Objectives Low wage and immigrant workers suffer an excess of injuries and are often difficult to reach. There is a need to identify alternative forums for health and safety training. The aim of this study was to determine whether injured workers cluster by geographic area; this would serve as a basis for targeting occupational health and safety interventions at the community level.

Method Work-related injuries from the Illinois Trauma Registry were extracted and mapped by residential zipcode for 2000–2009. Injury data was merged with employment data.

Results There were 23,200 work-related injuries. Of the 1382 zipcodes, 71% of the injuries occurred among residents living in 20% of the zipcodes. 21% of the work-related injuries (N=4914) occurred in the 25 zipcodes with the highest counts. We identified six spatial clusters. In the 25 ZIP codes with the highest rates of injuries among employed persons, less than 1% of the injuries occurred in these zipcodes (N=99).

Conclusions Training at the community level could reduce workplace injury and is needed to augment the void in workplace training. Alternative datasets, not originally designed for occupational surveillance, could be useful for identifying communities with occupational injury and illness clusters. The validity and usefulness of these datasets should be further assessed, and the communities in which these clusters occur should be mapped to identify community level infrastructure that could be leveraged for training interventions. A bridge should be created between occupational medicine, governmental institutions, social work and community advocacy in order to make a community intervention program viable.

Objectives During the last decades a possible association between the psychosocial working environment and increased risk of Ischaemic heart disease (IHD) has been debated. A systematic review from 2009 found moderate evidence that high psychological demands, lack of social support and iso-strain was associated with IHD. Whether the psychosocial working environment plays a role for patients with existing cardiovascular disease on the risk of new cardiac events and readmissions is unknown

Method A cohort of patients under 65 years and treated with Percutaneous Coronary Intervention was established in 2006. Three months after the procedure the patients answered a questionnaire about their psychosocial working environment. A total of 528 patients had returned to work 12 weeks after the procedure, while 97 were still sick-listed. Patients were followed in registers for 3+ years to determine cardiac readmissions and events. We examined the association between psychosocial working environment and adverse events among those who had returned to work at 3 months by Cox Regression analysis.

Results We were not able to detect any significant associations between psychosocial working environment in terms of quantitative and cognitive demands, workload, involvement, influence, tolerance, social support, the combinations of effort-reward and demand-control and the risk of adverse events.

Conclusions Reporting of problems in the psychosocial working environment are not associated with risk of adverse cardiac events. However, tendencies of a lower risk of cardiac event were present for employees reporting the worst psychosocial environment. This unexpected finding may be explained by vulnerable persons not returning to work.
Objective: To evaluate the impact of day-and-night rotating shift work (RSW) on liver health, we analysed the association between long term RSW exposure and the normalisation of plasma alanine transaminase (ALT) levels over a five-year period.

Method: The data from physical examinations, blood tests, abdominal sonographic examinations, personal histories, and occupational records were collected from a cohort of workers in a semiconductor manufacturing company. The sample population was divided into three groups for analysis: persistent daytime workers, workers exposed intermittently to RSW (i-RSW), and exposed to persistent RSW (p-RSW).

Results: Records were analysed for 1196 male workers with a mean age of 32.5 years (SD 6.0 years), of whom 821 were identified as rotating shift workers, including 374 i-RSW workers and 447 p-RSW workers. At the beginning of the follow-up, 275 were found to have elevated ALT (e-ALT): 25.1% day-time workers, 23.0% i-RSW workers and 21.3% p-RSW workers. Of those with e-ALT at the beginning, 101 workers showed normalised serum ALT levels at the end of five-year follow-up: 10.7% of day-time workers, 8.6% of i-RSW workers, and 6.5% of p-RSW workers (P = 0.016). By performing multivariate logistic regression analyses, and comparing with the persistent daytime workers, the estimated risk for RSW was 46% less likely (OR, 0.54; 95% CI, 0.30–0.95; P = 0.03) to attain normal ALT levels within a five-year interval.

Conclusions: Persistent day-and-night RSW pose a vigorous obstacle to the normalisation of e-ALT among workers with pre-existing abnormal liver function.

Objective: To determine the rates of psychological symptoms among those with traumatic brain injury (TBI) and non-TBI at 3 months and 12 months after occupational injury and to examine the change in psychological status over time.

Method: Our study candidates were injured workers in Taiwan who were hospitalised for 3 days or longer and received hospitalisation benefits from the Labour Insurance. A self-reported questionnaire including Brief Symptom Rating Scale (BSRS-50) and Post-traumatic Symptom Checklist (PTSC) was sent to workers at 3 months and 12 months.

Results: Among 853 injured workers who completed the questionnaire at 3 and 12 months, comparison of the severity of BSRS score, 7.8% of those with TBI had recovered at 12 months, while those with non-TBI had recovered with 8.1%. On the other hand, approximately 11.6% of those with TBI had recovered from post-traumatic stress symptoms at 12 months, while those with non-TBI had lower rate of recovery from psychological symptoms, comparing with non-TBI.

Conclusions: A significant proportion of victims with TBI and non-TBI suffered psychological symptoms after injury. The identification and treatment of psychological symptoms are important for optimal adaptation after traumatic injury.