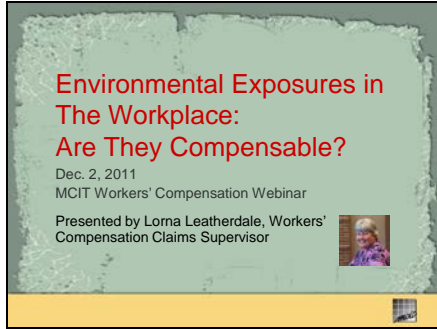


Slide 1



**Environmental Exposures in The Workplace:  
Are They Compensable?**  
Dec. 2, 2011  
MCIT Workers' Compensation Webinar  
Presented by Lorna Leatherdale, Workers'  
Compensation Claims Supervisor

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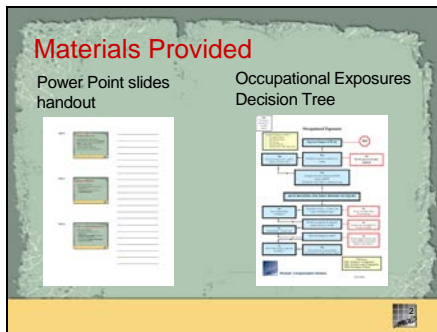
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Slide 2



**Materials Provided**

Power Point slides handout

Occupational Exposures Decision Tree

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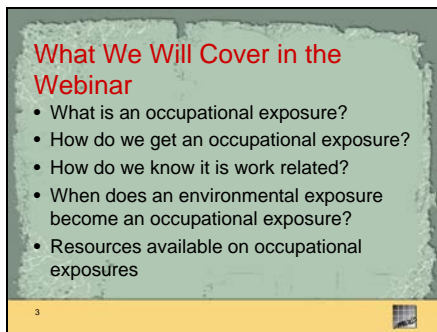
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Slide 3



**What We Will Cover in the Webinar**

- What is an occupational exposure?
- How do we get an occupational exposure?
- How do we know it is work related?
- When does an environmental exposure become an occupational exposure?
- Resources available on occupational exposures

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Slide 4

**Statutory Provisions**

- Every employer is liable to pay compensation in every case of **personal injury** or death arising out of and in the course of employment
  - Without regard to negligence
- Burden of proof is on the employee

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Slide 5

**Statutory Definition**

- Personal injury means
  - injury arising out of and in the course of employment, and
  - includes personal injury caused by **occupational disease**

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Slide 6

**What Is Occupational Disease?**

- Defined as a disease
  - arising out of and in the course of employment
  - **Peculiar to the occupation** in which an employee is engaged, and
  - due to causes in **excess of the hazards** ordinary of employment

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Slide 7

**Ordinary Diseases of Life**

- Ordinary diseases of life to which the general public is equally exposed outside of work are not compensable
  - except where the disease follows as an incident of an occupational disease, or
  - where the exposure is peculiar to the occupation so that the disease is an occupational disease hazard

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Slide 8

**Direct Causal Connection**

- Disease arises out of employment if
  - there is a direct causal connection between the conditions under which the work is performed, and
  - the occupational disease follows as a natural incident of the work as a result of the exposure occasioned by the nature of the employment

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Slide 9

**When Is an Employer Not Liable?**

- There is no liability for an occupational disease that
  - cannot be traced to the employment as the direct and proximate cause, and
  - is not recognized as a hazard peculiar to that trade/occupation or
  - results from a hazard to which the worker would have been equally exposed outside of the employment

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Slide 10

**What Are Occupational Exposures?**

- Contagious disease
  - Tuberculosis, scabies, etc.
- Contact with blood/bodily fluids
  - Hepatitis, Lyme disease, etc.
- Contact with allergens/toxins
  - Dust, fumes, chemicals
- Noise-induced hearing loss
- Asbestosis/silicosis

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Slide 11

**What Are the Types of Exposures?**

- Outdoor Environment Exposures
  - Insects, ticks, spiders
- Contagious Disease
  - Skin contact
  - Blood/bodily fluid contact
- Contact with Allergens/Toxins
  - Skin contact
  - Inhalation

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Slide 12

*Ticks and Spiders  
...and Bugs.  
Oh My!*

INSECT BITES AND  
INSECT-BORNE ILLNESSES

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Slide 13

**Why Worry About Bug Bites?**

- Some insect/arachnid bites can be serious and result in illness
- Allergic or severe anaphylactic reactions
- Transmission of viral illnesses
- Transmission of bacteria
- Transmission of venom and neurotoxins

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Slide 14

**When Do They Happen at Work?**

- Bee, wasp and hornet stings
- Mosquito, deer fly and horsefly bites
- Deer tick bites
- Spider bites
- Insect bites are often minor irritants that do not require medical attention

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Slide 15

**How Is It Decided if the Claim Is Payable Under WC?**

- Investigated on a case-by-case basis
- Key components to determine if the claim is payable include:
  - occupation
  - environment
  - greater risk than the general public

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Slide 16

**Occupations and Greater Risk**

- Land management, forestry, highway and facilities workers
- Law enforcement and social service workers
- "Ordinary diseases of life" to which the general public are equally exposed are not payable under the WC Statute

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Slide 17

**Case Example**

- A 56-year-old soil and water conservation worker was bitten by deer ticks on two occasions within a few days
- There was not a characteristic red bull's-eye rash
- The claim was accepted
- Medical treatment and one week of lost time was paid

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Slide 18

**Case Example**

- A 39-year-old deputy was bitten by a spider between the toes of his left foot in a citizen's basement while on a drug raid in June 2000
- The claim was accepted
- Two days of lost time from work and medical treatment was paid

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Slide 19

**Case Example Continued**

- In 2010, the employee reported a recurrence of foot pain while mowing his lawn
- In 2011, a surgical amputation of the left No. 2 toe is recommended
- The employee submits the request to MCIT
- The request is denied as not being related to the original spider bite 11 years earlier

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Slide 20

**Case Example**

- Social worker assisted a client with cleaning and moving to a new apartment
- Noticed bites on both forearms
- Client had indicated similar bites were from mosquitoes
- Diagnosed with bed bug bites
- Treated with topical ointments paid by MCIT

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Slide 21

**Case Example**

- Date of exposure Sept. 18, 2010
- 30-year-old teacher reports illness caused by exposure to parasite from contact with child's feces because of the child's failure to wash hands and then the teacher touched areas the child had touched
- Claim denied
- Additional information from member did not change MCIT's position

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Slide 22



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Slide 23

**When Are Employees Exposed at Work?**

- Health care workers
  - hospitals, nursing homes, public health settings
- Law enforcement and corrections workers
  - suspects, inmates, citizens

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Slide 24

**MRSA**

- MRSA or methicillin-resistant staphylococcus aureus (MRSA)
  - a bacterial infection that is highly resistant to some antibiotics
- Can be community-based

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Slide 25

**Case Example**

- 48-year-old class aide reports kneeling on the floor to put books on a shelf
- Claim reported to MCIT after the employee discusses the situation with a doctor
- MCIT nurse case manager reviews
- Diagnosed with cellulitis of the knee
- Claim is denied

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Slide 26

**Case Example Continued**

- Additional investigation of medical and work environment information
- The diagnosis changed to MRSA
- MCIT occupational medical consultant reviews the information
- Claim is accepted due to known exposure to staph/strep in the work environment
- No community based exposure

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Slide 27

**Skin Diseases**

- Scabies: An infection/allergic reaction (rash) caused by mites, transmitted by direct skin-to-skin contact
- Contact dermatitis

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Slide 28

**Case Example**

- Claimed exposure on Aug. 1, 2010
- 21-year-old health aide developed rash over entire body
- Self-treated until Sept. 25, 2010
- MCIT nurse case manager review requested
- Diagnosis: scabies or acne

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Slide 29

**Case Example**

- Date of exposure Sept. 20, 2010
- 55-year-old health aide developed rash on right arm and legs
- First treatment Sept. 25, 2010
- Diagnosis: scabies, contact dermatitis
- Claim payable

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Slide 30

**Case Example**

- Corrections officer was preparing to complete pat downs for the intake of new inmates
- Put on purple gloves
- Immediately noticed hands felt hot and itchy
- Removed gloves as hands were "on fire"
- Thorough washing ended symptoms

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Slide 31

**Case Example**

- 30-year-old deputy reported contact with poison ivy while pursuing a suspect
- Rash and itching on both hands; he was not wearing gloves at the time
- Medical records outlined a history of exposure to poison ivy while helping pull the dock out at his father's cabin
- Claim denied

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Slide 32

**Blood and Bodily Fluids Exposure**

- Needle sticks
- Spitting/saliva exposure
- Contact with blood on your person (e.g., cuts)

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Slide 33

**Case Example**

- 30-year-old deputy was accompanying a suspect to the hospital to be evaluated, and the suspect spit in the employee's face
- Incident occurred in the course and scope of employment
- Claim payable

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Slide 34

**Case Example**

- 46-year-old RN was stuck by a needle while a patient received a blood transfusion in January 1993
- Patient was positive for hepatitis C
- RN tested positive for hepatitis C in 2002
- Current medical status: She is post-liver transplant and has type 2 diabetes
- Estimated cost of claim for MCIT exceeds \$1.7 million (\$1.3 in medical costs)

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Slide 35

**Case Example**

- RN noticed pain in upper extremity after hepatitis B vaccine
- Initially lost some time from work due to problems grasping and moving objects and continued pain
- Injury resulted in permanent nerve damage and final diagnosis of complex regional pain syndrome of the upper extremity

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Slide 36

**Case Example Continued**

- Permanent restrictions that limited the use of the upper extremity
- The indemnity portion of the claim was resolved through a settlement
- Ongoing treatment for pain in the upper extremity continues
- Medical costs to date are \$100,000

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Slide 37



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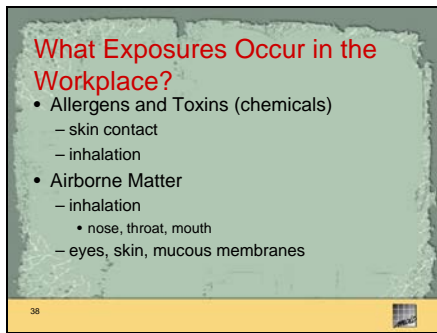
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Slide 38



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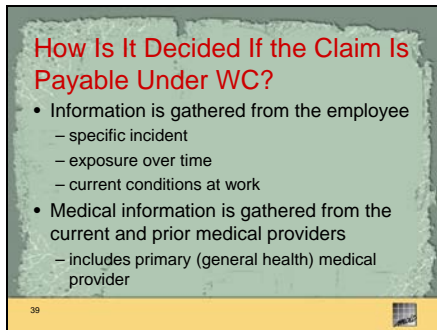
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Slide 39



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Slide 40

**How Is It Decided if the Claim Is Payable Under WC?**

- Information is gathered from the member
  - specific incident
  - exposure over time
  - current conditions at work
- Facility and safety information is gathered
  - Material Safety Data sheets
  - Facility records

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Slide 41

**Case Example**

- IT worker became nauseated and had a severe headache
- He noticed diesel fume smell
- Spoke to the facilities manager
- The manager discovered a generator used for construction was parked adjacent to the building air intake vent
- The generator was moved

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Slide 42

**Case Example**

- 2003 exposure to mold claimed
- Initial investigation completed, and the claim was denied
- The worker disputed MCIT's position and litigation was initiated
- Dispute resolved via settlement
- MCIT is responsible for ongoing medical treatment for occupational asthma
- \$73,000 in medical paid to date

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Slide 43

**Case Example**

- 8 employees claimed exposure to sheetrock dust in their office area
- Information was gathered from each worker including past and current medical records
- The medical information did not support an increased risk due to exposure to sheetrock dust
- Claims denied

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Slide 44

**Risk Management**

WHAT CAN BE DONE TO REDUCE THESE TYPES OF CLAIMS OR INCIDENTS?

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Slide 45

**Risk Management**

- Use a chemical bug repellent with DEET or permethrin
- Wear protective clothing
  - Wear light colors
  - Tuck pant legs into sock
  - Use tick guards (chaps)
- Frequently check for and remove ticks

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Slide 46

**Risk Management**

- Avoid contact with vegetation
- Avoid outdoor activities at peak mosquito feeding time, if possible
  - dusk and dawn
- Consider use of a “tick sheet” to track exposures

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Slide 47

**Risk Management**

- If appropriate use personal protective equipment
  - gloves
  - masks
  - respirators
  - hazmat suits
- Wash hands and use hand sanitizers frequently
- Cover your cough
- Get vaccinations
- Clean shared surfaces (at home and work)

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Slide 48

**Risk Management**

- Training on the use of chemical applications
- Access to Material Safety Data sheets
- Training on bloodborne pathogens
- Follow recommendations on exposures to blood and bodily fluids
  - Minnesota Department of Health
  - Minnesota Department of Corrections
  - Centers for Disease Control and Prevention

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Slide 49

**Occupational Exposures Decision Tree**

- MCIT starts its investigation
  - Arising out of and in the course of employment
- MCIT makes a compensability determination
  - Is the claim payable?
  - How does MCIT advise the parties of that determination?
  - Notice of Primary Liability Determination (NOPLD)

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Slide 50

**Resources: Websites**

- Minnesota Department of Health  
[Health.state.mn.us](http://Health.state.mn.us)
- Minnesota Department of Corrections  
[Doc.state.mn.us](http://Doc.state.mn.us)
- Centers for Disease Control and Prevention  
[CDC.gov](http://CDC.gov)
- MCIT  
[MCIT.org](http://MCIT.org)

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Slide 51

**Resources: MCIT Materials**

- Resource articles on the MCIT website:
  - “Environmental Exposures in the Workplace”
  - “WC & Multiple Chemical Sensitivity Syndrome”
- Bulletin newsletter articles:
  - “Bugs Bite,” April 2007
  - “Bloodborne Pathogens, OSHA and Workers’ Compensation Coverage,” October 2011

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Slide 52

**Thank You**

Contact Lorna Leatherdale,  
Workers' Compensation Claims  
Supervisor

- Phone: 651.209.6413
- E-mail: [lleatherdale@mcit.org](mailto:lleatherdale@mcit.org)



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