

Connecticut Public Sector Occupational Safety and Health Program

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Connecticut is the only state with a public sector only occupational safety and health program which has been certified by the USDOL-OSHA. Started in 1975, CONN-OSHA conducts enforcement and consultation activities in the public sector to assure a safe and healthy working environment for state and municipal employees.

Development/adoption of standards, enforcement policies, consultation, training and education activities of CONN-OSHA for the public sector will be presented.

Implementation of a Successful Physician-Based Reporting System for the Surveillance of Occupational Diseases

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With targeted mailings and a new ruling requiring occupational disease reporting by physicians, a successful occupational disease surveillance system was implemented in Ohio. While the reporting of occupational diseases has been required by state law for a number of years, there was little compliance to the requirement prior to the advent of SENSOR activities. Beginning in March 1989, physicians were systematically contacted regarding the reporting requirement. Initial communication was made with approximately 1,500 physicians who specialized in either occupational medicine, pulmonary medicine or radiology. The specialties were chosen because of the SENSOR project focus on silicosis and lead poisoning. Communication has continued with this group via a quarterly newsletter, "Occupational Health Issues in Ohio". Additionally in late 1990, physicians specializing in family practice as well as occupational health nurses were added to the mailings.

In the fall of 1990 the number of diseases required to be reported was increased to nine and the reporting form was streamlined to facilitate completion of the form. The result has been a steady increase in the physician reporting pool that now includes approximately 150 providers. During 1990, 1,471 cases were reported from those providers including cases from 66 of Ohio's 88 counties.

Emergency Medical Technician (EMT) Risk of Exposure to Body Fluids

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Purpose: To identify the risk of exposure to patient body fluids for Emergency Medical Technicians (EMTs) providing pre-hospital emergency care. Setting: The City of Milwaukee, WI, has a population of 605,000. Its EMS system comprises fire engines for on-scene treatment (EMT-Eng), ambulances for transport of non-critical patients (EMT-Amb), and paramedic units for critical care (EMT-PM). Methods: For a two-week period in the spring of 1990, all EMS

units in the city completed an "Encounter Form" after all emergency patient encounters recording availability of body fluids, procedures performed and any actual "exposure" to body fluids. An "exposure" was defined as any direct contact of a patient body fluid with an EMT's body, clothing, or protective garments. Results: During the two-week study period there were 2,805 patients with 4,014 total patient encounters (1.4 EMS units/patient). Study forms were submitted for 93% of all encounters. Blood was available for potential contact in 25% of patients. Other bloody fluids were available in an additional 1% and non-bloody fluids in 10% of patients. Of the 2,805 patients, 548 (20%) were the source of an exposure. There were 1,419 exposures to 1,161 EMTs. The percent of EMTs that were exposed while interacting with a patient was 10% for an EMT-Amb, 15% for an EMT-Eng, and 20% for an EMT-PM. The number of EMTs exposed per patient was 0.20 for an EMT-Amb, 0.45 for an EMT-Eng, and 0.66 for an EMT-PM. Seventy-four percent of exposures involved blood/bloody fluid. Hands were involved in 96% of exposures; in 94% of these cases the hand was gloved, but in 4% of the cases the glove was torn. Conclusions: EMTs are at significant potential risk for exposure to body fluids and attention to their protection is needed.

Wisconsin SENSOR Occupational Lead Exposure Surveillance

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In 1988, the Wisconsin Division of Health SENSOR program began surveillance on occupational lead exposures. Blood lead testing laboratories were contacted to explain reporting requirements: Wisconsin statutes require reporting when lead levels reach 25 micro grams per deciliter or above. A data base was written to obtain demographic information and to track multiple client contacts for proper handling of repeat lead monitoring reports. Since 1988, 4,676 reports on 1,562 clients have been logged into the database. Approximately 80% of the reports were between 25 and 39 micrograms per deciliter; 13% were between 40 and 49, while 7% of the reports were above 50. Only 5% of cases were female. The majority of reports have come from enameled iron manufacturing, storage battery manufacturing, and brass, bronze and copper foundries. To increase coverage of at-risk industries under - represented in the data base, radiator repair shops were targeted for intensive surveillance (walk through, air monitoring, free blood lead testing, lead standard compliance education). These radiator repair shop site visits were conducted in the city of Milwaukee.

Evaluation of Potential Work-Related Exposure to Blood and HIV Among Denver Police Officers

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Colorado law explicitly authorizes state and local health departments to provide evaluation of public safety workers who have occupational exposure to blood and bodily fluids potentially infectious with HIV. The evaluation may consist of accessing medical and laboratory records of the source person or requiring HIV antibody testing of the source person. Since December 1989, the Colorado Department of Health has conducted active surveillance for exposures



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