Health Hazard Evaluation of Deepwater Horizon Response Workers

On May 28, 2010, BP requested a health hazard evaluation of Deepwater Horizon Response workers. The sixth in a series of interim reports from this health hazard evaluation was issued September 13, 2010.

NIOSH completed a survey of 74 off-shore response workers and United States Coast Guard personnel. Symptoms related to heat exposure were reported most frequently. Headaches were more frequently reported when compared to a group of workers not working off-shore. Those reporting exposure to oil and dispersants had significantly higher prevalences of upper respiratory symptoms and cough than those not exposed. Dispersants used in the response and any remaining volatiles in the oil are known to cause upper airway irritation, and could be responsible in part for the symptoms. The NIOSH survey, however, did not account for the possible effects of exposure to road and gravel dust, tobacco smoke, and upper respiratory infections. Although NIOSH found an increased risk of upper respiratory irritation associated with reported oil and dispersant exposure, only a small number of respondents reported these symptoms and exposure to oil or dispersant. These findings may not apply to other workers in different locations or performing different duties. Recommendations were made for workers with persistent symptoms to seek care from physicians familiar with occupational medicine principles, and to provide workers with access to information and materials on occupational health issues and exposures related to the oil spill.

National Institute for Occupational Safety and Health
NIOSH

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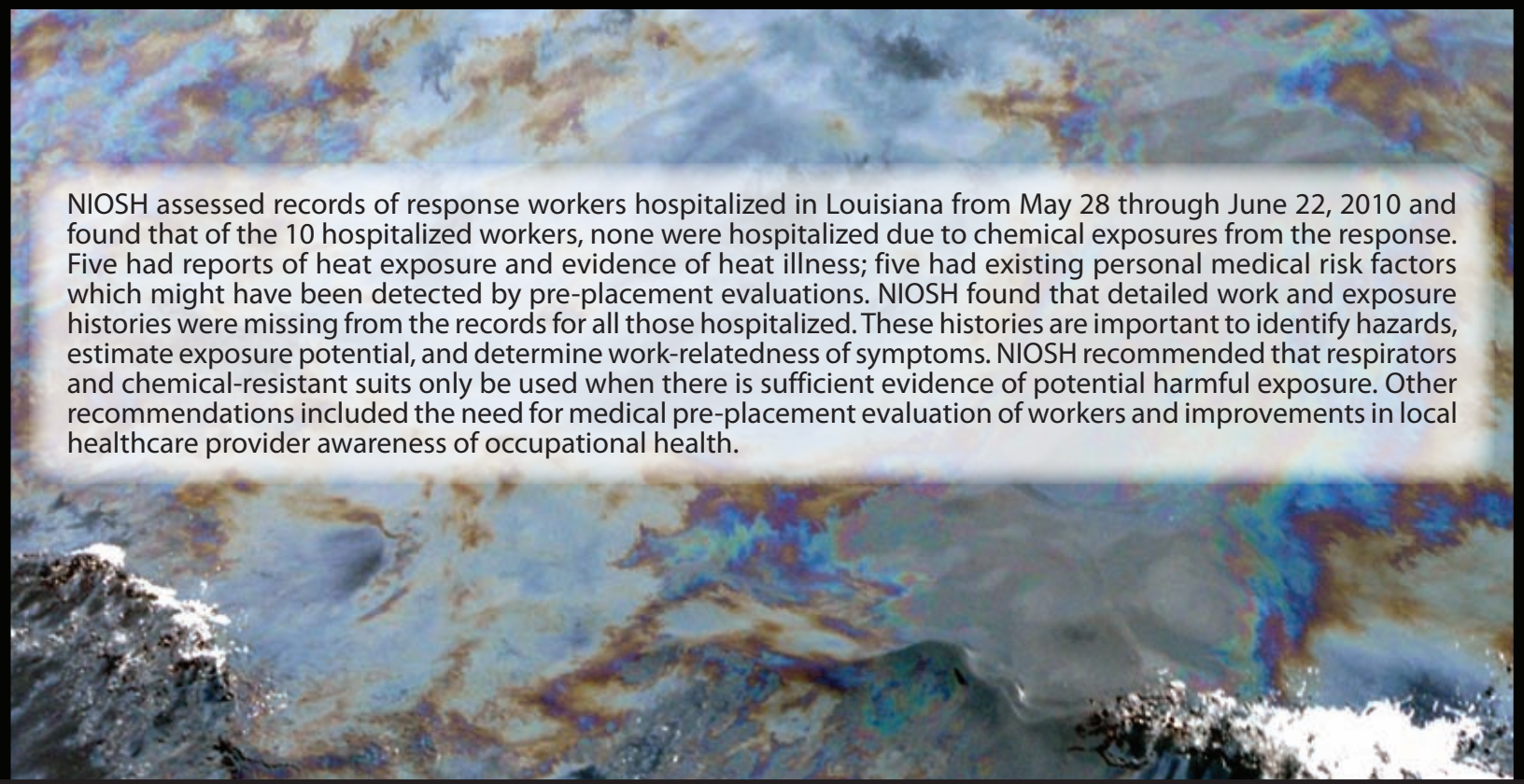

NIOSH assessed records of response workers hospitalized in Louisiana from May 28 through June 22, 2010 and found that of the 10 hospitalized workers, none were hospitalized due to chemical exposures from the response. Five had reports of heat exposure and evidence of heat illness; five had existing personal medical risk factors which might have been detected by pre-placement evaluations. NIOSH found that detailed work and exposure histories were missing from the records for all those hospitalized. These histories are important to identify hazards, estimate exposure potential, and determine work-relatedness of symptoms. NIOSH recommended that respirators and chemical-resistant suits only be used when there is sufficient evidence of potential harmful exposure. Other recommendations included the need for medical pre-placement evaluation of workers and improvements in local healthcare provider awareness of occupational health.

To read the full Interim Report #6 and view updates on this health hazard evaluation visit **http://www.cdc.gov/niosh/topics/oilspillresponse/gulfspillhhe.html.**

CDC Workplace Safety and Health

NIOSH National Institute for Occupational Safety and Health