GUIDE

Health & Safety Performance Metrics Reporting

November 2013
The Canadian Association of Petroleum Producers (CAPP) represents companies, large and small, that explore for, develop and produce natural gas and crude oil throughout Canada. CAPP’s member companies produce more than 90 per cent of Canada’s natural gas and crude oil. CAPP’s associate members provide a wide range of services that support the upstream crude oil and natural gas industry. Together CAPP's members and associate members are an important part of a national industry with revenues of about $100 billion-a-year. CAPP’s mission is to enhance the economic sustainability of the Canadian upstream petroleum industry in a safe and environmentally and socially responsible manner, through constructive engagement and communication with governments, the public and stakeholders in the communities in which we operate.

Disclaimer
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Overview

The guide describes how to determine when injuries, illnesses and fatalities are reportable, and how to calculate reportable metrics. The purpose of this Guide is to provide a framework for consistent reporting of health & safety performance metrics for petroleum industry operations managed by a CAPP member company and for benchmarking health & safety performance. These data provide statistical information and are intended to support prevention and improvement activities.

These reporting requirements are for occupational injuries, illnesses and fatalities affecting employees and contractors. Injuries, illnesses, and/or fatalities occurring in a joint venture, under a member company's operating control, are included. Injuries, illnesses and/or fatalities occurring in downstream oil and natural gas, chemicals, subsidiaries or to partnerships are not included.
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1 Introduction

1.1 Purpose

The purpose of this CAPP guide is to provide CAPP members with the information and instructions needed to consistently record and report occupational injuries, illnesses, fatalities and hours worked as part of CAPP’s Responsible Canadian Energy (RCE) Program. The data collected in this program will provide statistical information to support prevention and improvement activities. The preventability of an event resulting in injury or illness and the concept of fault do not influence reportability.

1.2 Scope

The reporting requirements in this CAPP Guide are for occupational injuries, illnesses, fatalities, and hours worked affecting employees and contractors in the upstream oil and gas industry. Injuries and illnesses occurring in a joint venture under a member company’s operating control are included. Injuries and illnesses occurring in downstream oil, natural gas, and chemicals, in subsidiaries, or in partnerships are not included.

1.3 Reporting protocol

The present CAPP Guide largely adopts the reporting requirements in Occupational Safety and Health Administration (OSHA) Recordkeeping Handbook (OSHA, 2005) and has been adapted from that document. Important differences in reporting requirements between the present CAPP guide and OSHA (2005) include:

- The present CAPP guide does not consider restricted work cases to be lost time cases.
- OSHA (2005) does not include contractor reporting.
- This guide defines injuries and illnesses separately, following OGP and previous OSHA practice. Current OSHA practice defines “injuries and illnesses” under a single definition.
- Injuries and illnesses occurring in camps outside of work hours are not reportable. Under OSHA, they would be reportable since the camp would be considered part of the work environment. Injuries and injuries on offshore rigs do follow OSHA guidelines and are reportable at all times.
1.4 Changes for 2014

Notable changes to the 2014 CAPP guide (CAPP, 2014) include:

- The present CAPP Guide has been expanded to describe conditions for reporting work-related illnesses.
- The concept of “contractor mode” proposed by the International Association of Oil and Gas Producers (OGP) (OGP, 2010) has been adopted to determine the contractor activities for which CAPP member companies must track hours worked and reportable injuries and illnesses.

2 How to Use this Guide

The guide has two main parts:

**Chapter 3 Determining Reportability** provides the procedures needed to identify which injuries, illnesses and exposure hours are reportable to CAPP. Examples are included in the appendices to help clarify when injuries and illnesses should be considered reportable (Appendix B). A two-page summary of the procedure is provided in Appendix C as a quick reference tool.

**Chapter 4 Calculating the Metrics**, provides instructions describing how to calculate and submit the eight metrics required by CAPP including:

- Employee Recordable Injuries
- Contractor Recordable Injuries
- Employee Recordable Illnesses
- Contractor Recordable Illnesses
- Employee Fatalities
- Contractor Fatalities
- Employee Hours Worked
- Contractor Hours Worked

Most of the metrics are simple sums of the recorded injuries and illnesses during the reporting year. Employee Hours Worked and Contractor Hours Worked are two additional metrics measuring exposure hours. They are used by CAPP to calculate injury, illness, and fatality, rates and frequencies.
3 Determining Reportability

One of the more complicated issues addressed in this guide can be determining whether a particular injury or illness is reportable to CAPP.

Generally, if the CAPP member company or contractor was in control of the environment the event resulting in injury or illness took place in, and the activity the individual was engaged in was work related, the injury or illness is reportable.

To determine if an injury or illness is reportable use the test in the box below. If an injury or illness meets all three conditions in the test, it is reportable. If the injury or illness does not meet one of the conditions below it is not reportable.

---

**Injuries or illnesses** are reportable to CAPP when:

- The injury or illness occurred to an employee of a CAPP member company working in the upstream oil and gas industry (see section 3.1), or to an employee of a contractor working in contractor modes 1 and 2 as defined in section 3.1.2; and
- The injury or illness was work related (see section 3.2); and
- The injury or illness was new and significant (see section 3.3).

For this purpose, fatalities are defined and treated as work-related injuries or illnesses that resulted in death, and therefore follow the same test for determining reportability. While reportable injuries, illnesses and fatalities are all identified the same way, they are recorded and submitted separately to CAPP (see section 4).
The flow chart below is a graphic summary of the procedure for identifying which injuries and illnesses are reportable.

**Figure 1: Flow chart for determining reportability**

Did the injury or illness occur to an employee of a CAPP member or a contractor working in a work environment governed by the CAPP member?

- **CAPP Member? (3.1.1)**
  - NO: Non-reportable
  - YES: Contractor? (3.1.2)
- **Contractor? (3.1.2)**
  - NO: Non-reportable
  - YES: Was the contractor working in a work environment governed by the CAPP member? (3.1.2)
  - NO: Non-reportable
  - YES: Was the injury or illness work related? (3.2)
- **Was the injury or illness work related? (3.2)**
  - NO: Non-reportable
  - YES: Was the injury or illness new and significant? (3.3)
- **Was the injury or illness new and significant? (3.3)**
  - NO: Non-reportable
  - YES: REPORT
In addition to injuries, illnesses and fatalities, CAPP requires information on exposure hours. There is only one requirement for reporting exposure hours:

**Exposure hours** are reportable for CAPP member companies working in the upstream oil and gas industry and for contractors governed by the CAPP member’s Health, Safety and Environmental Management System (HSE-MS) (see section 3.1). Exposure hours are recorded under the Employee Hours Worked and Contractor Hours Worked metrics (see sections 4.2.3 and 4.2.4).

**Note:** The terms “exposure hours” and “hours worked” are interchangeable for the purposes of this document.

For more information and examples:
Appendix A, [Glossary and Additional Information](#), provides definitions, some examples, and more detailed descriptions of some of the key terms used.

Appendix B, [Sample Cases for Determining Reportability](#), walks through a series of test cases, explaining why a particular injury or illness should be deemed reportable using the method described above.

Appendix C, [Determining Reportability Checklist](#), provides a summary of the method used to determine reportability and lists many of the common exceptions and special cases.
3.1 Determining who needs to report

The present CAPP Guide applies to both the internal operations of CAPP member companies in the upstream industry (3.1.1) and contracted operations working within the health, safety, and environment management systems (HSE-MS) of the CAPP member (3.1.2). CAPP members report fatalities, injuries, illnesses and exposure hours for both their internal operations and contractors in a single submission.

Injuries, illnesses and exposure hours for contractors working independently and under their own HSE-MS are not reportable (3.1.2).

3.1.1 CAPP members

CAPP members report the relevant fatalities, injuries and illnesses for their internal upstream operations within Canada. CAPP members also report exposure hours for their internal upstream operations in Canada.

The definition for “employee” can be found in Appendix A.

3.1.2 Contractors

In addition to their own operations, CAPP members report the relevant injuries and illnesses, and the exposure hours for contractors working within HSE-MSs governed by the CAPP member. Worksites owned, operated and controlled by the CAPP member are examples of environments where contractors are often governed by the CAPP member’s HSE-MS.

To determine whether a contractor is working within the CAPP member’s HSE-MS, the CAPP member must determine the mode in which the contractor is operating.

There are three possible modes (OGP). These are listed in Table 1. Contractors operating within contractor modes 1 and 2 are governed by the CAPP member’s HSE-MS and therefore exposure hours and reportable injuries, illnesses and fatalities are reportable. Contractors in mode 3 operate under their own HSE-MS and are not reportable to CAPP.

The definition for “contractor” can be found in Appendix A.
Table 1: OGP contractor modes (OGP, 2012)

<table>
<thead>
<tr>
<th>Mode</th>
<th>Description</th>
<th>CAPP member roles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mode 1</strong></td>
<td>Contractor works within HSE-MS of CAPP member</td>
<td>Supervision and inspection</td>
</tr>
<tr>
<td></td>
<td>The contractor provides people, processes, and tools for the execution of the contract under supervision, instructions, and the HSE-MS of the CAPP member. The contractor has a management system to provide assurance that the personnel for whom it is responsible are qualified and fit for the work and that the processes, tools, materials, and equipment they provide are properly maintained and suitable for the contract.</td>
<td></td>
</tr>
<tr>
<td><strong>Mode 2</strong></td>
<td>Contractor executes contract under its own HSE-MS. CAPP member has HSE decision authority</td>
<td>Monitoring, auditing, and inspections</td>
</tr>
<tr>
<td></td>
<td>The contractor executes all aspects of the contract under its own HSE-MS, providing the necessary instructions and supervision and verifying the proper functioning of its HSE-MS. The CAPP member is responsible for verifying the overall effectiveness of the HSE management controls put in place by the contractor, including its interface with subcontractors and for assuring that the CAPP member’s and the contractor’s HSE-MSs are compatible.</td>
<td></td>
</tr>
<tr>
<td><strong>Mode 3</strong></td>
<td>Contractor is independent</td>
<td>Prequalification</td>
</tr>
<tr>
<td></td>
<td>The contractor’s HSE-MS has no interface with the CAPP member’s HSE-MS and the contractor is not required to report HSE performance data including injuries or illnesses to the CAPP member. However, this does not exclude the possibility that the CAPP member may wish to guide and influence HSE performance to fit the type of contract being executed.</td>
<td></td>
</tr>
</tbody>
</table>

3.1.3 Important considerations for contractors

- Contractors may move between HSE-MS’s governed by the CAPP member (modes 1 or 2) to ones controlled by the contractor (mode 3). For example, when a contracted transport moves on to a CAPP member’s worksite, the contractor’s operations may become reportable as it leaves its own HSE-MS, and enters the CAPP members’ HSE-MS.

- Offsite contractors that are fully dedicated to the CAPP member are assumed to be operating under the CAPP member’s HSE-MS (contractor mode 1) or within a HSE-MS subject to the CAPP member’s HSE decision authority (contractor mode 2) and as a result the contractor exposure hours and injuries and illnesses are reportable. The process of selecting a contractor mode is described in more detail in HSE management—Guidelines for working together in a contract environment (OGP, 2010).
• Contractor illnesses or injuries must be reasonably traceable to a single CAPP member’s work environment to be reportable. Contractor illnesses, injuries or fatalities that may have been jointly caused by exposures in several CAPP member work environments are not therefore reportable by any CAPP member.

Examples:

• A contractor suffers hearing loss that was the result of exposure in the work environments of several CAPP members. In this case, the hearing loss is not reportable by any of the CAPP members.

• A contractor who has been working for a month at the site of several CAPP members complains of back pain, and a physician reports prolonged physical exertion has strained the muscles. In this case, the back pain is not reportable by any of the CAPP members as it cannot be reasonably traced to any single CAPP member.

Since contractor illnesses or injuries must be reasonably traceable to a single CAPP member’s work environment, a contractor’s injury or illness that could have occurred in the work environment of several CAPP members is not reportable by any of the CAPP members. This is true even if the injury or illness must have happened in the work environment of one of the CAPP members, but there is no way to determine which one.

Example:

A contractor complains of a hairline fracture discovered at home. The contractor says it can only have been caused when he was working at the site of one of several CAPP members visited during the previous workday, but the contractor is not sure which one. In this case, the hairline fracture is not reportable by any of the CAPP members visited.
### 3.1.4 Examples of mode 3 contractors

The following table highlights examples of contractors working mode 3.

**Table 2: Examples of mode 3**

<table>
<thead>
<tr>
<th>Example of Mode 3 Contractor</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offsite construction sites, fab shops, design and engineering firms where the following criteria are not met: HSE-MS of the CAPP member governs activity or the HSE-MS in place is subject to the CAPP member’s HSE decision authority, and the workforce is not dedicated to the CAPP member.</td>
<td>Exposure hours and injuries and illnesses occurring in contractor operations where the HSE-MS of the CAPP member is not in place or the CAPP member does not have decision authority within the HSE-MS in place, do not reflect on the performance of the HSE-MS of the CAPP member and are therefore not reportable. Contractors in this scenario are working within contractor mode 3 and exposure hours and injuries and illnesses are not reportable.</td>
</tr>
<tr>
<td>Personnel transportation contractors including aviation services (e.g., helicopters, fixed wing transport) and public road transportation (e.g., buses, vans, automobiles, trucks) when not fully dedicated to the CAPP member.</td>
<td>Personnel transportation contractors that are not fully dedicated to, or provided by, the CAPP member are assumed to be operating under the contractor’s HSE-MS (contractor mode 3). <strong>Special cases:</strong> Once arriving onsite (e.g., ground transportation within site boundaries, air transportation landed on runway or helipad) the HSE-MS governing activity must be considered. If the CAPP member’s HSE-MS governs activity (contractor mode 1) or the HSE-MS in place is subject to the CAPP member’s HSE decision authority (contractor mode 2) the contractor exposure hours and injuries and illnesses are reportable. Personnel transportation contractors that are provided by or fully dedicated to the CAPP member are assumed to be operating under the CAPP member’s HSE-MS (contractor mode 1) or within a HSE-MS subject to the CAPP member’s HSE decision authority (contractor mode 2) and as a result the contractor exposure hours and injuries and illnesses are reportable.</td>
</tr>
<tr>
<td>Material transportation contractors including third party truck deliveries and shipments (crude, product, and other) when not fully dedicated to the CAPP member.</td>
<td>Material transportation contractors that are not fully dedicated to the CAPP member are assumed to be operating under the contractor’s HSE-MS (contractor mode 3). <strong>Special cases:</strong> Once arriving onsite, the HSE-MS governing activity must be considered. If the CAPP member’s HSE-MS governs activity (contractor mode 1) or the HSE-MS in place is subject to the CAPP member’s HSE decision authority (contractor mode 2), the contractor exposure hours and injuries and illnesses are reportable.</td>
</tr>
</tbody>
</table>
3.2 Determining if an injury or illness is work related

To be reportable, an injury an illness must be work related (3.2.1).

Work-related injuries and illnesses are those in which an event or exposure in the work environment (3.2.2) either caused or contributed to the condition. Understanding where the work environment begins and ends is a key part of this definition.

The work environment includes not only the employer’s establishment, but also any offsite location where employees are working or are present as a condition of their employment (3.2.3).

Travel (3.2.4) is a notable example of a case where the employee is offsite but considered to be in the employer’s work environment because they are present as a condition of their employment.

Exceptions to the rules outlined above are listed in 3.2.5.

3.2.1 Work related injuries and illnesses: definition

An injury or illness must be considered work-related if an event or exposure in the work environment (3.2.2) caused or contributed to the resulting condition or significantly aggravated a preexisting injury or illness (OGP 2010).

3.2.2 Work environment: definition

The work environment includes the employer’s establishment and other locations where employees are working or are present as a condition of their employment.

Important note: This definition means an employee carries a work environment ‘bubble’ with them wherever they perform duties as a condition of their employment (3.2.3).

If the injury or illness occurs at the employer’s work establishment then the case is presumed to be work related as the employer is responsible for control of the work environment (note exceptions 3.2.5).

3.2.3 Injuries and illnesses outside the employer’s establishment

Injuries and illnesses occurring away from the employer's work environment are considered work related if the employee was performing work-related activities work or present for work-related activities.
Activities are considered to be work related if an employee is present as a condition of employment or performing duties in the interest of, or at the direction of, an employer.

Further information, special cases (e.g., home office work, offshore rigs, camps, hotels, commuting), and specific examples of work-related and non-work-related cases occurring away from the employer’s establishment are provided in Appendix A.

3.2.4 Handling travel

Workers who travel on company business are considered to be engaged in work-related activities all the time they spend in the interest of the company (see section 3.2.3 above). Regular commuting is not considered to be work related. Further information and specific examples of work-related and non-work-related cases occurring while travelling are provided in Appendix A.

Examples:

- An employee driving to work on their regular commute gets in an accident and is injured. In this case, the injury is not reportable since regular commuting is not considered work related.

- An employee drives to the office as part of a regular commute, and then drives to a separate worksite. While driving to the second site, the employee sustains injuries in a car accident. These injuries are reportable since the employee was travelling while engaged in work-related activities.

- An employee boards a company-owned and operated bus going to the worksite just prior to the start of their shift. On the way, the bus gets in an accident and the employee is injured. In this case, the injury is reportable.

  While the worker is travelling to the worksite as part of a regular commute, the bus is part of the employer’s work environment since the employee takes the bus as a condition of their employment. Employees travelling to offshore rigs are handled similarly.
3.2.5 Exceptions for injuries and illnesses in the work environment

A CAPP member company or contractor is not required to report the injury or illness if:

- 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.
- 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 (for more see Appendix A, pre-existing conditions).
- 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 etc.
- 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).
- The injury or illness is solely the result of personal grooming, self-medication for a non-work-related condition, or is intentionally self-inflicted.
- 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.
- 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).

Example:
If the employee is injured by cutting a bagel while in the employer’s establishment, the case would not be considered work related. Note: If 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.
• The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion of 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.

Several cases which are reportable but involve special circumstances are listed in Appendix A (e.g., cases where the worker is no longer employed, the worker was intoxicated or the incident was an “Act of God”).
3.3 Determining if a new and significant case has occurred

To be reportable, an injury or illness must be new (3.3.1) and significant (3.3.2).

A good rule of thumb is to treat any new injury or illness that requires medical treatment beyond first aid as reportable. This includes any injuries or illnesses that are diagnosed by a health professional.

Examples of injuries and examples of illnesses are provided in Appendix A.

3.3.1 Cases must be new to be reportable

An injury or illness is considered a new case if the employee has not previously experienced a reportable injury or illness of the same type that affected the same part of the body. In cases where an employee has recovered completely from a previous injury or illness, and an event or exposure in the work environment causes the symptoms to reappear, the injury or illness is a new case, and reportable (note example below).

If a new initiating event occurs, the injury or illness is new and is reportable regardless of the pre-existing condition.

An injury that significantly aggravated a pre-existing injury or illness is also reportable (note example below).

Further information and specific examples of pre-existing conditions are provided in the Appendix A.

Example (employee did not fully recover from previous injury or illness):

An employee reports an injured shoulder for the 9th time in a few months doing light work. While the injury occurred in the work environment and the incident aggravated a pre-existing condition, the employer strongly suspects the employee never fully recovered from previous injuries. In this case, the employer may rely on their 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 to determine the employee did not fully recover. If the employer determines the employee did not fully recover, then the injury or illness is not a new case, and therefore not reportable.

Example (employee did recover from previous injury or illness):

An employee reports an injured shoulder after an accident in the work environment. The incident would not normally have resulted in any injury, but the accident severely aggravated a shoulder injury that had healed years go. In this case, the injury is new and reportable as it aggravated a pre-existing injury from which the employee had recovered.
3.3.2 Cases must be significant to be reportable

An injury or illness is reportable if it results in any of the following: death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness resulting in treatment beyond first aid. In addition, the case must be reported if it involves a significant injury or illness diagnosed by a physician or other licensed 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. Significant injuries and illnesses include any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum.

3.3.3 Definition of “injury” and “illness” and “fatality”

CAPP relies on the Oil and Gas Producers (OGP) as the basis for defining an injury or an illness. OGP’s definitions are very close to the definition for “illness” and “injury” previously used by OSHA. Recently however, OSHA altered its practice and is now treating illness and injuries under a single definition. CAPP has decided to follow OGP’s separate definitions provided below.

**Occupational Injury**

Any injury such as a cut, fracture, sprain, amputation etc. which results from a work-related activity or from an exposure involving a single incident in the work environment, such as deafness from explosion, one-time chemical exposure, back disorder from a slip/trip, insect or snake bite.

**Occupational Illness**

Any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. Occupational illness may be caused by inhalation, absorption, ingestion of, or direct contact with the hazard, as well as exposure to physical and psychological hazards. It will generally result from prolonged or repeated exposure.

**Fatality**

Any cases that involve one or more people who died as a result of a work-related incident or occupational illness.
3.3.4 Distinguishing between an injury and an illness

Often, the distinction between an injury and illness is straightforward and intuitive. Sometimes however, it is far from easy to determine what’s an illness and what’s an injury. Further, some of the results of OGP definitions don’t match common usage. For example, frostbite and sunstroke are illnesses under the OGP definitions, not injuries. The following explanation from OSHA clarifies how the OGP definitions classify injuries and illnesses.

*Whether a case involves an injury or illness is determined by the nature of the original event or exposure which caused the case, not by the resulting condition of the affected employee. Injuries are caused by instantaneous events in the work environment [single incidents]. Cases resulting from anything other than instantaneous events are considered illnesses. This concept of illnesses includes acute illnesses which result from exposures of relatively short duration.*

*Some conditions may be classified as either an injury or an illness (but not both), depending upon the nature of the event that produced the condition. For example, a loss of hearing resulting from an explosion (an instantaneous event) is classified as an injury; the same condition arising from exposure to industrial noise over a period of time would be classified as an occupational illness.*

Even with a clear understanding of the definitions it can still be troublesome determining the difference between an injury and an illness.

Hernias, for example, pose a serious challenge. They may be aggravated by a single incident in the work environment suggesting they are injuries. On the other hand, hernias are nearly always the result of underlying long-term conditions, including physical stress over a period of time, which suggests they are more like an illness. For reporting purposes hernias are considered illnesses.

Table 3 lists common injuries and illness by their classification.
Table 3: List of injuries and illnesses

<table>
<thead>
<tr>
<th>Injuries</th>
<th>Illnesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cuts</td>
<td>• Hernias</td>
</tr>
<tr>
<td>• Punctures</td>
<td>• Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat</td>
</tr>
<tr>
<td>• Lacerations</td>
<td>• Freezing, frostbite, and other effects of exposure to low temperatures</td>
</tr>
<tr>
<td>• Abrasions</td>
<td>• Decompression sickness</td>
</tr>
<tr>
<td>• Fractures</td>
<td>• Effects of ionizing radiation (welding flash, ultraviolet rays, lasers)</td>
</tr>
<tr>
<td>• Bruises</td>
<td>• Anthrax</td>
</tr>
<tr>
<td>• Contusions</td>
<td>• Blood borne pathogenic diseases such as AIDS, hepatitis B or hepatitis C</td>
</tr>
<tr>
<td>• Chipped teeth</td>
<td>• Brucellosis</td>
</tr>
<tr>
<td>• Amputations</td>
<td>• Malignant or benign tumours</td>
</tr>
<tr>
<td>• Insect bites</td>
<td>• Histoplasmosis</td>
</tr>
<tr>
<td>• Electrocution</td>
<td>• Coccidioidomycosis.</td>
</tr>
<tr>
<td>• Thermal, chemical, electrical, or radiation burn</td>
<td>IF the following cases were the result of a single incident, they are injuries.</td>
</tr>
<tr>
<td></td>
<td>• Hearing loss</td>
</tr>
<tr>
<td></td>
<td>• Sprains</td>
</tr>
<tr>
<td></td>
<td>• Strain injuries to muscles, joints, and connective tissues</td>
</tr>
<tr>
<td></td>
<td>IF the following cases were NOT the result of a single incident (for example they were caused by an exposure over time), they are illnesses.</td>
</tr>
<tr>
<td></td>
<td>Hearing loss, sprains, strain injuries to muscles, joints, and connective tissues</td>
</tr>
</tbody>
</table>
4 Calculating the Metrics

CAPP requires eight metrics (sections 4.2.1 to 4.2.8) including employee and contractor data for

- injuries (4.2.1 and 4.2.2),
- illnesses (4.2.3 and 4.2.4),
- fatalities (4.2.5 and 4.2.6),
- and hours worked (exposure hours in 4.2.7 and 4.2.8).

The metrics for injuries, illnesses, and fatalities are simple sums of the number of cases recorded in the year. Exposure hours are recorded using either the actual number of hours worked or they are estimated using a formula. Exposure hours are recorded under Employee Hours Worked, and Contractor Hours Worked.

Each of the eight metrics is submitted on a regional basis as defined in 4.1.

4.1 Regional reporting

The eight metrics required by CAPP are reportable for each of the following regions:

- Western Canadian Sedimentary Basin
- Atlantic Canada
- Oil Sands
- National (Total)
4.2 Safety performance data

4.2.1 Employee recordable injuries

Employee Recordable Injuries are the sum of all employee injuries (3.3.3) during the reporting year.

4.2.2 Contractor recordable injuries

Contractor Recordable Injuries are the sum of all contractor injuries (3.3.3) during the reporting year.

4.2.3 Employee recordable illnesses

Employee Recordable Injuries are the sum of all employee illnesses (3.3.3) during the reporting year.

4.2.4 Contractor recordable illnesses

Contractor Recordable injuries are the sum of all contractor injuries (3.3.3) during the reporting year.

4.2.5 Employee fatalities

The number of employee deaths resulting from work-related injuries or illnesses during the reporting year.

When entering the data into the online form, any value greater than zero requires a comment. If possible please list the province(s) the fatality(ies) occurred in and the cause(s).

4.2.6 Contractor fatalities

The number of contractor deaths resulting from work-related injuries or illnesses during the reporting year.

When entering the data into the online form, any value greater than zero requires a comment. If possible please list the province(s) the fatality(ies) occurred in and the cause(s).
### 4.2.7 Employee hours worked

This number is the sum of the hours worked by company employees during the reporting year (rounded to the nearest 1,000).

The number of employee hours worked during the reporting year should include all persons on a company payroll working in the corporate head office, field offices, and exploration and producing field operations. Do not consider hours worked on personal service contracts under the direct supervision of employee supervisors, vacation time, and statutory holidays for company employees, these are considered contractor hours.

Information on the actual number of employee hours worked is typically gathered from time sheets or payroll records from a human resources department. This is the preferred data source.

Where only the number of employees is known, estimate the hours using a standard 2,000-hour work year, and add this number to the total for actual hours worked. The flow chart below illustrates the procedure for calculating employee hours worked.

**Figure 2: Method of determining employee hours worked**

1. **Is the Actual number of hours worked by employees known?**
   - **YES**: Use actual hours.
   - **NO**: Estimate the number of hours worked from payroll records using the number of employees present and the standard 2,000-hour work year. (see equation 1)
When actual hours worked are unavailable hours worked estimates can be calculated from payroll records using one of the following pay period formulas:

**Equation 1: Annual hours worked by employees by number of employees**

1a: Monthly pay period:

\[ \text{Number of employees} \times 166.7 \text{ hrs} \times 12 \text{ pay periods} = \text{annual hours worked} \]

1b: Semimonthly pay period:

\[ \text{Number of employees} \times 83.3 \text{ hrs} \times 24 \text{ pay periods} = \text{annual hours worked} \]

1c: Biweekly pay period:

\[ \text{Number of employees} \times 76.9 \text{ hrs} \times 26 \text{ pay periods} = \text{annual hours worked} \]

Example: Company XYZ has an average of 65 employees paid semimonthly over a reporting year. The number of hours worked by all XYZ company employees is calculated below.

Semimonthly pay period:

\[ 65 \text{ employees} \times 83.3 \text{ hrs} \times 24 \text{ pay periods} = 129,948 \text{ annual hours worked} \]
4.2.8 Contractor hours worked

This number is the sum of the hours worked by contractors working in modes 1 and 2 as described in 3.1.2 (i.e. working in HSE-MSs governed by the CAPP member). Data is reported to the nearest 1,000.

Determining the number of hours worked for contractors is often much more difficult than for employees, and in many cases will involve estimations.

There are three possible methods to determine contractors hours worked:

1. Wherever possible, CAPP members should strive to base contractor hours worked on actual hours worked (4.2.8.1).
2. When actual hours worked are unavailable, but the number of contractors involved is known, estimate the contractor hours worked using a standard 2,000-hour work year (4.2.8.2).
3. Where actual hours worked, and the number of contractors are both unavailable, estimate contractor hours worked based on total contract expenditure (4.2.8.3).

Contractor hours worked can be estimated using any combination of these three methods, but the preferred option is method 1, with method 2 being the next best option, and method 3, the last option. The results for each method are summed to arrive at a final figure.

The flow chart in figure 3 illustrates the procedure for calculating contractor hours worked.
4.2.8.1 Actual hours worked by contractors is known

Information on the actual number of contractor hours worked is typically gathered from time sheets or payroll records from the human resources department of the contracting company. If this information is present it should be used as it is the most accurate source of information. The number of contractor hours worked should consider all time billed to the CAPP member company. Hours associated with vacation time and statutory holidays should not be included.

4.2.8.2 Number of contractors present is known

Where the actual hours worked are unknown, contractor hours worked can be estimated by determining the number of contractors working on site using either the headcount method, or the invoice method.
**Headcount method:** If the number of contract workers onsite is known, the total number of hours worked per day can be estimated for each day by multiplying the number of contract workers by the hours worked in one day (usually 8 hours, but 12 hours in some cases). The total hours worked in a reporting year can be determined by summing the hours worked by contractors across workdays in the reporting year.

**Invoice method:** Invoices or tickets for goods or services supplied by contract employees may be used to calculate contract hours if these documents clearly state the number of contract employees present. Annual reportable hours can be estimated from monthly or semimonthly invoices assuming an 8-hour workday using Equations 2a and 2b and a standard 2,000-hour work year.

**Equation 2: Annual hours worked by contract employees by pay period**

2a. Monthly pay period:

\[
\text{Number of contract employees} \times 166.7 \text{ hrs} \times 12 \text{ pay periods} = \text{annual hours worked}
\]

2b. Semimonthly pay period:

\[
\text{Number of contract employees} \times 83.3 \text{ hrs} \times 24 \text{ pay periods} = \text{annual hours worked}
\]

4.2.8.3 **Contract costs are known**

If neither the information describing the actual number of hours worked by contractors, nor the information necessary to estimate contractor hours is available, CAPP members can estimate Contractor Hours Worked based on total contract expenditure.

Equation 3 is used if labour specific costs of the contract are known (4.2.8.3.1). Equation 4 is used when the costs of labour have to be estimated from the total cost of the contract (4.2.8.3.2).
4.2.8.3.1  *Labour specific costs are known (Equation 3)*

If total contract expenditure associated strictly with labour is available, *Equation 3* can be used to estimate contractor exposure hours assuming an average contractor labour rate of $43.65 per hour.

**Equation 3: Contractor Hours Worked estimated by total contract expenditure attributable to labour**

\[
\text{Contractor Hours Worked} = \frac{\text{total contract expenditure attributable to labour}}{\$43.65 \text{ per hour}}
\]

4.2.8.3.2  *Labour specific costs are not known (Equation 4)*

If the information necessary to isolate labour expenditures from other expenditures (e.g., materials) is not available, Equation 3 cannot be used. Instead, Table 4 can be used to estimate the total contract expenditure associated with labour for each contractor activity type, and Equation 4 can be used to estimate the total Contractor Hours Worked. This method is based on the contractor worker exposure hours method proposed by API (API, 2010) which has been adjusted to account for the higher labour rates in the Western Canadian Sedimentary Basin (WCSB). This method assumes the average labour rate across contractor activity types is $43.65 per hour.

**Table 4: Percentage of labour for CAPP contractor activity types (CAPP, 2008)**

<table>
<thead>
<tr>
<th>Contractor activity type</th>
<th>Percentage of total contract expenditure attributable to labour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geophysical</td>
<td>52%</td>
</tr>
<tr>
<td>Drilling and completions</td>
<td>27%</td>
</tr>
<tr>
<td>Facilities construction</td>
<td>20%</td>
</tr>
<tr>
<td>Pipeline construction</td>
<td>20%</td>
</tr>
<tr>
<td>Well site abandonment and reclamation</td>
<td>39%</td>
</tr>
<tr>
<td>Field operations</td>
<td>37%</td>
</tr>
</tbody>
</table>

The percentage of labour figures provided in Table 4 allow CAPP members to estimate the proportion of a typical project expenditure attributable to labour versus materials, equipment, etc., by contractor activity type. *Equation 4* can then
be used to estimate the total contractor exposure hours assuming an average contractor labour rate of $43.65 per hour.

**Equation 4: Contractor hours worked estimated by total contract expenditure**

\[
\text{Contractor Hours Worked} = \frac{\text{total contract expenditure (}$) \times \text{percentage of labour}}{\$43.65 \text{ per hour}}
\]

Example: Company XYZ has expended $2.4 million on seismic, $18 million on drilling and completions, and $8 million on field operations. The estimated contractor exposure hours are calculated with Equation 3.

Seismic exposure hours:
\[
\frac{$2,400,000 \times 0.52}{\$43.65 \text{ per hour}} = 28,591 \text{ exposure hours}
\]

Drilling and completions exposure hours:
\[
\frac{$18,000,000 \times 0.27}{\$43.65 \text{ per hour}} = 111,340 \text{ exposure hours}
\]

Field operations exposure hours:
\[
\frac{$8,000,000 \times 0.37}{\$43.65 \text{ per hour}} = 67,812 \text{ exposure hours}
\]

Total contractor exposure hours:
\[
28,591 \text{ hours} + 111,340 \text{ hours} + 67,812 \text{ hours} = 207,743 \text{ contractor exposure hours}
\]

**4.2.9 Submitting the data to CAPP**

At a specified time of the year, data will be entered by the CAPP member into online data entry forms at [http://rce.capp.ca](http://rce.capp.ca). The annual *Responsible Canadian Energy Metrics Guide* contains further information on data entry.

**4.2.10 CAPP indicators calculated from metrics**

The eight metrics described in this guide are used by CAPP to calculate seven indicators:

- Employee Recordable Injury Frequency
- Employee Recordable Illness Frequency
- Contractor Recordable Injury Frequency
- Contractor Recordable Illness Frequency
- Worker Total Recordable Injury Frequency
- Worker Total Recordable Illness Frequency
- Total Number of Fatalities

The formulas used to arrive at these indicators are available in the annual Responsible Canadian Energy Metrics Guide.
Appendix A  Glossary and Additional Information
A.1 Glossary and Additional Information

Contractor

A contractor is an independent business entity, or the individual(s) it employs, who is engaged through verbal or written agreement to perform services. Subcontractors and personal services contractors are considered to be contractors.

Contractor activity type

Contractor activity types considered in the present CAPP Guide include: geophysical techniques, drilling and completions, facilities construction, pipeline construction, well site abandonment and reclamation, and field operations. Each type of contractor activity is defined in this glossary.

Diagnosis of an injury or illness

Detection and definition of a diseased condition by examination of the symptoms is a diagnosis. A diagnosis can be made by a physician, registered nurse, or a person who by training or experience is capable of making such a determination. However, cases more difficult to diagnose, such as silicosis, require evaluation by properly trained medical personnel.

Drilling and completions

Drilling is the process of boring into the earth for the purpose of extracting oil or natural gas. The drilling process includes the placement of casing in the borehole. Completion is the process of making a well ready for production. This involves preparing the bottom of the hole to the required specifications, running-in the production tubing and its associated down hole tools, perforating and stimulating as required, and running-in and cementing the casing. Drilling and completions operations include water wells, boreholes, auger rigs, and coring operations.

Employee

An employee is an individual engaged in company activities and paid directly by the company, a new hire on probation, or in some cases an unpaid individual (e.g., government sponsored interns or co-op students under direct company supervision). The employee works in corporate head office, a field office, or in the field (exploration and producing operations).
Employer

An employer is a person engaged in a business that affects commerce who pays people (employees) to carry out activities in the interest of the business.

Employment

Employment is activity that furthers the interests of an employer. Employment includes all work or activity performed in carrying out an assignment by or request of a CAPP member company or a reportable contractor, including related activities (such as travelling) not specifically covered by the assignment or request. Employment also includes activities undertaken at the company’s request or for company business reasons, outside of normal working hours.

Establishment

An establishment is a single physical location where business is conducted or where services or industrial operations are performed. For activities where employees or contractors do not work at a single physical location, the establishment is represented by main or branch offices, terminals, stations, etc., that either supervises activities or is the base from which personnel carry out activities (OSHA, 2005).

Exposure hours

Exposure hours comprise the total number of hours of employment including overtime and training. Leave, sickness, and other absences are not considered in exposure hours.

Facilities construction

Facilities construction includes construction of oil and gas batteries, compressor stations, oilfield injection treating facilities, etc. (Alberta Environment and Sustainable Resource Development, 2012).

Fatality

A fatality is a death resulting from a work-related injury or illness.

Field operations

Field operations include all contract operating, electrical and mechanical maintenance, workovers, fluid transportation, inspections, and site maintenance activities.
First Aid

The treatments listed below are considered first aid regardless of the professional status of the person providing the treatment. Treatments that do not appear in the list below are considered medical treatments (OSHA).

- Using nonprescription medication at nonprescription strength
- Administering tetanus immunizations (other immunizations, such as hepatitis B vaccine or rabies vaccine, are considered medical treatments)
- Cleaning, flushing, or soaking wounds on the surface of the skin
- Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; using butterfly bandages or Steri-Strips™ (other wound closing devices such as sutures, staples, etc., are considered medical treatments)
- Using hot or cold therapy
- Using any nonrigid means of support, such as elastic bandages, wraps, nonrigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatments)
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.)
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister
- Using eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means
- Using finger guards
- Using massages (physical therapy and chiropractic treatments are considered medical treatments)
- Drinking fluids for relief of heat stress
First Aid: Further information concerning the difference between First Aid and medical aid classifications

Use of prescription medications to treat an occupational injury or illness normally constitutes medical treatment. However, it is considered to be first aid administered for diagnostic purposes. A “single dose” is the measured quantity of a therapeutic agent to be taken at one time. The best available treatment should not be reduced or eliminated in order to avoid reportability.

If a worker suffers an adverse reaction in response to a nonprescription medication provided as treatment for a minor injury or illness, the case is deemed to be reportable. This case is considered to be reportable because the case determination must relate back to the original event. The affected worker would not have suffered the adverse reaction to the medication but for the occupational injury or illness. Initially, the case was not reportable because the provision of a nonprescription medication does not constitute medical treatment. The case may now be reportable if the adverse reaction was serious enough to require additional medical treatment or to involve loss of consciousness, restriction of work or motion, or transfer to another job.

Cases that would normally require treatment by a medical professional are reportable, whether or not a medical professional provided the treatment. For example, injuries resulting in fractures that are not minor and ordinarily require medical treatment or involve restriction of work or motion are reportable. Injuries that result in chipped or broken teeth are also reportable because they ordinarily require medical treatment.

Geophysical

Geophysical exploration is an applied branch of geophysics that uses surface methods to measure the physical properties of the subsurface of the earth to detect or infer the presence of oil or gas. Commonly used geophysical techniques include seismic reflection and well logging.
Illness

Any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. Occupational illness may be caused by inhalation, absorption, ingestion of, or direct contact with the hazard, as well as exposure to physical and psychological hazards. It will generally result from prolonged or repeated exposure (OGP).

Some of the common types of occupational illnesses are listed.

- **Skin diseases or disorders**
  Skin diseases or disorders are illnesses involving the worker’s skin that are caused by work exposure to chemicals, plants, or other substances.

  Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters; chrome ulcers; inflammation of the skin.

- **Respiratory conditions**
  Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapours, or fumes at work.

  Examples: Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion, farmer’s lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury (e.g., metal fume fever), chronic obstructive bronchitis, and other pneumoconioses.

- **Poisoning**
  Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

  Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays such as parathion or lead arsenate; poisoning by other chemicals (e.g., formaldehyde).
• **Hearing loss**

Noise induced hearing loss is defined as a change in hearing threshold relative to the baseline audiogram of 10 dB or more at 2,000, 3,000, and 4,000 hertz (Hz) in one or both ears, and a total hearing level of 25 decibels (dB) or more above audiometric zero (also averaged at 2,000, 3,000, and 4,000 Hz) in the same ear(s).

• **Other occupational illnesses**

Examples: Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (welding flash, ultraviolet rays, lasers); anthrax; blood borne pathogenic diseases such as AIDS, hepatitis B or hepatitis C; brucellosis; malignant or benign tumours; histoplasmosis; coccidioidomycosis.

• **Sprain and strain injuries**

Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall, or similar accident. If any of these conditions are not caused by a single incident, they are classified as an illness.

**Injury**

Any injury such as a cut, fracture, sprain, amputation etc. which results from a work-related activity or from an exposure involving a single incident in the work environment, such as deafness from explosion, one-time chemical exposure, back disorder from a slip/trip, insect or snake bite (OGP).

Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or thermal, chemical, electrical, or radiation burn.

• **Sprain and strain injuries**

Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall, or similar accident. If any of these conditions are not caused by a single incident, they are classified as an illness.
Medical treatment

Medical treatment is the management and care of a patient to combat disease or disorder. Medical treatment does *not* include:

- Visits to a physician or other licensed health care professional solely for observation or counselling;
- The conduct of diagnostic procedures such as x-rays and blood tests or the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils);
- “First aid” as defined in this section.

Normal life activities

Injuries and illnesses incurred during normal life activities (e.g., eating, sleeping, recreation) are not considered to be work related. Recreational activities may be considered to be work related if the worker's participation in the activities was work related (e.g., the activity involved transacting, promoting, or discussing business) or was perceived by the worker to be an expectation of employment.

Physician or other licensed health care professional

A physician or other licensed health care professional is an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently perform, or be delegated the responsibility to perform, the diagnostic and health care activities described in this section.

Pipeline construction

Pipeline construction covers the civil work involved in laying pipeline, building pump/compressor stations, and work related to the installation of field devices that will support remote operations.

Pre-existing conditions

An injury or illness is a pre-existing condition if it resulted solely from a nonwork-related event or exposure that occurred outside the work environment. Pre-existing conditions also include any injury or illness that the employee experienced while working for another employer. Pre-existing conditions usually do not affect reportability except when the injury or illness is significantly aggravated by another work-related event. For the injury or illness to be
considered pre-existing, documentation for the ongoing treatment of the condition must be provided.

For purposes of CAPP reporting, a pre-existing injury or illness has been significantly aggravated when an event or exposure in the work environment results in any of the following:

- Death, provided that the pre-existing injury or illness would likely not have resulted in death but for the occupational event or exposure.
- Loss of consciousness, provided that the pre-existing injury or illness would likely not have resulted in loss of consciousness but for the occupational event or exposure.
- 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.
- 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.

Employers should report each case that results from a new event (such as a slip, trip, fall, or overexertion) and each exposure that results in a reportable work injury or illness regardless of the worker’s pre-existing condition. If injury or illness results solely from a physical defect (e.g., employee falls while walking when a trick knee gives way AND there is no environmental factor), it is not reportable. However, if the work environment or a work event contributes to the injury or illness (e.g., a worker steps on a stone or slips, a trick knee gives way and the worker falls), any resulting injury or illness is reportable.

Pre-existing condition case study: Employee suffers an epileptic seizure, falls, and breaks an arm. 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 nonoccupational origin and the fact that they occur at work does not make them work related. Because the epileptic seizures was not work related, the injury resulting solely from the seizure, such as the broken arm in the case in question, is not reportable.
Reporting year

The CAPP reporting year is the calendar year beginning January 1 and ending at midnight December 31. For more information on the health & safety metrics reportable to CAPP refer to the annual Responsible Canadian Energy Metrics Guide.

Restricted work

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

- A CAPP member or contracting company restricts the employee from performing one or more of the routine functions of his or her job, or from working the next full workday that he or she would otherwise have been scheduled to work; or
- 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 next full workday that he or she would otherwise have been scheduled to work.

Example:
A pipefitter twists his ankle while performing pipefitting work. He is taken to a hospital and x-rays reveal that there are no broken bones. He does not require any medical treatment (therefore this is not a medical treatment case) and the doctor allows him to return to work but restricts the worker from doing pipefitting work. He returns to work the next day and is put to work reviewing drawings in the construction office. This is classified as a restricted work case because the worker is unable to perform the routine functions of his job as a pipefitter.

Routine functions

Those work activities the employee regularly performs at least once per week.

Upstream

The companies that explore for, develop and produce Canada's petroleum resources are known as the upstream sector of the petroleum industry.
Voluntary events that might result in injuries and illnesses that are not reportable

- Injuries and illnesses that result solely from voluntary flu shot programs on the employer’s premises are not considered to be work related. If a vaccination is given off-premises, and the worker voluntarily chose to receive the vaccine, a reaction to the shot is not work related. If the worker was given the shot off the employer's premises but as a condition of employment, then a reaction to the shot is work related.

- Injuries and illnesses that result solely from the donation of blood during voluntary blood drives on the employer's premises are not considered to be work related and are not reportable.

- Incidents involving workers at onsite physical fitness centers are not work related, even if the employer encourages participation in fitness programs and subsidizes the costs of participation, and only workers may use the centres. If participation is mandatory, then resulting injuries or illnesses are work related.

Well site abandonment and reclamation

Well site abandonment usually involves pouring cement down a wellbore and removing all wellhead equipment. Once a well has been abandoned, the land must be returned to its original state as nearly as possible. This process is known as reclamation.

Work environment: exceptions and special circumstances

Accountability for maintaining the establishment is a significant factor in determining whether the employer is in control of the work environment. When the employer has accountability for maintaining the premises, including common entry/exit areas, then the case is usually work related. If the employer is not accountable (e.g., public parking lot), then the case is usually not work related.

The front steps of company buildings and company sidewalks are considered to be part of the employer’s establishment, but the front steps of a public building in which the employer leases space are not considered to be the employer’s establishment.

Company restrooms, hallways, or cafeterias are generally considered to be part of the employer’s establishment and constitute part of the work environment.
Injuries and illnesses incurred in a cafeteria open to the general public are not presumed to be work related, even if the cafeteria is in a building owned by the employer and the employer subsidizes the cost of the cafeteria.

For reporting purposes, the definition of work establishment excludes all employer controlled ball fields, tennis courts, golf courses, parks, swimming pools, gyms, and other similar recreational facilities that are often apart from the workplace and are used by workers on a voluntary basis for their own benefit, primarily during off-work hours. Therefore, injuries and illnesses to workers in these recreational facilities are not reportable unless the worker was engaged in some work-related activity, or was required by the employer to participate.

Injury or illness occurring during the course of employment that is due to someone’s willful act is reportable, regardless if it occurs on or off an employer’s establishment. For example, a worker on a business trip who gets mugged after leaving a taxicab on the way to check into a hotel may sustain reportable injuries.

Injury or illness resulting from horseplay, a fight, or a criminal act at a company establishment is reportable.

**Work-related activities: exceptions and special circumstances**

The following injuries and illnesses are not considered to be work related:

- Injuries and illnesses incurred while performing normal life activities (e.g., eating, sleeping, recreation)
- Injuries and illnesses incurred while participating in social events off-establishment, regardless of the worker’s pay status, unless the worker is required to participate in the social events as a condition or expectation of employment
- Injuries incurred on a public sidewalk during a work break (injuries incurred on a public sidewalk while engaged in work-related activity, such as walking to a business meeting, are reportable).

**Work relatedness special circumstances**

Cases are reportable if the worker was on active duty or in pay status when the work-related exposure occurred. The worker does not need to be an active employee or in pay status at the time the case is reported (i.e., the injured or ill
party could be retired or no longer with the same employer when the injury or illness is reported).

Injuries incurred while a worker is intoxicated at work are work related despite the intoxication.

Injury or illness resulting from an "act of God," such as being struck by lightning while at work, is considered to be work related.

**Work relatedness of injuries or illnesses occurring off the employer’s establishment**

- **Home office:**
  
  When an employee is working on company business in his or her home and reports an injury or illness to his or her employer, and the employee’s work activities caused or contributed to the injury or illness or significantly aggravated a preexisting condition, the case is considered work related and must be further evaluated to determine whether it meets the reporting criteria. If the injury or illness is related to nonwork activities or to the general home environment, the case is not considered work related.

  **Example:** If an employee drops a box of work documents and injures his or her foot, the case would be considered work related.

  **Example:** If an employee was injured because he or she tripped on the family dog while rushing to answer a work phone call, the case would not be considered work related.

  **Example:** If an employee working at home is electrocuted because of faulty home wiring, the injury would not be considered work related.

- **Mobile work environment:**
  
  A truck on the road or loading and unloading away from its home base is off the employer’s establishment. However, injuries experienced during these activities are work related because the workers are engaged in work-related activities. The truck and its surroundings are considered to be part of the work environment although they are not part of the employer’s establishment.

- **Offsite training:**
  
  Where a worker is injured or becomes ill at an off-establishment training session (such as fire training), the case is work related if the worker was
present at the session as a condition of employment. In contrast, a worker’s participation in a local volunteer fire station during pay/duty status would not be considered to be a condition of employment, and subsequent injuries or illnesses would not be work related.

- **Parking lots**

Injuries or illnesses incurred in parking lots during a normal commute are not work related.

If an injury or illness occurs in a company-maintained parking lot during normal commuting due to a deficiency in that parking lot (such as potholes, unsanded or icy conditions, accumulated debris, etc.), the injury or illness is work related and reportable.

Injuries or illnesses incurred by a worker in a parking lot while the worker is repairing it or while a worker is involved in a work-related trip are work related.

Injuries or illnesses incurred while passing through a parking lot to get from building A to building B of the employer’s establishment are considered to be work related, since the worker had completed the commute to work.

- **Workers on offshore oil rigs:**

Once on a rig, a worker is considered to be in the work environment at all times, even outside of work hours.

Trips to and from the rig are considered to be work-related travel. They are not considered commutes.

- **Workers in camps:**

For the purposes of this guide, injuries and illnesses that occur outside of work hours in camps are not reportable even when the employer owns and operates the camp. Injuries or illnesses that occur in a camp during work hours, or when the employee is directed to be there as part of their duties, are considered reportable.

**Note:** This differs from OSHA. Under OSHA, camps are always considered part of the work environment.
• **Workers in hotels:**

  When an employee checks into a hotel or motel, they establish a “home away from home.” While they’re in that “home away from home” status, cases that occur are not work-related. For example, if an employee slips in the hotel shower and is injured, the case is not work-related.

• **Commuting:**

  Injuries or illnesses incurred during a normal commute to and from work are not presumed to be work related. Travel after work between a worker's residence and a CPR class that he or she attends as part of employment would be considered work related. For workers who travel between several work sites during the day (e.g., construction project supervisors who do not always report to a home office prior to beginning their first assignment at the start of the work shift), trips from home to the first work site and from the last work site to home are considered to be non-work-related commutes. After completion of the work at the first assignment, injuries or illnesses sustained travelling to and from other work sites are considered work related.

  Injuries or illnesses occurring on a public sidewalk while walking from a parking lot to an employer’s establishment are considered to be part of the normal commute and are not reportable.

  Any travel between a worker's residence and a point outside of the worker's normal geographical area of operation is not considered to be a normal commute and is considered to be work related. A worker's "normal geographic area of operation" includes the town or city where the worker normally works and directly adjoining municipalities.

**Work relatedness while travelling**

When a travelling worker checks into a hotel or motel, he or she establishes a "home away from home." Thereafter, his or her activities are evaluated in the same manner as for nontravelling workers. For example if a worker in travel status is to report each day to a fixed worksite, then injuries and illnesses sustained when travelling to this worksite are not work related. The rationale is that a worker's normal commute from home to office would not be considered to be work related.
Injuries and illnesses incurred during travel if the worker deviates from a reasonably direct route (side trip for vacation or other personal reasons) are not work related. He or she would again be in the course of employment when he or she returned to the direct route of travel.

In situations where workers in travel status report to, or rotate among, several different worksites after they establish a "home away from home" (such as a salesperson travelling to and from different customer contacts), trips from the “home away from home” to the first work site and from the last work site to home are considered to be non-work-related commutes. After completion of the work at the first assignment, injuries or illnesses sustained travelling to and from other work sites are considered work related.

An injury or illness sustained on the way to the airport for a business trip is considered to be work related. When in travel status, work related activities begin when the worker leaves home, assuming that the worker did not intend to report to the office before beginning the trip. This is true even if the worker travels on a weekend to save the cost of a plane ticket; the timing of the trip is not a factor to be considered since the worker is travelling for business purposes.

When a worker on travel status is injured or becomes ill while participating in recreational activities with a customer, whether the injury or illness is work related depends on whether the worker's participation in the activities was work related. Thus, a snowmobile accident is not work related if the snowmobile was used solely for recreational purposes, but is work related if the snowmobiling included transacting, promoting, or discussing business, or was perceived by the worker to be an expectation of employment.
Appendix B  Sample Cases for Determining Reportability
B.1 Sample Cases for Determining Reportability

Some injuries and illnesses are not easily categorized as reportable or not. In the following examples different cases of hearing loss are examined and an explanation provided why they should or should not be considered reportable.

Hearing loss was chosen for these examples because it is a fairly common injury/illness and the causes vary.

Case I:

Jane Smith joins ACME Energy, a CAPP member working in the upstream oil and gas sector. She is assessed with perfect hearing on her first day, but after an onsite explosion a physician says her hearing is impaired due to the explosion.

Case I is reportable using the three-step process outlined in Figure 1:

1. The injury occurred to an employee of a CAPP member (3.1.1).
2. The injury was work related as it happened on the company’s worksite (3.2).
3. The injury was new and significant (3.3).

Note: The hearing loss in this case would be an injury as it stems from a single incident.

Case II:

Jane Smith, from Case I, gets a new job with another CAPP member working in the upstream oil and gas sector. Her hearing is assessed as damaged on her first working day, but complains about hearing loss after a year on the job. There were no major noise sources on her worksite, tests reveal no abnormal hearing loss, and a physician says the damage was likely a pre-existing condition.

Case II is not reportable using the three-step process outlined in Figure 1. While the injury did occur to an employee of a CAPP member, and the injury was work related, it is not a new injury (3.3.1).

Case III:

Jane Smith, from Case I and II, decides to stay with her new employer, but a large tank falls next to her. A physician says the noise from the tank hitting the ground further damaged her hearing, and tests reveal an abnormal loss.

Case III is reportable since it occurred to an employee of a CAPP member, was work related, and while the injury is not new, the event significantly aggravated a pre-existing injury or illness (3.3.1).

Case IV:

At 50 years of age, David embarks on a new career as an employee of a CAPP member working in the upstream oil and gas sector. The worksite is noisy, but precautions against hearing damage are taken, and there were no loud accidents on the site worth noting. After 10 years with the company, David says his hearing is getting worse and blames the work environment. However, the hearing loss was
gradual and no abnormal loss was found during regular hearing tests. A physician says the hearing loss was likely due to the normal aging process.

Case IV is not reportable. While there was an injury/illness to an employee of a CAPP member, the injury/illness was not work related because the work environment did not cause or contribute to the condition (3.2). The hearing loss would have happened anyway (see glossary entry for pre-existing conditions for more).

**Case V:**

David, from Case IV, continues to work for the CAPP member for another 2 years in the same noisy environment. In a regularly scheduled hearing test the results indicate an abnormal loss of hearing.

Case V is reportable since the hearing loss was abnormal and may very well have been caused by exposure in the work environment.

**Note:** The hearing loss in this case would be an illness as it does not stem from a single incident. It was probably caused by protected exposure.

**Case VI:** Jeff works for a CAPP member working in the upstream oil and gas sector inputting data from wells to a database. His work environment is quiet, with no radios. On weekends, Jeff plays in a rock band. After several years, he complains of hearing loss, and his physician says there’s been recent abnormal loss.

Case VI is not reportable. While there has been an injury/illness, every indication suggests the damage did not occur in the work environment, and therefore was not work related.

**Case VII:**

Janice is a contractor for a CAPP member in the upstream oil and gas sector. Her work regularly takes her to the CAPP member’s worksite. An accident on the site releases a very loud noise, and her hearing is damaged. Tests show abnormal loss of hearing, and a physician says the damage was likely caused by the accident.

Case VII is reportable using the three-step process outlined in Figure 1:

1. The injury occurred to contractor of a CAPP member working in modes 1 or 2 (3.1.2). In this case, Janice was working as a Mode 1 contractor because she was working within HSE-MS of a CAPP member.

2. The injury was work related as it happened on the company’s worksite (3.2).

3. The injury was new and significant (3.3).

**Note:** The hearing loss in this case would be an injury as it stems from protracted a single incident.
Appendix C  Determining Reportability Checklist
C.1 Determining Reportability Checklist

Injuries or illnesses are reportable to CAPP when:

- The injury or illness occurred to an employee of a CAPP member company working in the upstream oil and gas industry (see section 3.1), or to an employee of a contractor working in contractor modes 1 and 2 as defined in section 3.1.2; and
- The injury or illness was work related (see section 3.2); and
- The injury or illness was new and significant (see section 3.3).

The procedure is illustrated in the flow chart below.
Exceptions and special circumstances:
The following injuries and illnesses are not reportable:

- Injuries and illnesses incurred while performing normal life activities (e.g., eating, sleeping, recreation)
- Injuries and illnesses incurred while participating in social events off-establishment, regardless of the worker’s pay status, unless the worker is required to participate in the social events as a condition or expectation of employment
- Injuries incurred on a public sidewalk during a work break (injuries incurred on a public sidewalk while engaged in work-related activity, such as walking to a business meeting, are reportable).
- Injuries or illnesses incurred in parking lots during a normal commute are not work related (If an injury or illness occurs in a company-maintained parking lot during normal commuting due to a deficiency in that parking lot (such as potholes, unsanded or icy conditions, accumulated debris, etc.), the injury or illness is work related and reportable.)
- Injuries and illnesses incurred during travel if the worker deviates from a reasonably direct route (side trip for vacation or other personal reasons) are not work related.
- Injuries and illnesses incurred in a cafeteria open to the general public are not presumed to be work related, even if the cafeteria is in a building owned by the employer and the employer subsidizes the cost of the cafeteria.
- Injuries and illnesses incurred on the front steps of a public building in which the employer leases space are not considered to be the employer’s establishment, and are therefore not reportable.
- Injuries and illnesses that result solely from voluntary flu shot programs on the employer’s premises are not considered to be work related. If a vaccination is given off-premises, and the worker voluntarily chose to receive the vaccine, a reaction to the shot is not work related. If the worker was given the shot off the employer's premises but as a condition of employment, then a reaction to the shot is work related.
- Injuries and illnesses that result solely from the donation of blood during voluntary blood drives on the employer's premises are not considered to be work related and are not reportable.
- Incidents involving workers at onsite physical fitness centers are not work related, even if the employer encourages participation in fitness programs and subsidizes the costs of participation, and only workers may use the centres. If participation is mandatory, then resulting injuries or illnesses are work related.
- The common cold or flu is not reportable, even when it is contracted in the work environment.