

## Occupational Health

Projected Implementation Date: December 2013



### Treating health on par with safety by:

- Anticipating, recognizing, evaluating and controlling occupational health hazards leading to illness.
- Applying appropriate new technologies, with an emphasis on exposure assessment and medical surveillance.

Occupation health should be treated on par with worker safety. The only difference between a worker injured on the job and one who is impaired from an occupational disease is that one occurs very rapidly, while the other occurs over a period of many years. Strong performance on occupational health is accomplished by anticipating, recognizing, evaluating and controlling occupational health hazards leading to illness.

### Making it Work

Companies should conduct periodic exposure assessment when employees face potential overexposure to hazards (noise, dust, welding fumes, radiation, chemicals, etc.), or when deemed appropriate by a professional industrial hygienist.

#### An exposure assessment program includes two factors:

- Compliance with regulatory requirements for exposure monitoring; and
- Determinations on the need for exposure controls and follow-up medical monitoring to guard against lasting effects from the exposure(s).

Exposure assessment should follow validated sampling methodologies and accepted industrial hygiene practices. New technology, such as Personal Dust monitors (PDM), should be applied to serve as a mechanism to modify employee behavior relative to exposure to airborne contaminants.

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**Expectations**

- 13.1 Conduct representative qualitative and quantitative risk (exposure) assessments to characterize occupational health hazards and associated risks. <sup>1</sup>
- 13.2 Determine the degree of control necessary to address occupational health hazards and apply "hierarchy of control" accordingly.
- 13.3 Ensure exposure assessment results are communicated to affected employees in a timely and understandable way.
- 13.4 For "over exposures," determine the need for temporary or permanent health monitoring and conduct monitoring using appropriate medical standards. <sup>2</sup>
- 13.5 Ensure accurate protection of employee medical confidentiality for non-occupational information, e.g., HIPPA.
- 13.6 Provide a mechanism to assess employee general health risks that are relevant to the occupational setting, e.g., blood pressure, blood sugar, weight, flexibility, strength, etc.
- 13.7 Provide wellness education for employees including mechanisms that can be pursued to improve general health risk factors both on and off the job.
- 13.8 Document occupational health management data for compliance, analysis and verification purposes and for future reference. <sup>3</sup>

*Footnotes*

- <sup>1</sup> Hazards may include, but are not limited to: dust, welding fumes and other metallic particulates, noise, acid mists, organic vapors and solvents, ionizing and non-ionizing radiation, diesel particulates, toxic gases, asbestos soluble oil, synthetic mineral fibers, microbiological agents in mold, heat stress, illumination, ergonomic stressors, etc.
- <sup>2</sup> Audiometric testing, pulmonary function testing (PFT), chest x-rays, dermatitis skin testing, blood or urine metal testing (biological exposure indices), etc.
- <sup>3</sup> Documentation should be maintained through a documentation retention plan.

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**Regulation**

Partial or full MSHA and/or OSHA regulatory requirement:  Yes  No

**Metrics**

- 1 Percentage of jobs with exposure assessment data.
- 2 Percentage of workforce with exposure above 50 percent of an occupational exposure limit (OEL).

**Resources**

CORESafety resources can be found with the latest updates at:  
[coresafety.org/resources/module13](http://coresafety.org/resources/module13)

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**Notes**

