

RESOURCE DATABASES for Occupational Health Surveillance in North Carolina

February 2006

North Carolina Department of Health and Human Services
Division of Public Health
Occupational and Environmental Epidemiology Branch
Occupational Health Surveillance Unit



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Department of Health and Human Services • Carmen Hooker Odom, Secretary
Division of Public Health • Leah Devlin, State Health Director

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Introduction

One of the first steps in developing a strategy for surveillance of work-related health problems at the state level is to identify existing data sources that may be used for this purpose. This document is a compendium of such data sources in North Carolina as identified by the Occupational Health Surveillance Unit (OHSU) of the Occupational and Environmental Epidemiology Branch in the North Carolina Division of Public Health. It is provided as a tool for consideration and use by others.

This document will always be a work in progress. It contains the most relevant data sets currently available but additions will be made to this compendium as new sources become available or the usefulness of existing sources becomes apparent to OHSU staff.

The North Carolina OHSU staff would like to express their thanks to Letitia Davis (Massachusetts Department of Public Health) and Martha Stanbury (Michigan Department of Community Health) for leading the way in providing such tools in their states and for sharing these with North Carolina and other states.

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Occupational Illnesses & Injuries web site: www.epi.state.nc.us/epi/oii.html

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

Description	The BRFSS is a random telephone survey of adults conducted on the state and national levels. It collects information about health status, health behaviors, and use of health services that relate to the leading causes of illness and death. The North Carolina survey is conducted by the State Center for Health Statistics (SCHS).
Mandate and/or purpose for data collection	The BRFSS is a cooperative agreement with the Centers for Disease Control and Prevention (CDC) in which all 50 states, the District of Columbia, and three U.S. territories now participate. The purpose is to gather national and state data on health behaviors for targeting interventions. The North Carolina Division of Public Health (DPH) has participated in the BRFSS since 1987.
Definition of a case record	One survey.
Period of data collection	1987 forward.
Method of data collection	The North Carolina BRFSS survey contains a core set of questions developed by the CDC. These questions are asked each year by all states so that national estimates can be produced. The survey also contains a number of state-added questions developed by programs in DPH. A CDC contractor supplies monthly samples of telephone numbers to the SCHS. Upon contact with a household, one member age 18 or older is randomly selected to respond.
Key data elements	The N.C. survey questionnaires for 1990–2005 are available online. Questionnaires change from year to year. Each questionnaire has three components: 1) the core questions, 2) optional modules, and 3) state-added questions. As required by CDC, the core questions are asked by all states without any changes. A section of core questions that are asked every year, called the fixed core, include questions on health status, health insurance, smoking, HIV/AIDS, demographics and diabetes. Some core questions are asked every other year and are called the rotating core. And each year a few questions related to emerging health problems are included in the core. Each year, CDC provides optional modules, or sets of questions, on health topics such as diabetes, influenza, cardiovascular health, etc. These modules must be asked without any changes for CDC to post the data on its web site and to use in its published reports. Finally, North Carolina develops its own questions for the questionnaires. Examples for 2005 include: health care cost/underinsurance, diabetes screening/counseling, and skin cancer prevention.
Coding of occupational and diagnostic variables	None
Data accessibility	Results are available on the N.C. State Center for Health Statistics web site (http://www.schs.state.nc.us/SCHS/brfss) approximately four months after the reference year.
Examples of published documents	<i>Health Risks Among North Carolina Adults.</i> <i>Health Risks and Conditions among American Indians in North Carolina.</i> <i>Racial and Ethnic Differences in Health in North Carolina: 2004 Update.</i> For additional publications, go to: www.schs.state.nc.us/SCHS/brfss/publications.html .
Database location, point of contact and website	Agency: State Center for Health Statistics, DPH, N.C. DHHS 1908 Mail Service Center, Raleigh, NC 27699-1908 Contact: Robert Woldman [Bob.Woldman@ncmail.net] 919-715-4481 or SCHS main number, 919-733-4728 Website: www.schs.state.nc.us/SCHS/

DEATH CERTIFICATE FILE

Description	This database contains information on deaths of North Carolina residents back to 1956.
Mandate and/or purpose for data collection	North Carolina General Statute § 130A-90 requires the Department of Health and Human Services to maintain a vital statistics program which shall operate the only system of vital records registration throughout this State. (1983, c. 891, s. 2.)
Definition of a case record in the database	The death of a North Carolina resident or a person who dies in the state of North Carolina. Death is defined as the permanent disappearance of any evidence of life at any time after live birth. This definition excludes fetal deaths.
Period of data collection	Deaths have been registered in North Carolina state government offices only since 1913. Prior to 1913, the state of North Carolina did not use records or certificates of any kind other than wills and estate settlements in the North Carolina State Archives. Death certificates prior to 1930 are held by the North Carolina State Archives.
Method of data collection	The funeral director or person burying a body is responsible for filing a death certificate or fetal death certificate with the local registrar prior to final disposition and within 72 hours after death. Death is reported to and filed with the Office of Vital Records. The State Center for Health Statistics (SCHS) compiles this data.
Key data elements	Name, age/date of birth, sex, race, Social Security number, Hispanic ethnicity, place of injury, date of death, place of occurrence (county and state), residence (complete), cause of death (ICD-10), manner of death, autopsy findings, work injury or not. A data dictionary is available online.
Coding of occupational and diagnostic variables	Occupational: Bureau of Census industry and occupation codes from 1982 to 1999. Since 2000, industry and occupation are not coded. Diagnostic: International Classification of Diseases, Tenth revision (ICD-10) codes since 1999 (earlier data coded with prior versions of ICD).
Data accessibility	Summary aggregate data: Available on the SCHS website within 20 months after reference year. Case-level data: No restrictions; death data are public information and there are no fees. These are available within a few months after the reference year. The basic electronic files from 1968 forward can be accessed at: www2.irss.unc.edu/ncvital/index.html .
Examples of published documents	To access documents from the State Center for Health Statistics on this topic, go to: www.schs.state.nc.us/SCHS/pubs/direct.cfm?dir=death
Database location, point of contact and website	Agency: N.C. State Center for Health Statistics, Statistical Services Unit (Vital Statistics Team) 1908 Mail Service Center, Raleigh, NC 27699-1908 Contact: Kathleen Jones-Vessey [kathleen.jones-vessey@ncmail.net] 919-715-9692 or SCHS main number, 919-733-4728 Website: www.schs.state.nc.us/SCHS/

HAZARDOUS SUBSTANCES EMERGENCY EVENTS SURVEILLANCE SYSTEM (HSEES)

Description	Since 1991, the N.C. Division of Public Health has maintained an active, state-based Hazardous Substances Emergency Events Surveillance (HSEES) system to describe the public health consequences associated with the release of hazardous substances.
Mandate and/or purpose for data collection	The purposes for this data collection include: (a) describing the distribution and characteristics of hazardous substances emergencies; (b) describing the morbidity/mortality experienced by employees, responders, and the general public as a result of hazardous substances releases; (c) identifying risk factors associated with that morbidity/mortality; (d) identifying strategies that might reduce future morbidity/mortality resulting from the release of hazardous substances.
Definition of a case record in the database	A case is a hazardous substance emergency event. An event is defined as a release of any hazardous substance except petroleum in an amount that needs to be removed, cleaned up, or neutralized according to federal, state, or local law. Threatened releases of such substances are also included if this threat led to an action (e.g., evacuation) to protect public health. There is case-identifying information but no identifying information for victims.
Period of data collection	Data are available from 1991 forward.
Method of data collection	To obtain the maximum amount of information, several data sources are used, including the media, on-scene commander/incident commander or staff (e.g., fire, police, or local emergency management coordinators), health agency other than the state health dept., medical facility, or any other available source.
Key data elements	Types of data collected include general information on the event, substance(s) released, number of victims, number and types of adverse health effects experienced by the victims, and number of evacuations.
Coding of occupational and diagnostic variables	Occupational: None Diagnostic: Severity and disposition of victim(s) (e.g., treated at hospital and admitted or treated at hospital and not admitted) and adverse health effects (e.g., trauma, burns, heart problems) are included in this database.
Data accessibility	The Agency for Toxic Substances and Disease Registry (ATSDR) regulates any data-sharing. Anyone interested in data access must sign a data-sharing agreement. Information on businesses is not provided.
Examples of published documents	<i>Surveillance of Hazardous Substances Emergency Events in North Carolina: Cumulative Report.</i> Fact sheets on ammonia, chlorine, hydrochloric acid, mercury, sulfuric acid, and <i>Methamphetamine Laboratories Information and Safety for First Responders, Firefighters, and Law Enforcement</i> can be found on the HSEES website, www.epi.state.nc.us/epi/oii/hsees.html .
Database location, point of contact and website	Agency: Occupational and Environmental Epidemiology Branch Division of Public Health, N.C. DHHS 1912 Mail Service Center Raleigh, NC 27699-1912 Contact: Sherry G. Rigouard, MPH [Sherry.Rigouard@ncmail.net] 919-707-5990 or OEE main number, 919-707-5900 Website: www.epi.state.nc.us/epi/oii/hsees.html

MEDICAL EXAMINERS INFORMATION SYSTEM (MEIS)

Description	This database collects information on investigations performed by the Office of the Chief Medical Examiner (OCME) for deaths that are unattended, suspicious, or the result of violence (homicide, suicide, or accident)
Mandate and/or purpose for data collection	The system collects information about death investigations and manages daily operations of the OCME.
Definition of a case record in the database	A case record is one death.
Period of data collection	1972 forward.
Method of data collection	Data are gathered from several sources to complete a file. County medical examiners submit handwritten reports, local health departments submit copies of the death certificates, and pathologists submit completed autopsy reports. Data elements from each of these documents are manually entered into the database. Toxicology results are uploaded from the laboratory instruments into the database.
Key data elements	Name, cause type, cause ICD code (ICD-9), age, race, ethnicity (Hispanic), sex, county of death, date of death, county of residence, manner of death (accident, homicide, natural, suicide, undetermined), premises of injury, premises of death, usual occupation, usual occupation industry, toxic agent(s), workplace yes/no, date of onset, county of onset.
Coding of occupational and diagnostic variables	Occupational: Bureau of Census Occupation and Industry standard codes. Diagnostic: Currently ICD-9 (earlier data coded with prior versions of ICD)
Data accessibility	The database is available to the public upon request. Data are not released and available for analysis until a case is complete. Currently, there is a 3-year lag time.
Examples of published documents	None. More information about the information gathered and the Chief Medical Examiner's office can be found at www.ocme.unc.edu/
Database location, point of contact and website	Agency: Office of the Chief Medical Examiner Chapel Hill, NC 27599 919-966-2253 Contact: Patricia Barnes [pbarnes@ocme.unc.edu] Website: www.ocme.unc.edu/

NORTH CAROLINA CENTRAL CANCER REGISTRY (CCR)

Description	This database includes records for all cancers diagnosed or treated in the state of North Carolina.
Mandate and/or purpose for data collection	The CCR is mandated by N.C. General Statute 130A-Article 7. Its administrative rules are codified as North Carolina Administrative Code Title 10A - Chapter 47 Sub-Chapter B. Data are used for cancer surveillance, planning and evaluation of public health programs, public health research, public education, and requests from the public.
Definition of a case record	An incidence of a primary malignant cancer.
Period of data collection	1990 forward.
Method of data collection	Data are collected through the Central Cancer Registry's (CCR) Health Registry Network, a web-based database that collects both record-level data and North American Association of Central Cancer Registries (NAACCR) file format data. Data are submitted by all health care facilities that diagnose or treat cancer in the state.
Key data elements	Data includes diagnosis information, demographics, and first course of treatment. Details of the data collected can be found on the North American Association of Central Cancer Registries (NAACCR) web site: www.naaccr.org . It contains detailed information about data standards and the data dictionary.
Coding of occupational and diagnostic variables	Occupation and industry: Free text form and US Census Bureau codes. Diagnostic: International Classification of Diseases, Ninth and Tenth Revisions (ICD-9 and ICD-10) mortality codes, International Classification of Diseases for Oncology, Second Edition (ICD-O-2) primary site codes.
Data accessibility	The lag time for this data is approximately two years after the reference year. Aggregate data: Upon request, can be released with five or more counts per cell. Case-level data: Procedures are outlined in the legislation. In brief, if no patient contact is planned, a proposal must be submitted to the Director of the CCR and Director of the SCHS for approvals. If patient contact is requested, the Advisory Committee on Cancer Coordination and Control must review the study.
Examples of published documents	<i>Cancer Profiles:</i> Biennial publication produced by the North Carolina CCR. <i>Cancer Facts and Figures:</i> Biennial publication produced by the North Carolina CCR containing North Carolina cancer incidence and mortality, as well as projected cancer estimates. (It is modeled after the American Cancer Society's annual "Cancer Facts and Figures" publication, which details cancer incidence and mortality across the nation.) <i>NC Cancer Incidence Rates - 1999 – 2002.</i> <i>NC Cancer Mortality Rates - 1999 – 2003.</i> <i>NC Cancer Projections - 2000-2005.</i> These and other publications may be found at: www.schs.state.nc.us/SCHS/data/cancer.cfm
Database location, point of contact and website	Agency: Central Cancer Registry, State Center for Health Statistics 1908 MSC Raleigh, NC 27699-1908 Contact: Karen L. Knight [Karen.Knight@ncmail.net] 919-715-4556 or SCHS main number, 919-733-4728. Website: www.schs.state.nc.us/SCHS/data/cancer.cfm

NORTH CAROLINA EMERGENCY DEPARTMENT DATABASE (NCEDD)

Description	When fully implemented, this database will contain emergency room data from all hospitals with emergency departments in North Carolina.
Mandate and/or purpose for data collection	North Carolina General Statute 130a-480 (effective January 1, 2005) requires each hospital to electronically submit emergency department data to the North Carolina Division of Public Health (DPH). A partnership between the North Carolina Hospital Association (NCHA) and DPH has created the North Carolina Hospital Emergency Surveillance System (NCHES) which electronically collects, reports, monitors, and investigates emergency department data in near-real time from all participating hospitals, including providing timely emergency department data for NCEDD.
Definition of a case record in the database	Patients treated in the participant ED, regardless of their disposition, and triaged patients who then leave against medical advice or without being seen. Patients triaged away to a clinic or directly admitted to an inpatient unit are excluded from this database.
Period of data collection	Effective January 1, 2005, all hospitals are required to report specific ED data to the NCDPH as detailed in the legislation.
Method of data collection	Electronic submission of secondary data. Data are extracted from hospital information system(s) and sent to a third party data aggregator. No additional data entry is done. NCEDD downloads the data every 12 hours.
Key data elements	Birth date, hospital information, sex, insurance coverage or other expected source of payment, address [City, State, County, Zip], mode of transport to ED, chief complaint (descriptive), triage note, vital signs, diagnosis codes, procedure codes, E-codes, medical record number, ED disposition. A data dictionary is available at https://www.ncedd.org/ .
Coding of occupational and diagnostic variables	Occupational: No coding of occupation or industry but expected payer information such as "Worker's Compensation" is coded. Diagnostic: International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9 CM) codes.
Data accessibility	Data are available within 24 hours of discharge. Summary aggregate data: These are available on the Internet to authorized users. A User ID must be obtained to access these reports. There are no fees. For more information, link to: https://www.ncedd.org/ . Case-level data: available only to authorized staff in DHHS, Division of Public Health. Custom data reports are available and require IRB approval.
Examples of published documents	<i>Count of ED Diagnoses Grouped by ICD9 Diagnosis Cluster.</i> <i>Number of Injuries Seen in the ED by Intent and Mechanism of External Cause of Injury.</i> <i>Number of Visits Comparing Age Group and Insurance Coverage.</i> <i>Case Report: Carbon Monoxide Poisoning.</i> [These reports can be produced by authorized users who access the NCEDD web-site listed above.]
Database location, point of contact and website	Agency: North Carolina Emergency Department Database (NCEDD) Managed by the University of North Carolina at Chapel Hill Department of Emergency Medicine Contact: Anna Waller, Principal Investigator [awaller@med.unc.edu] 100 Market St Chapel Hill, NC 27516 919-843-2361 Website: www.ncedd.org

NORTH CAROLINA INPATIENT HOSPITAL DISCHARGE DATABASE

Description	This database contains case-specific discharge data for patients admitted to non-federal government facilities in N.C.
Mandate and/or purpose for data collection	N.C. General Statute 131E-214 requires hospitals submit this data to a statewide data processor. The purpose of this data is mainly for hospital billing. It includes demographic, diagnostic, payor and cost information. The State Center for Health Statistics (SCHS) manages this database.
Definition of a case record in the database	Any inpatient discharge from an acute stay in a non-federal government hospital.
Period of data collection	Calendar year 1995 forward.
Method of data collection	Data are reported to an independent vendor (Solucient). This company is in charge of collecting and merging data for SCHS. SCHS stores the data in flat files and SAS files.
Key data elements	Unique patient identifier, Social Security number, medical record number, dates of admission and discharge, residence (zip code), sex, age, race, date of birth, principal diagnosis (ICD-9-CM), secondary diagnosis (ICD-9-CM); co-existing or subsequent diagnoses, circumstantial information surrounding diagnosis (E-code), expected principal source of payment, admission type and source, procedures (ICD-9), charges and length of stay. A data dictionary can be obtained from the State Center for Health Statistics contact.
Coding of occupational and diagnostic variables	<p>Occupational: No coding of occupation or industry but expected payer information such as "Worker's Compensation" is coded.</p> <p>Diagnostic: International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9 CM, E-Codes) codes.</p>
Data accessibility	<p>Data are available approximately 18 months after reference year.</p> <p>Summary aggregate data: Available upon request.</p> <p>Case-level data: De-identified records are available to authorized, Division of Public Health staff with a memorandum of understanding (MOU). Data are confidential; all users must sign confidentiality agreement and have approval from SCHS director.</p>
Examples of published documents	While there has not been a general report on N.C. hospital discharges since 1996, some related articles can be found at: www.schs.state.nc.us/SCHS/pubs/direct.cfm?dir=hospital
Database location, point of contact and website	<p>Agency: NC State Center for Health Statistics, DPH, DHHS 1908 MSC, Raleigh, NC 27699-1908</p> <p>Contact: Pedro Luna-Orea [pedro.lunaorea@ncmail.net] 919-715-4493 or SCHS main number, 919-733-4728</p> <p>Website: www.schs.state.nc.us/SCHS/</p>

NORTH CAROLINA TRAUMA REGISTRY (NCTR)

Description	The NCTR is an Office of Emergency Medical Services (OEMS)-maintained database to provide information for analysis and evaluation of the quality of patient care, including epidemiological and demographic characteristics of trauma patients. It contains information on trauma-related hospital admissions, deaths, and transfers from all Level I, II, and III trauma centers as well as from some non-trauma centers across the state. The registry is being expanded to include admissions, deaths, and transfers from all N.C. hospitals. Injuries include burns, gunshot wounds, stabbings, motor vehicle accidents, falls, etc., and are defined by the ICD-9 diagnosis codes of 800-959.9. Participating hospitals have the option of recording poisonings and drownings.
Mandate and/or purpose for data collection	Level I, II, and III trauma centers are mandated by NCAC 10A: (Health and Human Services), Chapter 13 (Facility Services), Subchapter 13P (Emergency Medical Services) to provide quarterly data as described above.
Definition of a case record	A patient-event (i.e., a specific admission for a specific patient) is defined as a patient with an ICD-9 diagnosis code in the 800-959.9 range who (1) is admitted to the hospital for 24 hours or more from an ED; (2) dies in the ED; (3) is DOA; (4) is transferred from any ED to the OR or the ICU; or (5) is transferred to another hospital.
Period of data collection	1994 forward.
Method of data collection	Two mechanisms of reporting data to the registry exist. The method used by all designated trauma centers and some community hospitals requires data entry and includes approximately 200 data points. The second mechanism, utilized by most participating non-trauma centers, is automated (no data entry required) and includes 34 data points.
Key data elements	There are 288 variables. These include demographics (including occupation), injury information (including location where injury occurred), pre-hospital information, emergency room assessments, diagnosis (including ICD-9 code), procedures, disposition, and financial information. The data dictionary is available online at: www.ncems.org/trauma/trauma_registry.htm .
Coding of occupational and diagnostic variables	Occupation is coded. There are 27 options for this variable. They provide occupational and/or industrial information. Diagnostic: International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9 CM, E-Codes) codes.
Data accessibility	Data are available approximately six months after incident. For either aggregate or case-level data there are two forms of data requests. For requests requiring data only (e.g., for benchmarking or policy-making purposes) and requiring no interpretation of the data, a routine data request may be submitted. For more involved data requests, such as for research or presentations, a scientific data request must be completed. Forms for requests, as well as a description of the data access procedures, are available at the NCOEMS website (www.ncems.org/research_process_forms.htm).
Examples of published documents	<i>Standard Report: North Carolina Trauma Registry</i> (biennial report) Available online at www.ncems.org/trauma/trauma_registry.htm
Database location, point of contact and website	Contact: Sharon Schiro, PhD [Sharon_Schiro@med.unc.edu] Dept of Surgery, CB# 7050 University of North Carolina Chapel Hill, NC 27599 919-966-6263 Website: www.ncems.org/trauma/trauma_registry.htm

CENSUS OF FATAL OCCUPATIONAL INJURIES (CFOI)

Description	This is a database containing the total number of work-related deaths in North Carolina. Data are collected as part of the national surveillance system administered by the Bureau of Labor Statistics, following a standardized protocol that requires two or more data sources to verify the fatality.
Mandate and/or purpose for data collection	The CFOI is a state-federal cooperative program of the N.C. Department of Labor (DOL) and the U.S. Department of Labor's Bureau of Labor Statistics (BLS). The CFOI database helps N.C. DOL to keep an accurate count of the work related deaths for the state and develop specific training for occupations with the highest likelihood of fatalities.
Definition of a case record	A fatal work-related injury is an injury occurring at work that results in death. CFOI includes all fatalities resulting from non-intentional injuries and intentional injuries (homicides/suicides) that occur at work. An individual death will have a unique case number. Multiple deaths at one event will show a link.
Period of data collection	The North Carolina CFOI database started in 1992; the national CFOI database started in 1991.
Method of data collection	Notification of a suspected work related fatality is made to the N.C. DOL Research and Policy Division by Occupational Safety and Health Administration (OSHA), any county Medical Examiners Office, the news media, BLS or other CFOI states. The N.C. DOL then investigates and verifies the fatality was work-related and gathers other injury details. Verification is done by collecting copies of at least two reliable source documents resulting from the incident, such as death certificates, Medical Examiner's reports, worker's compensation reports, BLS questionnaires, autopsy reports, toxicology reports, and OSHA reports.
Key data elements	Employer information, reference year, occupation, source documents, ownership code, secondary source of injury, reference state, nature of injury, worker activity, date of death, industry code, demographics (gender, age, race, ethnicity), county of death, source of injury, event, time of death, part of body, and location. Data are reported by employee status, gender, age, race or ethnic origin, event or exposure, source, nature, part of body, worker activity, and location.
Coding of occupational and diagnostic variables	Occupational: North American Industrial Classification System (NAICS) industry codes, SIC codes for information prior to 2003. Bureau of Census occupation codes. Diagnostic: Occupational Illness and Injury Classification System (OIICS) codes for: nature of injury or illness, part of body, sources of injury or illness/secondary source of injury or illness, event/exposure.
Data accessibility	State data are published approximately 9 months after the reference year and are available on the state website. National data are published approximately 8 months after the reference year in a news release and more detailed data are published later in a bulletin. Summary aggregate data: Only summary aggregate data are available. Case-specific data: Researchers may apply to BLS for access to the CFOI research file which has the case specific fatality data with personal identifiers removed.
Examples of available documents	Available documents can be found on the website at www.nclabor.com/dol_statistics/stats.htm .
Database location, point of contact and website	Agency: N.C. Dept of Labor, 1101 Mail Service Center, Raleigh, NC 27699-1101 Contact: Steve Coker [steve.coker@nclabor.com], 919-733-2758 Website: www.nclabor.com National Web Site: www.stats.bls.gov/iif/home.htm

SURVEY OF OCCUPATIONAL INJURIES AND ILLNESSES (SOII)

Description	The SOII database contains summary data on the numbers and incident rates of nonfatal occupational injuries and illnesses by industry. This database is based on sample data. Sample sizes from an individual state often are not sufficient to generate estimates at the same level of detail as are available from national statistics.	
Mandate and/or purpose for data collection	The Department of Labor is required to compile accurate statistics on work injuries and illnesses, in accordance with the Occupational Safety and Health Act of 1970 §24(a) (U.S. Public Law 91-596). Authority is granted to the Bureau of Labor Statistics (BLS) to perform data collection. Data are collected by 45 states. The purpose is to determine incidence rates and case and demographic data for occupational injuries and illnesses.	
Definition of a case record in the database	A non-fatal occupational injury or illness that involves lost work time, medical treatment other than first aid, restriction of work or motion, loss of consciousness, or transfer to another job.	
Period of data collection	1971 forward.	
Method of data collection	A mail survey, provided by the N.C. Department of Labor, Research and Policy Division, is sent annually to a random sample of North Carolina industries (private and public). Data provided to the survey is based on the non-fatal cases of work-related injuries and illnesses that are recorded by employers under the OSHA record-keeping guidelines.	
Key data elements	<p>Injury and illness cases and rates by industry; number of cases by occupation; days away restricted time (DART) by industry and occupation. (DART data represents cases with days away from work, restricted, or job transfer.)</p> <p>For those cases with days away from work, restricted time, or job transfer:</p> <p>Case demographics: occupation, sex, age, race or ethnic origin, length of service on the job, employer's industry and size.</p> <p>Case characteristics: nature of injury or illness, part of body affected, source of injury or illness, event or exposure that resulted in the injury or illness, number/median for DART.</p>	
Coding of occupational and diagnostic variables	<p>Occupational: North American Industrial Classification System (NAICS) industry codes, SIC codes for information prior to 2003. Bureau of Census occupation codes.</p> <p>Diagnostic: Occupational Illness and Injury Classification (OIIC) codes for: nature of injury of illness, part of body, sources of injury, event, secondary source.</p>	
Data accessibility	<p>Summary aggregate data: Information available on website and in publications. The website has the most recent information.</p> <p>Case-level data: The BLS has opportunities available on a limited basis for researchers to obtain access to confidential BLS data files for statistical purposes only.</p>	
Examples of published documents	<i>N.C. Occupational Injuries and Illnesses</i> (annual publication). Available documents can be found on the website at www.nclabor.com/dol_statistics/stats.htm .	
Database location, point of contact and website	<p>Agency (regional): U.S. Department of Labor: Bureau of Labor Statistics, Soothers Region BLS ROOM 7T50 61 Forsyth Street Atlanta, GA 30303 Telephone: 404-331-3415 National BLS web site: www.bls.gov/</p>	<p>Agency (local): N.C. Department of Labor, Research and Policy Division 1101 Mail Service Center Raleigh, NC 27699-1101 Contact: Eddie Cotton [Eddie.Cotten@nclabor.com] Telephone: 919-733-2607 Local web site: www.nclabor.com/</p>

NORTH CAROLINA WORKERS' COMPENSATION LOST TIME CLAIM FILE

Description	This database contains information about work-related injuries and illnesses reported to the North Carolina Industrial Commission (NCIC). The NCIC was established in 1929 to administer the Workers' Compensation Act and is located within the division of the N.C. Department of Commerce. Employers are obligated to provide Workers' Compensation coverage if they employ 3 or more employees on a regular basis. Agricultural employers with fewer than 10 regular employees, certain sawmill and logging operators, and all domestic employees are exempt.
Mandate and/or purpose for data collection	The Workers' Compensation Act 97-81b mandates that the NCIC shall tabulate the accident reports received from employers in accordance with G.S. 97-92 and shall publish the same in the annual report of the commission as often as it may deem advisable.
Definition of a case record in the database	An employee who is covered by workers' compensation and has an injury which results in more than \$2000 in medical expenses or more than one day of lost time from work. All work-related injuries requiring medical attention and meeting this criteria are reported by the employer to its insurance company or administrator, who then reports the injury to the NCIC on an I.C. Form 19 (first report of injury).
Period of data collection	The accident database was created in 1975. This database contains detail data from the Form 19s submitted.
Method of data collection	Cases enter the system when an insurance company submits a form 19 or an employee submits a form 18 (Notice of Accident to Employer and Claim of Employee Representative or Dependant). Incoming forms are manually scanned and data entry performed on certain variables. Claim information is entered online or EDI. The accident information resides on an IMS database and is accessible via online and batch modes.
Key data elements	<p>Demographics: claimant name, address, phone number, age, sex, social security number</p> <p>Employment information: date employer notified</p> <p>SIC Injury information: date of injury, date injury reported, nature of injury, date of death, date of disability, county, lost work days, part of body, accident type, return to work.</p> <p>Other: Case close date, reopen date, compensation paid, medical paid, attorney paid, award paid, wages earned, wage benefits, stop pay date, compromise agreement date</p> <p>Limited data fields coded after February 2004.</p>
Coding of occupational and diagnostic variables	<p>Occupational: After February 2004, none.</p> <p>Diagnostic: After February 2004, none.</p>
Data accessibility	<p>The employer's reports are private records of the NCIC, and are not open for public inspection except for the inspection of the parties directly involved.</p> <p>Summary aggregate data: Upon request by DPH for mandated reportable conditions.</p> <p>Case-level data: Not available. Employer reports shall be private records of the Commission and shall not be open for public inspection except for the inspection of the parties directly involved.</p>
Examples of published documents	Not available.
Database location, point of contact and website	<p>Agency: North Carolina Industrial Commission Dobbs Building 430 North Salisbury Street Raleigh, NC 27603</p> <p>Contact: Barbara Levine, Administrator Telephone: 919-807-2501</p> <p>Website: www.comp.state.nc.us</p>

WORKPLACE INSPECTION DATABASE (OSHA)

Description	This database contains information about inspection activities performed by N.C. Occupational Safety and Health Administration (OSHA) compliance officers. Data are formatted so that the user can evaluate inspections by specific establishment and industry group. Detailed information is available such as: the text of accident investigation summaries; the most frequently cited Federal and State OSHA standards for a given industry code; and the industry codes in which a specified Federal OSHA standard is most often cited.
Mandate and/or purpose for data collection	The state of North Carolina is required to collect these data per federal OSHA. Inspections are conducted pursuant to the Occupational Health and Safety Health Act of North Carolina in response to report of imminent danger, a fatality, hospitalization of three or more employees from one event, valid employee complaints, random selection processes, Special Emphasis Programs or OSHA Targeting Programs, or follow-up inspections of firms previously cited for OSHA violations. Inspection schedules are coordinated through the Planning, Statistics and Information Management Bureau. The purpose for the data collection is to provide a record of inspection activity.
Definition of a case record in the database	A case record is one inspection.
Period of data collection	Data are available from 1973.
Method of data collection	Detailed inspection information is collected by compliance officers and complaint bureau administrative staff. Data are maintained by Federal OSHA.
Key data elements	Employer information, reason for inspection, date of investigation, scope of investigation, type of industry, type of injury (fatal or nonfatal), type of violation, standard cited, findings, penalty, outcome. Information in database will not reflect specific data related to injuries or illnesses.
Coding of occupational and diagnostic variables	Occupational: North American Industrial Classification System (NAICS) industry codes, SIC codes for information prior to 2003; Bureau of Census occupation codes. Diagnostic: None
Data accessibility	Limited data are available through the Federal OSHA website only. Information is downloaded to this website on a daily basis; however, it may not be immediately available for public access.
Examples of published documents	None available.
Database location, point of contact and website	Agency: N.C. DOL 1101 Mail Service Center Raleigh, NC 27699-1101 Contact: Mildred Rivera [Mildred.Rivera@nclabor.com] 919-807-2950 Website: www.osha.gov/ (see Statistics: Inspection Data)