



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

OCCUPATIONAL SAFETY AND HEALTH PLANNING AND ACTION NETWORK (OSH-PLAN)

Final Report

May 2009

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INTRODUCTION

A planning group (including representatives from Connecticut industries, insurers, labor groups, government, and academic institutions) was convened by the UConn Health Center (UCHC) as a result of a request and contract from the Connecticut Department of Public Health's (CTDPH) Environmental and Occupational Health Assessment (EOHA) Program. The directive to this planning group was to propose steps that the CTDPH could take to improve occupational health in Connecticut. The group considered (1) current and emerging occupational safety and health hazards to Connecticut workers, (2) current approaches by CTDPH, and (3) roles that CTDPH can uniquely fill (as opposed to functions already being performed by other agencies and groups). This document summarizes key points made by the group, and proposes particular roles and approaches that CTDPH might consider to maximize the potential of preventing occupational injury and illness in Connecticut.

SUMMARY OF FINDINGS

The following summary details the findings (in rank order) of the OSH-PLAN group with respect to three specific focus areas, current occupational health hazards, emerging hazards, and problems with existing systems or approaches to occupational health in Connecticut.

Focus Area: Current occupational health hazards

Committee charge: What do you see as being the most important current occupational safety and health problems in our state?

Findings:

1. Hearing loss
2. Ergonomics
3. Chemical hazards
4. Radon (including schools)

Focus Area: Emerging occupational health hazards

Committee charge: What do you see as being the most important emerging occupational safety and health problems in our state?

Findings:

1. New technology in many industries (example of gluing down roofs)
2. Nanotechnology
3. Mold and indoor air quality issues
4. Manmade mineral fibers that replaced asbestos (i.e. fibrous glass)
5. Infectious disease outbreaks in workplaces (i.e. pandemic influenza)
6. Inter-relationships with stress and work/family issues
7. Inter-relationships with worker wellness issues
8. Emerging chemical hazards/concerns such as endocrine disruptors and body burden studies; there will be an emerging emphasis on chemicals with the Globally Harmonized System getting introduced in the US

Focus Area: Problems with existing systems and approaches

Committee charge: What are the problems with the current system of tracking and preventing occupational injuries and illnesses in our state?

Findings:

1. Continuing high rates of occupational illness and injury
2. Inadequate reporting of occupational diseases from both employers and physicians
 - a. Physicians are not aware of reporting requirements
 - b. There are disincentives for reporting (time, paperwork, employee might not want the illness or injury reported)
3. Difficult to track success in prevention due to lack of reliable statistics

4. Responding to clusters of disease reports frequently results in visiting companies that are doing the best job of reporting as opposed to companies that have the highest risks
5. Lack of understanding by managers and workers on hazards, particularly in smaller firms, although there is more information widely available on the Internet than before. Continuing problems with reliability and understandability of MSDS's.
6. There is new technology in many industries, but there is not a good way of tracking these developments in relation to occupational safety and health risks
7. OSHA nationally is not doing a good job of keeping up with emerging hazards in relation to standards
8. Limited CTDPH staff for doing follow up of reports

POTENTIAL SOLUTIONS

The following lists a set of approaches to addressing the current and emerging occupational health hazards identified by the OSH-PLAN group, as well as potential solutions to the identified systematic issues noted by the group.

Committee charge: What are some approaches that CTDPH could use to more effectively track and prevent occupational injuries and illnesses?

1. Include a focus on surveillance of *hazards* rather than just *diseases*, such as chemical use or known industries with high ergonomic hazards
2. Target companies that are in the "assigned risk" workers' compensation pool as evidence of their high cost injuries/illnesses
3. Track trade journals and insurer studies of emerging technologies
4. Partner with ConnOSHA on consulting on occupational illness issues
5. Outreach (i.e. prevention materials, surveys of emerging and continuing hazards, training opportunities) through health and safety committees tracked by the Connecticut Workers' Compensation Commission

6. Partner with health insurers for information dissemination on a combination of occupational health and worker wellness issues
7. Partner with CTDPH groups working on workplace-based wellness/chronic disease issues
8. Work with physicians to get prevention information to patients, and on how to diagnose occupational diseases; integrate a check box for occupational-relatedness as part of electronic medical records; use checkbox and/or information on reporting requirements as part of physician annual license renewal (CTDPH could do a study of including on a subset of physician renewals and compare change in reporting to those where reminder isn't included.)
9. Review of a sampling of electronic charts to determine the frequency of occupationally-related conditions
10. Continue work to use and improve "Occupational Health Indicators" to track progress and comparisons with other states
11. Provide reported cases of occupational diseases to local health departments for potential follow up (for employers in their jurisdictions)
12. Continue to utilize Connecticut state statutes codified in CGS § 31-300 (health emergency, disease cluster, imminent hazard) to respond to cluster reports
13. Establish a follow-back system at CTDPH for evaluating the impacts of outreach efforts
14. Utilize press packets after fatality reports
15. Utilize the insurer approach of bringing in speakers on emerging hazards for staff and related group training
16. Utilize Workers' Compensation Research Institute (WCRI) reports on workers' compensation trends
17. Have a website where the public can post photos of workplace hazards
18. Work on toxic use reduction approaches and the use of safer alternatives, including promoting control banding and other approaches to assessing chemical hazards
19. Require health insurers to report specific known or potential occupational diseases (i.e. Carpal Tunnel Syndrome)
20. Obtain average costs for common occupational conditions from insurers

RECOMMENDATIONS/PRIORITIES

The following lists a set of focus areas identified by the OSH-PLAN group as well as specific recommendations and priorities (in rank order) for CTDPH to more effectively address occupational safety and health in Connecticut. In addition, the group identified several potential resources available to CTDPH.

Committee charge: What do you think are the highest priority recommendations or the most likely to produce beneficial results? What would be the resource needs for these priorities and where/how could they be obtained?

Areas of focus:

1. Hazard recognition
2. Disease reporting and follow up
3. Research on emerging hazards
4. Defining the occupational component of disease

Consensus Recommendations:

1. Work with existing programs and networks to extend the reach of the program, with CTDPH emphasizing the role of the “honest broker” in trying to improve health without a major focus on enforcement/penalties. Potential partners include:
 - a. Environmental campaigns (including work with the Connecticut Department of Environmental Protection (CTDEP)) that include (or can include) occupational aspects
 - b. Health and Safety Committee program at Workers’ Compensation Commission; this is a valuable resource for distributing health and safety information, perhaps even for reporting new and emerging issues.
 - c. American Industrial Hygiene Association (AIHA) for cases, new standards.
2. Coordinate an annual health and safety conference with other groups, including other state agencies (particularly the Connecticut Workers’ Compensation Commission’s Health and Safety Committee program), academic occupational health programs, insurers (insurers may be willing to help sponsor/fund), professional organizations, and trade associations. This might be particularly helpful to small employers.

3. Work to combine occupational and non-occupational issues, such as health promotion and return to work programs; could also be linked to company quality improvement programs such as Six Sigma.
4. There seems to be little return on trying to improve reporting; we should just make use of what we have and augment with other data sources such as capture-recapture and other surveys. CTDPH should perform a follow-up on interventions/outreach that followed from reports to assess effectiveness.
5. Specific hazards to target:
 - a. Nanotechnology appears to be a highly significant emerging hazard. We should try to identify companies using nanotechnology and provide them with emerging information on health and safety hazards and proper controls.
 - b. Safe lifting programs in health care address a very serious hazard and have a clearly known benefit. Either an educational program or a requirement linked to the CTDPH licensing requirement may be effective at dissemination.
 - c. Dry cutting of concrete with silica hazard (could use existing educational materials developed in New Jersey).
6. Identify companies in the High Risk Pool for workers' compensation and target them for dissemination of information on how to reduce hazards.
7. Improve Internet presence, including before and after photos, case studies, graphically depict hazards/accidents to make a more effective message; family member involvement may be helpful. Include physician education materials along with worker health and safety fact sheets.

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