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# Work-Related Injuries Associated With Falls During Ice Storms—National Institutes of Health, January 1994

*MMWR*. 1995;44:920-922

ALTHOUGH some environmental cold-related occupational health problems have been described previously (e.g., hypothermia and related thermal conditions),<sup>1</sup> the risks associated with pedestrian injuries related to surface ice are not well characterized. During January 18-31, 1994, freezing rain and record cold temperatures created icy conditions in the Washington, D.C., area that were sufficiently severe to prompt early or complete closure of the operations of the National Institutes of Health (NIH) and many other public- and private-sector organizations. During this period, the Occupational Medical Service (OMS) of NIH and a local hospital that provides most initial care for workplace-related problems among NIH employees noted a substantial increase in fall-related injuries. This report summarizes an analysis of OMS data regarding these injuries during January 18-31, 1994.

OMS logs were reviewed for work-related acute musculoskeletal injuries sustained by NIH employees (total estimated: 18 000) during January 18-31. Additional details about diagnosis and disposition were obtained for each case from clinical charts and workers' compensation claims files. In June 1994, all injured employees were contacted by telephone to assess (1) the presence of persisting symptoms and/or need for ongoing medical care, and (2) lost work time attributable to the injury. For those unavailable by telephone, an attempt was made to obtain this information from clinical and compensation files.

During the 2-week period, OMS recorded 53 NIH employees with acute

musculoskeletal injuries. Of these, 22 (42%) injuries were bruises and contusions; 24 (45%), strains or sprains; and seven (13%), fractures. When calculated as quarterly rates and compared with the first quarter of 1993, the type-specific rates during 1994 increased fourfold, 15-fold, and fivefold, respectively. Of the 53 injuries, 39 (74%) resulted from falls on ice on NIH campuses, including all seven fractures (four coccygeal and three upper extremity), 15 (63%) strain/sprains, and 17 (77%) bruises/contusions. Based on follow-up contact in June 1994, 12 (38%) of the 32 who had fallen on the ice and for whom current information could be obtained continued to have symptoms and to receive treatment. Based on referrals for outside medical care, bills paid, and work time lost, the overall direct cost attributable to the ice-related injuries among NIH employees was estimated to be \$20 000.

Reported by: LG Stansbury, MD, AA Swinson, MD, JM Schmitt, MD, MB Stevens, KR Kobayashi, CP Vangelow, Occupational Medical Svc; D Lampkins, Grounds and Maintenance, National Institutes of Health. Div of Safety Research, National Institute for Occupational Safety and Health, CDC.

**CDC Editorial Note:** The substantial increase in outdoor ice-related falls among NIH employees is consistent with reports for communities characterized by consistently severe winters or by only occasionally severe winter weather.<sup>2,3</sup> However, because the comparison period in this report included a major blizzard (March 1993), the increased rates of fall-related injury during early 1994 highlighted the risks especially associated with icy conditions.<sup>4,5</sup>

Although icy conditions persisted in

the Washington, D.C., area during February 1994, the number of outdoor fall-related injuries on NIH campuses declined to predicted levels, probably reflecting the availability and spreading of dry sand by NIH grounds and maintenance staff and the clearing to dry pavement of outdoor parking areas and major walkways. In addition, coverage by local news media promoted awareness of the needs for appropriate foot-gear and avoiding unsanded or otherwise unmaintained areas. Prompt implementation of such measures during future icy conditions should reduce the occurrence of fall-related injuries.

An NIH requirement that information about occupational injuries sustained by NIH employees be recorded enabled the assessment of the incidence, severity, and estimated costs of the ice-related injuries described in this report. The establishment and maintenance of such occupational injury surveillance systems by employers permits assessment of the need for and effectiveness of injury intervention strategies.

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