See definition of “day away from work” and section on counting days away from work and days of restriction.)** If the employee is out for an extended period of time, you must enter an estimate of the day(s) that the employee will be away, and update the day count when the actual number of days is known.

Q21. Do I count the day on which the injury occurred or the illness began?

A21. No. You begin counting days away from work on the day after the injury occurred or the illness began.

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Q22. How do I report an injury or illness when a physician or other licensed health care professional recommends that the worker stay at home but the employee comes to work anyway?

A22. You must report these injuries and illnesses on Form FRA F 6180.55a. If a physician or other licensed health care professional recommends days away, you should encourage your employee to follow that recommendation. However, a minimum of one day away from work must be reported when the injured or ill employee does not follow the physician or licensed health care professional's recommendation and returns to work. If you receive recommendations from two or more physicians or other licensed health care professionals, you may make a decision as to which recommendation is the most authoritative, and report the case based upon that recommendation.

Q23. How do I handle a case when a physician or other licensed health care professional recommends that the worker return to work but the employee stays at home for a day anyway?

A23. A decision by an employee concerning the care or treatment of his own condition is not to be considered when deciding to report. If an employee has an injury that meets none of the standard criteria for reporting, then an employee's action, e.g., taking OTC medication at prescription strength without proper authorization, would not make the injury reportable even if he informed his employer that this level of dosage was used.

In the situation you described, a report would not be made unless the day absent from work was approved by the employer as necessary for recovery from an otherwise reportable injury, e.g., prescription medication was recommended by a PLHCP. If the employee contacted the appropriate official in the company and this official authorized the time off because of the injury, then a day away from work is to be counted. Authorization may also come from a PLHCP, e.g., he sees his own physician the day after the injury and the employer is aware that the doctor recommends that the employee take time off to recover.

Q24. If an employee who sustains a work-related injury requiring days away from work is terminated for drug use based on the results of a post-accident drug test, how is the case reported? May the employer stop the day count upon termination of the employee for drug use?

For another injury it was later established during a hearing that the injury was the result of a rules violation on the part of the employee. The employee was terminated

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because of the rules violation. When do we discontinue the counting of days away from work?

- A24. The purpose of counting days away from work is to provide an additional measure of the severity of an injury. The employer may stop counting days away from work if an employee who is away from work because of an injury or illness leaves the company for some reason unrelated to the injury or illness, such as retirement or scheduled seasonal layoff. However, when the employer conducts a drug test based on the occurrence of an accident resulting in an injury at work and subsequently terminates the injured employee, the termination is related to the injury. The same is true for discipline involving suspension of duty for a rule violation that is imposed following an injury.

Therefore, you must estimate the number of days in cases such as these where the employee would have otherwise been away from work due to the injury, and enter that number on Form FRA F 6180.55a.

- Q25. Once I have reported a case involving days away from work, restricted work or medical treatment and the employee has returned to his or her regular work or has received the course of recommended medical treatment, is it permissible for the me to delete the case based on a company physician's recommendation that the days away from work, work restriction or medical treatment were not necessary?**

- A25. The initial decision about the need for days away from work, a work restriction, or medical treatment is based on the information available, including any recommendation by a physician or other licensed health care professional at the time the employee is examined or treated. At this time, if you receive contemporaneous recommendations from two or more physicians or other licensed health care professionals about the need for days away, a work restriction, or medical treatment, you may decide which recommendation is the most authoritative and report the case based on that recommendation. However, once the days away from work or work restriction has occurred or medical treatment has been given, you may not delete the case because of a later physician's conclusion that the days away, restriction or treatment was unnecessary.

- Q26. How long must a modification to a job last before it can be considered a permanent modification?**

- A26. You may stop counting days of restricted work or transfer to another job if the restriction or transfer is made permanent. A permanent restriction or transfer is one that is expected to last for the remainder of the employee's career. Where the restriction or transfer is determined to be permanent at the time it is ordered, you must count at least one day of

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the restriction and enter “Y” for termination or permanent transfer on Form FRA F 6180.55a in block 5r. If the employee whose work is restricted or who is transferred to another job is expected to return to his or her former job duties at a later date, the restriction or transfer is considered temporary rather than permanent.

Q27. If an employee loses his arm in a work-related accident and can never return to his job, how is the case reported? Is the day count capped at 180 days?

A27. If an employee never returns to work following a work-related injury, the employer must enter an estimate of the number of days the employee would have required to recuperate from the injury, up to 180 days.

Q28. How do I count weekends, holidays, or other days the employee would not have worked anyway?

A28. You must count the number of calendar days the employee was unable to work as a result of the injury or illness, regardless of whether or not the employee was scheduled to work on those day(s). Weekend days, holidays, vacation days or other days off are included in the total number of days reported if the employee would not have been able to work on those days because of a work-related injury or illness.

Q29. How do I report a case in which a worker is injured or becomes ill on a Friday and reports to work on a Monday, and was not scheduled to work on the weekend?

A29. You need to report this case only if you receive information from a physician or other licensed health care professional indicating that the employee should not have worked, or should have performed only restricted work, during the weekend. If so, you must report the injury or illness as a case with days away from work or restricted work, and enter the day counts, as appropriate.

Q30. How do I report a case in which a worker is injured or becomes ill on the day before scheduled time off such as a holiday, a planned vacation, or a temporary plant closing?

A30. You need to report a case of this type only if you receive information from a physician or other licensed health care professional indicating that the employee should not have worked, or should have performed only restricted work, during the scheduled time off. If so, you must report the injury or illness as a case with days away from work or restricted work, and enter the day counts, as appropriate.

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Q31. Is there a limit to the number of days away from work I must count?

A31. Yes. You may "cap" the total days away at 180 calendar days. You are not required to keep track of the number of calendar days away from work if the injury or illness resulted in more than 180 calendar days away from work and/or days of job transfer or restriction. In such a case, entering 180 in the total days away column will be considered adequate.

Q32. May I stop counting days if an employee who is away from work because of an injury or illness retires or leaves my company?

A32. Yes. If the employee leaves your company for some reason unrelated to the injury or illness, such as retirement, a plant closing, or to take another job, you may stop counting days away from work or days of restriction/job transfer. If the employee leaves your company because of the injury or illness, you must estimate the total number of days away or days of restriction/job transfer and enter the day count on Form FRA F 6180.55a.

Q33. If a case occurs in one year but results in days away during the next calendar year, do I report the case in both years?

A33. No. You only report the injury or illness once. You must enter the number of calendar days away for the injury or illness on Form FRA F 6180.55a for the year in which the injury or illness occurred. If the employee is still away from work because of the injury or illness at the time you are doing your initial closing out of the calendar year (by April 15), estimate the total number of calendar days you expect the employee to be away from work, and file a corrected copy of Form FRA F 6180.55a if the 180-day cap has not been reached.

Restricted Work

An employee's work is considered restricted when, as a result of a work related injury or illness, (A) a physician or other licensed health care professional recommends that the employee not perform one or more of the routine functions of his or her job (job functions that the employee regularly performs at least once per week), or not work the full workday that he or she would otherwise have been scheduled to work, or (B) the employer keeps the employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work.

Q34. How do I report a work-related injury or illness that results in restricted work or job transfer?

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A34. When an injury or illness involves restriction of routine work functions as a described in (A) of the first paragraph of this section, the case is reportable as one resulting in restriction, and a count of restricted days must be maintained. If the injury or illness was not reportable under (A), but met any other reporting criteria, i.e., medical treatment, then any restricted days that result as described in (B) must be recorded, unless the count of these days is subject to other limitations, e.g., see Q & A 42. You must report the number of qualifying restricted or transferred days in the restricted workdays column, 5p.

Q35. How do I decide if the injury or illness resulted in restricted work?

A35. Restricted work occurs when, as the result of a work-related injury or illness:

- (1) You keep the employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work; or
- (2) A physician or other licensed health care professional recommends that the employee not perform one or more of the routine functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work.

An employee's routine functions are those work activities the employee regularly performs at least once per week.

Q36. An employee hurts his or her left arm and is told by the doctor not to use the left arm for one week. The employee is able to perform all of his or her routine job functions using only the right arm (though at a slower pace and the employee is never required to use both arms to perform his or her job functions). Would this be considered restricted work?

A36. No. If the employee is able to perform all of his or her routine job functions (activities the employee regularly performs at least once per week), the case does not involve restricted work. Loss of productivity is not considered restricted work for FRA's reporting purposes.

Q37. Do I have to report restricted work or job transfer if it applies only to the day on which the injury occurred or the illness began?

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- A37. No. You do not have to report restricted work or job transfers if you, or the physician or other licensed health care professional, imposes the restriction or transfer only for the day on which the injury occurred or the illness began.
- Q38. If you or a physician or other licensed health care professional recommends a work restriction, is the injury or illness automatically reportable as a "restricted work" case?**
- A38. No. A recommended work restriction is reportable only if it affects one or more of the employee's routine job functions. To determine whether this is the case, you must evaluate the restriction in light of the routine functions of the injured or ill employee's job. If the restriction from you or the physician or other licensed health care professional keeps the employee from performing one or more of his or her routine job functions, or from working the full workday the injured or ill employee would otherwise have worked, the employee's work has been restricted and you must report the case. For example, if the PLHCP restricts the employee from lifting heavy objects, but the employee's job never requires the lifting of heavy objects, then there has been no restriction imposed that involves the employee's routine job functions. (An employee's routine functions are those work activities the employee regularly performs at least once per week.)
- Q39. What do I do if a physician or other licensed health care professional recommends a job restriction meeting FRA's definition, i.e., limits routine job functions, but the employee does all of his or her routine job functions anyway?**
- A39. You must report the injury or illness on Form FRA F 6180.55a as a restricted work case. If a physician or other licensed health care professional recommends a job restriction, you should ensure that the employee complies with that restriction. (This language is purely advisory and does not impose an enforceable duty upon employers to ensure that employees comply with the recommended restriction.) If you receive recommendations from two or more physicians or other licensed health care professionals, you may make a decision as to which recommendation is the most authoritative, and report the case based upon that recommendation. In the absence of conflicting opinions from two or more health care professionals, the employer ordinarily must record the case if a health care professional recommends a work restriction involving the employee's routine job functions.
- Q40. One of our employees experienced minor musculoskeletal discomfort. The health care professional who examined the employee only provided first aid treatment. In addition, it was determined that the employee is fully able to perform all of her routine job functions. When the employee returned to work, we decided to limit the**

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duties of the employee for the purpose of preventing a more serious condition from developing. Is this a restricted work case?

A40. No. Since the minor musculoskeletal discomfort has not met any of the general criteria, e.g., medical treatment, the employer's decision to impose a work restriction following such minor musculoskeletal discomfort would not make this a restricted work case.

Q41. Will the determination of whether or not a case involves restriction always be made by the medical professional who examines an employee?

A41. No. Day(s) of restriction also occur if the employer restricts one or more of the employee's routine job functions in connection with an otherwise reportable case. For example, an employee sustains an injury and is given a prescription to take for a few days. The doctor tells the employee that he can return to work. The employee's routine job duties involves operating equipment. The employer does not allow the employee to operate the machinery he normally would because of concerns about the effects of the medication, and instead has the employee perform an inventory. This would be a restricted work case.

Q42. Do I have to report a day of restriction if an employee fails to follow a PLHCP's recommended work restriction?

A42. You should ensure that the employee complies with the recommended restriction. In the absence of conflicting opinions from two or more health care professionals, the employer must report one day of restriction if a professional recommends a work restriction involving the employee's routine job functions, and a day away from work has not already occurred.

Q43. How do I report a case where the worker works only for a partial work shift because of a work-related injury or illness?

A43. A partial day of work is reported as a day of job transfer or restriction for recordkeeping purposes, except for the day on which the injury occurred or the illness began.

Q44. If the injured or ill worker produces fewer goods or services than he or she would have produced prior to the injury or illness, but otherwise performs all of the routine functions of his or her work, is the case considered a restricted work case?

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A44. No. The case is considered restricted work only if the worker does not perform all of the routine functions of his or her job or does not work the full shift that he or she would otherwise have worked.

Q45. How do I handle vague restrictions from a physician or other licensed health care professional, such as that the employee engage only in "light duty" or "take it easy for a week"?

A45. If you are not clear about the physician or other licensed health care professional's recommendation, you may ask that person whether the employee can do all of his or her routine job functions and work all of his or her normally assigned work shift. If the answer to both of these questions is "Yes," then the case does not involve a work restriction and does not have to be reported as such. If the answer to one or both of these questions is "No," the case involves restricted work and must be reported as a restricted work case. If you are unable to obtain this additional information from the physician or other licensed health care professional who recommended the restriction, report the injury or illness as a case involving restricted work.

Q46. If an employee who routinely works 10 hours a day is restricted from working more than eight hours following a work-related injury, is the case reportable?

A46. Generally, the employer must report any case in which an employee's work is restricted because of a work-related injury. A work restriction occurs when the employer keeps the employee from performing one or more routine functions of the job, or from working the full workday the employee would otherwise have been scheduled to work. The case in question is reportable if the employee presumably would have worked 10 hours had he or she not been injured.

Q47. How do I decide if an injury or illness involved a transfer to another job?

A47. If you assign an injured or ill employee to a job other than his or her regular job for part of the day, the case involves transfer to another job.

Note: This does not include the day on which the injury or illness occurred.

Q48. Are transfers to another job reported in the same way as restricted work cases?

A48. Yes. Both job transfer and restricted work cases are reported on Form FRA F 6180.55a. For example, if you assign, or a physician or other licensed health care professional recommends that you assign, an injured or ill worker to his or her routine job duties for

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part of the day and to another job for the rest of the day, the injury or illness involves a job transfer. You must report an injury or illness that involves a job transfer by placing a “Y” (for yes) in the box for job transfer, 5r.

Q49. How do I count days of job transfer or restriction?

A49. You count days of job transfer or restriction in the same way you count days away from work. The only difference is that, if you permanently assign the injured or 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. You must count at least one day of restricted work or job transfer for such cases.

Counting Days Away from Work and Days of Restriction.

FRA needs a count of the days an employee is away from work and/or restricted while at work because of an injury or occupational illness for classification of the severity of the injury/illness and for other purposes.

Day away from work means a day away from work as described in paragraph (1) of this definition or, if paragraph (1) does not apply, a day away from work solely for reporting purposes as described in paragraph (2) of this definition. For purposes of this definition, the count of days includes all calendar days, regardless of whether the employee would normally be scheduled to work on those days (e.g., weekend days, holidays, rest days, and vacation days), and begins on the first calendar day after the railroad employee has been examined by a physician or other licensed health care professional (PLHCP) and diagnosed with a work-related injury or illness. In particular, the term means—

- (1) Each calendar day that the employee, for reasons associated with his or her condition, does not report to work (or would have been unable to report had he or she been scheduled) if not reporting results from:
 - (a) A PLHCP’s written recommendation not to work, or
 - (b) A railroad’s instructions not to work, if the injury or illness is otherwise reportable; or
- (2) A minimum of one calendar day if a PLHCP, for reasons associated with the employee’s condition, recommends in writing that the employee take one or more days away from work, but the employee instead reports to work (or would have reported had he or she been scheduled). This paragraph is intended to take into account “covered data” cases and also those non-covered data cases that are independently reportable for some other reason (e.g., “medical treatment” or “day of restricted work activity”). The

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requirement to report “a minimum of one calendar day” is intended to give a railroad the discretion to report up to the total number of days recommended by the PLHCP.

Day of restricted work activity means a day of restricted work activity as described in paragraph (1) of this definition or, if paragraph (1) does not apply, a day of restricted work activity solely for reporting purposes as described in paragraph (2) of this definition; in both cases, the work restriction must affect one or more of the employee’s routine job functions (*i.e.*, those work activities regularly performed at least once per week) or prevent the employee from working the full workday that he or she would otherwise have worked. For purposes of this definition, the count of days includes all calendar days, regardless of whether the employee would normally be scheduled to work on those days (*e.g.*, weekend days, holidays, rest days, and vacation days), and begins on the first calendar day after the railroad employee has been examined by a physician or other licensed health care professional (PLHCP) and diagnosed with a work-related injury or illness. In particular, the term means—

- (1) Each calendar day that the employee, for reasons associated with his or her condition, works restricted duty (or would have worked restricted duty had he or she been scheduled) if the restriction results from:
 - (a) A PLHCP’s written recommendation to work restricted duty, or
 - (b) A railroad’s instructions to work restricted duty, if the injury or illness is otherwise reportable; or
- (2) A minimum of one calendar day if a PLHCP, for reasons associated with the employee’s condition, recommends in writing that the employee work restricted duty for one or more days, but the employee instead works unrestricted (or would have worked unrestricted had he or she been scheduled). This paragraph is intended to take into account “covered data” cases and also those non-covered data cases that are independently reportable for some other reason (*e.g.*, “medical treatment” or “day of restricted work activity”). The requirement to report “a minimum of one calendar day” is intended to give a railroad the discretion to report up to the total number of days recommended by the PLHCP.

Frequently, an employee's condition is such that it will result in lost/restricted days extending beyond the 30 day filing deadline. If this occurs, you must make a good faith estimate of the additional number of days that may accrue for the case and record this on the initial Form FRA F 6180.55a. A record of the actual count of these days must be maintained for the affected employee. After the employee returns to work at full capacity, or the actual days exceeds the original estimate, a corrected report must be submitted that shows the actual count of days if these are significantly different from the original estimate. A significant difference in this context is a variance of 10 percent or more between the number of days that has been reported and the count that you maintain in your records.

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When reporting the count of days, the following guidelines are to be followed:

1. The day of the accident/incident is not to be included in either count.
2. If it is necessary during a workday for an employee to have a follow-up examination, or receive additional medical care, etc., the time spent going to and coming from such an appointment is not considered restricted time. If the employee was not already on restricted duty prior to going to, or upon returning from such visits, a day of restriction need not be charged. If the employee does not report to work at all on such days, a day away from work has occurred.
3. If an employee lays off to see a physician for an initial evaluation after the day of an injury/illness, and provided that none of the reportability criteria is met, a day away from work is not to be charged, since there has not been a reportable condition.
4. Damage to an employee's personal effects, such as eye glasses, hearing aids, or dentures, is not by itself reportable. If a reportable injury did not also occur, the work days lost while awaiting repair or replacement of these articles are not to be charged.

First Aid And Medical Treatment

Q50. How do I report an injury or illness that involves medical treatment beyond first aid?

A50. If a work-related injury or illness results in medical treatment beyond first aid, you must report it on Form FRA F 6180.55a.

"Medical treatment" means the management and care of a patient to combat disease or a disorder. For the purposes of Part 225, medical treatment does not include:

- (1) Visits to a physician or other licensed health care professional solely for observation or counseling;

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- (2) The conduct of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils); or
- (3) First aid treatment. The following is an all inclusive list of "First aid treatment." If the treatment given is not on this list, it is considered to be "Medical treatment." For the purposes of Part 225, "first aid" means the following:
 - (a) Using a nonprescription medication at nonprescription strength. **(For medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes.)**
 - (b) Administering tetanus immunizations. **(Other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment.)**
 - (c) Cleaning, flushing or soaking wounds on the surface of the skin.
 - (d) Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™. **(Other wound closing devices such as sutures, staples, or surgical glues are considered medical treatment.)**
 - (e) Using hot or cold therapy, e.g., heating pads or ice packs.
 - (f) Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. **(Devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes.)**
 - (g) Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
 - (h) Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.
 - (i) Using eye patches.

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- (j) Removing foreign bodies from the eye using only irrigation or a cotton swab.
- (k) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means.
- (l) Using finger guards.
- (m) Using massages. **(Any other physical therapy, other than that identified as first aid, provided by a PLHCP or administered under the supervision of a PLHCP, and chiropractic treatment are considered medical treatment for recordkeeping purposes. Examples include acupuncture and electronic stimulation.)**
- (n) Drinking non-prescription fluids for relief of heat-related conditions.
- (o) Pre-hospital protocol. (During transport, the injured person may be restrained with a body board, neck brace, receive oxygen, or have an intravenous (IV) needle inserted. These pre-hospital protocol procedures are generally considered to be first aid as long as they are performed without symptoms being exhibited that would specifically require such treatment. See Q & A 59 and 60 for additional guidance.)

Note: A case involving first aid treatment must be further evaluated to determine if any of the other reporting criteria are met. For example, for some employees the application of an eye patch may restrict the employees' ability to perform their routine job functions. The case then becomes reportable on the basis of restriction of work or transfer to another job.

Q51. Is a physical therapist considered a "health care professional" under the definition of health care professional?

A51. Yes. A physical therapist's license allows him or her to independently perform, or be delegated the responsibility to perform, physical therapy.

Q52. Are any other procedures included in first aid?

A52. No. This is a complete list of all treatments considered first aid for Part 225 purposes.

Q53. Are surgical glues used to treat lacerations considered "first aid"?

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A53. No. Surgical glue is a wound closing device. All wound closing devices, except for butterfly bandages and Steri-Strips™, are by definition "medical treatment" because they are not included on the first aid list.

Q54. Is the use of a rigid finger guard considered first aid?

A54. Yes. The use of finger guards is always first aid.

Q55. If prescription medications are prescribed as "PRN" (per required need) is it reportable if the patient does not take or use the prescribed medicine?

A55. FRA has decided to retain its long-standing policy of requiring the reporting of cases in which a health care professional issues a prescription, regardless of whether that prescription is filled or actually taken by the employee. A patient's refusal of the medication does not alter the fact that, in the health care professional's judgment, the case warrants medical treatment. In addition, a rule that relied on whether a prescription is filled or taken, rather than on whether the medicine was prescribed, would create administrative difficulties for employers, because such a rule would mean that the employer would have to investigate whether a given prescription had been filled or whether the medicine had actually been used. Finally, many employers and employees may consider an employer's inquiry about the filling or taking of a prescription to be an invasion of the employee's privacy.

Q56. For medications such as Ibuprofen that are available in both prescription and non-prescription form, what is considered to be prescription strength? How is an employer to determine whether a non-prescription medication has been recommended at prescription strength?

A56. The prescription strength of such medications is determined by the measured quantity of the therapeutic agent to be taken at one time, i.e., a single dose. The single dosages that are considered prescription strength for four common over-the-counter drugs are:

- Ibuprofen (such as Advil™) - Greater than 467 mg
- Diphenhydramine (such as Benadryl™) - Greater than 50 mg
- Naproxen Sodium (such as Aleve™) - Greater than 220 mg
- Ketoprofen (such as Orudus KT™) - Greater than 25 mg

To determine the prescription-strength dosages for other drugs that are available in prescription and non-prescription formulations, the employer should contact the United States Food and Drug Administration, a local pharmacist, or a physician.

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Q57. “Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means.” What are "other simple means" of removing splinters that are considered first aid?

A57. “Other simple means” of removing splinters, for purposes of the definition of “first aid”, means methods that are reasonably comparable to the listed methods. Using needles, pins, or small tools, e.g., nail clippers or manicure scissors, to extract splinters would generally be included.

Q58. Does the professional status of the person providing the treatment have any effect on what is considered first aid or medical treatment?

A58. No. FRA considers the treatments listed above to be first aid regardless of the professional status of the person providing the treatment. Even when these treatments are provided by a physician or other licensed health care professional, they are considered first aid for the purposes of Part 225. Similarly, FRA 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.

Q59. If an employee is exposed to chlorine or some other substance at work and oxygen is administered as a precautionary measure, is the case reportable?

A59. It is often a standard procedure of emergency rescue teams to administer preventive treatment such as oxygen or apply an intravenous saline solution while a patient is being transported to a medical facility for further evaluation. Such preventive treatment does not make the incident reportable. If oxygen is administered as a purely precautionary measure to an employee who does not exhibit any signs or symptoms of an injury or illness, the case is not reportable. If the employee exposed to a substance exhibits symptoms of an injury or illness, the administration of oxygen makes the case reportable.

Q60. During transport to the hospital, the Emergency Medical Team may perform some precautionary procedures that could be considered beyond first aid. Is this reportable?

A60. Emergency transport is considered first aid. During transport, the injured person may be restrained with a body board, neck brace, receive oxygen, or have an intravenous (IV) needle inserted. These pre-hospital protocol procedures are generally considered to be first aid as long as they are performed without symptoms being exhibited that would specifically require such treatment. As in the previous question, if the person is not being

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treated for dehydration or some other condition that requires a saline IV, then simply receiving a saline IV as a precautionary measure is considered to be first aid.

The use of casts, splints, or orthopedic devices designed to immobilize an injured body part to permit it to rest and recover is considered medical treatment. The use of temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards) is precautionary in nature, and their use is to avoid exacerbation of a condition that may or may not exist. In these specific situations, a splint or other device is used as temporary first aid treatment, may be applied by non-licensed personnel using common materials at hand, and often does not reflect the severity of the injury. If following an examination it is determined that continued use of the immobilization device is warranted, then the case is reportable.

Q61. Item (n) on the first aid list is "drinking non-prescription fluids for relief of heat-related conditions." Does this include administering intravenous (IV) fluids?

A61. No. Intravenous administration of fluids to treat work-related heat-related conditions is medical treatment.

Q62. What if a physician or other licensed health care professional recommends medical treatment but the employee does not follow the recommendation?

A62. 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 report the case even if the injured or ill employee does not follow the physician or other licensed health care professional's recommendation; the fact that there was a recommendation triggers the duty to report.

Q63. Is every work-related injury or illness case involving a loss of consciousness reportable?

A63. Yes. You must report a work-related injury or illness if the worker becomes unconscious, regardless of the length of time the employee remained unconscious.

Q64. What is a "significant" diagnosed injury or illness that is reportable 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?

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A64. Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum must always be reported under the general criteria at the time of diagnosis by a physician or other licensed health care professional.

REPORTING REQUIREMENTS FOR SPECIFIC CASES.

FRA believes that most significant injuries and illnesses will result in one or more of the following:

1. Death;
2. Days away from work;
3. Restricted work or transfer to another job;
4. Medical treatment beyond first aid; or
5. 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. FRA believes that cancer, chronic irreversible diseases, fractured or cracked bones, and punctured eardrums are generally considered significant injuries and illnesses, and must be reported at the initial diagnosis even if medical treatment or work restrictions are not recommended, or are postponed, in a particular case.

Reporting Criteria For Needlestick And Sharps injuries.

You must report 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). "Sharps" means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires. You must report the case on FRA Form F 6180.55a as an injury.

Q65. What does "other potentially infectious material" mean?

A65. Other Potentially Infectious Material (OPIM): For purposes of employee injury illness reporting, this term has the same meaning as in OSHA's bloodborne pathogens standard at 29 CFR §1910.1030, as amended, which on the date of issuance of this Reporting Guide defines OPIM as:

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- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (whether living or dead); and
- (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organ, or other tissues from experimental animals infected with HIV or HBV.

Q66. Does this mean that I must report all cuts, lacerations, punctures, and scratches?

A66. No. You need to report 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 report the case only if it meets one or more of the general reporting criteria.

Q67. If I report an injury and the employee is later diagnosed with an infectious bloodborne disease, do I need to update Form FRA F 6180.55a report?

A67. Yes. You must update the classification of the case on a corrected Form FRA F 6180.55a 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.

Q68. 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 report this incident?

A68. You need to report such an incident on Form FRA F 6180.55a as an illness if:

- (1) It results in the diagnosis of a bloodborne illness, such as HIV, hepatitis B, or hepatitis C; or
- (2) It meets one or more of the general reporting criteria.

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Reporting Criteria For Cases Involving Medical Removal

If an employee is medically removed under the medical surveillance requirements of an OSHA standard, you must report the case.

You must report each medical removal case 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 report the case as one involving "poisoning."

Q69. Do all of OSHA's standards have medical removal provisions?

A69. 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.

Q70. Do I have to report a case where I voluntarily remove the employee from exposure before the medical removal criteria in an OSHA standard are met?

A70. No. If the case involves voluntary medical removal before the medical removal levels required by an OSHA standard are reached, you do not need to report the case.

Reporting Criteria for Cases Involving Occupational Hearing Loss

Basic requirement. If an 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, you must report the case on form FRA F 6180.55a.

Q71. How do I determine whether an STS has occurred?

A71. 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.

STS. If the employee has never previously experienced a reportable hearing loss, you must compare the employee's current audiogram with that employee's baseline

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audiogram. If the employee has previously experienced a reportable hearing loss, you must compare the employee's current audiogram with the employee's revised baseline audiogram (the audiogram reflecting the employee's previous reportable hearing loss case).

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.

Q72. May I adjust the audiogram results to reflect the effects of aging on hearing?

A72. 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.

Q73. Do I have to report the hearing loss if I am going to retest the employee's hearing?

A73. No. If you retest the employee's hearing within 30 days of the first test, and the retest does not confirm the reportable STS, you are not required to record the hearing loss case on the log. If the retest confirms the reportable STS, you must record the hearing loss illness on your log within seven (7) calendar days of the retest and include on your monthly report. If subsequent audiometric testing performed under the testing requirements of the § 1910.95 noise standard indicates that an STS is not persistent, you may delete the case from form FRA F 6180.55a.

Q74. Are there any special rules for determining whether a hearing loss case is work-related?

A74. No. It is possible for a worker who is exposed at or above the 8-hour 85-dBA action levels of the noise standard to experience a non-work-related hearing loss, and it is also possible for a worker to experience a work-related hearing loss and not be exposed above those levels. Therefore, there are no special rules for determining work- relationship. You should follow the overall approach to determining work-relatedness--that a case is work-related if one or more events or exposures in the work environment either caused or contributed to the hearing loss, or significantly aggravated a pre-existing hearing loss.

Q75. If a physician or other licensed health care professional determines the hearing loss is not work-related, do I still need to report the case?

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- A75. If a physician or other licensed health care professional determines that the hearing loss is not work-related or has not been significantly aggravated by occupational noise exposure, you are not required to consider the case work-related or to report the case on Form FRA F 6180.55a.

Reporting Criteria for Work-Related Tuberculosis Cases.

If any of your employees 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 or diagnosis by a physician or other licensed health care professional, you must report the case on Form FRA F 6180.55a.

Q76. Do I have to report a positive TB skin test result for an employee that was obtained at a pre-employment physical?

- A76. No. You do not have to report it because the employee was not occupationally exposed to a known case of active tuberculosis in your workplace.

Reporting Criteria For Cases Involving Work-Related Musculoskeletal Disorders

If any of your employees experiences a reportable work-related musculoskeletal disorder (MSD), you must report it on Form FRA F 6180.55a.

Q77. What is a "musculoskeletal disorder" or MSD?

- A77. Musculoskeletal disorders (MSDs) are disorders of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. MSDs do not include disorders caused by slips, trips, falls, motor vehicle accidents, or other similar accidents. Examples of MSDs include: Carpal tunnel syndrome, Rotator cuff syndrome, De Quervain's disease, Trigger finger, Tarsal tunnel syndrome, Sciatica, Epicondylitis, Tendinitis, Raynaud's phenomenon, Carpet layers knee, Herniated spinal disc, and Low back pain.

Q78. How do I decide which musculoskeletal disorders to report?

- A78. There are no special criteria for determining which musculoskeletal disorders to report. An MSD case is reported using the same process you would use for any other injury or illness. If a musculoskeletal disorder is work-related, and is a new case, and meets one or more of the general reporting criteria, you must report the musculoskeletal disorder.

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- Q79. Are there any special rules regarding injuries and illnesses to soft tissues?
- A79. No. Work-related injuries and illnesses involving muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs are reportable under the same requirements applicable to any other type of injury or illness. There are no special rules for reporting these cases: if the case is work-related and involves medical treatment, days away, job transfer or restricted work, it is reportable.
- Q80. If a work-related MSD case involves only subjective symptoms like pain or tingling, do I have to report it as a musculoskeletal disorder?**
- A80. The symptoms of an MSD are treated the same as symptoms for any other injury or illness. If an employee has pain, tingling, burning, numbness or any other subjective symptom of an MSD, and the symptoms are work-related, and the case is a new case that meets the reporting criteria, you must report the case on Form FRA F 6180.55a as a musculoskeletal disorder.

Miscellaneous Questions

- Q81. Other industries report worker injuries and occupational illnesses to the Occupational Safety and Health Administration (OSHA). Are the criteria used to determine which cases railroads report to FRA different from those that OSHA has in place for other industries?**
- A81. FRA's criteria for reporting railroad occupational fatalities, injuries, and illnesses are almost identical to OSHA's. Beginning in 1975, FRA adopted the criteria that OSHA uses for all other industries. Differences will be addressed in a Memorandum of Understanding between FRA and OSHA.

Railroads have been required to make accident reports to the Federal Government since at least 1910 under a variety of guidelines. When the Occupational Safety and Health Act was enacted in 1970 (see 29 U.S.C. § 651 and 29 CFR Part 1904), FRA made a commitment to the Department of Labor (DOL) to revise our reporting definitions so that they would be comparable to those used by other industries. There were several reasons for this. One was to avoid imposing two separate reporting requirements upon one industry, one for FRA and one for OSHA. Section 8(c)(2) of the OSH Act requires the Secretary of Labor to issue regulations requiring employers to "maintain accurate records of, and to make periodic reports on, work-related deaths, injuries and illnesses other than minor injuries requiring only first aid treatment and which do not involve medical treatment, loss of consciousness, restriction of work or motion, or transfer to another job."

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A second reason is to maintain a national database of all workplace injuries and illnesses that is consistent and uniform across all industries so that valid comparisons of the relative safety of one industry to another may be made. After the completion of the reporting year, the files containing all reported cases are provided to DOL for inclusion in their database.

Because of FRA's agreement with DOL to collect workplace injuries and illness based on their definitions, railroads now report cases that were previously not covered by FRA's reporting requirements. These new cases are being classified as "covered data" cases with the following definition:

Covered data means information that must be reported to FRA under this part concerning a railroad employee injury or illness case that is reportable exclusively because a physician or other licensed health care professional—

(1) Recommends in writing that—

(a) The employee take one or more days away from work when the employee instead reports to work (or would have reported had he or she been scheduled) and takes no days away from work in connection with the injury or illness,

(b) The employee work restricted duty for one or more days when the employee instead works unrestricted (or would have worked unrestricted had he or she been scheduled) and takes no days of restricted work activity in connection with the injury or illness, or

(c) The employee take over-the-counter medication at a dosage equal to or greater than the minimum prescription strength, whether or not the employee actually takes the medication; or

(2) Makes a one-time topical application of a prescription-strength medication to the employee's injury.

The addition of this new category of cases will make comparison of data collected under the new requirements inconsistent with data collected under the previous guidelines, and may give the impression that safety has declined. Because of the need to track trends over extended periods of time, FRA has required that railroads identify the "covered data" cases using special codes (see instructions for completing block 5r.) Although "covered data" cases will be retained in the files, and will be accessible on our web site, these cases will not be included in the casualty counts found in our regular publications, e.g., Annual Report of Railroad Safety Statistics.

Q82. What should I do if an employee death occurs in the workplace and it is not immediately known if it is work-related?

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Q82. Under § 225.9, you must make an immediate report by toll-free telephone (800-424-0201 or 800-424-8802) whenever an employee dies while in the work environment. You do not need to prepare a Form FRA F 6180.55a if it is later established that the death is not work-related.

Q83. Does an employee report of an injury or illness establish the existence of the injury or illness for reporting purposes?

A83. No. In determining whether a case is reportable, the employer must first decide whether an injury or illness, as defined earlier, has occurred. If the employer is uncertain about whether an injury or illness has occurred, the employer may refer the employee to a physician or other health care professional for evaluation and may consider the health care professional's opinion in determining whether an injury or illness exists. [Note: If a physician or other licensed health care professional diagnoses a significant injury or illness within the meaning of this section, and the employer determines that the case is work-related, the case must be reported.]

Q84. Must a railroad report a case if an employee alleges that an injury or illness has occurred but refuses to release any medical records related to the alleged injury or illness?

A84. Medical verification is not required for reportability. However, a railroad has the responsibility to make good-faith reporting determinations, and these decisions must be based upon whatever documentation is available. If a railroad questions the validity of an employee's alleged injury or illness and there is no substantive or medical documentation to support the allegation, the railroad need not report the case. However, if at a later date the appropriate information is received that supports the employee's allegation of injury or illness, then a late report must be made.

Q85. If a maintenance employee is cleaning the parking lot or an access road and is injured as a result, is the case work-related?

A85. Yes. The case is work-related because the employee is injured as a result of conducting company business in the work environment. If the injury meets one or more the general reporting criteria (death, days away, etc.), the case must be reported.

Q86. Are cases of workplace violence considered work-related under the new reporting criteria?

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- A86. The new criteria contain no general exception, for purposes of determining work-relatedness, for cases involving acts of violence in the work environment.
- Q87. If an employee's pre-existing medical condition causes an incident which results in a subsequent injury, is the case work-related? For example, if an employee suffers an epileptic seizure, falls on the track, and breaks his arm, is the case reportable?**
- A87. Neither the seizure nor the broken arm is reportable. Injuries and illnesses that result solely from non-work-related events or exposures are not reportable. Epileptic seizures are a symptom of a disease of non-occupational origin, and the fact that they occur at work does not make them work-related. Because epileptic seizures are not work-related, injuries resulting solely from the seizures, such as the broken arm in the case in question, are not reportable.
- Q88. Does the size or degree of a burn determine reportability?**
- A88. No. The size or degree of a work-related burn does not determine reportability. If a work-related first, second, or third degree burn results in a day absent from work, work restriction, or medical treatment, etc., the case must be reported.
- Q89. If an employee dies during surgery made necessary by a work-related injury or illness, is the case reportable? What if the surgery occurs weeks or months after the date of the injury or illness?**
- A89. If an employee dies as a result of surgery or other complications following a work-related injury or illness, the case is reportable. If the underlying injury or illness was reported prior to the employee's death, the employer must submit a corrected Form FRA F 6180.55a to change the injury classification from nonfatal to fatal.
- Q90. Our railroad has a program that allows employees who have been involved in an accident to take a personal day(s) off if they indicate they were "shaken up," i.e., they expressed some need to have time off to recover from being involved in an accident. These employees often do not have physical injuries, but may have experienced emotional trauma. How should we handle these cases?**
- A90. The situation would not generally be reportable, especially if there are no injuries to be evaluated for reportability. You are not required to seek out information on mental illnesses from your employees. Mental illness cases are only to be considered when an employee voluntarily presents you with an opinion from the health care professional that the employee has a mental illness and that it is work-related. You are to record only those

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mental illnesses verified by a health care professional with appropriate training and experience in the treatment of mental illness, such as a psychiatrist, psychologist, or psychiatric nurse practitioner. In the event that the employer does not believe the reported mental illness is work-related, the employer may refer the case to a physician or other licensed health care professional for a second opinion.

Q91. How long should we monitor an injury of an employee on duty? What about situations where the initial determination following an incident is that injury is not reportable, e.g., first aid only, but the employee notifies you after an extensive amount of time has elapsed that later medical treatment received is connected to the initial incident? What about illnesses, where it is uncertain when the initial exposure took place?

A91. The carrier is required to monitor a reportable employee injury for at least 180 calendar days following the date of the event or exposure causing the injury. This will ensure that the most serious final result for the case is reported, e.g., a nonfatal condition is upgraded to a fatality if the employee dies subsequent to the filing of the initial report. The 180 day time frame is also necessary to determine if the cap for the sum of days absent and/or restricted has been met.

It has been our experience that a reportable injury will meet one or more of the reporting criteria, e.g., medical treatment, within 180 days following the employer's notification that a workplace incident has occurred. If an employee alleges that additional treatment was received following the conclusion of this 180-day period for a case that was not reportable, you are required to review any documentation you receive and evaluate if the later consequences are the result of a new incident. If it is determined that the later consequences are a result of new incident, then a report must be made.

Because illnesses may go undetected for extensive periods of time following a work place exposure, the 180 day tracking for these begins with the most recent diagnosis, or recognition that the condition exists.

The 180 monitoring period does not affect the requirement to submit a late report if it is determined that a qualifying condition was not reported to FRA.

Q92. Does going to a hospital for observation make a work-related injury reportable?

A92. Visits to a physician or other licensed health care professional solely for observation or counseling, and the conduct of diagnostic procedures, such as x-rays and blood tests,

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including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils) is first aid, any by itself not reportable.

Q93. Is an injury that results in a chipped or broken tooth reportable?

A93. FRA believes that fractured or cracked bones and broken teeth are generally considered significant injuries and must be reported at the initial diagnosis even if medical treatment or work restrictions are not recommended, or are postponed, in a particular case. (See section on reporting requirements for specific cases.)

Q94. If an employee has a minor scratch but the physician gives him a tetanus shot anyway, does this constitute medical treatment and make the case reportable?

A94. A tetanus shot is first aid treatment and not reportable. If the employee suffered some reaction or complication from the injection, requiring medical treatment or resulting in other reporting criteria being met, then the case would be reportable. **(Other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment.)**

Q95. Our employees are frequently tested for drug or alcohol use after an accident/incident. Company policy prohibits an employee from returning to work until the results of the tests are known and it is established that there is no risk factor due to impairment. Must we make a report because of the days the employee was held out of service while awaiting test results?

A95. These cases are to be evaluated solely on the basis of the condition and its consequences. If the condition would have caused the employee to be absent from work had there been no testing, then a report must be made. This rule also applies when your company conducts random testing for which a similar policy is in effect. If an employee is randomly tested and is required to remain off duty until the results come back, an accountable condition has not occurred and a report is not necessary.

Q96. I was hurt on the job, and my supervisor accompanied me to the clinic. My supervisor gave the nurse a card to give to the doctor that would be examining me. Our railroad utilizes a card that describes various treatments or therapies that require a report be made to the FRA. The card appears to encourage or suggest that the doctor consider treatment of a nonreportable nature. I feel this may unduly influence the medical facility and could affect the treatment I would have otherwise received had the card not been presented. Since my employer pays for the medical expenses, I am concerned that employees will be taken to treatment centers where this practice exists. The intent seems more to reduce

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reportable cases, rather than ensuring that the health care professional provides treatment that he or she believes is appropriate for the injury. Does FRA authorize the use of such cards or other communications of this nature to health care providers?

- A96. No. FRA is extremely concerned that injured workers receive proper medical treatment. We do not condone the use of any form or medical card that could adversely influence treatment by encouraging the use of nonreportable treatment.

Such practices are not only discouraged by FRA, but also may in certain circumstances constitute a violation of Part 225 subject to a civil penalty against the carrier or supervisor who engages in such practices.

C. REPORTING OF PERSONS OTHER THAN RAILROAD EMPLOYEES

A report must be made of each fatality, and each injury requiring medical treatment beyond first aid, that may have some association with the operation of the railroad. There is a general presumption that any death or injury that occurs on a railroad's premises may have occurred in connection with the operation of the railroad. Other cases become reportable if they are connected to an event or exposure that occurred on the railroad's premises, but affected persons not on the premises, e.g., a plume from a hazardous material release.

A description of first aid treatments can be found in the earlier section describing the requirements for reporting railroad employee reporting.

- Q97. When you refer to “having some association with the operation of the railroad,” would this include a motor vehicle incident between one of our employees and another person, e.g., a motorist lost control, crossed median strip, and struck truck being driven by railroad employee?**

- A97. As a general rule, only those deaths and injuries that occur on the railroad premises must be reported, since there is a clear association with the operation of the railroad. However, there are exceptions. An example would be a hazardous material release from a railcar in the possession of the railroad where the fumes drifted to an adjacent community and caused death or other reportable conditions. Since these persons were harmed as a direct result of an event that occurred on the railroad's property, then you are responsible for reporting any casualties associated with this event. In the example of the motor vehicle incident occurring off the railroad's property, you would not need to make a report for any person other than an employee of the railroad. Passengers from trains that had been

FORM FRA 6180.55a - Continued

involved in an incident and are being transferred by bus or other means who are harmed while off the premises must also be reported.

Q98. Is there any difference in reporting requirements for the following cases?

A trespasser was walking over a trestle when a train suddenly came in sight. He jumped from the trestle to avoid being struck and broke a leg.

A child was trespassing on a railroad bridge and fell to his death. There was no evidence that a train or railroad employees were present at the time of the accident.

A98. No. Both situations are reportable since both the trestle and train are directly associated with the operation of the railroad.

Q99. A body was found along our right of way. It was determined that death was a result of being struck by a train; however, several railroads operate over this segment of track. Who is responsible for reporting?

A99. If known, the railroad operating the consist involved must report. If that railroad cannot be determined, then the railroad responsible for the track must report.

Q100. A car was driving on a public overpass when the driver, who was not a railroad employee, lost control and the vehicle fell to our property below. The driver was seriously injured. Do we need to report this incident?

A100 No. Unless there was some involvement of the railroad that was a discernible cause of the incident, then the injury to the driver would not be reportable.

Q101 Could you provide some examples of situations involving reportable injuries suffered by a "Worker on Duty--Volunteer", a "Volunteer--Other", a "Worker on Duty--Contractor", and a "Contractor--Other" in the course of different types of work performed?

A101 Example 1. A volunteer operates a locomotive for an excursion railroad. Operation of a locomotive clearly falls within the realm of "operation of on-track equipment". If the volunteer sustains a reportable injury (i.e., an injury resulting in death or requiring medical treatment) during operation of the locomotive, then the incident is reported as an injury to a "Worker on Duty--Volunteer" (Class H), with the applicable job code series.

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Example 2. A volunteer sits in a booth selling tickets for train rides on a tourist railroad that operates on the general system and also clears vegetation adjacent to its roadbed. Under 49 CFR § 213.37, vegetation is to be cleared from the roadbed for safe rail operations; vegetation clearing is thus an aspect of maintaining roadbed under § 209.303(b)(1) and, therefore, considered a "safety-sensitive function." Any injury sustained by the volunteer during the vegetation clearing is classified as one to a "Worker on Duty--Volunteer" (Class H). If any reportable injury is sustained by the volunteer during the process of selling tickets, then such injury is classified as one to a "Volunteer--Other" (Class I). If, however, the volunteer sells tickets and then clears vegetation during the same tour, then all injuries are considered as those attributable to a "Worker on Duty--Volunteer" (Class H). Therefore, when a volunteer is engaged in "mixed service", the railroad must report all reportable injuries for that volunteer as those to a "Worker on Duty--Volunteer" (Class H) on Form FRA F 6180.55a. Conversely, when a contractor employee is engaged in such "mixed service" on railroad property, the railroad must report all reportable injuries for that contractor employee as those to a "Worker on Duty--Contractor" (Class F) on Form FRA F 6180.55a, with the applicable job code series of the service performed. Also note that if the volunteer in this example is working for a tourist railroad that operates exclusively off the general system, and if the incident that causes his injury is classified as a non-train incident that doesn't involve operational on-track equipment, then Part 225 does not require the tourist railroad to report the injury at all. See § 225.3.

Example 3. The employee of a contractor performs payroll as well as time-and-attendance functions for a railroad on railroad property. Such functions are not considered "safety-sensitive" because they are not related to the continued safety of the railroad and do not fall under the definition of any "safety-sensitive function" as defined in § 209.303. Thus, an injury sustained by this contractor performing those tasks is reported as that to a "Contractor--Other" (Class G).

Example 4. A contractor employee inspects and replaces roller bearings for the reporting railroad on the railroad's property. Injuries sustained by this contractor are reported as those to a "Worker on Duty--Contractor" (Class F) on Form FRA F 6180.55a. Under 49 CFR § 215.113, cars with defective roller bearings should not be in service, thus any injury associated with replacement of roller bearings is a "safety-sensitive function" qualifying as an injury attributable to a "Worker on Duty--Contractor" (Class F). In contrast, if this same injury was sustained by a contractor employee at the contractor's facility off railroad property, then such injury would not be reported to FRA.

D. GENERAL INTERPRETATIONS

FRA Guide for Preparing Accident/Incident Reports

FORM FRA 6180.55a - Continued

Casualties to persons on trains or other on-track equipment, except for employees of another railroad, are to be reported by the railroad responsible for the consist at the time of the accident/incident.

Casualties to persons not on trains or other on-track equipment are to be reported by the railroad whose consist or operation was most directly involved, e.g., casualties away from railroad property resulting from a release of hazardous material.

Any person found unconscious or dead on or adjacent to a railroad's premises or right-of-way is reportable by the railroad responsible for track maintenance if it is determined that the casualty resulted from the operation of a railroad and the identity of the railroad causing the accident/incident cannot be established in areas of joint operation.

When a person dies as a result of an accident/incident after the month in which the case was initially reported, the case will be reclassified as a fatality. Any death occurring under these circumstances is to be identified by correcting the original casualty record to change the casualty from nonfatal to fatal and the corrected report must be submitted with changes circled in red.

A separate line entry must be made for each casualty.

Each accident/incident must have an identifying number that is unique for the report month. All forms used by a railroad to report a single event must use the same accident/incident number. For example, if a highway-rail crossing accident injures more than one person, a separate line entry is used on Form FRA F 6180.55a to report each injury. A Form FRA F 6180.57 must also be completed. The same accident/incident identification number must be the same for all records.

D. INSTRUCTIONS FOR COMPLETING FORM FRA F 6180.55A (Continuation)

Item Instruction

1. Name of Reporting Railroad
Enter the full name of the reporting railroad.

2. Alphabetic Code
Enter the reporting railroad's code found in Appendix A.

3. Report Month
Enter the month covered by this report.

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4. Report Year
Enter the year covered by this report.
- 5a. Accident/Injury Number
Enter the identifying number assigned to the accident/incident causing the casualty. If multiple casualties resulted from a single event, each casualty must have exactly the same report number. If the casualty was a result of a rail equipment accident/incident or a highway-rail crossing impact, the entry must be the same as that shown on the other forms completed for the accident/incident.
- 5b. Day
Enter the day of the accident/incident. Use number day of the month, e.g., 01-31.
- 5c. Time of Day
Enter the time of the accident/incident including "am" or "pm". Do not use military time.
- 5d. County
Enter the County/Parish in which the accident/incident occurred.
- 5e. State
Identify the State in which the casualty occurred using the appropriate code found in Appendix B.
- 5f. Type Person/Job Code
Identify the type of person whose injury or illness is being reported by using the following codes (refer to classification of persons found in the definitions in Chapter 2): A - Worker on Duty--Employee; B - Employee not on Duty; C -Passengers on Trains; D - Nontrespassers--On Railroad Property; E - Trespassers; F - Worker on Duty--Contractor; G - Contractor--Other; H - Worker on Duty--Volunteer; I - Volunteer--Other; and J - Nontrespassers--Off Railroad Property.
- If the report is for a "Worker On Duty", i.e., type person/job codes "A", "F", or "H", or the person is an "Employee not on duty", type person code "B", you must enter the code from Appendix D that best identifies the individual's occupation/responsibilities.
- 5g. Age
Enter the age of person whose injury or illness is being reported.
- 5h. Drug/Alcohol Test

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If any employee was tested for alcohol use in connection with this accident, enter the number of positive tests in the box titled "A". If any employee was tested for drug use in connection with this accident, enter the number of positive tests in the box titled "D". A test is a physical or chemical reaction by which a substance may be detected or its properties ascertained, and includes both Federal and employer-authorized tests to determine alcohol or drug usage. A test performed under Federal (FRA) requirements is considered positive when the test result has been verified as positive by a Medical Review Officer and reported to the employer. A test performed under other authorization is considered positive when the employer will defend the results if legally challenged. (Refer to 49 CFR Part 219, Control of Alcohol and Drug Use, for additional information.)

If there were positive tests, but impairment is not reported as a cause of the accident, then provide a brief explanation in the narrative of the basis for this determination. The narrative is to be used to provide additional clarification, particularly in instances where there are positive test results, but impairment was not determined to have been causal.

You are required to identify all accidents/incidents where testing was performed. The recording of this data on a record does not mean that the injured person was the individual tested. This situation could occur when the employee(s) tested for the use of these substances was not harmed in the accident/incident. Under these circumstances, since there was no injury to the tested employee, there would be no entry for this employee on Form FRA F 6180.55a. Therefore, it is critical to record the information concerning tests on all reports filed in connection with the accident/incident.

This situation could arise, for example, when a non-employee, e.g., a passenger, sustains the only reportable injury in an incident that resulted in testing of employee(s). In order to identify the connection between the injury being reported and possible alcohol or drug use by an employee, it is mandatory that the information concerning the alcohol or drug use be recorded on the reports made in connection with the accident/incident.

5i. Injury/Illness Code

Select from the codes in Appendix E the combination that best describes the condition being reported.

5j. Physical Act

From Appendix F, select the code which best describes what the injured person was doing just before the injury occurred. If the code you have selected does not sufficiently describe the "Physical Act", provide further description in the Narrative.

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5k. Location The location is comprised of three sets of codes as described below.

PART I: Was the person on the right-of-way, off the right-of-way, or on on-track equipment?

Identify the appropriate category describing where the casualty occurred, and enter the appropriate code listed in Appendix F. When using "Other", a narrative must be provided in item 5s.

PART II: If the casualty involved on-track equipment, select the code that best describes the type of on-track equipment involved, and enter appropriate code listed in Appendix F. When using "Other", a narrative must be provided in item 5s.

PART III: Select the appropriate code that best identifies the location of the casualty being reported listed in Appendix F. When using "Other" a narrative must be provided in item 5s.

5l. Event

From Appendix F, select the code which best describes the event that caused the injury. If the code selected does not sufficiently describe the "Event", provide further description in the Narrative.

5m. Result

From Appendix F, select the code which best describes additional information about the tools, machinery, appliances, structures, surfaces, etc., associated with the injury. You should try to use codes that provide additional information. For example, if the event code identified using "hand tools", the entry in this block could be used to identify that the tool was a "gripping" type tool. If the code selected does not sufficiently describe the "Result", provide further description in the Narrative.

5n. Cause

From Appendix F, select the code which best describes what caused the event entered in item 5l. If the code you have selected does not sufficiently describe the "Cause", provide further description in the Narrative.

5o. Number of Days Away From Work **See questions and answers 20-33 and section on counting days absent from work and days of restriction.**

FORM FRA 6180.55a - Continued

If the person reported is an employee of the reporting railroad, enter the number of days subsequent to the day of the injury or the diagnosis of the illness that a railroad employee does not report to work, or was recommended by a physician or other licensed health care professional not to return to work, as applicable, for reasons associated with the employee's condition even if the employee was not scheduled to work on that day. If there were no such days, or a fatality is being reported, enter "0". If the person is not a railroad employee, enter "N/A". See

5p. Number of Days Restricted **See questions and answers 34-49 and section on counting days absent from work and days of restriction.**

If the person being reported is an employee of the reporting railroad, enter the number of days that an employee is restricted in his or her routine job functions following the day of the injury or the diagnosis of the illness, or was recommended by a physician or other licensed health care professional not to return to full time work, as applicable. An employee's routine job functions are those work activities that the employee regularly performs at least once per week. If there were no such days, or a fatality is being reported, enter "0". If the person is not a railroad employee, enter "N/A".

5q. Exposure to Hazmat

Enter "Y" (for "yes") if an exposure to hazardous material caused, or was a contributing factor to, the condition being reported for this individual.

5r. Special Case Codes (Classification of Certain Injuries and Illnesses for FRA and OSHA Purposes)

FRA's agreement with OSHA to conform with the new criteria (see Q & A 81) that went into effect in calendar year 2002 means that some nonfatal cases that were not previously reportable to FRA will now be reportable. Prior to calendar year 2003, only those nonfatal conditions that resulted in **actual** days away from work, **actual** work restriction, medical treatment beyond first aid, or loss of consciousness were to be reported. These cases that are now reportable, have been defined as "covered data" cases (see question and answer 81.)

Because of the need to track trends that determine if the safety record for railroad employees is changing, it is necessary to have a means to identify these previously unreported cases so that the data collected under the new requirements can be accurately compared with earlier years.

If the **only** reason that a nonfatal condition is being reported is because 1) a physician or other licensed health care professional (PLHCP) prescribed time off, but no days were

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actually taken, 2) a PLHCP prescribed restriction of routine work duties, but restriction of routine work did not occur, or 3) the PLHCP prescribed OTC medication to be taken at prescription strength, then one of the following codes is to be entered in item 5r on Form FRA F 6180.55a.

A - PLHCP prescribed time off, but no days were actually taken

R - PLHCP prescribed restriction of routine work duties, but restriction of routine work did not occur

P - PLHCP prescribed over the counter medication to be taken at prescription strength, or there was a **single external** application of prescription medication, e.g., antibiotic ointments or eye drops. Conditions that result in a single dose of medication that is injected or ingested are not “covered data” cases.

When deciding which code to use when a case involves more than one of the situations above, **A** take precedence over **R** and **P**, and **R** takes precedence over **P**. For example, if the PLHCP recommended days absent from work and restriction of work after returning to the job, then code **A** is to be used.

If code **A** or **R** is used, you must record, at a minimum, a count of one (1) in either block 5o or 5p that are used for the counting of days.

Termination or Permanent Transfer

If an employee is terminated or permanently transferred because of physical, medical, or other reasons associated with the reported injury or illness, then enter **Y** in block 5r.

Do not enter code **Y** if the employee is terminated transferred solely for other reasons, e.g., disciplinary, unless the employee’s condition was such, e.g., leg amputated, that it would have resulted in termination or transfer regardless of whether disciplinary action was taken.

5s,5t **Latitude and Longitude (optional).**

Block 5s and block 5t are for recording the latitude and longitude of the location where the incident occurred. These two blocks are optional, and the information to be collected is for Trespasser (Class E) injuries and fatalities not at Highway-Rail Crossings, and for Worker on duty – Employee (Class A) fatalities only.

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FRA is using the World Geodetic System (WGS) 84 standard for recording the event's latitude and longitude. Even though this information is optional, it is requested that the information follow the WGS 84 standard.

Although FRA would prefer decimal degrees (on hard copy only, please follow value with ° to specify decimal degrees), FRA will accept latitude and longitude in degrees, minutes, and seconds (with °, ', " to indicate units used are degrees, minutes, seconds) if submitted on hard copy (electronic submissions should be in decimal degrees).

The latitude should use the following format +xx.xxxxxx. The longitude should use the following format -xxx.xxxxxx in decimal degrees. Use an explicit plus or minus sign and an explicit decimal point followed by six decimal places for both latitude and longitude.

Latitude, in decimal degrees: explicit decimal, explicit +/- (WGS 84) (e.g., +35.301486)

Longitude, explicit decimal, explicit +/- (WGS 84) (e.g., -085.280201)

5u. Narrative

The railroad may further explain unusual circumstances surrounding a worker's injury or illness using up to 250 characters. Completion of this narrative is mandatory for the reporting railroad unless the injury or illness can be adequately described using all other entries (information blocks) on the form. **Do not record personal identifiers, e.g., names, Social Security Numbers, or payroll identifications.**