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Injury Statistics - Work-related Claims: 2005

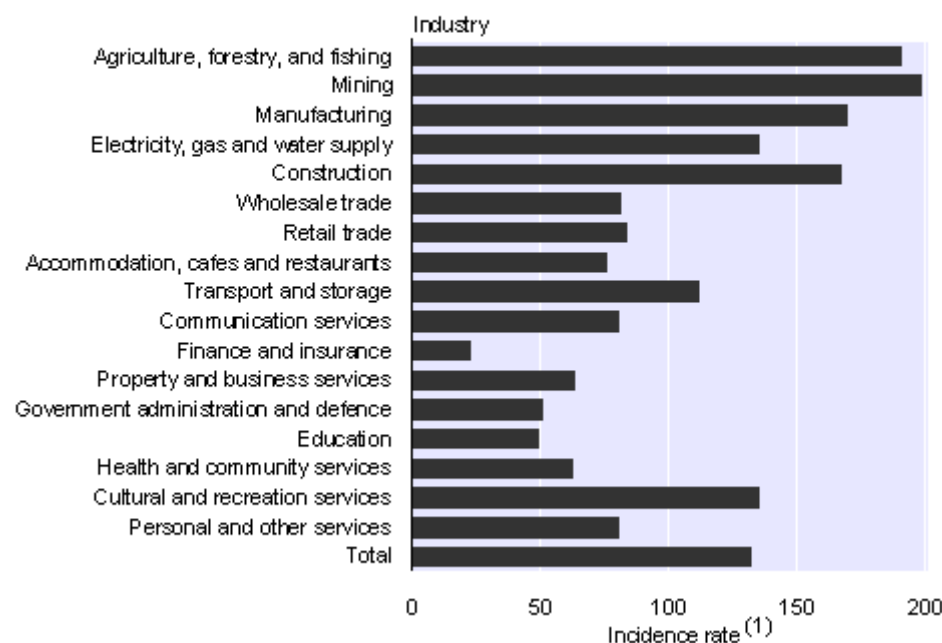
Highlights

- There were 242,600 claims for work-related injuries that occurred in 2005.
- The highest claim rate was for workers in the mining industry.
- The highest claim rate was for workers in the elementary occupations group.
- Seventy-four percent of claims were made for injuries to males and 26 percent for injuries to females.
- The total cost of treatment, compensation and rehabilitation for injuries in 2005 was \$196 million, an average of \$805 per claim.
- There were 86 claims resulting from work-related fatalities.

ACC Work-Related Claims

By industry

2005



(1) Claims per 1,000 full-time equivalent workers.

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Government Statistician

31 October 2006
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Commentary

Claims for work-related injury: an overview

The provisional number of claims for work-related injuries that occurred in 2005 was 242,600 (as at 31 March 2006). These figures are provisional because claims for injuries that occurred in 2005 can still be updated and filed. Final figures (as at 31 March 2007) will be released in October 2007.

Over the last few years, the rate of injury has remained stable. Males continue to account for approximately three-quarters of all claims. Provisional figures for 2005 show an overall claim rate of 132 per 1,000 full-time equivalent workers (FTEs), and male and female rates of 170 and 81, respectively. The number of claims for injuries that occurred in 2005 is expected to rise as more information is received from Accident Compensation Corporation (ACC) in the year ahead.

2005 work-related claims: selected findings

Industry

The injury rate was highest in the mining industry, with 198 injuries per 1,000 FTEs, although there were comparatively few workers in this sector, with only 5,400 FTEs. The next highest rates were associated with agriculture, forestry and fishing (190); manufacturing (169); and construction (167). In contrast, the lowest rate of 22 claims per 1,000 FTEs belonged to the finance and insurance industry.

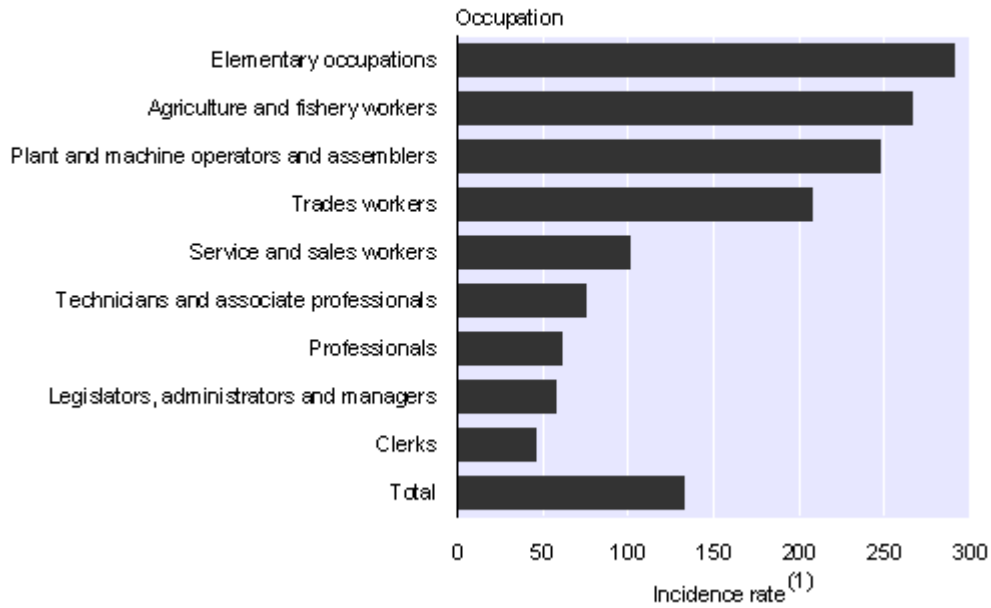
The manufacturing industry accounted for more work-related claims than any other industry group, with 45,900 injuries (19 percent), ahead of construction (25,600 or 11 percent); and agriculture, forestry and fishing (24,500 or 10 percent). Together, these industries accounted for 40 percent of all injuries, but only 30 percent of the workforce.

Occupation

Workers in the elementary occupations group, which includes labourers, cleaners, freight handlers and refuse collectors, had the highest rate of work-related injury, with 287 claims per 1,000 FTEs. This was followed by agriculture and fisheries workers (265 per 1,000 FTEs), and plant and machine operators and assemblers, which includes meat and fish processing operators, heavy truck drivers, and building and related workers (245 per 1,000 FTEs). In contrast, the clerks occupation group recorded the fewest claims, with 45 claims per 1,000 FTEs.

Claims by males outnumbered those by females in all occupation groups, with the exception of service and sales workers and clerks, where 59 and 58 percent of claims were associated with females, respectively. Males filed 97 percent of all claims by trade workers, 89 percent of claims by plant and machine operators and assemblers, and 78 percent of claims by agriculture and fishery workers. These three groups were also associated with the most claims.

ACC Work-Related Claims
By occupation
 2005

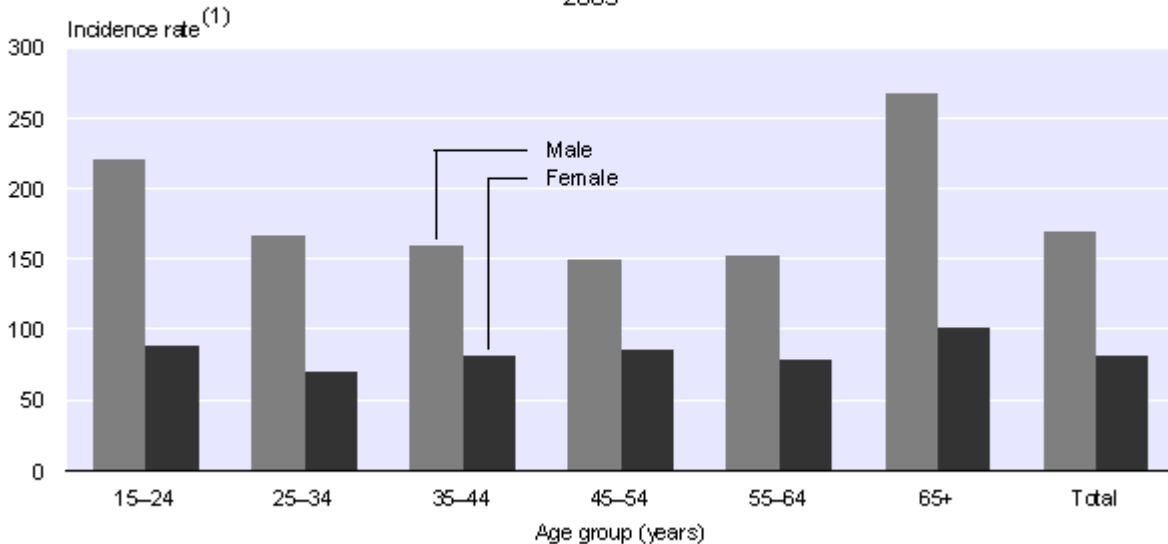


(1) Claims per 1,000 full-time equivalent workers.

Age

Workers aged 35–44 years made the highest number of claims, accounting for 24 percent of all claims for work-related injuries, ahead of those in the 45- to 54-year age group (21 percent). Workers aged 65 years and over made only 4 percent of all work-related claims but had the highest incidence rate, with 213 claims per 1,000 FTEs, while those aged 15–24 years had the second highest rate, 163 per 1,000 FTEs.

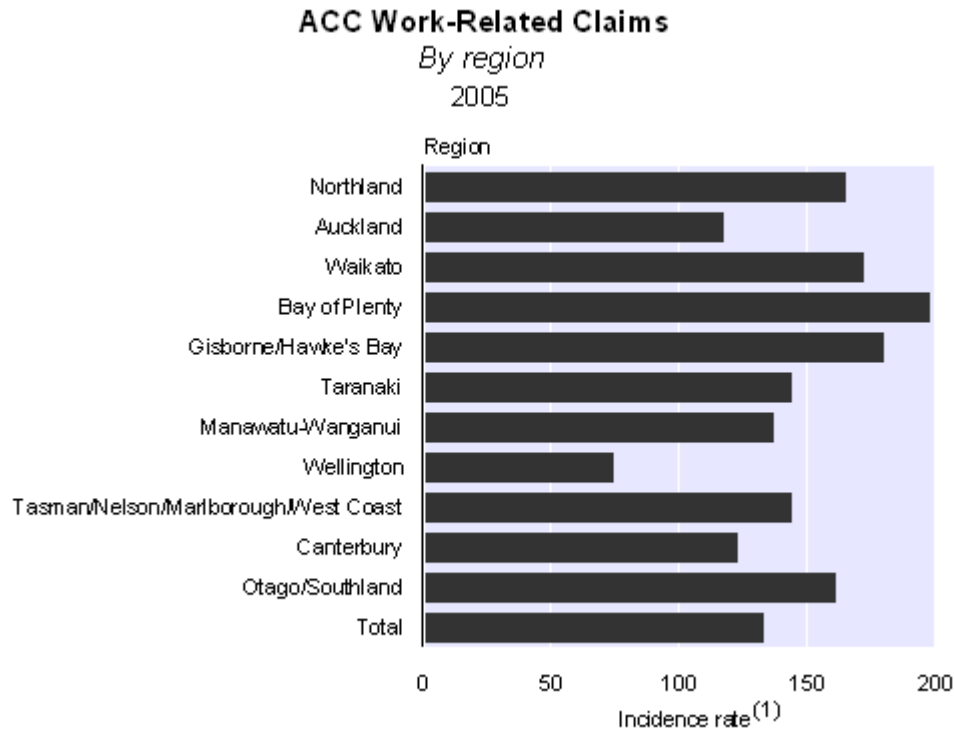
ACC Work-Related Claims
By age group
 2005



(1) Claims per 1,000 full-time equivalent workers.

Geographic region

While 27 percent of all work-related injuries occurred in Auckland, the regions with the highest incidence rates were the Bay of Plenty and Gisborne/Hawke's Bay, with 197 and 180 claims per 1,000 FTEs, respectively. The lowest rate, 74 claims per 1,000 FTEs, occurred in the Wellington region.



Fatal claims

By 31 March 2006, there were 86 claims for work-related fatal injuries that occurred in 2005.

By occupation, 16 of those who died were plant and machine operators and assemblers, 12 were agriculture and fisheries workers and 10 worked in elementary occupations. The remaining 48 fatalities were distributed amongst a range of occupations.

Eighteen of the fatalities were in the agriculture, forestry and fishing industrial group; 18 in construction; 15 in manufacturing; and 12 in transport and storage. This reflected the high overall rate of injury in these sectors, with the exception of the latter, which had a comparatively lower rate of 111 claims per 1,000 FTEs for all injuries, compared with the average rate of 132 per 1,000 FTEs.

Regionally, the largest number (20) came from Auckland, at a rate of 4 fatalities per 100,000 FTEs, followed by Otago/Southland, with 17 deaths, at a significantly higher rate (13 per 100,000 FTEs) compared with the national average of five per 100,000 FTEs.

The over 65-year age group accounted for 25 deaths, which is more than any other group, also at the highest rate of 61 per 100,000 FTEs. Males made up the majority of fatalities.

The provisional figure for 2005 is expected to increase in the coming year, as workers who have been seriously injured fail to recover from their injuries. It should also be noted that not all work-related fatalities result in claims to ACC.

The number of fatalities in 2002 to 2004 has remained stable, with 95 in 2002, 93 in 2003 and 94 in 2004.

Additional findings: a summary

The following are a selection of findings drawn from the accompanying table set. While the numbers quoted are for injuries that occurred in 2005, it is worth noting that these trends have remained largely consistent over the last four years.

Ethnicity

Seventy percent of all claims were made for work-related injuries to Europeans. Maori made up 13 percent, with a further 5 percent associated with Pacific peoples. However, Maori workers had the highest incidence rate, with 182 claims per 1,000 FTEs, compared with an incidence rate of 119 for Europeans and 158 for Pacific peoples.

Cost

The total cost of treatment, compensation and rehabilitation for injuries that occurred in 2005 was \$196 million, at an average of \$805 per claim. Fatal claims were associated with \$2.4 million, while weekly compensation cost approximately \$52 million and total rehabilitation cost \$104 million.

Claims per person

Around 214,000 workers made the 242,600 of claims for work-related injury that occurred in 2005. Of these, around 190,300 workers (89 percent) lodged only one claim. A further 20,100 (9 percent) lodged two claims, i.e. sustained two separate injury events. Only 3,600 workers (1.5 percent) had more than three claims.

Employment status

While employees sustained 83 percent of work-related injuries, the self-employed had a considerably higher incidence rate (203 claims per 1,000 FTEs) than employees (123 claims per 1000 FTEs).

Type of injury

By far the most common type of injury was sprains and strains, accounting for 102,400 claims (42 percent). This was well ahead of open wounds (38,600 or 16 percent) and contusions (22,500 or 9 percent). These injuries groupings were also associated with the more serious injuries, such as those requiring weekly compensation, independence allowance, or death or rehabilitation payments.

Serious injury claims

Around 13 percent of all claims resulted in payments of weekly compensation, the independence allowance, or death or rehabilitation payments (collectively known as entitlement payments). These claims are more serious than those requiring medical fees only. Almost one-quarter (25 percent) of these were associated with workers in the manufacturing industry, followed by construction (14 percent); and agriculture, forestry and fishing (13 percent).

Bodily location of injury

When grouped by bodily location, injuries to the wrist and hand, 45,300 or 19 percent, were the most common, narrowly ahead of abdomen, lower back, lumbar spine and pelvis (42,900 or 18 percent), and head and neck (38,200 or 16 percent).

Claims resulting in weekly compensation payment

While 218,300 claims did not result in the payment of weekly compensation (90 percent), of those that did, 1 percent required payment for a period of between one and six days, 3 percent for a period of 7–28 days, 5 percent for a period of 29–182 days, and 1 percent for longer.

Scene of injury

Just over one-third (37 percent) of all injuries occurred in a commercial or service location, ahead of the 32 percent that happened in an industrial place. A further 8 percent of injuries occurred on farms and 7 percent within homes.

Next release

Claims for Work-Related Injuries: 2006 will be released in October 2007.

Technical notes

This 2005 release of provisional work-related claim injury statistics uses a new processing system to generate statistics. This release includes new figures for 2002–2004. These years have been recalculated with the new processing system, which provides a more efficient method of removing duplicate records. In the switch to the new system, all previously released tables were reviewed. The review led to small changes in the formatting of some tables to improve readability and accuracy. Three tables have been removed from this release for further review: Claims for work-related injuries by agency of injury and sex, claims for work-related injuries by mechanism of injury and sex, and Claims for work-related injuries by type of payment. If the three tables are deemed sufficiently robust they will be returned, with history, in 2007.

Accident Compensation Corporation

The Accident Compensation Corporation (ACC) administers New Zealand's accident compensation scheme, which provides injury insurance for all New Zealand citizens and residents, and temporary visitors to New Zealand.

A claim is made to ACC when treatment for an injury is first sought from any recognised treatment provider, such as a doctor or a physiotherapist. Claims to ACC are divided into different categories for funding purposes and only those that are work related are included in this release. Furthermore, this release only includes claims with costs recorded against them. Consequently, any claims where the only treatment was provided at a hospital accident and emergency department (A&E) are not included as the costs of treatment provided are not recorded against individual claims, and are instead bulk funded by ACC directly to the District Health Boards (DHBs).

The definition of work-related injuries covered by ACC is determined by legislation, currently the Injury Prevention, Rehabilitation, and Compensation Act 2001.

Age

The age in years as at the date of injury, calculated from the date of birth.

This may differ from the worker's age when the claim is lodged, the age when compensation is received, or the age at death if the worker dies of the injury.

Bodily location of injury

The part or parts of the body damaged in the injury event.

This is classified using the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification, Second Edition (ICD-10-AM). Its codes combine information on the type of injury, illness or disease, and the bodily location in a detailed, hierarchical manner.

Claims for fatal injuries

These are claims made to ACC for deaths that resulted from workplace injuries (eg a fatal work-related fall) or occupational diseases resulting in death, such as asbestos-related illnesses.

Deaths that are accepted as work-related by the ACC are counted in the year that the injury took place, although this concept is problematic in the case of occupational disease, where the effects of exposure to known carcinogens or other hazardous substances may take many years to become apparent. To create consistency in the count of work-related deaths across years, only deaths occurring within 15 months of the end of the reference year are included in the totals for 'final' estimates. In the case of provisional estimates of work-related fatalities, deaths occurring within three months of the end of the reference year are counted.

It should be noted that by no means all work-related fatal injuries are the subject of claims to ACC. The statistics in this release are not a definitive count of work-related fatalities.

Claims for medical fees only

These are claims that involved payments by ACC to recognised treatment providers, for example doctors, physiotherapists and pharmacists, but do not involve any entitlement payments to the injured person to cover, for example, rehabilitation or the loss of earnings. The distinction between claims for medical fees only and claims involving entitlements has been used in this release to help separate the minor injuries from the more serious injuries, respectively.

Claims involving entitlements

These are claims that involved entitlement payments to the injured person. Entitlement payments include death payments, weekly compensation payments and rehabilitation payments. The distinction between claims for medical fees only and claims involving entitlements has been used in this release to help separate the minor injuries from the more serious injuries, respectively.

Costs

The cost to ACC of the treatment or service provided. For entitlement claims, payments are made to provide compensation or rehabilitation and, in the case of death payments, the recipients are the deceased's next of kin.

Treatment provided at a hospital's A&E is bulk funded by ACC directly to the DHBs and is not recorded against individual claims. These costs are not included in the figures in this release.

The costs shown in this release are exclusive of goods and services tax.

Diagnosis of injury and illness/disease

This is the type of injury, illness or disease sustained by the worker.

This is classified using the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification, Second Edition (ICD-10-AM). Its codes combine information on the type of injury, illness or disease, and the bodily location in a detailed, hierarchical manner.

Where more than one diagnosis was provided for the claim, the first was used on the basis that this was the most important. Diagnoses are aggregated into three groups: 'Injury, poisoning and other consequences of external causes', 'Illness and disease' and 'Other and undefined'. These

groupings are based on National Data Standards for Injury Surveillance (NDS-IS) recommendations.

Employment status

This indicates whether a worker is working for himself/herself (ie self-employed) or for another person or entity (ie an employee).

The employment status figures cover all those 'working for wages and salaries'. The self-employed figures include those classified as 'self-employed and not employing others' but exclude those 'working without pay or profit in a family business'. While this is non-standard for the Household Labour Force Survey (HLFS), it corresponds closely to the definitions used for workplace accident insurance.

Ethnic group

The group or groups that people identify with or feel they belong to in terms of cultural affiliation.

An ethnic group is a social group whose members:

- share a sense of common origins
- claim a common and distinctive history and destiny
- possess one or more dimensions of collective cultural individuality
- feel a sense of unique collective solidarity.

Respondents in the HLFS may specify that they belong to more than one ethnic group, and it is possible that an injured worker, in a claim to ACC, will list more than one ethnic group. However, ACC claims data allows for only one ethnic group to be coded.

The HLFS allows for up to three ethnic groups to be coded for each respondent, and then the following prioritising system is used to allocate a single ethnic group code:

- Any person who reports a 'Māori' ethnicity is allocated to the 'Māori' category.
- Any person who reports a 'Pacific peoples' ethnicity (that is Samoan, Cook Island Māori, Niuean, Tongan or Other Pacific) but not 'Māori' ethnicity, is allocated to the 'Pacific peoples' category.
- Any person who reports a 'Chinese', 'Indian' and/or 'Other' ethnicity, but not 'Māori' and/or 'Pacific peoples' ethnicity, is allocated to the 'Other' category.
- Any person who reports a 'European/Pākehā' ethnicity only is allocated to the 'European/Pākehā' category only.

This difference in coding multiple ethnicity means that where ACC and HLFS figures are combined, as in the calculation of incidence rates, the numerator and denominator are measured in different ways, even though the labels of the categories used in each are the same.

Full-time equivalent employees

This is the number of full-time employees plus half the number of part-time employees.

The full-time equivalent employees (FTEs) measure is used instead of ‘total number of employees’ for the calculation of the incidence rate, as part-time employees have a lower exposure to injury because they work fewer hours than full-time employees. This allows the denominator of the incidence rate to be expressed as units that each have approximately the same risk of work-related injury. The FTE is a standard measure used in labour force statistics, for example, to calculate average weekly earnings. The numbers used in the tables for FTEs is derived from the HLFS. The FTE figures used in this release are annual averages.

Geographic region where the injury occurred

This is the part of New Zealand or the world where the injury event took place.

The physical address or place of the injury event is classified according to in which territorial authority (TA) it occurred, and these TAs are grouped into regions of New Zealand. It also contains a group of codes for injuries that occurred outside New Zealand.

These regions have been chosen for the purposes of this release. Most align with regional council boundaries, but in a few cases TAs straddle these boundaries. Those TAs have been assigned to the region containing the greatest proportion of their population, on the basis of the census usually resident population count, 2001 Census. The TAs involved are Franklin, Waitomo, Taupo, Rotorua, Stratford, Rangitikei, Tararua and Waitaki Districts.

Household Labour Force Survey

Statistics New Zealand’s quarterly Household Labour Force Survey (HLFS), which produces a range of statistics on the employed, unemployed, and those not in the labour force.

The target population of the HLFS is the civilian, usually resident non-institutionalised population aged 15 years and over. It therefore excludes people in non-private dwellings such as hospitals and prisons, visitors from overseas who are staying for less than 12 months, the armed forces, overseas diplomats in New Zealand, and people living on offshore islands (except Waiheke Island).

The HLFS provides the FTE figures that are used in this release to calculate injury incidence rates by age, sex, ethnic group, employment status, industry, occupation, and region where the injury occurred. The FTE figures used in this release are annual averages.

Being derived from a sample survey, FTE figures are subject to both sampling and non-sampling error, and should therefore be seen as indicative rather than definitive.

Incidence rate

For claims for non-fatal injuries the incidence rate is the number of work-related claims per 1,000 FTEs.

For claims for fatal injuries, the incidence rate is the number of claims for work-related fatal

injuries per 100,000 FTEs.

These rates are used as a means of comparing levels of injuries and fatal injuries claims between groups with different numbers of workers. This rate is used by the International Labor Organization (ILO) to enable comparisons of work-related injuries between countries.

Industry

The type of activity carried out by the organisation, enterprise, business, or unit of economic activity within which the injured person worked.

The Australian and New Zealand Standard Industrial Classification (ANZSIC), New Zealand Version 1996, (Version 4.1) is used to classify each business.

Injury

The Injury Prevention, Rehabilitation, and Compensation (IPRC) Act 2001, Section 26, defines a 'personal injury' to include:

- death
- a physical injury or mental injury caused by a physical injury
- mental injury caused by criminal act
- damage to dentures or prostheses that replace a part of the human body.

The IPRC Act 2001, Section 25, defines 'accident' to include:

- a specific event, or a series of events, that involves the application of a force (including gravity) or resistance external to the human body, or involves the sudden movement of the body to avoid such a force or resistance external to the human body
- the inhalation or oral ingestion of any solid, liquid, gas, or foreign object on a specific occasion, which kind of occurrence does not include the inhalation or ingestion of a virus, bacterium, protozoa, or fungi unless that inhalation or ingestion is the result of the criminal act of a person other than the injured person
- a burn, or exposure to radiation or rays of any kind, on a specific occasion, which kind of occurrence does not include a burn or exposure caused by exposure to the elements
- the absorption of any chemical through the skin
- any exposure to the elements, or to extremes of temperature or environment.

The IPRC Act 2001 also covers work-related gradual process, disease or infection.

'Gradual process' is defined as:

Changes that result in personal injury and develop slowly and progressively over time, although not necessarily over a definable period such as:

- the effects of exposure to noise or fumes over a few months at a workplace
- the physical deterioration resulting from an activity such as keyboarding where there are no specific events involving impacts or strain
- the progressive degenerative change due to the ageing process.

The second category covers occupational overuse syndromes (OOS), a range of conditions caused/contributed to by work factors resulting in localised inflammations, compression syndromes and pain syndromes.

Occupation

This is the claimant's occupation at the time of injury.

Occupation is classified according to the New Zealand Standard Classification of Occupations (NZSCO), 1995, Version 2.0.

Scene of injury

This is the location where the injury happened.

The scene of injury includes the likes of homes, farms and streets. The categories included in this release differ from those produced previously.

Work-related claims

Claims made to ACC for work-related injuries.

The IPRC Act 2001, s28(1), defines a work-related injury as an injury which happens when the worker is:

- at his or her place of employment, including when the place moves (as it does for a taxi driver), or is a place to or through which the worker moves, or
- having a rest or meal break at work, or
- travelling to or from work in transport provided by the employer, or
- travelling from work in order to receive treatment for a work-related injury.

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Tables

The following tables can be downloaded from the Statistics New Zealand website in Excel format. If you do not have access to Excel, you may use the [Excel file viewer](#) to view, print and export the contents of the file.

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