

Louisiana Fatality Assessment and Control Evaluation (FACE) Program

Work-Related Traumatic Injury Fatalities, 2005-2023

Prepared by:

Occupational Health and Injury Surveillance Program

Section of Environmental Epidemiology and Toxicology

Office of Public Health

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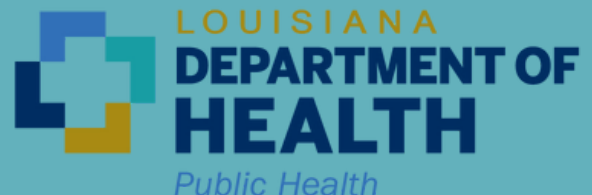


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Executive Summary

Overview

The Louisiana FACE Program, part of a national initiative led by NIOSH, monitors and analyzes work-related traumatic injury fatalities to inform prevention efforts and enhance workplace safety. This report summarizes trends and patterns in Louisiana from 2005 to 2023.

Key Findings

- **Total Fatalities (2005–2023):** 2,053 workers
- **Average Annual Fatalities:** 108
- **Average Fatality Rate:** 5.5 per 100,000 workers
- **National Standing:** Louisiana consistently ranks among the top 10 states for work-related fatalities.

Demographics at Highest Risk

- **Age:** Workers 65+ years had the highest fatality rate (8.8/100,000).
- **Sex:** 94% male workers.
- **Ethnicity:** Hispanic/Latino workers had the highest fatality rate (9.6/100,000).

Temporal Patterns

- **Season:** Most deaths occurred during the summer months.
- **Day of Week:** the number of fatalities was highest on Thursdays; lowest on weekends.

High-risk industries

- **Transportation and Construction** – accounted for about 40% of fatalities over time.
- **Mining and Manufacturing** – collectively accounted for about 20% of fatalities.
- **Manufacturing** – the proportion of fatalities in 2023 was nearly double its long-term average.

Executive Summary

High-risk Occupations

- **Construction and Transportation** – Collectively accounted for about 47% of fatalities.
- **Installation, Management, and Production** – together made up about 22% of fatalities.
- **Production** – the proportion of fatalities notably increased compared to its long-term average.

Regulatory Oversight

- **OSHA Jurisdiction:** 27% of fatalities had a corresponding OSHA inspection summary.
- **Investigation Gap:** Approximately 56% of fatalities may have been within OSHA jurisdiction, but were not investigated, indicating potential gaps in reporting.

Purpose of Report

This analysis underscores the need for sustained attention to workplace safety, targeted prevention efforts for high-risk worker populations, and improved oversight mechanisms. Findings from this report are intended to guide employers, safety professionals, policymakers, and public health practitioners in reducing preventable workplace deaths in Louisiana.

Introduction

The Louisiana Fatality Assessment and Control Evaluation (LA FACE) Program is a public health surveillance project dedicated to preventing work-related fatalities by identifying workplace hazards and promoting effective safety practices. Supported by the National Institute for Occupational Safety and Health (NIOSH) through its State FACE program, LA FACE is one of eight state-based surveillance programs working to reduce workplace fatalities through data collection, in-depth case investigations, and dissemination of prevention strategies.

NIOSH established the national FACE program in 1982 to investigate targeted categories of work-related deaths and share findings to help prevent similar incidents. Select states, including Louisiana in 2021, have joined this effort by conducting surveillance of traumatic injury occupational deaths within their jurisdictions.

Workplace fatalities have a profound impact on workers, employers, and communities. Understanding the underlying causes and patterns of fatal injuries is essential for developing targeted safety measures and policies to protect Louisiana's workforce. This report provides an analysis of work-related fatalities in Louisiana from 2005 to 2023, offering valuable insights into trends and risk factors across industries, occupations, and demographic groups.

Objective and Scope of LA FACE

The primary objective of the State FACE Program is to identify high-risk work situations and develop prevention strategies that can be shared with employers, workers, policymakers, and safety professionals. To achieve this, LA FACE conducts surveillance of all external causes of occupational death and performs detailed evaluations of select cases based on national and state priorities.

Scope of Report

This report provides an analysis of fatal work-related traumatic injuries in Louisiana from 2005 to 2023. The data in this report were compiled using multiple sources, including Louisiana death certificates, Louisiana Occupational Safety and Health Administration (OSHA) fatality investigation reports, media reports, and Louisiana State Police reports.

Rates were calculated using population estimates from the NIOSH Employed Labor Force (ELF) query system, an interactive tool for calculating employed worker population estimates for demographics and work-related characteristics from the Bureau of Labor Statistics (BLS) Current Population Survey (CPS). The CPS is a monthly household survey of the U.S. civilian noninstitutionalized population conducted to measure national labor force participation and employment. A worker is an employed person 16+ years old.

The report includes:

- Long-term (2005-2023) trends in work-related fatalities.
- Average annual deaths by key factors, including:
 - **Demographics:** Age group, sex, race, and ethnicity.
 - **Environmental and Temporal Factors:** Season and day of the week of death.
 - **Industry and Occupation:** Work sectors and job roles most affected.
 - **Regulatory Oversight:** OSHA inspection status of incidents.

Determination of Work-Related Fatalities

Cases included in this report follow the criteria established by the BLS Census of Fatal Occupational Injuries (CFOI) for determining whether a death is considered work-related. Cases are assessed based on available documentation, and professional judgment is applied when determining work-relatedness, particularly in complex scenarios. To be considered a LA FACE death, a death must:

- Result from a traumatic injury – This includes acute exposures to hazardous conditions such as falls, electrocution, vehicle crashes, heat-related illness, and asphyxiation. Fatal work-related illnesses with long latency periods, such as cancer, are excluded unless an acute workplace exposure contributed to the death.
- Occur within Louisiana jurisdictions – Only incidents that occurred in Louisiana, its territories, or its territorial waters or airspace are included.
- Be related to work activity – A fatality is classified as work-related if the individual was performing job duties on or off the employer's premises, provided the activity was part of their work responsibilities.

Purpose of Report

By analyzing long-term trends in work-related fatalities, this report aims to support evidence-based policy decisions and workplace safety initiatives. The findings are intended for use by:

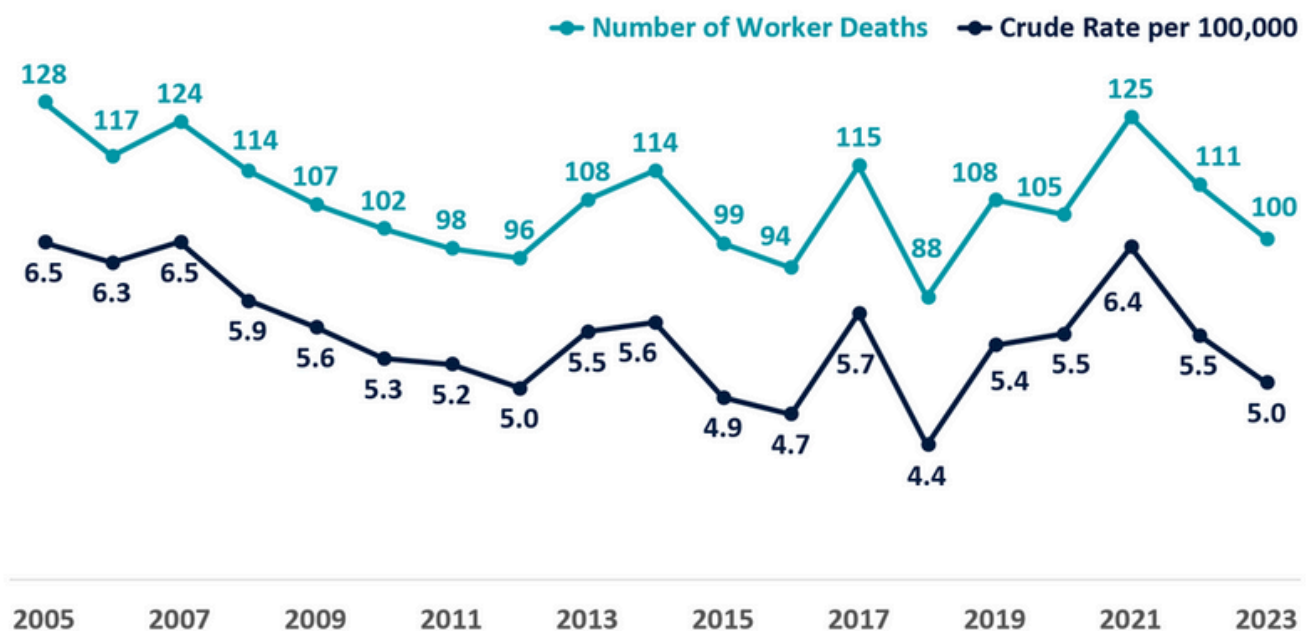
- Employers and business owners seeking to enhance workplace safety programs.
- Workers and labor organizations advocating for safer job conditions.
- Regulatory agencies, such as OSHA, in enforcing safety standards.
- Researchers and public health professionals working to prevent work-related injuries and fatalities.



Work-Related Traumatic Injury Fatality Trends for Louisiana, 2005-2023

Number and Rate of Work-Related Traumatic Injury Fatalities Over Time

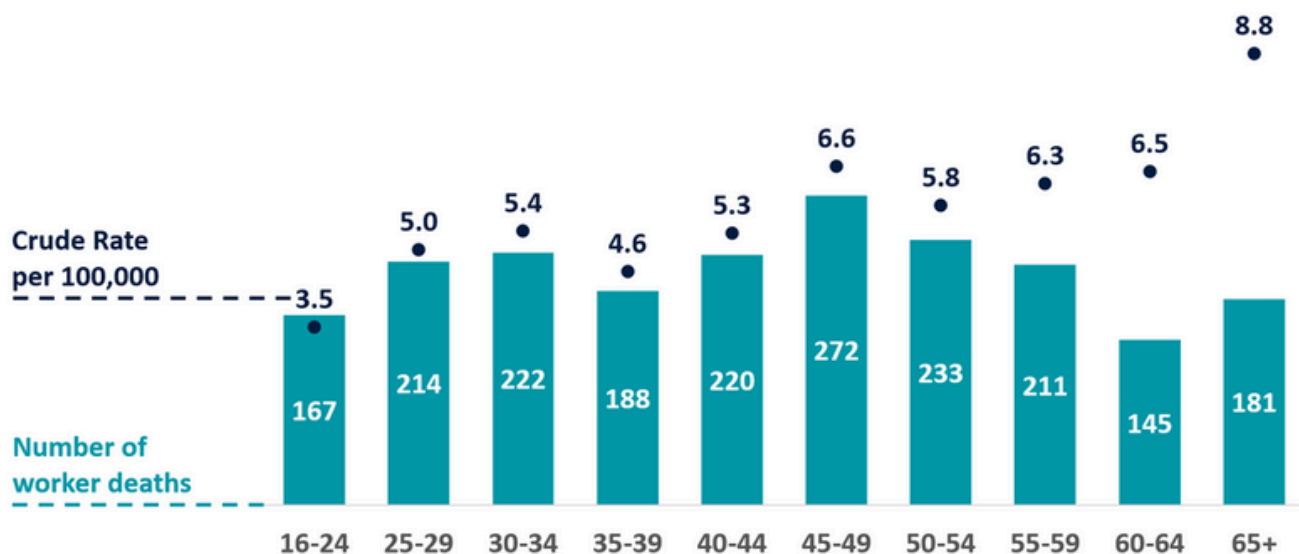
- From 2005-2023, 2,053 workers died.
- On average: 108 workers died per year; 5.5 deaths per 100,000 Louisiana workers each year.
- There was an overall decrease in the number and rate of fatal work-related injuries over time; however, Louisiana has consistently ranked among the top ten states for work-related fatality rates in the U.S. over the past decade.
- In 2023, Louisiana had the ninth-highest work-related fatality rate.
- Nearly 20% (n=408) of the deaths that occurred were among Louisiana workers who were not permanent residents of the state.



Demographics

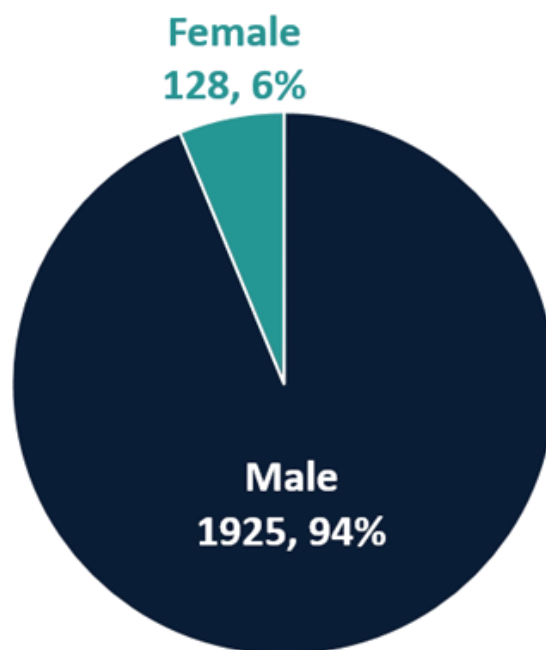
By Age group

- From 2005-2023, 2,053 workers died.
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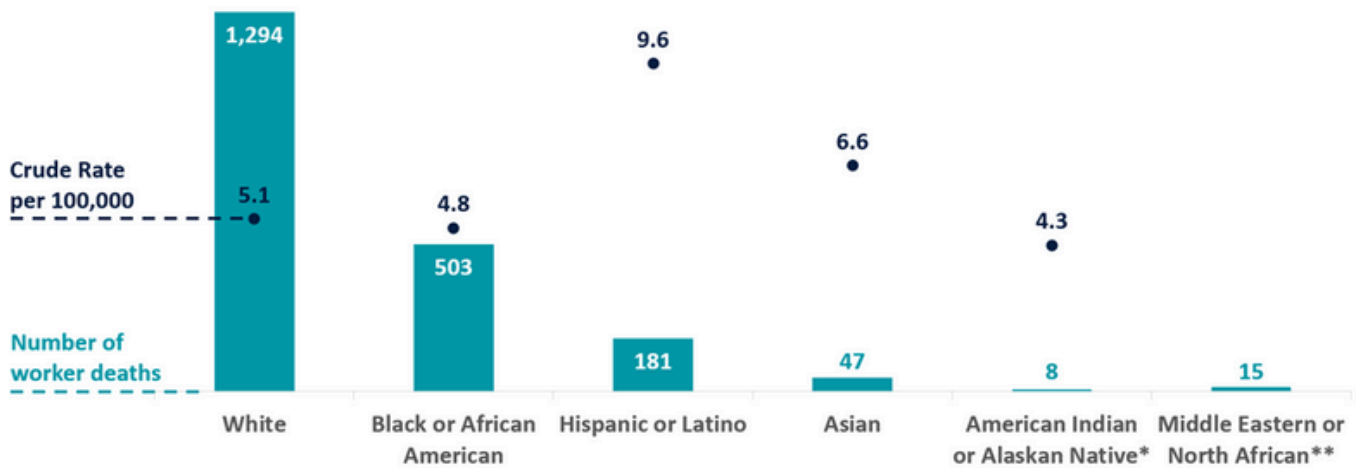
By Sex

- Males account for the overwhelming majority (94%) of fatal workplace injuries, at least partially due to their greater representation in high-risk industries such as construction, transportation, agriculture, and manufacturing.
- While female workers experience fewer fatal injuries at work, it is important that occupational safety efforts include sex-responsive interventions and address the risks faced by all workers.



By Race & Ethnicity

- White workers experienced the highest number of deaths, but had a moderate fatality rate compared to the other groups.
- Hispanic or Latino workers had the highest rate of work-related fatality, 9.6 deaths per 100,000 workers, indicating a disproportionately high risk.
- The fatality rate for Asian workers was higher than the rate for Black and White workers, which may suggest an elevated risk relative to population size.
- The fatality rate for American Indian or Alaskan Native workers was low, but based on a low number of deaths, and should be interpreted with caution (rate instability).



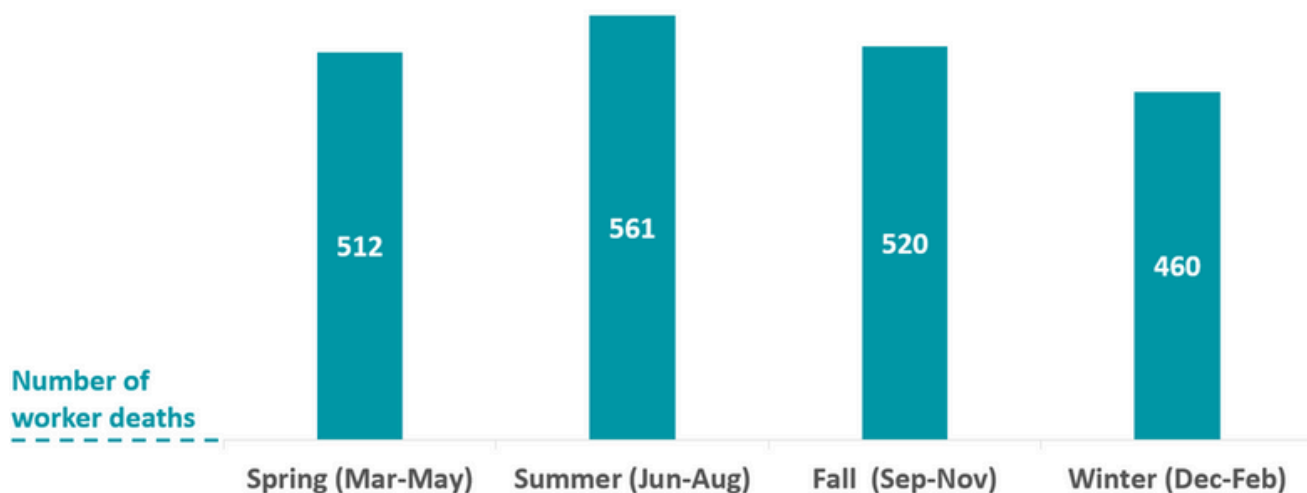
Total count above does not equal N=2,053. Counts less than 5 can not be shown.

*Rate unstable due to low count. **Rate not calculated due to lack of denominator.

Environmental and Temporal Factors

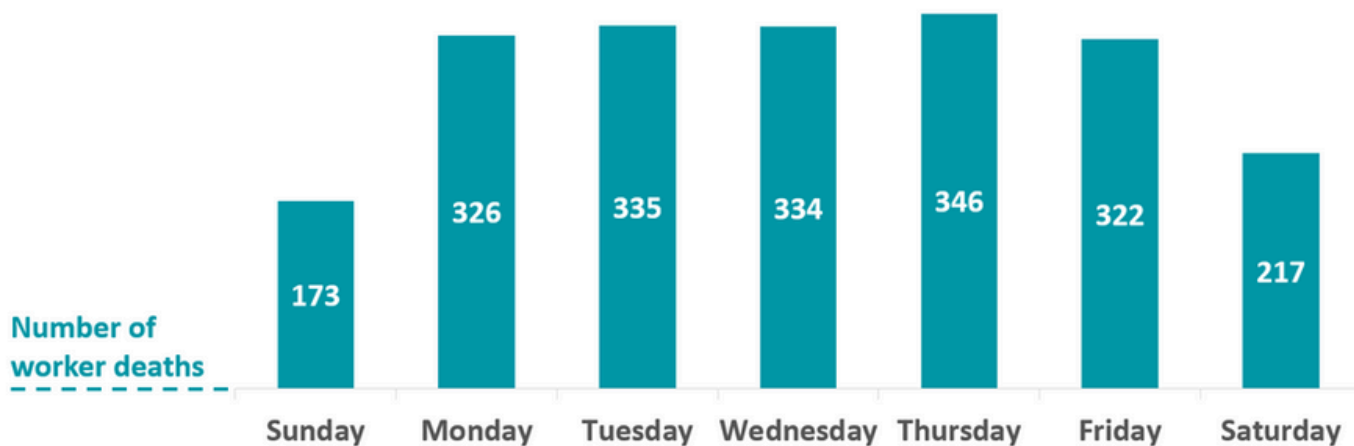
By Time of Year

- The number of work-related traumatic injury fatalities was highest in the summer and lowest in the winter.



By Day of Week

- The number of fatalities was lowest on the weekend and highest on Thursday.



By Industry and Occupation

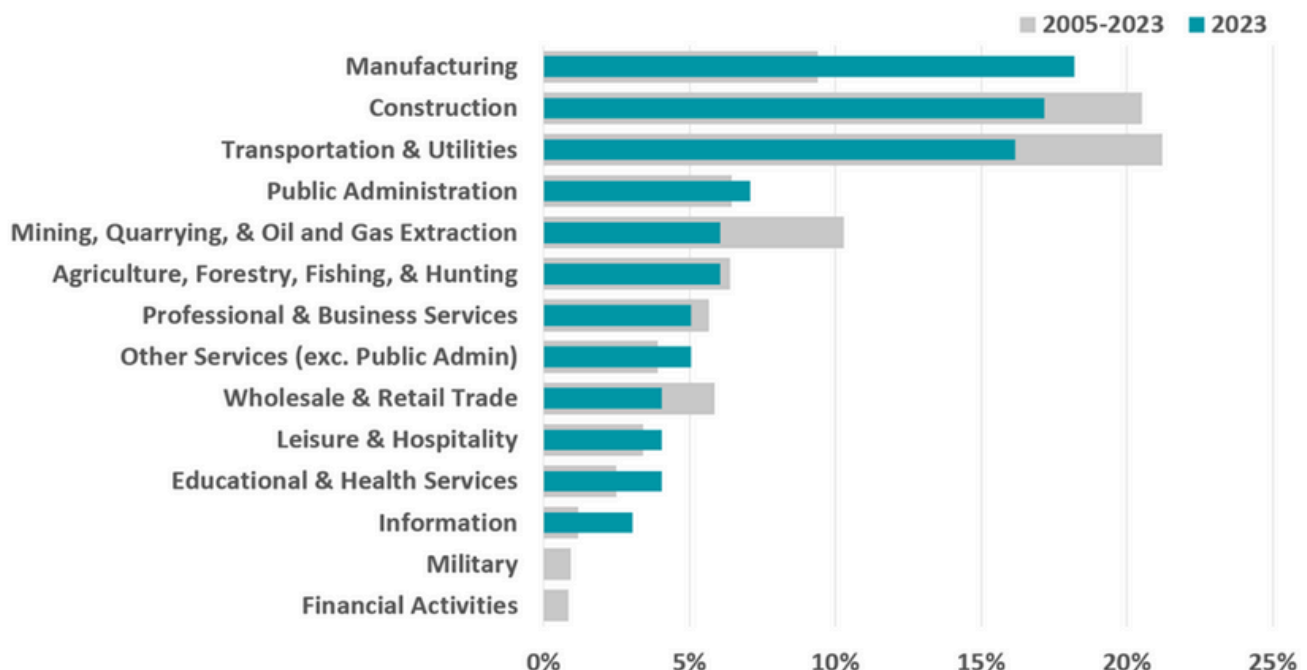
Industry and occupation free-text fields on death certificates were coded by the National Occupational Mortality Surveillance (NOMS) Program or by Occupational Health Program staff using the NIOSH Industry and Occupation Computerized Coding System (NIOCCS) to:

- **2017 North American Industry Classification System (NAICS) Codes**
- **2018 Census Industry and Occupation Coding System**
- **2018 Standard Occupation (SOC) Codes**

Using the NAICS and SOC codes, 13 major industrial sectors and 13 major occupational groups were created for analysis.

By Major Industrial Sectors, Long-Term Average and Current Percent Totals

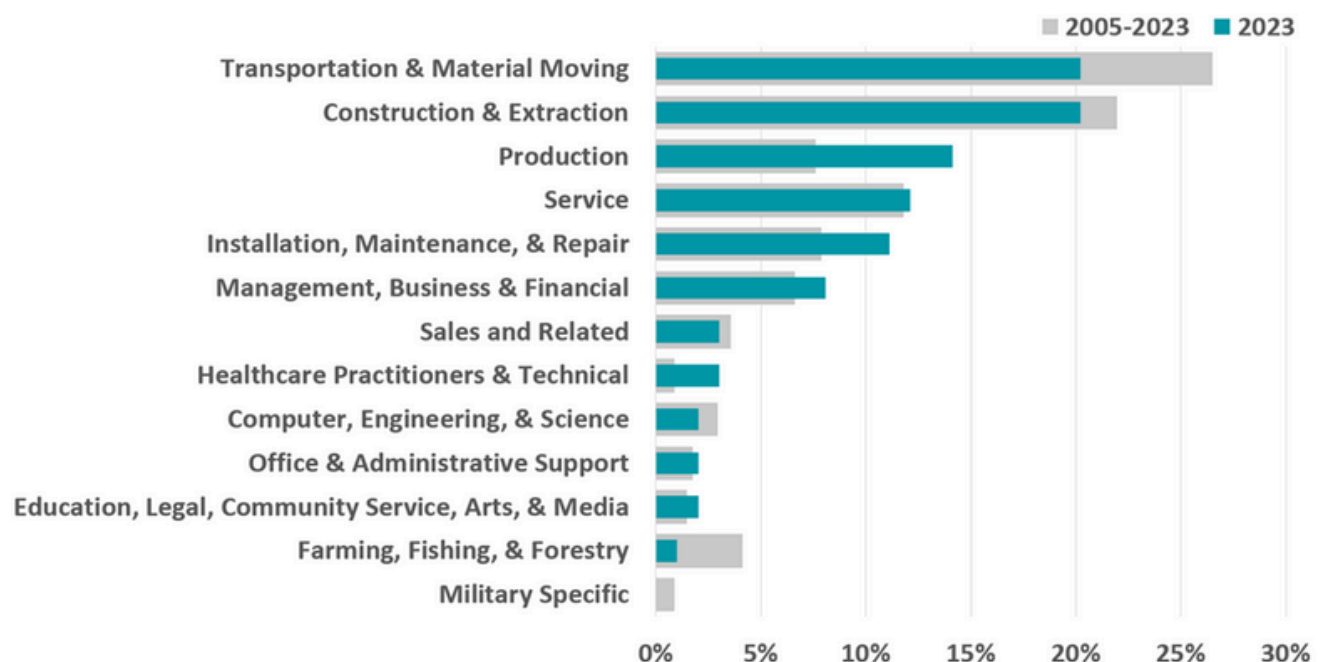
- From 2005 to 2023, the Transportation and Utilities (Transportation) and Construction sectors accounted for approximately 40% of all fatal occupational traumatic injuries—about 21% and 20%, respectively. In 2023, this combined proportion declined to 33%, with Transportation responsible for 16% and Construction for 17% of fatalities.
- The Mining, Quarrying, and Oil and Gas Extraction (Mining/Oil & Gas) and Manufacturing sectors each contributed to about 10% of workplace fatalities over the full period. In 2023, fatalities in the Mining sector declined to 6%, while those in the Manufacturing sector nearly doubled to 18%.
- The Agriculture, Forestry, Fishing, and Hunting, Public Administration, Wholesale and Retail Trade, and Professional and Business Services sectors each represented approximately 5–6% of occupational fatalities from 2005–2023. In 2023, all of these sectors—except Public Administration—experienced a decline in workplace fatalities.
- Several sectors reported an increase in fatalities in 2023 compared to the long-term average. These include Manufacturing, Public Administration, Other Services (excluding Public Administration), Leisure and Hospitality, Educational and Health Services, and Information.



*N=33 (2%) workers had insufficient information to be sorted into NAICS.

Rates by Occupational Group, Current and Long-term Average Rates

- From 2005 to 2023, nearly 47% of all fatal occupational injuries in Louisiana occurred among workers in the Transportation and Material Moving (Transportation) and Construction and Extraction (Construction) occupational groups, accounting for approximately 26% and 22%, respectively. In 2023, this combined percentage decreased to 40%, with each group contributing about 20% of the total fatalities.
- Service group workers made up nearly 12% of deaths that occurred from 2005-2023 and was about the same in 2023.
- The Installation, Maintenance, and Repair (Installation), Management, Business, and Financial (Management), and Production occupational groups accounted for approximately 22% of all occupational traumatic injury fatalities from 2005–2023, with each group contributing between 7% and 8%. In 2023:
 - Installation increased from 8% to 11%.
 - Production doubled from 7% to 14%, and
 - Management rose from 6% to 8%.
- Although Healthcare Practitioners and Technical occupations made up only 1% of fatalities in the overall dataset, this group saw a notable increase in 2023, accounting for 3% of deaths.
- Several occupational groups experienced a decline in their share of fatalities in 2023 compared to the long-term average. These included Sales and Related, Computer, Engineering, and Science, and Farming, Fishing, Forestry, and Hunting occupations.



*N=42 (2%) workers had insufficient information to be sorted into SOC.

Regulatory Oversight

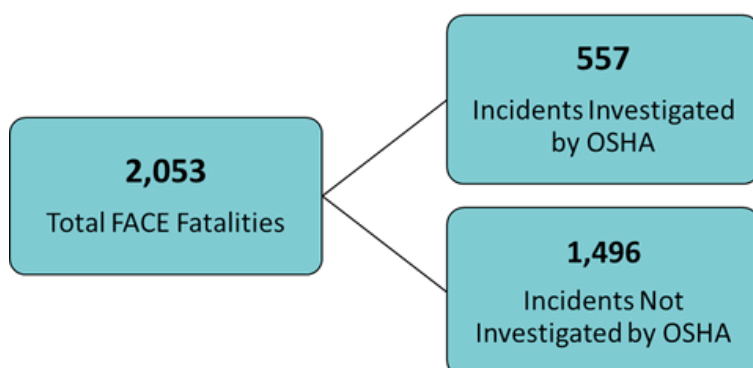
Per OSHA's Recordkeeping Rule, employers, unless specifically exempt, are required to report all work-related fatalities (that occur within 30 days of the work-related incident) to OSHA within eight hours of finding out about the death. It is OSHA's intent to investigate all work-related fatalities in all covered workplaces. The agency has up to six months to complete an investigation and determine whether to issue citations.

Certain types of deaths do not have to be reported, including those resulting from:

- Motor vehicle accidents on a public roads or highways (except in a construction work zone).
- Incidents on commercial or public transportation systems, such as an airplane or bus.

By Louisiana OSHA Jurisdiction and Inspection Status

- An OSHA fatality inspection summary report exists on OSHA's webpage for 27% (557) of fatal occupational injuries in Louisiana from 2005-2023.
- For the remaining 73% (1,496 cases), a review using media reports and industry and occupation information suggests that about 56% (1,156 fatalities) may have occurred under OSHA jurisdiction but were not investigated. These findings are preliminary and should be validated with OSHA's Baton Rouge Area Office.
- Contributing factors to the potential gap in investigation coverage may include:
 - Underreporting by employers, which could be due to intentional noncompliance.
 - Misunderstanding of reporting requirements
 - Reporting errors that prevent OSHA from being notified of a workplace death
- The implications of underreported workplace fatalities and uninvestigated incidents represent missed chances to improve safety protocols, identify systemic hazards, and prevent future incidents.



Limitations

Program staff determination to include a death in the LA FACE database is performed according to a case definition to standardize the process. The more information sources available for a death (death certificate, OSHA report, news article, etc.) the better the chance for a correct classification; however, there is always potential misclassification of a death as a FACE death or not a FACE death. While FACE seeks to adopt the scope of CFOI in its case definition we have no way of confirming CFOI deaths against our death records.

Death certificates list the decedent's usual industry and occupation; however, this may not reflect their industry and occupation when they died. Industry and occupation entries could be filled out incorrectly or with information that cannot be properly coded. There may also be misclassification of the cause of death, manner of death, injury at work item, and race and ethnicity fields of the death certificate.

In the absence of an OSHA fatality investigation summary, misclassification of probable OSHA jurisdiction for 1,156 deaths may have occurred. Determination was based on available information in the FACE database, including decedent's usual industry and occupation and any media source(s) available. Efforts will be made with the OSHA Office in Baton Rouge to better resolve the number of fatalities of non-OSHA inspected fatalities that OSHA was not made aware of and update these numbers.

Funding Statement

The LA FACE Program is funded by cooperative agreement U600H01915 with the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

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