



International
Labour
Organization

Add-on module on Occupational injuries
(and other work-related health problems) (v1)

Integration Guide

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Add-on module objectives

The main objective of the module is to collect data about occupational accidents, occupational injuries, work-related health problems and exposure to risk factors for physical health and/or mental well-being as perceived by the workers. The analysis of data captured in this module in combination with the data regarding labour market characteristics covered in LFS core module, can help (a) identify workers in occupations and economic activities of highest risk and (b) to estimate injuries, work-related health problems (illnesses) and risk factors by economic activity, and/or occupation at the national level. This information is essential for planning preventive measures such as safety campaigns, inspection visits, and the development of safety equipment, procedures and regulations. When collected periodically, at regular intervals, the data can reveal progress or deterioration in occupational safety, and thus the effectiveness of prevention measures.

The module was developed to respond to countries' needs for collecting data on occupational injuries through household surveys that would complement data from the traditional sources such as the administrative records of compensation schemes and the systems for notifying occupational injuries to labour inspectorates, health and safety organizations and other relevant authorities. Given the fact that in many countries these sources are often incomplete and subject to a number of limitations, this LFS module can help to fill the information gaps, as well as providing a valuable tool for assessing the efficiency of notification systems.

The module also provides the possibility of obtaining information about the work-related health problems and risk factors that are not usually available through notification systems. This information is based on workers' subjective perceptions. Optional section of the module provides basic information about the existence of workplace safety and health procedures.

When included in a labour force survey (LFS), the module allows for collecting occupational safety and health related data in a cost-efficient way.

Policy relevance

By collecting information in this module, it is possible to provide comprehensive and timely information on occupational injuries, work-related health problems, risk factors, and workplace safety and health procedures for design, implementation and management of preventive and protective measures, as well as health education and training.

The statistics may be used for a number of purposes, such as:

- to identify the occupations and economic activities where occupational injuries, work-related health problems and risk factors occur, as a basis for planning preventive measures;
- to set priorities for preventive efforts;
- to detect changes in the pattern and occurrence of occupational injuries, work-related health problems, risk factors, as well as workplace safety and health procedures, so as to monitor improvements in safety and reveal any new areas of risk;
- to evaluate the effectiveness of preventive measures;

- to estimate the consequences of occupational injuries and work-related health problems particularly in terms of days lost;
- to provide a basis for policy-making aimed at encouraging employers, employers' organizations, workers and workers' organizations to introduce accident and diseases prevention measures;
- to inform employers, employers' organizations, workers and workers' organizations of the risks associated with their work and workplaces, so that they can take an active part in their own safety;
- to assist in developing training material and programmes for prevention.

For this purpose, the information captured in the module should be analysed with reference to certain respondent characteristics such as sex, age, status in employment, occupation, economic activity, status in employment, migration status, etc.

Although some countries would restrict the population coverage to the employed and injuries at the workplace, i.e., areas that can be changed or influenced by the employer or the worker herself or himself, or by the health and safety authorities, where relevant and of interest, workers involved in own-use production of agricultural goods should also be included in the statistical coverage. Because they usually are not covered in traditional sources, occupational injuries incurred by workers involved in own-use production of agricultural goods are not fully revealed in the national statistics that are currently compiled in most countries. Therefore, it is important that, when determining the scope of the statistics in this area, account be taken of these workers so as to permit sufficient analysis of their occupational injuries.

Also, it is important to collect information beyond the occupational injuries and capture work-related health problems and exposure to risk factors that can affect the physical health and mental well-being of workers. Finally, where relevant and of interest, basic information about the workplace safety and health procedures may be collected.

There are many different audiences for information about occupational accidents and work-related health problems: for instance, employers, workers, occupational safety and health professionals, insurance institutions, governments, international organizations, those involved in emergency response and the media.

In order to ensure that the policy needs for data are taken into account, the content and the panning of the survey should be done in consultation with the labour ministry and other government agencies responsible for occupational safety and health, as well as organizations representing employers and worker, who are the principal users of the statistics.

Finally, the information, where collected periodically, will contribute to monitoring the progress towards *SDG 8.8: Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment*, and its indicator

- SDG 8.8.1: Fatal and non-fatal occupational injuries per 100,000 workers, by sex and migrant status

This module provides information on non-fatal occupational injuries only.

Variables and indicators covered

Occupational accidents and injuries

- Ever had an accident at work
- Injured in an occupational accident
- Injured in an accident at work in the last 12 months
- One or more accidents with absences in the last 12 months
- Job/activity in which the accident occurred
- Place where the accident took place
- Absent from work for at least one day
- No absence but restricted work activities
- Days away from work or unable to work
- Returned to work
- Returned to the same job/activity
- Returned to the same working hours
- Reasons for not returning to the same job/activity
- Physically able to carry out the old job/activity again
- Number of days before returning to the same job/activity
- Medical attention for the injury
- Injury reported to the employer
- Injury notified
- Financial compensation

Work-related health problems

- Health problem within the last 12 months
- Health problems caused or made worse by job/work
- Number of health problems
- Type of health problem
- Health problem limiting the ability to carry out day-to-day activities
- Days away from work or unable to work

Risk factors for physical health and/or mental well-being

- Greatest risk to physical health
- Greatest risk to mental well-being

Workplace safety and health procedures

- training and guidance on safety and health hazards
- policies to identify, prevent and remedy potential health and safety risks and hazards

Reference international statistical standards

Resolution concerning statistics of occupational injuries (resulting from occupational accidents), adopted by the 16th ICLS in 1998 (www.ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/meetingdocument/wcms_648557.pdf)

An ILO Manual on methods: Occupational injuries statistics from household surveys and establishment surveys, published by the ILO in 2008 (available at www.ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/publication/wcms_173153.pdf)

More details about concepts and definitions are provided in the variables document (Variable derivation guide for ILO add-on module: Occupational injuries (and other work-related health problems)).

History of use

Following the adoption of Resolution concerning statistics of occupational injuries (resulting from occupational accidents), adopted by the 16th ICLS in 1998 (www.ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/meetingdocument/wcms_648557.pdf), new tools for collecting basic statistics on occupational injuries from various sources other than official notification systems. Were developed by the ILO during 1999-2003. The new methodologies for the collection of data on occupational injuries through household surveys were field tested during 1999-2000 in Jamaica, Nigeria and the Philippines. A technical working group convened by the ILO examined the outcome of the pilot surveys and made recommendations for finalizing the new methodologies. Details about the methodology developed is available in *An ILO Manual on methods: Occupational injuries statistics from household surveys and establishment surveys*, published by the ILO in 2008 (available at www.ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/publication/wcms_173153.pdf)

While the methodology developed is based particularly on the recommendations contained in the 16th ICLS resolution, it may need to be adapted to the special conditions prevailing in some countries, or to meet their requirements regarding statistics on occupational injuries.

A number of countries have incorporated these new tools in the on-going LFS surveys, and collected data on occupational injuries.

The methodology for collecting data on work-related health problem and risk factors is based on experience of collecting such data in the EU LFS and other similar survey in a number of the national statistical offices. More information on the EU LFS ad-hoc module “Accidents at work and other work related health problem (2020)” is available on the following web site: http://ec.europa.eu/eurostat/statistics-explained/index.php?oldid=505930#Overview_of_the_modules

Further field testing may be required, at least for parts of the module.

Target population

All persons currently employed, persons employed in the last 12 months or before the last 12 months, and persons currently involved in own use production of agricultural goods, as identified in the parent LFS.

Target population of the module is as follows:

- Sections OAC and INJ: all persons that are currently employed or were employed in the last 12 month and persons currently involved in own use production of agricultural goods.
- Section WRH: all persons that are currently employed, were employed in the last 12 months or before the last 12 months, and persons currently involved in own use production of agricultural goods.
- Section RFS: all persons that are currently employed and persons currently involved in own use production of agricultural goods.
- Section WSH: all persons that are currently employed, were employed in the last 12 months or before the last 12 months, and persons currently involved in own use production of agricultural goods.

Sampling considerations

As the module is added to the core LFS, the same sample design should be adopted. Eligible household members who are interviewed for the core LFS can also be interviewed in respect of occupational injuries module.

To support disaggregation by sex, age group, level of education, occupation, economic activity, etc., the sample size should be sufficiently big. The prevalence rate varies significantly across the variables investigated. Based on administrative records, that in most countries cover only the formal sector and usually excludes agriculture, the prevalence of occupational injuries is up to 5000 per 100'000 employed. Given the under coverage of the administrative records, this rate is expected to be much higher if informal workers and all economic activities are covered.

The prevalence of work-related health problems, and exposure to risk factors is much higher. Based on the data available for EU member states, about 15 per cent of employed and those with previous work experience reported work related health problems, over 60 per cent reported being exposed to risk factors that can adversely affect physical health, and over 50 per cent reported being exposed to risk factors that can adversely affect mental wellbeing. That means that a sample size that allows for reliable estimates of the number of occupational injuries, will be sufficiently large for other.

Recommended data collection period and reference period

Because the module is intended to be inserted into an existing LFS, it is advisable that the data collection period, sampling, response strategy and interviewing guidelines/trainings of the parent survey are followed. In case the parent LFS survey is spread across the year, the data collection for the module should follow the same schedule. At aggregate level, it is not expected for the occupational safety and health to have seasonal variation.

As occupational injuries are relatively rare occurrences, the reference period for occupational injuries, is a year. However, where seasonal trends are considered to be important, the data may be compiled more frequently, using shorter reference periods, such as a month or a quarter.

It is expected that the injuries, especially the more serious one, that happened in the previous 12 months, would be remembered by the victim and his or her relatives and be able to provide reasonably reliable information in this connection. On the other hand, minor injuries that may not have much impact in terms of incapacitating workers or loss of working time, are less likely to be remembered and reported.

Recommended periodicity

The module should be included in LFS, at regular intervals, every few years (e.g., once every five years), to monitor the progress or deterioration in occupational safety, and thus the effectiveness of prevention measures. In case LFS is conducted less frequently, it is recommended to include the module every time the survey is conducted.

Respondent type

To ensure data quality, it is recommended to collect data only through interviews with direct respondents. Proxy respondents may not be knowledgeable about the characteristics of an occupational injury, especially if not serious, and exposure to risk factors at the workplace of another household member, therefore reliance on their responses may impact the overall quality of the data collected.

In order to achieve a higher rate of completed direct interviews, the possibility of using follow up visit or telephone interviews should be envisaged.

Where proxy respondents are allowed, it is important to capture the nature of participation (direct/proxy), so that if needed, the data can be analysed only for the direct respondents. The extent of potential bias in the results, resulting from inaccurate information provided by proxy respondents, will depend on the percentage of proxy answers obtained.

Mode of attachment to LFS

Ideally, the module should be administered at the same time as the core LFS, through personal interview of the respondents. Where this is not feasible, because of the length of the parent survey, or where respondents are not available at the time of the first visit, the interviews could be done during the follow-up visit, or where feasible by telephone. The data collection for the core LFS should not be affected by this process. To ensure that the quality of the data compiled with the core LFS is not affected, it is not recommended to include too many add-on modules in any one year.

Recommended placement in LFS survey/interview

As the module is designed to collect information about the occupational injuries and exposure to risk factors in the main or other current or past jobs/activities, the module should be placed at the end of the parent survey.

The interview for the module could be done at the same time as the interview for the parent survey or during a follow-up visit in case the data collection strategy involves multiple visits/contacts to the household within a single round.

Dependencies with parent LFS

The module is to be administered to household members of working age who were employed during the reference week, who were employed in the last 12 months or before the last 12 months or were involved in own use production of agricultural goods during the reference week. Therefore, it is required to determine in advance which household members are eligible for the module, and each section of the module.

Required LFS variables

To apply the module, the following variables from the parent survey should be established:

- age,
- labour force status,
- past work experience,
- own use production of agricultural goods.

Special considerations for field operations, field training or supervision

Quality of field operations, field training or supervision play a vital role in determining data quality. Good training of interviewers and strict supervision of fieldwork will ensure that good quality data is collected.

Because the module covers a very specialized topic, it is important that field staff be given sufficient training about the goals and importance of the module, so that they will feel comfortable in introducing the module to their respondents, thus ensuring their cooperation.

Emphasis needs to be given during the training of fieldworkers that all occupational injuries occurring to household members should be included, even if the person was confined temporarily to hospital for some months as a result of the accident.

Efforts should be made by the enumerator to meet all household members who are eligible for inclusion in the survey. In practice, this may be difficult to achieve, and some information may well have to be collected through proxies.

Even though some of the questions may be considered as sensitive, every effort should be made in the survey for respondents to provide their best guess and choose one of the response categories. When asking questions, interviewers should probe as much as possible to elicit valid answers, and to describe the type of health problems experienced and their causes.

Consideration should also be given to providing appropriate training to staff involved in coding responses and structural and consistency edit procedures, where they are not familiar with the subject matter.

Other considerations

It is likely that some developing countries will require some assistance in analysing the data collected with their first surveys on occupational injuries, work-related health problems,

exposure to risk factors and workplace safety and health procedures. They should seek outside technical assistance if needed.

Minimum recommended tabulations

All indicators listed here should be disaggregated by sex, as a minimum. Additional disaggregations include: age, branch of economic activity, occupation, status in employment, migration status, etc.

Accidents and injuries

- Persons injured in an occupational accident
- Persons injured in an occupational accident resulting in absence from work or inability to work for at least one day
- Persons Injured in an occupational accident resulting in restricted work activities
- Persons injured in an occupational accident resulting in absence from work or inability to work by period off work
- Persons injured in an occupational accident with permanent/temporary incapacity to work
- Number of days lost because of an occupational accident leading to temporary incapacity for work
- Persons injured in an occupational accident (resulting in absence) receiving medical attention for the injury
- Persons injured in an occupational accident (resulting in absence) whose injury was notified
- Persons injured in an occupational accident (resulting in absence) receiving financial compensation

Work-related health problems

- Persons reporting work-related health problems resulting in absence from work or inability to work
- Persons reporting work-related health problems resulting in limitations of day-to-day activities
- Persons reporting work-related health problems by type of health problem
- Number of days lost due to work-related health problems (total and per health problem)

Risk factors for physical health and mental well-being

- Persons reporting exposure to risk factor that can affect physical health, by type of risk factor
- Persons reporting exposure to risk factor that can affect mental well-being, by type of risk factor

Workplace health and safety procedures

- Persons receiving training on safety and health risks
- Persons reporting existence of processes to identify, prevent and remedy potential health and safety risks

The tabulation plan suggested here is meant to serve as an illustrative example. The actual set of tables that a given country may use will very much depend upon the needs, potentialities, and constraints of the parent survey. The degree of disaggregation in any tabulation plan should be confined to reasonable limits in order to minimize the chances of high sampling errors.

When finalizing the tabulation plan, it is also advisable to take into consideration the survey goals, the feedback from the users, and the inputs from the interactions with the data itself.

Current status

Experimental.