physician offices for 456 workers employed by 118 employers. The race/ethnicity distribution of interviewed workers were: 322 white, 83 black, 27 hispanic. Of 456 interviewed workers there were 432 males and 24 females. In the workers' opinions, their PbB or PbU levels were elevated because of 504 reasons categorized as: poor housekeeping at worksite (121), inadequate or no ventilation (118), unusual event (92), inadequate respirator (76), smoking or eating at worksite (53), no respirator available (44). Regarding access to medical surveillance for lead exposure at the worksite, 244 (54%) had pre-employment physical examinations and 234 (51%) had periodic physical examinations in the past year. Employers informed only 303 (66%) workers about their elevated PbB or PbU levels. These data suggest that workplace compliance with the OSHA Lead Standard is poor. We will discuss how a new arrangement with OSHA was established to follow-up companies which do not comply with the OSHA Lead Standard.

**NIOSH Control Technology Support for Enhancing the Intervention Capacity of SENSOR States**

*James A. Gideon, CDC, NIOSH, Cincinnati, OH*

The NIOSH Division of Physical Sciences and Engineering (DPSE) has an ongoing research effort to document, evaluate, and disseminate information for preventing occupational illness. There are several areas in which there can be an effective synergism between DPSE control technology activities and SENSOR intervention activities, including: 1) SENSOR states often identify high hazard small businesses that require the development of new control technologies, such as lead in radiator repair shops; DPSE can help develop appropriate control technology, which can in turn be applied and disseminated by the SENSOR states; 2) DPSE has developed a technique of real-time video hazard analysis that allows more accurate definition of an intervention approach, and has trained a number of SENSOR states in its use; 3) SENSOR states are conducting a number of followback intervention site visits; DPSE has worked with several of the states to enhance the capacity to do this; 4) DPSE is helping compile and share intervention-oriented publications that have been developed by the OSHA 7(c)1 consultation programs, and these also will be shared with the SENSOR states.

**Occupational Blood Exposures Among Emergency First Responders and Health Care Workers**

*Jane E. Gordon, R. D. Leiker, M. Barnett, S. K. Modesitt, Oregon Health Division, Portland, OR*

Health care providers are becoming increasingly aware and concerned about the transmission of bloodborne diseases such as HIV and Hepatitis B. Although the majority of providers work in traditional medical settings (hospitals and clinics), Oregon has nearly 10,000 emergency first responders (ambulance, fire and law enforcement) who respond to more than a quarter of a million EMS calls each year. A successful, multi-phase study was conducted in an effort to understand and quantify the occupational exposure experience of this comprehensive group of health care providers. The project addresses three questions: (1) Can Oregon's existing statewide anonymous HIV test reporting system be utilized to identify and document occupational blood exposures among health care providers, including emergency responders? (2) Do the occupational blood exposure policies and procedures of individual emergency

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