

Slide 1



Good Morning, my name is Lorna Leatherdale, and I am the Workers' Compensation Claims Supervisor for MCIT.

Before we start the presentation, I want to review the instructions for submitting a question using the chat feature. Feel free to submit questions throughout the session. Your questions will be addressed during the session, at the end of the webinar or through a follow-up phone call or e-mail.

Typed questions can be submitted anytime.

By way of background, Minnesota Counties Intergovernmental Trust administers the workers' compensation claims for 80 counties and many other public entities that are members of this risk-sharing pool. This morning, we are going to review exposure claims in the workplace.

Slide 2

Materials Provided

Power Point slides
handout

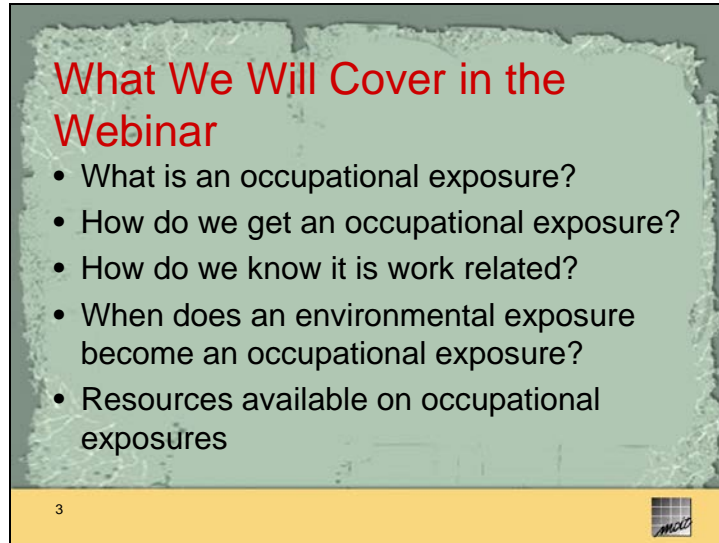
Occupational Exposures
Decision Tree

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Worker Compensation Division


In preparation for the presentation, you should have downloaded the following written materials:

- The Power Point slides handout
- The Occupational Exposures Decision Tree

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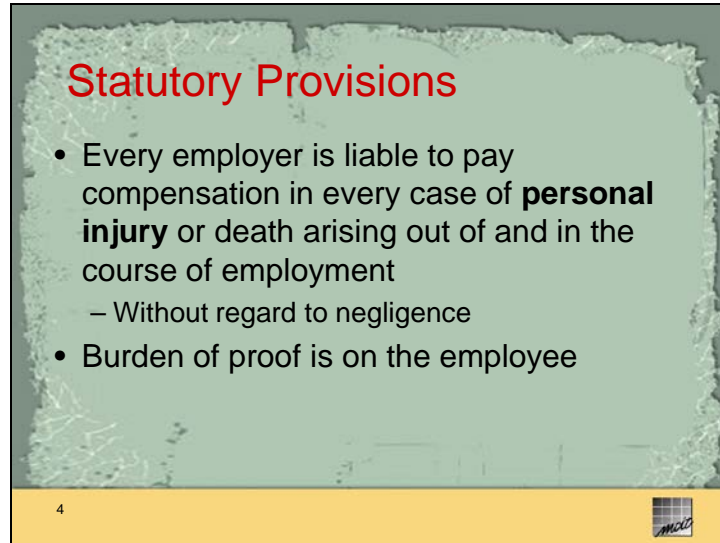
What We Will Cover in the Webinar

- 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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We will cover the following items:

- What is an occupational exposure?
- How do we get an occupational exposure?
- What MCIT does to determine if the exposure is payable under the Minnesota Workers' Compensation Statute.
- When does an environmental exposure become an occupational exposure?
- The resources MCIT has available on the topic of occupational exposures, illnesses and diseases.



Statutory Provisions

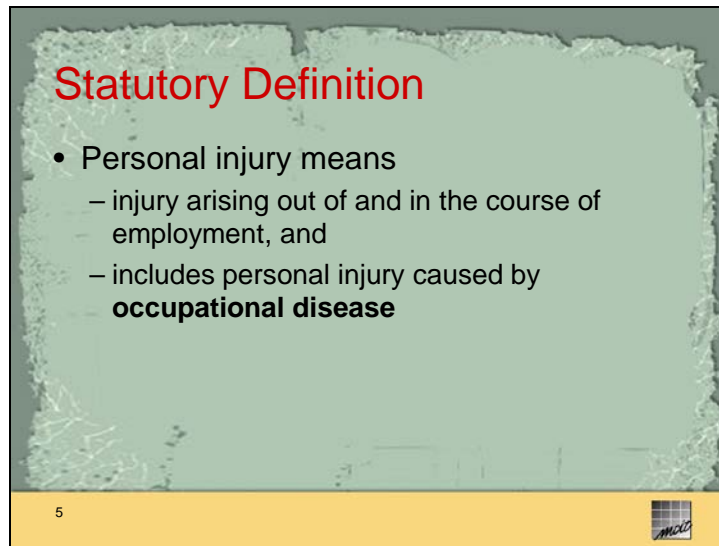
- Every employer is liable to pay compensation in every case of **personal injury** or death arising out of and in the course of employment
 - Without regard to negligence
- Burden of proof is on the employee

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Based on the Minnesota Statute, an employer is liable to pay compensation in every case of personal injury or death that arises out of and in the course of employment.


Minnesota's workers' compensation is a no-fault system; there does not need to be proof of negligence.

It is the injured employee's responsibility to report the claimed injury and to provide proof that the injury was in the course and scope of employment.



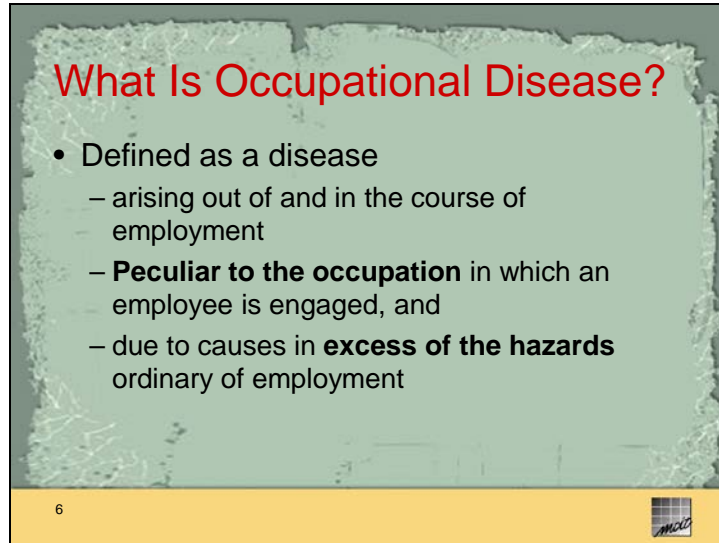
Statutory Definition

- 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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In the statute, a personal injury is further defined as an injury that arises out of employment.

It occurs in the course of employment and can include injuries or illnesses caused by occupational disease.



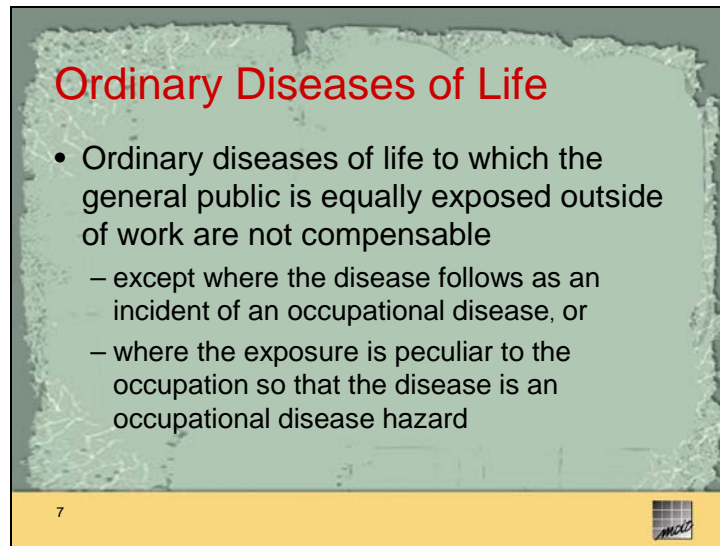
What Is Occupational Disease?

- 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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What is an occupational disease? As with all work injuries, a two-pronged test must be met:

- 1) the disease arose from and in the course of employment; and
- 2) the illness or disease must be peculiar to the occupation in which the employee is engaged and caused by an increased hazard or risk related to employment.



Ordinary Diseases of Life

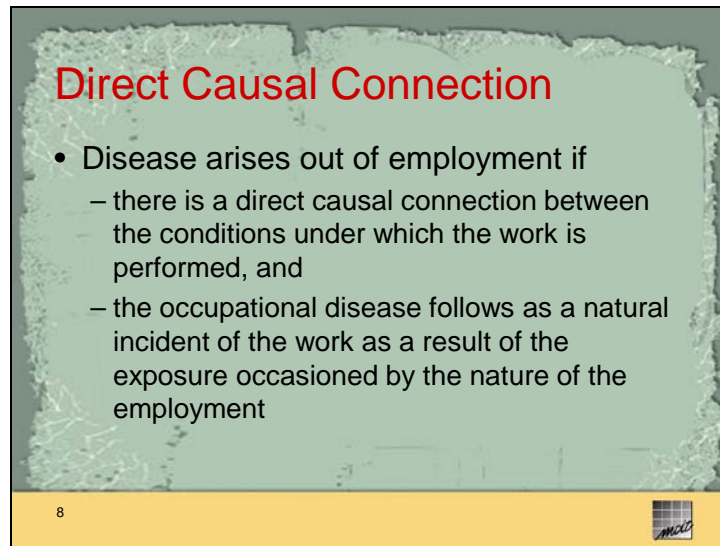
- Ordinary diseases of life to which the general public is equally exposed outside of work are not compensable
 - except where the disease follows as an incident of an occupational disease, or
 - where the exposure is peculiar to the occupation so that the disease is an occupational disease hazard

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It is important to remember that the Minnesota Workers' Compensation Statute is a compromise between labor and management.


One of those compromised points is that ordinary diseases of life to which the general public are equally exposed outside of work are not compensable under the statute.

The exceptions to this are if the disease follows as an incident of exposure to a disease (for example, exposure to an HIV positive patient during a surgery and the health care worker develops HIV or AIDS), or where the exposure is peculiar to the occupation so that the disease is an occupational disease hazard, such as black lung disease for coal mine workers.



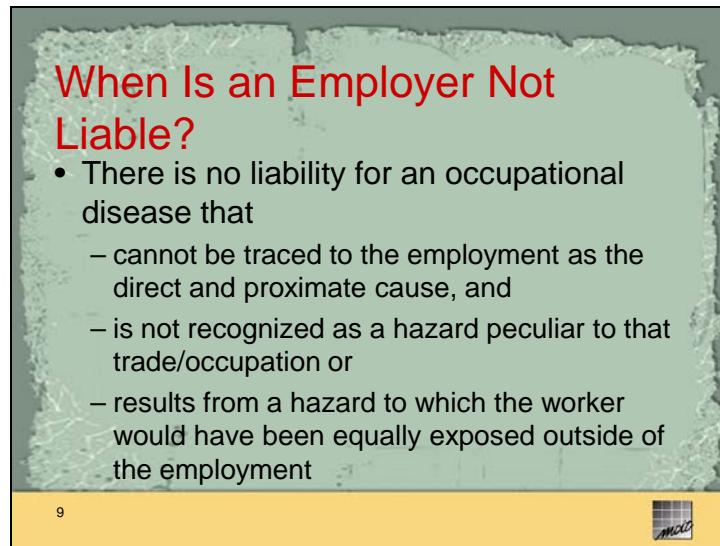
Direct Causal Connection

- 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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In cases of accepted occupational illness or disease, there needs to be a direct causal connection between the conditions under which work is performed and the occupational disease. The disease must be a result of the exposure occasioned by the nature of employment.

If this direct causal connection cannot be determined, the claim could be denied as compensable because it would be deemed as an “ordinary disease of life.”



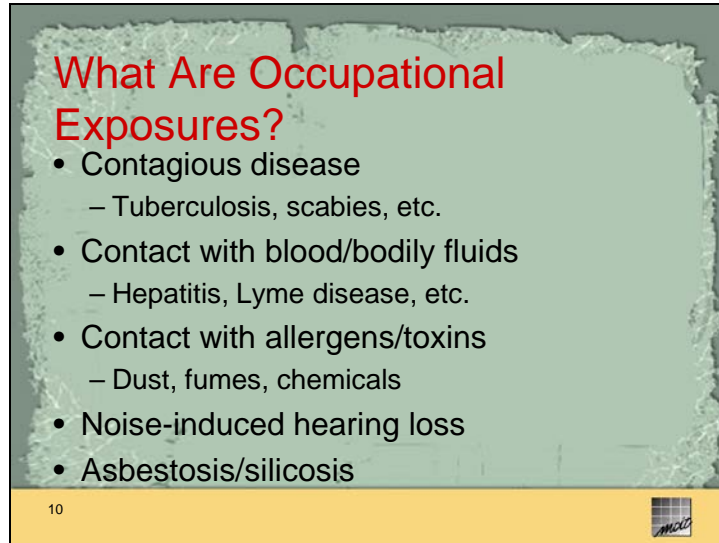
When Is an Employer Not Liable?

- 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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When is an employer not responsible or liable for occupational diseases or illnesses?

- When employment is not the direct and proximate cause of the disease. For example, an office worker faints at work. It is determined that the worker had low blood sugar. There is nothing in the work environment that caused the fainting; it simply happened at work.
- When there is not a recognized hazard peculiar to that trade or occupation. For instance, a worker claims exposure to galvanized steel fumes, but it is determined that the employee is not exposed to them at work; he or she is not a welder.
- When there is a hazard to which the worker would have been equally exposed outside of employment. An example is if a worker develops strep throat. There have been other workers with strep throat at the office, but the employee has school-aged children, and there has been strep throat at school, as well.



What Are Occupational Exposures?

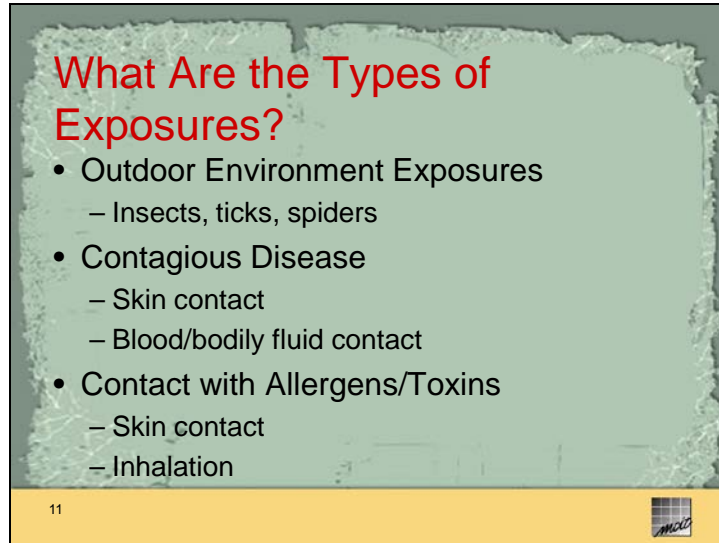
- Contagious disease
 - Tuberculosis, scabies, etc.
- Contact with blood/bodily fluids
 - Hepatitis, Lyme disease, etc.
- Contact with allergens/toxins
 - Dust, fumes, chemicals
- Noise-induced hearing loss
- Asbestosis/silicosis

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This is a list of common exposures. This list is *not* exhaustive.

Historically, the most common exposure claims are the last two listed for hearing loss and asbestosis or silicosis. Those two topics could be a presentation on their own, so I will not cover those today. Also, I will not address animal attacks while on the job.

We will be reviewing claims from the other categories listed on this slide: contagious diseases, contact with blood or bodily fluids, or contact with allergens and toxins.



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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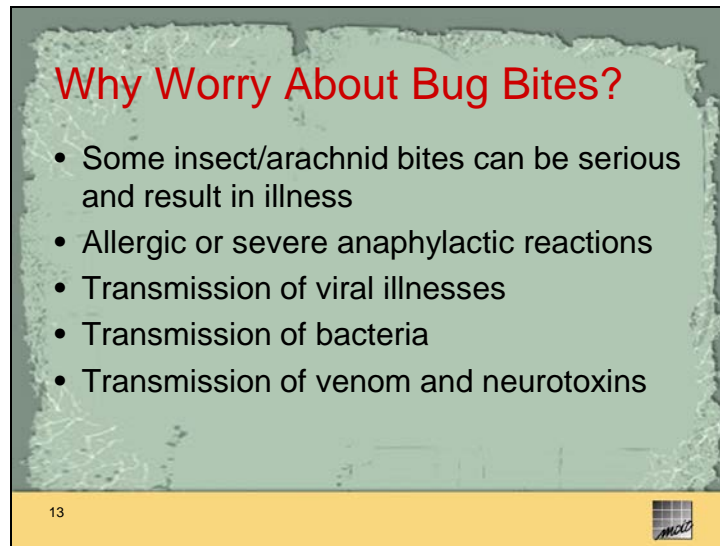
What types of claims are reported to MCIT? The claims fall into these general categories:

- There are exposures to bugs or other living creatures in the habitat or outdoor surroundings of employees during the course and scope of employment activities.
- Employees may also come into contact with other people who have contagious diseases or be exposed to another person's bodily fluids.
- There can also be contact with allergens and toxins either via the skin or inhalation.

Slide 12



We will begin by discussing bites from ticks, spiders and bugs



Why Worry About Bug Bites?

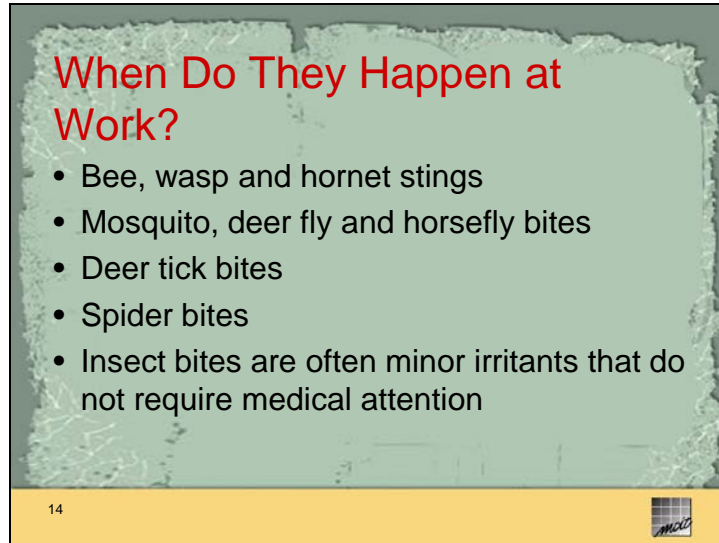
- Some insect/arachnid bites can be serious and result in illness
- Allergic or severe anaphylactic reactions
- Transmission of viral illnesses
- Transmission of bacteria
- Transmission of venom and neurotoxins

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Why worry about bug bites? Aren't we all exposed to these through our normal lives?

Some insect and arachnid bites can be serious and result in illness:


- Insect stings can cause allergic or severe anaphylactic reactions that require immediate medical attention.
- Mosquito bites can transmit viral illnesses such as the West Nile (encephalitis) virus.
- Deer tick bites can transmit the bacteria that causes Lyme disease. The more recently identified Powassan (encephalitis) virus is also transmitted by tick bites.
- Some spider bites can be venomous and transmit necrotic agents and neurotoxins that attack skin tissue and the central nervous system, requiring hospitalization and anti-venom treatment.



When Do They Happen at Work?

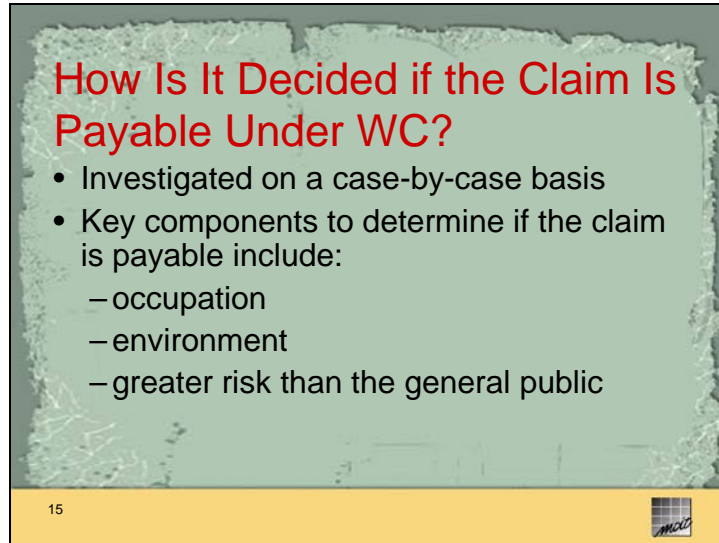
- Bee, wasp and hornet stings
- Mosquito, deer fly and horsefly bites
- Deer tick bites
- Spider bites
- Insect bites are often minor irritants that do not require medical attention

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This is a list of the most common insect-related claims. Although many claims are not reported because they are very minor in nature, some do require medical attention.

In the next few slides, we will review when these types of claims are payable and how MCIT determines that.



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

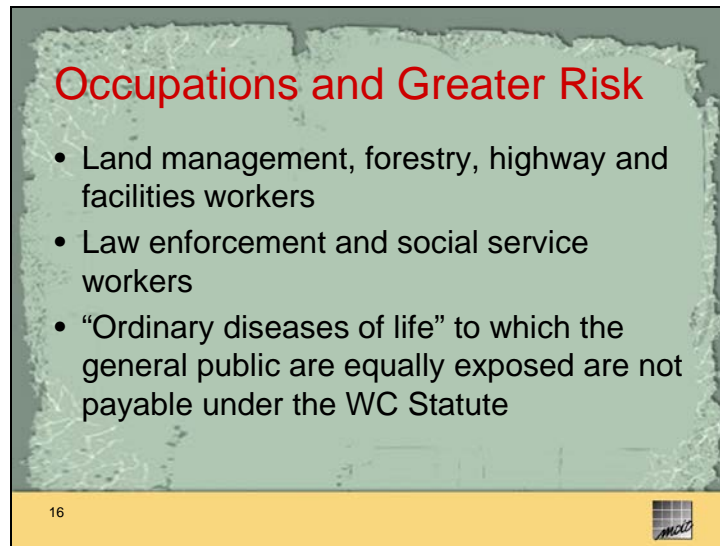
- Investigated on a case-by-case basis
- Key components to determine if the claim is payable include:
 - occupation
 - environment
 - greater risk than the general public

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How is it decided if a claim is payable under workers' compensation?

MCIT investigates work-related insect and arachnid bites on a case-by-case basis to determine if the case is payable.

We review and determine whether or not the employee's occupation and work environment put him or her at a *greater risk* than the general public of sustaining a tick, spider or insect bite.



Occupations and Greater Risk

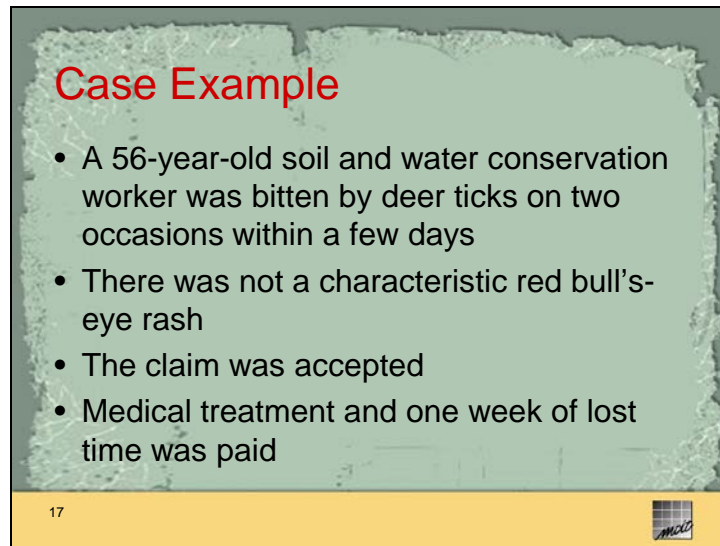
- Land management, forestry, highway and facilities workers
- Law enforcement and social service workers
- “Ordinary diseases of life” to which the general public are equally exposed are not payable under the WC Statute

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Examples of such occupations would be forestry, land management, highway department and facilities workers whose jobs require them to be outdoors in the woods or brush where there is a *greater likelihood* of receiving an insect or arachnid bite.

Law enforcement and social service workers often go into citizens’ residences and can be in contact with insects in the course of interacting with clients and the public.

That being said, the Minnesota Workers’ Compensation Statute specifically denies coverage for “ordinary diseases of life.” A good example is if you get a cold. You may have been exposed to a co-worker with a cold or a client with a cold or someone at the grocery store with a cold. Because there is not a direct causal relationship between the work activity or environment and having a cold, a cold is not a covered exposure. You are at the same risk level as anyone in the general public during cold and flu season.



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

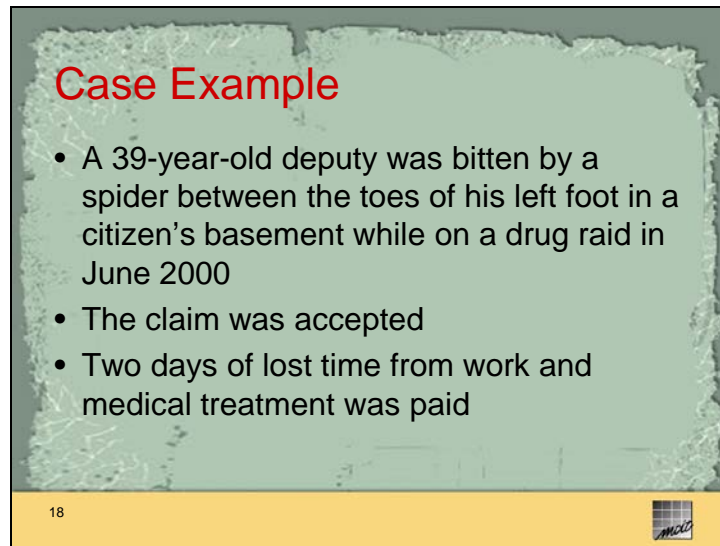
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Let's look at a couple of examples.

A 56-year-old soil and water conservation district worker was bitten by deer ticks on the back of the head and on the small of the lower back on two occasions within a few days. The employee became ill with flu-like symptoms one week later, which progressed to fever, headaches, sore muscles and body aches.

Although the employee did not notice the characteristic red bull's-eye rash, her physician did order a Lyme PCR antibody test, which came back reactive for anaplasmosis, the bacterium that causes Lyme disease. The employee was placed on a two-week course of the oral antibiotics and recovered.

The claim was accepted. Because the exposure to ticks was increased due to the employee's work in wetland areas, the medical treatment and one week of lost time was paid.



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

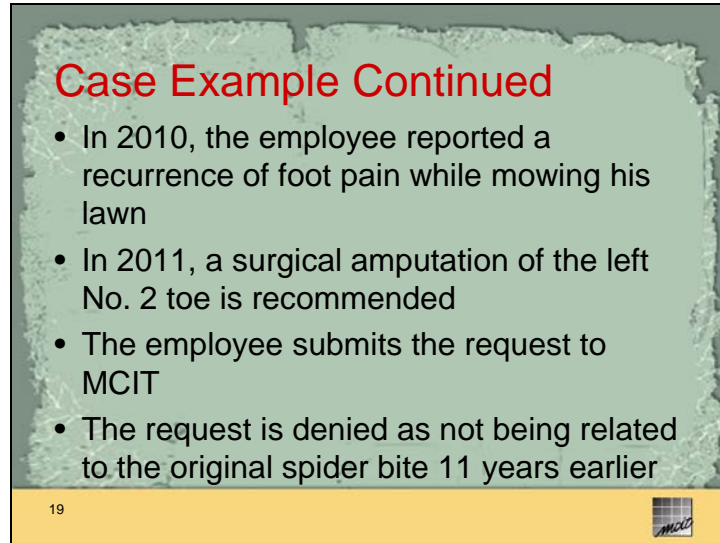
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A 39-year-old deputy sheriff was bitten by a spider between the toes of his left foot while on a drug raid in a citizen's basement in June 2000. He felt a sharp pain in his left foot between his big toe and No. 2 toe. The next day, the employee became ill with a fever, nausea and headaches and severe pain in the left foot and toes.

Treatment included a three-day hospitalization with IV fluids, antihistamines and steroid medications. The diagnosis was a venomous spider bite. The employee was discharged with oral medications and recovered quickly.

This claim was accepted because the work activities placed the employee at a higher risk of exposure—the employee was in the course and scope of employment at the time of the bite.

The story does not end there.



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

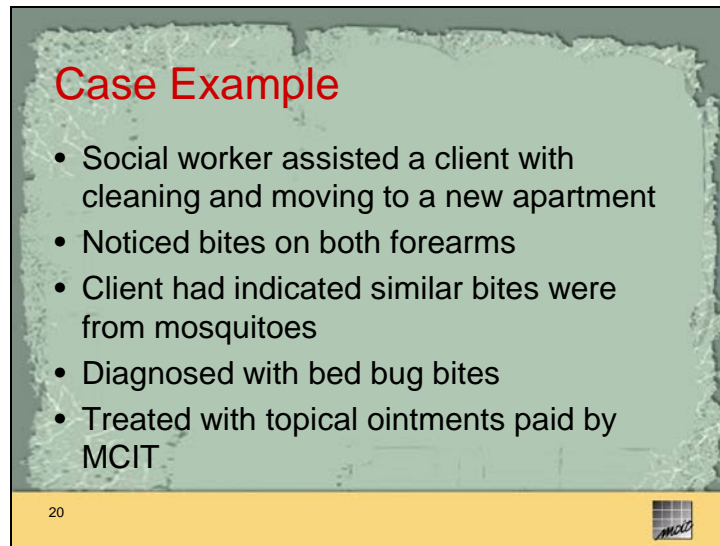
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In summer 2010, the employee reported a recurrence of foot pain in the area of the original spider bite while mowing the lawn at home. In May 2011, the employee was diagnosed with avascular necrosis of the left foot and a Freiberg's infraction, which required surgery and possible amputation of the left No. 2 toe.

Avascular necrosis/Freiberg's infraction is caused by trauma, usually a fracture that does not heal properly resulting in bone death.

Medical expenses for the more recent diagnosis of AVN/Freiberg's infraction were denied as not being causally related to the original spider bite injury 11 years earlier.

The decision can still be challenged by the employee. We will wait to find out what happens.



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

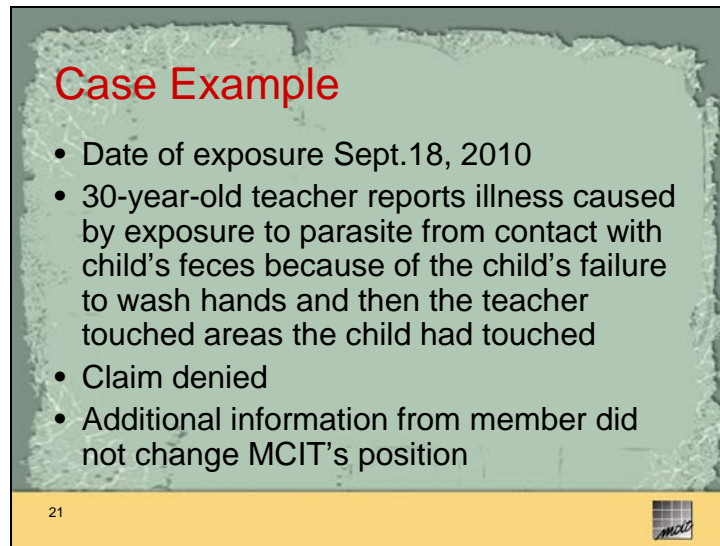
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A social worker had been helping a client move over the course of a week. They had been packing and moving items from the home and cleaning the home. The client's home was quite dirty with several pets. On the last day of the project, the social worker noticed red itchy bumps on her forearms and hands.

She spoke with a pharmacist to see if she had been bitten by fleas, as the client had indicated her pets had fleas and the client had similar bites on the forearms but had noted in the past that they were mosquito bites. The pharmacist indicated that these were bed bug bites.

The worker purchased topical ointment to address the bites and washed her clothing and hair with special soaps.

The cost of the ointment was reimbursed.



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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A 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.

The claim was made for cryptosporidium, which is an illness caused by ingestion of a parasite found in feces.

In this case, the location of exposure to the cryptosporidium parasite cannot be determined. The teacher reported onset of symptoms Sept. 18. Per an online publication from the Centers for Disease Control and Prevention, there are multiple means of exposure. In addition to exposure from infected human feces, the exposure can come from tainted water, food or contact with infected animals.

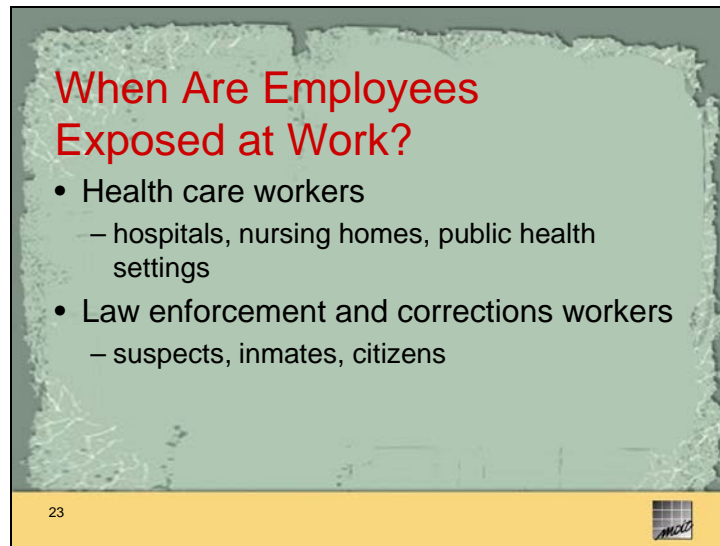
Symptoms normally develop two to 10 days after becoming infected with the parasite (the average is seven days). Following a seasonal layoff, the employee's first exposure to children in the workplace was Sept. 13. It is possible that the exposure occurred prior to this date. The teacher works with children in the 3 to 4 year age group. She suggested potential contact by touching something in the classroom. She did not report changing diapers or having direct contact with feces.

The employer provided notice of the potential exposure to the families of the children under the employee's care upon receipt of the diagnosis. There were no responses to suggest a

source or outbreak within the classroom. Other classroom aids and assistants did not develop the illness. If the exposure were in the classroom and transferred in the casual manner suggested, it would be likely that others in the room would have become infected with the parasite.


The claim was denied because a direct causal link was not established.





When Are Employees Exposed at Work?

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

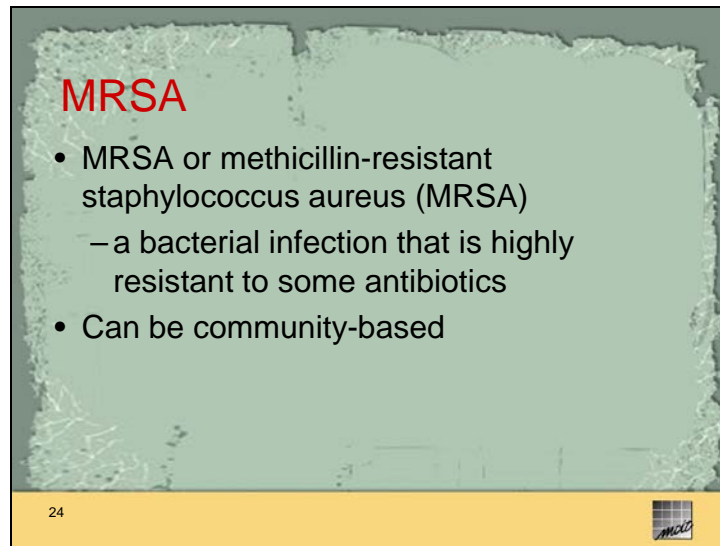
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Like insect or environmental exposures, each contagious disease claim is investigated on a case-by-case basis.

Health care workers are most frequently exposed to contagious diseases in hospitals and nursing homes, but other public health settings may present exposures.

Law enforcement and corrections workers may be exposed to suspects, inmates or citizens with contagious diseases as part of their work activities.


Let's look at some example claims.



MRSA

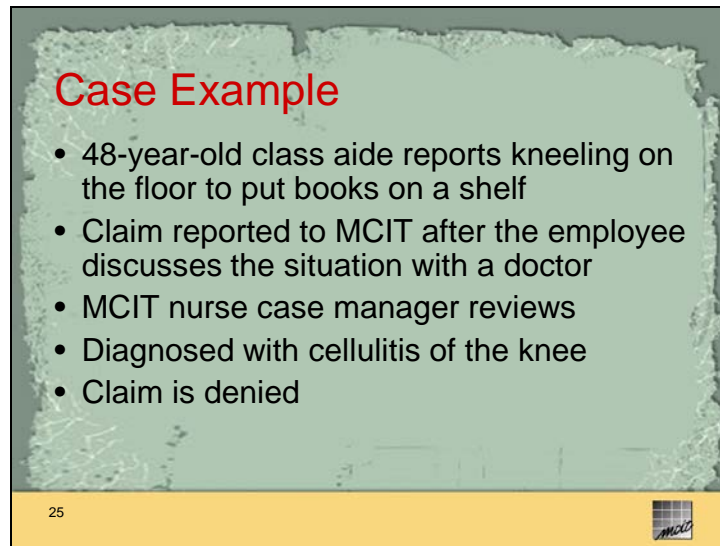
- MRSA or methicillin-resistant staphylococcus aureus (MRSA)
 - a bacterial infection that is highly resistant to some antibiotics
- Can be community-based

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Many of you may be familiar with MRSA because your children are involved in athletics. MRSA is a staph infection that is caused by the transfer of bodily fluids containing the resistant bacterium.


When MRSA is reported as work-related, MCIT will look at the exposures at work and outside of work because this can be a community-based exposure.



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

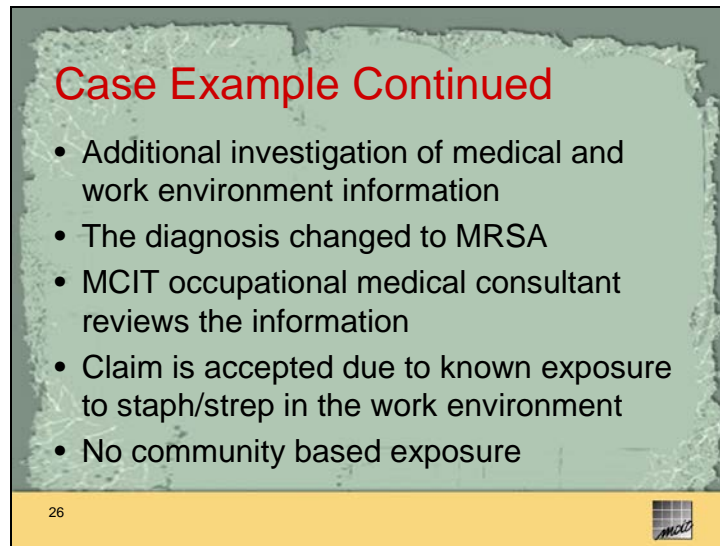
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A 48-year-old class aide reports kneeling on the floor to put books on a shelf. She noticed red spots on her knee. After discussion with her doctor, a First Report is filed.

The claim is reviewed by the MCIT nurse case manager. The diagnosis is cellulitis. Cellulitis occurs when bacteria enter a break in the skin. Certain medical conditions make some people more susceptible to cellulitis than others.


The employee reported no trauma, cut or abrasion on the knee. MCIT had not been presented with medical opinion of causation. There is no support that the development of cellulitis in the knee was related to work activity or the work environment, so the claim was denied.



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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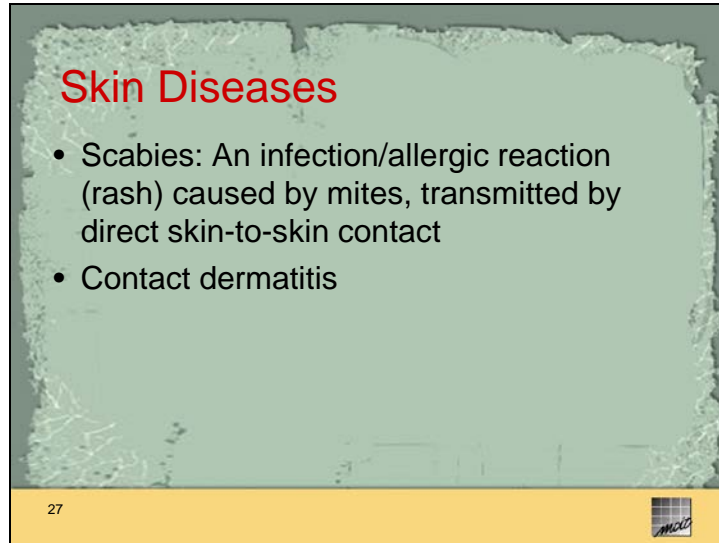
MCIT had requested additional information from the medical provider and from the member to determine if there was an exposure to bacteria or contagious disease at work. The medical provider changed the diagnosis to MRSA.

MCIT asks our occupational medical consultant to review the additional information and the diagnosis of MRSA versus cellulitis. It is discovered that there were several students with strep throat and that the bacterium was in the environment.

We investigated how strep could lead to a staph infection. The bacterium is found in the mouth and nose and can be transmitted on the hands via touching other people or touching objects, which others pick up. MRSA is one of the reasons it is recommended that people wear shower shoes, as the bacterium can live on a warm, even wet, surface and invade a small break in the skin on the feet while using a communal shower.

In this case, the treating physician did not feel that the clothing worn at work provided an adequate barrier from bacteria while kneeling, and MCIT's medical consultant agreed. The claim was accepted.


The employee had no personal health conditions that would have made her susceptible to cellulitis. She lived with her elderly parents, and there were no children in her home nor any other community-based contact with anyone who would have exposed her to staph or strep outside of work.



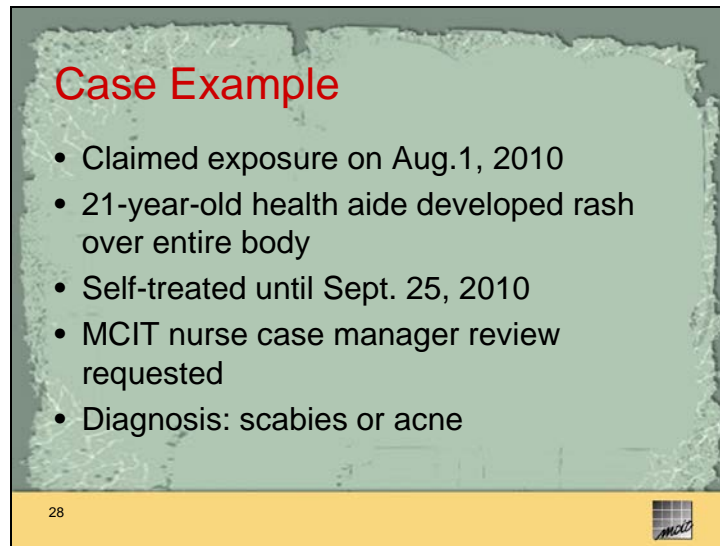
Skin Diseases

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

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Workers' compensation related to skin disease cases are most often seen in health care workers and those who work with children. Contact dermatitis can be seen in those who use personal protective equipment, such as gloves, or are in contact with chemicals or contagious skin diseases.



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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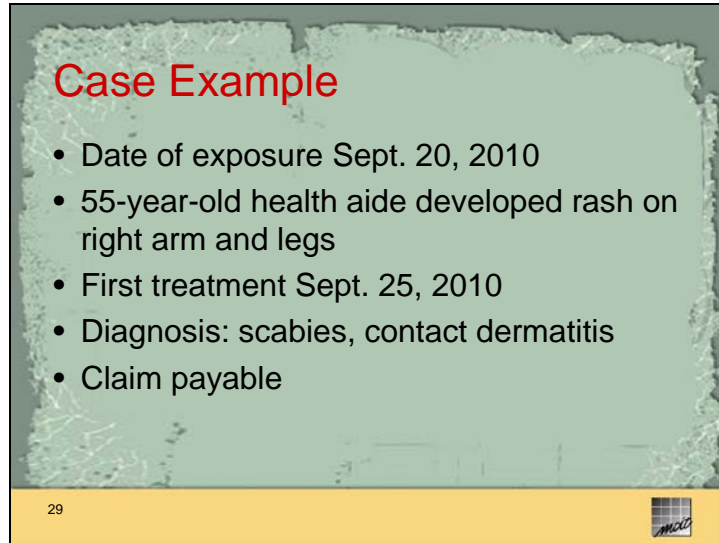
An exposure to scabies was claimed Aug. 1, 2010. A 21-year-old health aide reported developing a rash over the entire body. This was self-treated for six to eight weeks before it was reported as a work exposure.

The MCIT nurse case manager reviewed the transmission and incubation period for scabies. Symptoms can develop within three days to four weeks.

The employee experienced itching primarily on the back, abdomen and legs. The location of the rash was not consistent with skin-to-skin contact with residents. MCIT confirmed there were no diagnosed cases of scabies among residents for whom this worker cared.

This employee was at increased risk due to his or her job duties, but there was no direct connection because a source could not be identified within the residents to whom the employee provided care, and the rash did not occur on hands or arms.


This employee had sought medical attention for a body rash. The medical provider could not designate if the diagnosis was scabies; it could have been acne. There was no direct contact at work with a patient who had scabies. The claim was denied because the facts did not support a work-related exposure to scabies.



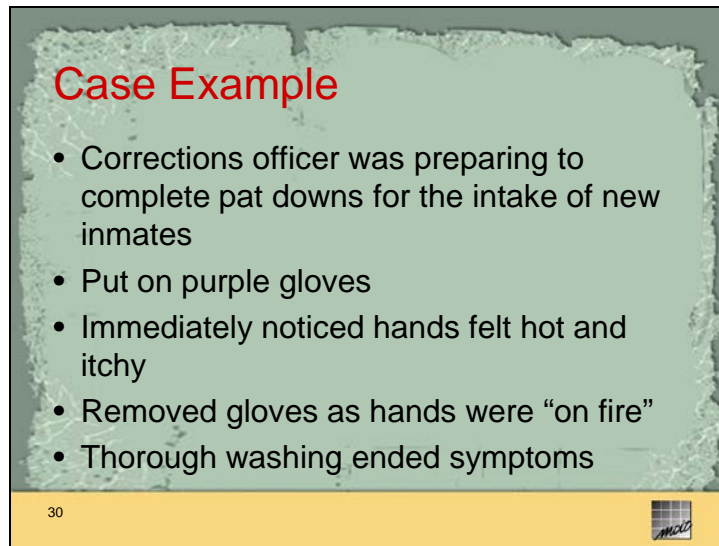
Case Example

- 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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This is similar to the prior case, except MCIT's investigation confirmed that there was contact between the employee and a patient diagnosed with scabies. The employee did not have an outside exposure, and the rash developed in an area of skin that was exposed between the aide's glove and sleeve. Therefore, the claim was accepted.



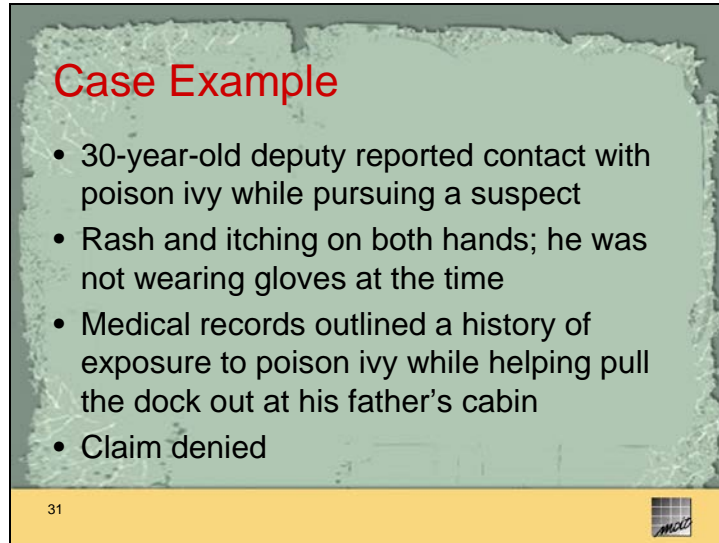
Case Example

- 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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The claim was reported as an incident only, as the employee did not seek medical care.



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

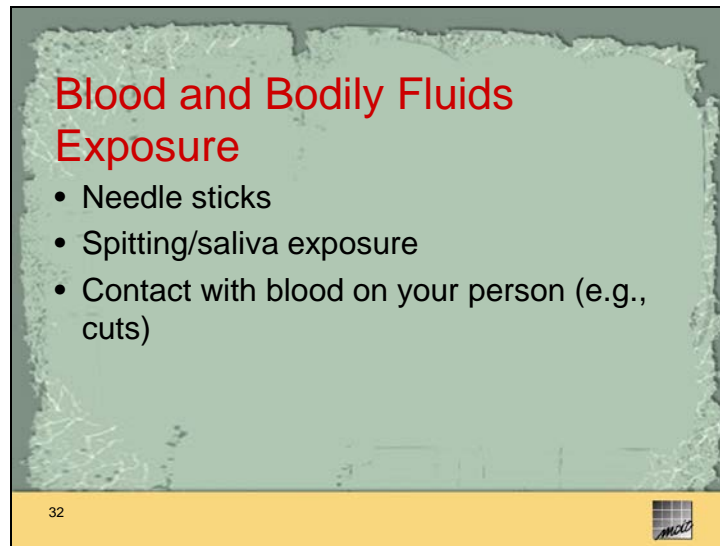
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A 30-year-old deputy reported contact with poison ivy while pursuing a suspect on foot through a wooded area. The deputy developed a rash and itching on both hands; he indicated that he was not wearing gloves at the time of the pursuit.

Medical records and billing received for treatment of poison ivy outlined that the deputy had a history of contact with poison ivy while helping his father pull a dock out of the water at his cabin. The date of the exposure at the cabin was a day or two before the suspect pursuit.

The claim was denied, as the medical information did not support an exposure at work.




The slide features a light green background with a dark green border. The title "Blood and Bodily Fluids Exposure" is written in red. Below the title is a bulleted list of three items. At the bottom left of the slide is the number "32", and at the bottom right is a small logo with the letters "MCLC".

Blood and Bodily Fluids Exposure

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

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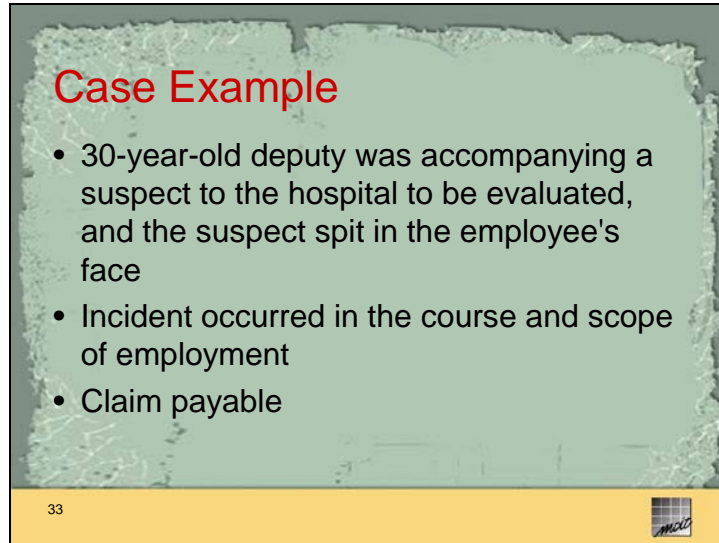
Now we will talk about blood and bodily fluid exposures.

Historically blood exposures have occurred in the health care industry. We continue to see needle sticks in health care, public health and in law enforcement and corrections.

MCIT receives many claims for exposure to other bodily fluids such as saliva. Often these are in law enforcement and corrections, but they can be anywhere there is contact with another person.

We also receive claims for exposure to blood when assisting client's or citizen's who have open wounds. The most common is a first responder assisting someone out of a car after an accident. The injured driver may have a variety of cuts, and while assisting, the first responder can get blood on his or her hands and clothing.

We will look at a few examples of claims submitted.



Case Example

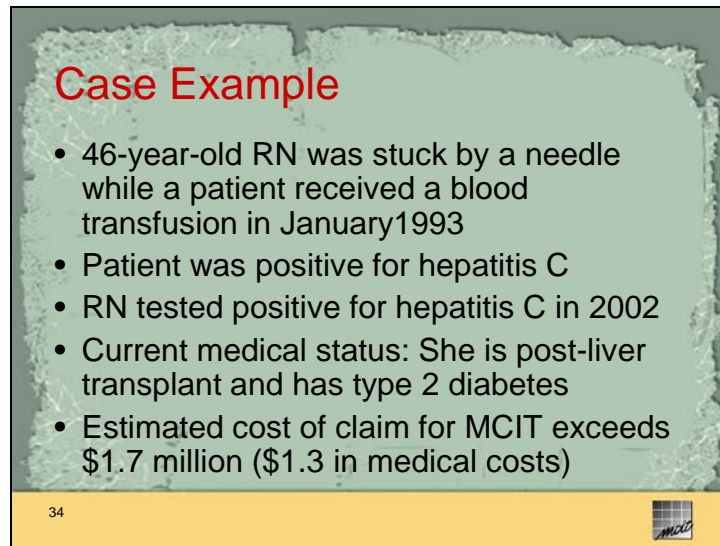
- 30-year-old deputy was accompanying a suspect to the hospital to be evaluated, and the suspect spit in the employee's face
- Incident occurred in the course and scope of employment
- Claim payable

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30-year-old deputy was accompanying a suspect to the hospital to be evaluated, and the suspect spit in the employee's face. This is an exposure to bodily fluids that occurred in the course and scope of employment.

Because MCIT did not know if the source of the bodily fluid was carrying any contagious diseases to which the deputy may have been exposed through the saliva, MCIT recommended that the deputy seek medical attention. It was then up to the doctor to determine what treatment would be appropriate based on the potential exposure. Usually this includes baseline lab tests, and if the employee wants to pursue testing beyond that, tests at three and six months after the incident.

Due to the increased risk and causal connection to work activities, the claim was payable.



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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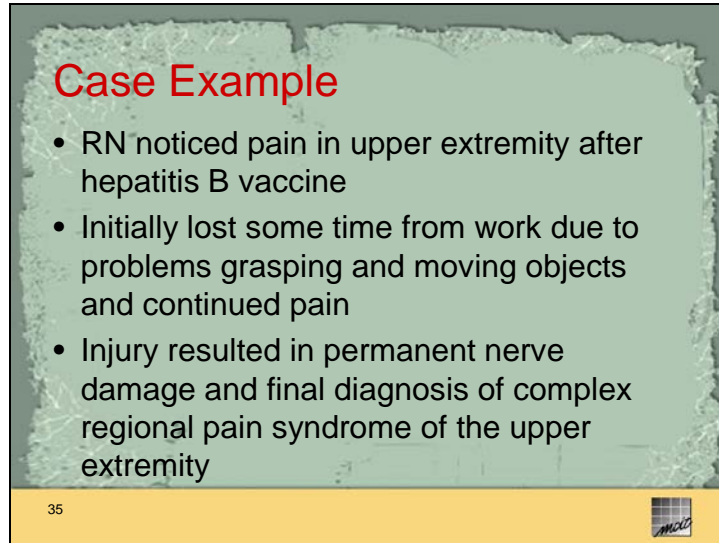
A 46-year-old nurse was stuck by a needle while a patient received a blood transfusion in January of 1993. The patient was positive for hepatitis C.

The claim was reported at the time of the incident, and labs were completed in accordance with CDC recommendations. Because the employee was a health care worker, it was known that the source patient was positive for hepatitis C. In some cases of bodily fluid exposure, it is not known if the source is positive for diseases that could be passed via blood or bodily fluids.

The initial labs were paid, and there was no additional activity until the employee was diagnosed with hepatitis C in 2002, and a liver transplant was completed shortly thereafter.

Due to the anti-rejection medication prescribed, the employee developed type 2 diabetes and is currently insulin dependent.

MCIT is responsible for the treatment related to her hepatitis C and diabetes. The employee is permanently disabled and continues to receive medical care on a regular basis. The estimated costs for this case exceed \$1.7 million; \$1.3 million of that figure is related to medical costs.



Case Example

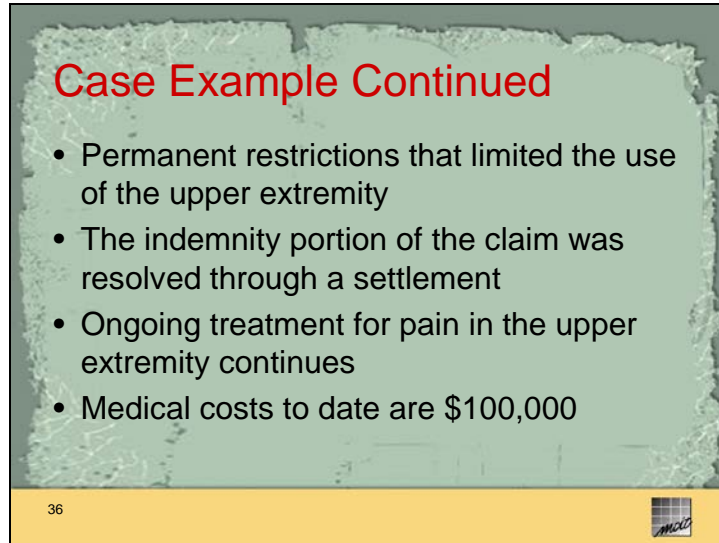
- RN noticed pain in upper extremity after hepatitis B vaccine
- Initially lost some time from work due to problems grasping and moving objects and continued pain
- Injury resulted in permanent nerve damage and final diagnosis of complex regional pain syndrome of the upper extremity

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A nurse who was required to have a hepatitis B vaccination as part of her work duties developed pain in the right upper extremity after the vaccine. She lost work time for about six weeks shortly after the injection due to difficulty grasping, as well as moving objects and continued arm pain.

Because the vaccine was required for her work duties, the claim was compensable and paid.


After several diagnostic tests were completed, it was determined that she suffered permanent nerve damage and was diagnosed with complex regional pain syndrome of the upper extremity, which is a chronic condition with no known cure.



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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The nurse was given permanent restrictions that limited the use of her upper extremity. This made it difficult for her to continue working at the medical facility.

The indemnity (wage replacement) portion of the claim was resolved through a settlement that left the treatment for the upper extremity and the chronic pain condition covered by MCIT.

MCIT continues to pay for medical care for this worker on a regular basis. Medical costs to date total \$100,000.

Slide 37




Now we will spend some time reviewing claims from airborne allergens and toxins.

What Exposures Occur in the Workplace?

- Allergens and Toxins (chemicals)
 - skin contact
 - inhalation
- Airborne Matter
 - inhalation
 - nose, throat, mouth
 - eyes, skin, mucous membranes

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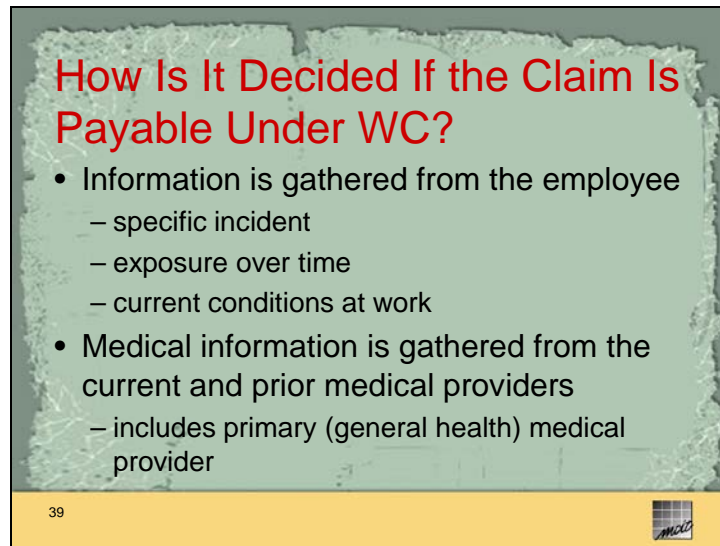


Workers are generally exposed to allergens and toxins by inhaling them or coming in contact via the skin.

Facilities workers come into contact with a variety of chemicals for cleaning. Law enforcement workers may be exposed when doing searches for drug-related situations (such as a meth lab or at intake of a suspect or inmate). Child protection workers may also be exposed when removing children at risk from their home environments. All of these exposures can lead to inhalation of allergens and toxins.

Office workers can also be exposed to allergens or fumes due to improper ventilation.

In addition, airborne matter, such as dust and debris, can be inhaled or can get into the eyes or mucous membranes, causing irritation.



The slide features a title in red text: "How Is It Decided If the Claim Is Payable Under WC?". Below the title, there are two main bullet points. The first bullet point is "Information is gathered from the employee", which includes three sub-points: "specific incident", "exposure over time", and "current conditions at work". The second bullet point is "Medical information is gathered from the current and prior medical providers", which includes one sub-point: "includes primary (general health) medical provider". The slide has a light green background with a torn paper effect and a yellow footer bar containing the number "39" and a small logo.

How Is It Decided If the Claim Is Payable Under WC?

- Information is gathered from the employee
 - specific incident
 - exposure over time
 - current conditions at work
- Medical information is gathered from the current and prior medical providers
 - includes primary (general health) medical provider

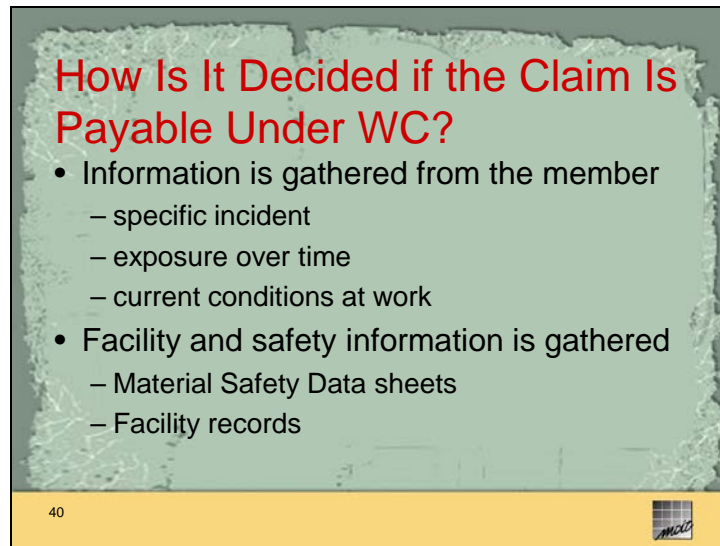
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How is it decided if such an exposure is payable under workers' compensation? Information is gathered from the employee:

- Was there a specific exposure (e.g., the generator was parked outside my open window giving off diesel fumes)?
- Was there exposure over time?
- What are the current conditions of the workplace?


Medical information is gathered from the employee on past and present medical treatment:

- Are there any current or prior medical issues with similar symptoms or complaints?
- If this is a respiratory exposure, are there home- or community-based factors, such as the employee smokes or lives with a smoker?



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

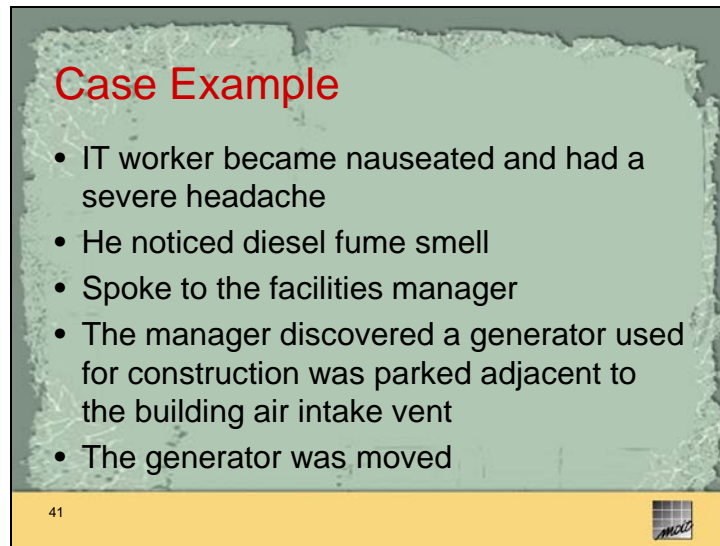
40 

Additional information is gathered from the employer (MCIT member):

- Was there a specific exposure (e.g., the generator was parked outside the employee's open window giving off diesel fumes)?
- Was there exposure over time?
- What are the current conditions of the workplace?


Facility and safety information is gathered. Items such as:

- Material Safety Data sheets (if there is a chemical or particulate exposure)
- Facility maintenance or cleaning records: For example return air cleaning or use of air filters



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

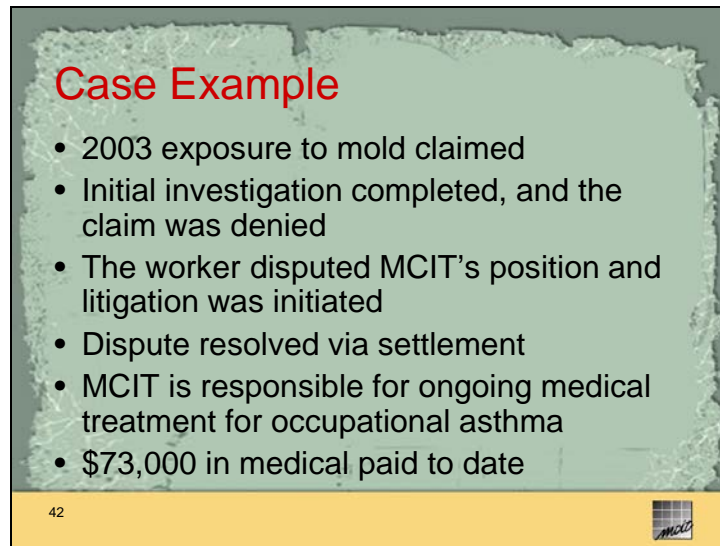
41 

An IT worker became nauseated and developed a severe headache while sitting at his desk doing paperwork. He noticed the smell of gas or diesel fumes in his office, but when he went outside the office, the smell was not as strong. He approached the facilities manager about the smell.

The manager knew that there was some construction on that side of the building but on a different floor. He went to see what was going on in the construction area and found that a generator was parked so that the exhaust was going into an air intake vent that fed the IT worker's office.

Once the generator was moved away from the air intake vent, the fumes were no longer a problem and the symptoms ended. The IT worker did go outside for a short time to get some fresh air (not on the side of the building by the construction).


The claim was reported as a record only as no medical care was sought.



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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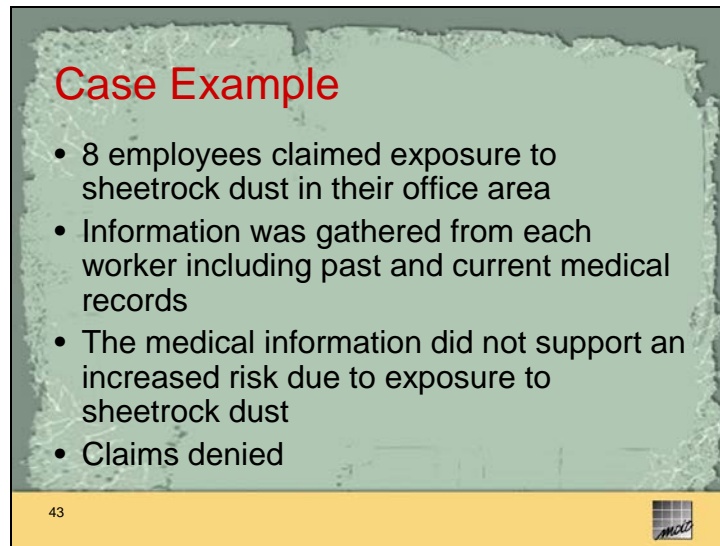
A 2003 injury involved an allergic reaction to mold at work after there was flooding and water damage near the employee's work area. The claim was denied due to the lack of medical information connecting the diagnosis of asthma as a work exposure.

The worker challenged MCIT's position and filed papers to initiate litigation. As part of that process, MCIT requested an independent medical examination.

The independent examiner found that the employee had Sampter's Syndrome. This means the worker is susceptible to sinus and bronchial infections, as well as chronic asthma and sinusitis. The examiner further outlined that this was a permanent aggravation of her underlying asthma condition.


That aggravation was directly linked to the water damage and mold exposure at work. As part of the litigation process, the claim for indemnity benefits was settled.

Medical expenses for occupational asthma remain open. MCIT covers the cost of the numerous medications including inhalers and antihistamines. To date, those costs total \$73,000.



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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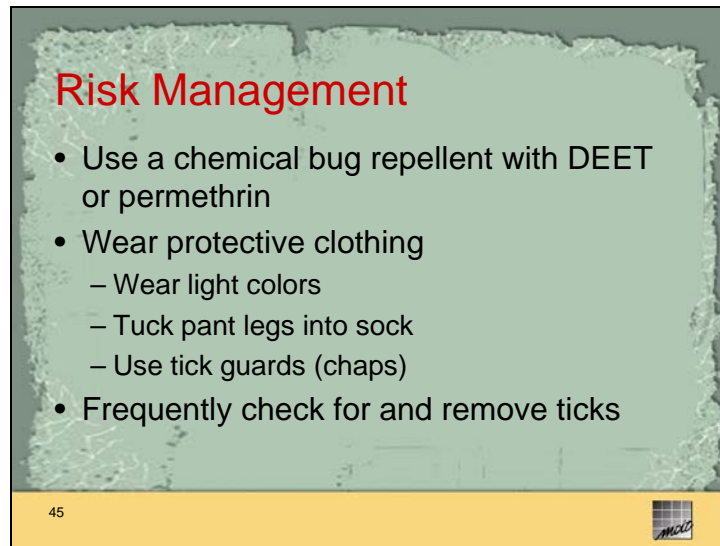
Eight employees who worked in one area claimed exposure to sheetrock dust from an unpainted/unfinished wall in the work area. Requests were made to each employee to outline his or her specific complaints and symptoms.

Medical information was gathered from each worker, including records for medical treatment that had been previously submitted to the group health carrier.

The medical information did not support that the exposure to sheetrock dust at work (which was not supported by air sample testing) was an increased risk that would lead to the various complaints alleged. The claims were denied.




From a risk management perspective, MCIT wants to help reduce the number of exposures and the severity of the exposures when they do occur.
So, what can be done to reduce these types of claims or incidents?



Risk Management

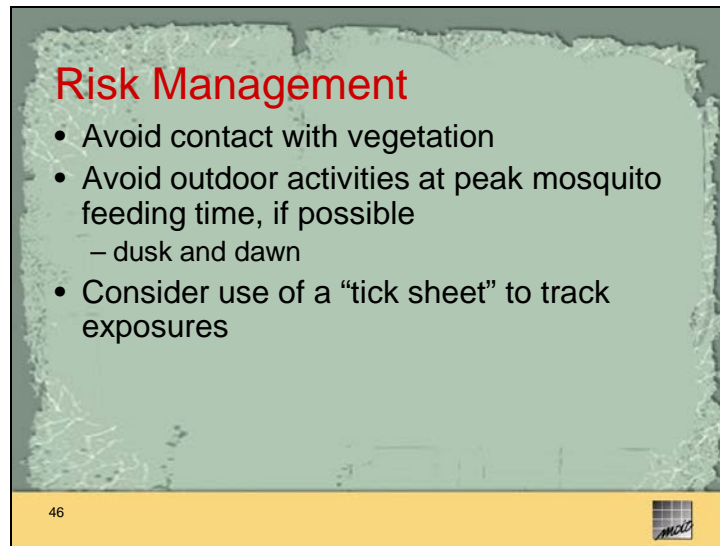
- Use a chemical bug repellent with DEET or permethrin
- Wear protective clothing
 - Wear light colors
 - Tuck pant legs into sock
 - Use tick guards (chaps)
- Frequently check for and remove ticks

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We have outlined the following that may be more appropriate for those who work outside and will not be in direct contact with citizens or other people. Products such as DEET can be harmful to others if they have contact with your clothing.

- Use repellents with DEET or permethrin.
- Wear protective clothing and use tick guards.
- It is easier to see arachnids and insects on light-colored clothing. You can notice and remove them before they bite or burrow under your clothes.

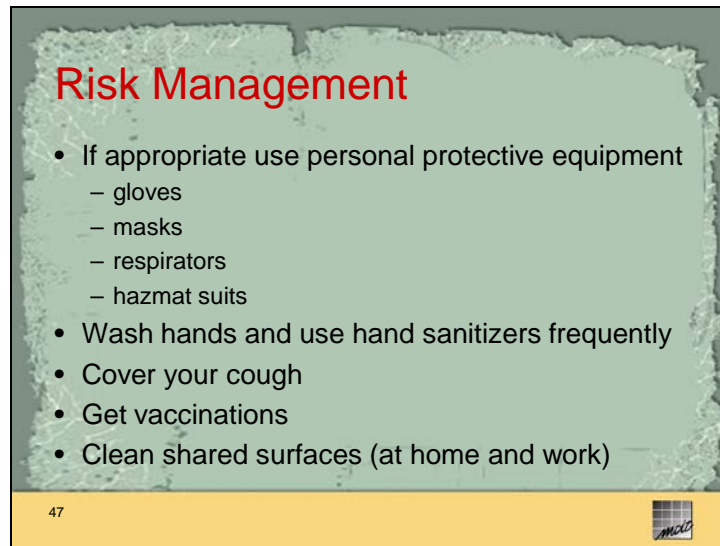


Risk Management

- 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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- Avoid contact with vegetation whenever possible.
- Avoid outdoor activities at peak mosquito feeding time (dusk and dawn), if possible.
- For those of you who are not already reporting all tick incidences, don't think you should change that process. Some of our members are tracking tick bites and exposures in house by including them on a spread sheet.
- Each member may determine when the tick exposure should be recorded on a First Report of Injury. For some members, the recordable event is when the tick is saved or the employee seeks medical attention.
- MCIT recommends that each member handle these types of exposures within their own comfort zone.



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)

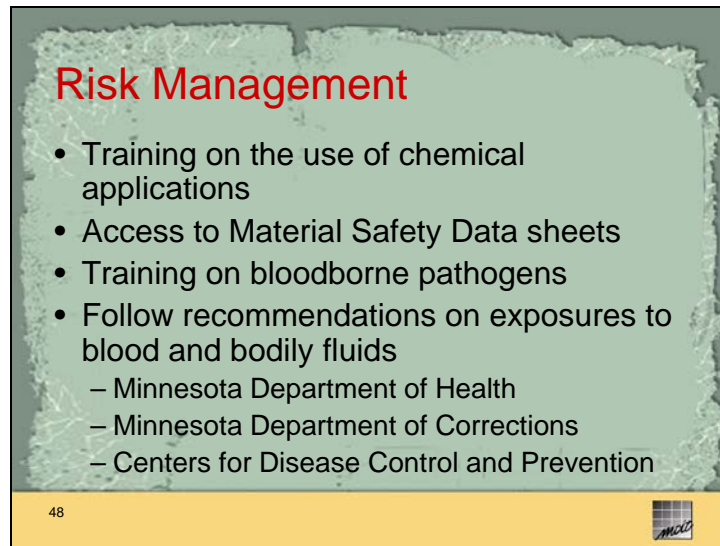
47

When dealing with contagious diseases, the simple solutions still work the best. When working with clients or citizens who present a potential exposure, use personal protective equipment, such as gloves and masks.

Other types of protective equipment may include respirators for chemical or fume exposures and/or hazardous material suits.

- All workers are encouraged to wash hands or use hand sanitizers frequently
- Cover your cough
- Stay current with vaccinations
- Clean shared surfaces (at home and work)


These measures help prevent acquiring and spreading contagious diseases.



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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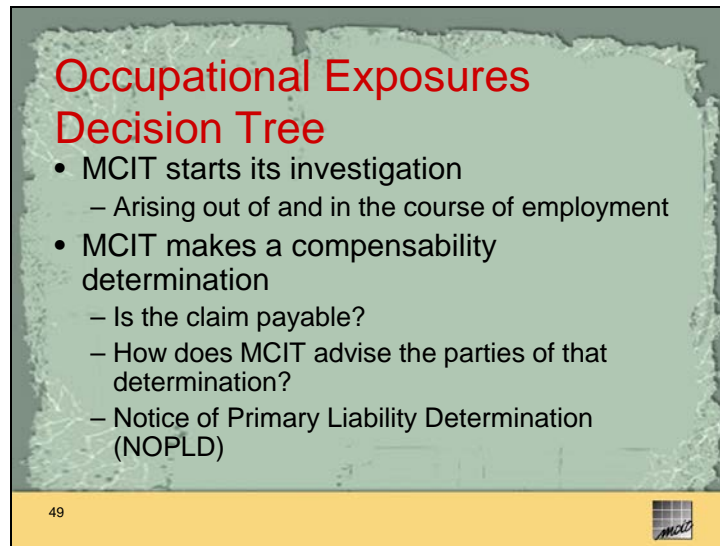


Workers who use chemicals need to be trained on how to manage them during use and during a spill. It may be equally important to let those who are not trained know that they should not handle chemicals or other toxins.

Material Safety Data sheets need to be available if required for medical treatment and general safety.

MCIT recommends that members provide training on exposure to bodily fluids and bloodborne pathogens. Follow Minnesota Department of Health, Minnesota Department of Corrections and the Centers for Disease Control and Prevention recommendations on exposures to bodily fluids and blood.

Your MCIT loss control consultant has additional information on all of these items.



The slide features a light green background with a torn paper effect. The title "Occupational Exposures Decision Tree" is written in red. Below the title is a bulleted list of three main points, each with sub-points. The slide number "49" is in the bottom left corner, and a small logo is in the bottom right corner.

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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As a resource, you have downloaded a decision tree that outlines the general process that MCIT claims staff use to determine if an occupational exposure claim is payable.

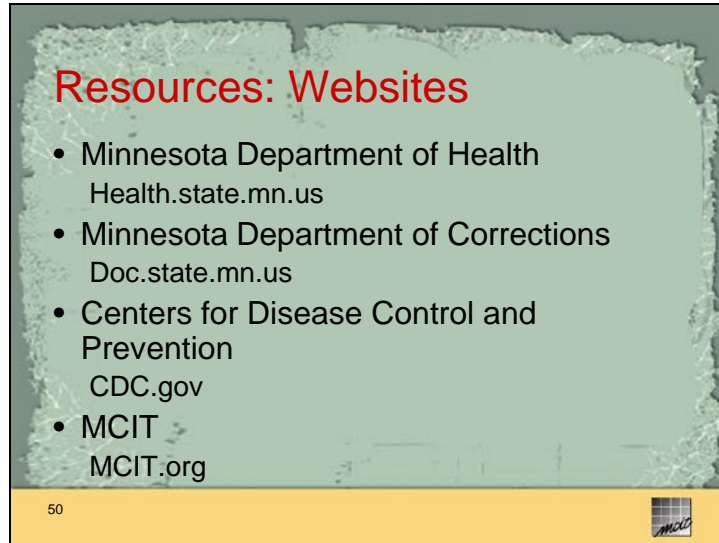
When a First Report of Injury is filed, the MCIT claims staff begins to determine if a claim is payable. The first two criteria are:

- the disease arose from and in the course of employment; and
- the illness or disease must be peculiar to the occupation in which the employee is engaged and caused by an increased hazard or risk related to employment.

There needs to be a direct causal connection between employment and the proximal cause of the illness or disease. Is the illness/disease an ordinary disease of life? Medical and environmental data are gathered from the medical provider, the employee and the member.


MCIT claims staff then files a Notice of Primary Liability Determination (NOPLD), outlining if the claim is accepted or denied. This filing goes to the Minnesota Department of Labor, the employee and the member.

Any party who has questions about a specific claim is encouraged to contact any of the members of the Workers' Compensation claims staff.



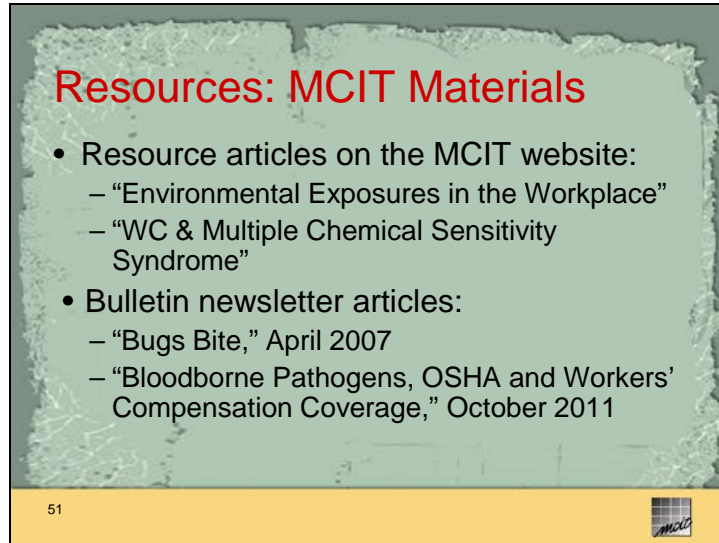
Resources: Websites

- Minnesota Department of Health
Health.state.mn.us
- Minnesota Department of Corrections
Doc.state.mn.us
- Centers for Disease Control and Prevention
CDC.gov
- MCIT
MCIT.org

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Here are some additional online resources:

- The Minnesota Department of Health
- The Minnesota Department of Corrections
 - Health care and law enforcement workers have guidelines specific to their exposures recommended by these organizations
- The Centers for Disease Control and Prevention
- MCIT



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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There are several items that MCIT has published relating to these exposures:

- “Environmental Exposures in the Workplace”
- “Workers’ Compensation and Multiple Sensitivity Syndrome”
- “Bugs Bite” from the April 2007 Bulletin
- “Bloodborne Pathogens, OSHA and Workers’ Compensation Coverage” from the October 2011 Bulletin

Thank You

Contact Lorna Leatherdale,
Workers' Compensation Claims
Supervisor

- Phone: 651.209.6413
- E-mail: lleatherdale@mcit.org



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Thank you for your time this morning. If you have submitted a question that was not answered during the presentation, an MCIT representative will respond via phone or e-mail soon.

If you have additional questions, feel free to contact me at 651.209.6413 or at lleatherdale@mcit.org.