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ILLNESS/INJURY PATTERN COMPLEX 40 (TITAN)

Sharon Blasdell, R.N., COHN
EG&G Florida/KSC

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On July 31, 1991, EG&G Medical began providing medical support at the Titan Area Clinic (TAC). The hours of operation are 0700-2300, Monday through Friday, with Emergency Medical Services (EMS) provided 24-hours a day, seven days a week. The TAC consists of a 10' x 10' section of a trailer that also houses Bechtel Safety. Supplies consisted of an examining table, an eye wash chair, first aid equipment, over-the-counter medications, spine boards, a portable resuscitator, etc.

All of the nurses are Advanced Cardiac Life Support (ACLS) certified. Although the Titan Area Clinic is strictly a first-aid station with no ACLS facilities on-site, it is staffed with an Occupational Health Nurse with ACLS certification. If ACLS or additional help is needed, the nurse activates EMS by dialing 911. The nurse responds to any medical problems or emergencies on the complex, but activates EMS prior to leaving the TAC. A Bechtel Safety Representative accompanies the nurse to the site and assists as needed.

During our walk-down visit prior to the beginning of coverage we were told by the on-site manager that there were approximately 950 employees at the work site, two work shifts of 11 hours each, and only about 150 of these employees worked during the second shift. The employees work long hours -- the shifts are 0630 to 1730 and 1730 to 0430, 5, 6 and sometimes 7 days a week.

The Site Manager stated that about 50 percent of the employees seen were for eye injuries, and about 20 percent of these were referred out to an ophthalmologist. We discovered that, in an area where sand blasting was being done, the people who worked at the higher levels had eye protection but the workers below working at low levels had no eye protection. Eye protection was immediately provided to everyone working in any area where sandblasting was taking place.

Exhibit 1 is a breakdown of the illnesses and injuries at the site, by month, from July 31, 1991 to June 26, 1992.

Exhibit 2 is a graph showing the percentage of each of the medical conditions that precipitated visits to the TAC in the period July 31, 1991 to June 26, 1992. This exhibit shows that treatment as a result of foreign bodies in the eye made up 22 percent of the total. Most of the strains and sprains involved the back. Eleven percent of the people were seen as a result of lacerations; 47 percent of these lacerations were lacerations of the fingers. The workers who used respirators had their blood pressures checked. The burns reported were mainly arc burns. During this entire period, there were only five cases in which the 911 system was used and the paramedics transported the patients to emergency rooms.

**Exhibit 2. Total TAC Injury and Illness
7/31/91 to 6/26/92**

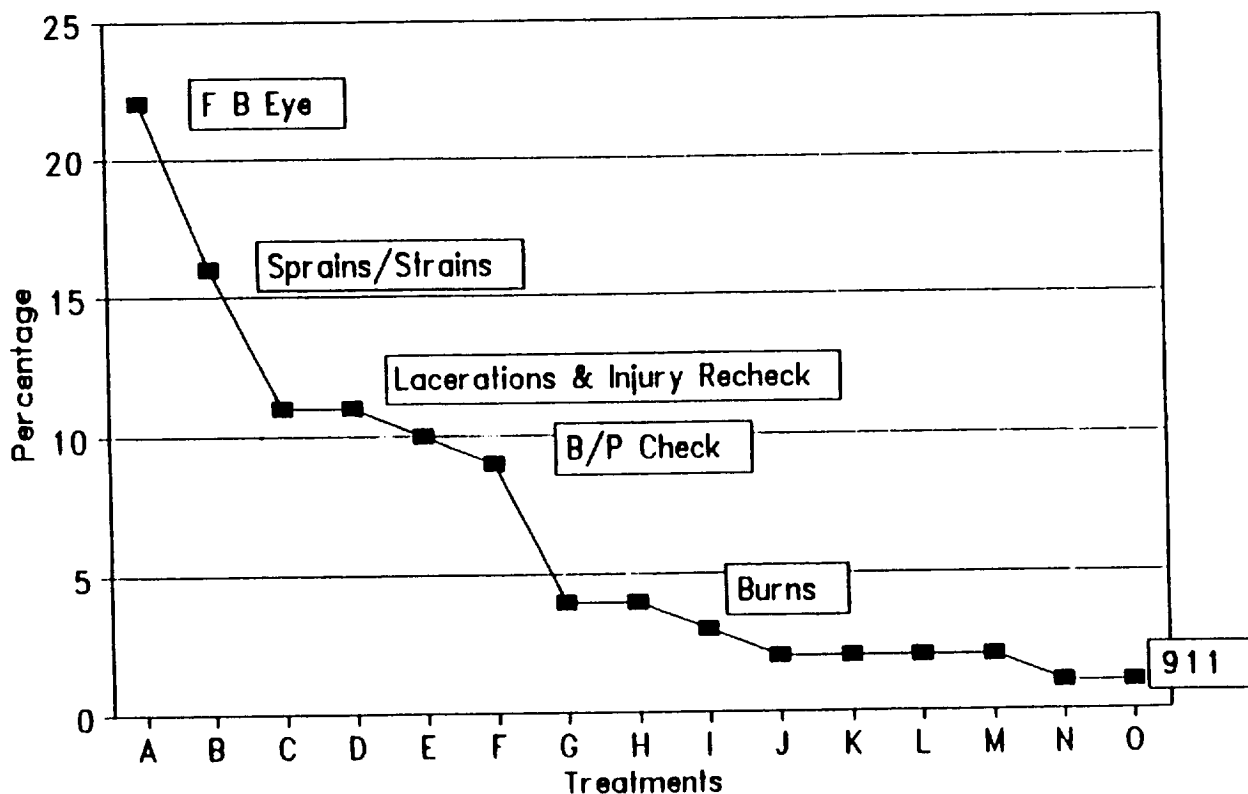


Exhibit 3 is a graph showing the number of visits to the Clinic by hours of operation, from 7 a.m to 11 p.m. during this same time period. Predominantly the patients were seen on the first shift, when there were about 700 employees. During February we did have an 11 p.m. to 7 a.m. shift and, during that time, we only saw a total of 11 patients.

**Exhibit 3. TAC Hours of Operation
7/31/91 to 6/26/92**

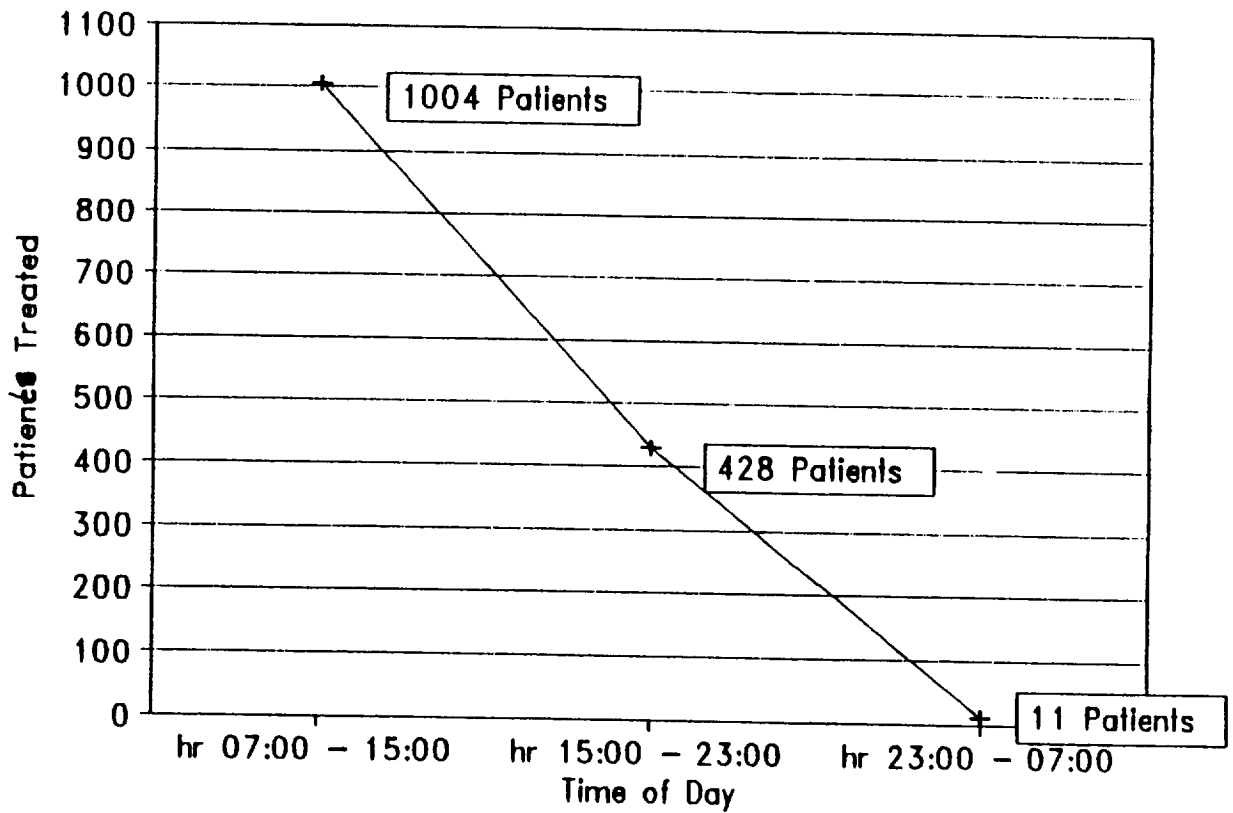
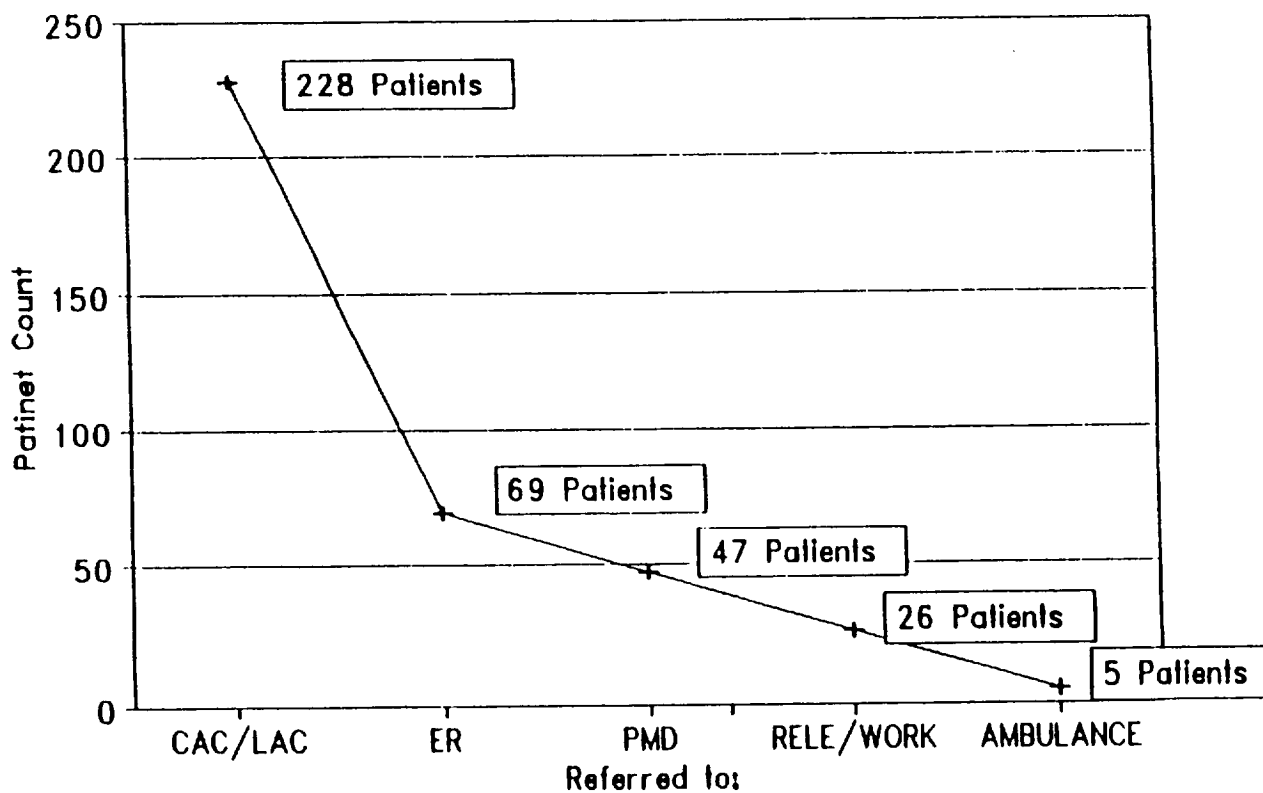


Exhibit 4 shows patient disposition. Of a total of 228 patients sent to the Cape Area Clinic or the Launch Area Clinic during this 11-month period, 26 actually had to be released from work. Releasing a patient from work is a problem because, if iron workers who came from Tampa, Alabama, Louisiana, etc., missed a day's work, they were sent back to their home base and the Union would then send out the next person in line for that position. Therefore, it is imperative that we keep these people at work whenever possible. Forty-seven patients were referred to their private physicians. These were non-occupational patients and included illnesses such as the common cold. We treated these as patients at the Clinic and then referred them to their own physicians. The on-site Safety Representative also had a contracting physician, and some people are referred to that physician.

Exhibit 4. TAC Patient Disposition
7/31/91 - 6/26/92



Overall, the services provided at this facility proved to be quite beneficial, not only for the contracting employer, but also for the employees who received on-site medical care. The quality of employee medical care had improved. A physician was readily available to treat various conditions including the removal of foreign bodies in the eye, lacerations requiring suturing, and to take X-rays to rule out fractures. Appropriate follow-up care was also provided on-site.

It was cost effective both from the direct care aspect and the benefits of not having to release employees for extended periods of time for evaluations at the local hospital emergency department or walk-in clinic. Employees lost very little time from work, and benefitted from the convenience of the service.