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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HOSPITALIZED NON-FATAL WORK-RELATED INJURIES IN ALASKA

BRADLEY HUSBERG, GEORGE CONWAY
CDC/NIOSH/DSR/AFS
Anchorage, Ak, USA

PROBLEM UNDER STUDY: From 1980 through 1989 Alaska experienced the highest worker fatality rate (34.8/100,000) of any state in the USA, and five times greater than the national work-related fatality rate. In 1990 a comprehensive surveillance program was set-up in

Alaska to track work-related fatalities and identify risk factors for injury prevention; in 1991 nonfatal injury surveillance was added.

OBJECTIVES: To understand trends of nonfatal work-related injuries in Alaska, identify risk factors, and to promote injury prevention.

METHOD OR APPROACH: The Alaska Trauma Registry (ATR) is maintained by the Alaska Department of Health and Social Services, Department of Public Health, Section of Community Health and Emergency Medical Services, with financial, technical, and analytic support by the National Institute for and Health (NIOSH). The ATR collects information on injured patients admitted for medical care in all of Alaska's 24 hospitals. Data from 1991 through 1999 are now available. Patients that sustain traumatic injuries with discharge diagnosis ICD-9-CM "N Code" 800.00 through 995.89 are included in the ATR. Work-related cases meet NIOSH Operational Guidelines for Determination of Injury at Work.

RESULTS: 1991-1999 ATR data include 39,143 injuries; 10% (3,951) were classified as work-related. Industries with highest number of injuries include construction (740), commercial fishing (648), transportation (388), logging (319), and military (315). By injury rate, there is a different rank order: logging was highest (23/1,000), followed by construction (7/1,000), mining (6/1,000), fishing (4/1,000), and transportation (3/1,000). In construction, 49% of the injuries were caused by falls, most from a building or structure (126), ladder (85), and scaffolding (63). Machinery caused 32% of commercial fishing injuries, many involving crab pot launchers or a crane used to position crab pots on deck. In logging, 41% of injuries were caused by being struck by an object, primarily trees or limbs during felling operations.

CONCLUSION: The leading Alaskan industries with the highest number and rates of injury have been identified, to develop risk factor understanding and to prioritize research needs and target injury prevention measures. This study shows that Alaska does have injury rates of concern for hospitalized work-related injuries, especially in the logging, construction, mining, and commercial fishing industries: In the construction industry ATR data has been used in prioritizing needs in Alaskan organizations involved in safety training. Recent collaboration between NIOSH and construction companies and organizations has concentrated on specific training for fall prevention awareness for falls from buildings, scaffolding, and ladders. ATR data has been valuable in forming and focusing the Advanced Construction Safety sessions at the annual Alaska Governor's Safety and Health Conference on fall protection, and zero tolerance fall programs. In the commercial fishing industry, machinery led to the majority of nonfatal injuries that is quite different from fatal injuries in this industry, where most are due to man overboard or vessel loss at sea. In the logging industry, collaboration is underway between NIOSH educational institutions and local safety professionals to further assess injury prevention needs and increase safety awareness. Recently an Occupational Research Agenda for Northwest Forestlands has been developed by the University of Washington with input from NIOSH and the ATR. This agenda identifies training and research priorities for interventions and their evaluation.

LIMITS: At this time, there is a lack of population-based comparative data from other states and nations similar to the ATR. This has made it difficult to make comparisons and evaluate injury rates in this study. Currently there is a two year lag until data can be collected from all hospitals in Alaska and then entered into the ATR for data analysis.

CONTRIBUTION OF THE PROJECT TO THE FIELD: This is one of the first studies to use population-based data to study serious nonfatal work-related injuries in a large population. Collaboration is currently ongoing with organizations and industries in identifying risk factors and implementing injury prevention efforts.