

FLIGHT SAFETY FOUNDATION HUMAN FACTORS & AVIATION MEDICINE

Vol. 40 No. 3

For Everyone Concerned with the Safety of Flight

May/June 1993

Airline Crew Members Suffer High Rate of Occupational Injuries

Compensation claims of nearly 2,500 pilots and flight attendants were examined, and sprains and strains topped the list of physical conditions that resulted in lost work days.

by

Stanley R. Mohler, M.D. Wright State University School of Medicine Dayton, Ohio, U.S.

A 1992 U.S. report found that the injury rate per 100 full-time workers for U.S. airline employees was 13.0 percent, compared with [a] private-sector average of 8.6 percent, "an indication of the hazardous nature of the airline industry." During the period between 1978 and 1988, the report said there was no significant change in the rate¹. The report, which examined 1988 statistical data on occupational injuries and illnesses of pilots and flight attendants, said that the lost work-day rate and the injury-severity rate were each nearly double that of the private sector; typical recuperation time in the airline industry was 17 work days per case.

The 1988 data (the most recent year for which data were available) were compiled by the U.S. Bureau of Labor Statistics (BLS) on workers in the "transportation by air" category, and included an analysis of lost work days in workers' compensation claims from 14 states; complete data from other states were not available². The report noted a variety of limitations in the data that prevented

descriptions of the injuries and illnesses with "great precision." The data included aircraft crash-related injuries and illnesses, but, because crashes were — and remain rare, the vast majority of lost work-day cases were caused by everyday on-the-job factors, said the report. The report also said that "the same conditions that cause occupational injuries and illnesses in the airline industry may prove harmful to passengers."

According to the BLS, commercial airlines in 1988 employed 74,700 civilian pilots and most of the estimated 88,000 civilian flight attendants³.

Sprains and Strains Top the List of Injuries

"Sprains and strains" constituted the greatest number of physical conditions (Table 1, page 2), and data indicated that these accounted for 38 percent of the total pilot

Table 1

U.S. Distribution of Occupational Injury and Illness Cases by Condition

Airline Industry and the Private Sector, 1988

			Transportation by air	
Physical Condition	Priv Sec		Pilots	Flight Attendants
Total Cases Percent of Total	906,1	54 00	225 100	2,261 100
Amputations Heat Burns		1 2	_	_
Chemical Burns		2	_	_
Contusions and Bruise Cuts and Lacerations	es	10 12	4 6	10 4
Fractures		9	15	4
Abrasions and Scratch	nes	3	4	
Sprains and Strains		45	38	46
All Occupational Disea All Other Classifiable	ases	6 6	18 11	25
Nonclassifiable		6 5	4	6 4

¹ Coverage varies somewhat from state to state, depending on workers' compensation laws. Almost all states exclude shipbuilding and water transportation services; some also exclude small farms.

Note: Columns may not add to 100 percent because of rounding. Dashes indicate no data or data that do not meet publication standards.

Source: U.S. Bureau of Labor Statistics, 1988 Supplementary Data System. Fourteen states participated: Arkansas, California, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Michigan, Mississippi, Missouri, Oklahoma, Oregon, and Texas.

cases and 46 percent of the total flight attendant cases. In the private sector, sprains and strains accounted for 45 percent of the total number of injuries and illnesses.

"Fractures," at 15 percent, were the second most common condition of disabling injuries for pilots, while "contusions and bruises," at 10 percent, constituted the second most common condition for flight attendants.

Falls, which often cause sprains, strains, fractures and bruises, are frequently the result of walking on wet, oily or icy surfaces. Preventive procedures for ankle and knee sprains and strains involve wearing proper footwear⁴. In addition, physical fitness practices increase flexibility, conditioning and reaction time, and help prevent injuries⁵.

Vehicles Blamed as Source of Most Injuries

At 32 percent, "vehicles" of various kinds were the most common cause of injuries (Table 2) to flight attendants, and most of the 717 cases were caused by nonpowered vehicles such as handcarts (432), followed by contact with the aircraft (233) and highway vehicles (50). Vehicle-related injuries accounted for 22 percent of pilot injuries, and most of the 49 cases were caused by contact with the aircraft (42) and powered highway vehicles (6).

"Air pressure," at 20 percent, was the second most common source of injury to flight attendants (452), and at 8 percent, it was the fourth most common source of injury to pilots (18). Crew members should be cautioned against flying with a head cold or sinus ailment, which can be aggravated by high cabin-pressure altitudes and result in protracted ear blocks, pain or other ailments.

Overexertion Heads Events

"Overexertion" was the predominant event (Table 3, page 3) that led to injury or illness in the private sector (32 percent), and it was the most common event for flight attendants (33 percent) and it was the second most common event for pilots (17 percent). Overexertion injuries

Table 2

U.S. Distribution of Occupational Injury and Illness Cases by Source

Airline Industry and the Private Sector, 1988

		Transportation by air		
Source	Private Sector ¹	Pilots	Flight Attendants	
Total Cases	906,154	225	2,261	
Percent of Total	100	100	100	
Boxes, Barrels				
and Containers	14	12	16	
Chemicals	2	2	—	
Hand Tools	7	2	—	
Machines	6	—	—	
Metal Items	10	1	1	
Vehicles	9	22	32	
Work Items	4		—	
Working Surfaces	15	19	8	
Air Pressure		8	20	
All Other Classifia	ble 32	31	19	
Nonclassifiable	3	3	2	

Coverage varies somewhat from state to state, depending on workers' compensation laws. Almost all states exclude shipbuilding and water transportation services; some also exclude small farms.

Note: Columns may not add to 100 percent because of rounding. Dashes indicate no data or data that do not meet publication standards.

Source: U.S. Bureau of Labor Statistics, 1988 Supplementary Data System. Fourteen states participated: Arkansas, California, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Michigan, Mississippi, Missouri, Oklahoma, Oregon, and Texas. to flight attendants were blamed on "pulling or pushing objects" (330) and lifting objects (266), while most such injuries to pilots were blamed on lifting objects (22) and followed by pulling or pushing objects (4).

"Falls" were the most common event for pilots, at 18 percent. Most of these falls involved walkways (19), stairs (5) and vehicles (4). Falls were the third most common event for flight attendants, at 9 percent, and most of the falls involved walkways (111) and stairs (35).

Back Injuries Reported Most Often

For pilots, the body part most often injured (Table 4) was the "trunk" (30 percent), of which 52 of the 67 cases

Table 3

U.S. Distribution of Occupational Injury and Illness Cases by Event or Exposure

Airline Industry and the Private Sector, 1988

		Transportation		
		k	oy air	
Event or	Private		Flight	
Exposure	Sector ¹	Pilots	Attendants	
Total Cases	906,154	225	2,261	
Percent of Total	100	100	100	
Struck by or Against	25	13	15	
Falls	17	18	9	
Caught in, Under,				
Between	6	3	4	
Rubbed or Abraded	2	4	—	
Bodily Reaction	7	14	5	
Overexertion	32	17	33	
Contact with				
Temperature Extrem	nes 2	—	1	
Contact with Radiatio	n			
and Caustics	3	5	2	
Motor Vehicle Accide	nt 3	—	2	
Transportation Accide	ents,			
Other than Motor Ve	ehicle —	10	8	
All Other Classifiable	2	14	19	
Nonclassifiable	2	2	2	

¹ Coverage varies somewhat from state to state, depending on workers' compensation laws. Almost all states exclude shipbuilding and water transportation services; some also exclude small farms.

Note: Columns may not add to 100 percent because of rounding. Dashes indicate no data or data that do not meet publication standards.

Source: U.S. Bureau of Labor Statistics, 1988 Supplementary Data System. Fourteen states participated: Arkansas, California, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Michigan, Mississippi, Missouri, Oklahoma, Oregon, and Texas.

Table 4 U.S. Distribution of Occupational Injury and Illness Cases by Body Part Affected

Airline Industry and the Private Sector, 1988

Body Part	Private Sector ¹		sportation y air Flight Attendants
Total Cases	906,154	225	2,261
Percent of Total	100	100	100
Head and Neck	9	19	29
Upper Extremities	25	12	13
Trunk	36	30	29
Lower Extremities	19	23	14
Multiple Body Part	s 8	8	12
Body Systems	3	7	3
Nonclassifiable	1	—	—

¹ Coverage varies somewhat from state to state, depending on workers' compensation laws. Almost all states exclude shipbuilding and water transportation services; some also exclude small farms.

Note: Columns may not add to 100 percent because of rounding. Dashes indicate no data or data that do not meet publication standards.

Source: U.S. Bureau of Labor Statistics, 1988 Supplementary Data System. Fourteen states participated: Arkansas, California, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Michigan, Mississippi, Missouri, Oklahoma, Oregon, and Texas.

involved the back. Injuries to "lower extremities" (at 23 percent, the second most affected body parts) made up 52 cases, 25 involving the knee and 14 cases involving the ankle.

For flight attendants, trunk injuries tied with "head and neck" at 29 percent for each. In the trunk category, most of the 656 cases involved the back (450) and shoulders (92). Of the 647 head and neck cases, the external ears (466) and neck (69) were the most common. Injuries to lower extremities accounted for 29 percent and most of the 322 cases involved the legs (132) and feet (96).

The report said that data from 11 states showed that 20 percent of the injured pilots were in their first year of employment, and 25 percent were in their second or third year of employment. Perhaps the low seniority of newly hired pilots caused them to be assigned to more arduous schedules and duty times, which increased sleep loss, fatigue and stress and made them more prone to accidents.

The report said that 11 percent of the injured flight attendants were employed less than one year and 22 percent were in their second or third year of employment.

A crew member who is preoccupied by preparation for an upcoming flight, or who has just disembarked following

a full day (or night) of flying, may, through diminished alertness, be susceptible to an accident.

Inattention, fatigue, haste and poor lighting contribute to accidents. A conscious effort to remain alert during commuting, airport terminal transits, airport ramp and onboard activities should decrease loss of work days caused by injuries and associated illnesses.

References

- 1. Reardon, J., "Safety and Health Experience of Pilots and Flight Attendants," *Monthly Labor Review*, April 18-24, 1992.
- 2. U.S. Bureau of Labor Statistics, Supplementary Data System (14 states), U.S. Department of Labor, Washington, D.C., 1988.
- 3. U.S. Bureau of Labor Statistics, *Occupational Outlook Handbook*, U.S. Department of Labor, Washington, D.C., 1990.

- 4. Mohler, S., "Flight Crew Footwear: Functional Essentials," *Human Factors and Aviation Medicine*, January/February 1983.
- 5. Mohler, M., and Mohler, S., "Maintain Physical Fitness During Layover," *Human Factors and Aviation Medicine*, July/August 1992.

About the Author

Stanley R. Mohler, M.D., is a professor and vice chairman at Wright State University School of Medicine in Dayton, Ohio, U.S. He is director of aerospace medicine at the university.

Mohler, who is an air transport pilot and certified flight instructor, spent five years as director of the U.S. Federal Aviation Administration's Civil Aviation Medicine Research Institute (CAMI) and an additional 13 years as the FAA's chief of Aeromedical Applications Division.

He has written several books on pilot medications, and a book about aviator Wiley Post.

HUMAN FACTORS & AVIATION MEDICINE Copyright © 1993 FLIGHT SAFETY FOUNDATION INC. ISSN 1057-5545

Suggestions and opinions expressed in FSF publications belong to the author(s) and are not necessarily endorsed by Flight Safety Foundation. Content is not intended to take the place of information in company policy handbooks and equipment manuals, or to supersede government regulations.

Staff: Roger Rozelle, director of publications; Girard Steichen, assistant director of publications; Kate Achelpohl, editorial assistant; and Ashton Alvis, production coordinator

Subscriptions: \$55 U.S. (U.S.-Canada-Mexico), \$60 Air Mail (all other countries), six issues yearly. • Include old and new addresses when requesting address change. • Flight Safety Foundation, 2200 Wilson Boulevard, Suite 500, Arlington, VA 22201-3306 U.S. • telephone: (703) 522-8300 • telex: 901176 FSF INC AGTN • fax: (703) 525-6047

We Encourage Reprints

Articles in this publication may be reprinted in whole or in part, but credit must be given to: Flight Safety Foundation and *Human* Factors & Aviation Medicine, as well as the author. Please send two copies of reprinted material to the director of publications.

What's Your Input?

In keeping with FSF's independent and nonpartisan mission to disseminate objective safety information, Foundation publications solicit credible contributions that foster thought-provoking discussion of aviation safety issues. If you have an article proposal, a completed manuscript or a technical paper that may be appropriate for *Human Factors & Aviation Medicine*, please contact the director of publications. A manuscript must be accompanied by a stamped and addressed return envelope if the author wants material returned. Reasonable care will be taken in handling a manuscript, but Flight Safety Foundation assumes no responsibility for material submitted. The publications staff reserves the right to edit all published submissions. Payment is made to author upon publication.