

**Annual Report for** 

Fernald Environmental Management Project Epidemiologic Surveillance

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Prepared by the Epidemiologic Surveillance Data Center, a joint program of the Oak Ridge Institute for Science and Education in conjunction with the Office of Epidemiologic Studies, U.S. Department of Energy This report was prepared by the staff of the Center for Epidemiology within the Medical Sciences Division of the Oak Ridge Institute for Sciences and Education in conjunction with the Office of Epidemiologic Studies, U.S. Department of Energy.

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#### **Foreword**

The U.S. Department of Energy (DOE) is committed to assuring the health and safety of its workers through the development of epidemiologic surveillance activities. A pilot epidemiologic surveillance program has been implemented at selected DOE sites during the past several years. This approach has been expanded to include surveillance of all medical conditions that result in an absence of 5 or more consecutive workdays, occupational injuries and accidents, and deaths among active employees. This annual epidemiologic surveillance report provides the final summary for the Fernald Environmental Management Project for the 12-month period, January 1, 1993, through December 31, 1993.

Caution is required when comparing this information with that of other DOE facilities. Interpretation of these data must take into account the occupational medicine program, health and safety practices, the composition of the work force, and potential occupational exposures unique to this facility; therefore, the data presented are pertinent only to the Fernald Environmental Management Project site. Continuing surveillance and data examination may suggest emerging trends that change the preliminary interpretation of the data.

Plans for future annual reports include a discussion of important new findings and changes occurring since previous reports and the incorporation of information from the National Center for Health Statistics and the National Cancer Institute's Surveillance, Epidemiology, and End Results Program. This information will allow early recognition and investigation of possible work-related

problems, as well as an analysis of trends over time. In addition, the results of epidemiologic surveillance will be combined with those of medical and exposure surveillance to form an integrated approach to worker health protection.

### Fernald at a Glance

- This report marks the first annual epidemiologic surveillance report for the Fernald Environmental Management Project.
- Respiratory diseases, injuries, and musculoskeletal diseases accounted for 50% of all diagnoses at Fernald during 1993.
- The highest diagnosis rate for men involved injuries, but this diagnostic category ranked fourth for women.
- Overall diagnosis rates
   were almost four times higher
   for hourly than for salaried
   workers. Diagnosis rates were
   consistently higher among
   hourly occupational groups, suggesting underreporting of health
   events by salaried workers.
- The rate of OSHA-recordable events was 50% higher among women than among men. For all Fernald workers, sprains and strains were the most common OSHA-recordable injuries.

### Introduction

Epidemiologic surveillance at DOE facilities consists of regular and systematic collection, analysis, and interpretation of data on absences due to illness and injury in the work force. Its purpose is to provide an early warning system about health problems occurring among employees at participating sites. Data are collected by coordinators at each site and submitted to the Epidemiologic Data Surveillance Center, located at the Oak Ridge Institute for Science and Education, where quality control procedures and analyses are carried out. Rates of absences and rates of diagnoses associated with absences are analyzed by occupation and other relevant variables. They may be compared with the disease experience of different groups within the DOE work force and with populations that do not work for DOE to identify disease patterns or clusters that may be associated with work activities.

In this annual report, the 1993 morbidity data for the Fernald Environmental Management Project site are summarized. These analyses focus on absences of 5 or more consecutive workdays occurring among workers aged 17–72 years. They are arranged in five sets of tables that present: 1) the distribution of the labor force by occupational category and pay status; 2) the absences per person, diagnoses per absence, and diagnosis rates for the whole work force; 3) diagnosis rates by type of disease or injury; 4) diagnosis rates

by occupational category; and 5) relative risks for specific types of disease or injury by occupational category. In addition to this information, the report contains health events that are considered recordable by the Occupational Safety and Health Administration (OSHA). Analyses of the OSHA data are arranged like the absences of 5 or more consecutive workdays. OSHA-recordable events are those that occurred on the job and involve fatalities (regardless of the time between the injury and death), lost workday cases other than fatalities, and nonfatal cases without lost workdays resulting in transfer to another job, termination of employment, medical treatment other than first aid, loss of consciousness, or restriction of work or motion. Also recordable are any diagnosed occupational health events reported to the employer that are neither fatal nor result in lost workdays. Deaths occurring among active workers are listed separately; they are not included in any tables. All rates presented in this report are ageadjusted (see glossary) and represent the number of diagnoses reported per 1,000 persons in 1 year.

Throughout this report, the symbol "NA" means "not available" or "not applicable." An empty cell in a table indicates that the value of the cell is zero or that the value cannot be computed. The tables show the results of analyses of diagnoses resulting from *absences*. An absence is defined as a period of 5 or more consecutive workdays away from work due to some health problem, such as an illness or injury. In tables presenting analyses of *diagnoses*,

each diagnosis is counted because a diagnosis is for a specific illness or injury. A worker can have more than one diagnosis related to one absence from work. For example, a worker's single absence might involve both a back injury and pneumonia. Unlike analyses of absences, analyses of diagnoses focus on the rates of occurrence of specific types of disease and injury. Thus the worker with one absence in which he had a back injury and pneumonia would be counted twice in the analysis of diagnoses because two separate diagnoses are recorded for this one absence.

The data included in this report are supplemental to, but do not replace, those reported in other safety, industrial hygiene, and health physics reports prepared by DOE. There has been no attempt to validate diagnoses with medical records, pathology, or other laboratory reports. Also, there has been no attempt to validate occupational information reported by the site. For reporting purposes, occupational titles have been grouped into broad categories within which a great deal of diversity in tasks and exposures is likely to exist. Additional material outlining the methods used and explaining the diagnostic categories and frequently used terms can be found on the inside back cover.

### **Facility Overview**

The Fernald Environmental Management Project site is located approximately 20 miles northwest of downtown Cincinnati, Ohio, spreading into both Butler and Hamilton counties. Construction of this complex began in May of 1951 by the Atomic Energy Commission with the mission to process feed materials consisting of uranium ore concentrates and uranium of low grade enrichment into fabricated uranium metal products or reactor core target elements for use by the nation's defense programs. As with many of the early Manhattan Engineer District Sites, the operational direction and oversight were administrated through the Office of the Assistant Manager for Defense Programs, Oak Ridge Operations, in Tennessee. The first management and operating contractor of the facility was the National Lead Company of Ohio in 1951.

The National Lead Company was succeeded in January 1986 by the Westinghouse Materials Company of Ohio. In December 1992, management of the site was contracted to the Fernald Environmental Restoration Management Corporation.

First known as the Feed Materials Production Center, operations began in late 1951 with pilot plant work and grew as process buildings were completed. The Feed Materials Production Center used kerosene to dilute tributyl phosphate for the purification of foreign and domestic uranium ores and concentrates by solvent extraction. The facilities were originally designed for depleted uranium; however, by 1958 the metals plant was being used for the production of enriched uranium (<1%). In subsequent years, there were frequent changes in production requirements, which included production of enriched uranium that was 5 to 10% U-235. Beginning in January 1954, operations included

the production of thorium metal. Employment at the facility reached its peak in 1956 and slowly decreased until operations halted in July 1989. Much of the employment in the early period of production was due to the continued construction, which was completed in 1954.

In June of 1991, Congress approved the closure of this DOE facility and retraining plans for employees. Program management responsibility within DOE was transferred from Defense Programs to the Office of Environmental Restoration and Waste Management. Subsequently, an on-site DOE field office was established to oversee the environmental restoration of the complex.

## Labor Force by Occupational Category, 1993

During 1993, there were 2,636 employees (aged 17-72) identified by Fernald Environmental Management Project as participants in epidemiologic surveillance. Sixtyeight percent (1,789 workers) were men, and 32% (847 workers) were women. Eighty-nine percent (2,357 workers) were Caucasian, and 9% (233) were African American. The remaining 2% (46 workers) included Asians, Hispanics, and Native Americans.

The composition of the work force by occupational category and salary status is given in Table 1. The occupational categories used in the table are based on the occupation and industry codes created by the Bureau of the Census in 1980. Because a worker's occupational category can change over the course of a year, workers were counted in the occupational category in which they first appeared in the roster.

Five workers were excluded from this table because pay status was not reported for them. Throughout the remainder of the report, these five workers are only included in tables for which occupational category is not considered. A small number of workers (1.4%) were placed in the "other" hourly category. Ten of these workers were storeroom attendants, six were planner estimators, five each were operations supervisors and stationary engineers, three were material operators, and the other seven were either unknown or had inaccurate data.

Seventy-six percent of the workers were salaried, whereas 24% were hourly. The occupational categories with the largest number of employees were office management and administration (32%); engineers, scientists, and health care (17%); and technical support (17%).

	Occupational Category	Number of Workers in 1993*	Number of Workers in 1992	% Change from Last Year
	Office Management and Administration	835	NA	NA
	Engineers, Scientists, and Health Care	456	NA	NA
Salaried	Technical Support	443	NA	NA
	Other Management and Administration	261	NA	NA
	Subtotal	1,995	NA	NA
	Service	114	NA	NA
	Crafts and Repair	262	NA	NA
Hourly	Nuclear Specialties	224	NA	NA
	Other	36	NA	NA
	Subtotal	636	NA	NA
	TOTAL	2,631	NA	NA

Table 1.
Labor
Force by
Occupational
Category

<sup>\*</sup> Five workers were excluded from this table because pay status was not reported.

### Absences Among Work Force, 1993

Absences per Person. In 1993, 265 Fernald employees reported an absence of 5 or more consecutive workdays because of illness or injury. Forty-six (17%) of these workers had two or more absences. A total of 317 absences were reported by the employees (Table 2.A).

Diagnoses per Absence. A total of 440 diagnoses were associated with the 317 absences of 5 or more consecutive workdays. Multiple diagnoses were reported for 100 (32%) absences (Table 2.B).

Diagnosis Rates. In 1993, 440 diagnoses noted for absences of 5 or more consecutive workdays

yielded an age-adjusted rate of 172.7 diagnoses per 1,000 persons. The diagnosis rate for women (250.3 per 1,000) was double the rate for men (136.1 per 1,000) (Table 2.C).

F	Number		Number of	f Absences		Total Persons	Total Number of
Employee Category	of Workers	0	1	1 2 3	3	Absent at Least Once	Absences
Male	1,789	1,632	134	18	5	157	185
Female	847	739	85	22	1	108	132
TOTAL	2,636	2,371	219	40	6	265	317

Table 2.A. Absences per Person

Employee	Num	ber of Diagn	oses per Abs	sence	Total Number of	Total Number of
Category		2	3	4	Absences	Diagnoses
Male	140	40	4	1	185	236
Female	77	42	9	4	132	204
TOTAL	217	82	13	5	317	440

Table 2.B. Diagnoses per Absence

Employee Category	Number of Workers	Number of Diagnoses†	Crude Rate per 1,000	Age- Adjusted Rate per 1,000*	Lower 95% Confidence Limit per 1,000	Upper 95% Confidence Limit per 1,000
Male	1,789	236	131.9	136.1	118.9	155.8
Female	847	204	240. <b>9</b>	250.3	209.6	298.9
TOTAL	2,636	440	166.9	172.7	156.3	190.8

Table 2.C. Diagnosis Rates

†Includes all diagnoses reported with an absence of 5 or more days, including absences for pregnancy and delivery. \*Standardized to age distribution of 1970 U.S. population.

# Diseases and Injuries by Diagnostic Category, 1993

The age-adjusted diagnosis rate for each diagnostic category is given for all workers in Table 3. Because the patterns of diagnoses reported among men and women differ, Tables 4 and 5 show the diagnosis rates by gender to further describe the disease and injury patterns in the work force. Diagnoses associated with pregnancy, labor, and delivery are described in Table 6.

For all workers, the three diagnostic categories with the highest rates were diseases of the respiratory system (40.4 per 1,000), injury and poisoning (27.4 per 1,000), and diseases of the musculoskeletal system (20.3 per 1,000). Together, these three categories accounted for 50% of all diagnoses.

The diagnostic category with the highest rate among men was injury and poisoning (29.3 per 1,000), with 52 diagnoses reported for 44 men. This accounted for 22% of all diagnoses among men. Twenty-two diagnoses were due to sprains and strains, and 13 were due to other injuries. These included three heat-

related injuries to the extremities, two eye injuries, two contusion/ crushing injuries, two post-surgical infections, and one drug reaction. The category with the second highest rate, accounting for 18% of the total diagnoses, was diseases of the respiratory system (25.2 per 1,000), with 43 diagnoses reported for 32 men. Twenty of these diagnoses were due to pneumonia/bronchitis, 10 were due to chronic respiratory conditions, and 9 were due to upper respiratory illnesses. The category of musculoskeletal disorders (21.3 per 1,000) ranked third, with 37 diagnoses reported for 31 men. Twenty of these diagnoses were related to dorsopathies (spinal disorders). Additionally, 27 digestive system disorders (15.3 per 1,000) were reported among 24 men; 30% of these were due to hernias. Eighteen circulatory system diagnoses (11.1 per 1,000) were reported for 15 men. One man had colon cancer and another had skin cancer in 1993.

The diagnostic category with the highest rate among women was diseases of the respiratory system (69.8 per 1,000), with 58 diagnoses reported among 41 women. Of these diagnoses, 29 were related to upper respiratory problems, 14 to pneumonia or bronchitis, and 14 to chronic

respiratory conditions. The category with the second highest rate was diseases of the genitourinary system (35.1 per 1,000), with 21 diagnoses reported for 17 women. Five of these diagnoses were due to endometriosis. The category of musculoskeletal disorders (22.7 per 1,000) ranked third, with 13 diagnoses reported among 11 women, 5 of which were bone spurs and 2 were dorsopathies (spinal disorders). Injury and poisoning (22.3 per 1,000) ranked a close fourth, with 19 diagnoses reported for 15 women. These included six sprains/strains, four fractures, two injuries to internal organs, two open wounds, two cases of complications, one eye injury, one drug poisoning, and one dislocated shoulder. Other less common diagnostic categories included the digestive system (17.6 per 1,000), the nervous system and sense organs (15.3 per 1,000), pregnancy and childbirth (13.8 per 1,000), and circumstances of reproduction or development (11.8 per 1,000). One woman had lung cancer and another had colon cancer in 1993.

Lower 95% Confidence Upper 95% Confidence Age-Adjusted Rate per 1,000\* Number of Limit Limit Category of Diagnoses ICD9-CM Code Diagnoses† per 1,000 per 1,000 Infections and parasitic diseases 001-139 14 4.9 2.8 8.5 Malignant neoplasms 140-208, 230-234 2.2 0.8 4 6.1 · Digestive organs 150-159 2 1.1 0.2 4.7 · Respiratory system 160-165 0.3 0.0 2.4 1 Breast 174-175 0 179-185 0 Genitourinary 0 · Nervous system 191-192 · Leukemia, lymphoma 200-208 0 Benign neoplasms and other 210-229, 235-239 9 3.4 1.7 7.0 0.2 2 8.0 3.3 Endocrine and metabolic diseases 240-279 Blood and blood-forming organs 280-289 0.2 0.0 1.7 Mental disorders 290-319 18 9.1 5.6 3.4 Alcoholism 303 0 304-305 0 Drug abuse Nervous system and sense organs 320-389 18 8.3 5.1 13.4 Circulatory system 390-459 21 9.1 5.8 14.4 Hypertension 401 4 2.1 8.0 5.9 · Acute myocardial infarction 410 0.3 0.0 2.4 411-414, 429.2 · Ischemic disease, not M.I. 6 1.9 0.8 4.5 · Cerebrovascular disease 430-438 0.1 5.2 0.7 49.7 Respiratory system 460-519 101 40.4 32.7 460-465, 470-478 21.0 · Upper respiratory 15.0 10.6 38 · Pneumonia/bronchitis 466, 480-487 34 12.0 8.3 17.3 · Chronic respiratory conditions 490-496 24 10.6 7.0 16.1 Digestive system 520-579 46 16.8 12.4 22.7 8 Hernias 550-553 2.9 6.3 1.4 · Gall bladder disease 574-575 0.4 4 1.0 2.5 Genitourinary system 580-629 25 9.8 6.5 14.9 · Benign prostatic hypertrophy 600 0 Endometriosis 617 5 0.7 4.0 1.6 620.0-620.2 1.7 · Ovarian cysts 0.0 0.2 · Female genital pain/bleeding 625-626 0.3 0.0 2.4 Pregnancy and childbirth<sup>1,2</sup> 630-676 13.8 23.1 15 8.3 Skin and subcutaneous tissue 680-709 11 4.5 2.4 8.4 Musculoskeletal 710-739 50 20.3 15.1 27.3 Dorsopathies 720-724 22 8.2 5.2 12.8 Congenital anomalies1 740-759 1 0.5 0.1 3.3 Certain perinatal conditions<sup>1</sup> 760-779 0 Symptoms, signs, and ill-defined conditions 780-799 4.1 11.4 17 6.8 Injury and poisoning 800-999 71 27.4 21.4 35.3 · Fractures, all sites 13 10.2 800-829 5.7 3.1 Dislocations 830-839 7 2.2 1.0 4.8 · Sprains and strains 840-848 27 10.6 7.1 15.8 · Intracranial injuries 850-854 0 · Internal injuries 860-869 2 0.7 0.2 2.8 Open wounds 870-897 5 2.2 8.0 6.0 Other injuries 900-999 17 6.1 3.7 10.1 Family history of health problems V10-V19 0 Circumstances related to reproduction/development V20-V28 15 5.4 3.2 9.2 Specific procedure/aftercare V50-V59 1 0.5 0.1 3.3 **Total minus pregnancies** 425 166.8 150.7 184.7 **TOTAL** 440 172.7 156.3 190.8

Table 3.
Diseases and
Injuries by
Diagnostic
Category - Males
and Females

<sup>†</sup> Includes all diagnoses reported with an absence of 5 or more days.

<sup>\*</sup> Standardized to age distribution of 1970 U.S. population.

<sup>&</sup>lt;sup>1</sup> These diagnoses pertain to the worker, not to children born to workers.

<sup>&</sup>lt;sup>2</sup> Only women age 18-45 years were included in the calculation of the rate for this diagnostic category.

Lower 95% Confidence Upper 95% Confidence Age-Adjusted Rate per 1,000\* Number of Diagnoses† Limit per 1,000 Limit **Category of Diagnoses** ICD9-CM Code per 1,000 Infections and parasitic diseases 001-139 9.2 1.9 4.1 140-208, 230-234 Malignant neoplasms 2 1.6 0.4 6.6 · Digestive organs 150-159 0.8 5.8 0.1 · Respiratory system 160-165 0 · Breast 174-175 0 · Genitourinary 179-185 0 · Nervous system 191-192 0 · Leukemia, lymphoma 0 200-208 Benign neoplasms and other 210-229, 235-239 3.0 1.3 7.1 Endocrine and metabolic diseases 240-279 0 Blood and blood-forming organs 280-289 0 11 6.1 3.3 11.5 Mental disorders 290-319 Alcoholism 303 0 304-305 Drug abuse 0 320-389 8 5.3 10.9 Nervous system and sense organs 2.6 Circulatory system 390-459 18 11.1 6.8 18.0 Hypertension 401 3 2.2 0.7 6.7 · Acute myocardial infarction 410 0 · Ischemic disease, not M.I. 411-414, 429.2 5 2.2 0.9 5.5 · Cerebrovascular disease 430-438 0.8 0.1 5.8 Respiratory system 43 25.2 18.4 34.7 Upper respiratory 460-465, 470-478 6.0 11.8 3.1 · Pneumonia/bronchitis 466, 480-487 20 16.2 10.1 6.3 · Chronic respiratory conditions 490-496 10 3.3 12.1 6.4 Digestive system 520-579 27 15.3 10.2 22.8 Hernias 550-553 8 3.9 1.9 8.1 Gall bladder disease 574-575 2 0.7 0.2 2.8 Genitourinary system 580-629 4 2.3 0.8 6.3 · Benign prostatic hypertrophy 600 0 Endometriosis 617 NA NA NA NA · Ovarian cysts 620.0-620.2 NA NA NA NA · Female genital pain/bleeding 625-626 NA NA NA NA Pregnancy and childbirth<sup>1</sup> 630-676 NA NA NA NA Skin and subcutaneous tissue 9.4 680-709 4.7 2.4 Musculoskeletal 710-739 37 21.3 15.2 30.0 Dorsopathies 720-724 20 10.9 17.4 6.9 Congenital anomalies<sup>1</sup> 740-759 0 Certain perinatal conditions<sup>1</sup> 760-779 0 Symptoms, signs, and ill-defined conditions 9 5.0 10.1 780-799 2.5 52 29.3 21.9 39.1 Injury and Poisoning 800-999 9 5.4 10.8 · Fractures, all sites 800-829 2.7 · Dislocations 830-839 5 2.3 0.9 5.9 · Sprains and strains 840-848 22 13.0 8.3 20.2 0 · Intracranial injuries 850-854 · Internal injuries 860-869 0 · Open wounds 870-897 3 2.0 0.6 6.6 · Other injuries 900-999 13 6.6 3.7 11.8 Family history of health problems V10-V19 0 Circumstances related to reproduction/development V20-V28 0.7 0.2 2.8 2 Specific procedure/aftercare V50-V59 0.9 0.1 6.1 TOTAL 155.8 236 136.1 118.9

Table 4.
Diseases and
Injuries
by Diagnostic
Category - Males

<sup>†</sup> Includes all diagnoses reported with an absence of 5 or more days.

<sup>\*</sup> Standardized to age distribution of 1970 U.S. population.

<sup>&</sup>lt;sup>1</sup> These diagnoses pertain to the worker, not to children born to workers.

Upper 95% Confidence Lower 95% Confidence Age-Adjusted Rate per 1,000\* Number of **Category of Diagnoses** Diagnoses† ICD9-CM Code per 1,000 per 1,000 Infections and parasitic diseases 001-139 3.0 13.6 6.4 2 2.3 9.2 Malignant neoplasms 140-208, 230-234 0.6 · Digestive organs 150-159 1 1.2 0.2 8.2 1.2 0.2 8.2 Respiratory system 160-165 1 174-175 0 Breast 179-185 0 Genitourinary · Nervous system 191-192 0 Leukemia, lymphoma 200-208 0 Benign neoplasms and other 210-229, 235-239 3 1.3 16.4 4.5 Endocrine and metabolic diseases 240-279 2 2.2 8.7 0.5 Blood and blood-forming organs 280-289 1 0.7 0.1 5.3 Mental disorders 290-319 7 5.2 2.5 10.9 0 Alcoholism 303 304-305 Drug abuse 0 Nervous system and sense organs 320-389 15.3 7.7 30.5 10 Circulatory system 390-459 3 3.5 1.1 10.7 8.2 Hypertension 401 1 0.2 1.2 · Acute myocardial infarction 410 1 1.2 0.2 8.2 · Ischemic disease, not M.I. 411-414, 429.2 1 1.2 0.2 8.2 Cerebrovascular disease 430-438 0 93.4 460-519 69.8 52.2 Respiratory system 58 Upper respiratory 460-465, 470-478 29 34.7 22.8 52.8 · Pneumonia/bronchitis 466, 480-487 14 16.1 8.9 29.2 490-496 · Chronic respiratory conditions 18.0 10.1 31.9 14 Digestive system 520-579 19 17.6 11.2 27.8 Hernias 550-553 0 Gall bladder disease 574-575 2 1.5 0.4 6.0 580-629 21 35.1 67.0 Genitourinary system 18.4 · Benign prostatic hypertrophy 600 NA NA NA NA 5 11.7 · Endometriosis 617 4.8 2.0 620.0-620.2 · Ovarian cysts 5.3 1 0.7 0.1 · Female genital pain/bleeding 625-626 1 1.2 0.2 8.2 Pregnancy and childbirth<sup>1,2</sup> 630-676 15 13.8 8.3 23.1 Skin and subcutaneous tissue 680-709 2 8.4 1.5 47.8 Musculoskeletal 710-739 13 22.7 10.5 48.8 Dorsopathies 2 720-724 1.9 0.5 7.8 Congenital anomalies1 740-759 1.0 7.2 1 Certain perinatal conditions<sup>1</sup> 760-779 0 Symptoms, signs, and ill-defined conditions 780-799 8 3.8 15.5 7.7 19 Injury and Poisoning 800-999 22.3 13.6 36.5 · Fractures, all sites 1.7 11.9 800-829 4 4.5 Dislocations 830-839 2 2.2 0.5 8.7 Sprains and strains 5 1.9 840-848 4.7 11.3 · Intracranial injuries 850-854 0 Internal injuries 860-869 2 9.2 2.3 0.6 6.0 Open wounds 870-897 2 1.5 0.4 Other injuries 900-999 4 7.2 2.4 21.3 Family history of health problems V10-V19 0 Circumstances related to reproduction/development V20-V28 13 11.8 6.8 20.4 Specific procedure/aftercare V50-V59 0 **Total minus pregnancies** 189 236.5 196.5 284.7 204 250.3 209.6 298.9

Table 5.
Diseases and
Injuries
by Diagnostic
Category - Females

<sup>†</sup> Includes all diagnoses reported with an absence of 5 or more days.

<sup>\*</sup> Standardized to age distribution of 1970 U.S. population.

<sup>&</sup>lt;sup>1</sup>These diagnoses pertain to the worker, not to children born to workers.

<sup>&</sup>lt;sup>2</sup> Only women age 18-45 years were included in the calculation of the rate for this diagnostic category.

# Diagnoses Associated with Pregnancy, Labor, and Delivery

During 1993, 15 pregnancy-related diagnoses were reported among 15 women (Table 6). There were 3 diagnoses associated with pregnancy complications, 1 miscarriage, and 11 normal deliveries.

## Diagnoses by Occupational Category, 1993

During 1993, the age-adjusted diagnosis rate for all employees was more than three times higher among hourly workers than salaried workers (371.9 versus 106.8 per 1,000 persons) (Table 7). Nuclear specialty workers, who comprised 8.5% of the work force, had the highest diagnosis rate (430.6 per 1,000), with 96 diagnoses reported for 52 workers. Service workers had the second highest diagnosis rate (429.7 per 1,000), with 47 diagnoses reported among 27 persons.

Other hourly workers ranked third, with 11 diagnoses reported for 7 workers (350.8 per 1,000). The category of other management and administration workers had the lowest rate (64.9 per 1,000 workers), with 11 diagnoses among 9 workers.

The diagnosis rate among men was higher for hourly workers (312.4 per 1,000) than for salaried workers (59.8 per 1,000) (Table 8). "Other" hourly workers had the highest rate (431.8 per 1,000), with seven diagnoses reported for four men. The second highest rate was among nuclear specialty workers (379.5 per 1,000), with 74 diagnoses reported among 42 men. Crafts and repair workers ranked third, with 64 diagnoses reported among 44 men (271.2 per 1,000). Office management and administrative workers had the lowest rate (44.4 per 1,000), with 12 diagnoses reported among 9 men.

The diagnosis rate among women was more than five-and-a-half times higher for hourly workers (933.7 per 1,000) than for salaried workers (168.6 per 1,000) (Table 9). Service workers had the highest rate (858.3 per 1,000), with 25 diagnoses reported among 10 women. The second highest rate was among nuclear specialty workers (750.6 per 1,000), with 22 diagnoses reported among 10 women. Crafts and repair workers ranked third, with 13 diagnoses reported among 10 women (390.5 per 1,000). Other management and administrative workers had the lowest rate (75.2 per 1,000), with three diagnoses reported among three women. The women had higher diagnosis rates than the men; this suggests a greater tendency among women to report injury or illness.

Category of Diagnoses	ICD9-CM Code	Number of Diagnoses†	Age- Adjusted Rate per 1,000*	Lower 95% Confidence Limit per 1,000	Upper 95% Confidence Limit per 1,000
Ectopic and Molar Pregnancy/Abortive Outcome	630-639	1	1.0	0.1	7.2
Complications Related to Pregnancy	640-648	3	3.0	1.0	9.4
Normal Delivery	650	11	9.8	5.4	17.8
Other Indications for Care in Pregnancy, Labor, and Delivery‡	651-659	0			
Complications of Labor, Delivery, and Puerperium	660-676	0			
TOTAL		15	13.8	8.3	23.1

Table 6.
Diagnoses
Associated with
Pregnancy, Labor,
and Delivery

†Includes all diagnoses reported with an absence of 5 or more days.
\*Only women aged 18-45 were included in the calculation of the rates for these diagnostic categories.
‡Includes delivery by cesarian section and multiple births.

Age-Adjusted Rate per 1,000\*\* Lower 95% Upper 95% Confidence Confidence Limit per 1,000 Limit per 1,000 Number of Number of Workers\* Diagnoses† **Occupational Category** 835 109 104.8 158.5 Office Management and Administration 128.9 Engineers, Scientists, and Health Care 456 46 100.3 73.5 136.9 Salaried **Technical Support** 443 43 100.2 72.6 138.3 Other Management and Administration 261 11 64.9 32.2 130.5 1,995 209 106.8 92.1 123.8 Subtotal 47 429.7 Service 114 317.0 582.4 262 77 296.0 234.0 374.5 Crafts and Repair Hourly 224 96 430.6 345.8 536.2 **Nuclear Specialties** Other 36 11 350.8 174.7 704.1 636 231 Subtotal 371.9 324.3 426.4 **TOTAL** 2,631 440 173.0 156.6 191.2

Table 7.
Diagnoses by
Occupational
Category - Males
and Females

	Occupational Category	Number of Workers*	Number of Diagnoses	Age- Adjusted Rate per 1,000**	Lower 95% Confidence Limit per 1,000	Upper 95% Confidence Limit per 1,000
	Office Management and Administration	319	12	44.4	23.8	83.0
	Engineers, Scientists, and Health Care	378	29	78.2	53.2	114.9
Salaried	Technical Support	318	20	62.1	38.7	99.8
	Other Management and Administration	230	8	50.6	22.2	115.7
	Subtotal	1,245	69	59.8	46.3	77.1
	Service	77	22	248.4	157.5	391.6
	Crafts and Repair	240	64	271.2	209.9	350.5
Hourly	Nuclear Specialties	198	74	379.5	295.5	487.4
	Other	26	7	431.8	116.9	1,594.9
	Subtotal	541	167	312.4	265.8	367.2
	TOTAL	1,786	236	136.3	119.1	156.0

Table 8.
Diagnoses by
Occupational
Category - Males

	Occupational Category	Number of Workers*	Number of Diagnoses†	Age- Adjusted Rate per 1,000**	Lower 95% Confidence Limit per 1,000	Upper 95% Confidence Limit per 1,000
	Office Management and Administration	516	97	165.4	133.7	204.7
	Engineers, Scientists, and Health Care	78	17	230.7	131.3	405.3
Salaried	Technical Support	125	23	206.0	128.2	331.0
	Other Management and Administration	31	3	75.2	24.1	234.4
	Subtotal	750	140	168.6	140.6	202.2
	Service	37	25	858.3	542.0	1,359.3
	Crafts and Repair	22	13	390.5	197.7	771.2
Hourly	Nuclear Specialties	26	22	750.6	476.5	1,182.1
	Other	10	4	302.6	113.6	806.3
	Subtotal	95	64	933.7	636.1	1,370.3
	TOTAL	845	204	250.7	210.0	299.3

Table 9.
Diagnoses by
Occupational
Category Females

<sup>\*</sup> Five workers were excluded because pay status was not reported.

<sup>†</sup> Includes all diagnoses reported with an absence of 5 or more days, including absences for pregnancy and delivery.

<sup>\*\*</sup>Standardized to age distribution of 1970 U.S. population.

### Relative Risk for All Disease Categories by Occupation

In Table 10, the risk of one or more absences associated with all diagnoses for specific occupational categories is compared with all other occupational categories in the Fernald work force. This comparison also takes into account the possible confounding effects of age and gender. In contrast to the previous series of tables, these analyses examine the risk of a worker having one or more absences for 5 or more consecutive workdays during 1993. This was done to minimize the problem associated with one person having multiple absences for the same condition.

The statistical methods used to compare the incidence of absences are the relative risk (RR) and the 95% confidence interval. The relative risk is the rate of absence in one group divided by the rate in a reference (comparison) group.

The reference group is all workers other than the occupational category of primary interest. A relative risk of 1.0 indicates that both groups have the same risk of absence. A relative risk greater than 1.0 indicates that workers in a selected occupational category have a higher risk of absence than workers in all other occupational categories combined. A relative risk less than 1.0 implies that the selected occupational group has a lower risk of absence compared with all other occupational categories combined.

The confidence interval is a statistical measure of the precision of the risk estimate. A 95% confidence interval indicates the range in which one would expect the relative risk to fall 95% of the time. If the confidence interval includes the value 1.0, then the rate of absence is likely to have occurred by chance; in other words, the relative risk is not statistically significant at the 95% confidence level. For example, a relative risk of 2.0 with a confidence interval of 0.9 to 2.1 would not be considered statis-

tically significant, whereas a relative risk of 1.4 with a confidence interval of 1.2 to 1.7 would be considered statistically significant. The width of the confidence interval indicates the amount of uncertainty in the risk estimate and is affected by sample size and the number of events in the diagnostic category.

Service workers (RR=2.5), crafts and repair workers (RR=2.5), and nuclear specialties workers (RR=3.0) had a statistically significant, increased risk of being absent 5 or more consecutive workdays in 1993 due to disease or injury. Office management and administrative workers (RR=0.5); engineers, scientists, and health care workers (RR=0.6); technical support workers (RR=0.6); and other management and administrative workers (RR=0.4) had a statistically significant, decreased risk of absence.

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	62	0.5	0.3	0.7
Engineers, Scientists, and Health Care	456	29	0.6	0.4	0.9
Technical Support	443	27	0.6	0.4	0.9
Other Management and Administration	261	9	0.4	0.2	0.7
Service	114	27	2.5	1.7	3.7
Crafts and Repair	262	52	2.5	1.8	3.4
Nuclear Specialties	224	52	3.0	2.2	4.0
Other	36	7	1.9	0.9	4.0
TOTAL	2,631	265			

Table 10.
All Diseases and
Injuries by
Occupational
Categories

- Persons with multiple absences during the time period were counted only once.
- \*\* Adjusted for age and gender compared with all occupational categories.
- Five workers were excluded from this table because pay status was not reported.

### Relative Risk for Selected Disease Categories by Occupation

Tables 11.A through 11.M present the relative risk of absences of 5 or more consecutive workdays for selected disease categories among workers by each occupational category.

Service workers were significantly more likely to be absent at least once during 1993 for infections and parasitic diseases (RR=6.0); diseases of the skin and subcutaneous tissues (RR=8.7): diseases of the musculoskeletal system (RR=3.5); symptoms, signs, and ill-defined conditions (RR=6.1); and injuries and poisoning (RR=3.4). Crafts and repair workers were significantly more likely to be absent at least once during 1993 for diseases of the digestive system (RR=3.0), diseases of the skin and subcutaneous tissues (RR=5.2), diseases of the musculoskeletal system (RR=3.1), and injuries and poisoning (RR=3.2).

Nuclear specialties workers were found to have a statistically significant, elevated risk associated with diseases of the respiratory system (RR=4.1); diseases of the skin and subcutaneous tissues (RR=6.1); diseases of the musculoskeletal system (RR=3.5); symptoms, signs, and ill-defined conditions (RR=7.5); and injuries and poisoning (RR=3.8). Workers in the "other" hourly category were significantly more likely to be absent for mental disorders (RR=8.9) and diseases of the nervous system and sense organs (RR=7.8).

The lower overall diagnosis rates observed among salaried workers was also apparent in the relative risk analyses.

Office management and administrative personnel were significantly less likely to be absent at least once during 1993 for diseases of the respiratory system (RR=0.3) and injuries and poisoning (RR=0.4). Technical support workers had a statistically significant, decreased risk of injuries and poisoning (RR=0.3).

The reasons for the large differences in overall diagnosis rates and relative risks for particular diagnostic categories among different occupational categories may be due to small numbers. However, the consistency of the differences across broad diagnostic categories suggests that compliance with reporting back to work through an occupational physician varies among occupational categories.

### Deaths Among Active Employees, 1993

During 1993, no deaths were reported among active employees.

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	3	0.3	0.1	1.6
Engineers, Scientists, and Health Care	456	1	0.4	0.1	2.6
Technical Support	443	3	1.3	0.4	4.6
Other Management and Administration	261	1	0.9	0.1	6.3
Service	114	3	6.0	1.7	21.3
Crafts and Repair	262	2	2.2	0.4	10.6
Nuclear Specialties	224	1	1.1	0.1	8.9
Other	36	0			
TOTAL	2,631	14			

Infections and Parasitic Diseases

Table 11.A.

<sup>\*</sup> Persons with multiple absences during the time period were counted only once.

<sup>\*\*</sup> Adjusted for age and gender - compared with all occupational categories.

Five workers were excluded from this table because pay status was not reported.

Lower 95% Confidence Limit Upper 95% Confidence Limit Persons with at Least One Relative Risk\*\* **Occupational Category** Person-Years<sup>1</sup> Event\* Office Management and Administration 0.02 835 1 0.4 6.9 Engineers, Scientists, and Health Care 456 1 1.8 0.3 11.5 **Technical Support** 443 20.0 1 2.1 0.2 Other Management and Administration 261 0 Service 114 0 Crafts and Repair 0 262 **Nuclear Specialties** 51.0 224 1 4.1 0.3 Other 36 0 TOTAL 2,631

*Table 11.B.* Malignant Neoplasms

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	2	0.5	0.1	4.9
Engineers, Scientists, and Health Care	456	1	0.7	0.1	7.0
Technical Support	443	1	0.8	0.1	6.0
Other Management and Administration	261	0			
Service	114	1	3.0	0.4	25.2
Crafts and Repair	262	1	1.2	0.2	8.5
Nuclear Specialties	224	2	3.8	0.7	21.3
Other	36	0			
TOTAL	2,631	8			

Table 11.C. Benign Neoplasms

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	1	0.2	0.04	1.2
Engineers, Scientists, and Health Care	456	2	0.8	0.2	3.5
Technical Support	443	2	0.8	0.2	3.8
Other Management and Administration	261	0			
Service	114	1	2.1	0.3	16.5
Crafts and Repair	262	3	2.5	0.7	8.2
Nuclear Specialties	224	3	2.9	0.9	9.7
Other	36	1	8.9	1.1	73.3
TOTAL	2,631	13			

Table 11.D. Mental Disorders

Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
835	5	0.6	0.2	2.1
456	1	0.4	0.05	3.6
443	1	0.4	0.1	3.1
261	0			
114	2	3.2	0.7	14.4
262	1	0.7	0.1	6.9
224	3	3.1	0.9	10.3
36	2	7.8	1.8	33.8
2,631	15			
	835 456 443 261 114 262 224 36	Person-Years1 at Least One Event*  835 5 456 1 443 1 261 0 114 2 262 1 224 3 36 2	Person-Years1         at Least One Event*         Relative Risk**           835         5         0.6           456         1         0.4           443         1         0.4           261         0         114         2         3.2           262         1         0.7         224         3         3.1           36         2         7.8	Person-Years1         at Least One Event*         Relative Risk**         Confidence Limit           835         5         0.6         0.2           456         1         0.4         0.05           443         1         0.4         0.1           261         0         0         0.7           114         2         3.2         0.7           262         1         0.7         0.1           224         3         3.1         0.9           36         2         7.8         1.8

Table 11.E. Diseases of the Nervous System and Sense Organs

Persons with multiple absences during the time period were counted only once.
 \*\*Adjusted for age and gender – compared with all occupational categories.
 Five workers were excluded from this table because pay status was not reported.

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	4	0.8	0.2	3.4
Engineers, Scientists, and Health Care	456	2	0.5	0.1	2.5
Technical Support	443	1	0.3	0.04	2.3
Other Management and Administration	261	2	1.0	0.2	4.3
Service	114	1	1.3	0.2	9.3
Crafts and Repair	262	5	2.6	0.9	7.6
Nuclear Specialties	224	3	1.8	0.5	6.4
Other	36	0			
TOTAL	2,631	18			

Table 11.F. Diseases of the Circulatory System

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	17	0.3	0.2	0.6
Engineers, Scientists, and Health Care	456	8	0.7	0.3	1.5
Technical Support	443	13	1.1	0.6	2.1
Other Management and Administration	261	2	0.3	0.1	1.4
Service	114	6	2.0	0.9	4.6
Crafts and Repair	262	8	1.5	0.7	3.2
Nuclear Specialties	224	16	4.1	2.3	7.2
Other	36	3	2.8	0.9	8.8
TOTAL	2,631	73			

Table 11.G. Diseases of the Respiratory System

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	11	0.7	0.3	1.5
Engineers, Scientists, and Health Care	456	10	1.7	0.8	3.7
Technical Support	443	2	0.3	0.1	1.1
Other Management and Administration	261	2	0.5	0.1	2.2
Service	114	3	1.9	0.6	6.3
Crafts and Repair	262	9	3.0	1.4	6.6
Nuclear Specialties	224	3	1.0	0.3	3.1
Other	36	0			
TOTAL	2,631	40			

Table 11.H. Diseases of the Digestive System

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	7	0.4	0.2	1.1
Engineers, Scientists, and Health Care	456	3	1.6	0.5	5.7
Technical Support	443	3	1.0	0.3	3.4
Other Management and Administration	261	0			
Service	114	2	2.3	0.5	10.5
Crafts and Repair	262	2	2.6	0.5	13.7
Nuclear Specialties	224	3	3.8	1.0	13.7
Other	36	0			
TOTAL	2,631	20			

Table 11.I. Diseases of the GenitourinarySystem

Persons with multiple absences during the time period were counted only once.
 \*\*Adjusted for age and gender – compared with all occupational categories.
 Five workers were excluded from this table because pay status was not reported.

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	0			
Engineers, Scientists, and Health Care	456	0			
Technical Support	443	0			
Other Management and Administration	261	0			
Service	114	3	8.7	2.1	36.1
Crafts and Repair	262	4	5.2	1.4	19.8
Nuclear Specialties	224	4	6.1	1.7	22.1
Other	36	0			
TOTAL	2,631	11			

Table 11.J. Diseases of the Skin and Subcutaneous Tissue

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	7	0.4	0.2	1.0
Engineers, Scientists, and Health Care	456	2	0.2	0.05	1.0
Technical Support	443	2	0.2	0.1	1.0
Other Management and Administration	261	1	0.2	0.04	1.6
Service	114	6	3.5	1.5	8.4
Crafts and Repair	262	11	3.1	1.5	6.4
Nuclear Specialties	224	11	3.5	1.7	7.1
Other	36	2	3.2	0.8	13.7
TOTAL	2,631	42			

Table 11.K. Diseases of the Musculoskeletal System

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	2	0.2	0.04	1.5
Engineers, Scientists, and Health Care	456	2	0.8	0.2	3.0
Technical Support	443	1	0.4	0.05	3.0
Other Management and Administration	261	0			
Service	114	3	6.1	1.7	22.0
Crafts and Repair	262	1	0.7	0.1	5.1
Nuclear Specialties	224	5	7.5	2.1	26.8
Other	36	0			
TOTAL	2,631	14			

Table 11.L. Symptoms, Signs, and Ill-Defined Conditions

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	9	0.4	0.2	0.9
Engineers, Scientists, and Health Care	456	5	0.4	0.2	1.0
Technical Support	443	3	0.3	0.1	0.8
Other Management and Administration	261	1	0.2	0.02	1.1
Service	114	8	3.4	1.6	7.2
Crafts and Repair	262	16	3.2	1.8	5.7
Nuclear Specialties	224	16	3.8	2.1	6.9
Other	36	1	1.1	0.2	8.2
TOTAL	2,631	59			

Table 11.M. Injury and Poisoning

Persons with multiple absences during the time period were counted only once.
 \*\*Adjusted for age and gender – compared with all occupational categories.
 Five workers were excluded from this table because pay status was not reported.

### OSHA-Recordable Events Among Fernald Employees, 1993

Events per Person. In 1993, 53 Fernald employees had an OSHA-recordable event. One (2%) of these workers had two or more events. There was a total of 54 OSHA-recordable events among all employees (Table 12.A). Diagnoses per Event. A total of 64 diagnoses were associated with the 54 OSHA-recordable events reported during 1993. Multiple diagnoses were reported for eight (15%) of the events (Table 12.B).

*Diagnosis Rates.* In 1993, the 64 diagnoses noted for the OSHA-recordable events yielded an

age-adjusted rate of 25.0 per 1,000 persons. The age-adjusted diagnosis rate for women (35.3 per 1,000) was higher than the rate for men (24.8 per 1,000) (Table 12.C).

	Number of OSHA-Recordable Events							Total
Employee Category	of Workers		1	2	3	4	with at Least One Event	Events
Male	1,789	1,752	36	1	0	0	37	38
Female	847	831	16	0	0	0	16	16
TOTAL	2,636	2,583	52	1	0	0	53	54

Table 12.A.
OSHARecordable
Events per Person

Employee	Numb	per of Dia	gnoses pe	er OSHA I	Total Number of	Total Number of		
Category		2	3	4	5	Events	Diagnoses	
Male	34	4	0	0	0	38	42	
Female	12	2	2	0	0	16	22	
TOTAL	46	6	2	0	0	54	64	

Table 12.B.
Diagnoses per
OSHARecordable Event

Employee Category	Number of Workers	Number of Diagnoses	Crude Rate per 1,000	Age- Adjusted Rate per 1,000*	Lower 95% Confidence Limit per 1,000	Upper 95% Confidence Limit per 1,000
Male	1,789	42	23.5	24.8	18.1	34.1
Female	847	22	26.0	35.3	18.6	67.1
TOTAL	2,636	64	24.3	25.0	19.3	32.4

Table 12.C.
Diagnosis Rates
for OSHARecordable
Events

<sup>\*</sup>Standardized to age distribution of 1970 U.S. population.

## OSHA-Recordable Diseases and Injuries by Diagnostic Category, 1993

The age-adjusted diagnosis rate for each diagnostic category is presented for all workers combined in Table 13. Because the patterns of diagnoses reported by men and women may differ, Tables 14 and 15 show the diagnosis rates by gender to further describe disease and injury patterns in the work force.

For all workers, the diagnostic category with the highest rate was injury and poisoning (20.4 per 1,000), with 52 diagnoses reported for 45 people. This category accounted for 81% of all the diagnoses.

The leading diagnostic category among men, accounting for 83% of all diagnoses, was injury and poisoning (20.9 per 1,000), with 35 diagnoses among 31 men. Of these diagnoses, sprains and strains accounted for 40%, with 14 diagnoses related to joints and adjacent muscles reported among 13 men. Additionally, open wounds accounted for 31% of these diagnoses, with 11 diagnoses reported among 10 men. Wounds to the hands, thumbs, or fingers were reported for six workers. The remainder were wounds to the head.

The diagnostic category with the highest rate was the same for women as for men. Injury and poisoning (24.4 per 1,000) accounted for 77% of all diagnoses, with 17 diagnoses

among 14 women. Of this category, sprains and strains accounted for 47% of the diagnoses, with eight diagnoses for eight women. There were four strains to the ankle and four strains to the back or hip. Additionally, "other" injuries accounted for 29% of these diagnoses, with five diagnoses among four women. These included four contusions and one non-venomous insect bite.

	JODG OM O. J	Number of	Age- Adjusted Rate per	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Category of Diagnoses	ICD9-CM Code	Diagnoses†	1,000*	per 1,000	per 1,000
Infections and parasitic diseases	001-139	0			
Malignant neoplasms	140-208, 230-234	0			
Digestive organs	150-159	0			
Respiratory system	160-165	0			
Breast	174-175	0			
Genitourinary	179-185	0			
Nervous system	191-192	0			
Leukemia, lymphoma	200-208	0			
Benign neoplasms and other	210-229, 235-239	0			
Endocrine and metabolic diseases	240-279	0			
Blood and blood-forming organs	280-289	0			
Mental disorders	290-319	0			
Alcoholism	303	0			
Drug abuse	304-305	0			
Nervous system and sense organs	320-389	2	0.6	0.1	2.4
Circulatory system	390-459	0			
Hypertension	401	0			
<ul> <li>Acute myocardial infarction</li> </ul>	410	0			
Ischemic disease, not M.I.	411-414, 429.2	0			
Cerebrovascular disease	430-438	0			
Respiratory system	460-519	2	0.7	0.2	3.0
Upper respiratory	460-465, 470-478	2	0.7	0.2	3.0
Pneumonia/bronchitis	466, 480-487	0			
Chronic respiratory conditions	490-496	0			
Digestive system	520-579	1	0.3		2.4
Hernias	550-553	1	0.3		2.4
Gall bladder disease	574-575	0			
Genitourinary system	580-629	0			
Benign prostatic hypertrophy	600	0			
Endometriosis	617	0			
Ovarian cysts	620.0-620.2	0			
Female genital pain/bleeding	625-626	0			
Pregnancy and childbirth <sup>1,2</sup>	630-676	0			
Skin and subcutaneous tissue	680-709	5	1.8	0.7	4.4
Musculoskeletal	710-739	2	1.2	0.3	5.0
Dorsopathies	720-724	1	0.7	0.1	5.2
Congenital anomalies <sup>1</sup>	740-759	0			
Certain perinatal conditions <sup>1</sup>	760-779	0			
Symptoms, signs, and ill-defined conditions	780-799	0			
Injury and poisoning	800-999	52	20.4	15.3	27.2
Fractures, all sites	800-829	4	1.8	0.7	4.9
Dislocations	830-839	0			
Sprains and strains	840-848	22	9.2	5.9	14.2
Intracranial injuries	850-854	0			
Internal injuries	860-869	0			
Open wounds	870-897	13	4.7	2.6	8.4
Other injuries	900-999	13	4.8	2.7	8.6
Family history of health problems	V10-V19	0			
Circumstances related to reproduction/development	V20-V28	0			
Specific procedure/aftercare	V50-V59	0			
Total minus pregnancies		64	25.0	19.3	32.4
TOTAL		64	25.0	19.3	32.4
† Includes all diagnoses resulting from an OSHA-recordable event.					

Table 13. OSHA-Recordable Diseases and Injuries by
Diagnostic
Category - Males
and Females

<sup>†</sup> Includes all diagnoses resulting from an OSHA-recordable event.

\* Standardized to age distribution of 1970 U.S. population.

† These diagnoses pertain to the worker, not to children born to workers.

2 Only women age 18-45 years were included in the calculation of the rate for this diagnostic category.

Upper 95% Confidence Lower 95% Confidence Age-Adjusted Rate per 1,000\* Limit per 1,000 Number of per 1,000 **Category of Diagnoses** ICD9-CM Code Diagnoses† Infections and parasitic diseases 001-139 0 140-208, 230-234 0 Malignant neoplasms · Digestive organs 150-159 0 · Respiratory system 0 160-165 Breast 174-175 0 · Genitourinary 179-185 0 · Nervous system 191-192 0 · Leukemia, lymphoma 200-208 0 0 Benign neoplasms and other 210-229, 235-239 Endocrine and metabolic diseases 240-279 0 Blood and blood-forming organs 280-289 0 Mental disorders 0 290-319 Alcoholism 0 303 Drug abuse 0 304-305 Nervous system and sense organs 2 0.2 3.4 320-389 8.0 Circulatory system 390-459 0 · Hypertension 0 401 · Acute myocardial infarction 410 0 · Ischemic disease, not M.I. 411-414, 429.2 0 · Cerebrovascular disease 0 430-438 1.2 5.5 Respiratory system 460-519 2 0.3 · Upper respiratory 460-465, 470-478 2 1.2 0.3 5.5 · Pneumonia/bronchitis 466, 480-487 0 · Chronic respiratory conditions 490-496 0 Digestive system 520-579 0.5 0.1 3.5 1 Hernias 0.1 550-553 0.5 3.5 · Gall bladder disease 574-575 0 Genitourinary system 580-629 0 · Benign prostatic hypertrophy 600 0 Endometriosis NA 617 NA NA NA · Ovarian cysts 620.0-620.2 NA NA NA NA · Female genital pain/bleeding 625-626 NA NA NA NA Pregnancy and childbirth1 630-676 NA NA NA NA Skin and subcutaneous tissue 680-709 1 0.5 0.1 3.5 Musculoskeletal 710-739 0.9 0.1 1 6.1 · Dorsopathies 720-724 0 Congenital anomalies1 0 740-759 Certain perinatal conditions1 760-779 0 Symptoms, signs, and ill-defined conditions 0 780-799 29.7 Injury and poisoning 800-999 35 20.9 14.8 · Fractures, all sites 2 0.3 5.7 800-829 1.4 Dislocations 830-839 0 · Sprains and strains 840-848 14 8.7 5.1 15.0 · Intracranial injuries 850-854 0 · Internal injuries 860-869 0 · Open wounds 870-897 11 3.2 11.2 6.0 · Other injuries 900-999 8 2.4 10.2 4.9 Family history of health problems V10-V19 0 Circumstances related to reproduction/development V20-V28 0 Specific procedure/aftercare V50-V59 0 TOTAL 42 24.8 18.1 34.1

Table 14.
OSHARecordable
Diseases and
Injuries by
Diagnostic
Category - Males

<sup>†</sup> Includes all diagnoses resulting from an OSHA-recordable event.

<sup>\*</sup> Standardized to age distribution of 1970 U.S. population.

<sup>&</sup>lt;sup>1</sup> These diagnoses pertain to the worker, not to children born to workers.

Upper 95% Confidence Lower 95% Confidence Age-Adjusted Rate per 1,000\* Number of Limit per 1,000 per 1,000 **Category of Diagnoses** ICD9-CM Code **Diagnoses**† Infections and parasitic diseases 001-139 0 140-208, 230-234 Malignant neoplasms 0 150-159 0 · Digestive organs 160-165 0 · Respiratory system Breast 174-175 0 · Genitourinary 179-185 0 · Nervous system 191-192 0 · Leukemia, lymphoma 200-208 0 210-229, 235-239 0 Benign neoplasms and other Endocrine and metabolic diseases 240-279 0 Blood and blood-forming organs 280-289 0 Mental disorders 290-319 0 Alcoholism 303 0 · Drug abuse 304-305 0 Nervous system and sense organs 320-389 0 390-459 Circulatory system 0 · Hypertension 401 0 · Acute myocardial infarction 0 410 411-414, 429.2 · Ischemic disease, not M.I. 0 430-438 0 · Cerebrovascular disease 460-519 Respiratory system 0 · Upper respiratory 460-465, 470-478 0 · Pneumonia/bronchitis 466, 480-487 0 · Chronic respiratory conditions 490-496 0 Digestive system 520-579 0 Hernias 550-553 0 · Gall bladder disease 574-575 0 Genitourinary system 580-629 0 · Benign prostatic hypertrophy 600 NA NA NA NA Endometriosis 617 0 620.0-620.2 0 · Ovarian cysts 625-626 · Female genital pain/bleeding 0 Pregnancy and childbirth<sup>1,2</sup> 630-676 0 Skin and subcutaneous tissue 680-709 3.5 1.3 9.4 4 Musculoskeletal 710-739 1.0 7.4 52.4 · Dorsopathies 720-724 1 7.4 1.0 52.4 Congenital anomalies<sup>1</sup> 740-759 0 Certain perinatal conditions<sup>1</sup> 760-779 0 Symptoms, signs, and ill-defined conditions 780-799 0 Injury and poisoning 800-999 17 24.4 12.1 49.1 · Fractures, all sites 800-829 2 3.7 8.0 16.7 Dislocations 830-839 0 Sprains and strains 840-848 8 8.1 4.0 16.4 · Intracranial injuries 850-854 0 · Internal injuries 860-869 0 · Open wounds 870-897 2 1.4 48.6 8.1 900-999 Other injuries 5 4.5 1.8 11.1 Family history of health problems V10-V19 0 Circumstances related to reproduction/development V20-V28 0 V50-V59 Specific procedure/aftercare 0 Total minus pregnancies 22 35.3 18.6 67.0 TOTAL 22 18.6 35.3 67.0

Table 15.
OSHARecordable
Diseases and
Injuries by
Diagnostic
Category Females

<sup>†</sup> Includes all diagnoses resulting from an OSHA-recordable event.

<sup>\*</sup> Standardized to age distribution of 1970 U.S. population.

<sup>&</sup>lt;sup>1</sup> These diagnoses pertain to the worker, not to children born to workers.

Only women age 18-45 years were included in the calculation of the rate for this diagnostic category.

# OSHA-Recordable Diagnoses by Occupational Category, 1993

During 1993, the age-adjusted diagnosis rate for OSHA-recordable diagnoses was more than seven times higher for hourly workers than for salaried workers (75.6 versus 9.6 per 1,000 persons) (Table 16). Crafts and repair workers, who comprised 10% of the work force, had the highest diagnosis rate (85.9 per 1,000), with 20 diagnoses reported for 15 persons. The second highest diagnosis rate was among the nuclear specialty workers (71.3 per 1,000), with 15 diagnoses reported for 14 persons. "Other" hourly workers ranked third, with three diagnoses reported among three workers (66.8 per 1,000).

The diagnosis rate for workers in the category of engineers, scientists, and health care workers was substantially lower than for all other occupational categories (3.6 per 1,000 workers), with two diagnoses for two workers.

The diagnosis rate among men (Table 17) was more than ten times higher for hourly workers (67.2 per 1,000) than for salaried workers (6.5 per 1,000). The nuclear specialties workers had the highest rate (73.0 per 1,000), with 13 diagnoses reported for 12 men. Service workers ranked second (63.0 per 1,000), with six diagnoses reported among five men. Crafts and repair workers followed, with 12 diagnoses reported for 9 men (61.4 per 1,000). The lowest diagnosis rate for men was among the engineers, scientists, and health care workers (1.4 per 1,000), with one diagnosis for one man.

The diagnosis rate among women (Table 18) was more than four times higher for hourly workers (113.1 per 1,000) than for salaried workers (25.0 per 1,000).

The diagnosis rate for workers in the crafts and repair category (273.1 per 1,000) was the highest, with eight diagnoses reported among six women. "Other" hourly workers (66.2 per 1,000) ranked second, with one diagnosis reported for one worker. The third highest rate occurred in the category of nuclear specialties workers (56.7 per 1,000), with two diagnoses reported for two women. The lowest diagnosis rate was among the engineers, scientists, and health care workers (8.8 per 1,000), with one diagnosis reported for one woman.

Age-Adjusted Rate per 1,000\*\* Lower 95% Confidence Limit Upper 95% Confidence Limit Number of Number of per 1,000 per 1,000 **Occupational Category** Workers\* **Diagnoses†** Office Management and Administration 8 835 10.8 4.5 25.9 2 Engineers, Scientists, and Health Care 456 3.6 8.0 15.4 Salaried 443 9 10.1 42.9 **Technical Support** 20.8 0 261 Other Management and Administration Subtotal 1,995 19 9.6 5.8 15.9 114 7 52.0 24.2 111.5 Service Crafts and Repair 262 20 85.9 53.8 137.1 Hourly **Nuclear Specialties** 224 15 71.3 41.2 123.2 Other 36 3 66.8 21.2 209.7 45 Subtotal 636 75.6 55.4 103.1 **TOTAL** 2,631 64 25.1 19.3 32.5

Table 16.
OSHA Diagnoses
by Occupational
Category - Males
and Females

	Occupational Category	Number of Workers*	Number of Diagnoses†	Age- Adjusted Rate per 1,000**	Lower 95% Confidence Limit per 1,000	Upper 95% Confidence Limit per 1,000
	Office Management and Administration	319	0			
	Engineers, Scientists, and Health Care	378	1	1.4	0.2	10.3
Salaried	Technical Support	318	8	22.7	11.0	46.9
	Other Management and Administration	230	0			
	Subtotal	1,245	9	6.5	3.2	13.0
	Service	77	6	63.0	27.0	147.0
	Crafts and Repair	240	12	61.4	33.9	111.2
Hourly	Nuclear Specialties	198	13	73.0	40.7	131.1
,	Other	26	2	55.4	13.9	221.6
	Subtotal	541	33	67.2	46.8	96.6
	TOTAL	1,786	42	24.9	18.1	34.2

Table 17.
OSHA Diagnoses
by Occupational
Category - Males

	Occupational Category	Number of Workers*	Number of Diagnoses†	Age- Adjusted Rate per 1,000**	Lower 95% Confidence Limit per 1,000	Upper 95% Confidence Limit per 1,000
	Office Management and Administration	516	8	22.5	7.7	65.8
	Engineers, Scientists, and Health Care	78	1	8.8	1.2	62.4
Salaried	Technical Support	125	1	40.6	5.7	288.1
	Other Management and Administration	31	0			
	Subtotal	750	10	25.0	9.8	63.5
	Service	37	1	25.6	3.6	181.4
	Crafts and Repair	22	8	273.1	116.0	643.2
Hourly	Nuclear Specialties	26	2	56.7	14.2	226.9
	Other	10	1	66.2	9.3	469.8
	Subtotal	95	12	113.1	61.8	207.1
	TOTAL	845	22	35.3	18.6	67.1

Table 18.
OSHA Diagnoses
by Occupational
Category Females

<sup>\*</sup> Five workers were excluded because pay status was not reported.

<sup>†</sup> Includes all diagnoses resulting from an OSHA-recordable event.

<sup>\*\*</sup> Standardized to age distribution of 1970 U.S. population.

### Relative Risk for All OSHA-Recordable Diseases and Injuries by Occupation

In Table 19, the risk of one or more absences associated with all OSHA-recordable diagnoses for specific occupational categories is compared with all other occupational categories in the Fernald work force. The statistical methods used to compare the incidence of absences are the relative risk (RR) and the 95% confidence interval (explained on page 12).

Service workers (RR=2.7), crafts and repair workers (RR=3.4), nuclear specialties workers (RR=4.1), and "other" hourly workers (RR=5.1) had statistically significant, increased risks of an OSHA-recordable event in 1993. Office management and

administrative workers (RR=0.1) and engineers, scientists, and health care workers (RR=0.2) had a statistically significant, decreased risk of an event.

### Relative Risk for Selected OSHA-Recordable Disease and Injury Categories by Occupation

Table 20 presents the relative risk of an OSHA-recordable event for the disease category of injury and poisoning among workers by each occupational category. Injury and poisoning was the only disease category with enough events to calculate relative risks. Service workers (RR=3.3), crafts and repair workers (RR=3.9), nuclear specialties workers (RR=4.2),

and "other" hourly workers (RR=5.8) were significantly more likely to have at least one OSHA-recordable event during 1993 for injury and poisoning.

Office management and administrative personnel (RR=0.1) and engineers, scientists, and health care workers (RR=0.2) were significantly less likely to have an OSHA-recordable event during 1993 for injury and poisoning.

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	4	0.1	0.03	0.4
Engineers, Scientists, and Health Care	456	2	0.2	0.05	0.7
Technical Support	443	9	1.0	0.5	2.1
Other Management and Administration	261	0			
Service	114	6	2.7	1.2	6.3
Crafts and Repair	262	15	3.4	1.9	6.2
Nuclear Specialties	224	14	4.1	2.2	7.7
Other	36	3	5.1	1.5	17.3
TOTAL	2,631	53			

Table 19.
All OSHARecordable
Diseases and
Injuries by
Occupational
Categories

Occupational Category	Person-Years <sup>1</sup>	Persons with at Least One Event*	Relative Risk**	Lower 95% Confidence Limit	Upper 95% Confidence Limit
Office Management and Administration	835	4	0.1	0.04	0.5
Engineers, Scientists, and Health Care	456	2	0.2	0.1	0.9
Technical Support	443	4	0.5	0.2	1.3
Other Management and Administration	261	0			
Service	114	6	3.3	1.4	7.9
Crafts and Repair	262	14	3.9	2.1	7.3
Nuclear Specialties	224	12	4.2	2.1	8.2
Other	36	3	5.8	1.7	20.1
TOTAL	2,631	45			

Table 20. Injuries and Poisoning

- \* Persons with multiple absences during the time period were counted only once.
- \*\* Adjusted for age and gender compared with all occupational categories.
- 1 Five workers were excluded from this table because pay status was not reported.

	DIA	GNOSTIC CATEGORIES
Category of Diagnoses ICD	-9-CM Code	Types of Illness in Category
All conditions	001-V82	All reported health events.
Infectious and parasitic diseases	001-139	Diseases caused by bacteria, viruses, and parasites.
Malignant neoplasms	140-208, 230-234	All cancers, regardless of the part of the body affected.
Benign neoplasms and neoplasms of uncertain behavior and unspecified nature	210-229, 235-239	Tumors that are not cancerous or that do not exhibit clearly malignant behavior, regardless of the part of the body affected.
Endocrine, nutritional and metabolic diseases, and disorders of the immune system	d 240-279	Diseases and conditions affecting the hormone secreting glands and organs; nutritional disorders, such as vitamin deficiency; metabolic diseases, such as diabetes and gout; and problems affecting the antibody producing system.
Diseases of the blood and blood-forming organs	280-289	Includes anemia and hemophilia, but excludes leukemia.
Mental disorders	290-319	Psychiatric diagnoses, such as dementia, schizophrenia, depression, and anxiety disorders; alcoholism; drug dependence; and eating disorders, such as bulimia.
Diseases of the nervous system and sense organ:	s 320-389	Diseases affecting the brain, spinal cord, and peripheral nerves. Examples include meningitis encephalitis; hereditary diseases, such as Huntington's chorea; Alzheimer's and Parkinson's disease; epilepsy; multiple sclerosis; migraine; diseases of the eye, such as cataract and glaucoma; and diseases of the ear, such as conductive hearing loss and otitis.
Diseases of the circulatory system	390-459	Diseases involving the heart, arteries, veins, and lymphatic system. Examples include rheumatic fever, heart murmurs, heart attacks, angina, hardening of the arteries, varicose veins, hemorrhoids, and phlebitis.
Diseases of the respiratory system	460-519	Includes colds, sinusitis, laryngitis, pneumonia and influenza, chronic bronchitis, asthma, and emphysema.
Diseases of the digestive system	520-579	Diseases affecting the teeth and mouth, salivary glands, digestive tract, and the abdominal cavity. Examples include dental abscess, ulcers, appendicitis, hepatitis (excluding viral hepatitis), cirrhosis of the liver, gallstones, pancreatitis, abdominal hernia, and intestinal polyps.
Diseases of the genitourinary system	580-629	Diseases affecting the kidneys, the prostrate and testes; benign breast diseases; infertility (male and female); pelvic inflammatory disease; diseases of the ovary; and menstrual disorders.
Complications of pregnancy, childbirth, and puerperium	630-676	Includes miscarriage; complications of pregnancy, such as hemorrhage; pregnancy-related high blood pressure; pre-eclampsia; premature labor or other complications of labor.
Diseases of the skin and subcutaneous tissue	680-709	Includes acne, cellulitis, sunburn, psoriasis, and seborrhea.
Diseases of the musculoskeletal system and connective tissue	710-739	Includes arthritis, systemic lupus erythematosus, ankylosing spondylitis, herniated intervertebral disc ("slipped disc"), lumbago, sciatica, rheumatism, tendinitis, and osteoporosis
Congenital anomalies	740-759	Abnormal anatomical development present at birth. Includes spina bifida, cleft palate, harelip, and various chromosomal anomalies, such as Klinefelter's syndrome.
Certain conditions originating in the perinatal perio	od 760-779	Conditions or diseases of the mother that can produce perinatal illness or death of the fetus o newborn. Examples include maternal high blood pressure, maternal malnutrition, ectopic pregnancy, and breech birth. Also includes other conditions originating in the perinatal period, such as fetal malnutrition or slow growth, injuries related to birth trauma, and perinatal jaundice.
Symptoms, signs, and ill-defined conditions	780-799	Symptoms, signs, abnormal results of laboratory or other tests, and conditions for which no specific diagnosis has been made. Examples include blackout, chills, dizziness, fatigue, pallor abnormal weight loss, undiagnosed chest pain, and heartburn.
Injury and poisoning	800-999	Dislocation of joints; sprains and strains of joints and associated muscles; concussions; bruises; cuts; internal injuries due to crushing, puncture, tearing, or blunt impact; burns; blisters; poisoning; frostbite; heat stroke; and complications of medical or surgical care.
Fractures, all sites	800-829	Cracks or breaks of any bone.
Dislocations	830-839	Separation of a bone from its normal socket or joint.
Sprains and strains of joints and adjacent muscles	840-848	Strains include injuries to muscle from overexertion or from stretching the muscle beyond its normal limit. Sprains include injuries involving tearing or overextending the ligaments of a join
Intracranial injuries excluding those with skull fractures	850-854	Includes concussions, internal bruises, and hemorrhages within the skull without a fracture of the bones of the skull.
Internal injuries of the chest, abdomen, and pelvis	860-869	Includes internal injuries to the chest, abdomen, and pelvis and the organs within these areas of the body that do not involve an open wound.
Open wounds	870-897	Includes animal bites, cuts, lacerations, punctures, and amputations, excluding the arteries and veins.
Other injuries and effects of external causes	900-999	Miscellaneous injuries, including injuries to the arteries and veins, problems that occur an extended period of time after the injury has taken place ("late effects"), superficial bruises and abrasions, burns, post-injury shock, poisoning, toxic side effects of chemicals, heat stroke, electrocution, and altitude sickness.
Motor vehicle traffic accidents	E810-E819	Includes accidents involving motor vehicles alone or with other motor vehicles, pedestrians, ovehicles operated by pedals.
Other accidents	E916-E928	Includes accidents involving falling objects or machinery; accidents related to explosions; and those related to electrical current, radiation, hot or corrosive substances, noise, and overexertion.
Supplementary classifications related to personal or family history of disease	V10-V19	Covers situations in which the person is not ill or injured but has a personal or family history of problems, such as cancer, mental illness, allergies, or arthritis, that may affect his or her risk of illness.
Supplementary classifications related to health car	re V20-V28	Includes problems related to pregnancy, postpartum care, contraception, outcome of delivery
for reproduction and child development		and physical development of child.

Adjustment - A mathematical procedure for rates in which the effects of differences (such as age) in groups have been removed. The purpose of adjustment is to allow comparisons between two or more groups.

**Epidemiologic Surveillance** - The regular and systematic collection of data and interpretation of the distribution of illness, injury, and death in the DOE labor force over time.

ICD-9-CM - The ICD-9-CM (International Classification of Diseases-9th Revision-Clinical Modification) is based on the ICD-9 originally published by the World Health Organization and widely accepted as a standard for the coding of cause of death. The ICD-9-CM is required for the reporting of morbidity to all U.S. Public Health Service programs.

**Diagnoses Rate** - The number of new, reported health events observed among DOE workers per thousand DOE workers at risk during a given period of time.

The age-adjusted rate was calculated using the 1970 U.S. population. The age-adjusted rate represents the hypothetical rate that would have been observed if the 1993 group had the same age distribution as the 1970 U.S. population. The age-adjusted rate is used to compare populations that differ in age. The 1970 U.S. population was selected because it is the standard most used for published morbidity data.

The illness and injury absence rate is defined as an absence due to illness or injury of 5 or more consecutive work days, divided by the total number of workers. OSHA-recordable events may or may not involve an absence from work.

The 95% confidence interval is based on the normal approximation to the binomial distribution where the calculated illness and injury absence rate falls within the interval. The true rate lies within this interval 95% of the time.