



The Connecticut Occupational Health e-News is published quarterly by the Connecticut Department of Public Health to provide occupational health surveillance and educational information to workers, employers, clinicians, and other community partners interested in the protection and promotion of healthy work environments.

CONNECTICUT DEPARTMENT OF  
PUBLIC HEALTH

Keeping Connecticut Healthy

M. Jodi Rell, Governor  
J. Robert Galvin, M.D., M.P.H.,  
Commissioner

Connecticut Occupational  
Health e-News (COHEN)  
is produced by the  
Occupational Health Program

State of Connecticut  
Department of Public Health,  
Division of  
Environmental Health

Environmental &  
Occupational Health  
Assessment Program  
410 Capitol Avenue  
MS#11EOH  
PO Box 340308  
Hartford, CT 06134-0308

Phone: (860)509-7744  
Fax: (860)509-7785

Occupational Health  
Program Staff

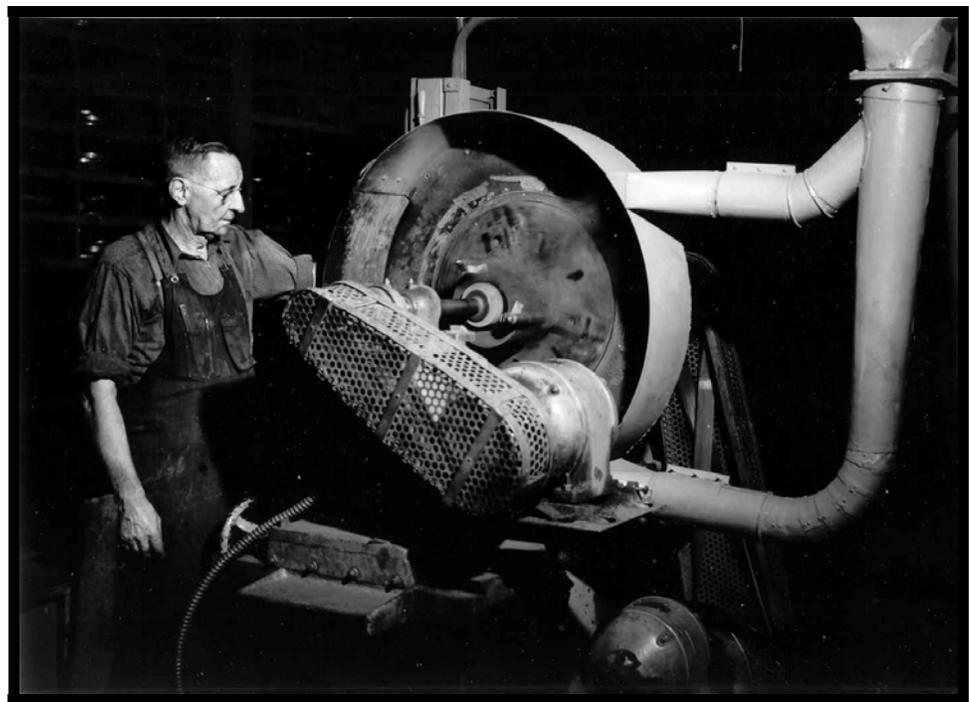
Thomas St. Louis, MSPH  
Program Supervisor

Deborah Pease, MPH, CHES  
Epidemiologist

Ratan Singh, PhD, MPH  
Epidemiologist

Albert DeLoreto, BS  
Epidemiologist

## A CONNECTICUT WORKER TIME CAPSULE



**PLANT PRACTICE**  
Man at ventilated grinder, Connecticut.  
September 1941.

### CORRECTIONS

The previous edition of the Connecticut Occupational Health e-News included a section titled "Clinical Q&A". That piece contained a clinical scenario that was improperly attributed to Dr. Douglas D'Andrea of the University of Connecticut Division of Occupational and Environmental Medicine. Although Dr. D'Andrea did provide the expanded answer portion of this particular piece, the scenario was abstracted from a previous journal publication [Rosenman KD, Reilly MJ, Schill DP, et al. Cleaning products and work-related asthma. J Occup Environ Med. 2003; 45:556-63.]. The scenario was actually provided in that publication by Dr. Kenneth Rosenman from the Michigan State University Department of Medicine. We extend our sincerest apologies to Dr. Rosenman and the other authors for this oversight.

## FATAL AND NON-FATAL INJURIES FROM WOOD CHIPPERS

From 1992-2002, 31 occupational injury deaths were attributable to mobile wood chippers, according to the December 10 issue of CDC's *Morbidity and Mortality Weekly Report (MMWR)*. Data for the analysis came from the Bureau of Labor Statistics (BLS) *Census of Fatal Occupational Injuries*. Between 1992 and 2001, roughly 2,042 nonfatal injuries resulted from working with the chippers, an average of 204 per year, according to data from the BLS Survey of Occupational Injuries and Illnesses. Mobile wood chippers shred branches and tree trimmings into mulch through rotating blades and therefore, pose potential dangers to operators who can become caught in the feed mechanism and pulled into the rotating chipper knives or struck by the hood of the machine. The full MMWR citation can be accessed at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5348a2.htm>.



## NIOSH-FUNDED STUDY LINKS INTERNS' LONG WORK SHIFTS AND RISK OF MOTOR VEHICLE CRASHES

First-year doctors in clinical training, or medical interns, who work shifts of longer than 24 hours are more than twice as likely to have a car crash leaving the hospital and five times as likely to have a "near miss" incident on the road as medical interns who work shorter shifts, according to a study co-funded by the National Institute for Occupational Safety and Health (NIOSH) that was reported in the January 13 issue of the *New England Journal of Medicine*. The article, "Extended Work Shifts and the Risk of Motor Vehicle Crashes among Interns," is the third in a series of studies on the impact of extended work hours and fatigue upon interns conducted by the Divisions of Sleep Medicine at the Brigham and Women's Hospital and the Harvard Medical School in Boston. All three were co-funded by NIOSH and the Agency for Healthcare Research and Quality in the U.S. Department of Health and Human Services. The new article is available on line at <http://content.nejm.org/cgi/content/full/352/2/125?ijkey=zfwstEgGAt2tY&keytype=ref&siteid=nejm>.

## WORKPLACE SOLUTIONS: PREVENTING INJURIES WHEN WORKING WITH RIDE-ON ROLLER/COMPACTORS

A new NIOSH Workplace Solutions document provides safety recommendations to consider when working with ride-on roller/compactors. *Preventing Injuries When Working With Ride-On Roller/Compactors* (DHHS [NIOSH] Publication No. 2005-101) presents two case studies where workers were fatally injured while participating in such exercises and provides recommendations for equipment operators, site workers, equipment manufacturers and equipment rental establishments. The document can be accessed at <http://www.cdc.gov/niosh/docs/wp-solutions/2005-101>.



## WEARING HEARING PROTECTION PROPERLY: A 3-D TRAINING FOR DRILLERS

A recent communication project funded by NIOSH offers training for drillers on the proper use of hearing protection. The 3-D reel is a self-teaching aid for drillers and others working at a drill site. The seven scenes illustrate how to properly use foam earplugs and earmuffs. The reel is ideal for use by individuals or during informal tool-box trainings or formal trainings.

The accompanying instructor's manual contains information needed to use the training reel for formal and/or group training and is available at <http://www.cdc.gov/niosh/mining/pubs/2005-107/default.html>. The 3-D training reel can be requested from the Pittsburgh Mine Training Publications Office at [minetraining@cdc.gov](mailto:minetraining@cdc.gov).

## CONNECTICUT ABLES PROGRAM

During the fourth quarter of 2004, the Connecticut Department of Public Health's (DPH) Adult Blood Lead Epidemiology and Surveillance (ABLES) Program received 122 reports of elevated blood lead levels (EBLL)  $\geq 10$   $\mu\text{g}/\text{dl}$ , which is approximately 92% of the number of reports received during the comparable period from one year ago (130 reports). Of those, 44 reports were received regarding individuals with EBLLs  $\geq 17$   $\mu\text{g}/\text{dl}$ , which is approximately 86% of the number of reports received during the comparable period from one year ago (51 reports).

Individuals with EBLLs  $\geq 17$   $\mu\text{g}/\text{dl}$  receive a letter from DPH notifying them of their EBLL, accompanied by a [Lead Fact Sheet](#) and [Take Home Lead Survey](#). Copies of the notification letters are also sent to the local health department where the individual resides to notify the Director of Health about the EBLL and keep them informed of our activities.

In addition, the ABLES program follows-up with companies having workers with EBLLs  $\geq 40$   $\mu\text{g}/\text{dL}$ . For the fourth quarter of calendar year 2004, two workers were reported with EBLLs  $\geq 40$   $\mu\text{g}/\text{dL}$ , which is 25% of the number received during the comparable period from one year ago (8 reports). Reports of these lead poisoned workers led to the following investigations by the Connecticut ABLES program:

The first investigation involved one individual that was identified in the previous quarter with an EBLL twice as high (93  $\mu\text{g}/\text{dl}$ ) as the level reported during this quarter of 46  $\mu\text{g}/\text{dl}$ . This patient is working part-time as a self-employed scrap yard worker. The worker's elevated blood lead level was suspected to be caused by torching lead without using personal protective equipment. There are currently no other workers employed at this facility. Medical tests were performed and the patient seems to be in good health. This worker was contacted by telephone to discuss work practices that can be implemented to avoid future poisonings. Educational materials were not sent per the patient's request, however, we will continue to follow-up with this person until the blood lead level is within normal limits.

The second investigation involved one individual with an EBLL of 58  $\mu\text{g}/\text{dl}$ . This patient is working as a self-employed handyman. Possible exposure was caused by scraping and sanding a door suspected to have lead-based paint. The worker sought medical treatment after experiencing severe abdominal pain. A physician questionnaire was faxed to the provider to ensure that there are no other workers, children and/or spouse also being potentially exposed to lead hazards. Educational materials and an adult blood lead survey were sent to the patient's place of residence.

The Connecticut ABLES program is funded through a cooperative agreement with the National Institute for Occupational Safety and Health (NIOSH). For more information about the Connecticut ABLES program, please contact Deborah Pease at (860) 509-7744.



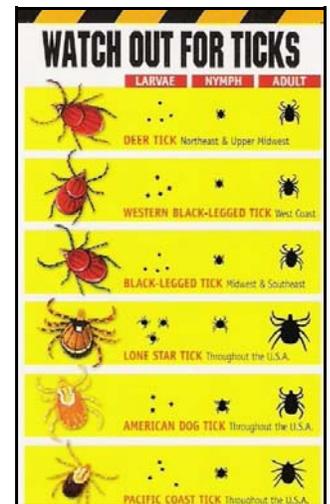
## AN OUTDOOR WORKER'S GUIDE TO AVOIDING POISON IVY AND TICK BITES



As if working outside in the hot sun wasn't hard enough, now you have to worry about two more potentially dangerous problems, ticks and poison ivy. Ticks can be anything from a mild nuisance to carriers of potentially life threatening diseases. Contacting poison ivy, either through direct contact or from breathing smoke from burning brush containing poison ivy can cause severe allergic reactions. Below you will find some helpful methods to avoid poison ivy exposure and bites from ticks while you are at work.

**Avoid Tick Bites:** By adhering to the following tips on tick safety, you can help to reduce your exposure to ticks and their associated diseases:

- Always wear long pants while working outdoors.
- Check clothing for ticks before entering your car or home. Remember ticks in the larval stage of their life cycle, can be as small as a pinhead.
- While working outdoors, wear light colored clothing, so ticks can be easily spotted. In addition, it may be helpful to tuck your pants into your socks; this keeps ticks from getting up into your pant-leg where it becomes very difficult to spot them.
- Spray an insect repellent containing 20-30% DEET on your clothing, and any exposed skin except the face. Remember, depending on the length of time you are working outside, it may be necessary to reapply the insect repellent periodically. Refer to the package labeling for more information.
- Whenever possible, avoid tall grass and overgrown areas, if you must enter these areas to work, be especially aware of the presence of ticks.



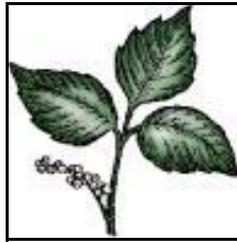
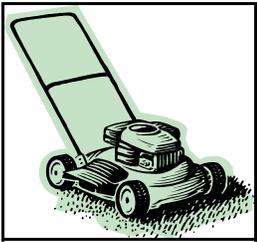
### **What you should do if you are bitten by a tick?**

- Never use alcohol, petroleum jelly, or flame to remove embedded ticks, as it can cause them to reintroduce their infected saliva into your blood.
- When you remove a tick, grasp the tick with fine tipped tweezers as close to the head as possible and slowly pull up on the tick.
- Wash your hands; disinfect the tweezers and the bite site.
- Watch the tick-bite site and your general health for signs or symptoms of a tick-borne illness. Examples of tick-borne illness include Lyme Disease, Babesiosis, Ehrlichiosis, and Rocky Mountain Spotted Fever. Symptoms of Lyme Disease include a red bulls eye shaped rash near the bite site, and physical symptoms mimicking influenza (i.e. fever, body aches chills, fatigue). Make sure you mark any changes in your health status on your calendar, and contact your physician if symptoms of tick-borne illness occur.

### **Avoid Poison Ivy!**

Poison Ivy can be equally problematic when working outside. Poison ivy, oak, and sumac are members of the Cashew family and are best known for their production of a chemical called urushoil. Urushoil is the oily compound that is responsible for the itching that is most often associated with poison ivy. The following tips can help to protect you from poison ivy while working outdoors.

- If you have mowed areas that have poison ivy in them, use special care when cleaning the mower equipment, as some of the oil containing parts of the plant will most likely be stuck to it.
- Always wash down all tools such as shovels and rakes that were used in or around poison ivy. This is important, because the oil in poison ivy is very stable, and can remain on the tools for over a year if not properly removed. Cleaning of the tools should include using a good detergent soap, which will help to break the oils down more quickly.



- Learn to identify poison ivy! Poison ivy can take on many different forms, making it difficult to identify sometimes. It can be in a trailing form, a bush form, and a high towering furry vine. One commonality however, is the shiny three-leaf arrangement; as the saying goes, “leaves of three, let them be”.
- If you are working in an area that has poison ivy growing in it and suspect plant contact was made, make sure you immediately launder clothing that has come in contact with the plant, and then wash down any parts of the body that were contacted with soap and water. The sooner this is done, the better the chances are that the irritating oils can be removed.
- **NEVER** burn brush that could possibly contain poison ivy, oak, or sumac plant materials. Burning releases smoke that contains urushiol. When this smoke is inhaled, it can cause a severe allergic response in the airways and can lead to a medical emergency. If you believe you have breathed smoke from burning these plants, contact a physician.

**For additional information on avoiding Ticks and Poison Ivy, the following resources may be helpful:**

Integrated Pest Management “Poison Ivy”, University of Connecticut,  
<http://www.hort.uconn.edu/ipm/homegrnd/htms/60poisivy>

Virginia Polytechnic Institute and State University, College of Natural Resources,  
<http://www.cnr.vt.edu/dendro/dendrology/syllabus/tradicans.htm>

Connecticut Department of Public Health, Epidemiology Department,  
<http://www.dph.state.ct.us/BCH/infectiousdise/tickborne/tickborn.htm>

**Information abstracted in part from the Connecticut Department of Public Health, Epidemiology Department, and The University of Connecticut, Horticulture Department.**



# SAFETY TIPS



## Trenching and Excavating

Working on trenching and excavation projects provides many opportunities for serious injuries. Soil cave-ins, collapses and electrocution from hitting underground power lines are just a few of the dangers associated with these activities. Following a few simple safety rules can help you to minimize the many hazards that you may encounter on the trenching/excavation job-site. The pocket card pictured below outlines tips and practices for working safely in trenches and is available from OSHA by calling (800) 321-OSHA or on the web at [www.osha.gov/Publications/quickcard/trenching\\_en.pdf](http://www.osha.gov/Publications/quickcard/trenching_en.pdf).

The following are some safety tips that can help to avoid trenching injuries:

- Avoid the use of heavy equipment close to the edge of a trench. The weight from the equipment increases the risk of soil cave-ins. In addition, remember to avoid hilling soil from the excavation too close to the edge, as this can be equally dangerous.
- Establish knowledge of your soil type before breaking ground. Different soil types have different collapse risks associated with them.
- Always support the wall of any trench deeper than five feet with a wall bracing system, and/or a support box. Many lives have been saved during trench collapses by having safety mechanisms in place.
- Make sure you contact a company such as Dig Safe [(888) DIG-SAFE] before doing any excavation work. These companies specialize in the identification of underground utilities and hazards. By making a quick phone call, you can prevent injuries caused by electrocution and explosions.

For additional information on trenching safety, the following resources may be helpful

Occupational Safety and Health Administration  
<http://www.osha.gov/pls/publications/pubindex.list>

The Authority on Occupational Safety, Health and Loss Prevention  
<http://www.occupationalhazards.com/articles/12677>

**OSHA** Occupational Safety and Health Administration **Safety Tips**

**Working safely in trenches**

Do **NOT** enter an unprotected trench!

OSHA regulations **REQUIRE** the following to be present at **ALL** trenches:

Trenches 5 feet deep or greater **require a protective system.**

The walls of the trench **MUST** be **one** of the following:

- Sloped for stability; or
- Cut to create stepped benched grades; or
- Supported by a system made with posts, beams, shores or planking and hydraulic jacks; or
- Supported by a trench box to protect workers in a trench.

Excavated materials must be at least 2 feet back from the edge of trench.

An enter/exit ladder must be within 25 feet of workers.

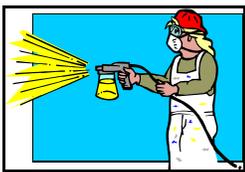
For more complete information on:  
**OSHA** Occupational Safety and Health Administration  
U.S. Department of Labor  
[www.osha.gov](http://www.osha.gov) 800.321.OSHA

OSHA 321-08105

Information abstracted in part from The Occupational Safety and Health Administration,  
and The Authority on Occupational Safety, Health and Loss Prevention

## IS WORK MAKING YOUR SEASONAL ALLERGIES WORSE?

Rhinitis, or inflammation of the mucous membranes of the nose, is often classified as allergic or non-allergic. Allergic rhinitis is caused by exposure to allergens such as pollen, dust mites, and mold. It may produce sneezing, runny nose, and itchiness in the nose, throat, eyes, and ears. It is also sometimes called seasonal allergic rhinitis (also known as seasonal allergies or “hay fever”) because certain outdoor allergens are more common at particular times of the year. Allergic rhinitis can also be triggered by common indoor allergens, such as animal dander (dried skin flakes and saliva), indoor mold or droppings from cockroaches or dust mites. In addition, allergens such as acid anhydrides, colophony, cotton fibers, flour dust, green tea, latex, isocyanates, psyllium, and western red cedar may also contribute significantly to the number of workers who suffer from rhinitis every year.<sup>1,2</sup>



Non-allergic rhinitis, or irritant rhinitis, is a condition of unknown origin, which seems to be aggravated by fumes, odors, temperature and atmospheric changes, smoke and other irritants. Rhinitis may also be caused or exacerbated by exposures in the workplace, similar to some other lung diseases. Studies have shown that asthma is often preceded by rhinitis.<sup>1,3</sup> Some irritants that may contribute to occupational rhinitis are ammonia, benzene, chlorine, detergents, formaldehyde, ozone, paint vapors, sulfur dioxide, tobacco smoke, dust, and toluene.

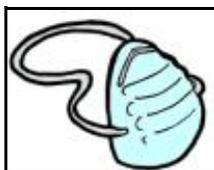


At least 35.9 million people in United States have seasonal allergic rhinitis and approximately 16.7 million office visits to health care providers each year are attributed to allergic rhinitis. The estimated overall costs of allergic rhinitis in the United States in 1996 totaled \$600 billion.<sup>4</sup>

In Connecticut, rhinitis accounts for 4% of the occupational respiratory diseases and disorders reported to Department of Public Health. Workers in service industries account for almost half of these reports (48%), followed by workers in public administration (29%) and manufacturing (16%). Occupational rhinitis is generally not considered a reason for removal from the workplace, and is often ignored or overlooked as an occupational disease. However, the symptoms associated with rhinitis may affect a worker’s quality of life, contribute to lost time away from work, and result in decreased productivity.<sup>1,3,5</sup>

### **The following are some tips you can follow at work to lessen your exposure to seasonal allergens that may be causing or exacerbating rhinitis:**

- Keep windows closed in the office to prevent pollens or molds from drifting into indoor spaces. Indoor offices have air handling systems that should work to clean, cool, and dry the air when properly maintained.
- If possible, avoid working outdoors in the early morning (between 5am – 10am) when pollen counts are highest or on windy days, when pollen is likely to be blowing around. If you must work outside during these times, wear a “dust mask” type respirator to filter out allergens.
- If your work requires driving a vehicle, keep the windows closed and use the air conditioner to regulate the temperature.



- Remove indoor plants from your work area. Many times indoor plants are over watered which encourages mold growth.
- If possible, plan a vacation during the height of the pollen season to a more pollen-free area, such as the beach or desert climates.



- Take medications prescribed by your allergist/immunologist regularly in the recommended dose. Use caution however if you will be operating machinery or performing dangerous tasks while taking allergy medication, as many can cause drowsiness. Speaking to your physician about what your job tasks involve will help them in finding the right allergy medication for you.

### **References:**

- Slavin, R. Occupational and allergic rhinitis: Impact on worker productivity and and safety. Allergic Asthma Proc. 1988. 19(5): pp 277-84.
- Graham, D, F. Henderson and D. House. Neutrophil influx measured in nasal lavages of humans exposed to ozone. Arch Environ Health. 1988. 43(3) pp. 228-33.
- Dykewicz, M et al. Diagnosis and management of rhinitis. Complete guidelines of the joint task force on practice parameters in allergy, asthma and immunology. Ann Allergy Asthma Immunol, 1998. \*81(5Pt 2): pp 478-518.
- Control your Allergies and Asthma Special Spring 2003. Feature: Therapies for Allergic Rhinitis. American Academy of Allergy, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823.
- DeBernardo, Robert. Occupational Rhinitis. Occupational Airways. Vol.(7)1. Division of Environmental Epidemiology & occupational Health. April 2001.



## **KNOW YOUR RIGHTS!**

### **Information Every Worker Should Know About the Connecticut Workers' Compensation System**



**Question:** What should you do if you are injured on the job?

**Answer:**

**1. Report your injury to your employer immediately**

Your employer should provide you with medical treatment and should file a First Report of Injury Form (<http://wcc.state.ct.us/download/acrobat/fri.pdf>) with their workers' compensation insurance carrier and with the Workers' Compensation Commission. Your delay in reporting your injury increases the chance that it may be disputed.

**2. Get prompt medical attention**

Your employer should send you to the company medical facility, a walk-in clinic, a hospital, or a designated physician for your initial medical treatment, as soon as possible after you are injured. Your employer or your employer's workers' compensation insurance carrier may establish a medical care plan to provide medical treatment for workers' compensation claimants. If your employer has a designated medical provider, you must accept such initial treatment.

**3. File an official claim as soon as possible**

Filing this “written notice of claim” puts your claim on record. A 30C Form (<http://wcc.state.ct.us/download/acrobat/30c.pdf>) is best for this purpose and is available from any District Office or the Workers’ Compensation Commission’s Education Services. The statute of limitations for filing a compensation claim for an accidental injury is one year from the date of the injury, while for an occupational disease it is three years from the first manifestation of a symptom. If your employer wants to dispute your claim, you must receive official written notice of a denial (describing the reasons for it) or your employer must begin making workers’ compensation payments “without prejudice” within 28 calendar days.



**4. Contact your employer’s workers’ compensation insurance carrier if you don’t get a benefit check within two weeks of becoming disabled**

To start payments, the insurance carrier needs the First Report of Injury Form and a wage statement from your employer, a medical report from your physician confirming that your injury is work-related and that you are disabled by it, and also needs to know your federal tax filing status and the number of exemptions shown on your federal tax return. If only the wage statement is missing, the carrier can usually send an advance payment until it comes in.

Information abstracted from “The Employee’s Pocket Guide to Connecticut Workers’ Compensation” published by the State of Connecticut Workers’ Compensation Commission.

## **CONNECTICUT OCCUPATIONAL DISEASE SURVEILLANCE SYSTEM**

According to Connecticut State law, any physician that diagnoses a case of work-related illness is required to report that finding to the Connecticut Departments of Labor and Public Health within 48 hours, using the *Physician’s Report of Occupational Disease* form. Since 1992, physician reports of occupational disease have been systematically compiled into the Connecticut Occupational Disease Surveillance System (ODSS). As of December 31, 2004, a total of 26,758 occupational disease cases have been reported to the ODSS, an average of 2,058 reports per year.

During 2004, the ODSS received a total of 1,300 occupational disease reports, which is approximately 86% of the amount received in 2003 (1,512 reports) and 63% of the overall average per year. Cumulative trauma disorders remained the most reported occupational disease during 2004 (496 cases, 38%) followed by allergic/irritant dermatitis (260, 20%), and burns (238, 18%). For more information about the Connecticut Occupational Disease Surveillance System, please contact Ratan Singh at (860) 509-7744.

**PHYSICIAN REPORTS OF OCCUPATIONAL DISEASE BY YEAR,  
CONNECTICUT OCCUPATIONAL DISEASE SURVEILLANCE SYSTEM**

