Patients with LBP may lift in either lordotic or self-selected postures.

***E5.4 Fatal and Nonfatal Injuries Among Public Sector Employees***—Windau JA, Drudi D

Almost 5,000 government workers lost their lives in the line of duty between 1992-98. About half of these deaths were to workers involved in protecting the public safety, such as police officers, firefighters, and military personnel. Although government workers in general have lower fatality rates than private sector workers, public safety workers are at increased risk of suffering a fatal injury at work. Other public sector industries with relatively large numbers of fatal injuries include health, education, and social services, highway construction, and public utilities.

This presentation will summarize data from the Bureau of Labor Statistics' Census of Fatal Occupational Injuries (CFOI). Working in collaboration with State agencies, the CFOI program uses diverse data sources to identify, verify, and profile fatal work injuries. In addition to the circumstances surrounding the fatal event, the presentation will discuss the level of government (Federal, State, Local), industry, occupation, and demographic characteristics of the fatally injured worker. Data on nonfatal injuries from the 25 States that provide public sector data in the Bureau's Survey of Occupational Injuries and Illnesses will also be summarized.

***E5.5 Nonfatal Occupational Injuries Among African-American Women by Industry***—Chen GX, Hendricks KJ

A previous study suggested that African-American women may have a higher rate of work-related injury that requires treatment in emergency department (EDs) and a higher proportion of employment in the healthcare industry compared to white women and women of other races. This study examined this type of injury by industry among African-American women using the National Electronic Injury Surveillance System, a national surveillance system for nonfatal work-related injuries treated in EDs in the U.S. Injury rates were calculated based on employment data from the Current Population Survey. In 1996, African-American women, aged 16 or older, were treated in U.S. EDs for an estimated 141,427 nonfatal work-related injuries (2.3/100 full-time equivalents (FTEs)). Of these injuries, 38% occurred in the healthcare industry, with retail trade accounting for 14% and manufacturing accounting for 12%. The healthcare industry experienced the highest injury rate (4.5/100 FTEs), followed by construction (2.9/100 FTEs) and retail trade (2.4/100 FTEs). Injury patterns varied by industry in terms of source and event. For example, in healthcare, the leading injury source involved interactions with patients (i.e., lifting/moving patients) and the leading injury event was bodily reactions and exertions. Whereas, the leading source of injury for retail trade involved falls to the floor and the leading injury event was struck by or against objects. This study is consistent with the previous study and demonstrates that the higher injury rate among African-American women is due, at least in part, to the higher proportion of employment in the healthcare industry, an industry with the highest injury rate. The different injury patterns by industry underscores the need for targeted research and effective prevention efforts in high-risk industries.

***E5.6 Occupational Fatalities Among Emergency Medical Services (EMS) Providers in the US: A Comprehensive Review of the 1992 to 1997 Data From CFOI, FARS and the National EMS Memorial Service***—Maguire BJ, Hunting KL

Introduction: Emergency medical technicians and paramedics respond to automobile collisions, shootings, medical emergencies, hazardous material incidents and large-scale disasters. These emergency medical services (EMS) personnel are exposed to a wide variety of occupational hazards including: ambulance collisions, assaults, infectious disease, hearing loss, lower back injury, hazardous materials exposure, stress, extended work hours, and exposure to temperature extremes and shift rotation.

Objective: To determine the risk of occupational fatality among EMS personnel.

Design: Analysis of data for 1992 to 1997 from the Census of Fatal Occupational Injuries, the Fatal Accident Resorting System and the National EMS Memorial Service.

Result: 143 EMS occupational fatalities were recorded. Almost three quarters of the fatalities occurred in collisions. Ten of the decedents were struck by a moving vehicle. Nineteen died while working in the patient compartment. Ten of the fatalities occurred secondary to assault. Three individuals drowned during rescue attempts.

Conclusions: Improved driver training programs, ambulance engineering changes, scene safety training and changes to personnel scheduling policies may all be needed in order to reduce the fatality rate secondary to collisions. Additional research is needed to develop and evaluate other interventions to reduce the fatality rate. A national database must be established to identify risks and track changes secondary to planned interventions.


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# ABSTRACTS

## National Occupational Injury Research Symposium

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