

# Occupational Injuries – Data Brief

## The Statewide Incident Reporting Network

### Background

The Occupational Safety and Health Administration (OSHA) defines a work-related injury as an event or exposure in the work environment that either caused or contributed to the resulting condition, or significantly aggravated a pre-existing condition. Reportable cases of such injuries include those that result in loss of consciousness, medical treatment, or days away from work, among other outcomes<sup>1</sup>. In 2014, 36% of all work-related injury deaths in the United States were due to motor vehicle crashes. 27% of all nonfatal work-related injuries were due to slips, trips, and falls<sup>2</sup>. In the state of Vermont, the fatal occupational injury rate in 2015 was 2.9 per 100,000 full time equivalent workers<sup>3</sup>.

This data brief describes data and trends of occupational injuries to Vermont residents injured in Vermont from 2014 to 2016 that resulted in Emergency Medical Services (EMS) being activated. For the purposes of this data brief, an occupational injury was defined as any injury that was recorded as being work-related.

Data were gathered from the Statewide Incident Reporting Network (SIREN), Vermont’s pre-hospital electronic documentation database. For more information about SIREN, including its strengths and limitations, please see the “What is SIREN?” document on the Health Department website.

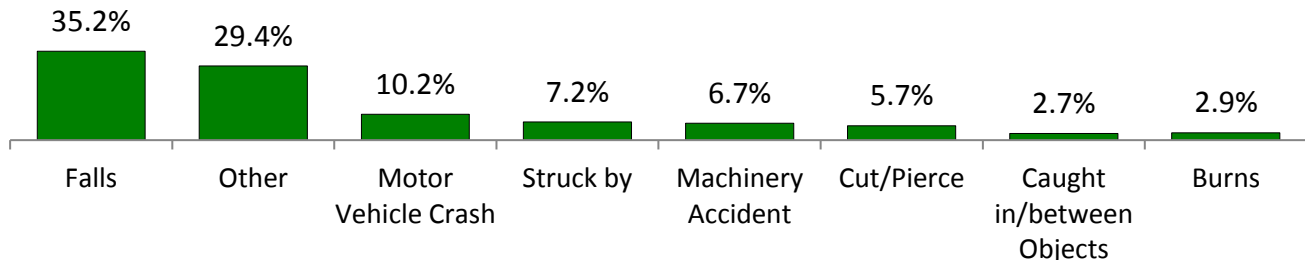
### Overall

From 2014 to 2016 there were 409 injuries in Vermont among Vermont residents that were work-related. This represents a rate of 21.8 per 100,000 Vermonters during this 3-year period. 90.4% of these injuries required transport by EMS.

### Cause of Injury

Of the occupational injuries resulting in an EMS call in Vermont from 2014 to 2016, 35.2% were due to a fall. The next leading cause of occupational injury was “other”, which includes causes such as electrocution, overexertion, and accidental stabbing/cutting, among others. Approximately 10.2% of occupational injuries were due to a motor vehicle crash, and 7.2% were due to being struck by an object.

**Cause of Occupational Injury (percent)  
in Vermont, 2014-2016**



### Occupational Industry (where recorded)

Of the injury-related EMS calls that were work-related, approximately 33.8% were for workers in the services industry. 14.9% of injury-related calls were for workers in both the construction and manufacturing industries. 12.4% were for government workers. 46 records (11.2%) had unrecorded or unknown occupational industry information.

<sup>1</sup> Bureau of Labor Statistics, Occupational Safety and Health Definitions, <https://www.bls.gov/iif/oshdef.htm>

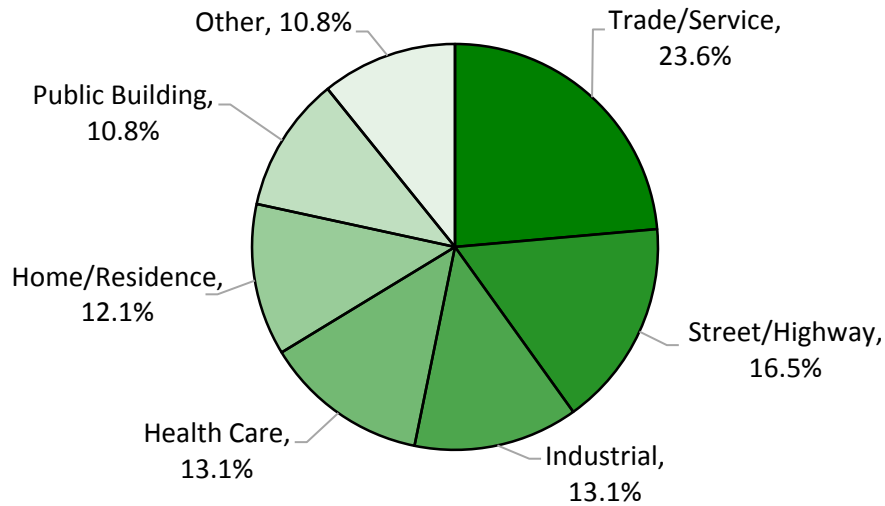
<sup>2</sup> CDC, Traumatic Occupational Injuries, <https://www.cdc.gov/niosh/injury/fastfacts.html>

<sup>3</sup> Bureau of Labor Statistics, Injuries, Illnesses, and Fatalities, <https://www.bls.gov/iif/oshwc/cfoi/rate2015vt.htm>

### Location where Injury Occurred

23.6% of occupational injury occurred at trade/service location. Approximately 16.5% of these injuries occurred on a street/highway, and 13.1% occurred in an industrial or health care setting.

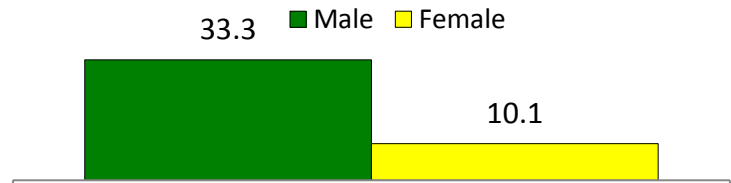
**Occupational Injury by Location in Vermont, 2014-2016**



### Gender

There was a statistically significant difference in rate of occupational injuries between males and females, with the male rate (33.3 per 100,000) over three times that of the female rate (10.1 per 100,000).

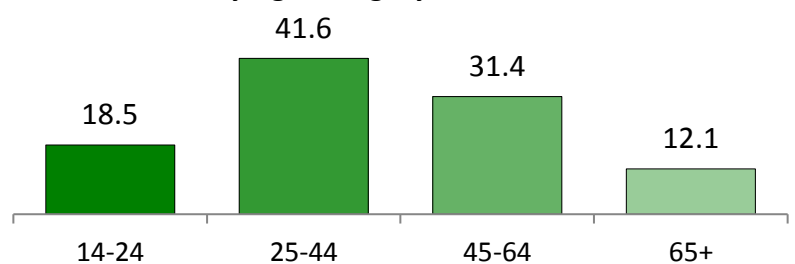
**Rate (per 100,000) of Occupational Injuries in Vermont by Gender, 2014-2016**



### Age

It is legal to work in the state of Vermont at the age of 14, therefore age comparison was limited to those 14 and older. Vermonters ages 25 to 64 had the highest rates of occupational injury. These rates (41.6 per 100,000 for ages 25 to 44, and 31.4 per 1000,000 for those 45 to 64) were statistically significantly higher than those seen in other age groups.

**Rate (per 100,000) of Occupational Injuries by Age Category, 2014-2016**



Note: This data brief may underestimate the total burden of occupational injuries, as it does not capture those that may have been less severe and did not result in EMS activation. Additionally, because there are a large number of providers submitting data, it should be recognized that individual, agency, or even regional tendencies and/or subjectivities in data reporting may exist.

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