6th WORLD CONFERENCE

Injury Prevention and Control

6e CONFÉRENCE MONDIALE

Prévention et contrôle des traumatismes

ABSTRACTS • RÉSUMÉS

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ABSTRACTS • RÉSUMÉS

INJURIES, SUICIDE AND VIOLENCE:
Building Knowledge, Policies
and Practices to Promote a Safer World

TRAUMATISMES, SUICIDE ET VIOLENCE :
Construire un savoir, des politiques
et des pratiques pour promouvoir
un monde en sécurité

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SURVEYS OF OCCUPATIONAL SAFETY AND HEALTH PRIORITIES IN SELECTED SMALL AND LARGE CONSTRUCTION FIRMS IN THE USA

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PROBLEM UNDER STUDY: Construction trades experience a disproportionate number of occupational injuries and fatalities. Of all major industries in 1996, the construction industry reported the highest rate for nonfatal injuries (9.7 cases per 100 full-time workers) with the highest rate among employers having 11 to 49 workers (11.3 cases per 100 full-time workers). Employees in construction trades work predominantly for non-unionized, small businesses, with 56% of work performed in residential construction.

OBJECTIVES: This investigation:

1. Compiled data on injuries, fatalities, and related hazards in construction specialty trade industries;
2. Collected information about safety and health priorities and issues facing small and large construction firms; and
3. Identified and considered the effectiveness of regional and national surveillance and intervention programs targeting hazards and safe practices in construction.

METHOD OR APPROACH: U.S. Bureau of Labour Statistics data were analyzed to identify construction sub-specialties by industrial codes with the highest rates of injuries and fatalities. Also, two surveys were performed targeting small and large construction firms to identify hazards, training needs, and other measures of safety awareness. These surveys were conducted by researchers at the Rinker School of Building Construction, University of Florida. Survey responses were analyzed to identify differences between safety practices and perceived hazards.

RESULTS: Of 253 standard industrial classification codes identified as meeting the criterion for a small business industry, 17 were in the construction division. These construction trades accounted for nearly 520,000 businesses employing approximately 3.5 million persons, or 3.6% of the total workforce in private industry. In rankings of all small business industries

according to injuries, lost worktime, and fatalities, construction industries consistently appeared in the top 25%. Results from surveys of construction firms provided information about safety personnel, safety incentive programs, employee training, substance abuse testing, and management organization.

The following observations were noted: Respondents in selected smaller construction firms (n=84) -97% employed individuals responsible for conducting job site safety inspections and audits, with 77% providing training for safety/health personnel – 49.2% provided 1 to 2 hours of safety and health training for employees each month – safety and health issues recognized as warranting worker training included fall protection (70.3%), personal protective equipment (67%), equipment hazards (63.7%), and excavation hazards (50.5%). Respondents in larger construction firms (n=99) -94% employed a full-time safety director at the corporate level-the presence of safety personnel on any job site was determined by other factors, i.e., project requirements (42%), project size (29%), and geographical considerations(4.5%) – 60% provided 1 to 2 hours of safety and health training for employees each month, which included fall protection, hazardous substances, and equipment hazards.

CONCLUSION: Perceptions of safety and health hazards and training priorities were similar for small and large construction firms. Reliance on routine substance abuse testing was also consistent across small (85%) and large (87%) construction firms. Large construction firms (60%) provided more training more frequently than small firms (49%). Large construction firms (80%) utilized safety incentive programs more frequently than small construction firms (49%). Analysis of injury rates did not support the value of incentive programs for the success of safety programs.

LIMITS: Even the best national surveillance systems underestimate the numbers of injuries and fatalities in the construction industry. Data from the surveys are based on small subsets of the construction industry and may not represent all construction trades, which may differ by geographic region, demographics of the worker population, and other factors.

CONTRIBUTION OF THE PROJECT TO THE FIELD: Objectives of this research target high priority areas in and health, including hazards in residential construction, small business, and effective information transfer. Characterizing the nature and extent of injuries and fatalities in construction trades and determining safety and health hazards and priorities will enable more focused and effective interventions to educate and protect construction workers.