

## **CAIRS Program Update**

### **January 27, 2006**

As part of a continual effort to help ensure collection of accurate occupational injury and illness data throughout the Department of Energy (DOE), the Office of Analytical Studies (EH-32) distributes information periodically to individuals responsible for recording and reporting cases. Over the past year, the recordkeeping points-of-contact have changed at several DOE sites. In response to requests from some of you who have assumed new responsibilities in this area, and as part of our continual effort to help ensure collection of reliable information, EH-32 will offer a recordkeeping workshop and CAIRS training later this year. Additional information concerning the upcoming workshop and other subjects of interest are discussed below.

#### **Draft DOE Manual 231.1-1A, Chng 2, Environment, Safety and Health Reporting Manual**

In December, EH-32 initiated a RevCom review of page changes to DOE M 231.1-1A. The revised requirements, which were approved by the Field Management Council, include additional responsibilities to investigate and report occupational injuries and illnesses to subcontractor employees. The comment period ended and we are now in the comment resolution phase of the approval process. You can view a copy of the draft Directive through a Web Page link on the Directives Home Page (<http://www.directives.doe.gov/>).

#### **Quality Control Measurements for CAIRS Data**

The Contractors Requirements Document for DOE Manual 231.1-1A, Chg. 1, requires quarterly verification that occupational injury and illness information is "...thorough, accurate, and consistent with information contained in local records." Additionally, EH-32 staff periodically reviews information reported to CAIRS to help minimize errors due to various reasons including improper coding and obvious input mistakes. During a recent review we identified a few cases where the accident type had been changed to non-recordable after the case was reported to CAIRS. On rare occasions, additional information is made available after a case is reported that requires a previously reported case to be revised to non-recordable. As some of you now know, changing the accident type to "non-recordable" will not remove the case from your CAIRS Log, which must be done if a case is downgraded after the case has been reported. As an added control measure, authorization to downgrade cases is limited to the CAIRS Data Base Administrator and the CAIRS Program Manager. In order to downgrade a case in CAIRS to Non-Recordable, contact [CAIRS\\_Support@eh.doe.gov](mailto:CAIRS_Support@eh.doe.gov) and provide the following information; 1) the organization code, 2) case number, and 3) a brief statement that will be added to the report to document why the case is being downgraded.

#### **Fourth Quarter CAIRS Data**

As a reminder, quarterly work hours for the fourth quarter of calendar year 2005 should have been reported to CAIRS on or before January 10, 2006. Quarterly work hours should not be submitted to CAIRS until all new and revised case information for the quarter has been submitted. It is important that this information is reported to CAIRS on time. Quarterly rollups of DOE-wide data are used for various reasons, including preparing reports for quarterly management meetings. Although some organizations continue to submit reports once a quarter, the Manual requires submission of case information twice a month, on or before the 15<sup>th</sup> of the month and the last

working day. Quarterly revisions, which are due the 10<sup>th</sup> of the month following the end of the quarter, should be easily identified by comparing local records with information contained on the CAIRS Log (<https://cairs.tis.eh.doe.gov/CAIRS/Logs.asp>). For additional information on accessing CAIRS information, you can contact either the ES&H InfoCenter by telephone at 1-800-473-4375, or e-mail your request to [CAIRS\\_Support@eh.doe.gov](mailto:CAIRS_Support@eh.doe.gov).

### **Recordkeeping Related Interpretations**

As required by DOE Manual 231.1-1A, "Environment, Safety and Health Reporting Manual," EH-32 provides interpretation of DOE occupational injury and illness reporting requirements. As a reminder, requests for interpretation assistance can be submitted by mail, e-mail or through the DOE Worker Safety and Health Standard Response Line. The telephone number for the Response line is 1-800-292-8061. Additionally, questions can be submitted at <http://www.eh.doe.gov/il/question/new.cfm>, the on-line form for the Response Line or by e-mailing your question to [CAIRS\\_Support@eh.doe.gov](mailto:CAIRS_Support@eh.doe.gov). Copies of questions and responses processed through the Response Line are available on the website. The address for the website is <http://tis.eh.doe.gov/rl>. The Recordkeeping and Reporting webpage is being updated. This page will be revised to include some of the recent Frequently Asked Questions (<http://www.eh.doe.gov/cairs/faq.html>) processed by EH-32. Two recently submitted recordkeeping questions are attached to this document. One case relates to counting days lost when the employee is unable to report to work, and the other case involves an employee with a pre-existing condition that was significantly aggravated by a work event.

### **Workshop and CAIRS Training**

EH-32 staff will conduct a workshop on occupational injury and illness recordkeeping and reporting requirements and the Computerized Accident/Incident Reporting System (CAIRS). The workshop is intended for DOE and DOE contractor employees whose job responsibilities include tasks related to collecting, reporting, and analyzing this data. It is being hosted by the Nevada Site Office and will be held at the Las Vegas facility (232 Energy Way, Las Vegas, NV). The one-day recordkeeping and reporting refresher workshop will be held on June 7, 2006. Hands-on training for CAIRS will be offered in multiple sessions June 5, 6, 8, and 9. The registration form for the workshop is being developed and will be distributed to CAIRS points-of-contact later this month. Attendance is limited and priority will be given to those individuals with direct recordkeeping and reporting responsibilities. If you have suggestions on topics you would like discussed at the workshop or if you would like to help in any way, please contact Janet Macon by e-mail at [janet.macon@eh.doe.gov](mailto:janet.macon@eh.doe.gov).

**Scenario:**

On October 26, an electrician sustained a work related laceration to his abdomen and was taken to a hospital for treatment. Listed below are the recommended restrictions received from the physician during the course of his treatment for this injury:

- Initial restriction: 10/27 to 10/30 - no work
- 1<sup>st</sup> return to work evaluation: 10/28 to 10/30 - modified duty; no lift/push/pull; no repetitive bending or stooping; walk, stand, or sit as tolerated
- 2<sup>nd</sup> return to work evaluation: 10/31 to 11/13 - modified duty; work from home only
- 3<sup>rd</sup> return to work evaluation: 11/14 to 11/22 - modified duty; walk, stand, or sit as tolerated; no lifting over 10 lbs; no climbing (NOTE: The employee returned to work and was able to perform modified job.)
- 4<sup>th</sup> return to work evaluation: 11/23 to 12/06 - modified duty; no lift/push/pull over 20 lbs
- 5<sup>th</sup> return to work evaluation: 12/07 - full duty

NOTE: From 10/28 to 11/13, arrangements were made by the employer to transfer work to the employee's home to accommodate the employee's condition and the work restrictions ordered by the physician. During this period when the employee was working from home, he generated 1,500 field reports.

**Questions and Answers:**

***A. From October 28<sup>th</sup> through November 13th, the employee was doing productive and relevant work at home and the work status report from the doctor said the employee could perform modified duty at home. Based on this information, should this period when the employee did not report to the worksite (10/28 to 11/13) be considered restricted duty or lost workdays?***

During the period from October 28 through November 13, you must count each day when the employee did not report to the worksite as one day away from work, i.e., 17 calendar days. Additionally, during the period when the employee was at the worksite but on modified duties, November 14 through December 6, you must count each day as a restricted day if the employee was restricted from performing one or more of the routine functions of his job, or from working the full workday he would otherwise have been scheduled to work. For additional information on counting days see 29 CFR 1904.7(b).

This response is consistent with information provided by OSHA regarding this question.

***B. Should I record lost work time for October 27th, which was not a scheduled workday?***

The day following the injury (October 27<sup>th</sup>) should be counted as a day away from work. Although this was not a scheduled workday, the initial recommendation from the physician indicated that the employee should not work on that day. For additional information, see 29 CFR 1904.7(b)(3)(iv).

**Scenario:**

An employee worked on Thursday stripping forms, tearing out bulkhead, and driving stakes. He used a crowbar and a sledge hammer to perform his work on that day. Early Friday morning (around 12:20 a.m.) his right shoulder began to hurt and kept him awake all night. Later that morning, he called in to work and stated that he had been in pain all night and was going to see his personal physician. He returned to work on Monday and presented a note from the physician excusing him from not coming to work on Friday and recommending no lifting over 10 pounds for two weeks. The physician also prescribed an anti-inflammatory drug. X-rays were not taken, however, the notes from the physician indicated that the employee may have a torn rotator cuff in the right arm and that he should return to his office if the pain persisted.

Based on this information, the employer determined that since the employee was left handed and used only his left hand to perform work, the injury was personal and therefore not work-related. Although the employee wrote on the form he filled out for the physician that the cause of his injury was “climbing — pulling — sledge hammer,” the employer indicated that the employee could not identify a specific incident in the workplace that caused the injury. During an interview with the employee, he stated that he was not sure how he injured his arm but that he had not done anything of a physical nature at home to cause the injury. The employee stated that he thought the injury was probably related to the work he had done at work on Thursday. In addition, the employee indicated that he had to use both hands (not just the left hand) to perform the work he was doing prior to experiencing the pain (i.e., use of a crowbar and sledge hammer). The employer disagreed and did not record the case.

The employer later received new information from the physician that they felt supported the decision to classify the case as a personal condition that was not work-related. The new information indicated that the initial diagnosis of a possible torn rotator cuff was inaccurate. The new diagnosis was a C6 (cervical) disc compression. Although the employee was involved in overhead work that may have put strain on his neck, the employer believes that the cervical disc compression is a personal condition and that it was not significantly aggravated by the overhead work. Is this case recordable?

**Regulatory Review:**

Yes, this case is recordable. It should be recorded on the Occupational Safety and Health Administration (OSHA) Form 300 as a work-related occupational injury involving at least the one day away from work (Friday). In addition, restricted work days should be recorded for the two weeks of medical work restriction unless the routine functions of his job (activities the employee regularly performs at least once per week) would not require lifting over 10 pounds.

As addressed in 29 CFR 1904.5, an injury or illness is work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness. In this case, the employer has determined that the disc compression is a pre-existing condition. Information provided by the employee establishes a relationship between events in the workplace and “significant aggravation” of the pre-existing condition. “Significant aggravation” includes medical treatment (prescription medication), one day away from work, and most likely 2 weeks of restricted work activity. See 29 CFR 1904.5(b)(4) for additional information on determining significant aggravation.