

Among these 124 deaths, 76 were male and 72 were white. The four leading mechanisms of death were blunt force trauma (BFT) (30.6%), fire related (24.2%), asphyxiation (20.2%), and drowning (18.5%). The majority of deaths under the age of one year were the result of asphyxiation. Between 1 and 5 years of age BFT and fires were the leading causes of death. Between the ages of 6 and 9 years, deaths were primarily due to BFT, drowning, and fires. The majority of deaths over the age 9 years were from BFT and drowning.

Conclusion: A forensic review of deaths among children showed that a majority could be considered preventable. Coroners/Medical Examiner offices should go beyond the determination of cause/manner of death and provide an important public health service to the community they serve. They should identify at-risk populations, the mechanisms associated with particular deaths, and suggest means to reduce and prevent such fatalities in the future.

Learning Objectives: Describe the causes of unintentional deaths among individual age <12 years old; Identify the leading mechanism of death by age; Identify areas of injury intervention.

Poster 2624

To Live and Die in Los Angeles: The California Fatality Assessment and Control Evaluation (FACE) Program: 1992-2002

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Background/Objectives: The California Department of Health Services, in collaboration with NIOSH, has established the California FACE Program for the surveillance and investigation of workplace fatalities in Los Angeles County. The objective of FACE is to prevent and reduce the severity of workplace injuries by identifying high-risk work situations, developing prevention strategies, and informing those who can intervene in the workplace.

Methods: The FACE program uses multiple sources of notification for the identification of fatal occupational traumatic injuries. FACE investigations target fatalities involving machinery, street/highway construction work zones, youth

(under 18), and Hispanic workers. Recommendations for prevention are included in every investigation and disseminated to employers and workers nationwide.

Results: There has been a significant downward trend in both occupational fatality and homicide rates in Los Angeles County for the period 1992-2002, but this has not been the case for other causes of death (transportation, machine-related, and falls). The fatality rate for Hispanic workers was approximately 50% greater than it was for non-Hispanic workers (39 vs. 26 per 100,000 workers). Thirty-seven percent of all fatalities were homicide, followed by transportation (18%) and falls (12%). Among homicides, 45% were robberies, and 88% involved a firearm. Homicide was the leading cause of death for both male (36%) and female (51%) workers, and accounted for 87% of supervisors of sales occupations, 80% of security guard and 91% of cashier fatalities.

Conclusions: Homicides have been the leading cause of occupational fatalities for each year 1992-2002. Although overall fatality and homicide rates have decreased, deaths from other causes have not. Hispanic workers are at increased risk of dying on the job. The FACE program identifies risk factors in investigated cases.

Learning Objectives: At the conclusion of this session, the participant will be able to: Identify industries and occupations at highest risk for workplace fatalities; Describe the leading causes of death for these workers; List recommendations to prevent future occupational fatalities.

Poster 2628

Targeting Injury Prevention Community Education Using E-Codes

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Background: Community traffic safety interventions are rarely offered based on data as to the geographic neighborhood that is experiencing the biggest rates of injury within that area. Most interventions are instead targeted at the location of the crash.

Methods: Emergency department ICD-9 codes were collected and compiled into tables by injury area. The data was then geo coded with census data producing maps that depict geographically areas with the greatest rate of injury in each specific area.



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