



## Under-recording of work-related injuries and illnesses: An OSHA priority☆

Kathleen M. Fagan, \* Michael J. Hodgson

Office of Occupational Medicine and Nursing, Occupational Safety and Health Administration, 200 Constitution Ave, NW, Room N3457, Washington, DC 20210, USA

### ARTICLE INFO

#### Article history:

Received 9 March 2016

Received in revised form 4 November 2016

Accepted 9 December 2016

Available online 16 December 2016

#### Keywords:

Recordkeeping

Occupational

Data

Under-reporting

Medical management

### ABSTRACT

**Introduction:** A 2009 Government Accounting Office (GAO) report, along with numerous published studies, documented that many workplace injuries are not recorded on employers' recordkeeping logs required by the Occupational Safety and Health Administration (OSHA) and consequently are under-reported to the Bureau of Labor Statistics (BLS), resulting in a substantial undercount of occupational injuries in the United States. **Methods:** OSHA conducted a Recordkeeping National Emphasis Program (NEP) from 2009 to 2012 to identify the extent and causes of unrecorded and incorrectly recorded occupational injuries and illnesses. **Results:** OSHA found recordkeeping violations in close to half of all facilities inspected. Employee interviews identified workers' fear of reprisal and employer disciplinary programs as the most important causes of under-reporting. Subsequent inspections in the poultry industry identified employer medical management policies that fostered both under-reporting and under-recording of workplace injuries and illnesses. **Conclusions:** OSHA corroborated previous research findings and identified onsite medical units as a potential new cause of both under-reporting and under-recording. Research is needed to better characterize and eliminate obstacles to the compilation of accurate occupational injury and illness data. **Practical applications:** Occupational health professionals who work with high hazard industries where low injury rates are being recorded may wish to scrutinize recordkeeping practices carefully. This work suggests that, although many high-risk establishments manage recordkeeping with integrity, the lower the reported injury rate, the greater the likelihood of under-recording and under-reporting of work-related injuries and illnesses.

Published by Elsevier Ltd. on behalf of National Safety Council.

### 1. Introduction

The undercount of occupational injuries and illnesses in the United States has been well documented in multiple research studies over the last several decades (Leigh, Marcin, & Miller, 2004;

Rosenman et al., 2006; Spieler & Wagner, 2014). Recent estimates of the undercount range from 20% to as high as 70% (Wiatrowski, 2014). The lack of accurate data on workplace injuries and illnesses is of concern to occupational health and safety professionals, researchers, workers, unions, employers, public health advocates, and to government agencies, such as the Occupational Safety and Health Administration (OSHA). Policy-makers rely on data to promulgate effective occupational health and safety legislation. Researchers rely on data to understand root causes and evaluate interventions to prevent and control work-related injuries and illnesses. The lack of good data impedes efforts to improve the health and safety of the workers.

The government agency tasked with collecting and reporting on occupational injuries and illnesses is the Bureau of Labor Statistics (BLS) in the U.S. Department of Labor (DOL). BLS collects injury and illness information annually through the Survey of Occupational Injuries and Illnesses (SOII). BLS sends the SOII to a sample of over 175,000 employers throughout the country and across most industries. Employers complete the SOII using information directly from their OSHA recordkeeping logs (Ruser, 2008). Most employers, other than small employers with ten or fewer employees and some other exempted industry classes, are required under OSHA's Recordkeeping

#### ☆ Preamble

This "short communication" is based on a presentation by one of the authors at the 2015 NOIRS (National Occupational Injury Research Symposium). The presentation was part of a session entitled "Underreporting of Injuries/Illnesses: The Federal Perspective." Presenters were invited to submit a paper based on their NOIRS presentation for a special issue of the *Journal of Safety Research* dedicated to the conference. The purpose of our paper is to describe OSHA's inspection findings and efforts in regards to recordkeeping and under-reporting. Admittedly, our findings are subject to the many limitations inherent in OSHA enforcement procedures and staffing and to the limitations of the data collected under the Recordkeeping NEP. However, we hope to spark further definitive research on issues we have encountered, such as the significance of employer medical management practices on under-reporting and under-recording. Although there are limits to the generalizability of this work, we do think that safety and health professionals working with employers should be aware of the obstacles to accurate recordkeeping, particularly in high hazard industries with low rates, so that they can educate and guide employers to better/best practices. We hope that the information, case example and resources in the paper will provide this information.

\* Corresponding author.

E-mail address: [fagan.kathleen@dol.gov](mailto:fagan.kathleen@dol.gov) (K.M. Fagan).

regulation (29 CFR 1904) to keep records of all work-related injuries and illnesses that meet certain criteria. The completeness of employers' recordkeeping logs directly affects the reliability of the BLS data. "Under-recording" is the term used to describe work-related injuries and illnesses meeting OSHA recordkeeping criteria that should have been recorded on the employer's recordkeeping log but were not. Under-recording also includes injuries and illnesses on the log that are incorrectly categorized as less severe than they actually are. For example, a recorded injury that does not list restricted work or days away from work or records fewer days away than actually occurred when the worker was restricted or off work due to the injury is considered an under-recording. If there is under-recording of injuries and illnesses, there is under-reporting to BLS. In this paper, "under-reporting" refers to two separate kinds of actions: employers that report inaccurate numbers and severity of workplace injury and illnesses to BLS and employees that do not report their work-related injury or illness to their employer. Researchers have identified several reasons for BLS's undercount of workplace injuries. In addition to poor employer recordkeeping practices and lack of understanding of the regulation, other causes include workers' reticence to report injuries for fear of losing their jobs, employers' incentive and disincentive programs that discourage workers from reporting injuries, and obstacles in both the OSHA recordkeeping regulation and SOII that affect the collection of complete data (Azaroff, Levenstein, & Wegman, 2002; Boden & Ozonoff, 2008; Leigh et al., 2004; Rosenman et al., 2006; Spieler & Wagner, 2014).

In response to these recordkeeping concerns, in 2008 Congress charged the Government Accountability Office (GAO) with evaluating DOL's processes to ensure accurate occupational injury and illness data. GAO evaluated OSHA's audits of employers' recordkeeping logs and interviewed OSHA staff, BLS staff, occupational health practitioners (OHPs), and other stakeholders. The GAO reported that delays in OSHA recordkeeping audits and insufficient worker interviews during the audits hindered OSHA recordkeeping investigations (GAO, 2009). Workers' fear of job loss and employers' incentive and disincentive programs were again identified as major deterrents to workers' reporting of injuries. More than one-third of OHPs interviewed by GAO described pressure from employers to under-treat workers to keep the injuries off the OSHA recordkeeping log. The GAO made several recommendations to OSHA, including more timely audits, targeting high hazard industries, requiring worker interviews during audits, and educating employers on recordkeeping requirements.

This short communication will describe OSHA's efforts to characterize and address under-recording of occupational injuries and illnesses, including the major factors affecting accurate recordkeeping identified during both OSHA's Recordkeeping NEP and OSHA's recent inspections in the poultry industry.

## 2. Methods

OSHA responded to the 2009 GAO report by embarking on a National Emphasis Program (NEP) on Recordkeeping, implemented in September of 2009 and ending in February of 2012 (OSHA, 2010a). OSHA selected industries from the list of industries that the Bureau of Labor Statistics (BLS) had identified as having the highest rate of injuries and illness involving days away from work, restricted work activity or job transfer (DART cases). OSHA then inspected establishments with injury rates initially below 2.0 events per 100 workers. OSHA expanded the targeting to establishments with medium injury rates, defined as greater than 4.2 but less than 8.0 injuries per 100 FTE (OSHA, 2010b). Each OSHA Area Office (over 70 in Federal OSHA) performed up to five inspections. OSHA also targeted certain high-rate industries and industries in which poor recordkeeping practices had been seen in past inspections, including nursing homes and meat packing/poultry processing. The compliance officers reviewed the employers' recordkeeping logs for the two years preceding the

inspection, reviewed available employee medical records, and performed extensive worker interviews. Employers were cited and fined for any recordkeeping violations found.

In the Fall of 2011, OSHA initiated an analysis of the data from 350 Federal inspections under the NEP (ERG, 2013). The analysis used data from both OSHA's Integrated Management Information System and the electronic inspection documentation completed by OSHA compliance officers. The objective of the analysis was to compile descriptive information and findings on recordkeeping accuracy and practices to aid OSHA in conducting more effective recordkeeping reviews and providing better guidance to employers. One of the industries identified with particularly high recordkeeping error rates was meat and poultry processing. OSHA prioritized this industry for further inspections, including special scrutiny regarding recordkeeping in follow-up investigations.

## 3. Results

OSHA's Recordkeeping NEP resulted in 576 inspections of 405 establishments under Federal jurisdiction and 171 establishments under State jurisdiction. Of the establishments inspected by Federal OSHA, 269 (66%) had recordkeeping violations, resulting in 809 violations and over half a million dollars in fines. Analysis of 350 Federal NEP inspections (ERG, 2013) focused on the two most important types of recordkeeping errors that affect injury and illness incidence rates: unrecorded cases (cases not found on the employer's log) and under-recorded cases (cases where days away or restricted work activity were not accurately recorded on the log). Almost half (47.14%) of the establishments inspected had unrecorded and/or under-recorded cases. Of the DART cases, 23% were either not recorded or inaccurately recorded as a case without days away or days of restricted work activity. OSHA inspectors conducted over 4800 employee interviews. Twenty percent of unrecorded or under-recorded cases were identified through these employee interviews. Workers identified employers' disciplinary and absentee programs as having the greatest negative effect on injury reporting.

More unrecorded and under-recorded cases were identified in establishments with low injury rates compared to those with medium injury rates. Although 47% of employers had some recordkeeping errors, very poor recordkeeping practices were found in a small number of establishments. Slightly over 50% of the unrecorded and under-recorded DART cases occurred in just 6.6% of the inspected establishments (ERG, 2013). Twelve establishments with particularly poor recordkeeping practices included three meat and poultry processing plants, three nursing homes, two iron foundries, an iron forge, a battery manufacturing plant, a dairy farm and a major airline. Meat and poultry had more than twice as many DART-related recordkeeping errors per inspection compared to other sectors, due at least in part to the very poor recordkeeping practices of some establishments.

### 3.1. Onsite medical units – a significant obstacle to accurate recordkeeping

During several recent OSHA inspections in the poultry industry, onsite medical units were identified as a new obstacle to accurate recordkeeping. OSHA's Medical Services and First Aid standard (29 CFR 1910.151) requires that employers ensure that employees have ready access to medical care for work-related injuries and illnesses. First Aid services are commonly provided in workplaces and may consist only of a box with first aid supplies and employees trained in first aid on every shift. Many employers rely on local health care services, such as clinics or emergency departments. Some employers, including poultry and meatpacking plants, retail warehouses and others, have onsite medical units called first aid stations or nursing stations. These units are frequently staffed by emergency medical

Download English Version:

<https://daneshyari.com/en/article/4980591>

Download Persian Version:

<https://daneshyari.com/article/4980591>

[Daneshyari.com](https://daneshyari.com)