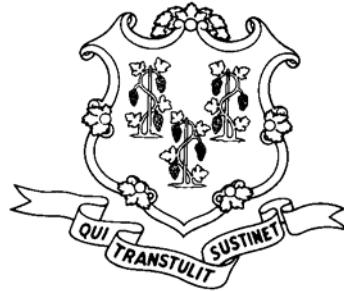


Occupational Disease in Connecticut, 2004



This report covers data for 2002
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
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A. Executive Summary

This report focuses on occupational *disease* reports from 2002, 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.

Occupational disease can 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.

Table A-1: Summary of Diseases Reported by Systems, 2002

Type of Disease	BLS/Conn-OSHA	Workers' Comp.	ODSS (Physicians)
Lung & Poisoning	398	409	283
Lead			476
Skin	831	196	338
MSD	*	1,978	921
Other	3,159	797	64
Total	4,388	3,380	2,082

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

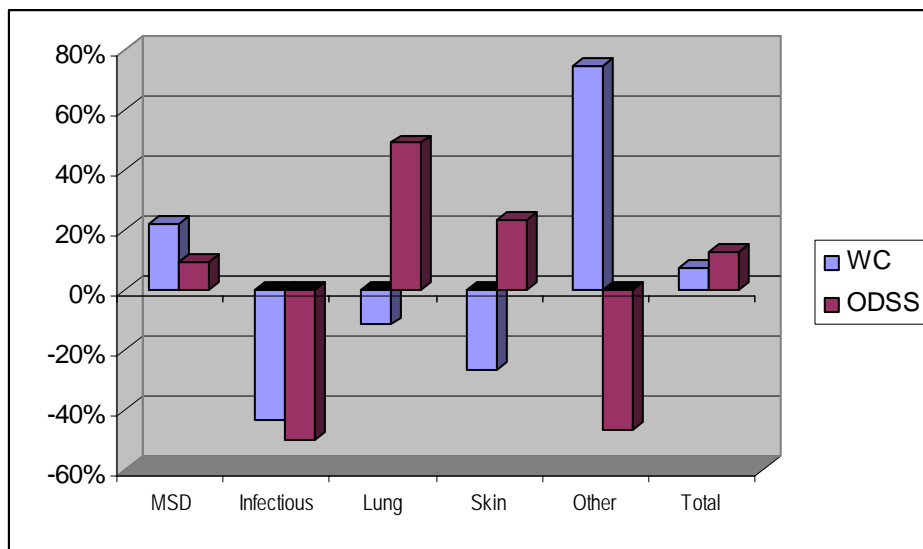
Notes: MSD= Musculoskeletal Disorders; Definitions vary somewhat between systems; ODSS infectious does not include bloodborne; ODSS lead cases are from the lab reporting system.

*MSD is included in "other"

Table A-1 summarizes the data from the three different sources. Over 4,300 cases of occupational diseases were reported under the BLS/Conn-OSHA survey, with 3,380 reported by employers under Workers' Compensation, and 2,082 reported by physicians to the ODSS. All systems were dominated by reports of musculoskeletal disorders (MSDs) such as Carpal Tunnel Syndrome and tendonitis, and also hearing loss, which accounted for between 44%-59% of cases reported (MSD is not broken out by BLS starting this year, and are included under "other illness"). Lung diseases such as acute respiratory conditions and asthma accounted for 9-14% of cases. "Other diseases", which includes infectious diseases, physical hazards such as heat and cold, allergies, cancer, and others, accounted for 3-72% of cases (the number in workers' compensation is due primarily to infectious, and MSD for BLS). Skin conditions accounted for 6-19% of the conditions reported. Lead poisoning is tracked based

on laboratory reports to the Connecticut Department of Public Health, and accounted for 23% of ODSS cases.

Figure A-1: Increase/Decrease in Reports by Type of Condition and System, 2002



The number of cases increased in both Workers' Compensation and ODSS in 2002 (BLS data for 2002 is not comparable to prior years)—by 7% in workers' compensation, and 12% in ODSS (Table A-2). MSD increased by 10-22%. Infectious conditions decreased in both systems (44-50%; however, the ODSS system does not include bloodborne diseases). Other conditions had mixed increases and decreases based on the data source: Skin from (-27) to 23%, lung from (-12%) to 49%, and other from (-46) to 74%. Overall rates were similar to U.S. rates, based on BLS data.

The manufacturing sector and state government had the highest rates of occupational diseases, and manufacturing also had the highest number (BLS). State government accounted for about 19% of all occupational disease workers' compensation claims, and had by far the highest rate of disease (94.0 per 10,000 workers) based on that workers' compensation data. About half of cases were women, but they accounted for 55% of MSDs, and lower numbers of lung cases (47%), skin conditions (34%), and "other" diseases (34%) (WC). Based on physician reports, 14% of cases were from Hispanics, and 14% were from Blacks.

The most common MSDs were epicondylitis, tendonitis, and Carpal Tunnel Syndrome (ODSS). The most common causes of MSD workers' compensation cases were "repetition" (357 reports), computers (293 cases), tool use (158 cases), and lifting (125 cases), and vibrating tools were reported much more commonly than in previous years (WC). The most common lung diseases were respiratory conditions, rhinitis/sinusitis, asthma, and asbestos-related conditions (ODSS), and mold was reported more commonly as a cause than in previous years. Causes of skin conditions included poison ivy, cleaning products, chemicals, and latex and other gloves (ODSS). The most common infectious diseases were bloodborne diseases and exposures (124 cases), although this category decreased by almost 50% from 2001. There were also 62 cases of Lyme Disease or tick bites among outdoor workers (WC).

B. Introduction

This report provides an overview of what is known about occupational disease in Connecticut based on 2001 data. 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)

Acknowledgements

Several people have contributed data and other help to this report. We would like to thank especially Joe Weber of the Department of Labor; Bob Artus, and Peter Miecznikowski of the Workers' Compensation Commission; and Thomas St. Louis and Deborah Pease of the Department of Public Health. Colleagues at the Division of Occupational and Environmental Medicine at the University of Connecticut Health Center have contributed ideas and resolved questions.

Overview of Report

This report covers occupational disease data for calendar year 2001. 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.

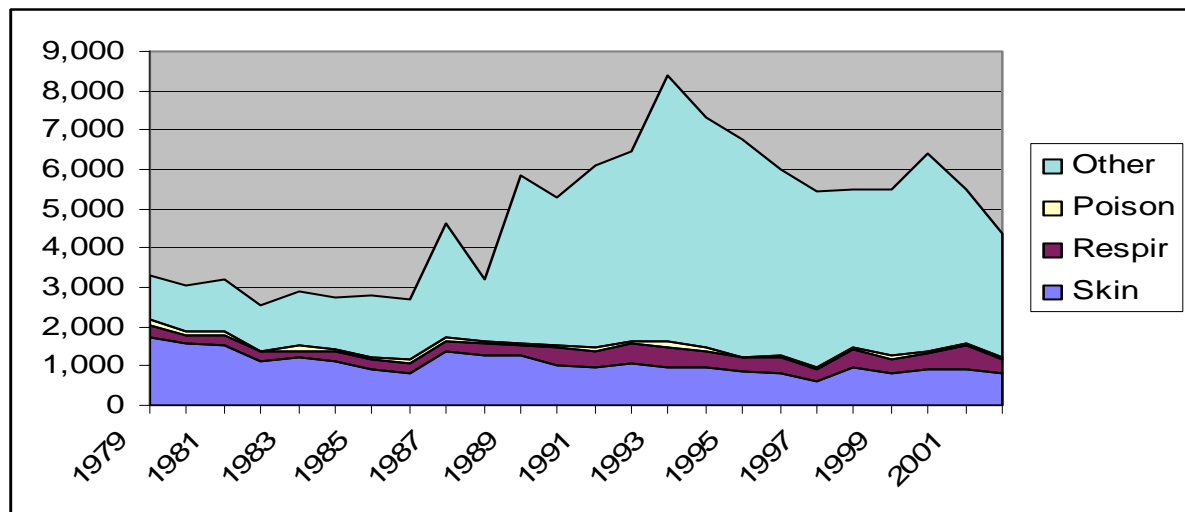
All three data sources provide somewhat different information. For example, the BLS/Conn-OSHA provides comparisons to U.S. data, but is based on a survey, rather than all reports. Workers' Compensation data includes all lost-time cases for all employers, but does not include physicians' diagnosis. Workers' Compensation reports give time trend information since the 2002 BLS data has changed and is not comparable to prior years. The Physicians' reporting system has more precise diagnoses, but according to the Department of Public Health, a large 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.

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

In cooperation with the U.S. Bureau of Labor Statistics (BLS), 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.

For 2002 data, the survey had a number of changes that make it more difficult to compare with previous years, and the **BLS has advised that the statistics for 2002 are not comparable to prior years** as a result of those changes. As part of a new recordkeeping rule, several categories of occupational illness are no longer tracked, including the previously most common category of “repetitive trauma”, as well as “dust diseases of the lung” and “physical hazards”. Comparisons with prior years are therefore grouped by the current categories. It is unknown how much of an impact the changes had on the overall reporting of illness categories—it may be that illnesses such as carpal tunnel syndrome have been reported as non-illnesses.

Figure C-1: Cases of Occupational Disease by Type and Year, CT, 1979-2002*



Source: BLS/Conn-OSHA Survey

* BLS has advised that 2002 figures are not comparable to prior years due to changes in recordkeeping requirements.

There were 4,388 reported cases of occupational illnesses in 2002 (Figure C-1 and Table C-1). Comparisons with 2001 should be viewed with caution: an increase was only seen in the small category of poisonings, with a 9% decrease in skin conditions, a 49% decrease in respiratory conditions, and a 20% drop in “other” conditions, which has been typically dominated by repetitive trauma cases. Table C-1 shows the breakdown of “other” cases based on the old tracking system—82% of “other” cases were repetitive trauma.

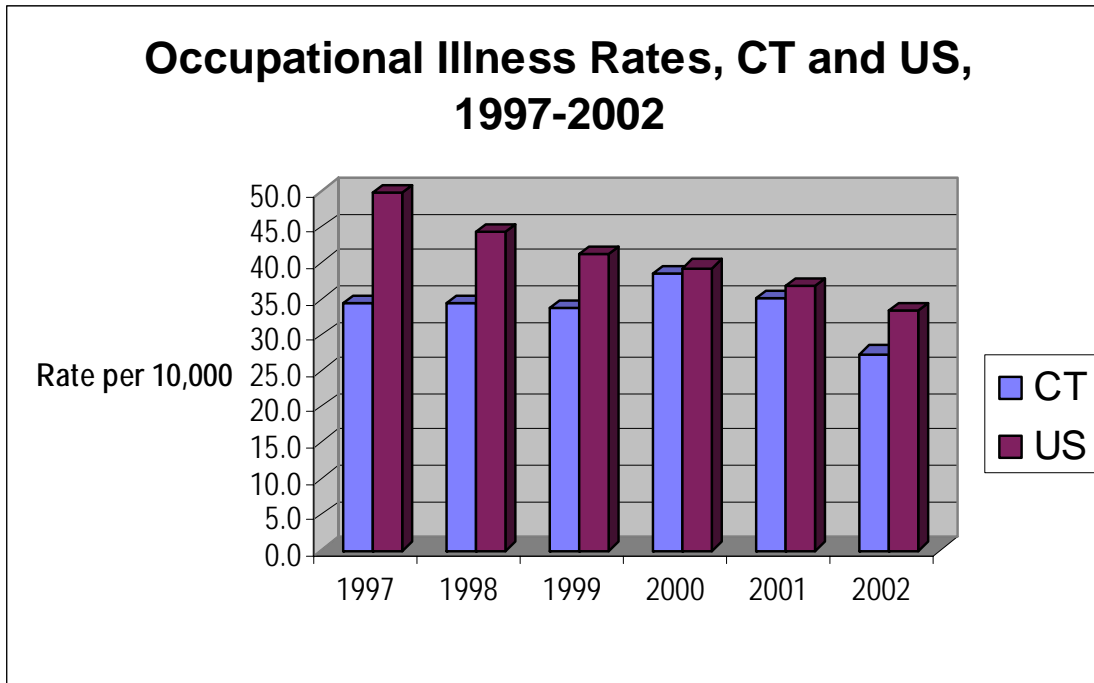
Table C-1: Occupational Disease by Type, 2001 and 2002, BLS/Conn-OSHA

	2001		2002		% Change in Cases
	Cases	Rates	Cases	Rates	
Skin	916	5.8	831	5.2	-9%
Poisonings	29	0.2	78	0.5	169%
Respiratory	630	4	320	2.0	-49%
Other Illnesses	3,939	25.1	3,159	19.7	-20%
Repetitive Trauma	3,220	20.5	*	*	
Dust Diseases of the Lung	10	0.1	*	*	
Physical Agents	118	0.8	*	*	
Other	591	3.8	*	*	
Total	5,514	35.1	4,388	27.4	-20%

Source: BLS/Conn-OSHA; Rates are per 10,000 workers, not adjusted for hours worked.

Rates per 10,000 workers decreased 22% in 2002 to 27.4 based on the higher employment figures for 2002.

Figure C-2*



Source: BLS. * BLS has advised that 2002 figures are not comparable to prior years due to changes in recordkeeping requirements

Overall rates for Connecticut for the last six years are compared to the U.S. rates in Figure C-2. Connecticut rates are somewhat lower than for the U.S. as a whole, though there is less of a difference than in the earlier years.

Numbers and rates by industry sector are presented in Table C-2 and Figure C-4. The manufacturing industry had the highest number of cases (1,268) and rates (54.8 per 10,000) of any industry sector. Services had the second highest number of cases (1,021), but a lower rate (25.3). State government had the 2nd highest rate (54.4), with 304 cases, followed closely by municipalities (42.1, with 392 cases). Trade had a high number of cases (574), but a rate of 20.4. Agriculture had a very high rate of 92.4, primarily due to skin disease, but is based on a small number of cases (141), so is an unstable number.

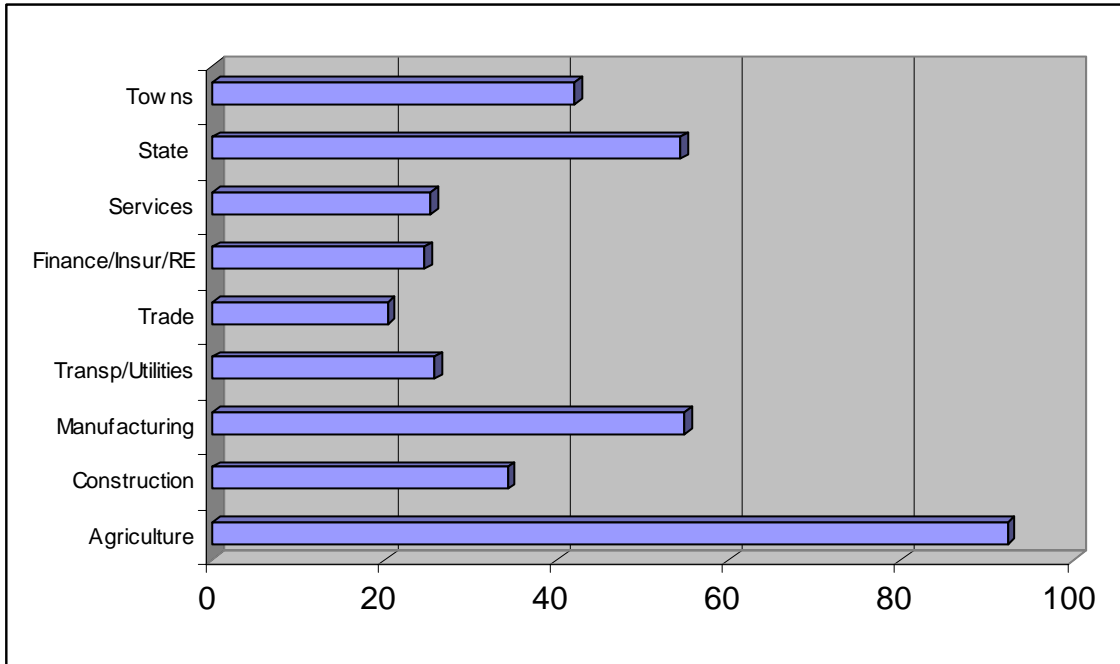
Musculoskeletal disorders (repetitive trauma) primarily contributed to cases and rates, and are the largest component of “other illnesses”. Highest rates of “other illnesses” disorders (MSDs) occurred in manufacturing (43.4), followed by state government (32.7), finance, insurance and real estate (23.1), and municipalities (22.9). Skin disorder rates ranked highest in agriculture, and respiratory disorders ranked highest in state government.

Table C-2: Illness Rates per 10,000 Workers by Industry and Type of Illness, CT, 2002

Industry ²	Total rate	Skin diseases or disorders	Respiratory conditions	Poisonings	All other illnesses
All industries including State and local government	32.9	6.2	2.4	0.6	23.7
Private industry	31.1	6.0	1.6	0.2	23.3
Agriculture, forestry, and fishing	92.4	82.6	3.9	1.3	4.6
Mining	11.6	--	--	--	11.6
Construction	34.3	1.6	0.5	--	--
Manufacturing	54.8	8.3	3.0	0.2	43.4
Durable goods	60.7	8.7	3.7	0.2	48.1
Nondurable goods	41.4	7.5	1.3	--	32.6
Transportation and public utilities	25.9	3.7	4.8	0.6	16.8
Wholesale and retail trade	20.4	4.1	0.7	0.2	15.4
Wholesale trade	30.8	1.5	0.1	0.8	--
Retail trade	16.8	5.0	0.9	--	10.9
Finance, insurance, and real estate	24.6	1.0	0.5	--	23.1
Services	25.3	5.9	1.2	0.2	18.0
State and local government	46.7	7.7	9.0	3.5	26.6
State government	54.4	6.1	11.3	4.3	32.7
Local government	42.1	8.7	7.6	3.0	22.9

Source: Conn-OSHA; Rates are adjusted for hours worked; Dashes indicate sectors with number of illnesses or number of companies that are too small to be calculated reliably.

Figure C-3: Rate of Illnesses by Industry, CT, 2002, BLS/Conn-OSHA



Source: Conn-OSHA; Rate per 10,000 workers; Adjusted for hours worked

Reported rates were the highest for larger workplaces in 2002, with 11.5 cases per 10,000 workers for 10 or fewer employees, 13.7 for 11-49 employees, 37.6 for 50-249 employees, 52.9 with 250-999 employees, and 50.3 for 1,000 employees and over (Table C-3).

Table C-3: Rates by size of employer (private industry), BLS/ConnOSHA, 2002

Employer Size	Total Cases
1-10 employees	11.5
11-49 employees	13.7
50-249 employees	37.6
250-999 employees	52.9
1,000+ employees	50.3

Lost-Time Illnesses

The BLS/Conn-OSHA survey gathers additional information on certain categories of lost-time injuries and illnesses. There were 451 reported cases of lost-time Carpal Tunnel Syndrome cases in 2002, 161 cases of tendonitis, and 898 injuries/illnesses due to repetitive trauma.

For the Carpal Tunnel Syndrome cases, the largest proportion was in manufacturing (29%), followed by the public sector (23%), “finance, insurance, and real estate” (16%), and service (12%). Carpal Tunnel Syndrome cases had the highest median lost days per injury (32 days) of any category of illness or injury (the average for all lost time injuries or illnesses was 8 days). Repetitive motion cases also averaged very high lost days at 26. Tendonitis averaged 17 days.

D. Workers' Compensation First Report of Injury Data

There were a total of 3,380 Workers' Compensation reports for occupational illness in 2002, a 7% increase from 2001. Table D-1 and Figure D-1 show the total reports for the previous six years, indicating a steady increase in reports between 1996-1999, with a leveling in 2000, decrease in 2001, and increase in 2002. There was a 22% increase in musculoskeletal disorders (MSD), which is the largest type of illness. There were also increases in heart and stress cases (64%), and "other illnesses" (90%), which includes allergic conditions, hearing loss, and other illnesses. Infectious disease reports declined by 44%, lung/poisonings by 12%, and skin conditions declined by 27%; all of which had declines in both of the last 2 years.

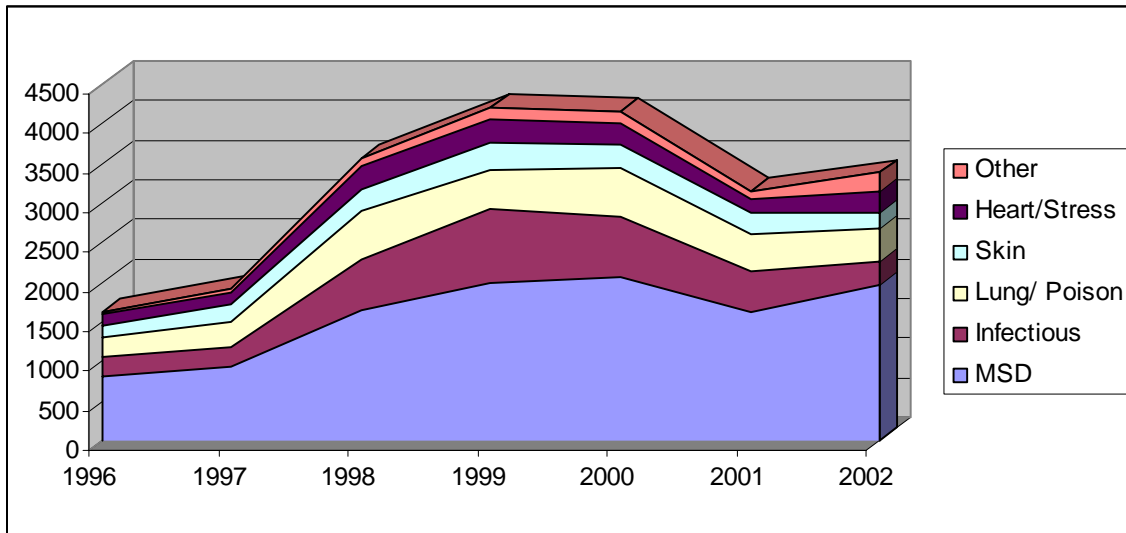
There have been changes in reporting over that period, including an increasing number of insurers/employers filing reports electronically, so changes may reflect either differences in reporting or actual increases/decreases. Employment rates increased by 2% from 2001 to 2002, so illness rates increased by 5%.

Table D-1: Occupational Disease by Type, WCC, 1996-2002

	1996	1997	1998	1999	2000	2001	2002	% Change
MSD	807	936	1,634	1,998	2,075	1,619	1,978	22%
Infectious	249	242	653	930	748	516	291	-44%
Lung/ Poison	249	329	603	497	630	463	409	-12%
Skin	136	202	270	343	291	268	196	-27%
Heart/Stress	145	161	301	298	274	171	280	64%
Other	45	48	95	148	129	119	226	90%
Total Illnesses	1,631	1,918	3,556	4,214	4,147	3,156	3,380	7%
Employment	1,538,000	1,570,500	1,596,900	1,630,000	1,653,000	1,571,664	1,602,000	
Illness Rate per 10,000	10.6	12.2	22.3	25.9	25.1	20.1	21.1	5%

Note: Employment are not adjusted for hours worked

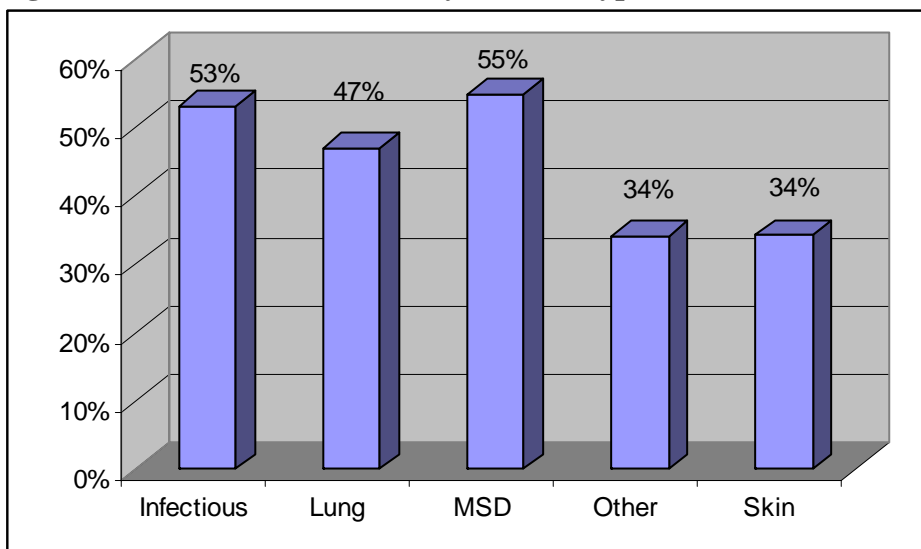
Figure D-1: Occupational Disease by Type, WCC, 1996-2002



Occupational illness reports are a subset of the Workers' Compensation reports that includes a much larger number of traumatic injuries. There were 37,720 total injury and illness reports for injury dates in 2002, so occupational diseases comprise only 9% of the total.

Illness reports were dominated by musculoskeletal disorders with 1,978 cases in 2002 (59% of the total occupational illnesses). There were 291 cases of infectious diseases (9%), 409 cases of lung diseases, including acute respiratory diseases, chronic lung diseases, and a small number of poisonings (12%), 196 cases of skin conditions (6%), and 280 cases of heart disease and hypertension (8%).

Figure D-2: Percent of Women by Disease Type, WCC, 2002



Overall, 49% of reports were by women, but this varied by type of case (Figure D-2), with higher proportions of women for MSD, but lower levels for skin, "other", and lung

Figure D-3 Occupational Illness Cases by Industry, WC, CT, 2002

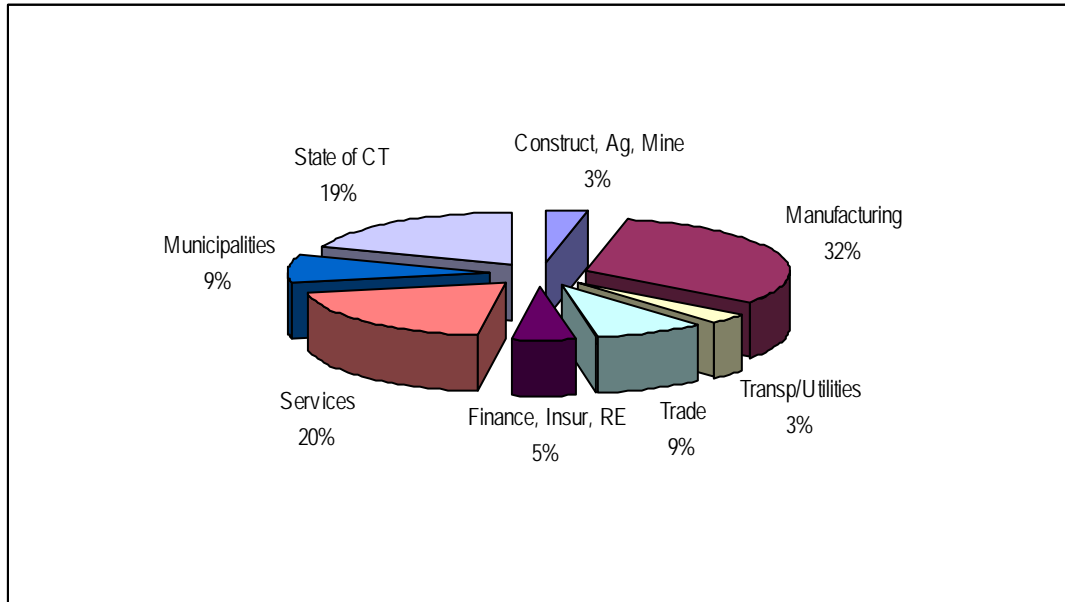


Table D-2: Cases/Rates of Occupational Disease by Major Industry Sector, WCC, 2001 and 2002

Industry	Employment	Cases	2001 Rate	2002 Rate
Construct, Agric, Mining	81,447	103	13.2	12.6
Manufacturing	237,486	1002	28.8	42.2
Transportation/Utilities	75,241	108	15.7	14.4
Trade	358,824	280	6.8	7.8
Finance, Insurance, RE	142,743	156	11.3	10.9
Services	506,826	621	11	12.3
Municipalities	133,100	286	31.9	21.5
State of CT	63,936	601	121.6	94.0
Total	1,602,202	3,380	20.1	21.1

Note: Employment is not adjusted for hours worked. Rows do not add up to total due to reports that could not be coded for industry. Rates are per 10,000 employees.

Ninety three percent (93%) of reported cases were able to be coded for major industry sector. Manufacturing had the highest number of cases (1,002), followed by services (621), State government (601), towns and cities (286), wholesale and retail trade (280), finance, insurance, and real estate (156), transportation and utilities (108), and construction, agriculture, and mining (103).

The rate per 10,000 workers factors in the size of employment in each sector. State government had by far the highest rate (94.0 per 10,000 workers), which, however, decreased by 23% over 2001. The next highest rate was manufacturing (42.2), which increased by 46% over 2001, and towns and cities (21.5), which declined by 33%. The next highest rates were transportation/utilities, construction/agriculture/mining, services, and finance/insurance/real

estate. Wholesale and retail trade had the lowest rate at 7.8. Overall, the rate of illness increased slightly to 21.1 per 10,000 workers.

Table D-3: Type of Disease by Industry Sector, WCC, 2002

Industry	Infect	%	Lung	%	MSD	%	Other	%	Skin	%	Total	%
Const, Agr, Mine	3	1%	21	5%	46	2%	14	3%	19	10%	103	3%
Manufacturing	6	2%	72	18%	734	37%	141	28%	49	25%	1002	30%
Transport/ Utilities	3	1%	22	5%	66	3%	12	2%	5	3%	108	3%
Trade	7	2%	22	5%	203	10%	38	8%	10	5%	280	8%
Fin, Insur, RE			3	1%	118	6%	32	6%	3	2%	156	5%
Services	172	59%	56	14%	282	14%	57	11%	54	28%	621	18%
Towns	33	11%	46	11%	82	4%	100	20%	25	13%	286	8%
State	51	18%	138	34%	303	15%	90	18%	19	10%	601	18%
Unknown	16	5%	29	7%	144	7%	22	4%	12	6%	223	7%
Total	291	100%	409	100	1978	100	506	100	196	100	3380	100%

Patterns of illness by industry differed by the type of illness (see Table D-3). Infectious diseases were concentrated in services (59%), followed by the state and towns; lung diseases were concentrated in state government (34%), followed by manufacturing, and services sector; musculoskeletal disorders were most prevalent in manufacturing (37%), followed by state government, and services; skin conditions were most common in services (28%), followed by manufacturing and towns.

Table D-4 shows those specific industry sectors that reported over 30 cases of occupational illness. Shipbuilding had the largest number of cases, with 305 reported, and hospitals were second with 227. In addition to the 144 cases for the overall division for state government (which includes cases from divisions that were not specified in the data set), there were also over 30 cases in Corrections, Public Safety, and Child and Family Services. In addition, a percentage of state employees are also represented in hospitals and colleges/universities (which overall had 52 cases), and residential care (overall 122 cases). Including all categories, there were 601 illnesses reported for State of Connecticut employees. This figure was, however, down 23% from the 776 reported in 2001.

Towns and Cities had 193 cases in the general municipal category, but also include a large number in the schools category (which overall had 82 cases). In all, there were 286 illnesses reported by towns and cities.

In manufacturing, there were clusters in Aircraft manufacturing. Aircraft Engine manufacturing, and small arms manufacturing. In retail trade, there were 47 cases in department stores and 40 in grocery stores. Life insurance reported 34 cases, and commercial banks reported 30 cases.

It should be noted that those sectors that employ large numbers of workers are more likely to have higher numbers of cases; rates reported below adjust for industry size.

Table D-4: Specific Industry Sectors with over 30 Cases of Occupational Disease, WCC, 2002

Specific Industries	SIC	Cases
Shipbuilding	3731	305
Hospitals	8062	227
Municipalities	9000	193
State of CT (Other)	9100	144
Residential Care	8361	122
Schools	8211	82
Aircraft Engine Manufacture	3724	81
Nursing Homes	8051	66
State Corrections	9223	55
Colleges and Universities	8221	52
Employment Services	7363	51
Department stores	5311	47
State Child and Family Services	9441	47
Grocery stores	5411	40
Aircraft manufacturing	3721	40
Restaurants	5810	38
Small arms manufacture	3484	38
State Public Safety	9221	35
Life Insurance	6311	34
Commercial banks	6021	30

Note: Bold indicates new on the list this year.

Table D-5: Industry Sectors with Highest Rates of Disease, WCC, 2002

Industry	Employment	SIC	Cases	Rate
Transportation Equipment Manuf.	45241	37	443	97.9
State of CT	63936	91	601	94.0
Fabricated metal products	29106	34	138	47.4
Rubber manufacture	9912	30	34	34.3
Electronic manufacture	22653	36	64	28.3
Trucking and warehouse	12205	42	33	27.0
Schools	42383	82	111	26.2
Banks	24294	60	53	21.8

Table D-5 shows the sectors with the rates of occupational diseases that were above the overall average rate of 21.1 per 10,000 workers, based on slightly larger (more general) industry classifications. Only sectors that had at least 25 cases are shown, since the rates would be unstable with lower numbers. Transportation equipment manufacturing had the highest rate, at 98 cases per 10,000 employees, followed by the State of Connecticut (94),

Fabricated metal products (47), Rubber manufacturing (34), Electronic manufacture (28), trucking (27), schools (26), and banks (22).

State of Connecticut Reports

The State of Connecticut has among the highest rates for most of the different categories of occupational illness, though the number of cases has decreased by 23% in 2002. There were decreases in skin disease, lung/respiratory, and a dramatic decrease in infectious disease reports. There were, however, increases in MSD, heart attack/stress, and “other illness”.

Table D-6: State of Connecticut Reports, WCC, 1999-2002

Category	1999	2000	2001	2002
Skin Disease	44	44	42	19
Lung/Respiratory	143	278	175	138
MSD	270	306	236	303
Heart Attack/Stress	74	34	42	61
Infectious	304	262	277	51
Other Illness	16	5	4	29
Total	851	929	776	601

Table D-7 details the illnesses by the subdivision of state government. Of the divisions that could be classified, the mental retardation sector had the most cases, with 45 MSD and 27 lung cases. Hospitals had 56 MSD and 12 lung cases, and a large drop in infectious disease reports. Universities and colleges had 41 MSD and 18 lung cases. Corrections had 24 lung cases, but a dramatic reduction in infectious cases reported compared to 2001. Children and family services had primarily MSD, while Revenue services had almost only lung cases.

Table D-7: Type of Illness by State Government Division, WCC, 2002

State Government Division	SIC	Total	Infectious	Lung	MSD	Other	Skin
General & unclassified	9110	145	10	29	92	14	
Mental retardation/residential care	8361	114	14	27	45	26	2
Hospitals	8062	82	5	12	56	2	7
Universities and Colleges	8221	72	1	18	41	7	5
Corrections	9223	55	1	24	3	24	3
Children and Family Services	9441	47	3	5	36	3	
Public Safety	9221	27	6	6	9	6	
Revenue Services	9311	17		16		1	
Environmental Protection	9511	13	10		2		1
Psychiatric Hospitals	8063	12	1	1	8	1	1
Transportation	9621	12			7	5	
Public Health	9431	5			4	1	
Total State Government		601	51	138	303	90	19

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 of the reported occupational diseases to Workers’ Compensation. Overall, reported MSDs increased by 22% in 2002 to 1,978 cases (Table D-8). MSDs presented here do not include any cases for the lower back, since the descriptions of back conditions are typically not sufficient to be able to distinguish between acute and cumulative back injuries, nor do they include any other acute injury condition from sudden events.

Table D-8: Musculoskeletal Disorders (MSDs) by Type, WCC, 2001 and 2002

Type of MSD	2001	2002	%	% Change
Carpal Tunnel Syndrome	375	427	22%	14%
Nerve/numbness/tingling	98	102	5%	4%
Tendonitis	69	65	3%	-6%
Hand-arm vibration syndrome (HAVS)		18	1%	*
Ganglion	27	33	2%	22%
Epicondylitis	15	17	1%	13%
Trigger Finger	11	10	1%	-9%
Strain/Sprain	204	70	4%	-66%
Pain and inflammation	401	574	29%	43%
Arthritis/Bursitis	10	7	0%	-30%
Other MSD	409	655	33%	60%
Total	1,619	1,978	100%	22%

Carpal Tunnel Syndrome, which is a pinching of the median nerve at the wrist, was the most common specific diagnosis with 427 cases reported, or 22% of total MSD reports. This was an increase of 14% from 2001. Other nerve-related problems (with symptoms of numbness or tingling) increased slightly, and accounted for an additional 102 cases, bringing nerve-related cases to 27% of all MSDs. Tendon-related problems included 65 cases of tendonitis and tenosynovitis, 33 cases of ganglion cysts, and 17 cases of epicondylitis (“tennis elbow” or “golfer’s elbow”). There were 10 cases of trigger finger, and 18 cases of Hand-Arm Vibration Syndrome. A large number (1,299) of cases did not have a specific description other than “strain or sprain” (this category does not include acute strains or sprains), “pain”, “swelling”, or no description.

Almost all the cases of MSD were in the upper extremity of the body (note that lower back cases are not included in these figures). Approximately half (52%) of total MSD cases were for the hand, wrist, and lower arm (see Table D-9). Other affected parts of the body included 8% elbow and 14% shoulder, neck, and “upper extremity”. Only 7% were for the legs, knees and feet.

Table D-9: Musculoskeletal Disorders by Part of Body, WCC, 2002

Part of body	Cases	Percent
Lower Arm, Wrist, Hand	1031	52%
Upper Arm, Shoulder, Upper Extremity	278	14%
Elbow	163	8%
Neck and Upper Back	44	2%
Legs, Knees, and Feet	131	7%
Multiple	277	14%
Other/Unknown	54	3%
Total	1,978	100%

Table D-10: Causes of Musculoskeletal Disorders (MSD), WCC, 2002

Cause of MSD	Cases
Repetitive	357
Computer & Clerical	293
Tools	158
Lifting	125
Twisting, Gripping, Opening, intense hand motions	65
Machine	51
Pulling & Pushing	45
Walking, Standing, Bending, Climbing	44
Picking, Packing, Sorting	42
Assembly	28
Maintenance, Cleaning, Painting, Mopping	27
Driving, travel	24
Other	19
Kneeling, crawling	17
Reaching, overhead work	12
Scanning, cashier	7

Causes of conditions were often incomplete and not consistently coded nor described. Approximately two-thirds of MSD cases had enough description to show some cause. Of the MSDs that could be classified, the most frequently mentioned causes were the broad category of “repetition” (357 cases), although this was frequently just from a general description, and often used to describe any chronic musculoskeletal problem (see Table D-10). This was followed by computing and clerical tasks that included typing, keying, mouse use, phone use, etc, with 293 cases. There were 158 cases that mentioned use of tools, including many references specifically to pneumatic tools that have been associated with vibration exposure as well as biomechanical risks. Lifting was specifically mentioned in 125 cases, followed by intensive use of the hands (65), such as gripping, twisting, or opening. There were 51 cases related to the use of various machines, pushing or pulling (45 cases), walking, standing, and climbing (44 cases), picking, packing, sorting and similar tasks (42 cases), assembly (28

cases), and maintenance and housekeeping activities such as mopping or sweeping activities (27 cases).

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 reports of tick bites. It is often difficult to determine whether the first report of injury was actual disease or only exposure (for example, actual Lyme Disease or only a report of a tick bite). Similarly, it is usually not clear in the reports for needlestick and sharps injuries whether the source patient or client was actually infected with any of the known bloodborne diseases. There were additional reports of exposure to “spit” or “sputum” that are not reported here, since risks tend to be very low from such exposures.

Table D-11: Infectious Diseases and Exposures by Type, WCC, 2001 and 2002

Illness	2001	2002	%	% Change
Bloodborne	234	124	43%	-47%
TB	136	25	9%	-82%
Lyme Disease/Tick bite	53	62	21%	17%
Human bite/Urine	36	54	19%	50%
Anthrax exposure	25	0	0%	-100%
Other infectious	32	26	9%	-19%
Total	516	291	100%	-44%

Overall, infectious disease and exposure reports decreased by 44% in 2002, the second consecutive large decrease. Bloodborne diseases and exposures decreased by 47%, TB and conversions of TB tests declined by 82%, and there were no reported cases of anthrax exposure subsequent to the bio-terrorism related cases in 2001. However, there was a 17% increase in reports for Lyme Disease or tick bites, and a 50% increase for human bites.

Bloodborne diseases or blood exposures were the most common infectious disease category reported, with 124 cases in 2002 (see Table D-11). Diseases that can be contracted through blood and body fluid exposures include hepatitis B, C and HIV. Human bites or exposures to body fluids such as urine are also related to bloodborne diseases, with 54 cases reported. Transmission is much less likely when a worker is exposed to urine or a human bite than transmission occurring from blood, particularly for HIV. Blood to blood exposure is the highest risk, such as from needlesticks or sharps injuries.

There were 62 reports of tick bites, rashes from tick bites, and Lyme Disease attributed to occupational exposures. There were 25 cases of tuberculosis infection (PPD conversion) or exposures to clients with TB. There were also 26 other infectious diseases reported, including reports of scabies reports, chicken pox, meningitis, rabies, and shingles.

Causes were frequently not clearly identified. Needlestick and sharp exposures were reported for 89 of the cases of bloodborne exposures, a large increase from 2001. Altercations or arrests with prisoners or clients accounted for the vast majority of human bites as well as some of the other bloodborne exposures.

Acute Respiratory Conditions and Poisonings

There were 319 cases of acute respiratory conditions reported for 2002, a decrease of 13% from 2001. Because descriptions vary, causes are difficult to precisely classify. Chemical exposures were the most common cause of illness, followed by exposure to smoke and fumes, indoor air quality, cleaning chemicals, mold, dust, carbon monoxide, and construction debris (see Table D-12).

Table D-12: Acute Respiratory Conditions and Poisonings by Cause, WCC, 2002

Cause	Cases	%
Chemical Exposure	88	38%
Smoke, Fire	37	16%
Air Quality	34	15%
Cleaning	19	8%
Fumes Exposure	13	6%
Mold	13	6%
Dust	11	5%
Carbon Monoxide/Gas	6	3%
Construction	5	2%
Odor	3	1%
Other/Unknown	1	0%
Total	230	100%
Unknown Cause	89	
Total Respiratory	319	

Chemical exposures included perfume (5), renalin, styrene, isocyanate, toner, lacquer, painting, pepper spray (3), nitric acid (2), sulfuric acid (2), silastic, alcohol (2), hot tar (4), coolant, kerosene, fire extinguisher, pyridine, silicon, new carpet, gasoline, and mastic remover (solvent).

Chronic Lung Conditions

There were 90 cases of chronic lung conditions in 2002, up slightly from 2001 reports. These included asbestos-related diseases and exposures, occupational asthma, and other chronic lung diseases. Acute lung diseases are classified under respiratory disease (above). Allergies, such as those caused by latex or mold, that often include lung effects, are classified under allergies, under “Other occupational diseases” below, although those that are described as having specific lung effects are shown here (under “other lung”).

Asbestos

There were 49 reports of asbestos-related disease or exposures in 2002, a 16% decline from 2001 (Table D-13). The descriptions of the cases made it impossible to determine whether the cases were actual disease or only exposure to asbestos, although four of these cases were specifically noted as lung cancer. 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 thought to be under-reported by traditional surveillance sources such as Workers’ Compensation.

Table D-13: Chronic Lung Diseases by Type, WCC, 2001 and 2002

Illness	2001	2002	%	% Change
Asbestos-related	58	49	54%	-16%
Asthma	22	26	29%	18%
Other lung	9	15	17%	67%
Total	89	90	100%	1%

Asthma cases increased by 18%, with 26 cases reported in 2002. “Other lung” conditions were primarily chronic allergic conditions involving lung effects.

Attributed causes included roof tarring, paint fumes (3), natural gas, bleach, dust/mold (2), and cleaning chemicals (3). Allergic conditions were primarily from mold and dust, but also included Pine-Sol, coolant, perfume, and floor stripper.

Skin Conditions

Table D-14: Skin Diseases by Cause, WCC, 2001 and 2002

Category	2001	2002	Percent	% Change
Poison Ivy/plants	129	70	36%	-46%
Chemical	26	19	10%	-27%
Gloves/Latex/clothing	29	17	9%	-41%
Cleaning	9	14	7%	56%
Coolant/Oil	8	6	3%	-25%
Other/Unknown	67	70	36%	4%
Total	268	196	100%	-27%

There were 196 skin conditions reported in 2002, down 27% from 2001 (Table D-14), primarily due to a 46% decrease in reports of poison ivy or other plant exposure. Poison ivy and plant exposures were still the most common category of cause, with 70 cases, followed by chemicals (19 cases), gloves, latex, or clothing exposure (17 cases), cleaning products (14 cases), and coolants or oils (6 cases).

Stress and Heart Conditions

Heart and Hypertension

There were 160 cases involving heart conditions, stroke, chest pain, or hypertension reported in 2002, an increase of 86% from 2001 (Table D-15). Eighty-nine (89) cases specifically mentioned heart attacks, angina, or emergency care for heart/chest pain, while 44 others described chest or heart pain, or other related symptoms, 22 described hypertension (or heart and hypertension benefits), and 5 mentioned strokes. Though not generally well described, causes of the heart attack cases included 12 cases due to physical exertion including lifting and unloading, running to stop an altercation or responding to a code, and firefighting. Only 2 of the heart attack cases mentioned stress, approximately 20 described “normal job duties” or sedentary activity such as sitting or standing, and 6 were diagnosed by a physician at a routine exam. At least 4 of the heart attack cases resulted in death. Most of the hypertension cases were discovered as part of medical exams.

Table D-15: Heart and Hypertension Conditions by Type, WCC, 2001 and 2002

Category	2001	2002	Percent	% Change
Heart/Chest Pain	31	44	28%	42%
Heart Attack	27	89	56%	230%
Hypertension	24	22	14%	-8%
Stroke/Unknown	4	5	3%	25%
Total	86	160	100%	86%

Mental Stress

There were a total of 120 stress-related claims in 2002, up 42% from 2001. The majority of these reports appeared to be “mental-mental” claims: mental stress resulting in mental illness, which is not covered by Workers’ Compensation in Connecticut since the law changed in 1993. There were 15 cases caused by supervisor or co-worker conflict, and 6 related to terminations or performance evaluations, and 1 related to rate of pay. There were 8 cases related to harassment, including sexual harassment or sexual assault. There were 6 reports related to violence or threats, including robberies. There were also 9 reports of excessive job demands or overtime, and 5 cases that were post-traumatic stress, such as being involved in a motor vehicle accident that caused a fatality (Table D-16). Other reports were just defined as “stress” without further explanation. At least 2 of the reports were fatalities—one suicide and one possibly due to a heart attack.

Table D-16: Stress Conditions by Source, WCC, 2002

Sources of Stress Conditions	Cases
Supervisor/co-worker conflict	15
Job Demands/overtime	9
Harassment/ hostile environment	8
Violence/robbery	6
Discharge/performance	6
Post-traumatic stress	5
Unknown/other	71

Other Occupational Diseases

Hearing Loss

There were 142 cases of hearing loss in 2002, a 37% increase from 2001 (Table D-17). Of these cases, 14 appeared to be caused by acute noises such as explosions, gunfire, air pressure, screams, or sirens. Most of the rest appeared due to long-term exposure to noise, or were noted as being found on routine audiograms.

Table D-17: Other Occupational Illnesses, WCC, 2002

Type of illness	Cases
Hearing loss	142
Dizziness/passing out	70
Cold/heat related conditions	24
Seizure	20
Allergic	16
Headache	7
Cancer	4
Other conditions	33
Total	316

Other Disease Conditions

There were 24 reports of temperature-related problems from heat or cold (primarily heat). There were only 16 additional cases of allergic reactions reported in addition to those noted above under lung and skin conditions, attributed to foods, medications, or latex. There were 7 headaches reported, and 4 cases of cancer, as well as 33 other conditions including cases related to radiation, bacteria, a kidney condition, reproductive abnormalities, and scleroderma.

There were 70 reports of workers becoming dizzy, fainting, or similar conditions, and 20 reported as seizures. It is not clear if these were being reported as being caused by the job, or merely reported because they occurred on the job, so these reports are not included in the overall occupational illness figures given above.

E. 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.

There were 1,606 occupational illness reports received from physicians in 2002, an increase of 12% from 2001 (Table E-1), with an additional 476 reports of lead poisoning cases through the laboratory reporting system. Overall, there was a 6% increase in disease reports and a 10% decline in lead reports. All categories increased except for infectious diseases (which decreased by 50%) and "other illness" (46% decrease): lung cases increased by 49%, musculoskeletal disorders (MSD) by 10%, and skin disorders by 23%. Over the last five years, there has been an overall increase in reports, with a large bump in 2000 and consequent decrease in 2001.

Table E-1: Occupational Disease by Type, ODSS, 1998-2002

Category	1998	1999	2000	2001	2002	% Change, 01-02
MSD	754	823	1,174	841	921	9.5%
Skin	237	295	339	274	338	23.4%
Lung	206	139	291	190	283	48.9%
Other	31	31	74	56	30	-46.4%
Infectious*	13	22	27	68	34	-50.0%
Sub-total ODSS	1,241	1,310	1,905	1,429	1,606	12.4%
Lead (Lab)	203	212	616***	530***	476***	-10.2%
Total	1,444	1,522	2,521	1,959	2,082	6.3%

*Does not include bloodborne pathogens exposure

*** Lead values for 2000 - 2002 include cases in the blood lead level range of 10-19ug/dl that were not included in prior years.

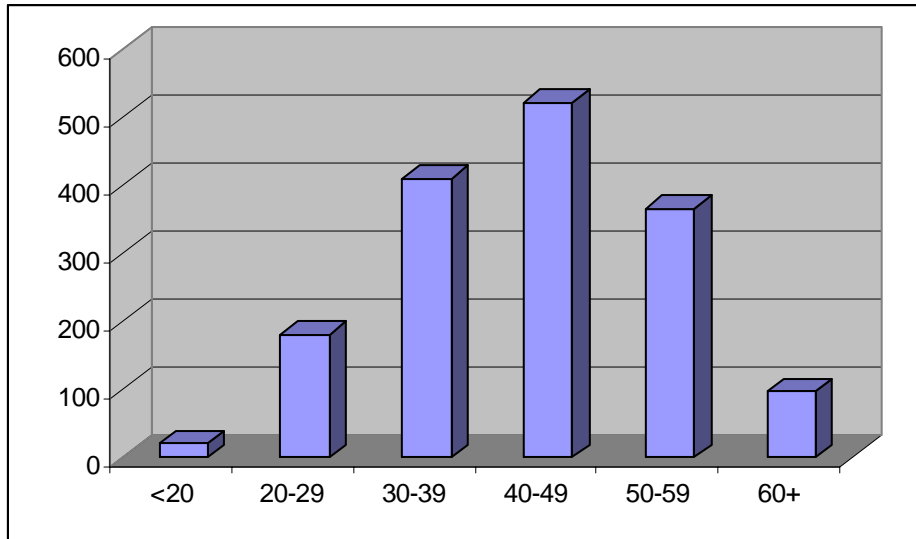
In 2002, 86 physicians from 29 clinics reported at least one case into the ODSS system, approximately the same number of physicians as in 2001 (though a smaller number of clinics). Four clinics contributed 60% of the cases. Although it is a state law that known and suspected occupational diseases must be reported to this system, the primary reporters are the occupational health clinics and auxiliary occupational health clinics. Therefore, these reports could be viewed as just a small portion of physician-diagnosed occupational diseases in Connecticut.

Physicians reported that the exposures causing the condition were continuing for 62% of the patients (where this was known). In 50% of the cases it was reported that other workers were likely to be exposed to the same hazard (where this was known). Sixty-seven per cent of the cases were classed as "high certainty" for being an occupationally related disease, 27% were "moderate certainty," and 5% "low certainty."

Of the 829 cases where known, 119 (14%) were identified as Hispanic, and 126 of 877 (14%) were identified as Black.

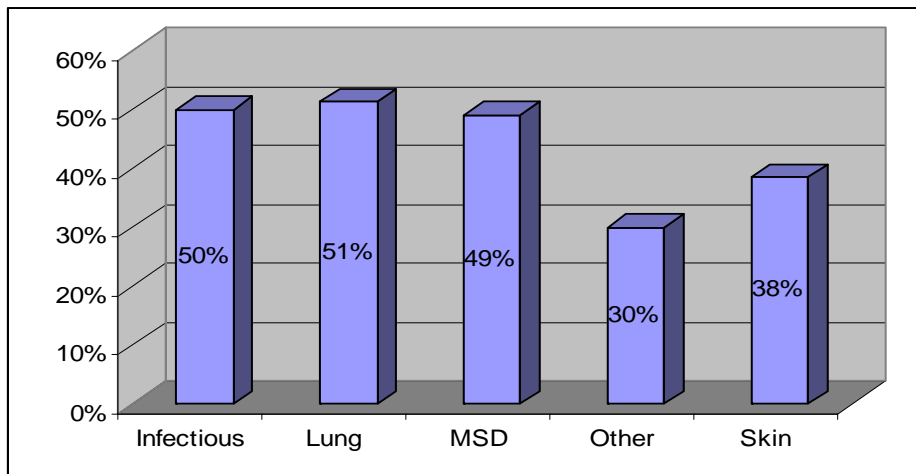
The largest number of cases was in their 40-49 years old (33% of all cases), followed by those in their 30's (26%), 50's (23%) and 20's (11%; Figure E-1). Only 20 cases were reported as being below 20 years old. There was an increase of almost 100 cases in the 40-49 age range in 2002, which in 2001 was almost the same number of cases as the 30-39 age range.

Figure E-1: Occupational Disease by Age Range, ODSS, 2002



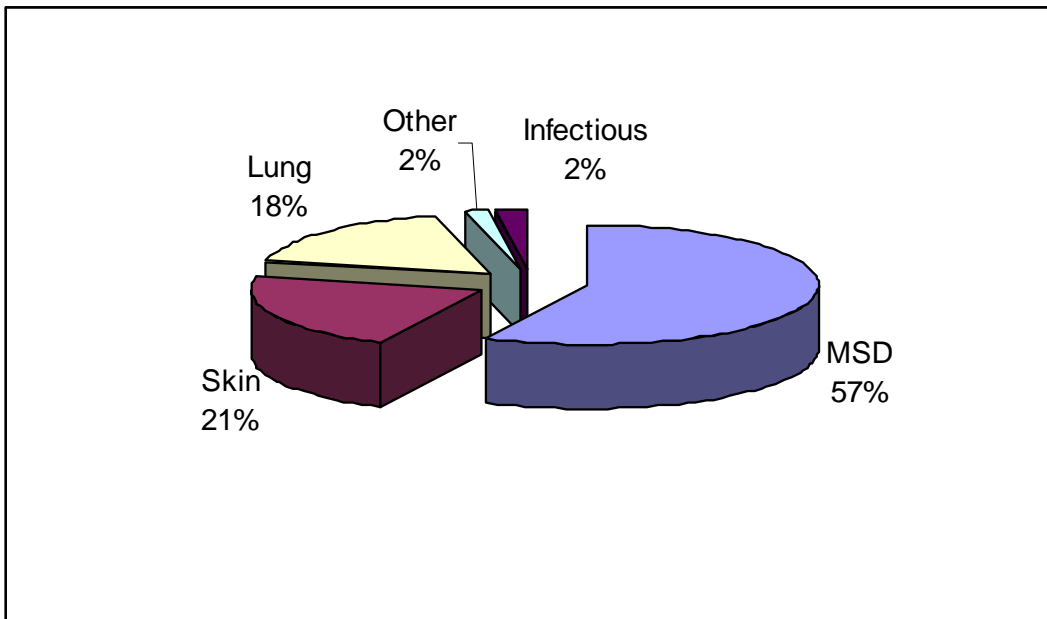
Overall, cases were virtually even for gender, with 47% female. However, this differed somewhat by condition, though these differences were less pronounced than in previous years: 50% of infectious cases were female, and 49% of MSD (which historically has been a higher proportion of women), while only 38% of skin conditions and 30% of “other” cases were female. (Figure E-2).

Figure E-2: Percent Female by Illness Type, ODSS, 2002



Reports were dominated by musculoskeletal disorders (MSD; 57%), followed by skin (21%), lung/respiratory (18%), infectious (2%), and “other” (see Figure E-3). Lead cases are not included in the figure since they are from a different type of reporting system.

Figure E-3: Occupational Disease by Type, ODSS, 2002



Cases were predominately from manufacturing (26%), services (24%), as well as retail and wholesale trade sectors (11%) and Municipalities (16%) (Table E-2). However, industry was different by condition. Infectious disease had 50% of cases in service and 21% in state; lung disease had 31% in state, 20% municipal, 18% service, and 12% manufacturing; and skin disease had 30% in service, 26% municipal, and 16% manufacturing.

Table E-2: Type of Disease by Industry Sector, ODSS, 2002

Industry	Infectious	Lung	MSD	Skin	Other	Total	Percent
Construct/Agric		5	28	24	1	58	4%
Manufacturing	1	34	328	53	9	425	26%
Util/Transport	4	12	36	17	3	72	4%
Trade	2	17	125	27	2	173	11%
Insur/RE/Finance		4	11			15	1%
Service	17	50	209	102	2	380	24%
Local	2	57	100	89	11	259	16%
State	7	89	70	22		188	12%
Other/unknown	1	15	14	4	2	36	2%
	34	283	921	338	30	1606	100%

Musculoskeletal Disorders (MSDs)

Musculoskeletal Disorders (MSDs) increased by 9.5% to 921 cases in 2002. This figure only includes upper-extremity MSD (does not include MSD caused by acute incidents such as falls or individual lifts), and excludes lower back diagnoses, even if caused by cumulative strain. The most common specific diagnoses for musculoskeletal disorders were epicondylitis (25%) and tendonitis (24%), followed by Carpal Tunnel Syndrome (20%) (Table E-3, see descriptions of conditions below). There were increases from 2001 in most of the diagnostic categories, including HAVS (700%), Dequervain's (90%), Carpal Tunnel Syndrome (43%), and epicondylitis (17%).

Table E-3: Musculoskeletal Disorders by Type, ODSS, 2002

Illness	Number	Percent
Epicondylitis	227	24.6%
Tendonitis	220	23.9%
Carpal Tunnel Syndrome (CTS)	187	20.3%
Arthritis/Bursitis	64	6.9%
Dequervain's	59	6.4%
Tenosynovitis	58	6.3%
Ganglion	31	3.4%
Hand-Arm Vibration Syndrome (HAVS)	16	1.7%
MSD	13	1.4%
Costochondritis	12	1.3%
Neuropathy	12	1.3%
Plantar Fasciitis	10	1.1%
Trigger Finger	10	1.1%
Thoracic Outlet Syndrome	2	0.2%
Total	921	100.0%

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

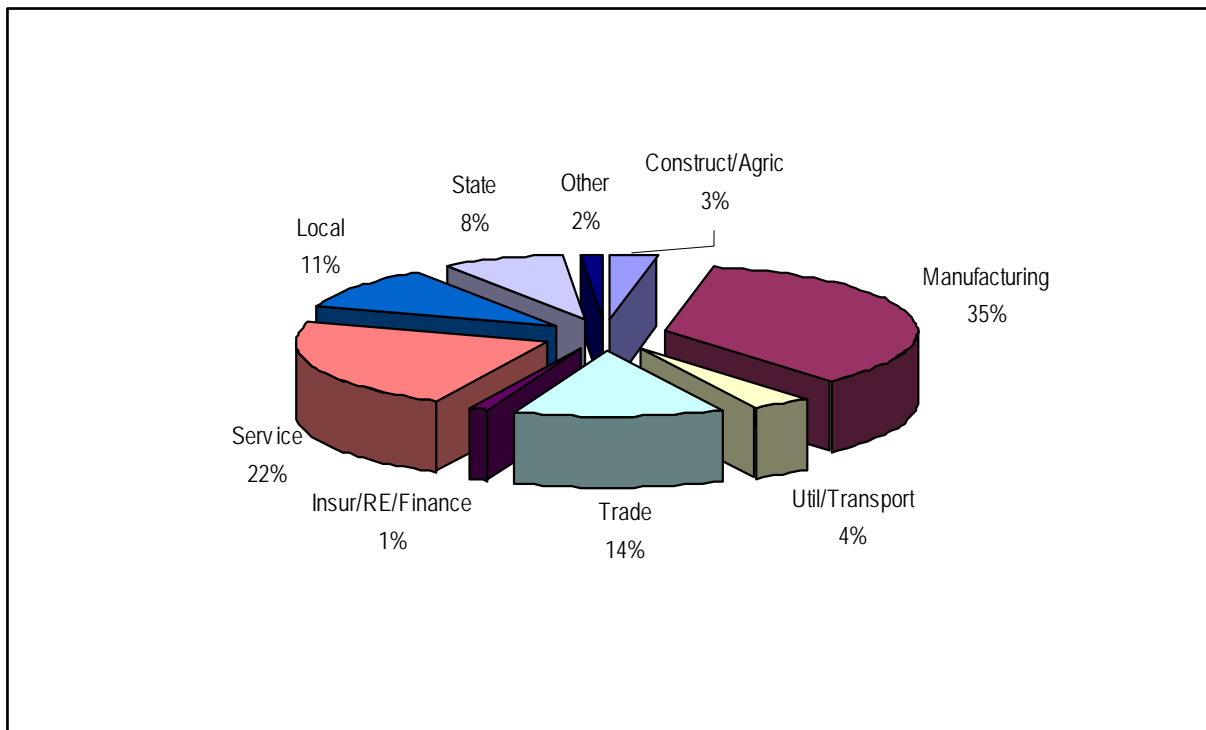
Nerve Disorders

- 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)

Circulatory/Combined/Other

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

Figure E-4: Musculoskeletal Disorders by Industry Sector, ODSS, 2002



The largest number of MSDs was from manufacturing (35%), followed by services (including private schools and health care; 22%), municipalities (11%) and trade sectors (14%) (Figure E-4).

Specific industries with 15 or more MSDs reported are shown in Table E-4. These included hospitals, shipbuilding, nursing homes, state government, grocery stores, schools, wire spring manufacturing, industrial equipment manufacturing, surgical and medical instruments, amusement and recreation services, wire manufacturing, restaurants, and fire departments. In the detail here, municipalities and the state are broken into subcategories, and their totals are higher. It should also 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 E-4: Specific Industries with 15 or more MSDs Reported, ODSS, 2002

Industry	SIC	Cases
Hospitals	8062	120
Ship Building	3731	81
Nursing Homes	8051	62
State government	9110	53
Grocery Stores	5411	31
Schools	8211	28
Wire Spring Manuf.	3495	18
Industrial Machinery Manuf, NEC	3599	16
Surgical Instrument Manuf.	3841	14
Amusements	7999	13
Industrial Machinery Manuf.	5084	13
Wiring Manuf.	3644	12
Restaurants	5810	12
Fire Departments	9224	10

Occupations are difficult to assess since the occupational descriptions vary by the person notating them. However, several occupations were consistent for MSDs (Table E-5). These included, clerical and computer operators (82 cases), machinists and machine operators (73 cases), assembly workers (52 cases), health care workers such as nurses and aides (48 cases), custodians and maintenance workers (23 cases), pipefitters (18 cases), drivers (16 cases), packers or pickers in manufacturing (16 cases), carpenters (12 cases), welders (12 cases), and teachers (11 cases).

Table E-5: Occupations with over 10 MSDs Reported, ODSS, 2002

Occupation	Cases
Clerical	82
Machinist	73
Assembly	52
Nurse/Aide	48
Custodian/maintenance	23
Pipefitter	18
Driver	16
Packer/picker	16
Carpenter	12
Welder	12
Teacher	11

Causes are also difficult to classify since they are frequently described differently. The most common causes noted for MSD were “repetitive motions” or “cumulative”, followed by lifting, vibration, computer use and data entry, use of tools, and pushing or pulling (Table

E-6). “Repetitive motion” tends to be a common term to describe MSD disorders, so may not clearly indicate a cause.

Table E-6: Common causes of MSD, ODSS, 2002

Cause	Cases
Repetitive/cumulative	83
Lifting	70
Vibration	63
Computer/Clerical	48
Tool	38
Push/Pull	32

Skin Conditions

Skin condition reports increased by 29% to 338 cases in 2002. The largest category was simply described as contact dermatitis (65%), followed by poison ivy or other plant exposure (22%), and allergic dermatitis (8%) (Table E-7).

Table E-7: Skin Conditions by Type, ODSS, 2002

Illness	Cases	Percent
Contact dermatitis	221	65.4%
Poison ivy/plants	73	21.6%
Allergic	26	7.7%
Other Skin condition	16	4.7%
Hives	2	0.6%
Total	338	100.0%

Table E-8: Skin Conditions by Cause, ODSS, 2002

Cause	Cases
Poison ivy/plants	73
Cleaning & cleaning products	25
Other chemical	30
Latex or gloves	22
Drug/medication	8
Atopy	3
Mold	2
Ringworm	2
Ceiling tile or indoor air	4
Other/unknown	169
Total	338

By far the most common cause was poison ivy and other plant exposures with 73 cases, followed by cleaning and other chemicals with 55 cases, and latex and gloves (including some vinyl gloves) with 22 cases (Table E-8). Reactions to drugs and medications (such as CIPRO)

caused 8 of the conditions, and atopy was mentioned in 3 cases. Specific chemicals mentioned included solvents, nickel, Hysol, fiberglass, pesticides, hypoxy, epoxy paint, and methyl ethyl ketone (MEK).

Skin conditions occurred most commonly in services (which includes many out-door occupations) (30%), towns (26%), and manufacturing due to contact with chemicals (16%) (Figure E-5).

Figure E-5: Skin Conditions by Industry Sector, ODSS, 2002

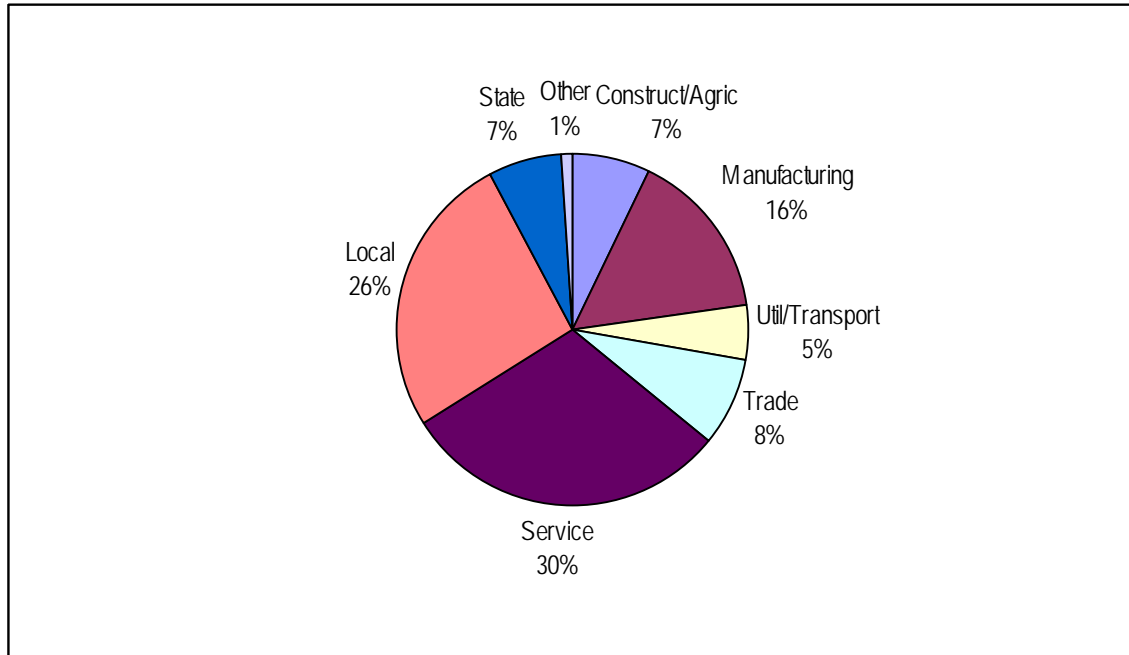


Table E-9: Clusters of Skin Disease by Specific Industry, ODSS, 2002

Specific Industry	SIC	Cases
Municipal		89
Hospitals	8062	55
Nursing homes	8051	29
State government		22
Nurseries	0181	12
Universities	8221	7
Highway construction	1611	7
Electric services	4911	6
Aircraft engine manufacture	3724	5
Fire services	9224	5
Auto dealers	5511	5
Schools	8211	5

There were 12 clusters with 5 or more cases in specific industries (Table E-9): Municipalities (89 cases), hospitals (55), skilled nursing care facilities (29), state government (22), Nursery

and garden (12), Universities (7), Highway construction (7), Electric Services (6 cases), Aircraft engine manufacture (5), and Auto dealers (5). The municipal and state cases were dominated by poison ivy cases. Municipal cases were primarily due to poison ivy or other plants. The hospital and nursing home cases included 17 that specifically mentioned latex or gloves and 11 that mentioned cleaning products or soaps/detergents.

By occupation, clusters occurred in custodian, maintenance and grounds workers (60 cases), primarily from poison ivy, nurses and health care workers (39 cases), including latex and glove cases, laborers (30 cases), primarily from poison ivy, machinist/machine operator (18 cases), including coolant and oil exposures, and drivers (14 cases).

Lung Diseases

There were 283 cases of lung disease reported in 2002, an increase of 54% from the previous year. The most commonly reported condition was acute respiratory disease (34%), typically caused by exposure to chemicals or fumes (Table E-10). Rhinitis and sinusitis were the next most common (25% of cases), caused primarily by indoor air quality problems. Asthma and the similar reactive airways dysfunction syndrome (RADS) was the next most common category (19%), and 11 bronchitis cases (4%). There were also 11 asbestos-related conditions and exposures (4%). There were 9 cases of Hypersensitivity Pneumonitis (HP) reported, which is a serious lung inflammatory response to bacteria or fungus, such as mold. There were also 6 lung conditions classified as allergic responses, 4 carbon monoxide poisonings, 4 cases of chronic obstructive pulmonary disease (COPD), and 4 cases of multiple chemical sensitivity.

Table E-10: Lung Diseases by Type, ODSS, 2002

Illness	Cases	Percent
Respiratory	97	34.3%
Rhinitis/sinusitis	72	25.4%
Asthma	55	19.4%
Asbestos-related	11	3.9%
Bronchitis	11	3.9%
Other Lung	10	3.5%
Hypersensitivity Pneumonitis	9	3.2%
Allergy	6	2.1%
Carbon Monoxide	4	1.4%
Chronic Obstructive Pulmonary	4	1.4%
Multiple Chemical Sensitivity	4	1.4%
Total	283	100.0%

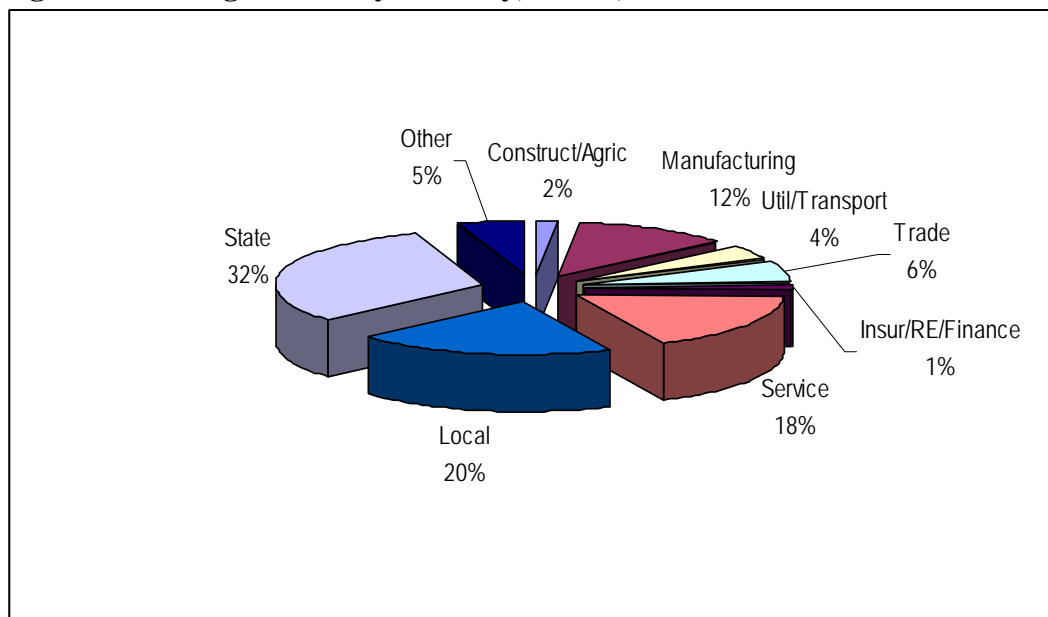
Mold and moisture was the most common cause of lung conditions (Table E-11), with 70 reports in 2002, a dramatic increase from the few that had been reported in other years; there were also 43 reports of lung conditions from chemicals, 28 reports from poor indoor air quality, and 12 attributed to asbestos exposure.

Chemicals that were reported, in addition to the isocyanates and solvents, were chlorine, pyridine, bleach, beryllium, deodorant, alcohol, acrylates, ethylene oxide, cleaning chemicals, spices, solder, sodium bromide, silica, petroleum, pesticide, gasoline, PCB, nitrous oxide, MRSA, latex, thiomorpholine, hydrogen fluoride, and perfume.

Table E-11: Causes of Lung Conditions, ODSS, 2002

Cause	Cases
Mold	70
Chemical	43
Indoor Air Quality (IAQ)	28
Asbestos	12
Fume	11
Smoke, Fumes, Gas	19
Paint	7
Fire Extinguisher	5
Dust	5
Isocyanate	4
Carbon Monoxide (CO)	4
Solvents	3
Acid	2
Drug/Medication	1

Figure E-6: Lung Disease by Industry, ODSS, 2002



Cases mainly occurred in state government (32%), municipalities (20%), services (18%), and manufacturing (12%) (Figure E-6). In addition to the state and municipal cases (the latter including 31 cases specifically from schools, 7 cases from police, and 6 from fire protection),

specific industry clusters included hospitals (20 cases) and skilled nursing facilities (11 cases), and shipbuilding and colleges (5 cases each).

Lead Poisoning

There was a 10% decrease in elevated blood lead levels reported based on laboratory reports, dropping from 530 cases in 2001 to 476 cases in 2002. This was the second consecutive decrease. The decrease was in all levels, except for the 40-49 level (Table E-12).

Table E-12: Lead Cases by Level of Blood Lead, Lead Surveillance System, 2001-2002

BLL*	2001 Cases	2002Cases	Percent
10-24	452	409	85.9%
25-39	59	52	10.9%
40-49	4	8	1.7%
50-59	5	2	0.4%
>=60	10	5	1.1%
Total	530	476	100.0%

*ug/dl of whole blood

Connecticut requires laboratories to report all blood lead tests of 10 or more micrograms per deciliter of whole 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 from such exposures as 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, so this report only includes other infectious diseases. There were 34 reports of infectious diseases in 2002, a 47% decrease from 2001. Reports included 15 of TB infection

Table E-13: Infectious and Other Occupational Diseases by Type, ODSS, 2002

Type of Illness	Cases
Other Infectious	7
Lyme Disease/tick bite	6
Scabies	6
Tb	15
Cancer	2
Hearing Loss	4
Heat/Cold	7
Other illnesses	10
Stress	7
Total	64

or TB disease, 6 reports of scabies, 6 reports of Lyme disease, and 7 other infectious reports (Table E-13). Infectious diseases were mainly in the service sector (44 cases).

There were 30 “Other” occupational diseases reported, a 52% decrease from 2001. There were only 4 cases of hearing loss reported, a steep decrease from the 22 reported in 2001. There were 7 cases of mental stress and 7 cases of heat or cold related conditions.

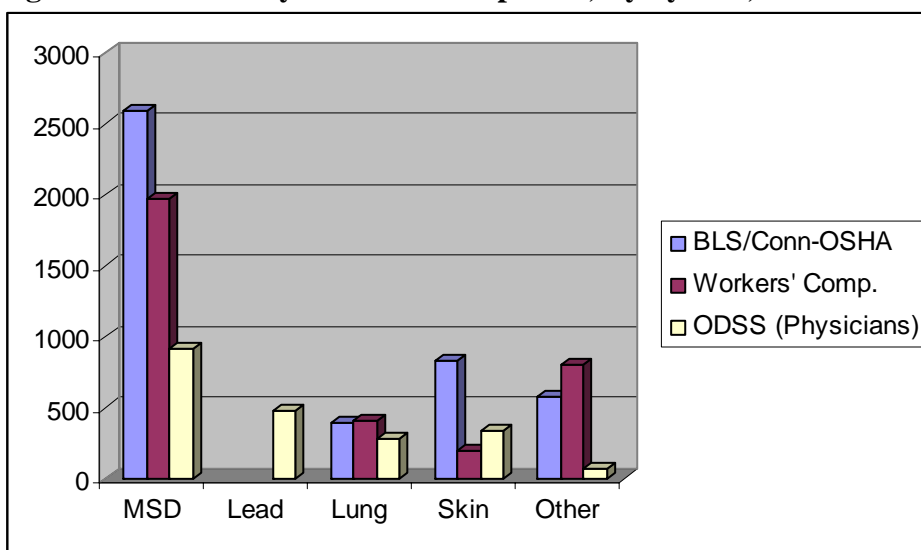
Some of the “other” cases were serious. There was a report of convulsions caused by exposure to solvents, a case of liver abnormality also caused by solvents, and two cases of cancer attributed to tetrachlorethylene and methylene chloride. There were also 3 cases of exhaustion, a case of vascular compromise in the foot after water exposure, and a case of dizziness.

Infectious and “Other” conditions were mainly in the service industry (19 cases), municipalities (13 cases) and manufacturing (10 cases).

F. Summary of Diseases

Figure F-1 shows the totals by disease category for 2002 for the three reporting systems of the Bureau of Labor Statistics/Conn-OSHA (BLS), Workers' Compensation (WC), and the Occupational Disease Surveillance System (ODSS, physician reports). Categories have been combined to make comparisons as close as possible; however, differences in the three 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 occupational illnesses to be reported. According to the Department of Public Health, although all physicians are legally required to report occupational disease, only a small minority does report. Lead reports from the laboratory reporting system are presented separately, since there are very few lead reports in any of the other systems. The BLS/Conn-OSHA system has discontinued collecting "repetitive trauma" as a category beginning in 2002, so MSD has been estimated based on the proportion of "other illness" in the 2001 dataset, which was 82%. Appendix 1 details differences in the data systems.

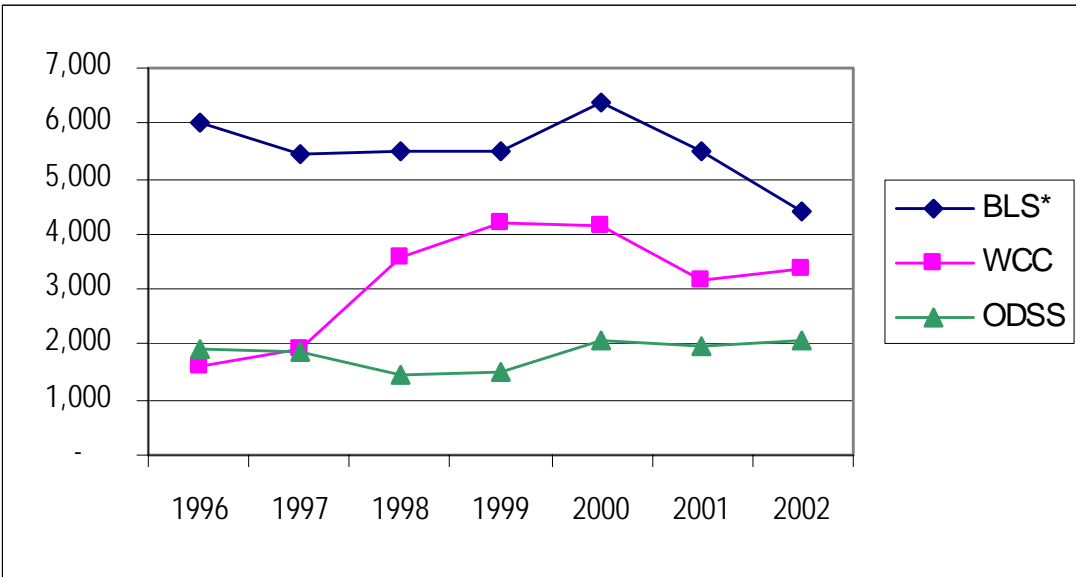
Figure F-1: Summary of Diseases Reported, By System, 2002



The BLS/Conn-OSHA database showed the highest number of cases, with 4,388 cases reported, followed by the Workers' Compensation database with 3,380 cases, and the Physicians' reporting database with 2,082 cases. However, it should be noted that this ordering varies somewhat by disease condition. For example, there were more Workers' Compensation reports for lung disease than for the other two systems.

Overall, there were increases in BLS/Conn-OSHA and Workers' Compensation reports in 2002. BLS figures for 2002 are not comparable to prior years due to changes in data collection. Overall trends are complex, with increases in the WCC except for a drop in 2001, overall fairly level numbers for ODSS and BLS.

Figure F-2 Seven-year trend in Occupational Disease Reports, by Reporting System



Notes: BLS= Bureau of Labor Statistics/Conn-OSHA survey; WCC= Workers' Compensation First Report of Injury; ODSS= Occupational Disease Surveillance System (physician reports).

*Note: BLS figures in 2002 not comparable to prior years due to changes in data collection.

G. Appendix: 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 division of the Department of Public Health are not complete. Consequently, this assessment of occupational disease reviews 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 from the Occupational Safety and Health Statistics Division of the CT Labor Dept.
- 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.

H: Appendix: Occupational Disease Detail by Type and Year

Table H-1: Cases of Occupational Disease, by Type, Bureau of Labor Statistics/Conn-OSHA, 1979-2002

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
2000	1,653	6,396	897	3,827	65	438	29	137	1,003
2001	1,571	5,514	916	3,220	10	630	29	118	590
2002*	1,602	4,388	831			320	78		3159

Source: BLS/Conn-OSHA

*Data collection methods and categories changed in 2002, and are not comparable to prior years.

Employment in thousands

Table H-2: Rate per 10,000 Workers of Occupational Disease, by Type, Bureau of Labor Statistics/Conn-OSHA, 1979-2002

Year	Employed	Skin	MSD	Resp/Lung	Poisoning	Other
1979	1,358,000	12.6	3.5	2.5	1.3	8.2
1980	1,394,000	11.4	3.7	2.2	0.5	8.6
1981	1,409,000	10.7	5	2.3	0.6	9.4
1982	1,400,000	8.1	4.1	1.8	0.2	8.2
1983	1,419,000	8.7	4.7	1.2	1.1	9.7
1984	1,490,000	7.4	4.5	2	0.4	8.6
1985	1,528,000	6.1	4.8	1.8	0.3	10.4
1986	1,567,000	5.2	4.9	2	0.4	10.0
1987	1,607,000	8.4	8.9	2.1	0.4	18.2
1988	1,637,000	7.7	2.5	2.2	0.3	9.6
1989	1,634,000	7.6	16.1	2	0.5	26.0
1990	1,593,000	6.5	15.9	3.5	0.3	23.6
1991	1,518,000	6.2	22.8	3.2	0.7	30.4
1992	1,483,000	7.3	26	3.4	0.4	32.7
1993	1,487,000	6.5	37.2	3.8	1.1	45.2
1994	1,501,800	6.4	29.8	3.2	0.6	39.0
1995	1,520,000	5.8	27.8	2.7	0.2	36.5
1996	1,538,000	5.4	24.1	3	0.2	30.8
1997	1,570,500	3.9	21.2	2	0.4	28.3
1998	1,596,900	6.2	21.3	2.9	0.3	25.2
1999	1,630,100	4.9	20.3	2.5	0.4	26.1
2000	1,653,000	5.4	23.2	3	0.2	30.4
2001	1,571,000	5.8	20.5	4.1	0.2	25.1
2002*	1,602,000	5.2		2	0.5	19.7

Source: BLS/Conn-OSHA

*Data collection methods and categories changed in 2002, and are not comparable to prior years.

I: Internet Resources for Job Safety and Health

Compiled by Tim Morse, Ph.D., at the ErgoCenter at the University of Connecticut Health Center, tmorse@nso.uhc.edu, 860-679-4720. Please send suggestions for additions. I have started an e-mail network for ergonomics—if you would like to be included, please send me an e-mail.

You can do searches on anything at several sites, such as:

<http://www.google.com>

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

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

<http://www.hotbot.com>

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

<http://www.about.com>

General Health and Safety Sites

One of the best sources of information for job health and safety on the internet is the **OSHA (Occupational Safety and Health Administration)** homepage, which includes an ergonomics homepage, a searchable index of standards, and a listing of health and safety sites on the internet. <http://www.osha.gov>

To look up **OSHA citations** by company or industry: <http://www.osha.gov/cgi-bin/est/est1>

NIOSH (the National Institute for Occupational Safety and Health) is another good general source. <http://www.cdc.gov/niosh/homepage.html>

EPA has a number of sites relevant to occupational health on indoor air quality, asbestos, and other topics. www.epa.gov <http://www.epa.gov/iaq/homes/index.html>

The **Duke 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 tons of info, MMWR articles, federal documents, a list of lending library resources, and more.

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

The **Canadian Centre for Occupational Health and Safety** has hundreds of resources on their health and safety internet resource list. Start at their home page, then choose Resources (on the top bar), then Internet Directory. <http://www.ccohs.ca>

New Jersey Health Dept. has excellent **chemical hazard factsheets** that are free, independently researched, and clearly written on hundreds of substances.

<http://www.state.nj.us/health/eoh/rtkweb/rtkhsfs.htm>

Vermont safety information resources has a database of **material safety data sheets (MSDS)** from a large number of chemical companies. <http://www.siri.org/>

Several safety organizations have useful websites:

<http://www.nsc.org>

The National Safety Council

www.aiha.org

The American Industrial Hygiene Association

www.asse.org

American Society of Safety Engineers

www.nfpa.org

National Fire Protection Assoc.

www.safetycentral.org

International Safety Equipment Association

The **national AFL-CIO** includes a health and safety page. <http://www.aflcio.org>
NYCOSH (New York Council for Occupational Safety and Health) covers a lot of news from a labor perspective. <http://www.nycosh.org/>

Jordan Barab has labor health and safety commentary. <http://spewingforth.blogspot.com/>

The **Connecticut Business and Industry Association** has a health and safety page that helps businesses understand what OSHA laws apply to them, and provides information on upcoming conferences and events. <http://www.cbia.com/hr/SafetyAndHealth>

The **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. <http://www.scorecard.org/>

State of Connecticut Resources

The **Connecticut Workers' Compensation Commission** has an excellent website, including information on the locations of offices, a searchable version of the workers' compensation statutes, new decisions, and other information. <http://wcc.state.ct.us>

The **ConneCT** website allows access to all state agencies: <http://www.state.ct.us>

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

The **Connecticut Labor Department** includes an occupational health services site, which includes information on their free consultation program and a great set of links to other health and safety sites. <http://www.ctdol.state.ct.us/osha/osha.htm>

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

You can track national bills on the National Library of Medicine site known as Thomas <http://thomas.loc.gov/>

You can search the medical literature at PubMed. www.pubmed.gov

UConn Health Center's Occupational and Environmental Health Center has information and links on job health and safety. <http://www.oehc.uchc.edu>

Ergonomic Sites and Links

ErgoCenter at UConn Health Center. <http://www.oehc.uchc.edu/ergo>

Ergoweb has a lot of good factsheets, documents, and news. <http://www.ergoweb.com>

Tom Bernard's website at USF with many of the standards and typical ergonomic analysis tools <http://hsc.usf.edu/~tbernard/ergotools>

Medical Multimedia Group has patient education materials with good graphics and explanations.

<http://www.eorthopod.com/eorthopodV2/index.php/fuseaction/topics.main/area/11>

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

Human Factors and Ergonomics Society is the main professional association in ergonomics. <http://www.hfes.org>

CTD News Monthly Newsletter homepage. <http://www.ctdnews.com>

Occupational Overuse Syndrome/RSI resources <http://www.comp.vuw.ac.nz/General/OOS>

University of Virginia Ergonomics Training and Resources

<http://keats.admin.virginia.edu/ergo/home.html>

Lots of links and info from injured workers at the **Typing Injury FAQ**. <http://www.tifaq.com>

RSI/UK Information about Repetitive Stress Injuries (RSI) originating from the UK, with information gathered from sources around the globe. <http://www.rsi-uk.org.uk>

Usernomics Ergonomics for hardware, software, and training. <http://www.usernomics.com>

The **Job Stress Network** web page is dedicated to increasing communication among researchers and others interested in job stress and its impact on health.

<http://www.workhealth.org>

IBM's website. <http://www.pc.ibm.com/ww/healthycomputing/index.html>

A download of an interesting ergonomics software program developed by Battelle Labs for the Dept. of Energy called **ErgoEaser** is available for free. 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>

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

Academic Programs

Central Connecticut State University, School of Technology

Undergraduate program in environmental and occupational safety.

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:

http://www.technology.ccsu.edu/programs/information/mcm_ocs_index.html

Labor Education Center, Occupational and Environmental Safety and Health Program

Based at UConn in Storrs, the LEC does education on job health and safety, including undergraduate and master's classes and certificates; includes on-line programs.

Director: Charles Reese, Ph.D

Address: 1 Bishop Circle, Unit 406, UConn, Storrs, CT 06269

Phone: 860-486-1718 or 3417

Fax: (860) 486-5221

e-mail: cdreese@uconnvm.uconn.edu

Web: <http://continuingstudies.uconn.edu/centers/labor/index.htm>

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

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

Director: David Gregorio, Ph.D.

Address: Farmington, CT 06030-6325

Phone: (860) 679-5480

Fax: (860) 679-5463

e-mail: mph@nso.uhc.edu

Web: http://grad.uhc.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: bgarber@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.uhc.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.uchc.edu
Web: www.oehc.uhc.edu

Yale Occupational and Environmental Medicine Program

Director: Dr. Mark Cullen
Address: Occupational Medicine, 135
College St., 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

Director: Brian Downs
Address: 1075 Tolland Turnpike,
Manchester, CT 06040
Phone: 860.647.4796
Fax: (860) 646-3945
Web: <http://www.echn.org>
Other Office: Glastonbury 860-652-7066

Hartford Medical Group

Director: Dr. Kent Stahl
Address: 1260 Silas Deane Highway,
Wethersfield, CT 06109
Phone: (860) 529-1100
Fax: (860)571-7253
e-mail: krouill@harthosp.org
Other Offices: Avon (860) 284-5111, East
Hartford (860) 569-8800, Manchester
(860) 646-8595, Simsbury (860) 658-2207,
West Hartford 860 232-4891, 860 523-
0538 and 860 561-7111, Windsor 860 683-
2690

US Health Works

Director: Joseph L. Charlot, MD, MPH
Address: 144 North Main Street,
Branford, CT 06405
Phone: 203 481-0818
Fax: (203) 483-9843
e-mail: Joseph.Charlot@USHWorks.com

Web: www.ushealthworks.com

Occupational Health Plus, St. Raphael Hospital

Director: Dr. Peter Amato
Address: 175 Sherman Ave., New Haven,
CT 06511
Phone: (203) 789-3721
Fax: (203) 867-5455
e-mail: pamato@srhs.org
Web: www.srhs.org/services_business.asp
Other Offices: Branford (203) 789-5195;
Hamden (203) 789-6240

Concentra

Address: 701 Main Street, East Hartford,
CT 06108
Medical Director: David Seinstein
Phone: (860) 289-5561
Fax: (860) 291-1895
e-mail: concentra@aol.com
Web: www.concentra.com
Other Offices: Norwalk (203) 838-8363;
Norwich (860) 859-5100; Stratford
(203) 380-5945; Wallingford (203)
949-1534; Windsor (860) 298-8442;
Waterbury (203) 759-1229

Eastern Rehabilitation Network, Hartford Hospital

Director: Dr. Michael Erdil
Address: 181 Patricia M Genova Drive,
Newington, CT 06111
Phone: (860) 667-5480
Fax: (860) 667-8416
e-mail: mail@easternrehab.net
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; Torrington (860) 496-
6154; West Hartford (860) 521-8800 and
236-7771; Wethersfield (860) 529-3179;
Windsor (860) 688-0236

Johnson Occupational Medicine
Coordinator: Kathleen Heim, R.N.
Address: 151 Hazard Avenue, Enfield,
CT 06082
Phone: (860) 763-7668
Fax: (860) 763-7676
e-mail: jomc@jmhosp.org
Web: www.johnsonhealthnetwork.com/jomc.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
Contact: Cindy Scoville
Address: 975 Farmington Ave.
Bristol, CT 06010
Phone: 860-585-3549
Fax: 860-585-3525
e-mail: cscoville@brishosp.chime.org
Web: www.bristolhospital.org/services

[medworks.htm](#)
Other Office: Newington (860) 667-4418

Griffin Hospital Occupational Medicine
Address: 100 Commerce Drive. Derby,
CT 06418
Director: Dave Maffei
Phone: (203) 944-3718
Fax: 929-3068
e-mail: dmaffei@griffinhealth.org
Web: www.griffinhealth.org/OccupationalMedicine.html

Middlesex Hospital Occupational Med.
Director: Thomas J. Danyliw, M.D.
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 Medicine Partners, St. Francis Hospital and Medical Center
Contact: Lucille Smith
Address: 1000 Asylum St., Hartford,
CT 06105
Phone: (860) 714-4270
Fax: (860) 714-8068
Web: www.stfranciscare.org
Other Offices: Windsor (860) 714-9444

St. Mary's Hospital Occ. Health Center
Contact: Phillip J. Candito
Address: 133 Scovill St., Suite 308,
Waterbury, CT 06706
Phone: 203 709-3740
Fax: (203) 709-3741
e-mail: pcandito@stmh.org
Web: www.stmh.org
Other Office: Naugatuck (203) 723-5636

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: <http://www.alact.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: 683 No. Mountain Rd,
Newington, CT 06111

Phone: (860) 953-COSH

Fax: (860) 953-1038

e-mail: connecticosh@snet.net

Connecticut Safety Council/Safety Roundtable

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: 350 Church street Hartford, CT
06103-1126

Phone: (860) 244-1900

Fax: (860) 278-8562

e-mail: stewartb@cbia.com

Web: [http://www.cbia.com/hr/
SafetyAndHealth/default.htm](http://www.cbia.com/hr/SafetyAndHealth/default.htm)

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.uchc.edu

Web: <http://www.oehc.uchc.edu/ergo>

OSHA

ConnOSHA

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

Director: Richard Palo

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

Phone: (860) 566-4550

Fax: (860) 566-6916

e-mail: Richard.Palo@OSHA.gov

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

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: Robert W. Kowalski

Address: Clark Building
1057 Broad Street, 4th Floor
Bridgeport, Connecticut 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: Frank Labato, President

Address: UConn, Environmental Health & Safety, 3102 Horsebarn Hill Road, Unit 4097, Storrs, CT 06269-4097

Phone: (860) 486-1109

Fax: (860) 486-1106

e-mail: frank.labato@uconn.edu

Web: <http://www.aihacriv.org/>

American Society of Safety Engineers

(ASSE): A non-profit association for enhancing the competence and knowledge of the safety profession.

Connecticut Valley Chapter

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

President: Scott Kuhnly

Member Chair: David Gelphe, CSP

Phone: (203) 639-2440

e-mail: dgelphe@canberra.com

Web: www.asse.org/

Nutmeg Chapter: Dick Pfeiffer, 203-271-2690 or safety@cyberbury.net

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

Connecticut Air & Waste Management Association

A forum for discussing environmental and waste issues.

Chairman: Steve Bailey

Phone: (860) 424-3502

e-mail: sbailey@po.state.ct.us

Web: http://www.awma-nes.org/connecticut_chapter.htm

Connecticut Trial Lawyers Association, Workers' Compensation Committee

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

Chairman: Robert Sheldon, Nathan J. Shafner, Co-Chairs

Address: 100 Wells St., Suite 2H, Hartford, CT 06103

Phone: 860-522-4345

Fax: 860-522-1027

Web: www.ct-tla.org

CT Bar Association, Workers' Compensation Section

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

Chair: Richard L Aiken Jr.

Phone: (860)657-8000

e-mail: ricka@pdslaw.com

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

State: Eileen Holihan,

eholihan@sikorsky.com

Hartford: Joyanne Durham,

joy.durham@hs.utc.com

Western: Eileen Holihan

eholihan@sikorsky.com

Occupational and Environmental Medical Association of CT (OEMAC)

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

Executive Director, Nancy L. Sullivan

President: Connie Walker

e-mail: 76032.660@compuserve.com

Web: www.acoem.org

State Agencies

Department of Public Health

Occupational Health Program, Environmental and Occupational Health Assessment

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

Director: Tom St. Louis

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

Phone: (860) 509-7744

Fax: (860) 509-7785

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

Publication: "CT Occupational Health e-
News"

State Office of Emergency Management

Part of the State Military Dept., the OEM is the primary agency responsible for preparation of state and local plans to protect life and property against natural and technological disasters.

Director: Kerry Flaherty

Phone: 860-566-3180

Fax: 860-247-0664

e-mail: kerry.flaherty@po.state.ct.us

Web: www.ct.gov/oem

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.

Training Coordinator: Adam Piskura

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

Phone: 860-627-6363 X 272 or toll free
877-5CT-FIRE

Fax: 860-654-1889

e-mail: adam.piskura@po.state.ct.us

Web: www.state.ct.us/cfpc

CT Department of Environmental Protection, Radiation Safety Unit

Director: Edward L. Wilds Jr.

Phone: (860) 424-3029
860-424-3333 24/7 Emergency

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

e-mail:

wcc.chairmansoffice@po.state.ct.us

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. 233 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