

Outcome Goal 3.1 – Reduce Workplace Injuries, Illnesses, and Fatalities

The Department strives to help make American workplaces the safest in the world. Through the efforts of the Occupational Safety and Health Administration (OSHA) and the Mine Safety and Health Administration (MSHA), the Department has sought to instill a commitment to workplace safety and health in both employers and the public at large.

These two DOL agencies are changing their relationships with employers for the better. Building on a foundation of strong and fair enforcement, OSHA and MSHA also provide employers with outreach, education and compliance assistance, as well as opportunities to join with them in partnerships and other cooperative programs. Additionally, they have increased the availability of compliance assistance. OSHA has deployed compliance assistance specialists in every area office and funded free onsite consultation to small businesses in every state. More compliance assistance resources are available from OSHA than ever before, including a toll-free compliance assistance telephone line, training courses, and an award-winning website that includes safety and health information bulletins, interactive software packages and two new features that allow visitors to personalize the site and navigate more easily.

MSHA now conducts mine inspections with a focus on improving performance and the availability of assistance from training specialists and technical support personnel to the mining industry. MSHA has achieved success through developing strategic partnerships with unions, associations, and State governments. These partnerships foster the sharing of expertise and best practices between MSHA, states, safety professionals, and mine operators. Nationwide, mine operators and miners are provided with compliance assistance, accident reduction, and hazard recognition training materials during the course of MSHA's regular inspections. In addition to onsite compliance assistance, web-based compliance assistance tools are continually being developed and enhanced.

DOL's workplace safety and health agencies continually improve internal efficiency and effectiveness through strategic planning that addresses safety challenges of the 21st century workplace. Both agencies have five-year strategic plans that institutionalize the methods and processes they will use to move toward further reductions in workplace injuries, illnesses and fatalities. Part of their planning is to determine which strategies lead to the biggest return on investment to better focus their efforts and their resources.

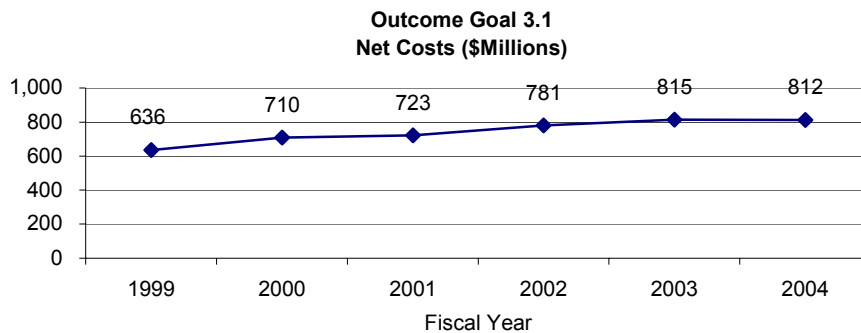
The performance goals related to this outcome goal directly measure reductions in workplace injuries, illnesses and fatalities, across general industries and specifically within mining.

Goal (Agency) – Period Goal Statement [Achievement]	Performance Summary
<p>3.1A (MSHA) – FY 2004 Reduce the mine industry fatal injury incidence rate by 15% from the FY 2003 baseline by FY 2008, and reduce the mine industry all-injury incidence rate 50% below the FY 2000 baseline by FY 2008. [Not Achieved]</p>	<p>According to estimates using data through the third quarter, MSHA reached its fatality incidence rate target, but did not reach its injury incidence rate target. However, both the fatal incidence rate and the all-injury incidence rate are the lowest recorded in MSHA's history.</p>

Goal (Agency) – Period Goal Statement [Achievement]	Performance Summary
<p>3.1B (MSHA) – FY 2004 Reduce respirable coal dust, silica dust, and noise exposures:</p> <ul style="list-style-type: none"> • Reduce the percentage of respirable coal dust samples exceeding the applicable standards by 5% for designated occupations; • Reduce the percentage of silica dust samples in metal and nonmetal mines exceeding the applicable standards by 5% for high-risk occupations; • Reduce the percentage of noise exposures above the citation level in all mines by 5%. [Achieved] 	<p>According to estimates using data through the third quarter, MSHA reached targets for reductions in coal dust, silica dust and noise overexposures.</p>
<p>3.1C (OSHA) – FY 2004 Reduce occupational fatalities by 3% from the FY 2000-2002 baseline. [Not Achieved]</p>	<p>OSHA did not reach its workplace fatality reduction target. Workplace fatalities increased slightly to 1.67 (per 100,000 workers) from the baseline of 1.62. This amounts to an increase of one fatality for every two million workers.</p>
<p>3.1D (OSHA) – FY 2004 Reduce occupational injuries and illnesses Reduce the days away from work case rate per 100 workers by 4% from CY 2000 baseline. [Achieved]</p>	<p>OSHA reached its target of a four percent reduction (from CY 2000 baseline) in the days away from work resulting from a workplace injury, by achieving an 11 percent reduction.</p>
<p>3.1D (OSHA) – FY 2003 Reduce the days away from work case rate per 100 workers by 2% from CY 2000 baseline. [Achieved]</p>	<p>OSHA reached its target of a two percent reduction (from CY 2000 baseline) in the days away from work resulting from a workplace injury, by achieving a 5.6 percent reduction.</p>
<p>3.1D (OSHA) – FY 2002 Reduce injuries and illnesses by 10 % annually in four industries characterized by high hazard workplaces. [Not Achieved]</p>	<p>OSHA did not reach its target to reduce illnesses and injuries by ten percent over the previous year’s rate in four high hazard industries: nursing homes, shipyards, meat products and construction. The injury and illness rate increased in nursing homes and shipyards and decreased in the meat products and construction industries.</p>

Net Cost of Programs

FY 2004 program costs of \$812 million supported OSHA and MSHA programs to reduce worker fatalities, injuries, and illnesses, including the Department's expanded and enhanced efforts in compliance assistance. These program costs represent a slight \$3 million decline from FY 2003 costs of \$815 million.



Results Summary

Of the six goals presented in Outcome Goal 3.1—Reduce Workplace Injuries, Illnesses, and Fatalities, three goals were achieved and three goals were not achieved.

In the mining industry, under the mandate of the Mine Safety and Health Act, the fatality and all-injury safety goal was not achieved based on FY 2004 third quarter data. While the fatality incidence rate of .0163 per 200,000 work hours reached the 3.1 percent reduction target, the all-injury incidence rate result of 3.97 per 200,000 work hours did not meet the 23.7 percent reduction target. The mining health goal to reduce exposures to coal dust, silica dust, and noise was achieved. Coal dust overexposures were reduced to 10.5 percent, silica dust overexposures were reduced to 5.9 percent, and noise overexposures were reduced to 4.2 percent.

For those sectors under the Occupational Safety and Health Act, the fatality rate of 1.67 fatalities per 100,000 employees did not meet the target rate of 1.57. The results of the goal to reduce occupational injury and illness rates that cover three reporting years are presented concurrently in this report due to a data lag. For FY 2004 the goal was met with a result of an 11.1 percent rate reduction vs. the target of four percent. The FY 2003 the rate reduction of 5.6 percent also exceeded the target of two percent. The FY 2002 goal to reduce injuries and illnesses by ten percent from the previous year's rate in four industries characterized by high hazard workplaces was not achieved.

Historically, one of the leading causes of mining fatalities has roof falls in underground mines, particularly coal mines. Today, better methods of controlling mine roofs protect miners from the hazard of falling rock. MSHA's Office of Technical Support provides a service to mine safety and health by evaluating and testing myriad mining equipment and products, including roof support systems, for use in underground mines. The two engineers shown in the photo – Raymond on the left and Michael on the right – test roof bolts in actual mining conditions to ensure these devices will actually protect working miners. Securing the roof has been and continues to be one of the most important precautions that MSHA looks for in underground mine inspections.

Photo credit: Paul Tyrna



Future Challenges

Understanding and addressing workplace demographic trends is a key element in the Department's efforts to improve the safety and health of the American workforce. An increasing share of the workforce is now made up of youthful (16 to 24 year-old) and older (55 and over) workers, with the proportion of older workers growing the fastest. Immigrant, non-English speakers, and other "hard-to-reach" workers and employers are becoming more prevalent. This means that the Department must continue to seek out enforcement, training and delivery systems different from those relied upon in the past.

The Department is also continuing to focus on the most hazardous industries and occupations and to identify emerging safety and health issues. For example, construction and small metal and nonmetal mines have a disproportionate rate of accidents and fatalities and new fibers and ultra-fine particulates need to be monitored for their health risks. To meet current and future challenges, OSHA and MSHA are looking to increase their outreach, assistance, and cooperative programs so that voluntary compliance backed up by strong and fair enforcement ensure that each worker returns home safe and healthy at the end of the work day.

Reduce Mine Fatalities and Injuries

Performance Goal 3.1A (MSHA) – FY 2004

Reduce the mine industry fatal injury incidence rate by 15% from the FY 2003 baseline by FY 2008, and reduce the mine industry all-injury incidence rate 50% below the FY 2000 baseline by FY 2008.

Indicators

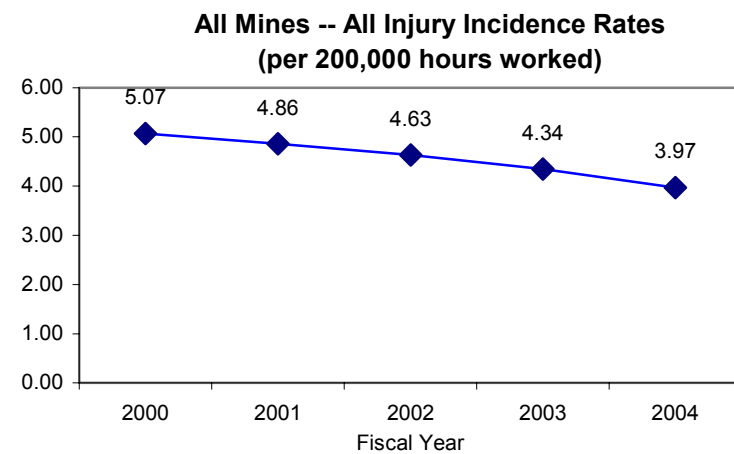
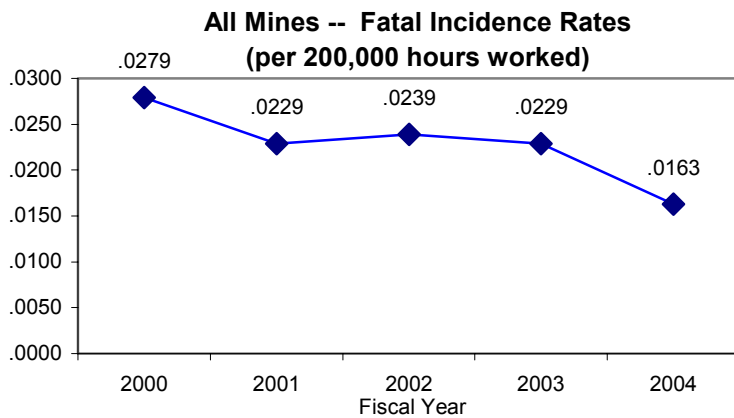
Reduce by 3.2% the fatal incidence rate; and

Reduce by 24.2% the all-injury incidence rate.

Program Perspective

The mission of the Mine Safety and Health Administration (MSHA) is to protect the safety and health of our Nation’s miners in accordance with the Federal Mine Safety and Health Act of 1977. Through an effective blend of enforcement, technical support, education, compliance assistance, and partnerships with the mining community, mining has reduced fatalities and injury rates for the third straight year. Although the trend has been declining, the rates remain unacceptably high. MSHA’s aggressive long-term targeted incidence rate reductions from recent historical lows reflect a commitment to sending healthy miners home healthy....every shift, every day.

Results, Analysis and Future Plans



The goal was not achieved, according to estimates using data through the third quarter.¹⁹ DOL reached its fatality incidence rate target. The fatality incidence rate decreased by 28.8 percent (from .0229 to .0163), against a target of a 3.1 percent decrease (to .0222). DOL did not reach its injury incidence rate target. The injury incidence rate has decreased by 22.7 percent to 3.97 (from the FY 2000 baseline of 5.07), against a target of a 24.1 percent decrease (to 3.85).

Through the third quarter of FY 2004, accidents in the Nation’s mines claimed the lives of 35 workers – 17 coal miners and 18 metal/nonmetal miners. In addition, there were 3,644 injuries in coal mines and 4,889 injuries in metal/nonmetal mines. In terms of overall injury rates, both the fatal incidence rate of .0163 and the all-injury incidence rate of 3.97 are the lowest recorded in MSHA history. Similarly, both coal and metal/nonmetal fatality and injury rates reached historic lows.

MSHA’s program strategies for FY 2005 should be viewed within the context of the aggressive nature of our goals and record-setting lows for mining deaths and injuries in both FY 2003 and FY 2004. Therefore, MSHA’s

¹⁹ Performance results for this goal are estimated. The estimating methodology has been reviewed by the Department of Labor’s Office of Inspector General. The actual performance results for this goal will be published in the FY 2006 Budget.

strategies going forward will be a continuation of what has been successful while taking advantage of new opportunities to build upon past success.

Key to further reductions in deaths and injuries will be continued work with the mining industry and safety organizations. In this regard, MSHA will continue to leverage and extend its strategic partnerships. For example, in FY 2004 MSHA signed two more Alliance Agreements - with the International Union of Operating Engineers and with the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers. The purpose of these agreements is to promote the sharing of expertise and best practices between MSHA, safety professionals, and mine operators to foster a culture of accident prevention where safety is embraced as a value.

MSHA will also continue to work with State governments in partnerships such as the Tri-State Initiative, which focuses on Appalachian coal mining areas in West Virginia, Virginia, and Kentucky, which are historically responsible for the bulk of coal mining fatalities. The Tri-State Initiative is just one example of MSHA integrating its enforcement and compliance assistance activities. Nationwide, mine operators and miners are provided with compliance assistance, accident reduction, and hazard recognition training materials during the course of MSHA's regular inspections. In addition to onsite compliance assistance, web-based compliance assistance tools are continually being developed and enhanced. These include website links to accident prevention ideas from miners, industry, and MSHA officials, and web-based newsletter services for stakeholders which provide instant notification of mining fatalities, hazard alerts, and other safety and health related news.

Efforts to improve safety and health for the nation's 350,000 miners include not only mine inspections but a variety of MSHA initiatives and programs. That agenda is carried out primarily by the agency's district managers who are strategically located in district offices throughout the nation's mining regions. Cheryl, an MSHA District Manager, administers coal mine safety and health improvement efforts for a large area of southern Pennsylvania. She and her 109 colleagues in the New Stanton office helped reduce fatalities and injuries over the last year. Pennsylvania had four fatalities in 2001 and in 2002; Cheryl and her staff helped limit fatalities to one during 2003 – a valuable contribution to MSHA's fatality incidence reduction goal.

Photo credit: Shawn T. Moore



Management Issues

Accident and injury data are accurate and reliable. MSHA receives employment, injury, and accident data from mine operators and has an audit program in place that verifies the reliability of the data annually.

Going forward, high costs and limited supplies of oil and natural gas into the foreseeable future will result in a higher demand for coal mining. Higher coal prices and increased profit margins will push operators to begin new, expand, or resume mining operations and lead to competitive pressures to increase production while containing costs, including those costs associated with mine safety. Mines also face an aging workforce and replacement of skilled workers with inexperienced workers who are at higher risk of having accidents that cause injury.

During FY 2004, the General Accounting Office issued its report *MSHA Devotes Substantial Effort to Ensuring the Safety and Health of Coal Miners, but Its Programs Could Be Strengthened* (Study 12 in Appendix 2), which comprised a programmatic review of certain MSHA operations and recommendations to improve program performance. Also, the Office of Management and Budget (OMB) conducted a Program Assessment Rating Tool (PART) review of MSHA in conjunction with the FY 2005 budget. MSHA received a rating of Adequate.

Reduce Miners' Exposure to Health Hazards

Performance Goal 3.1B (MSHA) – FY 2004

Reduce respirable coal dust, silica dust, and noise exposures

Indicators

Reduce the percentage of respirable coal dust samples exceeding the applicable standards by 5% for designated occupations;

Reduce the percentage of silica dust samples in metal and nonmetal mines exceeding the applicable standards by 5% for high-risk occupations; and

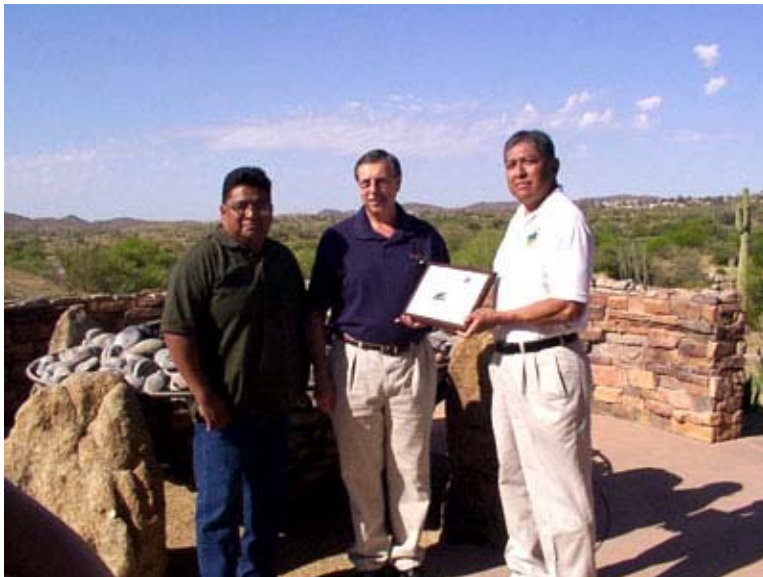
Reduce the percentage of noise exposures above the citation level in all mines by 5%

Program Perspective

In accordance with the Federal Mine and Safety Act of 1977, DOL's Mine Safety and Health Administration (MSHA), through safety and health enforcement and compliance assistance, and in partnership with the mining community, works to reduce occupational illnesses and health hazards among our Nation's miners.

Major health hazards to miners include black lung disease, and silicosis. These are disabling and eventually fatal respiratory diseases caused by exposure to excessive amounts of respirable coal and silica dust. In addition, noise exposure above regulatory standards can cause permanent hearing loss. Although the incidence of black lung and silicosis disease has declined over the years, the elimination of black lung disease, silicosis, and hearing loss remains a Departmental priority. Because these conditions develop gradually after repeated exposures, determining the rate at which miners are overexposed to coal dust, silica dust, and noise is a proxy measure of future miner health. Reducing miner overexposures therefore contributes to MSHA's longer term objective of a reducing the incidence of black lung disease, silicosis and hearing loss.

In developing this goal, MSHA targeted five percent annual reductions of overexposures. Experience has shown that these five percent reductions per year, from historical baselines, were not aggressive enough – and MSHA plans to update baselines in future years so that a five percent target is appropriately ambitious.



Recognition of good work is positive motivation. It's one of the concepts MSHA uses to promote good safety and health practices throughout the American mining industry. MSHA officials seek to recognize mining operations like Yavapai Materials, a sand and gravel mining operation situated in the Fort McDowell Yavapai Nation. Yavapai Materials logged 58,000 employee hours without a single lost-time accident. That was three years without an injury on the job! Obviously, this company employs both good workers and good safety habits—so good that they were asked to provide a program of “Best Practices” for neighboring mining operations. MSHA's Assistant Secretary David Lauriski (center) took time to go out to the Yavapai operation to congratulate Steven, general manager of Yavapai Materials (left) and President Raphael Bear (right), President of Fort McDowell Yavapai Nation, and personally

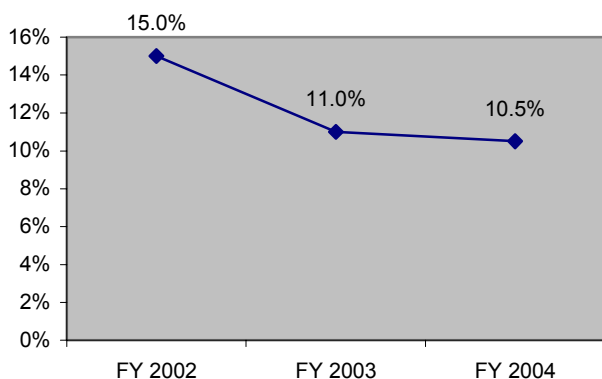
tell them what a good job they've done for themselves and for the mining industry. Good safety practices being shared among neighboring mining operations—another innovative way to reduce mining fatalities and injuries in the nation's mining operations.

Results, Analysis and Future Plans

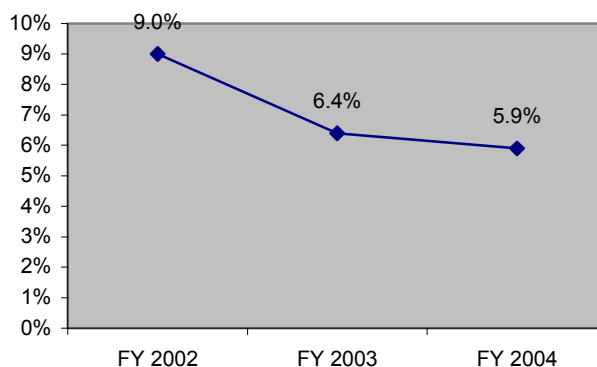
The goal was achieved, according to estimates using data through the third quarter.

- For coal dust, sample overexposures were reduced to 10.5 percent, a reduction of five percent from the prior year, and a 30 percent improvement from the FY 2002 baseline.
- For silica dust, sample overexposures were reduced to 5.9 percent, a reduction of eight percent from the prior year, and a 34 percent improvement from the FY 2002 baseline.
- For noise, sample overexposures were reduced to 4.2 percent, a reduction of 19 percent from the prior year, and a 55 percent improvement from the FY 2000-2001 baseline.

Coal Dust Samples Exceeding Standard

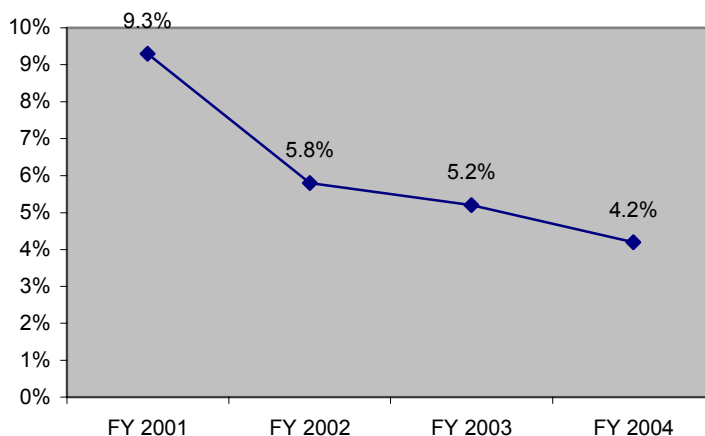


Silica Dust Samples Exceeding Standard



As discussed above, results for all indicators have greatly exceeded MSHA’s expectations over the last two years for coal and silica dust and over the last three years for noise. To establish more ambitious targets, new baselines will be developed for use in FY 2005. While targeted reductions for overexposures will remain at five percent, new baselines will incorporate the substantial reductions in overexposures already achieved. In addition, MSHA will review sampling procedures to ensure that the samples taken by inspectors are commensurate with ongoing mining activity where miners are normally at highest risk of overexposure.

Samples Exceeding Noise Standard



Management Issues

MSHA safety and health compliance specialists conduct dust and noise samples following well established procedures. A quality control process and edit checks assure the accuracy and reliability of performance data. Going forward, high costs and limited supplies of oil and natural gas into the foreseeable future will result in a higher demand for coal mining. Higher coal prices and increased profit margins will push operators to begin new, expand, or resume mining operations and lead to competitive pressures to increase production while containing costs, including those costs associated with mine safety. Mining also faces an aging workforce, and an inadequate supply of skilled workers (including an influx of immigrant workers) who are at higher risk of having accidents that cause injury.

During FY 2004, the General Accounting Office issued its report *MSHA Devotes Substantial Effort to Ensuring the Safety and Health of Coal Miners, but Its Programs Could Be Strengthened* (Study 12 in Appendix 2), which comprised a programmatic review of certain MSHA operations and recommendations to improve program performance.

Reduce Workplace Fatalities

Performance Goal 3.1C (OSHA) – FY 2004*Reduce occupational fatalities***Indicator**

Reduce the rate of workplace fatalities by 3% from the baseline of 1.62²⁰.

Program Perspective

OSHA's mission is to assure the safety and health of America's workers by setting and enforcing standards; providing comprehensive compliance assistance, training, outreach, and education; establishing and maintaining partnerships and alliances; providing consultation services and encouraging continual improvement in workplace safety and health. OSHA and its State partners have approximately 2,100 inspectors, as well as complaint discrimination investigators, engineers, physicians, educators, standards writers, and other technical and support personnel throughout the country.

Nearly every working man and woman in the nation comes under OSHA jurisdiction (with some exceptions such as miners, transportation workers, many public employees, and the self-employed). OSHA set a challenging goal to reduce workplace fatality rates by 15 percent by 2008. OSHA selected this goal because it exceeds the previous five year fatality rate reduction, but is attainable. OSHA helps reduce on-the-job deaths by intervening at the workplaces where it has evidence that fatalities are most likely to occur and by responding to reports about potentially life-threatening workplace hazards. OSHA uses fatality data from its Integrated Management Information System (IMIS) to track fatalities on a monthly basis, looking for emerging fatality patterns (such as trenching cave-ins) and taking corrective actions.

Results, Analysis and Future Plans

The goal was not achieved. Based on the most recent data, DOL estimates a 3.1 percent increase in the workplace fatality rate – to 1.67 from the baseline of 1.62 (per 100,000 workers).²¹ This amounts to an increase of one fatality for every two million workers. The tables below show annual deaths, employment, and fatality rates for the construction industry and for all industries for the baseline years and for the current reporting period, and illustrate use of a three-year moving average of fatality rates to smooth year-to-year fluctuations.

Year (July-June)	Construction Fatalities	Construction Employment	Construction Fatality Rate	Total Fatalities	Total Employment	Total Fatality Rate
2000	736	6,704	10.98	1,729	109,989	1.57
2001	749	6,823	10.98	1,846	111,368	1.66
2002	744	6,774	10.98	1,772	109,524	1.62
2000-2002 BASELINE	NA	NA	10.98	NA	NA	1.62
2002	744	6,774	10.98	1,772	109,524	1.62
2003	741	6,692	11.07	1,828	108,519	1.68
2004	784	6,809	11.51	1,849	108,786	1.70
2002-2004 AVERAGE	NA	NA	11.19	NA	NA	1.67

²⁰ For this goal the baseline is the average fatality rate for July 2000 – June 2002 and the result is the average fatality rate for July 2002 – June 2004.

²¹ Performance results for this goal are estimated. The estimating methodology has been reviewed by the Department of Labor's Office of Inspector General. The actual performance results for this goal will be published in the FY 2006 Budget.

Analysis of the IMIS fatality data suggests that the increase in the fatality rate since FY 2000 may reflect OSHA's improvements in managing fatality data, rather than more dangerous workplaces. In response to OSHA initiatives, some states have been entering fatality investigation information into IMIS for an increasing proportion of fatalities they inspect. This increases the count of fatalities recorded in IMIS, even though the number of inspected deaths in those states has actually decreased. In other states, where the proportion of inspected fatalities with entered fatality investigation forms has remained consistent, the fatality rate actually declined every year between FY 2000 and FY 2004.

OSHA is implementing aggressive strategies aimed at preventing future fatalities and achieving the goal of a 15% reduction by 2008. The construction fatality rate is more than five times the total fatality rate. OSHA is addressing the growth in the construction field of immigrant and non-English speaking workers; and hard-to-reach workers. Emerging issues include fall hazards from wireless communications and HDTV tower construction, noise in construction, and the expanding population of mobile workers. To achieve the targeted reductions in fatalities, OSHA will adopt a dynamic approach to identifying and targeting sectors and hazards that require interventions. For example, OSHA's Construction Directorate analyzed fatalities involving cranes, falls from roofs and trenching. The Construction Directorate plans to share their findings with the construction industry to assist construction managers and others in identifying and abating potentially fatal situations. The Agency is also identifying more effective ways of reaching those construction sites that are likely to have the most hazardous conditions. OSHA will take this information to circulate a new construction safety standard for construction cranes and derricks.

OSHA plans to develop Local Emphasis Programs that focus on hazards and industries in specific geographic locations. These programs will focus on hazards such as falls and industries such as tower erection and oil and gas well drilling. OSHA will continue to implement the Enhanced Enforcement Program, which focuses on those employers who have demonstrated a significant disregard for their legal obligation to maintain safe workplaces. This program includes follow-up inspections, targeted inspections, increased corporate awareness of OSHA enforcement, enhanced settlement provisions, and Federal court enforcement under section 11(b) of the Occupational Safety and Health Act.

This unsafe trench has the potential to cause broken bones and severe lacerations from slips, trips, and falls and serious injuries or even death from being crushed or suffocated in a cave-in. In addition to enforcing the regulation on trenching, OSHA reaches out to employers to prevent trenching hazards. OSHA conducts outreach programs to local governments who contract for much of the trenching work in this country. OSHA is working to elicit the cooperation of various stakeholders, including the Associated General Contractors of America, the Building and Construction Trades Department of the American Federation of Labor-Congress of Industrial Organizations, the National Utility Contractors Association, and the Associated Builders and Contractors to develop an industry-wide trenching safety program. OSHA is also developing training and education materials in English and Spanish for workers involved in trenching and excavation, including Pocket Guides, Quick Cards, posters, and a handbook.



Photo credit: OSHA

Management Issues

OSHA estimates achievement for this goal using data from July of the previous fiscal year to June of the current fiscal year. The Agency relies on its IMIS fatality data rather than the data from the Bureau of Labor Statistics (BLS) because of the one-year lag in BLS Census of Fatal Occupational Injuries data. However, the trends shown

in the BLS data resemble those of the IMIS data. OSHA is exploring changing the denominator (BLS Current Employment Survey) used to calculate the fatality rate to be more representative of the actual population that it regulates. OSHA IMIS data undergo quality control and edit checking. External risks to accomplishment of this goal include natural disasters (e.g., hurricanes and snow storms) and non-work related deaths that occur on the job. Internal risks to the attainment of this goal include OSHA's ability to obtain and use current injury and illness data to plan strategies and intervene effectively.

In response to a March 2004 GAO report, *OSHA's Voluntary Compliance Strategies Show Promising Results, but Should be Evaluated before they are Expanded* (Study 13 in Appendix 2), which recommended that OSHA identify cost-effective methods of assessing the effectiveness of its voluntary compliance programs, OSHA is planning to analyze injury and illness data from its VPP sites for the application processing period.

During FY 2004, GAO also issued reports recommending that OSHA ensure that its area offices follow prescribed policies for complaint handling, civil penalty determination and violation abatement (See Studies 14 and 15 in Appendix 2). OSHA is taking action to ensure that its area offices comply with such policies.

OSHA was redesigning its IMIS, but suspended further work and contracted for an independent assessment of the redesign activities pursuant to recommendations regarding the IMIS redesign efforts in a September 2004 DOL Office of Inspector General (OIG) audit report, *OSHA's Future System Development Efforts Require Greater Use of Best Practices* (Study 7 in Appendix 2).

The Administration conducted a Program Assessment Rating Tool (PART) review of OSHA for the FY 2004 President's Budget. OSHA received a rating of Adequate. Through the OSHA Executive Board, the agency is outlining its annual activity plans, including program evaluation, to address the PART recommendation that OSHA develop a plan to evaluate the results and cost-effectiveness of regulatory and non-regulatory programs.

Reduce Workplace Injuries and Illnesses

Performance Goal 3.1D (OSHA) – FY 2002 - 2004

Reduce occupational injuries and illnesses

Indicator

FY 2004: Reduce the days away from work case rate per 100 workers by 4% from CY 2000 baseline.

FY 2003: Reduce the days away from work case rate per 100 workers by 2% from CY 2000 baseline.

FY 2002: Reduce injuries and illnesses by 10 % annually in four industries characterized by high hazard workplaces.

Program Perspective

OSHA is committed to working with employers and employees to reduce the days away from work case rate by 20 percent by FY 2008. OSHA selected this target because it exceeded the previous five year injury and illness rate reductions, yet top managers determined that it would be attainable if the Agency successfully implemented its goal achievement strategies. Strategies for achieving these goals include a balanced use of strong, fair and effective enforcement, outreach, education and compliance assistance, free and confidential consultation services in all states and partnerships and cooperative programs. OSHA managers track Federal inspection activity, number of consultation visits, new participants in Federal Recognition Programs, and new participants in Strategic Partnerships and Alliances.

OSHA's Construction Safety and Health Outreach Program provides online compliance assistance summaries of various OSHA Construction standards, including Welding and Cutting. This outreach document is available on the web (<http://www.osha.gov/doc/outreachtraining/outreachtraining.html>) and it explains the provisions of the OSHA Welding and Cutting standards in easy to understand language.

Photo credit: OSHA



Results, Analysis and Future Plans

This section includes reporting for 2002, 2003 and 2004 injury and illness performance data. OSHA is reporting on 2002 data that were not previously available. Also, in this section, OSHA provides estimates for 2003 and 2004 performance that were necessitated because of the new annual reporting schedule.²²

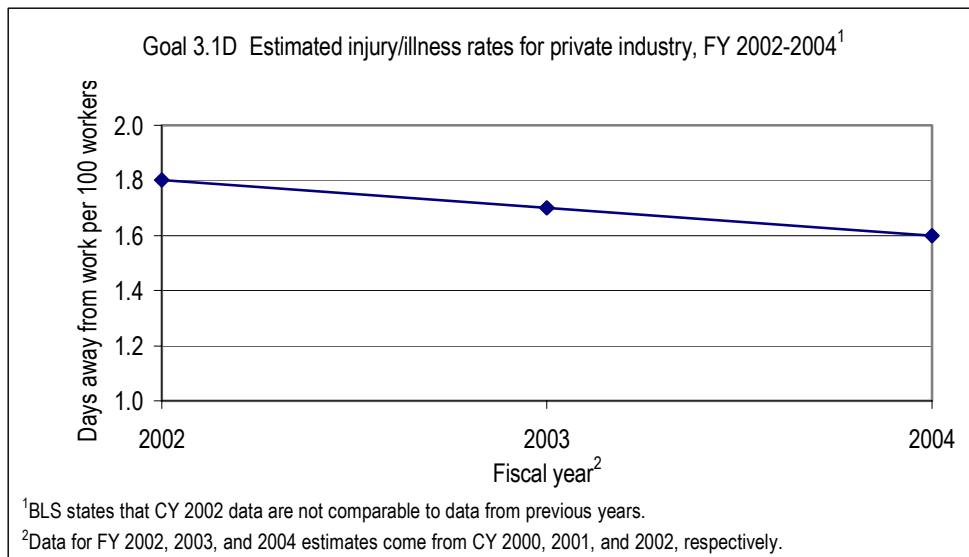
FY 2003-2004

The indicator for both years was percent change in the days away from work case rate per 100 workers. Targets were a two percent decline from the CY 2000 baseline in FY 2003 and four percent in FY 2004.

FY 2004 Results: The goal was achieved. The days away from work case rate declined 11.1 percent from the baseline, compared to the four percent target. OSHA estimated this goal by comparing data from CY 2002, which BLS published in December 2003, with a CY 2000 baseline.

FY 2003 Results: The goal was achieved. The days away from work case rate declined 5.6 percent from the baseline. OSHA estimated this goal by comparing data from CY 2001, which BLS published in December 2002, with a CY 2000 baseline.

²² The estimating methodology has been reviewed by the Department of Labor's Office of Inspector General. The actual performance results for this goal will be published in the FY 2006 Budget.



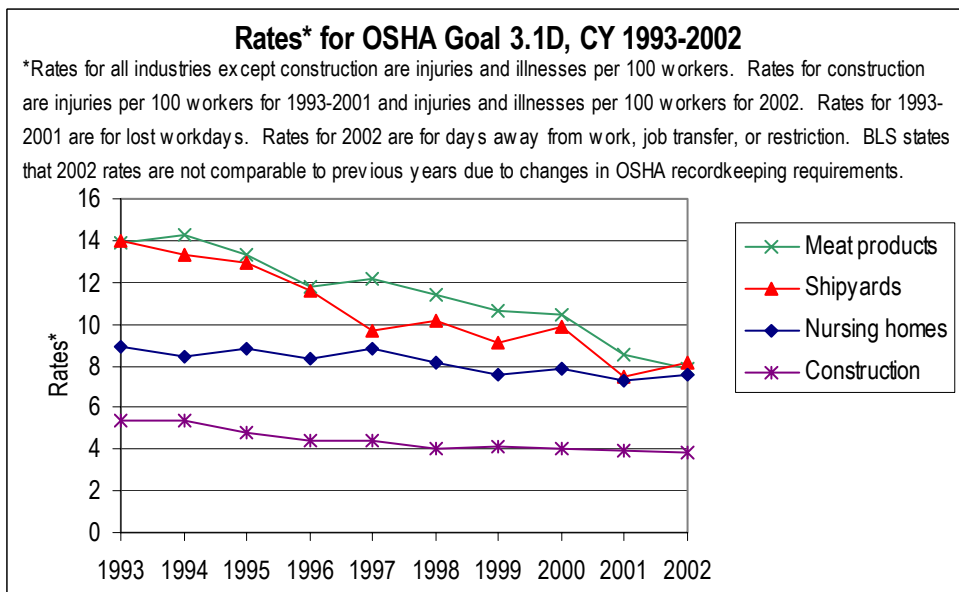
FY 2002

Indicator: Reduce injuries and illnesses per 100 workers in four industries (shipyards, meat products, nursing homes, and construction) characterized by high hazard workplaces.

Target: Ten percent decline from previous year.

Results: The goal was not achieved. The chart below indicates that the nursing homes and shipyards industries experienced

increases in their rates of injuries and illnesses of four percent and eight percent, respectively. The meat products and construction industries decreased their rates of injuries and illnesses by seven percent and five percent, respectively. This goal was not previously reported because of the lag time in Bureau of Labor Statistics data availability. This goal was a true “stretch” goal with a higher target (ten percent reduction in one year) than had ever been attempted previously. The rates are estimates because CY 2002 data are not comparable to previous years, due to changes in recordkeeping requirements that were not anticipated when this goal was developed in 1997.



Contributing to success to date are OSHA’s cooperative programs, such as the Voluntary Protection Programs (VPP). For example, recently the International Paper Company compared 50 of its VPP sites with 124 of its sites that were not in the VPP. International Paper’s VPP sites had a two-year lost workday incident rate that was 48 percent lower than the non-VPP sites and workers’ compensation costs that were 58 percent lower than the non-VPP site. International Paper

estimated that if their non-VPP sites had performed as well as their VPP sites for the two years studied, they would have saved over \$16 million in workers’ compensation costs. Through 2008, OSHA will focus these efforts on decreasing the days away from work (case rate per 100 workers).

OSHA Compliance Assistance Specialists (CASs), such as the one pictured below, respond to requests for help from a variety of groups, including small businesses, trade associations, union locals, and community and faith-based groups. CASs provide information about OSHA standards and compliance assistance resources. They work with employers and workers in OSHA Strategic Partnerships. The partners identify safety and health problems to address, agree upon responsibilities, identify strategies, and set goals and performance measures to verify results. OSHA also works with employers and workers to develop Alliances, where OSHA and the participating organizations define, implement and meet a set of goals. Additionally, CASs speak at seminars, workshops, and other safety events. Each OSHA Area Office in states under Federal jurisdiction is staffed with CASs.



Photo credit: OSHA

Management Issues

The BLS data used for performance reporting on this goal provide the most comprehensive and reliable information currently available on national levels of injuries and illnesses. However, because there is a one-year lag in the availability of BLS injury and illness data, resulting in a two-year lag in reporting for this performance report, OSHA is seeking to expand the OSHA Data Initiative to collect data from Federal jurisdiction establishments in industries identified in the OSHA Strategic Management Plan. This would allow OSHA to calculate injury and illness rates for certain industries for the previous year for the GPRA report.

A study completed in July 2004, *Evaluation of OSHA's Impact on Workplace Injuries and Illnesses in Manufacturing Using Establishment-Specific Targeting of Interventions* (Study 23 in Appendix 2), showed that its targeted inspections in manufacturing produced an estimated three-year reduction in the number of Lost Workday Injury and Illness (LWDII) cases of between 12.0 and 13.8 percent. This reduction is in addition to the industry-wide declines in injury and illness rates, since the analysis controlled for these. A comparison between previous industry-level targeting and establishment-specific targeting shows that establishment-specific targeting is more effective. OSHA is seeking to build on this evaluation to find out more about optimal combinations of interventions to maximize reductions in injuries and illnesses.

In May 2004, OSHA completed *Lookback Evaluation of OSHA's Standard for Presence Sensing Device Initiation (PSDI) of Mechanical Power Presses* (Study 24 in Appendix 2). The review addressed the continued need for the standard, including whether less burdensome alternatives had been developed, the economic effects of the standard on the regulated community, and the benefits of the standard, including the impact on improved employee safety and health. OSHA concluded that if the benefits OSHA sought in the PSDI standard are to be gained (i.e., improved worker safety and employer productivity), the standard needs to be changed. OSHA has decided to update its Mechanical Power Presses Standard to the most current version of the industry consensus standard or something similar.

Several other studies performed by the U.S. Government Accountability Office and DOL's Office of Inspector General, as well as the Administration's Program Assessment Rating Tool (PART) review of OSHA, are briefly summarized in this section of the narrative for Performance Goal 3.1C.