



Guidelines on Recording & Reporting of Occupational Injuries & Illnesses

REVISION NUMBER

0

DOCUMENT NUMBER

S&H/2001.0

RELEASE DATE

1st April 2016

INTRODUCTION

Tata Group is committed to be an injury-free organization, ensuring the Safety and Health of our employees, contractors and visitors in our operations. To reach higher standards in Safety and Health, a culture of prevention is encouraged through proactive measures and techniques. Performance needs to be measured to maintain and improve the effectiveness of the Safety & Health Management System and requires a combination of proactive and reactive measures (leading and lagging indicators). The safety & health system and performance is monitored, reviewed and evaluated for effectiveness and continuous improvement.

PURPOSE

This guideline aims to establish common terminologies and safety statistics measurement systems across Tata group companies, so that all companies speak common language on Safety & Health. The classification of incidents & injuries mentioned henceforth are currently practiced nomenclature by various Indian & International companies. Effort has been made to simply the process and the language as well to make it more easily understandable.

More so, if we have to benchmark our performance with the best in class – both national & international, we need to have our data standardized in these categories

Note: This guideline is to be adopted for reporting within the Tata Ecosystem. For reporting to statutory bodies the requirements as set forth in individual countries / geographies will continue to apply. However for all reporting & recording of incidents to the Tata Group (including the Safety & Health team), the below terminology will be applicable.

STRUCTURE OF THE DOCUMENT:

The document is in the following categories:

1. Standardized “Safety Nomenclature” across Tata Group
2. Incident Reporting Timelines & Authority
3. Monthly Reporting Format

1. STANDARDIZED “SAFETY NOMENCLATURE” ACROSS TATA GROUP

- **Fatality:** Fatality is defined as the death of an employee resulting from an accident caused while performing his/her work related activities.
 - Note: Following categories are excluded
 - Death arising from Medical Causes (eg. Heart Attack). However, if the medical causes arise out / significantly aggravated due to work (in the opinion of the doctor) then it will be considered a work related case
 - Suicide
 - Personal Behaviour of the employee (Death during violence, murder etc.)
- **LTI- Lost Time Injury:** A work related injury in which the employee is **unable** to resume his/her duties in the next scheduled shift. Every fatality is also counted as an LTI.
- **RWC- Restricted Work Case:** A Restricted Work Case is a work related injury in which the employee resumes his/her duties from the next shift but is **unable** to perform his/her assigned activities (the person is given light duty).
- **MTC- Medical Treatment Case:** A Medical Treatment Case is a work related injury in which the employee post medical treatment, resumes his/her duties from the next shift after the accident and is **able** to perform his/her assigned activities.
- **FAC- First Aid Case:** A First Aid Case is a minor work related injury in which the employee gets back to his/her duties in the **same shift** for which he/she may or may not take the medical assistance from the dispensary.
- **HIPO (High Potential) Incident:** A HIPO (High Potential) incident may be a near miss, property damage or any other dangerous occurrence such as collapse/ fall of any equipment or structure, bursting/ explosion of vessel or tank, large spills which does not result in injury to person(s) but which poses a risk to life of people in vicinity and has potential to cause serious injury / fatality.
- **Lost Time Injury Frequency Rate (LTI FR) = $\frac{\text{Number of Lost Time Injuries}}{\text{Number of Manhours}} \times 10,00,000$**
- **Commute** – Travel from home to assigned workplace and travel back to home.
- **Accidents during commute** –
 - Whenever the company provides a vehicle such as a bus / car to transport employees to and from their home and if an accident occurs, this is counted as a work related incident.
 - If the employee uses his / her personal vehicle / public transport for commute, it is not considered a work related incident.

- **Road related Incident** – Any incident which involves business travel (eg. going to customer site) is counted as a work related incident. If an injury / fatality occurs to a third party this has to be reported and investigated but will not form part of statistics.
- **Total Recordable Cases** - Total Recordable Case (TRC) is a sum of LTIs (including fatalities), RWCs and MTCs. FACs are excluded from TRC.
- **Total Recordable Cases Frequency Rate (TRC FR)** = $\frac{\text{Number of TRCs}}{\text{Number of Manhours}} \times 10,00,000$

Refer to the annexure for FAQs and further information on the standardized safety nomenclature.

2. INCIDENT REPORTING TIMELINES & AUTHORITY

Sr. No.	Category / Activity	By Whom	To Whom	Time Limit	By Whom	To Whom	Time Limit
		Internal Communication (within company)			To the Group		
1	Work related fatalities / Major Fire	Site Head	MD / CEO, Senior Leadership Team, Corporate Safety Head, HR/ER Head	Immediate (Within 2 hours)	Corporate Safety / SHE Head	Chief - Group Safety & Health (or in his absence to his team)	Within 6 hours
					MD / CEO	To the Chairman of the Board	Within 6 hours
						To the Group Chairman	Within 8 hours
					Chief - Group Safety & Health (or in his absence his team)	Executive Chairman – TBExG	Within 2 hours of receipt of information from Company
2	High Severity LTIs / Amputations / Severe Burns	Site Head	MD / CEO, Senior Leadership Team, Corporate Safety Head, HR/ER Head	Within 8 hours or end of the shift (whichever is earlier)	Corporate Safety / SHE Head	Chief - Group Safety & Health (or in his absence to his team)	Within 24 hours
3	LTIs, RWC, MTC	Area In-Charge	Site Head & Corporate Safety Head	Within 8 hours or end of the shift (whichever is earlier)	NA	NA	NA
4	Near Misses, FACs, Minor incidents	Area In-Charge	Department Head, Safety Head	Within 8 Hours or by end of the shift (whichever is earlier)	NA	NA	NA
5	Monthly Safety Report	As per company practice			Corporate Safety Head or Team Member	Group Safety & Health Team	Once a month (before the 8 th of every month for the previous month)

3. MONTHLY REPORTING FORMAT

The monthly report is to be sent to Group Safety & Health in an excel sheet format which is circulated along with this guideline. Given below is the picture representation.

Tata Group - Monthly Safety & Health Report														
Name of the Company / SBU for which data is being reported: xxxxxxxxxxxxxxxxxxxxxx														
1. Key Performance Indicators														
a. Leading Indicators														
S.No.	KPI	April	May	June	July	August	September	October	November	December	January	Feb	March	YTD
1	No. Of Safety Training Sessions													0
2	No. of Participants in Safety Training													0
3	No. of Unsafe Situations (behaviour, conditions & near misses) observed													0
4	No. of Unsafe Situations Rectified													0
5	No. of Health Awareness sessions conducted													0
b. Lagging Indicators														
1	No. of Fatalities													0
2	No. of Major Fires													0
3	No. of LTIs													0
4	No. of RWCs													0
5	No. of MTCs													0
6	No. of FAC													0
7	Total Number of Manhours													0
8	Total TRC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0
9	LTI-FR	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
10	TRC-FR	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
11	No. of HIPO (High Potential) Incidents													0
12	No. of Road Related Incidents (inside + outside premises)													0
8	Number of Occupational Diseases													0
c. Other Information														
1	Average number of Employees during the month													
2	Average number of Contractors during the month													
2. Qualitative Information- Initiatives Taken on Safety & Health in the month for which data is being reported:														

Annexure with FAQs

The following are not work related incidents:

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. (For example employee of a retail store patronized that store as a customer on a non-work day and was injured in a fall).
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, or cricket.
4. 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.
5. The injury or illness is solely the result of personal grooming, self-medication for a non-work related condition, or is intentionally self-inflicted.
6. 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).
7. 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 (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work related.

Other Cases:

1. Checked into a hotel for one or more days- When a traveling employee checks into a hotel, motel, for one or into a temporary residence (guesthouse), 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 (guesthouse), 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.
2. Taken 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).
3. How do I decide if a case is work-related when the employee is working at home?

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's fingernail is punctured by a needle from a sewing machine used to perform garment work at home, becomes infected and requires medical treatment, the injury 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.

Difference between First Aid Case & Medical Treatment Case:

Definition of medical treatment?

"Medical treatment" means the management and care of a patient to combat disease or disorder.

For the purposes of this guideline, medical treatment does not include:

1. Visits to a physician or other licensed health care professional solely for observation or counseling;
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" as defined below of this section.

Definition of "first aid"?

- First aid generally consists of one-time or short term treatment.
- First aid treatments are usually simple and require little or no technology.
- First aid can be administered by people with little training (beyond first aid training) and even by the injured or ill person.
- First aid is usually administered to keep the condition from worsening, while the injured or ill person is awaiting medical treatment.

For the purposes of this guideline, "first aid" means the following:

1. Using a non-prescription 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);
2. Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);
3. Cleaning, flushing or soaking wounds on the surface of the skin;

4. 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, etc., are considered medical treatment);
5. Using hot or cold therapy;
6. 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);
7. Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
8. Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
9. Using eye patches;
10. Removing foreign bodies from the eye using only irrigation or a cotton swab;
11. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
12. Using finger guards;
13. Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes); or
14. Drinking fluids for relief of heat stress.

FAQs

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

Yes, you must record a work-related injury or illness if the worker becomes unconscious, regardless of the length of time the employee remains unconscious.

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

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

3. 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”?

If you are not clear about a physician or other licensed health care professional's recommendation, you may ask that person whether the employee can perform 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 recorded as such. If the answer to one or both of these questions is “No,” the case involves restricted work and must be recorded 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, record the injury or illness as a case involving job transfer or restricted work.

4. What do I do if a physician or other licensed health care professional recommends a job restriction meeting definition but the employee does all of his or her routine job functions anyway?

You must record the injury or illness 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. If you receive recommendations from two or more physicians or other licensed health care providers, you may

make a decision as to which recommendation is the most authoritative, and record the case based upon that recommendation.

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

No, you begin counting days away on the day after the injury occurred or the illness began.

6. How do I record 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?

You must record these injuries and illnesses as LTI and count the number of calendar days away recommended by the physician or other licensed health care professional. If a physician or other licensed health care professional recommends days away, you should encourage your employee to follow that recommendation. However, the days away must be recorded whether the injured or ill employee follows the physician or licensed health care professional's recommendation or not. 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 record the case based upon that recommendation.

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

In this situation, you must end the count of days away from work on the date the physician or other licensed health care professional recommends that the employee return to work.

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

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 recorded if the employee would not have been able to work on those days because of a work related injury or illness.

9. How do I record 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?

You need to record 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 record the injury or illness as a case with days away from work or restricted work, and enter the day counts, as appropriate.

10. How do I record 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?

You need to record 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 record the injury or illness as a case with days away from work or restricted work, and enter the day counts, as appropriate.

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

No, you only record the injury or illness once. You must enter count the year in which the injury or illness occurred.

12. When a work-related heart attack occurs in the workplace and the employee dies one or more days later, how should the case be reported?

The employer must report it to Group Safety & Health Team. Post the Post Mortem report the case can be decided as appropriate.
