

Chapter 1 : Leading Causes of Death in the Workplace: OSHA's "Fatal Four"

The analysis includes cause-of-death categories, occupation categories, and industry categories. Results are presented for all combinations of occupation and cause of death or industry and cause.

Cause-specific mortality by occupational skill level in Canada: Tjepkema, MPH 1 ; R. Wilkins, MUrb 1, 2 ; A. Long, MA 3 This article has been peer reviewed. Mortality data by occupation are not routinely available in Canada, so we analyzed census-linked data to examine cause-specific mortality rates across groups of occupations ranked by skill level. The current analysis is based on 2. Occupations coded according to the National Occupation Classification were grouped into five skill levels. Age-standardized mortality rates ASMR s , rate ratios RR s , rate differences RD s and excess mortality were calculated by occupational skill level for various causes of death. ASMR s were clearly graded by skill level: All-cause RR s for men were 1. For women the gradient was less steep: This gradient was present for most causes of death. Mortality gradients by occupational skill level were evident for most causes of death. These results provide detailed cause-specific baseline indicators not previously available for Canada. Findings from the Whitehall Study showed an inverse social gradient, where rates of coronary heart disease mortality were highest for British civil servants in occupations that required few or no skills, and lowest for those in occupations that required more specific skills, education or other qualifications. Endnote 1 Similar social gradients in mortality have been found in other countries and for other occupations. Endnote 2 , Endnote 3 , Endnote 4 , Endnote 5 , Endnote 6 , Endnote 7 The association between health and occupation is complex. It has been theorized that occupation affects the health of people through both material and psychosocial pathways as well as by exposure to hazardous conditions or materials at the workplace. Endnote 7 , Endnote 8 , Endnote 9 , Endnote 10 , Endnote 11 , Endnote 12 For example, people in higher skilled occupations, which tend to be more highly paid, may have better access to material resources that support good health, such as good quality housing and food. Occupation may also have a positive or negative influence on health as a result of the particular demands and rewards associated with different types of work, such as social networks, work-based stress and level of autonomy and control over work conditions. Endnote 9 , Endnote 10 , Endnote 12 , Endnote 13 , Endnote 14 Exposures to hazardous materials at the workplace also vary by occupation and contribute to differences in mortality rates. In Canada, large population-based studies examining mortality by occupation are less common than elsewhere. This is in part because the information about usual occupation that is included on death registrations in most provinces tends not to be captured in machine-readable form or coded. However, several record linkage-based follow-up studies have examined the association between occupation and mortality, with each showing higher mortality rates among occupations with lower skill levels. Endnote 19 , Endnote 20 Results based on the first 11 years of follow-up showed that mortality rates overall and for suicide, unintentional injuries and causes amenable to medical care were lower in each successively higher ranked occupational skill level. Endnote 19 , Endnote 21 , Endnote 22 , Endnote 23 However, the findings were not examined across a broad range of detailed causes of death. The objective of this analysis is to use the full 16 years of linked data to examine mortality rates by occupational skill level among cohort members aged 25 to 64 years at baseline, using the Global Burden of Disease cause of death groupings, and to examine causes of death grouped by three risk factors smoking, alcohol and drugs and deaths before age 75 years that were potentially amenable to medical care. To be followed for mortality, in-scope Census respondents first had to be linked to an encrypted name file abstracted from non-financial tax-filer data. This cohort was then matched to the Canadian mortality database 4 June to 31 December using probabilistic record linkage methods primarily based on names and dates of birth. Endnote 24 In the absence of a match to a death registration, follow-up status alive, dead, emigrated, or lost to follow-up could usually be determined from tax-filer data. Endnote 20 Additional details on the construction and contents of the linked file are reported elsewhere. About cohort members aged 25 to 64 years did not have a coded occupation. Table 1 shows the number of cohort members, person-years at risk and deaths ascertained by occupational skill level, age group and sex. TABLE 1 Cohort members, person-years at risk and deaths ascertained, by age group, sex and occupational skill level at

baseline, Canada, €”

Chapter 2 : Occupational fatality - Wikipedia

An occupational fatality is a death that occurs while a person is at work or performing work related tasks. Occupational fatalities are also commonly called "occupational deaths" or "work-related deaths/fatalities" and can occur in any industry or occupation.

Common causes[edit] Common causes of occupational fatalities include falls, machine-related incidents, motor vehicle accidents, electrocution, falling objects, homicides and suicides. Oftentimes, occupational fatalities can be prevented. Lack of appropriate employee training and failure to provide and enforce the use of safety equipment are frequent contributors to occupational fatalities. In some cases, employees do receive safety training, but language barriers prevent the employee from fully understanding the safety procedures. Incidents can also be the result of insufficient supervision of inexperienced employees or employees who have taken on a responsibility for which they are not properly trained. Poor worksite organization, staffing and scheduling issues, unworkable policies and practices and workplace culture can all play a role in occupational fatalities. An incident leading to an occupational fatality is generally not the fault of a single person, but the result of a combination of many human and environmental factors. Bureau of Labor Statistics on the demographics of deaths at work do not imply that age and gender are in themselves causative factors of fatality, but simply show that fatalities occur more frequently among certain groups. Age[edit] Although all workers are at risk for occupational fatalities, elderly workers age 65 and older are roughly three times more likely to die at work. The industries with the highest death rates are mining, agriculture, forestry, fishing, and construction, all of which employ more men than women. Prevention of occupational fatalities depends on the understanding that worker safety is not only the responsibility of the worker, but is the primary responsibility of the employer. Employers must train all employees in the appropriate safety procedures and maintain a safe working environment so that fatalities are less likely to occur. As a result, it is imperative that an employer address all the potential [risk] factors at the workplace and educate all employees in safe work practices and risk awareness. In order to perform adequate risk assessment of injuries that occur in the workplace, health and safety professionals use resources such as the Haddon Matrix. This model assesses the risks leading up to, during, and after a death in order to prevent future incidents of a similar nature. Employers and employees can learn how to identify risk factors in their work environment in order to avoid incidents that may result in death. Research, regulation, reporting and recommendations[edit] The regulatory organization for occupational injury control and prevention is the Occupational Safety and Health Administration OSHA. Formed in as an agency of the United States Department of Labor under the Occupational Safety and Health Act , OSHA exists to prevent occupational injuries and deaths by creating and enforcing standards in the workplace. OSHA standards address employee training programs, safety equipment, employer record keeping and proper maintenance of the work environment. Failure to comply with the OSHA standards can result in workplace inspections and legal action including citations and fines. Occupational fatalities must be reported to OSHA within eight hours of the incident. Failure to do so can result in legal action against the employer. Employers are responsible for staying current on OSHA standards and enforcing them in their own workplace. It is not the responsibility of the employee to stay current on the OSHA standards. NIOSH analyzes workplace injury and illness data from all fifty states as well as provides support for state-based projects in occupational health and safety. The primary responsibilities of the state FACE programs are to track occupational fatalities in their state, investigate select fatalities, and provide recommendations for prevention. As part of the prevention efforts, FACE programs also produce extensive prevention education materials that are disseminated to employees, employers, unions , and state organizations. Department of Labor, compiles national fatality statistics. CFOI is the key, comprehensive system in the surveillance of occupational fatalities in the United States. Many other non-governmental organizations also work to prevent occupational fatalities. Trade associations and unions play an active role in protecting workers and disseminating prevention information. The National Safety Council also works to prevent occupational fatalities as well as provide resources to employers and employees.

Chapter 3 : Causes of Death

causes of death by occupation occupational mortality experience of the metropolitan life insurance company, industrial department, by louis i. dublin, ph. d.

As part of the registration process, information about the cause of death is supplied by the medical practitioner certifying the death or by a coroner. Other information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred. This information is provided to the Australian Bureau of Statistics ABS by individual Registrars for coding and compilation into aggregate statistics. PURPOSE Availability of high quality death statistics, and consequently population estimates and mortality data, is of importance to all levels of government Commonwealth, State and Local. High quality mortality statistics are used as a fundamental measure of the health of the population. SCOPE Ideally, for compiling annual time series, the number of deaths should be recorded and reported as those which occurred within a given reference period such as a calendar year. However, there can be lags in the registration of deaths with the state or territory registries and so not all deaths are registered in the year they occur, There may also be further delays to the ABS receiving lodgement of the death from the registries due to processing or data transfer lags. Therefore every death record will have: With exception to the statistics published by Year of Occurrence, all deaths referred to in the Causes of Death publication relate to the number of deaths registered, not those which actually occurred, in the years shown. Scope The scope for each reference year of the death registrations includes: From onwards, data for a particular reference year includes all deaths registered in Australia for the reference year that are received by the ABS by the end of the March quarter of the subsequent year. Death records received by the ABS during the March quarter of which were initially registered in but for which registration was not fully completed until were assigned to the reference year. Any registrations relating to which were received by the ABS from April will be assigned to the reference year. Prior to , the scope for the reference year of the Death Registrations collection included: Coverage The ABS Causes of Death collection includes all deaths that occurred and were registered in Australia, including deaths of persons whose usual residence is overseas. Deaths of Australian residents that occurred outside Australia may be registered by individual Registrars, but are not included in ABS deaths or causes of death statistics. Deaths registered on Norfolk Island from 1 July are included in this publication for the first time. Norfolk Island deaths are included in statistics for "Other Territories" as well as totals for all of Australia. Deaths registered on Norfolk Island prior to 1 July were not in scope for death statistics. The current scope of the statistics includes: Deaths occurring on Norfolk Island prior to 1 July are not in scope for Deaths statistics; deaths occurring in transit i. The scope of the statistics excludes: Fetal deaths are registered only as a stillbirth, and are not in scope of either the Births, Australia cat. Fetal deaths are part of the Perinatal collection, but not the Causes of Death collection. Neonatal deaths are in scope of the Deaths, Causes of Death and Perinatal collections. All morbid conditions, diseases and injuries entered on the death certificate are coded. These include those involved in the morbid train of events leading to death which were classified as either the underlying cause, the immediate cause, or any intervening causes and those conditions which contributed to death, but were not related to the disease or condition causing death. For deaths where the underlying cause was identified as an external cause injury or poisoning multiple causes include circumstances of injury, the nature of injury as well as any other conditions reported on the death certificate. Main outputs Main outputs include underlying cause of death, multiple causes of death and perinatal deaths by: Classifications Socio-Demographic Classifications A range of socio-demographic data is available from the causes of death collection. Standard classifications used in the presentation of causes of death statistics include age, sex, country of birth, and Indigenous status. Statistical standards for social and demographic variables have been developed by the ABS. Where these are not released in the Causes of Death published outputs, they can be sourced on request from the ABS. Geographic Classifications Two geographic classifications are used: Since the publication of Causes of Death, Australia, , the ABS has released data based on this geography classification. Health Classifications International Classification of Diseases ICD The International

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Classification of Diseases ICD is the international standard classification for epidemiological purposes and is designed to promote international comparability in the collection, processing, classification, and presentation of cause of death statistics. The classification is used to classify diseases and causes of disease or injury as recorded on many types of medical records as well as death records. The ICD has been revised periodically to incorporate changes in the medical field. Currently the ICD 10th revision is used for Australian cause of death statistics. The ICD is a variable-axis classification meaning that the classification does not group diseases only based on anatomical sites, but also on the type of disease. Epidemiological data and statistical data is grouped according to: For example, a systemic disease such as sepsis is grouped with infectious diseases; a disease primarily affecting one body system, such as a myocardial infarction, is grouped with circulatory diseases; and a congenital condition, such as spina bifida, is grouped with congenital conditions. The various versions of the ICD 10th Revision are available online.

Chapter 4 : List of causes of death by rate - Wikipedia

*Causes Of Death By Occupation: Occupational Morality Experience Of The Metropolitan Life Insurance Company, Industrial Department, [Louis Israel Dublin] on blog.quintoapp.com *FREE* shipping on qualifying offers.*

Chapter 5 : Washington State Occupational Mortality Query Page

see more details of living policy-holders were not known, so for the analysis by occupation the method of proportionate mortality was used, and an attempt was made to correct for age by calculating a standardized relative index for the principal causes of death causes of death Subject Category: Properties.

Chapter 6 : NOMS - PMR Query System for Occupation (, ,)

Prior to , only the underlying cause of death was coded, but with the adoption of the US-developed Mortality Medical Data Software (MMDS), all causes of death, as well as underlying cause, were coded for and subsequent years.

Chapter 7 : Fatal Occupational Injuries United States,

The leading causes of private sector worker deaths (excluding highway collisions) in the construction industry were falls, followed by struck by object, electrocution, and caught-in/between. These "Fatal Four" were responsible for more than half (%) the construction worker deaths in , BLS reports.