



Occupational Safety & Health Committee
Serious Injury and Fatality (SIF) Criteria
Proposed Changes

Edison Electric
INSTITUTE

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What is a SIF?

SIF was developed to be a metric that better defines serious injuries and fatalities. It includes work-related fatalities, life-threatening injuries, life-altering injuries, or the SIF criteria described below.

DEFINITIONS

Work-Related: If the injury is OSHA recordable, it should be considered work-related.

Life-Threatening: A physical injury that if not immediately addressed is likely to lead to the death of the affected individual and will usually require the intervention and/or external emergency response personnel to provide life-sustaining support.

Life-Altering: A physical injury that results in permanent loss of use of an internal organ, body function, or body part.

Serious Injury Incidence Rate (SIIR): The SIIR is calculated using the formula (# cases x 200,000/hours worked). The calculation of the SIIR uses the same hours worked number as the calculation of the Recordable Incidence Rate.

Identifying and Classifying Serious Injuries

When the work-related requirement has been met, compare the employee injury to the Serious Injury Criteria listed below to determine if the injury is deemed “Serious.” (Each case should be counted only once. In cases with multiple injuries, assign the case to the category representing the most severe injury.)

SIF CRITERIA

1. Fatalities

- 2. Amputations (involving bone) excludes distal phalanx.** Excludes distal phalanx unless thumb, index or great toe.

Frequently Asked Questions

- Q.** *If the amputation of a distal phalanx includes more than one finger that is not a thumb or index finger, would this be considered a SIF?*
- A.** No, the multiple amputation of distal phalanges would not count as a SIF unless it included the thumb or index finger. On the foot, it would not count unless it included the great toe.

3. **Head trauma that results in a traumatic brain injury (TBI), intracranial bleeding or loss of consciousness for greater than 30 minutes.**

Intracranial can include any bleeding within the confines of the skull and things that are outside of the brain tissue like an epidural bleed.

4. **Injury or trauma to vital organs to include brain, spinal cord, heart, lungs, kidneys, liver, spleen, large and small intestine, and stomach.**

Frequently Asked Questions

1. *When should a case of organ damage be classified as serious?*

A. Injuries and occupational illnesses resulting from acute exposures should be classified as serious if objective medical evidence indicates significant or sustained (beyond initial event, acute treatment and testing) organ damage, or progressive changes in organ function or anatomy. This criterion does not include injury from long term or repetitive exposures.

Only cases that involve relatively short-term events should be included in the serious metric, even if the result is an illness. Illnesses that develop from exposure over long periods of time (years) are not to be captured in this metric (example, fibrosis of the lung from asbestos exposure).

Q. *Is a hernia considered a serious case?*

A. A hernia by itself would not be classified as a severe case. However, if the hernia causes damage to an internal organ such as a strangulated colon, it would be classified as a severe case.

5. **Bone fractures requiring surgery for repair (pins, rods, screw, plates, wires, etc.) Excludes fingers and toes.**

Bone fracture that requires open reduction and internal fixation (ORIF) or other immediate surgical intervention.

Bone fracture of the fingers and toes that require ORIF is excluded.

Any injury to the spine that results in permanent neurological impairment and/or a sensory or motor deficit that does not resolve within the expected/normal recovery time.

Frequently Asked Questions

Q. *Are all fractures of the fingers and toes that result in a permanent loss of mobility excluded?*

A. All fractures of the fingers and toes are excluded.

6. Acute traumatic herniated disc with neurologic deficit – sensory or motor

7. 2nd degree burn (10% body surface); 3rd degree burn (5% of body surface) or 3rd degree burn requiring skin graft.

8. Eye injuries resulting in permanent vision loss or change in vision.

9. High pressure injection injuries requiring surgical debridement and irrigation.

10. Heat Stroke

11. Dislocation of the hip, elbow or knee.

12. Electrical contact injuries.

13. Vascular trauma requiring surgery

14. Acute chemical or radiological exposure resulting in injury to vital organs to include brain, spinal cord, heart, lungs, kidneys, liver, spleen, large and small intestine, and stomach.

Burns resulting from *electrical contact* or *chemical exposure* should be classified respectively under criterion #12 or #14.

Frequently Asked Questions

Q. Does a corneal abrasion constitute eye damage injury?

A. No. Corneal abrasions and/or scratches due to foreign bodies are considered minor and usually heal quickly.

This could include injuries resulting from injection of hazardous materials such as hydraulic fluid or hydrogen fluoride.

Must meet medical diagnosis of heat stroke.

Does not include dislocation of the patella (kneecap).

Count only cases that required the manipulation or repositioning of the joint back into place under the direction of a treating doctor.

Injuries resulting in or requiring one of the following procedures:

- Surgical repair, skin grafting or amputation
- Permanent contracture of a joint or loss of function
- Cardiac Dysrhythmia

If there is a burn resulting from an electrical contact, please classify here using the burn criterion - #7.

If there is a burn resulting from a chemical or radiological exposure, please classify here using the burn criterion - #7.

15. Other injuries

The “Other injuries” category should only be selected to report injuries not identified in the existing categories. The injury must meet the life-threatening or life-altering definition.

Injuries listed in this document are intended to capture life-threatening and life-altering injuries. We recognize that there is variability in recovery from injury by individuals. Injuries that do not generally result in life-altering outcomes have been omitted.

When applying this classification to life-altering injuries not listed, please select only if an employee is unable to engage in prior level of work functional ability. A description box is provided to briefly describe the nature of the injury.

