

Preventing Occupational Illness in Connecticut Workplaces: A Guide for Health and Safety Committees

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Introduction

Occupational illnesses are largely preventable when workplaces recognize hazards early and implement practical control measures. This guide provides occupational health and safety committees in Connecticut workplaces with strategies to prevent the types of illnesses described in the annual report on occupational illnesses issued by the Connecticut Workers' Compensation Commission. It begins with suggestions for committees and then turns to prevention for specific conditions such as musculoskeletal disorders, cancer, indoor air quality, lung disease, skin conditions, job stress, and infectious disease.

Connecticut law (CGS 31-40v) requires most workplaces to maintain joint labor-management safety and health committees. These committees, typically composed of equal representation from workers and management, play a critical role in identifying hazards, evaluating controls, and building a culture of prevention. The statute is administered by the Connecticut Workers' Compensation Commission's Education, Safety and Health Services division.

The annual report estimates that there are about 7,000 reported and 30,000 total cases of chronic occupational disease in Connecticut each year. This includes an estimated 8,000 infectious diseases, 2,300 lung diseases, 12,000 musculoskeletal disorders (MSDs), 800 skin disorders, 200 elevated blood lead cases, and 6,000 other conditions (including heart disease, stress, chemical exposures, and others).

The purpose of this guide is to provide committees with practical guidance that can be used in meetings, hazard reviews, and workplace improvement initiatives. The focus is on common categories of occupational illness reported in Connecticut, including musculoskeletal disorders, chemical exposures, infectious diseases, skin diseases, hearing loss, job stress-related health effects, and indoor environmental concerns. Since the report does not include acute traumatic injuries, this guide doesn't cover other important issues such as machine guarding, lockout/tagout, fall prevention, fire hazards, etc.

Role of Occupational Health and Safety Committees

Joint safety and health committees are one of the most effective tools for preventing occupational illness. Workers understand the real conditions of their jobs, while management has the authority and resources to implement changes. When both groups collaborate, hazards can be identified and addressed more effectively.

Connecticut employers with 25 or more employees (and high injury rate employers with less than 25 employees) are required to have joint worker (or union)-management health and safety committees. They need to have at least as many workers as managers and the employees select the worker members and should be representative of the major work areas of the worksite. Committees need to meet at least once every 3 months. A membership list must be posted and minutes of meetings recorded, and members paid at usual wages for duties related to the committee. Committee duties include safety inspections, investigating incidents and accidents, evaluating safety and health programs,

establishing safety and health training programs for both committee members and all workers. See https://portal.ct.gov/wcc/statutes-and-regulations/workers-compensation-regulations?language=en_US for details of the regulations.

Effective committees typically:

- Conduct regular workplace walkthroughs and hazard assessments.
- Review injury and illness data to identify patterns.
- Investigate incidents and near misses.
- Develop recommendations for hazard control.
- Monitor the effectiveness of prevention measures.

Committees may also create specialized teams to address specific hazards. Examples include ergonomic intervention teams, indoor air quality response teams, and chemical safety review groups. These focused teams allow organizations to develop expertise and implement targeted solutions. For example, a company might establish a team to hold a brainstorming session about an identified hazard, such as carpal tunnel syndrome in office workers, and then research and mock up solutions over a week (similar to Kaizen teams in manufacturing plants), evaluate the results, and implement the best solutions. A brainstorming model in which ideas are generated without initial criticism and then prioritized by the group can be useful because it encourages new approaches.

Solutions can often be implemented using a model that prioritizes low-cost, high-impact options until the desired results are achieved. It is useful to review the effectiveness of solutions at quarterly or monthly meetings.

Guidance from OSHA, NIOSH, Cal/OSHA, labor organizations, and international occupational health agencies consistently emphasizes that effective health and safety committees depend on meaningful **worker participation, strong communication, and visible management support**. Committees are most successful when they include both worker and management representatives who meet regularly, share information openly, and have the authority and budget to recommend and track corrective actions.

A key recommendation is to focus on identifying and correcting hazards promptly. Committees should establish systems for **reporting concerns, tracking action items, and communicating progress** back to employees. Workers are more likely to participate actively when they see that concerns lead to real improvements. Regular workplace inspections, review of injury and illness trends, and evaluation of near-miss incidents can help committees identify patterns and prioritize prevention efforts.

Worker participation is repeatedly identified as one of the strongest predictors of success. Including frontline employees in problem-solving often leads to more practical and effective solutions, particularly when their experience is combined with input from committee members or health and safety staff. Training is also essential. Committee members should receive education on hazard recognition, accident investigation, communication skills, and applicable regulations.

Many modern safety programs emphasize that committees should address not only physical hazards, but also psychosocial hazards such as job stress, workload, fatigue, and workplace conflict. Effective committees increasingly integrate health promotion, ergonomics, and mental well-being into broader safety efforts. Building a culture of trust, respect, and shared responsibility is considered fundamental to long-term success.

Finally, committees are most effective when supported by leadership and integrated into the organization's overall safety management system. Management commitment, timely response to recommendations, and adequate resources are critical to sustaining committee effectiveness and improving workplace health and safety outcomes.

Training Resources for Health and Safety Committees

The Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH) provide a wide range of training and educational resources that can support workplace health and safety committees. OSHA's resources are especially useful for understanding regulatory requirements, hazard recognition, and safety management systems. The OSHA website includes the interactive "[eTools](#)" platform, which provides practical guidance on topics such as hazard communication, bloodborne pathogens, respiratory protection, machine guarding, ergonomics, and construction safety. OSHA also publishes the widely used [Small Business Handbook](#), a practical guide to identifying hazards and developing workplace safety programs. OSHA additionally offers a companion [Small Business Safety and Health Handbook App](#) designed to make these materials more accessible in the field. These resources can help committees move beyond compliance and toward proactive prevention planning.

[OSHA Training Institute Education Centers](#) provide more formal training opportunities throughout the country. In the Northeast, [Keene State College](#) serves as a major OSHA Training Institute Education Center and offers courses on OSHA standards, accident investigation, industrial hygiene, safety management, and health and safety committee effectiveness. These courses can help committee members develop stronger technical and organizational skills.

An excellent resource for understanding OSHA standards is the [ConnOSHA \(Connecticut OSHA\) consultation program](#) which is separate from the Federal OSHA enforcement program. They can provide guidance and training on standards for private sector workplaces, including cooperative workplace walkthroughs (as well as enforcement for state and local government workers).

OSHA has an extensive archive of [success stories](#) for practically any industry from such non-enforcement consultation programs as well as their Safety and Health Achievement Recognition Program.

NIOSH supports a network of [Education and Research Centers \(ERCs\)](#) and specialized occupational health centers that provide training, research, and outreach. In the Northeast,

important centers include the [Harvard](#) T.H. Chan School of Public Health NIOSH Education and Research Center, the [CPH-NEW](#) Center at the University of Massachusetts Lowell, and occupational health programs associated with [Rutgers University](#) and [UConn Health](#). These organizations provide educational materials and expertise on topics including ergonomics, psychosocial hazards, [Total Worker Health](#), occupational infectious disease prevention, and worker participation.

An important lesson from many committee guides and training programs is that committees should avoid becoming overly focused on highly visible but relatively minor ongoing issues, such as routine housekeeping concerns, if larger hazards remain unaddressed. While immediate hazards should never be ignored, effective committees also benefit from strategic planning that identifies medium- and long-term priorities. Important improvements such as ventilation upgrades, ergonomic redesign, machine guarding improvements, noise reduction, or staffing changes may require significant resources and may take months or years to fully implement. Committees can be more effective when they develop manageable action plans with incremental goals, timelines, and regular progress reviews. This approach helps maintain momentum, builds trust between workers and management, and allows organizations to address more significant root causes of occupational illness and injury over time.

Prevention Approaches

THE HIERARCHY OF CONTROLS

Occupational health programs work best when hazards are controlled at the source rather than relying only on workers to protect themselves.

From Most to Least Effective:

- Eliminate the hazard
- Substitute safer materials or processes
- Use engineering controls such as ventilation or machine redesign
- Use administrative controls such as scheduling, training, or job rotation
- Use personal protective equipment (PPE)

PPE is important, but it should usually be the last line of defense rather than the primary control strategy.

Ergonomics and Musculoskeletal Disorder Prevention

Musculoskeletal disorders (MSDs) are among the most common occupational illnesses. They are often caused by repetitive motion, awkward posture, high force, or long periods of static work. Job stress can intensify these risk factors, particularly a lack of job control.

Prevention strategies include:

- Adjustable workstations and chairs.
- Mechanical lifting devices.
- Reducing repetitive tasks (such as through job rotation or mechanical assists).
- Worker training on early symptoms.
- Redesigning workstations to reduce reaching and twisting.

There are a number of checklists for evaluating jobs, as well as more developed tools such as RULA (Rapid Upper Limb Assessment). Tom Bernard at the University of South Florida has assembled a wide range of these tools.

One very useful tool is the NIOSH (National Institute for Occupational Safety and Health) Revised Lifting Equation, which helps identify high-risk lifting tasks. It accounts for the weight of the object (with a maximum of 50 lbs. in a “perfect lift” situation) and reduces that maximum depending on whether the lift (a) occurs below the knees or above the shoulders, (b) involves a long reach, (c) involves twisting, or (d) is highly repetitive.

Smartphone apps for assessing lifting are also available such as NLE Calc (from NIOSH), the MMH Calculator (The International Centre for Safety Ergonomics and Human Factors), and ErgoValuator (Liberty Mutual). These can be found by searching apps in the Apple or Google app stores.

Health care (such as nursing homes) has a high rate of back injuries from lifting patients; there are some excellent examples of “no-lift” (or low lift) programs that attempt to eliminate problem lifts by using specialized lifts.

OSHA summarizes safe-lifting programs that dramatically reduced injuries in health care, including a program at St. Vincent’s Hospital in Bridgeport. Key elements included involving workers in equipment selection, creating “super users,” emphasizing hands-on training, integrating lifting safety into daily safety huddles, and building a “high-reliability” safety culture. Another excellent resource is the New York State Nurses Association Zero Lift project.

Manufacturing often involves assembly tasks that require high repetition and awkward postures, sometimes combined with medium to high force. These hazards can be addressed by redesigning the workspace to reduce awkward postures, mechanizing the highest-hazard tasks, and reducing exposures through rotation to low-risk jobs.

There are also resources for evaluating **office ergonomics**. One good source is Alan Hedge’s website at [Cornell University](https://www.cornell.edu/ergonomics/). In general, computer workstations should emphasize adjustability for chairs and workstations, neutral posture for arms, legs, and neck, and low amounts of reaching, particularly to the side. There are a wide range of devices available such as the vertical mouse, the roller mouse, or trackpads to reduce strain on the wrists.

Neck problems can be caused by having a low monitor (such as using a laptop without an external monitor or keyboard), cradling a phone, or having glasses that require tilting your head back.

Chemical Hazard Prevention

Exposure to hazardous chemicals can cause respiratory disease, neurological effects, cancers, and other chronic health conditions.

Prevention strategies include:

- Substituting safer chemicals where possible.
- Ensuring proper ventilation and engineering controls.
- Maintaining updated Safety Data Sheets (SDS).
- Providing appropriate personal protective equipment (PPE).
- Training workers on chemical hazards and safe handling.

Committees should review chemical inventories and evaluate whether safer alternatives exist. Regular monitoring and exposure assessments can help determine whether current controls are effective.

The [Toxic Use Reduction Institute](#) at UMass Lowell has documented many examples where workplaces replaced hazardous solvents and cleaning agents with safer alternatives, reducing worker exposure while maintaining production quality.

The United Nations' Globally Harmonized System of Classification and Labelling of Chemicals (GHS) provides a standardized framework for chemical hazard information. It includes consistent classes of physical, health, and environmental hazards, and a uniform 16-section Safety Data Sheet (SDS) format along with standardized labels, pictograms, and hazard statements.

While GHS standardizes how chemicals are evaluated and presented, it does not create or maintain a centralized repository of data sheets; those still come from manufacturers and suppliers. Therefore, SDSs may not provide the most objective or complete basis for risk assessment. The best practice is to also look at independent, government-reviewed hazard data sources.

Here are some widely respected, independent resources that provide chemical information.

- New Jersey Department of Health [Hazardous Substance Fact Sheets](#):
- National Institute for Occupational Safety and Health (NIOSH) [Pocket Guide](#) to Chemical Hazards.
- European Chemicals Agency (ECHA) – [Information on Chemicals](#):
- The Canadian Centre for Occupational Health and Safety [database on chemicals](#).

Infectious Disease Prevention

Healthcare facilities, schools, laboratories, and public safety settings may expose workers to infectious diseases such as airborne illnesses (COVID-19 or tuberculosis), bloodborne

illnesses (HIV or hepatitis), or water-borne diseases from contaminated water. Outdoor workers can be exposed to tick-borne diseases such as Lyme disease or other emerging diseases.

Important prevention strategies include:

- Vaccination programs.
- Hand hygiene and infection control practices.
- Safe handling of needles and sharps.
- Ventilation and air filtration improvements.
- Respiratory protection where appropriate.
- Clear post-exposure response procedures (for example, sharps exposures or tick bites).

The COVID-19 pandemic demonstrated the importance of preparedness, communication, ventilation, and worker involvement in prevention planning.

The Centers for Disease Control and Prevention (CDC) provides guidance for infection control in healthcare settings, and NIOSH (the National Institute for Occupational Safety and Health) provides a number of fact sheets on healthcare worker protections. OSHA (the Occupational Safety and Health Administration) has guidance for bloodborne pathogen programs.

California has a workplace standard for [airborne diseases](#) with some very useful publications on developing exposure plans.

The CDC has an overview of [tickborne diseases](#) that includes the use of insect repellents, reducing the tick population, treating clothes with permethrin, wearing light clothing and checking for ticks, removing ticks as soon as possible, and using a hot dryer when washing clothes to kill any remaining ticks.

The CDC also offers Project Firstline training materials covering a wide variety of infectious exposures in healthcare, including maintenance and cleaning procedures.

Prevention of Indoor Air Quality Problems

Indoor air quality (IAQ) is a critical and often underrecognized component of occupational health. Workers in Connecticut spend a substantial portion of their time indoors—in offices, schools, healthcare facilities, manufacturing environments, and public buildings—where air quality can significantly influence both acute symptoms and long-term health outcomes. Poor indoor air quality has been associated with respiratory irritation, asthma exacerbation, fatigue, headaches, and decreased cognitive performance. In some cases, it contributes to more serious conditions, particularly when exposures involve mold, combustion byproducts, or chemical contaminants.

IAQ also plays an important role in infectious disease transmission, particularly for airborne pathogens. Improving indoor air quality therefore serves a dual purpose: reducing chemical and particulate exposures and reducing infectious disease risks.

A structured approach to IAQ prevention means prioritizing source control (of pollutants), engineering controls such as ventilation and filtration, administrative controls including maintenance practices and policies, and, where necessary, limited use of personal protective equipment.

Indoor air contaminants generally fall into several categories. **Biological contaminants** include mold, bacteria, viruses, and dust mites. **Chemical contaminants** include volatile organic compounds from cleaning products and building materials, combustion byproducts such as carbon monoxide, and in some cases outside chemicals from neighboring sources. Particulate matter includes **dust and fine particles** that may originate indoors or infiltrate from outdoor air. Building-related factors such as **poor ventilation, moisture intrusion, and poorly maintained HVAC systems** often contribute significantly to IAQ problems.

Engineering controls form the foundation of IAQ prevention. Ventilation is essential for diluting and removing indoor contaminants. Increasing outdoor air exchange, ensuring that ventilation systems operate as designed, and maintaining proper airflow distribution are key strategies. Filtration is also critical, with higher efficiency filters such as MERV 13 or better providing improved removal of particulate matter. Portable HEPA air cleaners can be used to supplement central systems, particularly in higher-risk areas. Many buildings have ventilation systems that automatically reduce outdoor-air intake when temperatures become very hot or cold to conserve energy; in some cases, this can decrease IAQ by reducing fresh air.

Regular HVAC **maintenance** is necessary to ensure system effectiveness. This includes inspection, cleaning, filter replacement, and maintaining appropriate humidity levels, typically between 30 and 60 percent. Advanced measures such as ultraviolet germicidal irradiation and local exhaust ventilation may be appropriate in certain settings.

Administrative controls support engineering measures by ensuring proper building operation and occupant practices. **Moisture control** is particularly important, requiring prompt repair of leaks and drying of water-damaged materials. Cleaning practices should emphasize **low-emission products** and proper storage of chemicals. Occupant **policies** may address the use of fragrances, space utilization, and reporting of concerns.

Effective IAQ programs include a written plan that identifies risks and outlines responsibilities. Worker involvement is essential, as employees are often the first to notice problems. Monitoring and assessment may include inspections and measurement of environmental parameters such as temperature, humidity, and carbon dioxide levels. While carbon dioxide does not usually pose a direct risk (in contrast to carbon monoxide), it is often used as a marker to determine whether more fresh air is needed or whether other ventilation problems are present.

Connecticut workplaces face particular challenges related to **seasonal climate variations**, older building infrastructure, long-term changes due to climate change, and moisture-

related issues. Addressing these challenges requires investment in building systems, integration of IAQ into safety programs, and utilization of regional expertise.

Prevention of Occupational Skin Diseases

Occupational skin diseases are among the most common work-related health conditions, affecting workers across a wide range of industries in Connecticut. These conditions typically result from contact with irritants or allergens and are frequently underreported despite their impact on worker comfort, productivity, and quality of life. Common exposures include **poison ivy, cleaning agents, solvents, oils, other workplace chemicals, and allergies to latex gloves**. High-risk sectors include healthcare, manufacturing, cleaning services, construction, landscaping, and food service.

Skin diseases may present as dermatitis, rashes, burns, or allergic reactions. Irritant contact dermatitis is the most frequent type and results from repeated exposure to mild irritants such as soaps or cleaning products. Allergic contact dermatitis occurs when a worker becomes sensitized to a substance such as latex, fragrances, or certain chemicals. Early recognition and prevention are critical, as repeated exposure can worsen symptoms and lead to chronic conditions.

Common Occupational Skin Exposures by Industry (Connecticut)

Industry / Occupation	Common Skin Exposures	Typical Conditions	Prevention Approaches
Healthcare	Frequent handwashing, sanitizers, gloves, disinfectants	Irritant dermatitis, allergic dermatitis	Mild soaps, moisturizers, non-latex gloves, training
Cleaning / Janitorial	Cleaning agents, disinfectants, degreasers	Irritant dermatitis, burns	Safer chemicals, dilution, gloves, training
Food Service	Wet work, detergents, food acids	Irritant dermatitis	Limit wet work, proper gloves, skin care
Manufacturing	Oils, solvents, resins	Dermatitis, burns	Safer substitution, PPE, hygiene
Construction	Cement, solvents, insulation	Dermatitis, burns	Gloves, washing, hazard training

Landscaping	Poison ivy, pesticides	Allergic dermatitis	Plant ID training, protective clothing
Agriculture	Pesticides, fertilizers	Dermatitis, infections	PPE, safe handling
Automotive	Oils, greases, fuels	Dermatitis	Gloves, hygiene
Hairdressing	Hair dyes, chemicals	Allergic dermatitis	Chemical-resistant gloves
Public Works	Soil, wastewater	Dermatitis, infection	PPE, hygiene

Source control is the most effective prevention strategy. Substituting less irritating or less toxic chemicals can significantly reduce the risk of skin disease. Programs such as **safer chemical substitution** initiatives provide guidance on selecting alternatives that maintain effectiveness while reducing health risks. Employers should review cleaning agents, solvents, and other commonly used chemicals to identify safer options.

Engineering and workplace controls also play an important role. This includes proper storage and handling of chemicals, use of closed systems where possible, and ensuring that handwashing facilities are readily accessible.

Administrative controls focus on work practices and training. Proper hand hygiene is essential, but excessive washing or use of harsh soaps can contribute to skin irritation. Employers should provide guidance on appropriate handwashing techniques and frequency, as well as access to mild soaps and skin moisturizers. Workers should be trained to recognize early symptoms of skin disease, such as redness, itching, or dryness, and to report these symptoms promptly.

Education is particularly important for outdoor workers who may be exposed to plants such as poison ivy. Training should include **identification of hazardous plants**, understanding of exposure risks, and appropriate response measures such as washing after exposures. Awareness can significantly reduce the likelihood of exposure and subsequent skin reactions.

Personal protective equipment provides an additional layer of protection. Gloves are commonly used, but it is important to select materials appropriate to the specific hazard. Some workers may be allergic to latex, so alternatives such as nitrile or vinyl gloves should be available. Barrier creams may offer supplemental protection but should not be used as a substitute for proper gloves when exposure risk is significant.

Resources are available to support these efforts. The [Toxics Use Reduction Institute](#) provides guidance on safer chemical substitution, helping employers identify less hazardous alternatives. The National Institute for Occupational Safety and Health offers extensive information through its [Pocket Guide to Chemical Hazards](#), which includes data on skin exposure risks and protective measures.

Noise and Hearing Loss

Occupational hearing loss remains one of the most common and entirely preventable work-related conditions. In Connecticut, workers in manufacturing, construction, transportation, utilities, and public safety are particularly at risk due to sustained or intermittent exposure to hazardous noise levels. Hearing loss often develops gradually and without immediate pain, making early prevention and testing essential.

Noise-induced hearing loss occurs when exposure to high sound levels damages the delicate structures of the inner ear. Once this damage occurs, it is permanent. In addition to hearing loss, workers may experience tinnitus (ringing in the ears), difficulty understanding speech, and reduced situational awareness, which can increase the risk of workplace injuries.

Engineering controls are the most effective method of preventing hearing loss. These controls focus on **reducing noise at the source** or along its path. Examples include installing sound isolation enclosures around noisy equipment, using vibration dampening materials, implementing sound-absorbing walls and ceilings, and maintaining equipment to prevent excess noise caused by wear or malfunction. Selecting quieter equipment during purchasing decisions is another important long-term strategy.

Regular **noise monitoring** is essential to identify hazardous exposures and evaluate the effectiveness of control measures. Monitoring may include area measurements and personal noise dosimetry. Employers should assess noise levels whenever new equipment or processes are introduced, and periodically thereafter to ensure continued protection. The **current OSHA standard** is a limit of 90 decibels over 8 hours, with an action level (requiring a hearing conservation program) of 85 decibels. It is important to recognize that noise is measured on a logarithmic scale, which means that every increase of 3 decibels is roughly a doubling of sound intensity.

When engineering controls alone cannot reduce noise to safe levels, **administrative controls and hearing conservation programs** become necessary. A comprehensive hearing conservation program includes worker training, exposure monitoring, provision of hearing protection devices, and recordkeeping. Training should ensure that workers understand the risks of noise exposure, how to properly use protective equipment, and the importance of participating in hearing tests.

Hearing protection devices, such as earplugs and earmuffs, provide an important additional layer of protection. However, their effectiveness depends on proper selection, fit, and consistent use. Employers should provide a range of options to accommodate individual comfort and ensure adequate protection for the specific noise levels encountered.

Annual hearing tests (audiometric testing) are recommended or required in many high-noise workplaces. These tests allow for early detection of hearing changes and provide an opportunity to intervene before significant hearing loss occurs. Workers should be informed of their results and receive follow-up as needed.

New technologies are emerging that may support hearing awareness and monitoring. Some consumer devices, including certain Apple earbuds, offer features that estimate environmental noise exposure, track listening levels, and can even do a screening test for hearing loss. While these tools are not a substitute for professional noise monitoring or audiometric testing, they can increase awareness and encourage protective behaviors among workers.

Job Stress

Work-related stress and psychosocial hazards are increasingly recognized as significant contributors to both physical and mental health outcomes. In Connecticut workplaces, factors such as **excessive workload, lack of control over work, shift work, job insecurity, and workplace conflict** can increase the risk of stress-related conditions. These conditions may include anxiety, depression, cardiovascular disease, sleep disorders, and reduced immune function. In addition to their impact on individual health, psychosocial hazards can contribute to workplace injuries, absenteeism, turnover, and decreased productivity.

A central concept in understanding job stress is the degree of control workers have over their work. Research has consistently shown that jobs characterized by high demands and low control are associated with the greatest health risks. Increasing worker control—over schedules, tasks, pace of work, and participation in decision-making—is one of the most effective strategies for reducing job stress and improving overall well-being.

A structured approach to prevention aligns with the [Total Worker Health](#) model developed by the National Institute for Occupational Safety and Health. Addressing psychosocial hazards requires organizational-level changes, not just individual coping strategies.

Committees can play a key role in identifying and addressing job stress. Evaluating **workload and staffing levels** is essential. Promoting respectful workplace policies and encouraging open communication between workers and supervisors are critical protective strategies. **Employee assistance programs** can provide support, particularly when integrated with broader workplace improvements.

Additional strategies include stress reduction teams and confidential surveys to identify workplace stressors. Surveys can help organizations understand patterns of stress and guide interventions.

Table: Common Psychosocial Risk Factors by Industry

Industry / Occupation	Common Stressors	Potential Interventions
Healthcare	High workload, shift work, emotional demands	Staffing review, schedule control, peer support

Manufacturing	Production pressure, repetitive tasks	Job rotation, worker input into pace
Construction	Job insecurity, long hours	Predictable scheduling, safety culture
Public Safety	Trauma exposure, long shifts	Critical incident support, fatigue management
Office/Administrative	Low control, high demand	Flexible work, participatory management
Retail/Food Service	Customer conflict, irregular hours	Training, schedule stability

Validated Survey Tools for Assessing Job Stress

Surveys are often used in formal evaluations of job stress, such as the [Job Content Questionnaire](#) and the [NIOSH Worker Well-Being Questionnaire](#).

Total Worker Health

The [Total Worker Health](#) approach integrates workplace safety with overall health promotion. Programs funded by the National Institute for Occupational Safety and Health (NIOSH) demonstrate that combining traditional safety practices with health promotion can improve outcomes for workers and organizations.

Projects at institutions such as [UConn Health and the University of Massachusetts Lowell](#) explore strategies to integrate occupational safety, chronic disease prevention, and organizational well-being.

Examples of Total Worker Health initiatives include:

- Programs addressing fatigue and work organization.
- Policies supporting physical activity and healthy eating.
- Integrated approaches to stress reduction and safety management.

Conclusion

We hope this guide will help Connecticut health and safety committees to recognize and prevent chronic occupational illness. It was prepared by Tim Morse, Ph.D., Professor Emeritus at UConn Health (tmorse@uchc.edu) in cooperation with the Connecticut Workers' Compensation Commission. The Commission provides this guide as a resource and for informational purposes only. Its contents reflect the work and professional judgment of the author and should not be construed as an official position or endorsement by the Commission.

Other resources can be found in the supplements at the end of the annual report on Occupational Diseases in Connecticut, which includes the "Who's Who in Occupational Health" which gives contact information for many health and safety organizations in Connecticut, and the "Internet Resources for Occupational Health" which provides websites and apps on a wide variety of occupational health topics.