Conclusions These findings are reassuring. Lower risks in some comparisons may reflect chance or a degree of health selection out of hazardous work. In any event, current employment practices are not placing diabetic workers at particular risk of workplace injury.

Methods Workers’ compensation data were evaluated covering 1,360 construction companies from 2004–2009. In analysis 1, minor injury experience prior to lost-time injury was categorised as: 0–1 claim, 2–3 claims, 4–6 claims, 7 or more claims. For analysis 2, S&HP contact prior to lost-time injury was categorised as: 0 contacts, 1 contact, 2 contacts, and 3 or more contacts. Hazard Ratios (HR) and 95% confidence intervals (CI) were estimated using a proportional hazards regression model and accounting for repeated events and time-varying covariates. A model based variance estimate accounted for correlated observations within companies over time. Models included confounding covariates of company size and union status.

Results Compared to experiencing 0–1 claims, increased risk occurred with experiencing 2–3 claims (HR = 1.25, CI = 1.32–1.75), 4–6 claims (HR = 1.36, CI = 1.19–1.56), and 7 or more claims (HR = 1.52, CI = 1.12–1.39). Compared to experiencing no S&HP contact, reduced risk occurred with experiencing 1 contact (HR = 0.77, CI = 0.67–0.88) and 2 contacts (HR = 0.65, CI = 0.55–0.74). Once companies reached the highest category of contacts, three or more, there was no longer and significant reduction in risk (HR = 1.06, CI = 0.92–1.22). Companies of larger size were associated with greater risk of a lost-time claim, as were union companies.

Conclusion The results indicate increasing non-lost-time claims experience is associated with increasing risk of lost-time injury, whereas contact of a S&HP may reduce the risk of lost-time injury.

Objective Psychiatric conditions are known to occur after traumatic injuries. This study aimed to determine the incidence rates of psychiatric disorders within one year after occupational injury and to compare the incidence of psychiatric disorders among people sustaining occupational and non-occupational injuries, and the enrollees of the National Health Insurance (NHI) without injury.

Methods We used cohort approach in this investigation. All eligible subjects were insured by the NHI of Taiwan, and aged 18–65 years old. We identified enrollees who sustained occupational injury and non-occupational injuries in 2001. Those in the reference group were patients who ever used the NHI for any medical condition in 2001. The patients who had been treated due to any injury within one year before and after the target injury/condition in 2001 and who had been treated due to psychiatric disorders within one year before the date of target injury/condition were excluded.

Results A total of 563,461 patients were enrolled in this study. Among them, 1060 patients sustained occupational injury, 7442 patients sustained non-occupational injury, 554,959 patients ever used NHI for any medical condition in 2001. The incidence rates of any psychiatric disorders within one year after occupational injury requiring hospitalisation, occupational injury treated as outpatient, non-occupational injury requiring hospitalisation, non-occupational injury treated as outpatient, and depression (JIDC)