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| **Event Number:** **Cority Number:** | **Date:** Click or tap to enter a date. |
| **INSTRUCTIONS: Starting at section 1 below, answer each question by placing a mark in the YES or NO column (and include any relevant comments), then follow the instructions listed under each section heading.**   * The contractor is responsible for providing all necessary medical and incident documentation for the purpose of injury or illness classification. * Refer to Pet DW (WEL) HSEC Glossary and Injury and Illness Case Management Procedure for associated definitions. * Before making a determination, obtain all pertinent information regarding the event. * Ensure appropriate personnel are involved in the classification process. * Maintain Injured / Ill Party’s (IP) medical information in a confidential manner. | |
| **Classification Checklist Completed By:** | **Date:** Click or tap to enter a date. |

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| **NOTE** | Please refer to **PET HSE A & I (Health)** for management of illness / injury cases  that are considered privacy concern cases (includes Mental, Reproductive, Cancer and Immune Illnesses, etc.). |

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| 1. Is this case an Injury or an Illness? | |
| * If an injury, enter event as an “injury”. * If an illness, enter as an “Illness”. Continue to section 2. | |
| **Injury** | **Illness** |
| A wound or other condition of the body caused by external force including stress or strain. The injury is identifiable as to time and place of occurrence and member or function of the body affected, and is caused by a specific event or incident or series of events or incidents within a single day or work shift.  **Examples:** Cut, fracture, burn, acute sprains/strain.  **Injury clarifications:**   * Sprain/strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or similar accidents. * Injuries typically result from instantaneous events. * The significant aggravation of a pre-existing condition through an instantaneous event is an injury. * A bite is an injury when there has been no envenomation or allergic reaction. | A physiological harm or loss of capacity produced by systematic infection; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc.; or other continued and repeated exposures to conditions of the work environment over a period of time.  For practical purposes, an illness/disease is any reported condition which does not meet the definition of an injury.  **Examples:** Noise induced hearing loss, skin disease or disorder, respiratory conditions, heat stress, chronic musculoskeletal disorders. (e.g. repetitive strains – tendonitis, carpal tunnel) |

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| 2. Is the Injury / Illness Work-Related? | | | |
| * Any tick in the YES column means it is **NOT** work related. Complete the *Recordable and Injury Classification* form on the last page (6) and ensure any relevant comments are included for support. * If it is work related - continue to section 3. | | | |
| Question | Yes | No | Comments |
| At the time of the injury/illness, was the person present in the work environment as a member of the general public rather than as an employee/contractor? |  |  |  |
| Did signs or symptoms surface at work but resulted solely from a non-work related event or exposure that occurred outside the work environment? |  |  |  |

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| 2. Cont. Is the Injury / Illness Work-Related? | | | |
| Question | Yes | No | Comments |
| Did the injury/illness result solely from activity in voluntary community or civic projects away from the work environment? |  |  |  |
| Did the injury/illness result solely from voluntary participation in a wellness program  or in a medical, fitness, or recreational activity? |  |  |  |
| Did the injury/illness solely result from a person eating, drinking, or preparing food  or drink for personal consumption? |  |  |  |
| Did the injury/illness solely result from a person doing personal tasks outside assigned working hours? |  |  |  |
| Did the injury/illness result from personal grooming, self-medication for a  non-work-related condition, or was it intentionally self-inflicted? |  |  |  |
| Was the injury/illness caused by a motor vehicle accident that occurred on a company parking lot or company access road while the person was commuting to or from work? |  |  |  |
| Is the illness the common cold or flu? |  |  |  |
| Is the illness a mental illness which is not accompanied by medical evidence stating that it is work related? (NOTE: These cases need to be handled with extreme confidentiality.) |  |  |  |
| Did the injury/illness occur while the person was in travel status, travelling between their fixed or temporary residence (home away from home) and their fixed or temporary work place in either company provided transport, public transport or personal transport? |  |  |  |
| Did the injury/illness occur while the person was on company travel and while the person was not engaged in work activities? (e.g. sightseeing) |  |  |  |
| Did the injury/illness occur while the person was working from a home office and while performing tasks which were not related to their work? (e.g. domestic chores) |  |  |  |

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| 3. Is the Injury or Illness a new case? | | | |
| * Any tick in the **YES** column means it is a new case – continue on to section 4. If we have different opinions from two or more health professionals, choose the most authoritative. * If NOT a new case, reopen the original event and update the severity as required – continue to section 4. | | | |
| Question | Yes | No | Comments |
| The person has NOT previously experienced a recorded injury/illness of the same type that affects the same part of the body? |  |  |  |
| If the person has previously experienced a recorded injury or illness of the same type that affected the same part of the body, had they recovered completely from the previous injury or illness (asymptomatic)? |  |  |  |
| Was the injury/illness precipitated by a new workplace event or exposure? |  |  |  |

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| 4. Is it a Lost Time Case (LTC)? | | | |
| * Any tick in the **YES** column means it is an LTC. If we have different opinions from two or more health professionals,  choose the most authoritative (e.g. Occupational Specialist versus General Practice). * If not an LTC – continue to section 5. | | | |
| Question | Yes | No | Comments |
| Was the person unable to attend work beyond the day or shift the injury/illness  occurred regardless of their next rostered shift? |  |  |  |
| Did the physician or other licensed health care professional recommend days  away but the person came to work anyway? |  |  |  |

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| 5. Is it a Restricted Work Case (RWC)? | | | |
| * Any tick in the **YES** column means it is a RWC. If we have different opinions from two or more health professionals choose most authoritative (Note: Routine functions are those work activities the person regularly performs at least once per week) * If not a RWC – continue to section 6. | | | |
| Question | Yes | No | Comments |
| Has the employer kept the worker from performing one or more of the routine functions of the job, or from working the full workday that he or she would otherwise have been scheduled to work or transferred the worker to another job for part of the day  (not including the day of injury/illness)? |  |  |  |
| Has a physician or other licensed health care professional recommended  that the person not perform one or more of their routine job functions  (completed once or more per week)? |  |  |  |
| Were precautionary duties placed on IP who was US based?  (Automatically OSHA recordable for OSHA Log recordkeeping purposes for US only) |  |  |  |
| Were precautionary alternate duties extended beyond 96 calendar hours?  (Does not apply to US) |  |  |  |

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| 6. Is it a Medical Treatment Case (MTC)? | | | |
| * Any tick in the **YES** column means it is an MTC. * If not an MTC, check to see if it meets the definition of a First Aid Case (FAC) – continue to section 7. | | | |
| Question | Yes | No | Comments |
| Did the person undergo procedures which were NOT diagnostic in nature? Diagnostic includes X-rays, blood tests, use of prescription medications used solely for diagnostic purposes. *(Confer with PET OHH /PET Medical Director if questions arise)* |  |  |  |
| Has a physician or licensed health care professional issued or used a prescription only medication or used a non-prescription medication at prescription strength? |  |  |  |
| Did the person receive physical therapy treatment (i.e. treatment from a physiotherapist, occupational therapist, chiropractor, etc.) following a licensed health care professional’s referral where the treatment exceeded 96 calendar hours from time of initial referral? |  |  |  |
| Did the person receive any of the following treatments:   * Wound closing devices? (e.g. sutures, staples or medical glue) * Devices with rigid stays or other immobilization systems? |  |  |  |

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| 6. Cont. Is it a Medical Treatment Case (MTC)? | | | |
| Question | Yes | No | Comments |
| Was the injury/illness significant? (e.g. fracture of bones, punctured ear drum) |  |  |  |
| Did the person receive any of the following treatments:   * Immunizations following an injury/illness? (e.g. Hepatitis B or rabies) * Surgical debridement? * Intravenous administration of glucose/saline/other fluids? * Oxygen to successfully treat a work related injury/illness? (e.g. shock, decompression sickness, exposure to toxic substances  or oxygen deficient atmospheres) |  |  |  |

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| 7. Is this a First Aid Case? | | | |
| * Any tick in the **YES** column means it is a First Aid Case. | | | |
| Question | Yes | No | Comments |
| If precautionary restricted duties were applied, was the IP re-evaluated after 48 hours and/or at the end of precautionary duty period and returned to routine job functions within 96 hours of injury/illness? |  |  |  |
| Did the person receive physical therapy treatment *(i.e. treatment from a physiotherapist, occupational therapist, chiropractor, etc.)* following a licensed health care professional’s referral where the treatment does not exceed 96 hours from time of initial referral? |  |  |  |
| Did the person visit a physician or licensed health care professional solely for observation or counselling? |  |  |  |
| Did the person receive any of the following treatments:   * Non-prescription medication at non-prescription strength * Tetanus immunization? * Cleaning, flushing or soaking wounds on skin surface? * Wound covering devices  (e.g. gauze pads, butterfly bandages, Liquid Band-Aid, Steri-Strips)? * Hot or cold therapy? * Non-rigid means of support (e.g. elastic bandages, wraps, non-rigid back belts)? * Using temporary immobilization devices while transporting an accident victim? * Drilling of a fingernail/toenail to relieve pressure or draining a blister? * Eye patch or finger guard? * Removal of foreign bodies from the eye using only irrigation or cotton swab? * Removal of splinters/foreign bodies from non-eye areas by simple means? (e.g. irrigation, cotton swab, tweezers) * Massage? * Drinking fluids for the relief of heat stress? * Oxygen administered on a precautionary basis, and not required to successfully treat injury/illness? (e.g. heat stress or to prevent the onset of altitude sickness or as part of routine decompression in diving operations) |  |  |  |

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| **CONFIDENTIALITY** | * When entering data into the **Event Management System** pertinent details must be recorded at the highest level possible. * It is critical that there is no medical (or other) information that could identify the IP put into the system for non-work related illness/injury. * For assistance with documenting medical information please contact a Petroleum HSE A & I (Health), PET Medical Director or Local Medical Director. |

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| Additional Notes |
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| **Recordable Injury/Illness Classification** |
| *This entire form is to be attached to the event in the event management system. Where an accurate classification is difficult to determine seek advice from the Petroleum HSE A & I (Health). Where the classification remains difficult to determine, engage the Petroleum HSE Leadership Team for final determination through the Petroleum HSE Reporting Manager.* |

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| Amended Classification Assessment | | | | |
| This section is completed in the event the initial classification is changed. Documentation supporting change in status must be provided to Health Contact (Medic, Houston Health Services, etc.) for inclusion into Cority.  If more than one change occurs, further sections should be added to this form. | | | | |
| Amended injury/illness Assessment: | | Choose an item. | | |
| Reason for Amendment: | |  | | |
| **Approval: Petroleum HSE Reporting Manager** | | | | | |
| Approved  Reject | | Name: | | Signature: | Date: Click or tap to enter a date. |