Health Hazard Evaluation of Deepwater Horizon Response Workers

On May 28, 2010, BP requested a health hazard evaluation of Deepwater Horizon Response workers. The second in a series of interim reports from this health hazard evaluation was issued July 12, 2010. Below is a summary of the main findings and recommendations from this report.

Seventy-one percent of visits to the Venice, Louisiana, Branch Infirmary during June 2010 were for conditions requiring initial triage, first aid, and/or over the counter medication. Other than symptoms related to working in the heat, and exacerbations of existing medical conditions due to a variety of reasons (heat, lack of continuity of care, etc.), the evaluation did not reveal unrecognized or unreported occupational illness.

NIOSH recommended that BP continue to work with local, State, and Federal agencies to strengthen their system to collect and analyze infirmary illness and injury data. BP should also continue to follow its Heat Stress Management Plan, provide hand washing stations, hygienic showers, and restroom facilities/portable toilets to limit the potential for disease transmission.

NIOSH evaluated a barge oil vacuuming operation involving 18 barges moored together in a pass between the Gulf of Mexico and Barataria Bay. Based on observations of work activities, NIOSH recommended that adequate fall protection be provided and used correctly on the barges, hearing protection (ear plugs and/or ear muffs) be provided to workers near vacuum or pile driving operations unless or until noise monitoring data indicates that noise exposures are below NIOSH recommended limits, and steps be taken to reduce the potential for musculoskeletal disorders from working in awkward positions.
In a separate evaluation of an in-situ oil burn mission, NIOSH found that the types of symptoms reported by workers surveyed were similar to those reported by response workers who were not exposed to hazards related to in-situ burning, but the surveyed workers involved in the burn operations reported a higher frequency of symptoms. Based on 2 days of sampling, NIOSH found exposures to be well below applicable occupational exposure limits, with the exception of peak exposures to carbon monoxide on ignitor boats due to exhaust from gasoline powered engines. NIOSH recommended minimizing engine idling times, using portable direct-reading monitors to monitor carbon monoxide, and performing regular engine maintenance.

NIOSH also recommended that workers with potential dermal exposure when handling oil-coated ropes, contacting surface oil from splashes, and performing maintenance on boom wear gloves of sufficient length to protect against unnecessary exposures. For workers igniting the burn, NIOSH recommended fully complying with personal protective equipment requirements, including wearing full coveralls and gloves. NIOSH also recommended that all vessels be positioned upwind and at an adequate distance from the fire. Sudden or unexpected shifts in winds or other emergency situations may cause exposure to the smoke plume; respiratory protection may be needed while evacuating the area.

To read Interim Report #2 and view updates on this health hazard evaluation visit http://www.cdc.gov/niosh/topics/oilspillresponse/gulfspillhhe.html.