

Excerpts from the 2005 Annual Reports

For many work-related conditions there has been a downward trend in the incidence of these conditions in Michigan over the last decade. However, for some conditions such as work-related asthma, work-related noise induced hearing loss and work-related burns, there has been no decrease while for a few such as asbestosis and mesothelioma there has been an increase.

What can get lost in the statistics is the human story behind the numbers. In this year's announcement of the availability of the latest Annual Reports, we are once again highlighting some of the short clinical histories that are in these reports and that describe the individuals who have become sick or died from their work. The full reports contain all the clinical histories as well as summary tables and figures.

New Annual Reports

Asthma Fatalities Ages 2-34 in Michigan (2005*)
Elevated Blood Lead Levels in Michigan (2005)
Occupational Diseases in Michigan (2005)
Occupational Pesticide Illnesses and Injuries in Michigan (2005*)
Silicosis in Michigan (2005)
Work-Related Acute Traumatic Fatalities in Michigan (2005*)
Work-Related Asthma in Michigan (2005)
Work-Related Noise-Induced Hearing Loss in Michigan (2005*)

*Reports available in September

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2005 Annual Report on Occupational Pesticide Illnesses and Injuries in Michigan

A 46-year-old female telephone switchboard operator was walking to lunch and passed a groundskeeper who was spraying glyphosate and 2,4-D herbicides outside a building. A breeze brought the spray to her face and eyes and into her mouth. She developed a headache, cough, and trouble breathing. Her tongue was swollen, her eyes were tearing, and her face was red and itchy. She went to an emergency room.

A 54-year-old female school bus driver sprayed a pyrethrin-containing miticide for head lice on the bus. All the windows and doors were open. She developed a cough, sore throat, shortness of breath, a headache, and burning, tearing eyes. She went to the company doctor. The next day went she went back to work, became symptomatic again, and went to an emergency department. She lost two days from work and still had a cough when interviewed over a year later.

A 49-year-old male arborist, who was a certified pesticide handler, injected a chloro-nicotinyl insecticide into soil. He was nauseous that day and the next day had a seizure. He was taken by ambulance to an emergency department and stayed overnight.

A 45-year-old male farmworker had been applying a carbamate insecticide for several days. He wore protective equipment while mixing, but not while in the tractor. He became nauseous, dizzy, weak, and had a headache. He went to an emergency department.

2005 Annual Report on Work-Related Asthma in Michigan

A male in his 50s died from an asthma attack from exposure to isocyanates at work. He had worked almost five years at this chemical production facility as a chemical mixer. His asthma developed several months after beginning to work at the company. Despite an annual exam by the company doctor, repeated visits to his primary care physician, and a referral to a pulmonologist; none of the health care providers suggested he change his work environment. He required increasing amounts of asthma medication. His final asthma attack, at work, left him unconscious in the hospital for six days before he died.

A female in her 60s developed asthma 13 years after working as a nurse at a hospital. She was exposed to hospital disinfectants and chemicals used to clean the dialysis units. She has been off work for the past four years, and since that time her symptoms have lessened and she requires less asthma medicine.

A male in his 40s developed asthma while working for a package delivery service as a truck driver. His symptoms developed the first month he started to work for this company, and he had worked there for almost three years at the time of the interview. In the past 6-7 months of working in this job, his symptoms had become more persistent. He reports exposure to diesel fume from idling delivery trucks at the loading dock. He continues to work for this company, and his symptoms are worsening. He reports trying to avoid the diesel fume exposures by driving trucks without leaks.

A female in her 50s developed asthma approximately six months after beginning to work as an apartment complex manager. She also lived at the complex. She reported mold growth in her apartment and in the basement of the building where her office was located. A little over a year after working in this job, she reported that she was fired for missing too much work getting medical attention. This was the same day she reported the mold problems to her supervisor. Since leaving this job, her symptoms have lessened, although she continues to take the same amount of asthma medicine. She has been unable to find a new job, six months later.

2005 Annual Report on Blood Lead Levels in Adults and Children in Michigan

A male in his 60s had blood lead testing as part of a company medical screening at a brass/aluminum foundry during 2005 ranging from 45 to 58 mg/dL. He has had elevated blood lead levels since 2000. He reported frequent pain/soreness in joints, exhaustion, and sleeplessness. He reported no lockers to separate work clothes from street clothes, work clothes were washed at home, no showering facilities were provided, and no lunch room provided. He reported wearing a respirator for half an hour per day. He was not previously removed from the job because of elevated lead levels. There were children under the age of six spending time in his home, however, they had not been tested for lead.

A male in his 20s had blood lead testing in 2005 of 36 and 50 mg/dL. He has had elevated blood lead levels since 2004. He was a self-employed painter. No information on symptoms were available. Educational materials for painters/renovators were mailed.

A male in his 40s requested a blood lead test from his physician. Results in 2005 were 51 mg/dL and 33 mg/dL. He reported headaches, exhaustion, irritability, and hearing loss. He denied any lead-related recreational activities. He has worked for a firearms gallery for the past three years. He reported that the firearms gallery did not provide lockers to separate work clothes from street clothes, work clothes were washed at home, no showering facilities were provided, and he did not wear a respirator. He had not been removed from the job because of elevated lead levels.

2005 Annual Report on Noise-Induced Hearing Loss in Michigan

A man in his mid-60s had high frequency hearing loss identified after seeing an audiologist. He had worked for an automobile manufacturer for 31 years before retiring eight years ago. The first time he began wearing hearing protection was after six years on the job. He stated that he almost always wore pre-molded earplugs thereafter. He had not been provided hearing testing by his employer. Prior to working in the auto industry he had been in the military for three years. He occasionally has tinnitus starting six years ago. He indicated that he had noise exposure to lawn work for less than one year, but did not wear hearing protection. He had been told his hearing loss was due to a normal loss in hearing.

2005 Annual Report on Work-Related Acute Traumatic Fatalities in Michigan

A 52-year-old male maintenance electrician was troubleshooting a machine when the machine cycled, pinning him. The deceased was servicing an older model of a horizontal tooling machine. Access to the tooling area was limited by a fence with a mesh gate and a "lockout" safeguard for entry. "Lockout" entailed unplugging of an electrical cord that is fed through the gate. The safety gate was allegedly open and the "lockout" mechanism unplugged so that the machine could not cycle while maintenance was being performed. A coworker was outside the safety fence and apparently momentarily stepped away. When he returned he heard the decedent screaming. He began to push the emergency stop buttons on the console but was unable to inactivate the machine until after the decedent had been compressed. In order to extricate the deceased, the machine had to be recycled so the safety gate was closed and the lockout plug reengaged so the machine could retract from the carousel thus releasing the decedent. The gate was reopened, and the body was removed. The victim was declared dead at the scene.

A 38-year-old female quality control operator was filling a cherry brine vat. To fill the vat, she stood on a tongue-in-groove roof on the vat and opened two 2-foot by 4-foot wooden covers. The vats were approximately 10 feet high by 151/2-foot in diameter, the vats were sunk into the floor, and she climbed 2 steps to reach the roof of the vat. To fill the vat, cherries in solution with brine and water are pumped into the vat using a 4-inch hose that is placed into one of the vat roof openings. As the cherry/brine mixture is pumped into the vat, the excess water is pumped out of the vat by placing two 2-inch hoses in the other roof opening. The operator filling the vat must periodically check on the height of the brine and distribution of the cherries in the vat. The event was unwitnessed. The victim either tripped into the opening or perhaps was checking the level of brine and/or distribution of cherries within the vat when she fell into the vat. When she did not pick up her children from day care, her coworkers were notified and they went looking for her. They found her face down in the vat. When attempting to pull her out of the vat, they received a strong whiff of sulfur dioxide and had to let go of her. They were successful on their second attempt to take her out of the vat. A half-face respirator was found hanging around her neck - it is unknown if she was wearing the respirator at the time of the incident and if the respirator came off of her face as she fell into the vat.

A 16-year-old male was killed while removing the engine and transmission of a Lincoln Town Car at a scrap metal business. The victim was working with the owner of a scrap metal business. The front end of the car was lifted about four feet above the ground by a tractor equipped with forks. To further support the lifted front end, two pipes, standing on end, were placed under the front end of the car. The victim and the owner were under the vehicle starting to cut off a muffler with a torch. The owner had cut off his side of the muffler and was handing the torch to the victim to cut off the other side when the owner noticed that the car was starting to move backwards. The owner yelled to the victim to get out. The owner was able to roll out from under the falling car, but the victim was pinned underneath the vehicle until the owner lifted the car with the forklift. The victim was airlifted to the hospital where he died from severe head and chest trauma.

2005 Annual Report on Asthma Fatalities Ages 2-34 in Michigan

A female pre-teen died from asthma in the winter after she told her mother she did not feel well, had a sore throat and was cold. The mother said the deceased's primary care physician did not want to put the deceased on oral steroids until the child turned 14 years old. She was referred to a pulmonologist but died before the scheduled appointment, which was 2 ½ months after the initial referral. The deceased slept with her cat and would wake up in the morning with itchy eyes. The mother and father said the doctor never expressed the seriousness of the deceased's asthma.

A male in his early thirties died from asthma. The wife believed that the stress of a court verdict triggered his fatal attack. He was having trouble breathing before he went to work on the day he died. He continued to have trouble breathing at work and went to the medical department who offered to call the ambulance. He declined and decided to go home and then to an urgent care clinic where he was given nebulizer treatments. He died later that day. He was on no medications and had not seen his doctor in two years.

A female in her early twenties died from asthma in the fall. She died in her sleep at home. The mother said she never went to the Emergency Department or was hospitalized for her asthma. She did see her primary care doctor 24 times in the year prior to death for her asthma. She was never referred to an allergist or a pulmonologist. Her medications included Atrovent MDI and an allergy pill. She had breathing problems daily and had sleep apnea. Her physical activity was limited all the time because of her asthma symptoms.

*Project
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News

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Address service requested.

In this issue:
Excerpts from the 2005 Annual Reports

*PS Remember to report all cases of occupational disease!

Printed on recycled paper.

Michigan Law Requires

the Reporting of
Known or Suspected
Occupational Diseases

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Web

www.oem.msu.edu

E-Mail

ODREPORT@ht.msu.edu

FAX

(517) 432-3606

Telephone

1-800-446-7805

Mail

Michigan Occupational Safety &
Health Administration (MIOSHA)

Management and Technical

Services Division

P.O. Box 30649

Lansing, MI 48909-8149

Reporting forms can be obtained by

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Or

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