Welcome to another issue of the Occupational Health Surveillance Update. As the new State Epidemiologist and Assistant Commissioner for the Division of Epidemiology, Environmental and Occupational Health, it is my pleasure to introduce some of the Department’s recent initiatives in the field of hazard surveillance. Hazard surveillance (detecting worker exposure to a chemical or hazardous operation) is being used more and more to supplement traditional disease surveillance systems (detecting disease in workers) and is the method of choice when disease surveillance is not productive. With some limitations, it is an innovative approach to workplace intervention and provides a unique opportunity for occupational health professionals to prevent illnesses and injuries in the work environment.

The cover article on forklift fatalities demonstrates how the Department was able to identify patterns of unsafe practices and issue a statewide Hazard Alert to industries that use forklift trucks. The articles on cadmium and methylene chloride show how effective it is to identify these chemical users and target them for consultation and evaluate their compliance with the respective OSHA standards. Also highlighted are important initiatives in the area of latex allergy, a serious concern for many of our health-care workers. Finally, the staff of the Occupational Health Surveillance Program has compiled a concise list of occupational and environmental health and safety resources. It contains numerous Internet web sites and is detachable. We hope you find it useful.

Yours truly,

Eddy A. Bresnitz, MD, MS

Death on the Job: Forklift Fatalities in 1998

Brenda had everything to live for. At 40, she had a loving husband, three children, and a good job. She was the company’s most experienced equipment operator and had recently received a commendation for safety. After 20 years on the job, running a forklift was as routine as driving to work.

Inside...

- Methylene Chloride Hazard Surveillance & Interventions in Small Businesses
- Occupational and Environmental Health & Safety Resources
- Cadmium Surveillance Findings Published
- Department Establishes Latex Allergy Task Force
- Visit us on the WEB!
- Occupational Illness and Injury Reporting to the NJ DHSS

One day, Brenda was assigned to pick up three pallets of equipment stored outside a building. A co-worker directed her to a forklift on the building’s loading dock. Walking to the forklift, she stepped over a warning tape that marked the area as being under construction. She backed the forklift to a ramp leading outside, driving over several sheets of plywood lying across the loading dock floor. What she did not know was that the plywood covered a five-foot deep trench dug earlier that day. The 4,000 pound forklift broke through the plywood and fell into the trench, crushing Brenda as the impact forced the lift’s protective cage against her.

This was one case investigated by the New Jersey Fatality Assessment and Control Evaluation (FACE) project, a research project funded by NIOSH (National Institute for Occupational Safety and Health). The FACE project maintains a database of all reported workplace-related fatal injuries in New Jersey. FACE investigates selected fatalities, including fatal falls, machine-related incidents, tree-trimming fatalities, and incidents involving public employees. The goal of the FACE Program is to prevent injuries by identifying the risk factors that cause workplace fatalities and recommend ways to prevent future incidents. Information is disseminated to the public through Investigation Reports and Hazard Alert Bulletins. Names and other identifiers are withheld to protect the confidentiality of those who participate in the program.

Injury Surveillance

Brenda (a pseudonym) was the ninth New Jersey worker killed in a forklift incident in 1998. From April 1992 to
December 1998, the FACE project recorded 29 fatal occupational injuries in New Jersey involving forklift trucks. (See Figure 1) Being a forklift operator or working near a forklift were equally hazardous. (See Table 1)

Prevention Efforts

In 1994, NIOSH targeted machine-related incidents for investigation by the state FACE projects. The New Jersey FACE project conducted its first forklift fatality investigation in January 1995 and has investigated 12 of these incidents to date. As the investigations progressed, it became apparent that more was needed to educate the thousands of New Jersey workers who use forklifts. FACE published a fact sheet, Hazard Alert Bulletin: Forklift Truck Fatalities, which briefly described eight forklift incidents and listed recommendations (see page 3) for preventing future injuries. The bulletin was mailed to over 1,600 trucking companies, warehouses, and manufacturers that use forklifts. A letter was included with the bulletin to update the reader on recent cases and changes in the OSHA regulations for forklifts.

FACE’s routine prevention activities include sending investigation reports and fact sheets to various safety organizations, universities, government agencies, and private employers. FACE investigators also present case studies at conferences and educational seminars. In 1998, New Jersey FACE reports became available on the NJDHSS’ web site at www.state.nj.us/health/eoh/survweb/face.htm

New Regulations

The federal Occupational Safety and Health Administration (OSHA) recently published the Powered Industrial Truck Operator Training standard (see bottom of page 3 for summary) to reduce injuries among the 1.5 million workers who operate forklifts and other industrial trucks. Effective March 1, 1999, these regulations cover all powered industrial truck operators in the general industry, construction, and maritime industries. Employers must complete the training and evaluation of their operators by December 1, 1999.

For More Information

The new Powered Industrial Truck Operator Training standard may be obtained by calling OSHA Publications at (202) 693-1888 (Publication #6742). The standard may also be downloaded from the OSHA internet website at www.osha.gov.

New Jersey FACE reports and publications can be obtained by calling the Occupational Health Service at (609) 984-1863. FACE and other occupational health publications are included on the NJDHSS internet web site, www.state.nj.us/health/eoh.

If you have any questions or comments, please contact Patrick Bost, MS, at (609) 984-1863.
Forklift Safety Recommendations

- Develop a written safety program for the use of forklift trucks.
- Make sure that only fully trained and authorized workers operate forklift trucks.
- Regularly inspect and maintain operating controls and safety devices.
- Equip forklifts with backup alarms and flashing lights to warn pedestrians.
- Workers should never be lifted on the forks unless a properly designed forklift personnel platform is used.
- Properly position and secure loads prior to lifting and moving.
- Operators should always wear safety belts.

This forklift fell from a loading dock while trying to raise pipes to the roof. It struck and overturned a second forklift on the ground, crushing the operator of the second lift.

Summary of the OSHA Powered Industrial Truck Operator Training Standard

- Operators must successfully complete a training program and pass a performance evaluation.
- Training must include classroom and “hands-on” instruction.
- Once certified, operators must be re-evaluated at least every three years.
- Operators must be retrained if involved in an accident.
- Operators must be retrained if the equipment or workplace has significantly changed.
- Employers must certify that the training and evaluations have been done.
Methylene Chloride Hazard Surveillance and Interventions in Small Businesses

Methylene chloride is a colorless volatile liquid with a pleasant odor that is used in various industrial processes in many different industries: paint stripping, furniture refinishing, polyurethane foam manufacturing, polycarbonate resin production, adhesives manufacturing and use, metal cleaning and degreasing, pharmaceutical manufacturing, and formulating and distributing solvents. The Occupational Safety and Health Administration (OSHA) estimates that 237,496 workers handle methylene chloride in 91,624 worksites.1

In January 1997, OSHA adopted new comprehensive standards for methylene chloride (1910.1052, 1915.1052, and 1926.1052) covering all occupational exposures in all workplaces in general industry, maritime employment, and construction. OSHA acted on the basis of emerging scientific data indicating that the existing exposure limit of 500 parts per million parts of air (ppm) did not adequately protect workers from adverse health effects including irritation of the eyes, nose, and throat; headache, nausea, fatigue, dizziness, drowsiness and unconsciousness; liver, brain, and lung damage; and both liver and lung cancer.

The new OSHA standards set 12.5 ppm as an Action Level (AL) and exposure limits of 25 ppm as an 8-hour Permissible Exposure Limit (PEL) and 125 ppm as a 15-minute Short-Term Exposure Limit (STEL).1 In addition, the new standards require exposure monitoring, medical surveillance, regulated work areas, engineering, work practice, and administrative controls, leak and spill detection, respiratory protection, hygiene facilities and practices, protective work clothing and equipment, recordkeeping, and employee information and training.

In August 1997, the New Jersey Department of Health and Senior Services (NJDHSS) undertook a project to identify and educate small employers in New Jersey that use large quantities of methylene chloride concerning the requirements of the new OSHA standards and methods to control exposure to the chemical. Methylene chloride was chosen because 1994 New Jersey Community Right to Know (NJCRTK) data showed that use of this chemical, compared to other OSHA-regulated chemicals, was reported by many (1,880) New Jersey employers. In addition, it was believed that many employers, particularly small employers, would be unfamiliar with the new OSHA requirements for methylene chloride and were also unlikely to be inspected by OSHA.

Hazard Surveillance Protocol

The surveillance and intervention steps for the project were as follows:

- Small employers (less than 50 employees) that reported large (greater than 1,000 pounds) inventories of methylene chloride were identified through the NJCRTK database.
- A mailing was conducted to identified employers including a cover letter, a Chemical Survey, a NJDHSS Hazardous Substance Fact Sheet on methylene chloride, and a postage-paid return envelope. The Chemical Survey asked such questions as whether methylene chloride was used, pounds used, number of days used, number of employees exposed, and whether or not medical surveillance, biological monitoring, or air sampling had been performed. If air sampling was performed, summary information was requested.
- Returned Chemical Surveys were checked for completeness. If
not returned or incomplete, employers were contacted by phone or fax to request a response or obtain missing information. Completed Chemical Surveys were coded, data entered, and analyzed.

• All employers who reported using methylene chloride on their Chemical Survey were interviewed over the telephone. This phone call by a NJDHSS industrial hygienist also served as a consultation to encourage compliance with the OSHA methylene chloride standards and the use of NJDHSS’ Industrial Hygiene Fact Sheets. The industrial hygienist discussed with the employer the basic information contained in each of these publications. Also, covered in the phone call were the major provisions of other related OSHA standards, such as respiratory protection and personal protective equipment.

The interviews were done using a five-page telephone interview form covering the employer’s industrial hygiene control program in detail. Each type of industrial hygiene control was assigned one of four ratings, by the NJDHSS industrial hygienist, based on whether or not essential elements of the control were in place. The four codes were: “in place, effective,” “in place, needs upgrading,” “not in place, needed,” “not in place, not needed.” For example, in order for the item “regulated area” to be rated “in place, effective,” the workplace would need to have established regulated areas with respirators required and in use, appropriate signs posted at the boundaries, and food, tobacco, etc., prohibited. The interview/coding form contained a list of essential elements for each type of control with coding instructions. In the absence of air sampling data, all controls were considered “needed” for coding purposes.

• A follow-up letter containing workplace-specific industrial hygiene recommendations for reducing methylene chloride exposures was mailed to each interviewed employer. A copy of all educational materials discussed during the phone interview was enclosed including a form on which the employer is asked to summarize methylene chloride air sampling data, if performed. The employer was requested to respond within 60 days.

• The information from employers’ interviews was coded, entered into a database, and analyzed.

Findings

Hazard surveillance
The NJCRTK database identified a total of 59 workplaces with less than 50 employees and inventories greater than 1,000 pounds of methylene chloride. Twenty-four (57%) of the 51 employers who completed a Chemical Survey stated that they still use methylene chloride while the other 27 companies stated that they discontinued use of the chemical. One hundred sixty-seven (30%) of 565 employees in the 24 workplaces using methylene chloride were reported as potentially exposed. Results also showed employers were using methylene chloride an average of 127 days and 110,719 pounds per year. For air monitoring, the Chemical Survey results showed 25% of these employers stated that they had performed initial air sampling for methylene chloride.

Employer interviews
Six (25%) of the 24 employers were not interviewed because they stated discontinued usage since our initial follow-up. The majority of the employers who were interviewed did the best job of implementing employee training, with 15 of 18 (83%) receiving scores of “in place, effective.” For six types of controls (regulated area, respirators, engineering controls, hygiene, personal protective equipment, and house-keeping), 9-13 employers (50 to 72%) received the score of “in place, needs upgrading.” Employers had made the least progress in implementing air monitoring and medical surveillance with 12 of 18 (67%) and 14 of 18 (78%) respectively being rated “not in place, needed.”

Outlined on page 6 are examples of exposure scenarios that were derived based on information collected from Chemical Surveys and employer interviews. The examples include three workplaces with exposure data and four companies that did not provide air sampling data.

Discussion

Continued on page 6
Although small employers constitute a significant number in the private sector, they often lack the sophisticated industrial hygiene programs found in large companies. This study showed that small employers need assistance in coming into compliance with the OSHA methylene chloride standards. This innovative approach provided such assistance with relatively few staff resources.

Not all employers may have been required by OSHA standards to implement all controls. However, without air sampling, neither the NJDHSS nor the employer could know which control measures were required.

A significant number (25%) of the small employers were eliminating the use of methylene chloride at the time of our follow-up although they reported otherwise on their Chemical Surveys.

Since no state has a disease surveillance system for methylene chloride toxicity, hazard surveillance provides an alternative method for identifying employers using methylene chloride.

For more information, please contact Eileen Senn, MS, CIH, at (609) 984-3565.

References

Asbestos
Abatement worker training; school inspections — Consumer and Environmental Health Services, NJDHSS, (609) 984-2193;
Web: www.state.nj.us/health/eoh/leadasb/index.html
Licensing of abatement contractors and worker permits — NJDCA, (609) 633-3760
Transport and disposal — NJDEP, (609) 984-6620
Worker exposure issues — See OSHA or PEOSH under Workplace Inspections and Enforcement

Americans with Disabilities Act (ADA)
The ADA prohibits employers from discriminating against qualified people with a disability who would be able to perform their job, even if they need a "reasonable accommodation."
ADA Technical Assistance Center, (800) 949-4232; Web: www.disabilityact.com
Job Accommodation Network, (800) 526-7234 (TDD); (800) 232-9675
NJ Office of Disabilities Management, (609) 292-7299
U.S. Department of Justice - ADA Information Line (202) 514-0301 (TDD); Web: www.usdoj.gov/crt/ada/adahom1.htm

Cancer
American Cancer Society, consult your telephone directory for local chapter or call the national office at 1-800-227-2345; Web: www.cancer.org/bottomcaninfo.html
Cancer information specific to New Jersey — Office of Cancer Epidemiology, NJDHSS, (609) 588-3500; Web: www.state.nj.us/health/cancer.htm

Environmental Consultation and Enforcement
For a comprehensive NJDEP directory, request their Easy Access guide by calling (609) 633-1317; also accessible on the Internet at: www.state.nj.us/dep
Emergency Response 24-Hr Hotline (609) 292-7172
Hazardous Waste Hotline (609) 984-1351
Medical Waste (609) 984-6620
Safe Drinking Water (609) 292-5550
Underground Storage Tanks (609) 292-8761
X-ray machines (609) 984-5634

Home Health Issues
Consumer and Environmental Health Services, NJDHSS, (609) 984-2193 or (609) 633-2043
Landlord-Tenant information, NJDCA, (609) 292-4174
Radon Hotline, NJDEP, 1-800-648-0394

Indoor Air Quality
EPA Indoor Air Quality Information Clearinghouse 1-800-438-4318; Web: www.epa.gov/iaq/
Workplace exposure issues — See OSHA or PEOSH under Workplace Inspections and Enforcement

Information and Telephone Consultation
Duke University Occupational and Environmental Medicine Web: http://occ-env-med.mc.duke.edu/oem. This site provides links to useful occupational and environmental health resources.
EOHSI Resource Center, Rutgers University/UMDNJ, (732) 445-0110; Web: www.eohsi.rutgers.edu/cet
NIOSH Technical Information Service 1-800-356-4674; Web: www.cdc.gov/niosh/inquiry.html
Occupational Health Surveillance Program, NJDHSS, (609) 984-1863; Web: www.state.nj.us/health/eoh/survweb/
Public Employees Occupational Safety & Health (PEOSH) Program, NJDHSS, (609) 984-1863; Web: www.state.nj.us/health/eoh/peoshweb/
Right to Know (RTK) about hazardous substances:
- Public sector workplaces — RTK Program, NJDHSS, (609) 984-2202; Web: www.state.nj.us/health/eoh/rtkweb
- Private sector workplaces — Bureau of Chemical Release Information and Prevention, NJDEP, (609) 292-6714

Lead
Abatement worker training, abatement contractors, and worker permits — Consumer and Environmental Health Services, NJDHSS, (609) 984-2193 or (609) 633-2043; Web: www.state.nj.us/health/eoh/leadasb/index.html
Adult lead poisoning — Occupational Health Surveillance Program, NJDHSS, (609) 984-1863
Childhood lead poisoning — NJDHSS, (609) 292-5666
List of certified lead evaluation & abatement contractors — NJDCA, (609) 633-6179 or the Lead Hotline at 1-877-DCA-LEAD; Web: www.state.nj.us/health/eoh/leadhomm.htm
Worker exposure issues — See OSHA or PEOSH under Workplace Inspections and Enforcement

On-Site Safety and Health Consultation
NIOSH Health Hazard Evaluations (513) 841-4382 or 1-800 356-4674; Web: www.cdc.gov/niosh/hhe.html
NJDOL Consultation Services (for employers only):
- Safety consultation, (609) 292-0404
- Health consultation, (609) 984-0785

OVER
Pesticides

Integrated pest management:
- NJ Environmental Federation (856) 767-1110
- Rutgers Cooperative Extension Pest Management Office, (732) 932-9801
- Pesticides Enforcement and Compliance, NJDEP, (609) 984-6507

Spills handling, disposal, health effects — National Pesticide Telecommunication Network, 1-800-858-7378
(9:30 am - 7:30 pm, seven days a week)

Poison Control Center

New Jersey Poison Information and Education System (NJPIES)
NJPIES is a statewide poison control center that handles emergency calls and provides information to the public. It is staffed by professionals specialized in poison control who are available 24 hours a day, 7 days a week at 1-800-962-1253 or 1-800-764-7661; Web: www.njpies.org

Publications

EPA Publications, 1-800-490-9198; Web: www.epa.gov
NIOSH Publications, 1-800-356-4674 or (513) 533-8328; Web: www.cdc.gov/niosh/homepage.html
Occupational Health Service, NJDHSS, (609) 984-1863; Web: www.state.nj.us/health/eho/odisweb/
NJ Right to Know Hazardous Substance Fact Sheets, Right to Know Program, NJDHSS, (609) 984-2202; Web: www.state.nj.us/health/eho/rtkweb/
OSHA Publications, (202) 693-1888; Web: www.osha.gov

Schools

New York Healthy Schools Network, (518) 462-0632; Web: www.hsnet.org
Student exposure issues — Call the School Superintendent
Worker exposure issues — See OSHA or PEOSH under Workplace Inspections and Enforcement

Statistics

Bureau of Labor Statistics — for statistics on occupational injuries and illnesses by occupation and industry, and type of injury; (202) 606-6175; Web: http://stats.bls.gov/oshhome.htm
FACE (Fatality Assessment & Control Evaluation) Project -- for statistics on fatal injuries that occurred in New Jersey; Occupational Health Service, NJDHSS, (609) 984-1863; FACE reports are available on the Internet at: www.state.nj.us/health/eho/survweb/face.htm
Occupational health and safety data (New Jersey) — NJDOL, (609) 292-8998 or (609) 984-3604; Web: www.state.nj.us/labor/ira/default.htm

Training and Education

EOHSI-CET(Centers for Education and Training), Rutgers University/UMDNJ, (732) 235-9450; offers a variety of publications and training courses, including asbestos and lead removal, noise control and hearing conservation.
Web: www.eohsi.rutgers.edu/cet
Labor Education Center, Rutgers University
Offers a variety of educational services for employers, workers,
Workers exposed to hazardous levels of cadmium can experience acute (pulmonary edema, interstitial pneumonitis) and chronic (kidney disease, emphysema, bone lesions, and prostate and lung cancer) health effects. The OSHA cadmium standard covers employers who use cadmium, for example, in battery manufacture and recycling, pigment use and manufacture, electroplating, and refining. The NJDHSS recently issued a report on the results of cadmium surveillance conducted in New Jersey from January 1986 to September 1997. The project was funded by NIOSH under the “Experimental” category of SENSOR grants. Selected case studies from this effort are summarized below.

A full report is available by calling Eileen Senn, MS, CIH, at (609) 984-3565.

During the project, 51 companies were selected for follow-up, combining data from disease and hazard surveillance. NJDHSS conducted industrial hygiene evaluations by telephone followed by recommendations on how the employer could achieve better compliance with the OSHA cadmium standard. Some on-site evaluations and OSHA referrals were also done.

Based on our experiences over more than ten years, the NJDHSS makes these two recommendations to NIOSH and other state health departments concerning cadmium surveillance:

- A centralized national system of laboratory reporting and disease surveillance for cadmium is feasible and is recommended for consideration as a cost-effective alternative to state-by-state surveillance because of the small yield of reports.

- Hazard surveillance is more effective than disease surveillance for identifying employers using cadmium and should be considered as a tool to enhance disease surveillance whether performed at the state level or nationwide.

### Radiator Treatment Facility
This medical center routinely produces custom shielding blocks for patients undergoing radiation treatment. Reports of elevated urine cadmium levels were received on shield makers. As a result of this evaluation NJDHSS developed and mailed an informational bulletin entitled *Guidelines for Controlling Lead and Cadmium Exposures During Shielding Block Fabrication in Radiation Treatment Facilities* to 80 similar facilities.

### Scrap Metal Processor
Elevated cadmium reports were received on employees who were potentially exposed to cadmium and lead during metal cutting with acetylene torches. The employer was advised by NJDHSS to perform representative air monitoring and to use a proficient laboratory for analysis. Subsequently, OSHA found that cadmium air levels were above the action level but below the permissible exposure level and concluded that the employer had implemented adequate lead and cadmium compliance programs.

### Solder and Brazing Products Manufacturers
This evaluation involved two businesses which manufactured these products under one roof for the jewelry and automotive industries, respectively. Wipe sample results in the lunch and locker rooms showed cadmium and lead contamination. There were unsatisfactory findings in many other areas. Lack of response to NJDHSS’ recommendations led to referral to OSHA and issuance of willfull citations.

### Decorative Glassware Manufacturer
This employer used cadmium and lead in its decorative operations. An on-site visit was conducted after elevated cadmium reports were received. Subsequent re-tests were normal and air sampling results were generally low. NJDHSS issued a report to the employer who agreed with many of the recommendations to lower cadmium and lead exposures.

### Precious Metals Refinery
An on-site evaluation was conducted to evaluate exposure to cadmium and platinum salts following reports of elevated cadmium levels at this refiner of precious metals. The employer responded positively to many of the NJDHSS’ recommendations. The company has a sophisticated industrial hygiene program, is aware of problems areas, and continues to reassess these areas.
Natural latex gloves have proven effective in preventing transmission of many infectious diseases. Unfortunately, use of latex gloves in this preventive effort has contributed to the sensitization of at least 1-6% of the general population, and 7-10% of the health-care workers to natural rubber latex allergens (see sidebar). Latex is composed of various lipids, phospholipids, and proteins. The proteins can sensitize or induce IgE antibodies production in predisposed individuals. Chemicals, including antioxidants and accelerators, added during the manufacturing process may cause hypersensitivity. The amount of latex protein exposure needed to produce sensitization or an allergic reaction is unknown. Reductions in exposure to latex proteins have been reported to be associated with decreased sensitization and symptoms.

Task Force Initiatives

To respond to the many health issues affecting health-care workers exposed to latex-containing products, the New Jersey Department of Health and Senior Services (NJDHSS) established a Latex Allergy Task Force. The members of the Task Force include representatives from medical and dental professional associations, medical schools, health-care facilities, industry, and affected workers. The objective of the Task Force is to advise and assist the NJDHSS with the development and distribution of relevant information and educational materials for health-care facilities. NJDHSS is also involved in providing consultations and referrals for affected workers and collecting information on prevention methods. The Latex Allergy Task Force has also established subcommittees to address a number of areas, including case reporting, legal issues, policy development and implementation, workers’ compensation, and dental office issues. A mailing was conducted in 1998 to approximately 2,100 health-care facilities in New Jersey, including hospitals, nursing homes, residential care and drug-treatment facilities, to alert these facilities about latex allergy.

The Latex Allergy Task Force has developed a set of slides and a brochure, Latex Allergy, a Guide to Prevention, that can be used for...

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Reactions to Latex

**Irritant Contact Dermatitis** This is a non-allergic skin rash characterized by hand erythema, pruritus, dryness, and cracking. This reaction is caused by skin irritation from using gloves and possibly by contact exposure to other workplace products and chemicals.

**Allergic Contact Dermatitis** (delayed hypersensitivity) This is a specific immune response to the chemical additives, such as accelerators and antioxidants (e.g., phenylendiamine, thiurams, carbamates) added to latex during harvesting, processing, or manufacturing. Acute dermal reactions include erythema and vesicle formation (similar to skin eruption after poison ivy exposure). The lesions typically appear 24-96 hours after exposure. Subsequently, chronic exposure to latex may cause the skin to become dry, crusted and thickened.

**Latex Allergy** (immediate hypersensitivity) Certain natural rubber proteins may cause sensitization or the induction of IgE antibodies. Reactions usually begin within minutes of exposure of a sensitized individual to latex, but they can occur hours later. Mild allergic reactions to latex involve skin redness, hives, or itching. More severe reactions may involve respiratory symptoms such as runny nose, sneezing, itchy eyes, scratchy throat, and asthma. Rarely, anaphylaxis and death may occur.
Physicians are required by law to report certain occupational diseases and injuries

For more information on reporting requirements or to obtain a copy of the Occupational Disease and Injury Report for Physicians form, call the Occupational Health Service at

1-800-772-0062

REMEMBER

Physicians are required by law to report certain occupational diseases and injuries

For more information on reporting requirements or to obtain a copy of the Occupational Disease and Injury Report for Physicians form, call the Occupational Health Service at

1-800-772-0062
## Occupational Illness and Injury Reporting to New Jersey Department of Health & Senior Services

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1. Includes confirmed and unconfirmed cases.

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New Jersey Department of Health & Senior Services

**Occupational Health Service**

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