

Key Work Health and Safety Statistics, Australia



safe work australia

2013

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Key work health and safety statistics

- In 2009–10, there were 131 170 workers' compensation claims for serious¹ work-related injuries or illnesses. This equates to an incidence rate of 13.0 serious claims per 1000 employees.
- Preliminary data for 2010–11 show there were 127 330 serious workers' compensation claims, which equates to 12.2 serious claims per 1000 employees. While the final number of accepted claims for the 2010–11 year is likely to be around 2% higher, an improvement from 2009–10 is still expected.
- Per hour worked, male employees experienced a rate of serious injury or disease 30% higher than female employees.
- Incidence rates of serious workers' compensation claims increase with employee age.
- The highest occupation incidence rates were recorded by Labourers & related workers, over double the rate for all occupations.
- The highest industry incidence rates were recorded by the Transport & storage, Agriculture, forestry & fishing and Manufacturing industries.
- A typical serious workers' compensation claim involves four weeks absence from work.
- One-quarter of serious claims required 12 or more weeks off work.
- One in five serious claims involved an injury to the back.
- The Australian Bureau of Statistics' *Work Related Injury Survey* showed 58 out of every 1000 workers experienced an injury or illness in the workplace in 2009–10. However, half of these incidents involved less than one day or shift absent from work.
- In 2010–11, 220 workers died due to an injury incurred at work. This equates to 1.93 deaths per 100 000 workers.
- Work related injury and illness were estimated to cost \$60.6 billion in the 2008–09 financial year. This represented 4.8% of GDP.

¹ Serious claims involve a death, a permanent incapacity or a temporary incapacity requiring an absence from work of one working week or more

National OHS Strategy 2002–2012

As a step towards achieving its national vision of Australian workplaces free from death, injury and disease, the National OHS Strategy set the following targets:

Injury and musculoskeletal claims

Target: 40% reduction in the incidence of work-related injury by 30 June 2012.

Result: There was a 28% decrease in the injury incidence rate up to 2010–11. Figure 1 shows that it is unlikely that the 2012 target will be met.

Fatalities

Target: 20% reduction in the incidence of compensated work-related fatalities by 30 June 2012.

Result: A 47% decrease was recorded up to 2010–11 which is more than twice the desired result. Figure 2 shows that it is very likely the target will be achieved.

International fatalities

Target: Australia to have the lowest work-related traumatic injury fatality rate in the world by 2009.

Result: While the gap between Australia and the better performing countries has reduced, Australia remains in seventh place. Figure 3 shows that Australia did not meet the target.

Australian Work Health and Safety Strategy 2012–2022

This new strategy builds on the National OHS Strategy and promotes a vision of healthy, safe and productive working lives. The Australian Strategy includes national targets to:

- reduce the number of worker fatalities by at least 20%
- reduce the incidence rate of claims resulting in one or more weeks off work by at least 30%, and
- reduce the incidence rate of claims for musculoskeletal disorders resulting in one or more weeks off work by at least 30%.

Figure 1 Incidence rate of serious claims: achieved versus reduction required to meet target

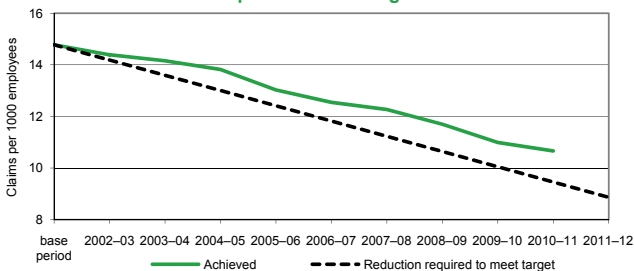


Figure 2 Incidence rate of fatalities: achieved versus reduction required to meet target

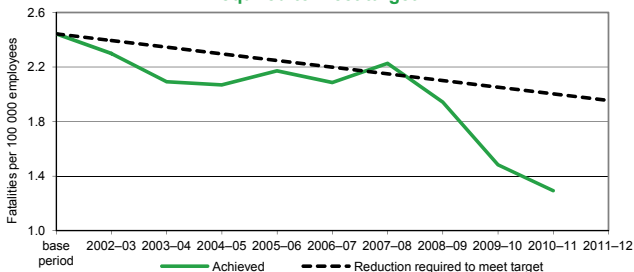
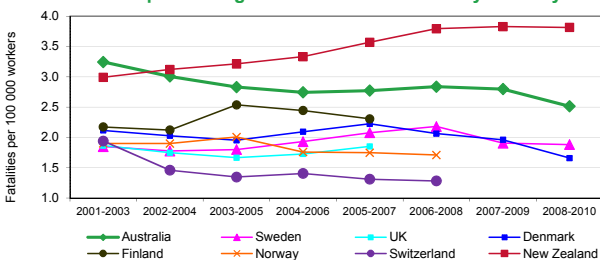


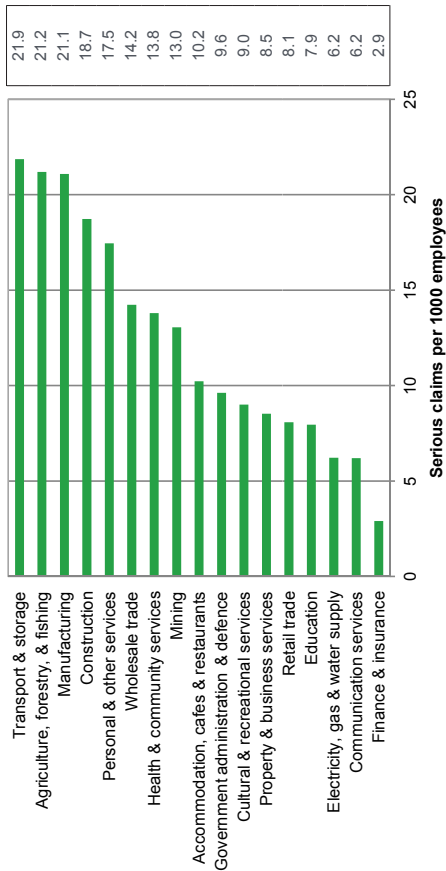
Figure 3 Comparison of Australia's work-related injury fatality rate with the best performing countries standardised by industry



Injury rates by industry

In 2010–11, four industries (Transport & storage; Agriculture, forestry & fishing; Manufacturing and Construction) had incidence rates of serious injury substantially above the all industries rate of 12.2 serious claims per 1000 employees. These industries, with the addition of the Health & community services industry (a major employer), were identified as priority industries under the National OHS Strategy 2002–2012.

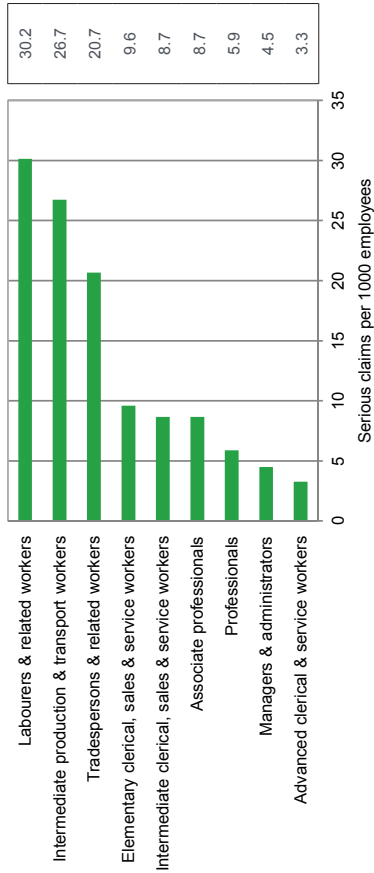
Figure 4 Serious claims: incidence rates by industry, 2010–11p



Injury rates by occupation

In 2010–11, three occupations (Labourers & related workers; Intermediate production & transport workers and Tradespersons & related workers) had incidence rates of serious injury substantially above the all occupations rate of 12.2 serious claims per 1000 employees.

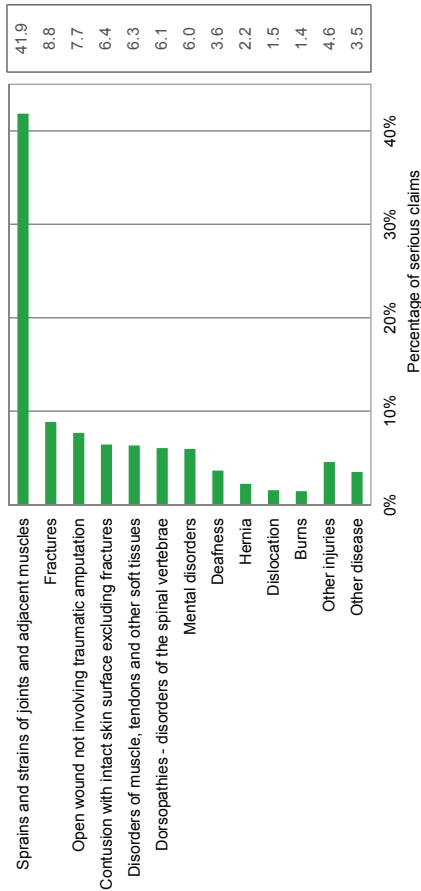
Figure 5 Serious claims: incidence rates by occupation, 2010–11p



Nature of injury or disease

The most common work-related injuries that were compensated were sprains and strains (41.9% of all serious claims). In 2010–11, injury or poisoning accounted for 72% of serious workers' compensation claims with disease claims accounting for the balance. However, the number of disease claims is likely to be an underestimate due to the difficulties associated with linking disease to workplace exposure(s).

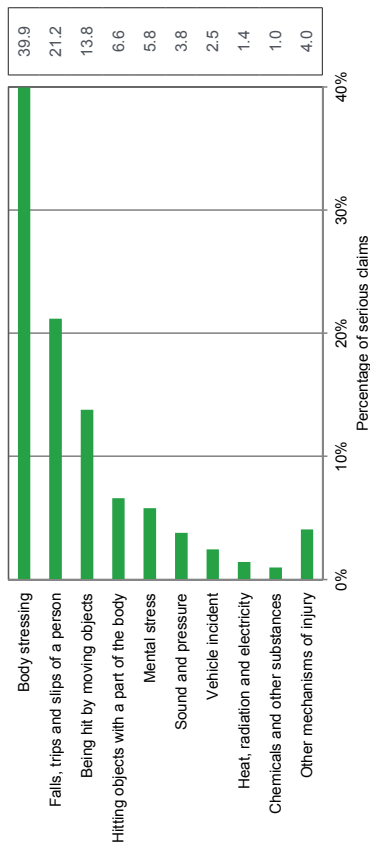
Figure 6 Serious claims: percentage by nature of injury/disease, 2010–11p



How the injury or disease occurred

Body stressing, Falls, trips & slips of a person and Being hit by a moving object were the mechanisms of work-related injury or illness responsible for 75% of serious workers' compensation claims in 2010–11. These mechanisms, together with *Hitting objects with a part of the body*, were identified as priority mechanisms in the *National OHS Strategy 2002–2012*. There has been little change in the proportion of claims due to these mechanisms since the Strategy began.

Figure 7 Serious claims: percentage by mechanism of injury/disease, 2010–11p



Work-related fatalities

- Preliminary data for 2010–11 show there were 169 accepted workers' compensation claims for work-related fatalities, down from the 215 recorded for 2009–10. Two thirds (130) of these fatalities were due to injury with the remainder due to disease.
- Workers' compensation data do not include fatalities where there are no dependants to lodge a claim or where the worker was self-employed. Therefore, workers' compensation data underestimate the total number of work-related fatalities.
- The *Work-related Traumatic Injury Fatalities* report combines information on fatalities from a number of sources but excludes deaths due to disease. The 2010–11 report shows there were 220 worker fatalities. In addition, 110 workers died while commuting to or from work and 44 bystanders were killed as a result of someone else's work activity.
- The 220 worker deaths in 2010–11 is the lowest number of work-related injury fatalities since the series began in 2003–04 with the highest number, 300 deaths, recorded in 2006–07.
- Table 1 shows that the Agriculture, forestry & fishing industry had the highest number of fatalities in 2010–11 (60 deaths) and the highest fatality rate (16.47 deaths per 100 000 workers). This was followed by the Transport and storage industry with 41 deaths and a fatality rate of 8.54 deaths per 100 000 workers.
- Table 2 shows that 79 workers died in a *Vehicle incident* in 2010–11 and a further 29 died due to *Falls from a height*.
- The total number of work-related disease fatalities has been conservatively estimated to be at least 2000 deaths per year².
- Recent ABS Causes of Death data show that there were 583 deaths attributed to mesothelioma in 2009. It has been estimated that the numbers will not peak until after 2014³.

² Kerr *et al.* 1996. Best Estimate of the Magnitude of Health Effects of Occupational Exposure to Hazardous Substances, Worksafe Australia Developmental Grant Final Report, April 1996.

³ Clements *et al.* 2007. Actuarial projections for mesothelioma: an epidemiological perspective. Presented to the Actuaries of Australia XIth Accident Compensation Seminar.

Table 1 Worker fatalities: number of traumatic injury fatalities and fatality rate (fatalities per 100 000 workers), 2010–11

Industry	Number	Fatality Rate
Agriculture, forestry & fishing	60	16.47
Transport & storage	41	8.54
Construction	38	3.71
Manufacturing	21	2.10
Property & business services	15	1.28
Cultural & recreational services	8	2.20
Mining	8	3.86
Wholesale trade	7	1.35
Retail trade	6	0.46
Government administration & defence	5	0.88
Personal & other services	3	0.45
Other industries	8	0.22
All industries	220	1.93

Source: Work-related Traumatic Injury Fatalities, 2010–11

Table 2 Worker fatalities: number of traumatic injury fatalities by mechanism of injury

Mechanism of injury	2008–09	2009–10	2010–11
Vehicle incident	133	103	79
Falls from a height	34	24	29
Being hit by moving objects	36	23	27
Being hit by falling objects	22	18	26
Electrocution	9	13	12
Being trapped between stationary & moving objects	12	9	13
Being trapped by moving machinery or equipment	8	7	11
All other mechanisms	35	23	23
Total	289	220	220

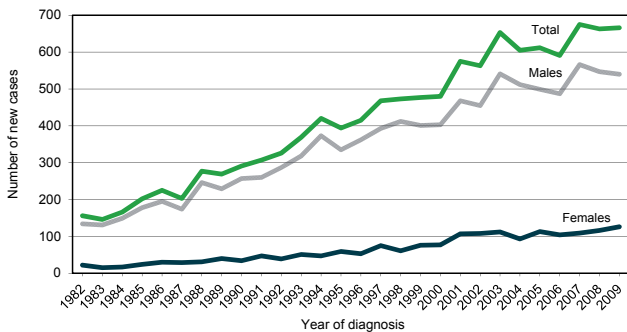
Source: Work-related Traumatic Injury Fatalities, 2010–11

Mesothelioma

Data on the number of new cases of mesothelioma are collected nationally by the Australian Institute of Health and Welfare (AIHW). These data show that:

- The number of new cases of mesothelioma diagnosed increased from 156 in 1982 to a peak of 668 in 2007. In 2009, 666 cases were diagnosed. Based on a number of projections, the incidence of mesothelioma is not expected to peak until after 2014.
- The age standardised rate of new cases of mesothelioma has increased from 1.1 new cases per 100 000 population in 1983 to 2.8 in 2009.
- The majority (80–90%) of mesothelioma cases involve males.

Figure 8 The number of new cases of mesothelioma by sex and year of diagnosis, 1982 to 2009



The Australian Mesothelioma Registry

The Australian Mesothelioma Registry collects information on all mesothelioma cases diagnosed since 1 July 2010. This information includes notifications of new cases of the disease from Australian cancer registries and estimates of the past asbestos exposure of consenting patients. The registry released its first report in 2012 covering all mesothelioma cases diagnosed in 2011.

Some of the measures in this first report are based on a relatively small number of cases. Therefore the findings at this stage should be considered preliminary.

The first report found that at 15 August 2012:

- There were 612 diagnoses of mesothelioma for 2011 reported to the Registry
- This equates to an incidence rate of 2.7 diagnoses per 100 000 population
- Males accounted for 85% of notified cases.
- 79% of patients were aged 65 years or over.
- There were 310 deaths of patients diagnosed in 2011 (51% of patients diagnosed).
- Mesothelioma was the cause of death in 94% of cases.
- The jobs with highest exposure likelihood were Construction and building trades, and Electrical and related trades.
- The most common circumstances of non-occupational exposure were home renovation-related activities and car maintenance.

Of the 87 patients diagnosed in 2011 for whom asbestos exposure was assessed:

- 6 had neither occupational nor non-occupational exposure
- 14 had occupational exposure/s only
- 35 had both occupational and non-occupational exposures, and
- 32 had non-occupational exposure/s only.

Occupational disease indicators

- Safe Work Australia identified eight priority occupational disease groups to receive attention under the National OHS Strategy. These disease groups have been chosen because they have a high attribution to the work environment.
- Workers' compensation data are complemented, where possible, by information from other sources⁴ to better identify occupational disease trends.
- Table 2 presents the trends in the incidence of occupational diseases between 2000–01 and 2008–09. Decreasing trends were observed for five of the eight priority disease groups. Noise-induced hearing loss; Respiratory diseases and Occupational cancers did not display a clear overall trend of increase or decrease.

Table 2 Occupational disease indicators: trend from 2000–01 to 2008–09

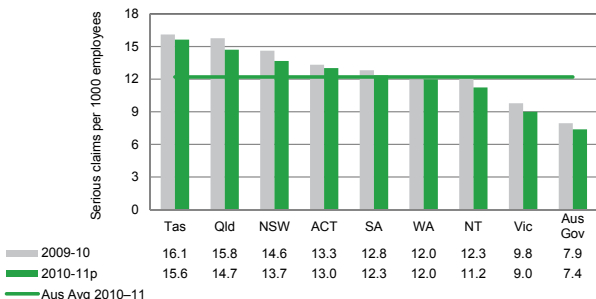
Trend over time	Occupational Disease
↓	Musculoskeletal disorders
↓	Mental disorders
→	Noise-induced hearing loss
↓	Infectious and parasitic diseases
→	Respiratory diseases
↓	Contact dermatitis
↓	Cardiovascular diseases
→	Occupational cancers

⁴ National Hospital Morbidity Database, National Notifiable Diseases Surveillance System, National Cancer Statistics Clearing House

Jurisdictional comparison

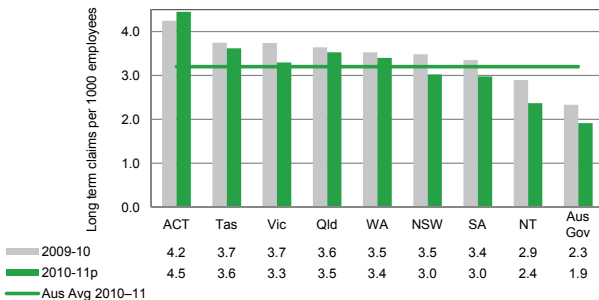
- In 2009–10 the lowest incidence rate of serious workers' compensation claims was recorded by the Australian Government (Figure 9) with Queensland and Tasmania recording the highest rates. The preliminary data for 2010–11 show a similar pattern.

Figure 9 Incidence of serious claims: jurisdiction by year



- Long term claims are those involving 12 or more weeks of compensation. The lowest rate of long term claims in 2009–10 was recorded by the Australian Government. The highest rate was recorded by the Australian Capital Territory (Figure 10). Preliminary data for 2010–11 should be used with caution as they are likely to increase as shorter-term claims accrue additional time lost.

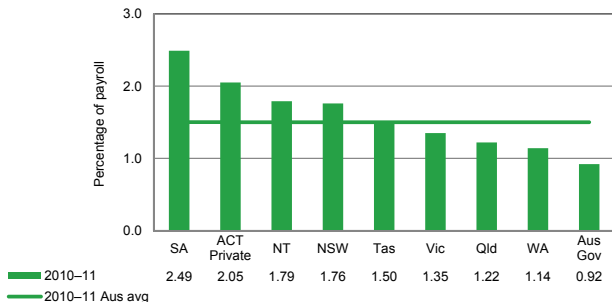
Figure 10 Incidence of long term claims: jurisdiction by year



Premium rates

- The standardised average premium rate⁵ in Australia has decreased 16%, from 1.79% of payroll in 2005-06 to 1.49% in 2010-11.
- Standardised premium rates across the jurisdictions range from 0.92% of payroll in Australian Government to 2.49% in South Australia.

Figure 11 Standardised premium rates by jurisdiction, 2009-10



Enforcement

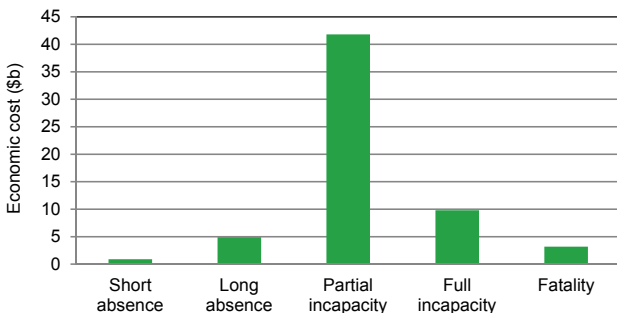
- In 2010-11 more than 140 000 workplace interventions were undertaken by work health and safety authorities around Australia.
- Authorities issued 57 600 notices made up of 970 infringement notices, 5292 prohibition notices and 51 349 improvement notices.
- Legal proceedings against businesses were finalised in 397 cases and \$15.5 million was handed out in fines by the courts.
- There were 1100 work health and safety inspectors actively inspecting workplaces during 2010-11.

⁵ Standardisation takes into account differences in remuneration, employer excess and journey claim coverage. Figures include self-insurers.

Cost of work-related injury and disease

- Work related injury and illness were estimated to cost \$60.6 billion in the 2008–09 financial year. This represented 4.8% of GDP.
- Injuries accounted for 51% of the cost with disease the balance.
- Nearly two-thirds of the cost (74%) was borne by the affected worker with 21% borne by the community and 5% by the employer.
- Figure 12 shows that 69% of the cost comes partial incapacity incidents where the worker returned to work on reduced duties or a lower income. Around 13% of injuries and illnesses resulted in partial incapacity in 2008–09. A further 16% of costs comes from full incapacity where the worker was unable to return to work in any capacity.

Figure 12 Cost of work-related injury and disease by severity, 2008–09



Notes:

The cost estimate includes direct costs (payment of wages and medical costs) and indirect costs (lost productivity, loss of future earnings and social welfare payments).

Under the methodology adopted, workers' compensation premiums are not considered as a cost to the employer but treated as a burden to the community as compensation payments are redistributed to injured and ill workers.

Sources

All workers' compensation statistics regarding claims have been sourced from the National Dataset for Compensation-based Statistics (NDS).

Safe Work Australia produces an annual comprehensive statistical bulletin, the *Compendium of Workers' Compensation Statistics, Australia*, in which many of the national statistics in this booklet can be found. Additional information on fatalities can be found in *Work-related Traumatic Injury Fatalities*.

Jurisdictional data, workers' compensation scheme data and more information on progress towards the *National OHS Strategy 2002–2012* targets is available in the *Comparative Performance Monitoring* (CPM) report.

Information on occupational disease can be found in the publication, *Occupational Disease Indicators*.

Information on Mesothelioma can be found in the publications *Mesothelioma in Australia and Asbestos-related disease indicators*.

Information on the cost of occupational injury and disease can be found in the report *The Cost of Work-related Injury and Illness for Australian Employers, Workers and the Community*.

All of these reports can be found on the Safe Work Australia website at www.safeworkaustralia.gov.au.

Information on the Australian Mesothelioma Registry can be found at www.mesothelioma-australia.com.

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