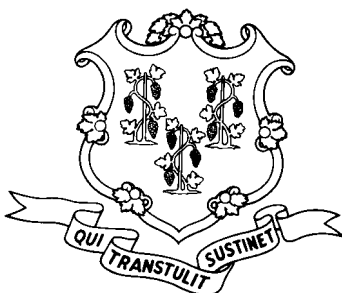


Occupational Disease in Connecticut, 2001



This report covers data for 1999
and was prepared under contract for the
State of Connecticut Workers' Compensation Commission
John A. Mastropietro, Chairman
as part of the Occupational Disease Surveillance Program
operated in cooperation with the Connecticut Department of
Labor and the Connecticut Department of Public Health

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Executive Summary

Occupational diseases are a potentially under-recognized source of disability given the wide disparity in reporting requirements and procedures that exist in various jurisdictions. Nonetheless, an occupational disease could have major impacts on worker health, ability to work, and employer costs. Some diseases, such as cancers from asbestos exposure or HIV or hepatitis from exposure to bloodborne agents in health care, can be fatal. Other diseases, such as Carpal Tunnel Syndrome from ergonomic problems, can result in high levels of disability from loss of use of the hands. Prevention efforts, such as effective health and safety committees, ergonomic programs, or use of safe needle devices can result in substantial reductions in disease and costs; in theory, all occupational diseases are preventable.

This report focuses on occupational disease reports from 1999, and recent trends in reported cases. It does not address traumatic occupational injuries, which are addressed in the annual report on occupational injuries and illnesses by the Connecticut Department of Labor. Occupational diseases are typically harder to detect than injuries, since they often occur over longer periods of time, and can have multiple (including non-occupational) risks. Therefore, this report uses data from three primary sources as a way of establishing a more complete picture of occupational disease: Workers' Compensation First Report of Injury cases, Physicians' Reports under the Occupational Disease Surveillance System (ODSS), and the Bureau of Labor Statistics/Conn-OSHA Annual Survey.

Table 1: Summary of Diseases Reported by Systems, 1999

Type of Disease	BLS/Conn-OSHA	WCC	ODSS
Musculoskeletal (MSD)	3,306	1,998	823
Hearing Loss	(included above)	67	
Lung	406	497	137
Poison	71	(included above)	2
Lead	(included above)		212
Skin	793	343	295
Physical Agents	265	(included as "Other")	
Other	671	81	31
Infectious	(included as "Other")	930	23
Stress	(included as "Other")	102	
Heart	(included as "Other")	196	
Total	5,513	4,214	1,523

Sources: BLS: Bureau of Labor Statistics/Conn-OSHA

WCC: CT Workers' Compensation Commission, First Report of Injury database

ODSS: Occupational Disease Surveillance System, Connecticut Departments of Public Health and Labor

Notes: MSD= Musculoskeletal Disorders; Definitions vary somewhat between systems; ODSS infectious does not include bloodborne; ODSS lead cases are from the lab reporting system; BLS includes hearing loss under "repetitive trauma," listed here as MSD; BLS total is not the exact sum of categories due to rounding errors in the estimates

Table 1 summarizes the data from the three different sources. Over 5,500 cases of occupational diseases were reported under the BLS/Conn-OSHA survey, with 4,200 reported

under Workers' Compensation, and 1,500 reported by Physicians. All systems were dominated by reports of musculoskeletal disorders (MSDs) such as Carpal Tunnel Syndrome and tendonitis, which accounted for between 47%-60% of cases reported. Infectious agents accounted for 22% of the Workers' Compensation cases (these included reports of exposures to infectious agents as well as actual disease). Lung diseases such as acute respiratory conditions and asthma accounted for 7-12% of cases. Skin conditions accounted for 8-19% of the conditions reported. Lead poisoning is tracked based on laboratory reports to the Connecticut Department of Public Health, and accounted for 14% of ODSS cases.

The number of cases was virtually the same for 1999 compared to 1998 for the BLS/Conn-OSHA system, but increased by 19% for Workers' Compensation reports and 5% for ODSS reports. Increases were highest for infectious and skin disease for ODSS and Workers' Compensation. There were also rate increases in MSD and hearing loss in Workers' Compensation. The "Other" category in BLS/Conn-OSHA, that includes infectious conditions also increased, although skin disease did not.

The manufacturing sector had the highest number and rate of occupational diseases in BLS/Conn-OSHA, followed by towns and cities and the state of Connecticut. Services had the highest number of cases in the Workers' Compensation system, followed by the state and manufacturing. Rates were highest for the state, followed by towns and cities, then manufacturing. Infectious disease reports tended to be concentrated in services (especially health care), towns and cities, and the state. MSDs were more evident in manufacturing, although services and the state also had large numbers. About 57% of Workers' Compensation cases were women, with a particularly high number of MSDs (69%) and a low number of heart and hypertension cases (23%), hearing loss cases (18%), and skin conditions (34%).

Based on Physicians' Reports (ODSS), the most common MSDs were tendonitis, Carpal Tunnel Syndrome, and epicondylitis. The most common lung diseases were respiratory conditions, asthma, and hypersensitivity pneumonitis. Causes of skin conditions included poison ivy, detergents and soaps, latex gloves, chemicals, and oils. Based on Workers' Compensation reports, the most common infectious diseases were bloodborne diseases and exposures, but there were also 110 cases of Lyme Disease or tick bites among outdoor workers, and 92 cases of TB infection/exposure. The most common causes of MSDs were "repetition" (24%), computers (24%), lifting/carrying (10%), and tool use (9%).

Other Sources of Information

Details on all of the above can be found in this report. Appendices include detailed tables, contact information for the primary agencies relevant to occupational illness in Connecticut, as well as a list of useful websites. The Connecticut Department of Labor publishes an annual report on injuries and illnesses in Connecticut, now available on their website. The Connecticut Department of Public Health has just recently published a review of occupational disease over the last 10 years that includes information on agencies and resources, and needs for the future.

1. Introduction

With data from 1999, this report provides an overview of what is known about occupational disease in Connecticut. It is one of a series of annual reports on occupational disease developed for the Connecticut Workers' Compensation Commission under the Occupational Disease Surveillance System. By monitoring trends, this system helps prevent occupational disease by targeting prevention activities such as education, encouraging effective safety and health committees and programs, and investigating of clusters of disease. The system is a cooperative venture by the Department of Public Health, Department of Labor, Workers' Compensation Commission, and a number of occupational health clinics (Connecticut General Statutes 31-396 to 31-402). Physicians are required to report occupational disease under Connecticut General Statute 31-399.

This report combines available data from a number of systems:

- Bureau of Labor Statistics/Connecticut Occupational Safety and Health Administration (BLS/Conn-OSHA) Survey of Occupational Injuries and Illnesses
- Connecticut Adult Blood Lead Epidemiology Surveillance System (ABLES)
- Connecticut Occupational Disease Surveillance System (referred to as Physicians' Reports or ODSS in this report)
- Connecticut Workers' Compensation Employer First Reports of Injury (referred to as Workers' Compensation or WCC in this report)

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Overview of Report

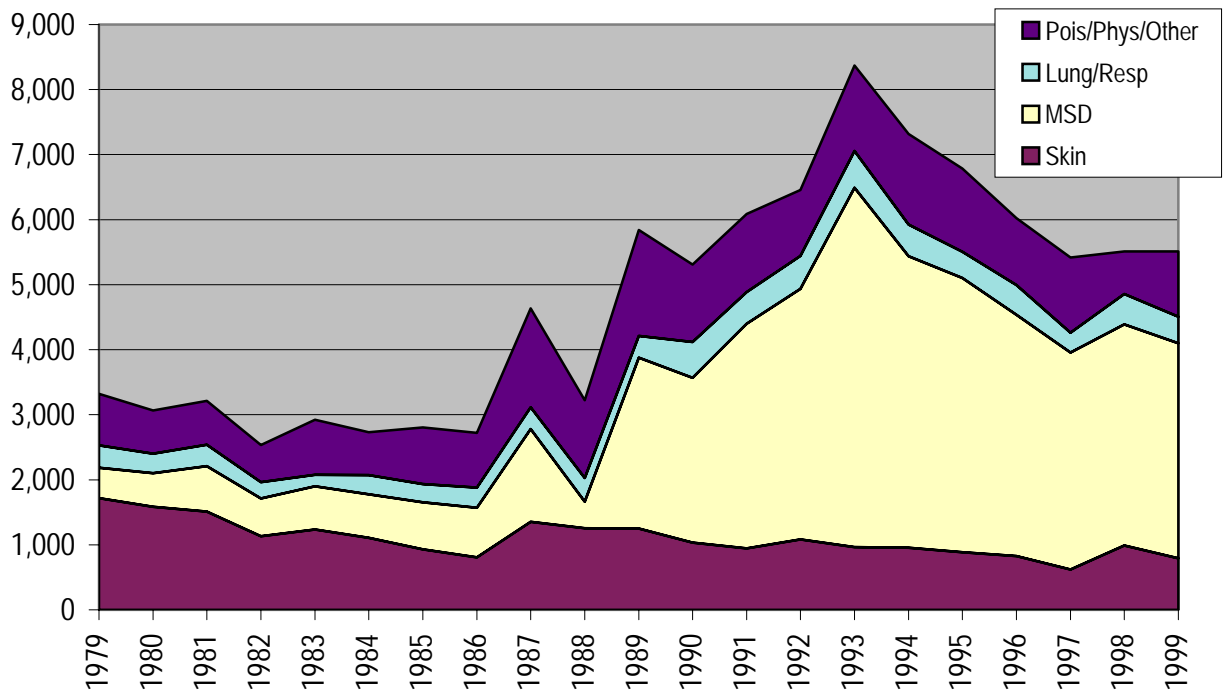
This report covers occupational disease data for 1999. It is divided into three primary sections based on the data source. It begins with the BLS/Conn-OSHA time trends, followed by data from the Workers' Compensation First Reports of Injury, followed by data from the Physicians' Reports.

All three data sources provide somewhat different information. For example, the BLS/Conn-OSHA provides time trend data, but is based on a survey, rather than all reports. Workers' Compensation data includes all lost-time cases for all employers, but does not include physicians' diagnosis. The Physicians' reporting system has more precise diagnoses, but according to the Department of Public Health, a number of physicians do not report into the system. Prior studies of cumulative trauma reports in Connecticut have found that there is only a small overlap between the Workers' Compensation Reports and the Physicians' Reports.

2. Bureau of Labor Statistics/Connecticut Occupational Safety and Health Administration Surveys

In cooperation with the U.S. Bureau of Labor Statistics, Conn-OSHA conducts an annual survey of employers for job-related injuries and illnesses. Conn-OSHA issues an annual report that focuses on the injuries. The Connecticut Department of Labor acknowledges that the survey under-counts occupational diseases, particularly chronic diseases.

Figure 1: Occupational Disease by Type and Year, CT, BLS/Conn-OSHA, 1979-1999



Source: BLS/Conn-OSHA Survey

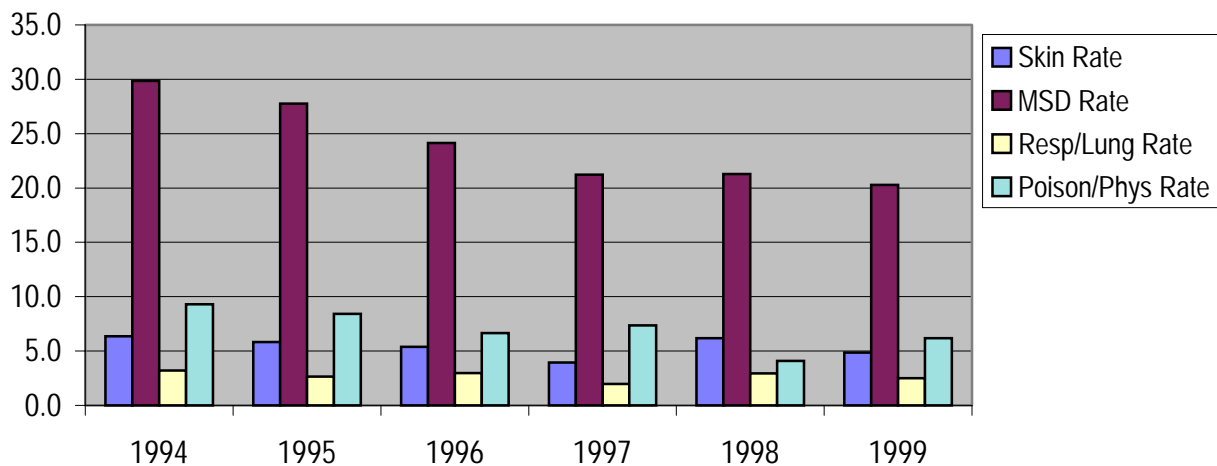
Table 2: Occupational Disease by Type, BLS/Conn-OSHA, 1998 and 1999

	1998		1999	
	Cases	Rates	Cases	Rates
Skin	989	0.6	793	0.5
Repetitive Trauma	3,398	2.1	3,306	2.0
Dust Diseases of the Lung	10	0.0	20	0.0
Respiratory	459	0.3	386	0.2
Poisonings	45	0.0	71	0.0
Physical Agents	92	0.1	265	0.2
Other	517	0.3	671	0.4
Total	5,510	3.5	5,513	3.4

Reported occupational illnesses remained steady in 1999 with 5,513 cases (compared to 5,510 in 1998), following five years of decline (Figure 1 and Table 2). Increases were seen in physical exposure illnesses (rising from 92 to 265: 188% increase), poisonings (rising from 45 to 71: 58% increase), “Other” illnesses (rising from 517 to 671: 30% increase), and dust diseases of the lung (10 to 20: 100% increase). These were offset by decreases in skin diseases (dropping from 989 to 793: 20% decrease), musculoskeletal disorders (MSDs) termed “repetitive trauma” by BLS, including a small number of hearing loss cases (dropping from 3,398 to 3,306: 3% decrease), and respiratory disorders (dropping from 459 to 386: 16% decrease). See Appendix 2 for the BLS survey detailed table.

Although the numbers of reports stayed constant, the rate of occupational illness declined slightly to 33.8 cases per 10,000 workers for 1999 (from 34.5 in 1998), resulting from increased employment rates. Over the past five years, reported occupational illnesses have declined from a high of 48.7 cases per 10,000 employees in 1994 to 33.8 cases in 1999 following many years of increases. Rates are shown in Figure 2. Connecticut is lower (at 33.8) than the overall national rate for 1999 of 41.2.

Figure 2: Rates of Occupational Disease, BLS/Conn-OSHA, 1994-1999



Source: BLS/Conn-OSHA Survey

Numbers and rates by industry sector are presented in Table 3. There was a total of 5,513 occupational diseases and an overall rate of 33.9 per 10,000 employees. The manufacturing industry had the highest number of cases and rates of any industry sector, with 2,340 cases and 87.3 cases per 10,000 workers. The services industry had the second highest number of cases (1,205). Municipal government was third (685), followed by finance, insurance and real estate (331). The rates of occupational illness were high in municipal government (55.4), state government (40.4), agriculture (32.1), and in transportation and utilities (26.1).

Musculoskeletal disorders (repetitive trauma) primarily contributed to cases and rates. Highest rates of musculoskeletal disorders (MSDs) occurred in manufacturing, transportation and utilities, followed by state government, and finance, insurance and real estate. Skin disorder rates ranked highest in agriculture, municipal government, manufacturing, and construction.

Respiratory disorders ranked highest in state and local government, manufacturing, and finance, insurance, and real estate.

Table 3: Cases/Rates per 10,000 Workers by Industry, CT, BLS/Conn-OSHA 1999

	Agric	Mine	Const	Manuf	Trans/Util	Whlsle	Retail	Fin/Ins/RE	Service	State	Town	Total
Employment	16,823	994	61,230	267,957	77,734	82,192	277,201	140,126	515,279	62,316	123,609	1,625,461
Skin	40	1	51	244	8	7	2	9	233	40	158	793
Dust	0	0	5	4	0	0	0	3	2	4	1	19
Respiratory	0	0	0	68	0	0	41	27	48	34	169	387
Poisoning	2	0	0	23	0	0	5	0	39	0	2	71
Physical	5	0	0	41	0	0	8	2	182	1	26	265
Repetitive trauma	0	1	18	1,847	181	158	126	268	484	126	98	3,307
Other	7	0	3	113	14	0	17	22	217	47	231	671
Total	54	2	77	2,340	203	165	199	331	1,205	252	685	5,513
Rates per 10,000												
Skin	23.8	10.1	8.3	9.1	1.0	0.2	0.1	0.6	4.5	6.4	12.8	4.9
Dust	0.0	0.0	0.8	0.1	0.0	0.0	0.0	0.2	0.0	0.6	0.1	0.1
Respiratory	0.0	0.0	0.0	2.5	0.0	0.0	1.5	1.9	0.9	5.5	13.7	2.4
Poisoning	1.2	0.0	0.0	0.9	0.0	0.0	0.2	0.0	0.8	0.0	0.2	0.4
Physical	3.0	0.0	0.0	1.5	0.0	0.0	0.3	0.1	3.5	0.2	2.1	1.6
Repetitive trauma	0.0	10.1	2.9	68.9	23.3	4.4	4.5	19.1	9.4	20.2	7.9	20.3
Other	4.2	0.0	0.5	4.2	1.8	0.0	0.6	1.6	4.2	7.5	18.7	4.1
Total	32.1	20.1	12.6	87.3	26.1	4.6	7.2	23.6	23.4	40.4	55.4	33.9

Of the 5,513 total cases of occupational illness, 1,209 (22%) involved lost time and 1,132 (20%) involved restricted time only, for a total of 2,340 (42%) that involved lost or restricted workdays.

3. Workers' Compensation First Report of Injury Data

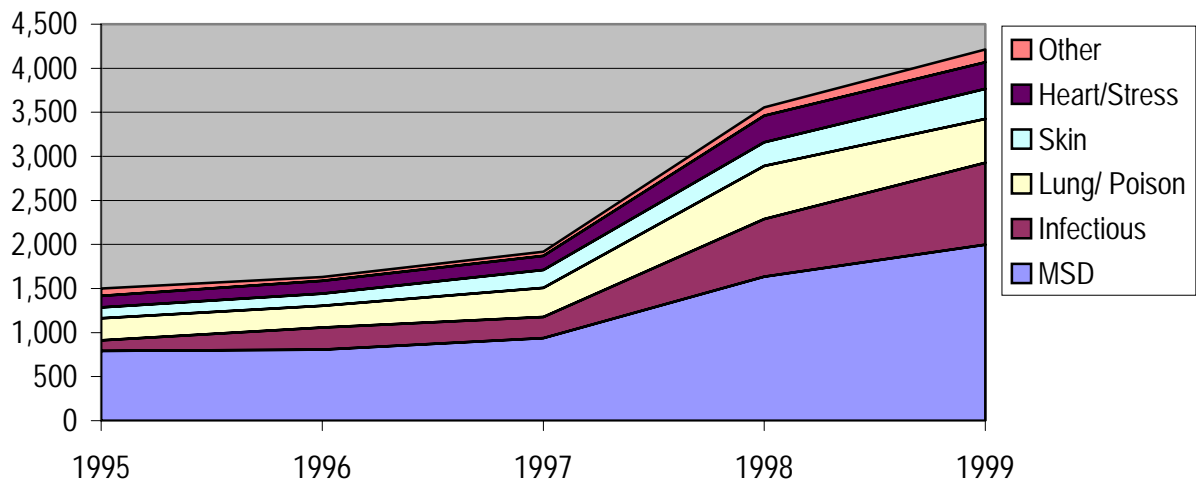
There was a total of 4,214 Workers' Compensation reports for occupational illness in 1999, an increase of 19% from 1998. Table 4 shows the total reports for the previous five years, indicating a steady increase in reports since 1995. With the exception of lung/poisoning and occupational stress, all types of occupational disease reports increased from 1998.

There have been changes in reporting over that period, including an increasing number of insurers/employers filing reports electronically, so changes may reflect either differences in reporting or actual increases. Since employment rates did increase 7.2% from 1998 to 1999, this effectively reduces the increase in occupational disease rates.

Table 4: Occupational Disease by Type, WCC, 1995-1999

Occupational Disease	1995	1996	1997	1998	1999	% Change
Musculoskeletal (MSD)	793	807	936	1,634	1,998	22%
Infectious	118	249	242	653	930	42%
Lung and Poisoning	252	249	329	603	497	-18%
Skin	124	136	202	270	343	27%
Heart	64	85	71	184	196	7%
Stress	64	60	90	117	102	-13%
Hearing	63	18	24	51	67	31%
Other	22	27	24	44	81	84%
Total	1,500	1,631	1,918	3,556	4,214	19%

Figure 3: Occupational Disease by Type, WCC, 1995-1999



Occupational illness reports are a subset of the Workers' Compensation reports that includes a much larger number of traumatic injuries. There were just over 50,000 total injury reports for 1999. Reports were dominated by musculoskeletal disorders with 1,998 cases in 1999 (47% of the total occupational illnesses). There were 930 cases of infectious diseases (22%), 497 cases

of lung diseases, including acute respiratory diseases, chronic lung diseases, and a small number of poisonings (12%), 343 cases of skin conditions (8%), and 196 cases of heart disease and hypertension (5%). Largest increases were in musculoskeletal disorders (MSDs) increasing by 364 cases since 1998, infectious (increasing by 277) and skin (increasing by 73). Declines were seen in lung and poisoning (-106 cases, -18%) and stress (-11 cases, -13%). Percentage increases were largest in infectious (42%), skin (27%), and MSD (22%). While “Other” had the highest percentage increase, this is based upon a small absolute number and from a wide variety of categories.

Figure 4: Occupational Disease by Type, WCC, 1999

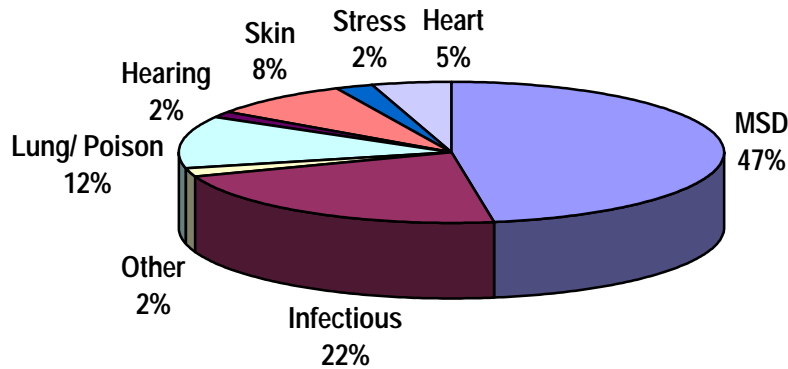
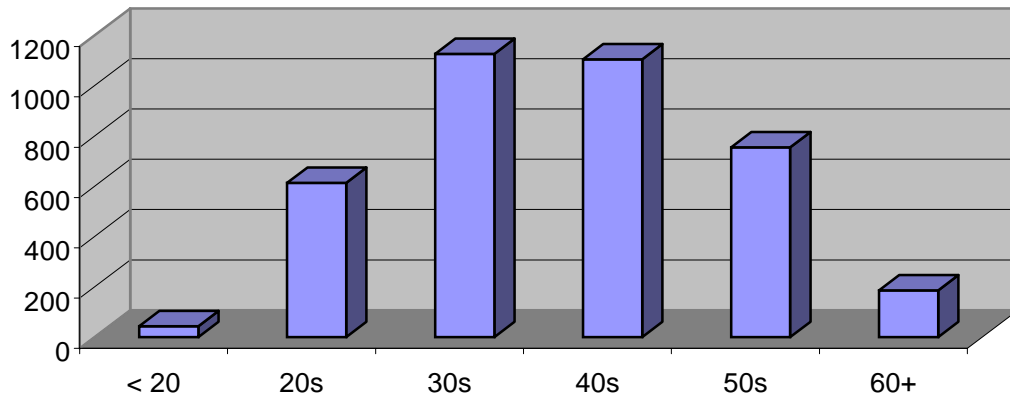


Figure 5: Workers' Age in Injury Reports, WCC, 1999

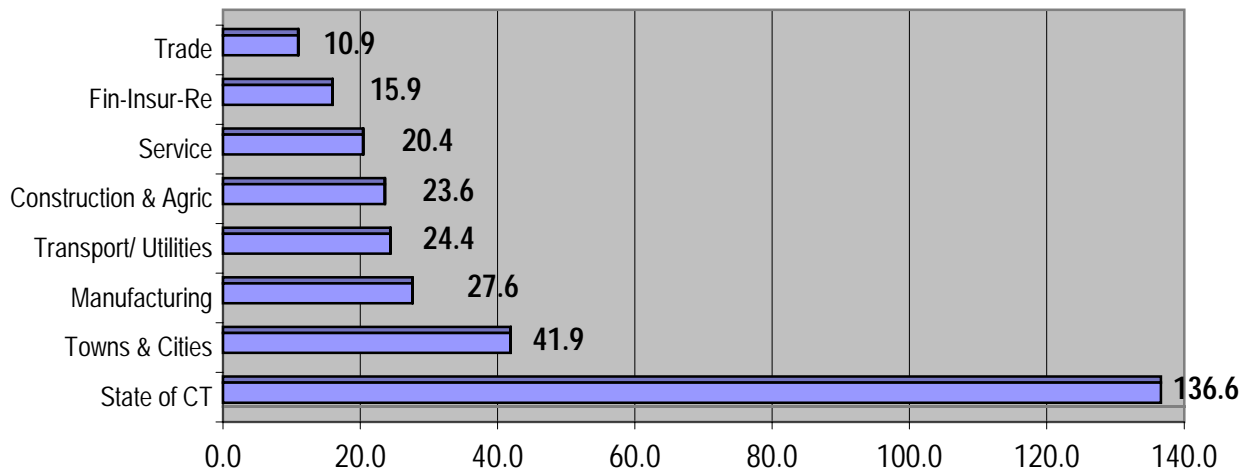


Occupational disease injury reports were most common for workers in their 30s and 40s, followed by 50s, 20s, over 60, and less than 20 (Figure 5).

Table 5: Cases/Rates of Occupational Disease by Industry Sector, WCC, 1999

Industry Sector	Employment	Cases	Rate per 10,000
Construction and Agriculture	79,400	187	23.6
Manufacturing	268,000	739	27.6
Transportation and Utilities	75,500	184	24.4
Trade	359,300	393	10.9
Finance, Insurance Real Estate	140,200	223	15.9
Services	521,200	1,063	20.4
State of Connecticut	62,300	851	136.6
Towns and Cities	123,600	518	41.9
Total	1,629,500	4,158	25.5

Figure 6: Rates of Occupational Disease by Industry Sector, WCC, 1999



The services sector had the highest number of occupational diseases (Table 5 and Figure 6), with 1,063 cases reported, followed by the state of Connecticut (851), manufacturing (739), towns and cities (518), wholesale and retail trade (393), finance, insurance, and real estate (223), construction, mining, and agriculture (187), and transportation and utilities (184). In analyzing the rate per 10,000 workers (that factors in the size of employment in each sector), state government had by far the highest rate (136.6), followed by towns and cities (41.9), manufacturing (27.6), transportation and utilities (24.4), and construction, mining, and agriculture (23.6).

Table 6: Type of Disease by Industry Sector, WCC, 1999

Industry Sector	Infect		Lung/ Poison		MSD		Skin		Other		Total	
		%		%		%		%		%		%
Const/Ag/Mine	7	1%	15	3%	103	5%	41	12%	21	5%	187	4%
Finance Insurance RE	5	1%	12	2%	170	9%	8	2%	28	6%	223	5%
Manufacturing	1	0%	76	15%	562	28%	49	14%	51	11%	739	18%
Services	444	48%	76	15%	397	20%	89	26%	57	13%	1,063	25%
State of CT	304	33%	143	29%	270	14%	44	13%	90	20%	851	20%
Towns & Cities	131	14%	98	20%	87	4%	70	20%	131	29%	517	12%
Trade	8	1%	47	9%	275	14%	16	5%	47	11%	393	9%
Transportation/ Utilities	23	2%	22	4%	104	5%	23	7%	12	3%	184	4%
Unknown	7	1%	8	2%	30	2%	3	1%	9	2%	57	1%
Total	930	100%	497	100%	1,998	100%	343	100%	446	100%	4,214	100%

Concentrations by industry were different for different types of illness (see Table 6). Infectious diseases and exposures were concentrated in the services sector, then in the state of Connecticut, then in towns and cities. Lung disease most commonly occurred in the state of Connecticut, followed by towns and cities, manufacturing, and services. Musculoskeletal disorders were most prevalent in manufacturing, followed by services, wholesale and retail trade, and the state of Connecticut. Skin conditions were most common in services, followed by towns and cities, manufacturing, and the state of Connecticut.

Of those where gender was identified, 57% of 1999 reports were women. The proportion of women was highest for MSDs (69%), lung diseases (55%), and infectious diseases (51%); female proportion was lowest for poisonings (14%), heart and hypertension cases (23%), hearing loss cases (18%), and skin conditions (34%).

Table 7: Industry Sectors with over 50 Cases of Occupational Disease, WCC, 1999

Industry Sector	Employment	SIC Code	Cases
State of Connecticut	62,300	90	851
Health Services	158,400	80	674
Towns and Cities	123,600	91	518
Business Services	112,000	73	142
Transportation Equipment	48,200	37	134
Fabricated Metal Products	34,000	34	122
Electronic and Other Electric Equipment	26,900	36	114
Insurance	60,500	63	113
Communications	19,200	48	103
Miscellaneous Retail	47,100	59	87
Industrial Machinery and Equipment	33,000	35	85
Special Trade Contractors	42,500	17	73
Social Services	44,800	83	69
Instruments Manufacturing	20,400	38	63
Wholesale-Durable	48,600	50	59
Banks	24,800	60	58
Restaurants	79,400	58	55
Food Stores	53,000	54	54

Table 7 shows those industry sectors that reported over 50 cases of occupational illness. The state of Connecticut had the highest number of cases (851), followed by health services (674), local government (518), business services (142), transportation equipment manufacturing (134), fabricated metal manufacturing (122), electronic equipment manufacturing (122), insurance (113), and communications (103). The employment figures for those sectors are noted, since sectors employing large numbers of workers are more likely to have higher numbers of cases.

Table 8: Industry Sectors with Highest Rates of Disease, WCC, 1999

Industry Sector	Employment	SIC Code	Cases	Rate per 10,000
State of Connecticut	62,300	90	851	136.6
Communications	19,200	48	103	53.6
Health Services	158,400	80	674	42.6
Electronic and Other Electric Equipment	26,900	36	114	42.4
Towns and Cities	123,600	91	518	41.9
Heavy Construction (not building)	6,100	16	22	36.1
Fabricated Metal Products	34,000	34	122	35.9
Rubber and Misc. Plastic Products	10,100	30	35	34.7
Instruments Manufacturing	20,400	38	63	30.9
General Building Contractors	12,600	15	37	29.4
Paper and Allied Products	8,000	26	23	28.8
Air Transportation	9,500	45	27	28.4
Transportation Equipment	48,200	37	134	27.8
Primary Metal Manufacturing	9,400	33	25	26.6

Table 8: Industry Sectors with Highest Rates of Disease (cont'd)

Industry Sector	Employment	SIC Code	Cases	Rate per 10,000
Industrial Machinery and Equipment	33,000	35	85	25.8
Banks	24,800	60	58	23.4
Agriculture	17,400	01	38	21.8
Hotels and Lodging	11,500	70	24	20.9
Chemicals and Allied Products	21,900	28	44	20.1

Table 8 shows the sectors with the highest rates of occupational diseases. Only sectors that had at least 20 cases are shown, since the rates would be unstable with lower numbers. The state of Connecticut had by far the highest rate, at 136 cases per 10,000 employees, followed by communications, health services, electronic equipment manufacturing, towns and cities, heavy construction, fabricated metal manufacturing, rubber products, and instrument manufacturing.

State of Connecticut Reports

Although the rate of illness for the state was the highest of any sector, reports declined 21% from 1998 (see Table 9). Declines were most evident in lung, respiratory, and skin disease, with other types of illness staying relatively stable.

Table 9: State of Connecticut Reports, WCC, 1998 and 1999

Category	1998 Cases	1999 Cases
Skin Disease	75	44
Lung/Respiratory	274	143
MSD	282	270
Heart Attack	61	53
Stress	37	21
Other Illness	20	16
Infectious	333	304
Total	1,082	851

Musculoskeletal Disorders (MSDs)

Musculoskeletal disorders is the currently-used term for conditions also known as cumulative trauma disorders or repetitive strain injuries. MSDs accounted for almost half (47%) of the reported occupational diseases to Workers' Compensation. Reported MSDs continued to increase in 1999 with 1,998 cases, up 22% from the 1998 total of 1,634.

Table 10: Musculoskeletal Disorders (MSDs) by Type, WCC, 1999

MSD by Type	Cases	Percent
Carpal Tunnel Syndrome	431	21%
Other Nerve	133	7%
Tendonitis	72	4%
Ganglion	35	2%

Table 10: Musculoskeletal Disorders (MSDs) by Type, WCC, 1999 (cont'd)

MSD by Type	Cases	Percent
Epicondylitis	19	1%
Trigger Finger	11	1%
Tenosynovitis	6	0%
Rotator Cuff	3	0%
Vibration White Finger	2	0%
Strain/Sprain	485	24%
Pain	478	24%
Swelling	73	4%
Arthritis/Bursitis	7	0%
Other MSD	243	12%
Total	1,998	100%

Carpal Tunnel Syndrome was the most common specific diagnosis with 431 cases reported (see Table 10), or 21% of total MSD reports. This was almost the same number as was reported in 1998 (439). Other nerve-related problems (with symptoms of numbness or tingling) accounted for an additional 133 cases, bringing nerve-related cases to 28% of all MSDs. Tendon-related problems included 72 cases of tendonitis, 35 cases of ganglion cysts, 19 cases of epicondylitis (“tennis elbow” or “golfer’s elbow”). There were 11 cases of trigger finger, 6 cases of tenosynovitis, and 3 cases of rotator cuff pain. Tendon-related MSDs totaled 148 cases, 7% of the grand total. A large number (1,285) of cases did not have a specific description other than “strain or sprain” (this category does not include acute strains or sprains), “pain” or “swelling.”

Table 11: Musculoskeletal Disorders by Part of Body, WCC, 1999

Part of body	Cases	Percent
Lower Arm, Wrist, Hand	1,196	60%
Elbow	161	8%
Upper Arm, Shoulder, Upper Extremity	281	14%
Neck and Upper Back	33	2%
Legs, Knees, and Feet	92	5%
Multiple	165	8%
Other/Unknown	70	4%
Total	1,998	100%

Almost all the cases of MSD were in the upper extremity of the body. Over half (60%) of total MSD cases were for the hand, wrist, and lower arm (see Table 11). Other body parts included 8% elbow, 16% shoulder, neck, and “upper extremity;” only 5% were for the legs, knees and feet. It should be noted that lower back cases, even if indicated that they were caused by cumulative trauma, were not included in this analysis. The cause of lower back injuries is difficult to determine; acute injury and cumulative trauma disorders can both lead to lower back problems.

Table 12: Musculoskeletal Disorders by Cause, WCC, 1999

Cause	Cases	Percent
Repetition	321	24%
Computer	312	24%
Lifting/Carrying	128	10%
Tools	117	9%
Machine	53	4%
Assembly	45	3%
Push/Pull	35	3%
Clerical	27	2%
Kneeling	21	2%
Driving	18	1%
Packing	16	1%
Housekeeping	15	1%
Twisting	14	1%
Shoveling	13	1%
Climbing	12	1%
Encoding Checks	12	1%
Walking	12	1%
Standing	11	1%
Cooking	10	1%
Writing	10	1%

Note: Percentage is based on the 1,320 cases that had information as to cause

Causes of conditions were often incomplete; two-thirds of MSD cases had enough description to show some cause. These were inconsistent, since there was no specific coding used by the employers and insurers that applies clearly to occupational diseases. Of the MSDs that could be classified, the most frequent cause was “repetition” (321 cases), followed by computing that includes typing, keying, and mouse use (312 cases), lifting and carrying (128 cases), tool use (117 cases), machine use (53 cases), and assembly (45 cases). Other categories with 10 or more cases can be seen in Table 12. “Other clerical” includes use of telephone and filing, but does not include the separately tabulated category of writing. All but one of the very specific description of “encoding checks” cases was from a single employer.

Infectious Diseases

Infectious disease reports include both actual disease and exposure to potentially infectious agents. Recent court decisions have broadened the definition of compensable disease to include exposures, particularly where exposure requires medical treatment such as prophylactic treatments such as for tuberculosis (TB) and AIDS (HIV) exposures. There has recently been considerable attention paid to Lyme Disease among outdoor workers, resulting in more increased frequency of tick bites reporting. It is often difficult to determine whether the first report of injury was actual disease or only exposure.

Table 13: Infectious Diseases and Exposures by Type, WCC, 1998 and 1999

Infectious Disease/Exposure	1998 Cases	1999 Cases	Percent
Bloodborne	430	522	56%
Human Bite or Urine Exposure	(included above)	120	13%
Lyme Disease/Tick Bite	62	110	12%
Tuberculosis/PPD Conversion	84	92	10%
Other Infectious	77	86	9%
Total	653	930	100%

Bloodborne diseases or blood exposures were the most common infectious disease category reported, with 522 cases in 1999 (see Table 13). Human bites or exposures to body fluids such as urine were next most common, with 120 cases reported. Diseases that can be contracted through blood and body fluid exposures include hepatitis B, C and HIV. Transmission is much less likely when worker is exposed to urine or human bite than transmission occurring from blood, particularly for HIV. There were 110 reports of tick bites, rashes from tick bites, and Lyme Disease attributed to occupational exposures. There were 92 cases of tuberculosis infection (PPD conversion) or exposures to clients with TB. There were also 86 other infectious diseases reported, including scabies, chicken pox, rabies, meningitis, pink eye, hepatitis A, and shingles.

Infectious disease and exposure reports increased by 42% in 1999, with increases in every category of infectious disease. Since this category includes exposures as well as actual disease, this could reflect better awareness and reporting of exposure incidents, such as needlesticks for bloodborne and tick bites for Lyme Disease.

Of the 430 bloodborne exposures, 332 (77%) specifically mention needlesticks or other sharps exposures. The remaining 23% tended to be skin exposures to blood (not clearly identified), or were part of the 120 spit or urine exposures (tabulated separately above). It is unknown how many of these blood exposures were from patients or clients who had infectious diseases. Possible exposure to bloodborne diseases through needlesticks has received increased attention recently because of the November 2000 Needlestick Safety and Prevention Act passed by Congress. This revises the OSHA Bloodborne Pathogens Standard that went into effect in April of 2001. The Needlestick Act emphasizes safe needle device use and requires a separate injury log for recording needles and other sharps incidents. Although the standard was not in effect for this 1999 data, it is interesting to note the number of bloodborne disease exposures caused by needles and sharps.

Acute Respiratory Conditions and Poisonings

There were 382 cases of acute respiratory conditions reported for 1999, a decline of 14% from 1998. Because descriptions vary, causes are difficult to precisely classify. Chemical exposures were the most common cause of injury, followed by exposure to smoke, fumes, cleaning products, indoor air quality problems, gas (includes fumes from vehicles, natural gas, and similar sources), dust (frequently from construction sites), and mold sources (see Table 14).

Table 14: Acute Respiratory Conditions by Cause, WCC, 1999

Cause	Cases	Percent
Chemical	94	25%
Smoke	50	13%
Fumes	48	13%
Cleaner	29	8%
Indoor Air Quality	28	7%
Gas	21	5%
Dust	16	4%
Mold	7	2%
Other/Unknown	88	23%
Total	381	100%

Chemical exposures included perfume (2), antifreeze spray, toner (2), polycarbonate, chlorine and muric acid, paint (11), solvents, disinfectant, cedex, insecticides (2), Royco, a mold release spray, hydrochloric acid, nitric acid, freon, ceclor, ammonia, MSRA, perchlorethylene, a build up of mouse urine (4), fabric softener, methyl ethyl ketone, M-Prol, fire extinguisher (2), chlorine, pepper spray, propane, carpet cement, alcohol, foam, and sodium hypochloride. There was a reported episode of 11 people with respiratory problems caused by exposure to Prozone (a CFC-free cleaner).

With similar symptoms to respiratory conditions, poisonings tend to be more systemic rather than primarily lung. Poisonings can occur because of ingestion or absorption. There were 22 reported poisonings, a decrease of 36% from 1998. These included 8 mercury poisonings, 5 pesticide poisonings, 5 carbon monoxide poisonings, 1 lead poisoning, and 3 other poisonings from various sources.

Chronic Lung Conditions

There were 91 cases of chronic lung conditions in 1999, down 23% from 1998 reports. These included asbestos-related diseases and exposures, occupational asthma, and other chronic lung diseases. Acute lung diseases are classified under respiratory disease (above). Latex allergies, that often include lung effects, are classified under allergies, under “Other occupational diseases” below.

Asbestos

There were 54 reports of asbestos-related disease or exposures in 1999, down 33% from the 81 reports in 1998 (Table 15). Only 4 of these cases specifically note actual disease, including a case of mesothelioma, and at least one fatality. At least 24 of the cases appeared to be firefighters who were exposed to asbestos as a result of fighting a large mill fire. Asbestos exposure is known to increase the risk of lung disease and cancer. If disease occurs as a result, it often appears between 10-40 years after exposure. Asbestos disease is alleged to be under-reported by traditional surveillance sources such as Workers’ Compensation.¹

¹ Morse T and Storey E. *Fatalities from Occupational Disease in Connecticut*. Connecticut Medicine, August, 1999.

Table 15: Chronic Lung Diseases by Type, WCC, 1998 and 1999

Disease	1998 Cases	1999 Cases	Percent
Asbestos Exposure/Other	76	49	53%
Asbestos Disease	5	4	4%
Asthma	34	33	35%
Other Chronic Lung	4	5	8%
Total	119	91	100%

Asthma cases remained nearly constant, with 33 cases reported in 1999. Attributed causes included dust (including sawdust), cleaning, renovations (3), chemicals (turpentine, roofing materials, car under-coating), stress, mold (leaf compost), a molding machine, and dust mites/ cardboard dust.

Other chronic lung diseases included 2 cases of pneumoconiosis, a collapsed lung, a case of Multiple Chemical Sensitivity, and a case of bronchitis.

Skin Conditions

There were 343 skin conditions reported in 1999, up 27% from 1998 (Table 16). The most common cause was poison ivy (132 cases), followed by chemicals (38 cases), gloves or latex exposure (36 cases), plants (including poison oak, poison sumac, and tobacco leaves, 25 cases), coolants or oils (17 cases), and cleaning products (14 cases).

Table 16: Skin Diseases by Type, WCC, 1998 and 1999

Category	1998 Cases	1999 Cases	Percent
Poison Ivy	95	132	38%
Chemical	15	38	11%
Gloves/Latex	41	36	10%
Plants	10	25	7%
Coolant/Oil	7	17	5%
Cleaning	8	14	4%
Other	30	6	2%
Unknown	64	75	22%
Total	270	343	100%

Chemicals specifically mentioned in relation to skin disease included pine tar, chemotherapy drugs, creosote, quaternary, caulking, perfume, grease, oven cleaner, toner, disinfecting agents, leather, make-up, glue, fuel, phenylendianmine, pesticides (2), and Fiberglas (3).

Stress and Heart Conditions

Heart and Hypertension

There were 196 cases involving heart conditions, stroke, or hypertension reported in 1999, almost the same as in 1998 (Table 17). Forty-seven cases specifically mentioned heart attacks or angina, while 101 described chest or heart pain, or other related symptoms, 44 described hypertension (or heart and hypertension benefits), and 4 mentioned strokes. Though not generally well described, causes included 16 related to physical exertion: 2 to shoveling, others to moving furniture, lawn maintenance, swimming, working at an accident scene, working in a freezer, being exposed to chemicals, catching a flight, firefighting, and climbing stairs). Fourteen mentioned stress (including meeting with a principal, meeting for mediation, downsizing, and being terminated). Over 20 described “normal job duties” (including meeting, driving, waiting on a customer, performing a sales call, coming back from vacation, coming back from layoff, waitressing, coming from or to work, and attending a meeting at town hall).

Table 17: Heart and Hypertension Conditions by Type, WCC, 1998 and 1999

Category	1998 Cases	1999 Cases	Percent
Heart/Chest Pain	118	101	52%
Heart Attack	41	47	24%
Hypertension	19	44	22%
Stroke	6	4	2%
Total	184	196	100%

The most common age range for reported heart conditions was for workers in their 40s (32%), followed by those in their 50s (28%), and 30s (18%).

Table 18: Age Range for Heart-Related Conditions, WCC, 1999

Age	Cases	Percent
Under 20	1	1%
20s	11	6%
30s	35	18%
40s	63	32%
50s	54	28%
60+	19	10%
N/A	13	7%
Total	196	100%

Mental Stress

There was a total of 102 stress-related claims in 1999, down 13% from 1998. The majority of these reports appeared to be “mental-mental” claims: mental stress resulting in mental illness, not covered by Workers’ Compensation in Connecticut since the law changed in 1993. There were an equal number of injuries caused by supervisor or co-worker relations or harassment as for situations related to violence (17 cases for each), followed by excessive job demands (12 cases), general work environment (7 cases), “normal duties” of the job (5 cases), and

evaluation or discipline (3 cases). The other 41 cases did not have enough information to code. Violent episodes included assaults, robberies at gunpoint (6 cases), death threats on the telephone, threats with a baseball bat, sexual assault, and a shooting of a suspected felon by a police officer. Other situations included having a rat run over a person's lap while driving, being demeaned by a supervisor, experiencing an "unwarranted dismissal," and a pilot undergoing a flight emergency.

Table 19: Stress Conditions by Source, WCC, 1999

Sources of Stress Conditions	1999 Cases	Percent
Supervisor/Co-Worker	17	17%
Violence	17	17%
Demands	12	12%
Work Environment	7	7%
Normal Duties	5	5%
Evaluation/Discipline	3	3%
Unknown	41	40%
Total	102	100%

Other Occupational Diseases

Hearing Loss

There were 67 cases of hearing loss in 1999, up 31% from 1998. Of these cases, 21 appeared to be caused by acute noises such as loud sounds or electrical impulses on phones, a gun with blanks in a play, a truck backfire, sirens, a fire alarm, an exploding tire, a nail gun, and a motor. Forty-six cases were due to long-term exposure to noise.

Temperature

There were 31 reports of temperature-related problems, up 58% from 1998. These were almost all for heat-related conditions, including hot conditions in an elevator machine room, firefighting (10 cases), grooming a golf course, an EMT working on a beach, shoveling asphalt, marching in a parade, driving a truck, and working in a kitchen.

Allergic

There were 36 cases of allergic reactions reported in 1999, an increase of 218% from 1998. Sources of allergy included Dilantin, ADH, seafood being heated, cutting fish, shrimp water splashed in eyes, peeling parsnips, loose peanuts in trash, film manufacturing, perfume, and latex (8 cases).

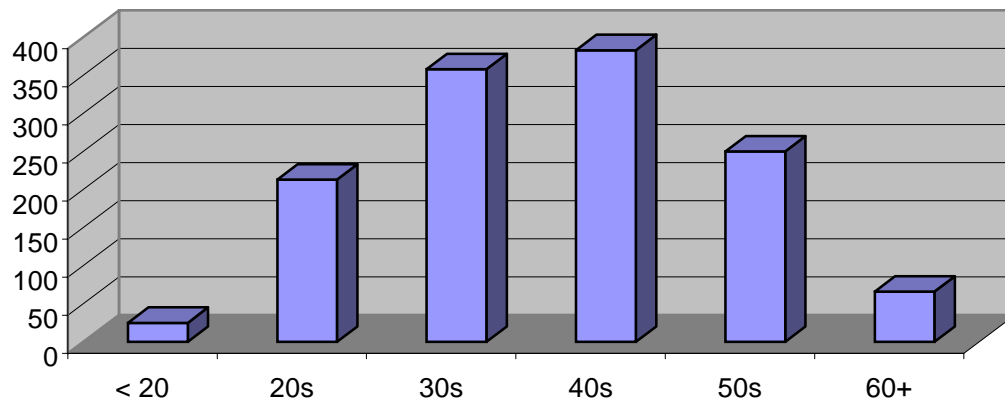
Other Disease Conditions

There were 14 other disease conditions, primarily consisting of various types of chemical exposures with poorly defined health effects, including one radiation exposure in 1999. This was approximately the same as for 1998. There were 66 cases of workers becoming dizzy, faint, or lightheaded that were not formally tabulated.

4. Occupational Disease Surveillance System (Physicians' Reports)

Physicians are required to report known and suspected occupational disease to the Occupational Disease Surveillance System that is maintained by the Departments of Labor and Public Health. Although all physicians are required to report, most reports are received from the occupational health clinics and industrial medicine programs.

Figure 7: Occupational Disease by Age Range, ODSS, 1999

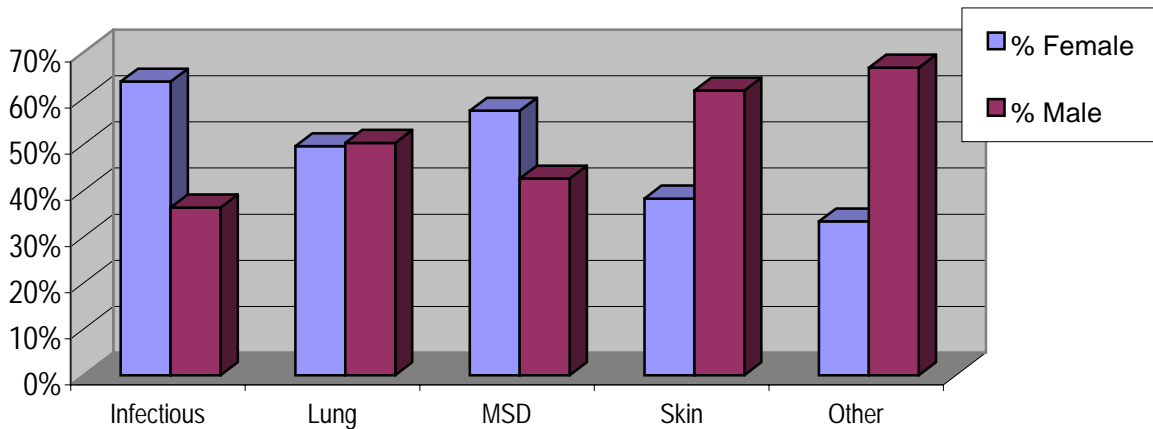


In 1999, 83 physicians from 38 clinics reported at least one case into the ODSS system, a decrease of 13 physicians, but an increase of 3 clinics from 1998. Eight clinics contributed 72% of the reported cases. Although it is a state law that known and suspected occupational diseases must be reported to this system, the primary reporters are the occupational health clinics and auxiliary occupational health clinics. Therefore, these reports should be viewed as just a portion of physician-diagnosed occupational diseases in Connecticut.

Physicians reported that the exposures causing the condition were continuing for 39% of the patients (where this was known). In 30% of the cases it was reported that other workers were likely to be exposed to the same hazard. Seventy one per cent of the cases were classed as “high certainty” for being an occupationally related disease, 25% were “moderate certainty,” and 4% “low certainty.”

Of the 1,310 cases, 75 (6%) identified their race as Black, and 123 (9%) Hispanic. Overall, cases were virtually even for gender, with women comprising 52% of the reported cases. In age ranges, the largest number of cases were in their 40s, followed by 30s, 50s, and 20s (Figure 7).

Figure 8: Percent of Disease by Gender and Type, ODSS, 1999



Reported cases to ODSS increased by 69 (6%) in 1999 to 1,310 cases (Table 20). Most of the cases were musculoskeletal conditions, followed by skin conditions, lung conditions, infectious diseases, and poisonings. Increases occurred in MSDs, skin conditions, and infectious diseases, with declines in lung diseases and poisonings. A change in recordkeeping occurred in the ODSS between 1997 and 1998, where bloodborne pathogen exposures such as needlesticks and eye conditions, like conjunctivitis, were not included.

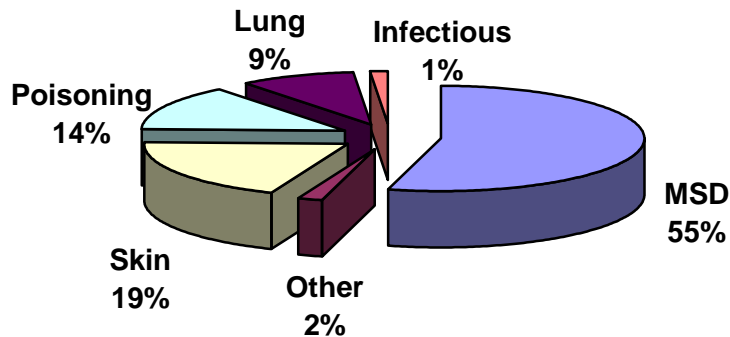
Table 20: Occupational Disease by Type, ODSS, 1996-1999

Category	1996	1997	1998	1999	% Change, 98-99
MSD	990	948	754	823	9%
Skin	151	201	237	295	24%
Lung	168	117	176	137	-22%
Other	55	101	31*	31*	0%
Poisoning	8	32	30	2	-93%
Infectious	178	119	13**	23**	69%
Sub-total ODSS	1,550	1,518	1,241	1,310	6%
Lead (ABLES)	375	350	203	212	4%
Total	1,925	1,868	1,444	1,522	5%

*Does not include eye conditions

**Does not include bloodborne pathogens exposure

Figure 9: Occupational Disease by Type, ODSS and Lead Surveillance System, 1999



Cases were predominately from manufacturing (34%), services (27%), as well as retail and wholesale trade sectors (13%) (Table 21). Some state and local government cases are grouped under services (such as education and health care).

Table 21: Type of Disease by Industry Sector, ODSS, 1999

Industry	Infectious	Lung	MSD	Other	Poison	Skin	Total	Percent
Agric/Mining			13	2		18	33	3%
Construction	1	8	28	2		11	50	4%
Manufacturing	1	43	280	8		94	426	33%
Trans/Util	1	8	30	1	1	6	47	4%
Trade		6	139	2		19	166	13%
Fin/Insur/RE		3	57	2		4	66	5%
Services	15	38	177	10		98	338	26%
Towns	1	10	47	1		30	89	7%
State of CT	3	8	24	3	1	4	43	3%
Unknown	1	12	28			11	52	4%
Total	23	136	823	31	2	295	1,310	100%

Musculoskeletal Disorders (MSDs)

The most common specific diagnosis for musculoskeletal disorders was tendonitis (28%), followed by Carpal Tunnel Syndrome (18%), epicondylitis (18%), and tenosynovitis (10%) (Table 22).

Table 22: Musculoskeletal Disorders by Type, ODSS, 1999

Type of MSD	Cases	Percent
Tendonitis	230	28%
Carpal Tunnel Syndrome	151	18%
Epicondylitis	145	18%
Tenosynovitis	83	10%
Dequervains	49	6%
Ganglion Cyst	43	5%
Bursitis	38	5%
Other MSD	31	4%
Trigger Finger	14	2%
Arthritis	11	1%
Rotator Cuff	10	1%
Plantar Fasciitis	9	1%
Costochondritis	3	0%
HAVS	3	0%
Cubital Tunnel Syndrome	2	0%
Thoracic Outlet	1	0%
Total	823	100%

Musculoskeletal disorders (also referred to as cumulative trauma disorder or repetitive strain injury) include tendon-related conditions, nerve problems, circulatory as well as combined conditions. Specific descriptions of these disorders include:

Tendon Disorders

- Tendonitis: swelling of the tendons
- Epicondylitis: tendon irritation in the elbow area, including “golfer’s elbow” and “tennis elbow”
- Rotator Cuff Syndrome: tendonitis in the shoulder area
- Tenosynovitis: inflammation of the tendon sheaths, lubricated covers that surround the tendons, particularly in the hand
- De Quervain’s Syndrome: tendon sheath disorder of side of wrist and base of thumb
- Trigger Finger: a bump on the tendon that catches on the tendon sheath that makes the finger or thumb difficult to move
- Ganglion Cysts: swelling of the tendon sheaths from excess lubricating fluid
- Bursitis: inflammation of the fluid-filled sacs around ligaments and tendons

Nerve Disorders

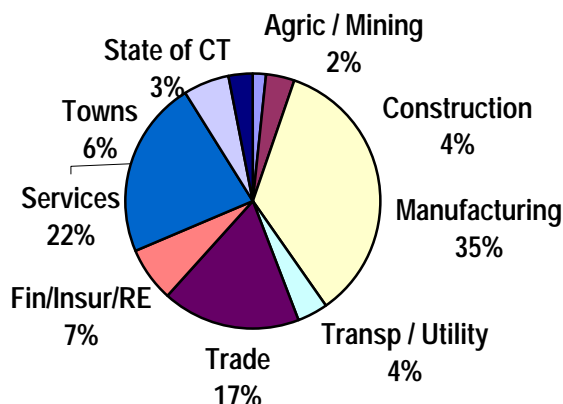
- Carpal Tunnel Syndrome: pinching of the median nerve in the wrist, usually by swollen tendons that pass through the carpal tunnel (the median nerve can also be pinched in the elbow, shoulder, or neck areas)
- Cubital Tunnel Syndrome: a pinching of the ulnar nerve in the elbow

Circulatory/Combined/Other

- Thoracic Outlet Syndrome: pinching of the nerves and blood vessels in the neck/ shoulder area

- HAVS, or Hand Arm Vibration Syndrome: finger blanching from the cut off of blood flow due to vibration (also known as white finger or Raynaud's)
- Plantar Fasciitis: swelling of the tissue under the skin in the bottom of the foot

Figure 10: Musculoskeletal Disorders by Industry Sector, ODSS, 1999



The largest number of MSDs was from manufacturing (35%), followed by services (including schools and health care, even if run by the state or local government; 22%), and trade sectors (17%) (Figure 10). Specific industries with 10 or more MSDs reported are shown in Table 23. These included hospitals, municipalities, insurers, catalog and mail order houses, grocery stores, and surgical and medical instruments. Of the 16 specific industries listed, 8 had also been on the list for over 10 cases in 1998. It should be noted that some of these industries are Connecticut's larger employers. Because of higher employment, larger employers and sectors are likely to have more reported cases.

Table 23: Specific Industries with over 10 MSDs Reported, ODSS, 1999

SIC	Specific Industry	Cases
8062	Hospitals	64
9110	Municipalities	47
6311	Insurance	35
5961	Catalog and Mail Order Houses	30
5411	Grocery Stores	29
3841	Surgical and Medical Instruments and Apparatus	27
7999	Amusement and Recreation Services, NEC	23
8051	Nursing Homes	22
2759	Commercial Printing, NEC	16
3731	Ship Building and Repairing	12

Table 23: Specific Industries with over 10 MSDs Reported, ODSS, 1999 (cont'd)

SIC	Specific Industry	Cases
3549	Metalworking Machinery, NEC	11
8211	Schools	11
3089	Plastics Products, NEC	10
3651	Household Audio and Video Equipment	10
4911	Electric Services	10
6531	Real Estate Agents and Managers	10

Note: NEC = Not elsewhere classified

Since the descriptions vary according to the data entry operator, occupations are difficult to assess. However, several occupations were consistent for MSDs (Table 24). These included machinists and machine operators (69 cases), assembly workers (68 cases), clerical workers and computer operators (37 cases), nurses and nurse's assistants (34 cases), custodian and maintenance workers (25 cases), and supervisors and managers (23 cases).

Table 24: Occupations with over 10 MSDs Reported, ODSS, 1999

Occupation	Cases
Machine Operator	69
Assembler	68
Clerical	37
CNA, Nurse, LPN	34
Custodian, Maintenance	25
Supervisor, Manager	23
Packer	18
Customer Service Rep	16
Laborer	15
Driver	12
Carpenter	11
Factory Worker	10
Firefighter	10

Skin Conditions

There were 295 skin conditions reported in 1999 (Table 25). The largest category was simply described as dermatitis (33%), followed by contact dermatitis (29%), and plant-related cases including poison ivy (18%).

Table 25: Skin Conditions by Type, ODSS, 1999

Type of Skin Condition	Cases	Percent
Dermatitis	97	33%
Contact Dermatitis	85	29%
Poison Ivy	35	12%
Other Skin	24	8%
Plant	19	6%

Table 25: Skin Conditions by Type, ODSS, 1999 (cont'd)

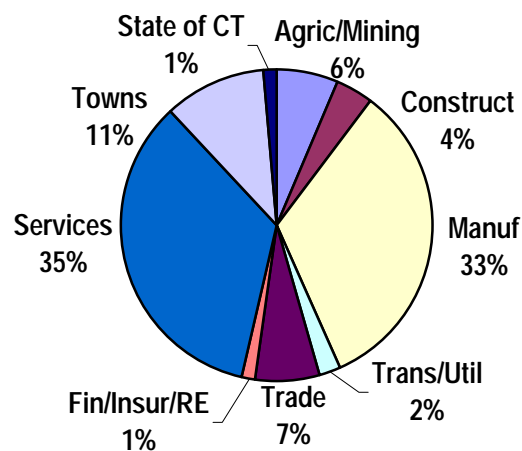
Type of Skin Condition	Cases	Percent
Cellulitis	15	5%
Paronychia	13	4%
Allergic Dermatitis	5	2%
Plantar Fasciitis	2	1%
Total	295	100%

In addition to poison ivy and other plant exposures, skin conditions were caused by soap and detergents (20 cases), latex and gloves (18 cases). Other skin conditions were caused by exposures to chemicals like Syntilo 9951, Dyken remover, formaldehyde, gluteraldehyde, plant spray, buffing agent, glycol ether, rubbing alcohol, glue activator, and adhesives (17 cases), machine and other oils (13), Fiberglas (4), fabric (2), and nickel (2) (Table 26).

Table 26: Skin Conditions by Cause, ODSS, 1999

Causes of Skin Conditions	Cases
Poison Ivy	35
Soap/Detergent	20
Plant	19
Latex	18
Chemical	17
Oil	13
Fiberglas	4
Fabric	2
Nickel	2

Figure 11: Skin Conditions by Industry Sector, ODSS, 1999



Skin conditions occurred most commonly in services that included many outdoor occupations (35%), manufacturing (33%), and towns (11%) (Figure 11).

There were five clusters with more than 10 cases in specific industries: hospitals (34 cases), local government (30 cases), nurseries (13 cases), amusement services (11 cases), and skilled nursing care facilities (11 cases). By occupation, clusters occurred in machinist/machine operator (27 cases), nurses and nurse’s assistants (25 cases), maintenance and grounds workers (24 cases), laborers (16 cases), and cooks and dietary (10 cases) (Table 27).

Table 27: Clusters of Skin Disease by Specific Industry, ODSS, 1999

SIC	Specific Industry	Cases
8062	Hospitals	34
9110	Towns & Cities	30
0181	Ornamental Floriculture and Nursery Products	13
7999	Amusement and Recreation Services, NEC	11
8051	Skilled Nursing Care Facilities	11

Note: NEC = Not elsewhere classified

Lung Diseases

There were 136 reports of lung diseases (Table 28). The most commonly reported condition was acute respiratory disease (38%), typically caused by exposure to chemicals or fumes. Asthma and the similar reactive airways dysfunction syndrome (RADS) was the next most common category (24%), followed by hypersensitivity pneumonitis (11%), asbestos-related conditions and exposures that included pleural plaques, asbestosis, and cancer (11%). Hypersensitivity pneumonitis is a serious lung inflammatory response to bacteria or fungus, such as mold. There were 2 cases of silicosis reported.

Table 28: Lung Diseases by Type, ODSS, 1999

Subtype	Cases	Percent
Respiratory	52	38%
Asthma and RADS	33	24%
Hypersensitivity Pneumonitis (HP)	15	11%
Bronchitis	7	5%
Pleural Plaques	7	5%
Asbestosis	6	4%
Indoor Air	6	4%
Rhinitis	4	3%
Cancer	2	1%
Silicosis	2	1%
Alveolitis	1	1%
Multiple Chemical Sensitivity	1	1%
Total	136	100%

A wide variety of exposures caused lung conditions:

Respiratory conditions

- Chemicals (markers and board cleaner, Chem-safe, perchlorethylene, glutaraldehyde, MIBK, dog spray), fumes, machine fluids, metal, mold, pesticide, and solvents

Asthma and RADS

- Isocyanates, latex, marble and granite dust, silica, microbes, photo chemicals, paint fumes, metals, machine fluids, mold, pesticides, chlorine gas, formaldehyde, and new carpet

Bronchitis

- Floor strippers, bleach, volatile organic compounds (VOC), secondhand smoke

Hypersensitivity pneumonitis

- Bioaerosals and machine coolants

Cases mainly occurred in services (35%), manufacturing (32%), and state government (10%). Specific clusters included hospitals (25 cases), industrial machinery manufacturing (21 cases), schools (17 cases - 5 from one school), and prisons (16 cases).

Poisonings

Poisonings dropped from 30 in 1998 to only 2 in 1999; both cases were carbon monoxide poisoning. In addition, there was a slight increase in elevated lead levels reported from laboratories, increasing from 203 in 1998 to 212 in 1999. The increases, however, were in the medium levels, with slight declines in the highest levels of lead levels (Table 29).

Table 29: Lead Cases by Level of Blood Lead, Lead Surveillance System, 1999

Lead Level	1998 Cases	1999 Cases	Percent
20-29	146	140	66%
30-39	34	50	24%
40-49	16	18	8%
50-59	3	1	0%
60+	4	3	1%
Total	203	212	100%

Connecticut requires laboratories to report all blood lead tests of 20 or more micrograms per liter of blood to the Connecticut Department of Public Health. These cases are classified into childhood and adult cases, with the adult cases presumed to be occupational (although some cases are exposures from doing work on one's own house). OSHA medical removal protections apply at the 40 micrograms per liter of blood or above level, although lead can have neurological and other negative effects on health at much lower levels of exposure.

Infectious and Other Diseases

Since 1998, bloodborne disease exposures such as needlesticks were not reported into the ODSS. There were 23 reports of infectious diseases in 1999, including 13 caused by TB infection or TB disease. There were 4 reports of Lyme Disease (Table 30).

Table 30: Other Occupational Diseases by Type, ODSS, 1999

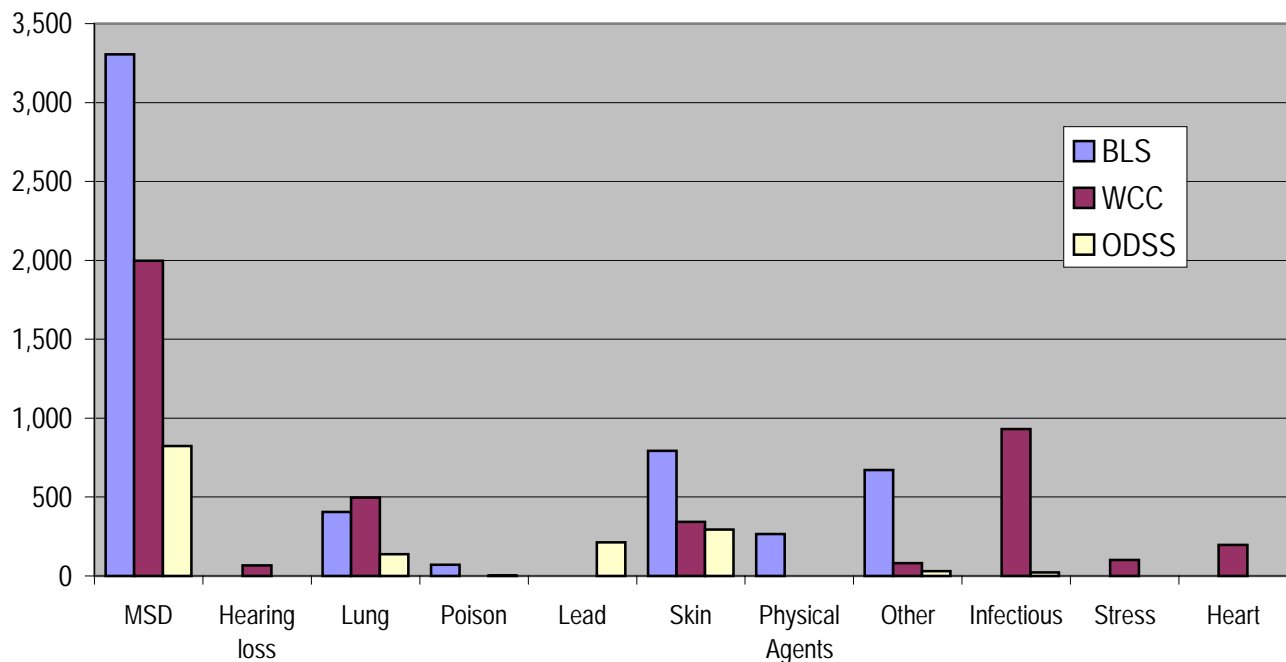
Subtype of Other Diseases	Cases
TB Disease Or Infection	13
Lyme Disease	4
Scabies	3
Other Infectious	3
Allergic	11
Hearing	14
Heart	1
Mental	1
Temp	1
Other	3
Total Infectious And Other	54

There were 11 cases of allergic conditions, from a wide variety of workplaces, including 3 from health care facilities. There were 14 cases of hearing problems reported, including two from swimming.

5. Summary of Diseases

Table 31 shows the totals by disease category for 1999 for the three reporting systems. Separate systems' definitions make comparisons incomplete. For example, Workers' Compensation only requires reporting for lost-time or restricted duty cases, while the other two reporting systems require all cases to be reported. Companies like the state of Connecticut reports all cases to Workers' Compensation. According to the Department of Public Health, although all physicians are legally required to report occupational disease, only a small minority does report. Appendix 1 details differences in the data systems.

Figure 12: Summary of Diseases Reported, 1999



The BLS/Conn-OSHA database showed the highest case rates, with 5,513 cases reported, followed by the Workers' Compensation database with 4,214 cases, and the Physicians' reporting database with 1,523 cases. However, it should be noted that this ordering varies by disease condition. For example, there were more Workers' Compensation reports for lung disease, infectious disease, mental illness, and heart and hypertension cases than for the other two systems.

Overall, there were increases in both Workers' Compensation and the ODSS reports, with BLS rates virtually identical to 1998.

Prior studies of MSDs have found very little overlap between cases reported to the Workers' Compensation and Physicians' systems, though the extent of that overlap is unknown for any other conditions.

Appendix 1: Databases and Methods

Determining the incidence of occupational illness in Connecticut is difficult. The problem is two-fold: 1) occupationally-related illness is not consistently recognized as work-related; and, 2) the cases reported to either the Department of Labor and/or the occupational health surveillance section of the Department of Public Health are not complete. Consequently, this assessment of occupational disease looks to a number of sources of information: the Workers' Compensation Commission's First Report of Injury database, the Bureau of Labor Statistics/Connecticut Occupational Safety and Health Administration Survey of Occupational Injuries and Illnesses, the Connecticut Occupational Disease Surveillance Program, and the Connecticut Adult Blood Level Epidemiology Surveillance Program. The Workers' Compensation and Physicians' Report databases were provided in electronic form from the Workers' Compensation Commission and from the Department of Public Health. The BLS/Conn-OSHA survey data was provided in table form from the Connecticut Department of Labor.

Assumptions and Conventions

The Workers' Compensation Commission's First Reports of Injury database and the Connecticut Occupational Disease Surveillance System (referred to as Physicians' Reports) were reviewed in depth. A rationale for the data review was developed to differentiate occupational disease from injuries and to classify the workplace reports by nature and cause of the illness. Each entry was reviewed for internal consistency and reasonableness. Specifically, the process employed the following steps:

- 1) **Clear acute injuries were eliminated** (approximately 90% of the Workers' Compensation database, and 30% of the Physicians Reports). In assessing the Workers' Compensation First Reports of Injury, a line by line review of injury descriptions, nature descriptions and codes, listed causes, and part of body were used to determine whether an injury or illness was described. The determination relied most heavily on the injury description and then on the other data fields in the order listed above.

The Physicians' Reports are organized differently. Numerical "Nature of Injury or Illness" codes from the Bureau of Labor Statistics Occupational Injury and Illness Classification System (ANSI Z16.2-1995, American National Standard for Information Management for Occupational Safety and Health) were used as the primary indicator to evaluate the records. Cause, certainty, diagnosis, ICD codes, suspected agent and symptom fields were also reviewed in determining illness or injury. Categories that were eliminated included all burns, lower back problems (including sciatica), hernias, infected wounds or burns, insect and animal bites (with the exception of tick bites because of the Lyme Disease concern), and electrical shocks.

- 2) **Validity of remaining records was determined.** Records were reviewed to be sure that the coding of types of disease was consistent with other information in the record. In addition, diseases were categorized by type of disease. References

used include Occupational Health, Recognizing and Preventing Work-Related Disease, Fourth Edition; Levy, Barry S. and Wegman, David H.; Little, Brown and Company; 2000 and Chemical Hazards of the Workplace; Proctor, Nick H. and Hughes, James P.; J.P. Lippincott Company; 1978. Physicians at the University of Connecticut Health Center's Division of Occupational Medicine reviewed specific data records.

- 3) **Fields were either revised or added to the databases:** *Illness Type* and *Nature of Illness*. The *Nature of Illness* was based on the information in the databases, research, and general information about the illnesses. Then each entry was categorized by *Illness Type*. The specific nature categories were grouped into broader categories to support graphic representation. For the Workers' Compensation database, the description of injury was used as the key description of the illness if it disagreed with the coding for other variables.
- 4) **Employers were coded for industry** by the Connecticut Department of Labor according to SIC (Standard Industrial Classification) code based on employer. Rates were calculated using employment figures as published in Conn-OSHA's Occupational Injuries and Illnesses in Connecticut reports.
- 5) **Data was cleaned, tabulated and put into presentation form** using SPSS for Windows, Microsoft Access, Excel, and Word software.
- 6) **The report is reviewed** by the Connecticut Workers' Compensation Commission prior to publication.

Appendix 2: Occupational Disease Detail by Type and Year

Table 31: Cases of Occupational Disease, by Type, Bureau of Labor Statistics/Conn-OSHA, 1979-1999

Year	Employ.*	All Ill	Skin	MSD	Lung-dust	Respir.	Poison	Physical	Other
1979	1,358	3,322	1,716	471	25	317	175	250	368
1980	1,394	3,066	1,586	513	88	214	66	199	400
1981	1,409	3,214	1,509	701	38	290	89	192	395
1982	1,400	2,549	1,130	580	31	223	31	216	323
1983	1,419	2,930	1,236	665	20	154	152	176	519
1984	1,490	2,735	1,109	665	24	273	65	162	432
1985	1,528	2,809	928	727	44	233	51	130	693
1986	1,567	2,719	808	761	39	274	65	235	538
1987	1,607	4,643	1,352	1,430	31	300	62	704	754
1988	1,637	4,364	1,257	405	35	332	56	405	733
1989	1,634	5,844	1,248	2,629	57	277	74	468	1,087
1990	1,593	5,307	1,032	2,535	93	457	54	496	641
1991	1,518	6,094	946	3,454	62	422	113	501	591
1992	1,483	6,458	1,084	3,852	37	471	53	349	612
1993	1,487	8,369	965	5,526	52	512	166	346	802
1994	1,502	7,319	957	4,482	74	410	97	313	986
1995	1,520	6,787	884	4,220	80	323	35	349	896
1996	1,538	6,021	827	3,711	40	418	34	235	756
1997	1,570	5,419	620	3,335	21	287	70	150	936
1998	1,597	5,510	989	3,398	10	459	45	92	517
1999	1,630	5,513	793	3,306	20	386	71	265	671

*Employment in thousands

**Table 32: Rate per 10,000 Workers of Occupational Disease, by Type,
Bureau of Labor Statistics/Conn-OSHA, 1979-1999**

Year	Employed	Skin	MSD	Resp/Lung	Pois/Phys/Other
1979	1,358,000	12.6	3.5	2.5	5.8
1980	1,394,000	11.4	3.7	2.2	4.8
1981	1,409,000	10.7	5	2.3	4.8
1982	1,400,000	8.1	4.1	1.8	4.1
1983	1,419,000	8.7	4.7	1.2	6
1984	1,490,000	7.4	4.5	2	4.4
1985	1,528,000	6.1	4.8	1.8	5.7
1986	1,567,000	5.2	4.9	2	5.3
1987	1,607,000	8.4	8.9	2.1	9.5
1988	1,637,000	7.7	2.5	2.2	7.3
1989	1,634,000	7.6	16.1	2	10
1990	1,593,000	6.5	15.9	3.5	7.5
1991	1,518,000	6.2	22.8	3.2	7.9
1992	1,483,000	7.3	26	3.4	6.8
1993	1,487,000	6.5	37.2	3.8	8.8
1994	1,501,800	6.4	29.8	3.2	9.3
1995	1,520,000	5.8	27.8	2.7	8.4
1996	1,538,000	5.4	24.1	3	6.7
1997	1,570,500	3.9	21.2	2	7.4
1998	1,596,900	6.2	21.3	2.9	4.1
1999	1,630,100	4.9	20.3	2.5	6.2

Source: BLS/Conn-OSHA

Appendix 3: Internet Resources for Job Safety and Health

Compiled by Tim Morse, Ph.D. (tmorse@nso.uchc.edu). Please send suggestions for additions. Please email if you would like to be on the new ergonomic network.

Search Engines

<http://www.about.com> (by subject, including occupational safety management)

<http://www.aj.com>

<http://altavista.digital.com/>

<http://www.google.com>

<http://www.hotbot.com>

<http://www.lycos.com/>

General Safety and Health

American Industrial Hygiene Association

www.aiha.org

American Society of Safety Engineers

www.asse.org

Canadian Centre for Occupational Health and Safety has hundreds of resources on their safety and health Internet resource list. Start at their home page, then choose Resources (on the top bar) then Internet Directory.

www.ccohs.ca

Connecticut Business and Industry Association has a safety and health page that helps businesses understand what OSHA laws apply and information on conferences and events.

www.cbia.com/HRBus/HealthandSafety/

Duke University Occupational & Environmental Medicine and The Association of Occupational & Environmental Clinics (AOEC) on-line text resources. The site includes links to other professional occupational medicine web sites, subscribing information to the e-mail info service, access to the Duke occupational medicine gopher with a lot of information, MMWR articles, federal documents, list of lending library resources, and more.

<http://occ-env-med.mc.duke.edu/oem>

Environmental Defense Fund has a scorecard page with information about the health effects of chemical emissions from 17,000 industrial facilities and the testing of chemicals, with maps and interactive databases.

www.scorecard.org/

EPA has sites about occupational health on indoor air quality, asbestos, and other topics.

www.epa.gov

<http://www.epa.gov/opptintr/asbestor/index.htm>

International Safety Equipment Association
www.safetycentral.org

National AFL-CIO includes a safety and health page.
www.aflcio.org/safety/index.htm

National Fire Protection Association
www.nfpa.org

National Safety Council
www.crossroads.nsc.org

New Jersey Health Department has excellent chemical hazard factsheets that are free, independently researched, and clearly written on hundreds of substances.
www.state.nj.us/health/eoh/rtkweb/rtkhsfs.htm

NIOSH (the National Institute for Occupational Safety and Health) is a good source.
www.cdc.gov/niosh/homepage.html

OSHA (Occupational Safety and Health Administration) homepage includes an ergonomics homepage, a searchable index of standards, safety and health statistics, etc.
www.osha.gov

OSHA citations by company or industry:
www.osha.gov/cgi-bin/est/est1

Vermont safety information resources have a database of material safety data sheets (MSDS) from a large number of chemical companies.
www.siri.org/

State of Connecticut Safety and Health Resources

ConneCT is the state website that allows access to all Connecticut agencies:
www.state.ct.us/

Connecticut General Assembly lets you search for any bill being considered, or get information about relevant committees such as Labor and Public Employees or Public Health.
www.cga.state.ct.us/default.htm

Department of Labor includes an occupational health services site, which includes information on their free consultation program and links to other safety and health sites.
www.ctdol.state.ct.us/osha/osha.htm

Department of Public Health includes a site for the occupational health program, including versions of the occupational lung disease newsletter, factsheets, and other information.
www.state.ct.us/dph/BCH/EEOH/HPEEOH.html

Workers' Compensation Commission includes information on district office locations, searchable version of workers' compensation statutes, new decisions, and other information.
<http://wcc.state.ct.us/>

Ergonomic Safety and Health

Cornell University has an active ergonomics program, with reports posted on graduate student projects and evaluation of ergonomic products.
<http://ergo.human.cornell.edu/>

CTD News Monthly Newsletter homepage. The newsletter gives information on repetitive trauma disorders. The homepage has a few articles & subscription information.
www.ctdnews.com/

ErgoCenter at UConn Health Center has some useful factsheets.
www.uconnhealth.org/clinicalservices/ergonomics/index.htm

Ergoweb was originally part of the University of Utah, but has split off into a commercial site, but with a lot of good factsheets, documents, and news.
www.ergoweb.com

Human Factors and Ergonomics Society is the professional association in ergonomics.
www.hfes.org

IBM has an interactive site for office ergonomics.
www.pc.ibm.com/ww/healthycomputing/index.html

Job Stress Network is dedicated to increasing communication among researchers and others interested in job stress and its impact on health.
www.workhealth.org/

Medical Multimedia Group has some very useful (and free) patient education materials on different types of cumulative trauma disorder, such as Carpal Tunnel Syndrome, epicondylitis, Thoracic Outlet Syndrome, with good graphics and explanation of medical aspects of conditions.
www.sechrest.com/mmg/reflib/ctd.html

Occupational Overuse Syndrome/RSI resources
www.comp.vuw.ac.nz/General/OOS

Paul Marxhausen has a site at University of Nebraska-Lincoln with useful information and links and a good quote ("We pray with our hands and often communicate with them. We use them to eat, work, and make love. We employ them as marvelously sophisticated instruments of flexibility and strength, and when they are damaged, we anguish." -- Keith L. Moore, Clinically Oriented Anatomy)
www.engr.unl.edu/eeshop/rsi.html

RSI/UK Information about Repetitive Stress Injuries (RSI) originating from the United Kingdom. This page contains information gathered from sources around the globe.
www.rsi-uk.org.uk

Typing Injury Frequently Asked Questions
www.tifaq.com

University College London's centre for the development, study and practice of ergonomics and human-computer interaction.
www.ergohci.ucl.ac.uk/

University of Virginia Ergonomics Training and Resources
<http://keats.admin.virginia.edu/ergo/home.html>

U.S. Department of Energy offers a free download of an interesting ergonomics software program developed by Battelle Labs called **ErgoEaser**. The program lets you input measurements of workstations and operators to help analyze computer workstations and lifting.
<http://nattie.eh.doe.gov/others/ergoeaser/download.html>

U.S. Department of Energy has ergonomics policies and costs.
www.acq.osd.mil/ens/sh/ERGO.HTML

Usernomics Ergonomics for hardware, software, and training.
www.usernomics.com/

Ergonomic Furniture Manufacturers and Distributors

Please Note: These are some commercial vendors; we do not endorse their products.

Alimed, www.alimed.com

BKM (Details & Steelcase), East Hartford, CT, www.bkm.com

Details (Steelcase Ergonomics Partner), www.details-worktools.com

ErgoSystems, East Hartford, CT, www.ergosystems.com

Flexrest, www.flexrest.com

Grahl, www.grahl.com

Haworth Furniture, www.haworth-furn.com/index.asp

Herman Miller, www.hermanmiller.com/

Humanscale www.humanscale.com

ISE (International Source for Ergonomics), www.visual-ergonomics.com

Knoll, www.knoll.com/

Media Control, Peta (ergonomic garden tools and add-on handles) www.peta-uk.com

Proformix Systems, www.proformix.com

Steelcase Corporate, www.steelcase.com

Workplace Ergonomics (North Coast Medical), www.ncmedical.com

Workrite Ergonomics, www.wrea.com

Appendix 4: Who's Who: Resources in Connecticut on Job Safety and Health

Academic Programs

**Central Connecticut State University,
Department of Industrial
Technology**

Undergraduate program in occupational safety & health.

Chairman: George Ku, Ed.D.

Address: Copernicus Hall, CCSU, 1615 Stanley Rd., New Britain, CT 06050

Phone: (860) 832-1852

Fax: (860) 832-1806

e-mail: Kug@ccsu.edu

Web: wwwst.ccsu.ctstateu.edu/programs/information/it_ocs_index1.html

Labor Education Center

Based at UConn in Storrs, the LEC does education on job health and safety, including undergraduate and master's classes, and a project on mine safety.

Director: Mark Sullivan

Address: 1 Bishop Circle, Box U-13, UConn, Storrs, CT 06268-4013

Phone: (860) 486-3417

Fax: (860) 486-5221

Web: www.continuingstudies.uconn.edu/centers/labor/lec.htm

**Rensselaer at Hartford, Lally School
of Management and Technology,
Master of Science in Environmental
Management and Policy**

Director: David Rainey, Ph.D.

Address: 275 Windsor St., Hartford, CT 06120

Phone: (860) 548-7830

e-mail: dlrainey@rh.edu.

Web: www.hgc.edu

**University of Connecticut Health
Center, Department of Community
Medicine, MPH Program**

Masters in Public Health program with ergonomic/occupational health certificate.

Director: Dr. Holger Hansen

Address: Farmington, CT 06030-1910

Phone: (860) 679-3551

Fax: (860) 679-2374

e-mail: mph@nso.uchc.edu

Web: http://grad.uchc.edu/mph/mph_intro.html

**University of New Haven, Department
of Occupational Safety and Health
Management**

Undergraduate and graduate programs in occupational safety and health, MS in Industrial Hygiene.

Director: Dr. Brad Garber

Address: 300 Orange St., New Haven, CT 06516

Phone: (203) 932-7175

Fax: (203) 931-6054

e-mail: garber@charger.newhaven.edu

Web: www.newhaven.edu/psps/gradosha.html

The Who's Who is compiled by Tim Morse and Jack Braddock of the Occupational Health Clinics Advisory Board. Please send additions/corrections to Tim Morse, UConn Health Center, Farmington, CT 06030-6210, (860) 679-4720, email: tmorse@nso.uchc.edu

Academic Occupational Health Clinics

University of Connecticut Occupational and Environmental Health Center

Director: Dr. Michael Grey
Address: UConn Health Center,
263 Farmington Ave., Dowling North,
Farmington, CT 06030-6210
Phone: (860) 679-2893
Fax: (860) 679-1349
e-mail: mcdermott@nso.uhc.edu
Web: [www.uconnhealth.org/
clinicalservices/brochures/index.htm](http://www.uconnhealth.org/clinicalservices/brochures/index.htm)

Yale Occupational and Environmental Medicine Program

Director: Dr. Mark Cullen
Address: Occupational Medicine, 135
College St., Room 366, New Haven,
CT 06510
Phone: (203) 785-7219 Clinic
(203) 785-5885 Office
Fax: (203) 785-7391
Web: [www.info.med.yale.edu/
intmed/cardio/occmed/](http://www.info.med.yale.edu/intmed/cardio/occmed/)

Occupational Health Clinics

CorpCare Occupational Health Center

Contact: Brian Downs
Address: 1075 Tolland Turnpike,
Manchester, CT 06040
Phone: (860) 647-4796
Fax: (860) 646-3945
Other Offices:
Glastonbury (860) 652-3180

Eastern Rehabilitation Network, Hartford Hospital

Director: Dr. Michael Erdil
Address: 181 East Cedar,
Newington, CT 06111
Phone: (860) 667-5480
Fax: (860) 667-8416
e-mail: merdil@harthosp.org
Web: www.easternrehab.net
Other Offices: Avon (860) 674-0255;
Bristol (860) 584-1485; East Hartford
(860) 291-2789; Glastonbury (860)
657-4723; Granby (860) 653-2301;
Hartford (860) 545-5130; Manchester
(860) 643-3562; Meriden (860) 235-
9622; Milford (203) 882-5109; North
Haven (203) 239-1890; Torrington
(860) 496-6154; West Hartford (860)
236-7771; Wethersfield (860) 529-
3179; Windsor (860) 688-0236

Hartford Medical Group, Immediate Medical Care

Director: Dr. Kent Stahl
Address: 1260 Silas Deane Highway,
Wethersfield, CT 06109
Phone: (860) 529-1100
Fax: (860) 721-9552
e-mail: krouill@harthosp.org
Other Offices: Milford, Torrington,
North Haven

Industrial Health Care

Address: 701 Main Street, East Hartford,
CT 06108
Phone: (860) 289-5561
Fax: (860) 291-1895
e-mail: IHCEH@aol.com
Web:
www.industrialhealthcarecompany.com
Other Offices: Norwich (860) 859-5100;
Norwalk (203) 838-8363; Plainville
(860) 747-9441; Stratford (203) 380-
5945; Wallingford (203) 949-1534;
Windsor (860) 298-8442

Johnson Occupational Medicine

Director: David Artzerounian, M.D.
Address: 151 Hazard Avenue, Enfield,
CT 06082
Phone: (860) 763-7668
Fax: (860) 763-7676
e-mail: jomc@jmhosp.org
Web: www.johnsonhealthnetwork.com/ocmed.htm

Lawrence and Memorial Occupational Health Center

Contact: Ruth Moreau
Address: 52 Hazlenut Hill Rd., Groton,
CT 06340
Phone: (203) 446-8265 x7082
Fax: (860) 448-6961
Web: www.lmhospital.org/patient-services/ohc.html

MedWorks

Director: Ralph J. Frank Jr. RPh., MPH
Address: 975 Farmington Ave.
Bristol, CT 06010
Phone: (860) 589-0114
Fax: (860) 589-1936
e-mail: rfrank@brishosp.chime.org
Web: www.bristolhospital.org/services/medworks.htm
Other Offices: Newington (860) 667-4418

Middlesex Hospital Occupational Medicine

Contact: Gail Brock
Address: 534 Saybrook Rd., Middletown,
CT 06457
Phone: (860) 343-4627
Fax: (860) 343-4628
Web: www.midhosp.org/health/occupational/index.cfm
Other Offices: Essex (860) 357-3840;
Cromwell (860) 632-8900

Connecticut Occupational Health Network

Contact: Barbara Evans
Address: 333 Kennedy Dr., Suite 202,
Torrington, CT 06790
Phone: (860) 482-4552
Fax: (860) 489-4647

Occupational Health Plus, St. Raphael Hospital

Director: Dr. Peter Amato
Address: 175 Sherman Ave., New Haven,
CT 06511
Phone: (203) 789-3721
Fax: (203) 789-5174
e-mail: parmato@srhs.org
Web: www.srhs.org/services_business.asp
Other Offices: Branford (203) 315-1286;
Hamden (203) 789-6240

St. Francis Hospital and Medical Center, Department of Occupational Health and Health Promotion

Director: Dr. Norman Muftic
Address: 114 Woodland St., Hartford,
CT 06105-1299
Phone: (860) 714-4270
Fax: (860) 714-8068
Web: www.stfranciscare.org/about/centers/occheal.htm

St. Mary's Hospital

Contact: Joe Vaccarelli
Address: 133 Scovill St., Suite 308,
Waterbury, CT 06706
Phone: (203) 597-3544
Fax: (203) 597-3741
e-mail: jvaccarelli@smhosp.chime.org
Web: www.smhosp.chime.org/

Waterbury Occupational Health Facility

Contact: Kathy Klein
Address: 140 Grandview Ave., Lower
Level, Waterbury, CT 06708
Phone: (203) 573-8114
Fax: (203) 755-3823

Organizations

American Lung Association, Connecticut

A non-profit public interest association geared towards preventing lung disease, including occupational lung disease.

Director: John Zinn

Address: 45 Ash St., East Hartford, CT
06108

Phone: (860) 289-5401, (800) 536-4872

Fax: (860) 289-5405

e-mail: alaofct@aol.com

Web: www.lungusa.org/

ConnectiCOSH (The Connecticut Council for Occupational Safety and Health)

CTCOSH is a union based non-profit organization for education and political action on job safety and health. They have conferences, fact sheets, and speakers.

Director: Mike Fitts

Address: 77 Huyshope St., Hartford,
CT 06106

Phone: (860) 549-1877

Fax: (860) 251-6049

e-mail: connecticosh@snet.net

Connecticut Safety Council

Associated with the Connecticut Business and Industry Association, the Council offers seminars, training courses, consulting, and policy discussions on safety and regulations. Includes many of the major businesses and industries.

Director: Bonnie Stewart

Address: 370 Asylum Ave., Hartford, CT
06103

Phone: (860) 244-1900

Fax: (860) 278-8562

Web: [www.cbia.com/HRBus/
HealthandSafety/](http://www.cbia.com/HRBus/HealthandSafety/)

Ergonomic Technology Center (ErgoCenter)

This is a center for prevention of repetitive strain injuries based at UConn Health Center, which does training, research, consulting, and clinical care.

Director: Martin Cherniack, MD, MPH

Address: DOEM, UCHC, Farmington,
CT 06030-6210

Phone: (860) 679-1285

Fax: (860) 679-1349

e-mail: tmorse@nso.uhc.edu
Web: [www.uconnhealth.org/
diseasewellness/disease/
ergocenterindexpage.htm](http://www.uconnhealth.org/diseasewellness/disease/ergocenterindexpage.htm)

OSHA

ConnOSHA

ConnOSHA is a state agency that inspects in the public sector, and does consultations in the private sector.

Director: Don Heckler

Address: Labor Dept., 38 Wolcott Hill Rd., Wethersfield, CT 06109

Phone: (860) 566-4550 or (860) 566-7184

Fax: (860) 566-1519

e-mail: Donald.Heckler@OSHA.gov

Web: <http://www.ctdol.state.ct.us>

Publications: ConnOSHA Quarterly

OSHA (Occupational Safety and Health Administration)

Federal OSHA inspects workplaces in the private sector for violations of standards, and also has information and pamphlets.

OSHA Bridgeport Office

(Fairfield, New Haven, and Middlesex counties).

Director: Cliff Weston

Address: 1057 Broad St., 4th Floor, Bridgeport, CT 06604

Phone: (203) 579-5581; National Hotline after hours, etc.: (800) 321-OSHA

Fax: (203) 579-5516

Web: www.osha.gov (national)

OSHA Hartford Office

Director: Tom Guilmartin

Address: 450 Main St., Room 613, Hartford, CT 06103

Phone: (860) 240-3152; National Hotline after hours, etc.: (800) 321-OSHA

Fax: (860) 240-3155

Professional Associations

American Industrial Hygiene Association (AIHA)

A professional association for industrial hygienists.

CT River Section Contact: Donald Weeks CIH President

Address: 123 Pinney Street, Ellington, CT 06029

Phone: (860) 871-6216

Fax: (860) 872-8044

e-mail: donweek@ix.netcom.com

Web: www.aiha.org/

NyConn Chapter

President: Richard Gunn

Address: 11 Brenner Ridge Rd., Pleasant Valley, NY 12569

American Society of Safety Engineers (ASSE)

A non-profit association for enhancing the competence and knowledge of the safety profession.

Connecticut Valley Chapter

Contact: Marty Lewis

Address: Box 106, 1131-0 Tolland Turnpike, Manchester, CT 06040

Phone: (860) 688-1151

e-mail: lewis15@home.com

Member Chair: David Gelphe, CSP

Phone: (203) 639-2440

e-mail: dgelphe@canberra.com

Web: www.asse.org/

ASSE Student Section (CCSU)

Contact: Dr. George Ku

Phone: (860) 832-1852

Address: 1615 Stanley St., P. O. Box 4010, New Britain, CT 06050-4010

e-mail: kug@ccsu.edu

Web: www.asse.ccsu.edu

ASSE Nutmeg Chapter

Contact: Dick Pfeiffer, CSP

Phone: (203) 271-2690

e-mail: safety@cyberbury.net

Connecticut Air & Waste Management Association

A forum for discussing environmental and waste issues.

Chairman: Pietro Catizone

Address: TRC Environmental Corp.
5 Waterside Crossing, Windsor, CT 06095

Phone: (860) 298-6248

Fax: (860) 298-6399

Connecticut Trial Lawyers Association, Workers' Compensation Committee

An association of attorneys specializing in workers' compensation, mostly for claimants.

Chairman: Robert Sheldon

Address: 64 Lyon Terrace, Bridgeport, CT 06604

Phone: (203) 335-5145

Fax: (203) 366-8503

Web: www.ct-tla.org/

CT Bar Association, Workers' Compensation Section

This is a professional association of attorneys who concentrating in workers' compensation.

Chair: Edward Dodd, Jr.

Address: Dodd, Lessack, Arnandow & Dalphin, 700 W. Johnson Ave., #305, Cheshire, CT 06410

Phone: (203) 272-1883

Web: www.ctbar.org/

Connecticut Safety Society

A professional association for safety inspectors, etc.

President: Tom Hozebin

Contact: Tom Schinkel, Treasurer

Address: 390 Brook St., Bristol, CT 06010

Phone: (860) 584-0477

Occupational Health Nurses Association

The association of occupational health nurses, including most of the nurses working in industry.

State President: Carolyn Gregory,

Address: Bestfoods Baking, 10 Hamilton Ave, PO 3000, Greenwich, CT 06836

Phone: (203) 531-2304

e-mail: gregoryx2@prodigy.net

Web: www.aaohn.org

Hartford: Kathy Harty,

(860) 646-6640 x17

Southern: Mary Jane Chase,

(203) 248-2161,

e-mail: mjjchase@aol.com

Western: Diane Westergren,

(203) 798-5222

**Occupational and Environmental
Medical Association of CT
(OEMAC)**

The association for occupational medicine doctors, including many of the physicians working for industry.

President: Dr. Marcia Trapé

Address: Occupational and Environmental Health Center, UConn Health Center, Farmington, CT 06030-6210

Phone: (860) 679-4564

Fax: (860) 679-1349

e-mail: trape@nso.uchc.edu

Web: www.acoem.org

State Agencies

Department of Public Health Occupational/ Environmental

Epidemiology

Investigates clusters of occupational diseases, with programs for radon, asbestos, AIDS, lead, TB control and infectious diseases also at the DPH.

Director: Mary Lou Fleissner, Dr.PH

Address: DPH/ EEOH ,
410 Capitol Ave, MS #11OSP,
Hartford, CT 06134-0308

Phone: (860) 509-7740

Fax: (860) 509-7717

Web: [www.state.ct.us/dph/BCH/
EEOH/HPEEOH.html](http://www.state.ct.us/dph/BCH/EEOH/HPEEOH.html)

Publication: "Occupational Airways"

State Emergency Response Commission

Oversees plans for response to chemical accidents and collects chemical information for the public under Community Right to Know.

DEP/ Bureau of Waste Management

Administrator: Joseph Pulaski

Address: 79 Elm St., 4th Floor,
Hartford, CT 06106-5127

Phone: (860) 424-3373

Fax: (860) 424-4059

Connecticut Fire Academy, Commission on Fire Prevention and Control

Safety Training & Standards compliance.

Coordinator: Ron Keane

Address: 34 Perimeter Road, Windsor
Locks, CT 06096-1069

Phone: (860) 627-6363 x237

Fax: (860) 654-1889

e-mail: ron.keane@po.state.ct.us

Web: www.state.ct.us/cfpc

CT Department of Environmental Protection, Radiation Safety Unit

Director: Edward L. Wilds

Phone: (860) 424-3029

Fax: (860) 424-4065

e-mail: edward.wilds@po.state.ct.us

Web: <http://dep.state.ct.us/>

Workers' Compensation Commission Chairman's Office and Review Board

The Commission oversees Workers' Compensation benefits, provides educational services on occupational safety and health, safety and health committees. The Commission also provides rehabilitation services for workers injured on the job.

Chairman: John A. Mastropietro

Address: 21 Oak St., 4th Floor, Hartford,
CT 06106-8011

Phone: (860) 493-1500

Information: (800) 223-WORK

Fax: (860) 247-1361

Web: <http://wcc.state.ct.us>

Workers' Compensation District Offices

1. 999 Asylum Ave., Hartford, CT 06105;
(860) 566-4154; Fax: (860) 566-6137
2. 90 Sachem St., Norwich, CT 06360;
(860) 823-3900; Fax: (860) 823-1725
3. 700 State St., New Haven, CT 06511;
(203) 789-7512; Fax: (203) 789-7168
4. 350 Fairfield Ave., 2nd Floor,
Bridgeport, CT 06604; (203) 382-
5600; Fax: (203) 335-8760
5. 55 West Main St., Waterbury, CT
06702;
(203) 596-4207; Fax: (203) 596-4318
6. 223 Main St., New Britain, CT 06051;
(860) 827-7180; Fax: (860) 827-7913
7. 111 High Ridge Rd., Stamford, CT
06905-5111; (203) 325-3881; Fax:
(203) 967-7264
8. 90 Court St., Middletown, CT 06457;
(860) 344-7453; Fax: (860) 344-7487