

NIOSH and OSHA, together with the National Association of Tower Erectors, have addressed several key issues affecting the safety and health of tower workers.

NIOSH input has been instrumental in the development of OSHA compliance directives, has disseminated safety information through trade magazines, and has developed preventive recommendations for tower owners, tower construction companies, and tower workers.

G1.5 *Dissemination of Products From the Fatality Assessment and Control Evaluation (FACE) Program*—Morton LL

NIOSH develops publications to highlight high-risk work situations discovered through the FACE surveillance and investigation efforts. These publications provide safety recommendations and are disseminated to targeted audiences through the DSR Information Management and Dissemination Activity (IMDA). They are also available through the NIOSH homepage or through the NIOSH Publications Office.

When FACE Hazard Alerts or Hazard IDs are completed, IMDA and FACE personnel work together to identify the most appropriate audiences for the receipt of these documents. Where possible, NIOSH sends publications directly to at-risk companies. If the number of companies is too large, NIOSH must rely on “information gatekeepers” such as trade associations, labor unions, professional societies, etc., to further disseminate the information to their members/constituencies. Interpersonal phone contact with officials in these gatekeeper organizations often yields ideas and insights about other organizations and audiences to target. Once the audiences are identified, IMDA builds and maintains mailing lists which are used by the NIOSH Publications Office to distribute the Alerts and other information products.

For example, in 1995 IMDA was asked to identify the most appropriate audience for the Alert entitled Request for Assistance in Preventing Injuries and Deaths of Loggers. With input from the Alert authors and based upon the recommendations found in the Alert, IMDA identified the appropriate audiences for receiving the Alert. Some of these audiences included federal and state regulatory agencies, trade associations, logging companies, master loggers, safety and health training institutes, trade journals and newsletters.

IMDA recently developed a FACE homepage which is part of the NIOSH website. This site provides access to all investigative case reports completed by NIOSH staff, as well as investigative reports submitted by the 15 states working under cooperative agreements with NIOSH.

Session: G2.0

Title: Work-Related Burn and Amputation Surveillance: A Snapshot in Time of the Surveillance Results of Colorado, Kentucky, Utah and Minnesota

Category: Special Session

Organized by the Traumatic Injury SENSOR State grantees

Moderator(s): Wayne Ball

G2.1 Experience of Kentucky SENSOR Occupational Burn Surveillance—Scheerer A, Struttman T

Establishing the surveillance system for occupational burns in Kentucky began in October 1997. Before data collection could begin, it was necessary to put efforts into developing the questionnaire, refining methods, obtaining IRB approval and establishing a network to identify and report cases. Because there is no reporting requirement in Kentucky for occupational injuries, facilities needed to be recruited to voluntarily participate in the project. Recruitment of hospital burn units, emergency departments, outpatient clinics and a workers' compensation insurance company involved extensive communication through letters, phone calls and meetings. Several facilities declined to participate, mainly due to a history of treating few burn injuries or lack of staff availability. Currently, 25 facilities make up the reporting network. Follow-up phone interviews are conducted with the injured worker or the employer to obtain data about the work environment and how the burn occurred. Issues presenting challenges include facilities not reporting consistently or timely, and difficulty reaching the injured worker or employer by phone for an interview.

During 1998-1999, 314 cases were reported through the network. Ninety-three percent were treated on an outpatient basis, while 6% required hospitalization and 1% were fatal. The majority were thermal burns (64%), followed by chemical burns (16%), welding flash burns (9%) and electrical burns (6%). Restaurant workers made up a large portion of the cases with the industry category of eating and drinking places accounting for 28%; about 40% were due to hot grease.

G2.2 Work-Related Burn Surveillance Program in Utah—Marsden, RH

The purpose of this research project is to develop a complete registry of work-related burns in Utah, design and implement intervention activities, and ensure appropriate prevention activities are directed toward those industries identified as at risk.

Through surveillance activities, high risk industries, age groups, occupations, and environmental factors are being evaluated so that appropriate intervention strategies can be developed.



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ABSTRACTS

**National Occupational
Injury Research Symposium**

CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

*National Institute for
Occupational Safety and Health*
NIOSH