



United States Department of the Interior

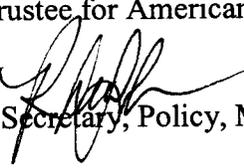
OFFICE OF THE SECRETARY
Washington, DC 20240



JUL 21 2009

Memorandum

To: Solicitor
Assistant Secretaries
Inspector General
Heads of Bureau and Offices
Special Trustee for American Indians

From: Rhea Suh 
Assistant Secretary, Policy, Management and Budget

Subject: Health and Safety Data Analysis Project

The health and safety of our employees, volunteers, and the public are some of my highest priorities. The Department is committed to improve the quality of its employee Occupational Health and Safety Program. In an effort to reduce the Department's injury and illness rates, the Office of Occupational Health and Safety is conducting an in-depth analysis of the Department's injury and illness data. To conduct this study, we need your approval to contact supervisors and employees in your organization.

For this study, a statistically significant random sample of 580 claims was selected from the 4,680 claims accepted by the Office of Workers' Compensation Program in FY 2008. Our analysis will be based on the safety and health data generated from these 580 claims.

OHS needs to gather additional data from your employees and supervisors who were chosen at random for this study. This additional data will be gathered by a detailed safety and health questionnaire designed by OHS and, when necessary, will be supplemented with follow-up telephone interviews. The responses to the questionnaire will be used for developing recommendations for improvements to the Department's Occupational Health and Safety Program. Your bureau's cooperation is essential for this study to be successful.

Please e-mail your approval to contact your employees and their supervisors to Diane Schmitz, Director, Office of Occupational Health and Safety at Diane_Schmitz@ios.doi.gov by August 31, 2009. The conclusions and recommendations from this analysis will be shared with all Bureaus, Offices, and Departmental safety managers.

Attachments:

Questionnaire, Study sample breakdown

cc: Safety and Health Managers
Designated Agency Safety Health Officials

Attachment 1

Case Study Questions for Employees who were injured.

Category 1: <u>Individual (demographic) related questions:</u>			
No.	Question	Data Source	
1.	Education level?	Questionnaire	
	Choices		a. High School or GED
			b. AA
			c. BA or BS
			e. MA or MS
			f. Phd
2.	Were you injury/illness related to the performance of your duties in your job title?	Questionnaire	
	Choices		a. Yes
			b. No
3.	What was your task at the time of your injury/illness?	Questionnaire	
	Fill in		a. _____?
4.	Years of experience performing accident related task?	Questionnaire	
	Choices		a. less than 6 months
			b. 6 months to 1 year
			c. 1 year to 3 years
			d. 3 years to 5 years
			e. more than 5 years
5.	Was your emotional state a contributing factor in the accident?	Questionnaire	
	Choices		a. Yes
			b. No
6.	If you were injured in the course of performing your job duties, had you received adequate training for the task you were performing when you were injured?	Questionnaire	
	Choices		a. Yes
			b. no
7.	Were you working within the scope of your abilities?	Questionnaire	
	Choices		a. Yes
			b. No

Category 2: <u>Incident/accident related questions:</u>			
No.	Question	Data Source	
1.	What were you doing right before the accident?	Questionnaire	
	Choices		a. Resting
			b. Walking
			c. Sitting
			d. Lifting
			e. Carrying
	Fill in		f. Other: _____

2.	Did the accident occur indoors or outdoors?		Questionnaire
	Choices	a. Indoors b. Outdoors	
3.	Was anyone else involved in the accident?		Questionnaire
	Choices	a. Yes	
	Fill in	a.1. Who: _____ b. No	
4.	Was weather a factor at the time of the accident?		Questionnaire
	Choices	a. Yes	
	Fill in	a.1. Factor: _____ b. No	
5.	Was the terrain a factor in your injury and illnesses?		Questionnaire
	Choices	a. Yes	
	Fill in	a.1. Factor: _____ b. No	
6.	What other environmental conditions contributed to the incident/accident?		Questionnaire
	Fill in	a. _____ ?	
7.	What other activities were occurring at the time of the accident?		Questionnaire
	Fill in	a. _____ ?	
	Fill in	a. _____ ?	
8.	What were the corrective actions?		Questionnaire
	Fill in	a. _____ ?	

Case Study Questions for Supervisors of employees who were injured.

No.	Question	Data Source
1.	Did the employee receive training for this task?	
	Choices	a. Yes b. No
2.	Was the employee supervised while doing the task?	
	Choices	a. Yes b. No
3.	Was a Job Hazard Analysis (JHA) completed for the task?	
	Choices	a. Yes b. No
4.	Was the JHA reviewed (used) prior to conducting the task?	
	Choices	a. Yes b. No
5.	Was a risk assessment conducted?	
	Choices	a. Yes b. No
6.	Was fatigue a factor?	
	Choices	a. Yes b. No
7.	Was the accident investigated?	
	Choices	a. Yes b. No

8.	Were corrective actions identified?		Questionnaire
	Choices	a. Yes b. No	
9.	Were corrective actions implemented?		Questionnaire
	Choices	a. Yes B. No	

Case Study Questions for SMIS Data Managers.

No.	Question	Data Source
1.	What bureau or office did the employee work for at the time of their injury/illness?	SMIS
2.	How old was the employee at the time of their injury/illness?	SMIS
3.	Between FY 2003 and FY 2007, how many CA1/CA2s did the employee file with OWCP?	SMIS
4.	Did the employee file a CA1 for a traumatic Injury, or a CA2 for an occupational illness?	SMIS
5.	Where did the incident/accident occur?	SMIS
	Fill in a. _____	
6.	Please provide a brief description of what happened.	SMIS
	Fill in a. _____	

Case Study Questions for Human Resources

No.	Question	Data Source
1.	What was the employee's job title at the time of their injury/illness?	HR
2.	At the time of the employee's injury/illness, how many years of experience did they have in this position?	HR
	Choices	
	a. less than 1 year	
	b. 1 year to 2 years	
	c. 2 years to 3 years	
d. 3 years to 4 years		
e. more than 4 years		
2.	Was the employee awarded Continuation of Pay (COP) for this injury?	HR
3.	How many days was the employee away from work, not counting the day of their injury?	HR

Attachment 2

Study Sample Breakdown

The Director of the Office of Occupational Health and Safety decided that a sample of FY 2008 cases representing a 95 percent confidence level would be sufficient for this study. In FY 2008, 4552 cases were accepted by OWCP. A 95 percent confidence level represents 580 cases, which were selected using a random numbers table. The dispersion of cases is shown on the following table:

BUREAU	SAMPLE SIZE (Number of Cases)
IA	62
BLM	101
BOR	24
FWS	67
MMS	0
NPS	291
OSEC	3
OSM	2
USGS	30

Each case represents two contacts, one for the injured employee, and one for their supervisor.