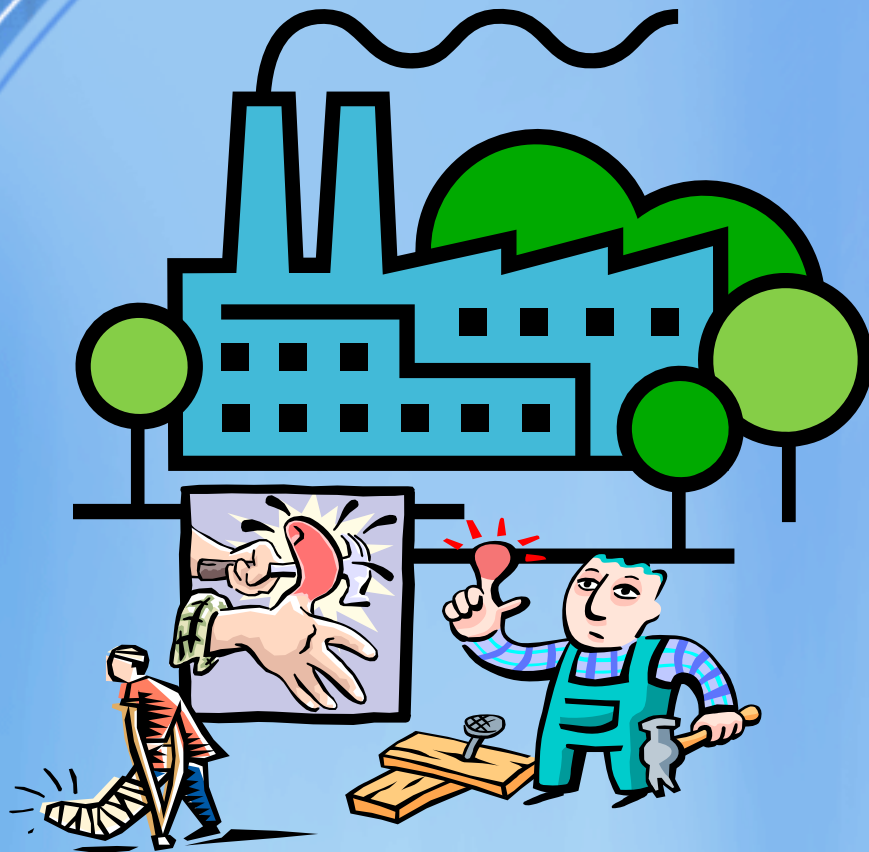


2007/2008
BLES INTEGRATED SURVEY (BITS)



Part V

*Occupational
Injuries and Diseases*

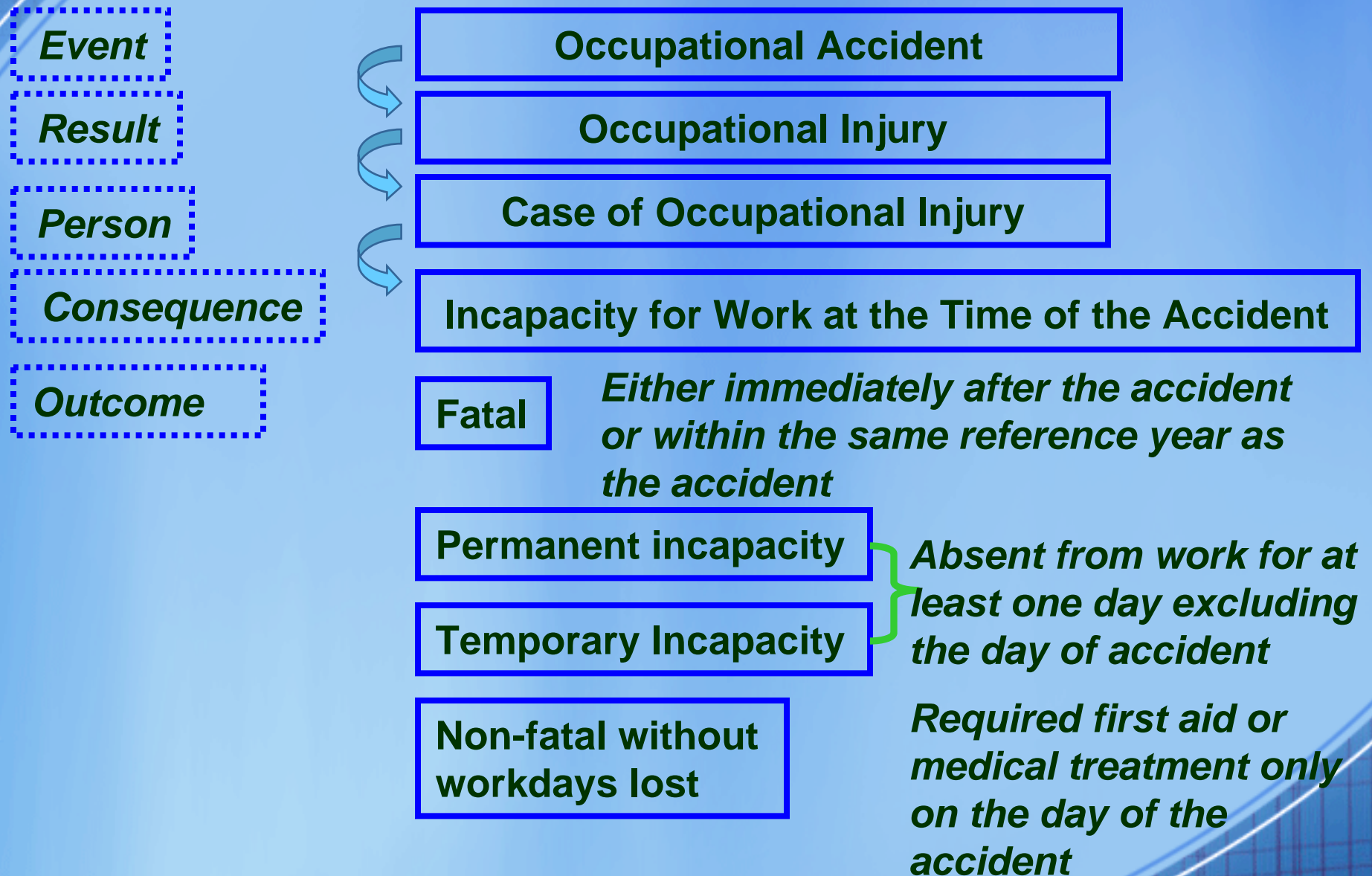


Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
BUREAU OF LABOR AND EMPLOYMENT STATISTICS
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ISO 9001:2000 Certified

CONCEPTUAL FRAMEWORK FOR DATA COLLECTION ON OCCUPATIONAL INJURIES



- 1. Did your establishment experience any occupational accidents during the year?** ☒ Yes, go to item 2
☐ No, go to item 7

There should be only one box checked in Item 1.

Occupational accident - an unexpected and unplanned occurrence, including acts of violence arising out of or in connection with work which results in one or more workers incurring a personal injury, disease or death. It can occur outside the usual workplace/premises of the establishment while the worker is on business on behalf of his/her employer i.e. in another establishment or while on travel, transport or in road traffic.

- 2. How many occupational accidents were there?** 5

If "Yes" is checked in item 1, there should be an entry in Item 2 other than "0". Entry may be equal to or less than the sum of injury cases in item 3 (cols. 2, 3, 5 and 7). A single occupational accident may result to one or more than one case of occupational injury.

Type of Injury (See description of classifications below)	Fatal Cases	Permanent Incapacity		Temporary Incapacity		Cases Without Workdays Lost
		Cases	Workdays Lost	Cases	Workdays Lost	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
3. Total <i>(sum of corresponding entries in cols. 2 to 7)</i>	1	1	200	2	50	3
3.1. Superficial injuries and open wounds						3
3.2. Fractures						
3.3. Dislocations, sprains and strains				2	50	
3.4. Traumatic amputations		1	200			
3.5. Concussion and internal injuries	1					
3.6. Burns, corrosions, scalds and frostbites						
3.7. Acute poisonings and infections						
3.8. Foreign body in the eye						
3.9. Others						

- 1) *Item 3 should be accomplished if there are occupational accidents reported in Item 2.*
- 2) *Column details should add up to respective totals.*
- 3) *If there are permanent or temporary incapacity cases, there should be corresponding workdays lost and vice-versa.*
- 4) *To check for acceptability of entries for workdays lost for permanent or temporary incapacity cases:*
 - **divide the number of workdays lost by the corresponding number of cases**
 - **computed maximum workdays lost per case of permanent incapacity may exceed 365**
 - **computed maximum workdays lost per case of temporary incapacity should not exceed 365.**

<u>Part of the Body Injured</u> (See description of classifications below)	Fatal Cases	Permanent Incapacity Cases	Temporary Incapacity Cases	Cases Without Workdays Lost
(1)	(2)	(3)	(4)	(5)
4. Total (sum of corresponding entries in cols. 2 to 5; these should be the same as corresponding totals reported in cols.2, 3, 5 and 7 of item 3)	1	1	2	3
4.1. Head				
4.2. Neck				
4.3. Back				
4.4. Trunk or Internal Organs				
4.5. Upper Extremities		1	1	3
4.6. Lower Extremities			1	
4.7. Whole Body or Multiple Sites Equally Injured	1			

- 1) Item 4 should be accomplished if there are occupational accidents reported in item 2.*
- 2) Column details should add up to respective totals.*
- 3) Totals of cols. 2, 3, 4 and 5 should be the same as the totals of cols. 2, 3, 5 and 7 of Item 3, respectively.*

Cause of Injury (See description of classifications below)	Fatal Cases	Permanent Incapacity Cases	Temporary Incapacity Cases	Cases Without Workdays Lost
(1)	(2)	(3)	(4)	(5)
5. Total (as reported in item 4))	1	1	2	3
5.1. Falls of persons	1			
5.2. Struck by falling objects				3
5.3. Stepping on, striking against or struck by objects, excluding falling objects				
5.4. Caught in or between objects		1		
5.5. Over-exertion or strenuous movement			2	
5.6. Exposure to or contact with extreme temperatures				
5.7. Exposure to or contact with electric current				
5.8. Exposure to or contact with harmful substances or radiation				
5.9. Others				

- 1) *Item 5 should be accomplished if there are occupational accidents reported in Item 2.*
- 2) *Column details should add up to respective totals.*
- 3) *Totals of cols. 2, 3, 4 and 5 should be the same as the totals of cols. 2, 3, 5 and 7 of Item 4, respectively.*

<u>Agent of Injury</u> (See description of classifications below)	Fatal Cases	Permanent Incapacity Cases	Temporary Incapacity Cases	Cases Without Workdays Lost
(1)	(2)	(3)	(4)	(5)
6. Total (as reported in item 5)	1	1	2	3
6.1. Buildings, structures	1			
6.2. Prime movers				
6.3. Distribution systems				
6.4. Hand tools				
6.5. Machines, equipment			2	
6.6. Conveying/transport/ packaging equipment or vehicles		1		
6.7. Materials, objects				3
6.8. Chemical substances				
6.9. Human, animals, plants, etc.				
6.10. Others				

- 1) Item 6 should be accomplished if there are occupational accidents reported in Item 2.
- 2) Column details should add up to respective totals.
- 3) Totals of cols. 2, 3, 4 and 5 should be the same as the totals of cols. 2, 3, 5 and 7 of Item 5, respectively.

Occupational disease -an abnormal condition or disorder other than one resulting from an occupational injury caused by exposure over a period of time to risk factors associated with work activity. This refers to a new case recognized, diagnosed and recorded during the year.

7. Occupational Diseases (1)	Cases (2)
7.1 Occupational dermatitis <i>(including skin conditions due to chemical agents which are skin irritants and sensitizers)</i>	2
7.2. Bronchial asthma <i>(due to exposure to allergies in the working environment)</i>	
7.3. Acute poisonings <i>(due to exposure to chemical toxic substances)</i>	
7.4. Heat stroke, cramps, exhaustion <i>(due to exposure to excessive heat)</i>	3
7.5. Chilblain, frostbite, freezing <i>(due to exposure to excessive cold)</i>	
7.6. Deafness <i>(loss of or decreased hearing due to excessive exposure to noise)</i>	
7.7. Infections <i>(due to exposure to biologic hazards/agents, ex. anthrax, rabies, hepatitis A, B, C, D, PTB pneumonia)</i>	
7.8. Cataract <i>(due to exposure to glare of or rays from molten glass or red hot metal)</i>	
7.9. Cardio-vascular diseases <i>(cardiac injury or acute attack precipitated by unusual strains of work)</i>	
7.10. Essential hypertension <i>(primary hypertension that cause impairment of function of kidneys, ears, eyes and brain resulting in permanent disability)</i>	
7.11. Peptic ulcer <i>(due to prolonged emotional or physical stress at work)</i>	4
7.12. Work-related musculoskeletal diseases <i>(caused or made worst by work such as exposure to forceful exertions, highly repetitive motions, awkward body postures, vibrations, etc.)</i>	
7.13. Others <i>(specify)</i>	
7.13.1. cancer of the lungs _____	5
7.13.2. viral encephalitis _____	2
7.13.3 _____	

- 1) There may be no entries in Item 7.
- 2) If there is an entry for "Others", the disease/s should be specified.

8. Did any of your workers experience commuting accidents in 2007?

☒
☐

Yes, go to Item 8.1

No, go to Item 9

There should be only one box checked in Item 8.

Commuting accident - an accident which results to death or personal injury occurring on the habitual route of a worker, in either direction, between the place of work or work-related training and the worker's principal or secondary residence, the place where the worker usually takes his/her meals or the place where he/she usually receives his/her remuneration.

8.1. How many commuting accidents were there? 1

8.2. How many workers were injured? 2

If "Yes" is checked in item 8, there should be an entry in Items 8.1 and 8.2 other than "0".

Entry in Item 8.2 may be equal to or higher than entry in Item 8.1.

9. How many hours were actually worked by all employed persons in your establishment in 2007?

To estimate for total hours actually worked (in the absence of actual record on hours worked):

51	x	8	x	250	+	20,000	+	720	=	122,720
Average employment		Regular working hours per day Ex. 6, 7, 8 or 12		Days actually worked during the year Ex. 250 or 302		Total overtime hours on regular working days of all persons who rendered overtime work		Total hours worked on rest days, special days and regular holidays of all persons who rendered work on these days		Hours actually worked

An example to compute for average employment for CY 2007

End of the MONTH employment			
Jan	50	Jul	53
Feb	49	Aug	54
Mar	48	Sept	52
Apr	52	Oct	52
May	51	Nov	51
June	50	Dec	50

Average employment:

$$50+49+48+52+51+50+53+54+52+52+51+50 = 612/12 = 51$$

There should be an entry in Item 9.

To check for acceptability of entry:

Divide hours actually worked by number of employed persons,

ex. $122,720/51 = 2,406$

Acceptable range: 1,200 – 3,600 per employee

BITS FORM 1 - Verification Form
**Part V: Occupational Injuries
and Diseases**

THANK YOU

Presented during the Regional Supervisors and Enumerators Training on Data Collection and Field Editing of the 2007/2008 BITS and 2008 OWS

August 2008