Employee Medical Monitoring Program

San José State University
One Washington Square
San José, California

Facilities Development and Operations Department
Environmental Health and Safety

July 5, 2012
Employee Medical Monitoring Program

1) Purpose

   a) Employee medical monitoring is conducted to determine if workers are medically and physically able to perform their assigned duties without substantial risk of harm to themselves or others and to whether the workplace is causing workers injury or illness due to an occupational exposure to physical, chemical or biological agents.

   b) Medical monitoring provides a baseline and periodic assessment of workers to detect abnormalities. If detected early enough, these examinations can prevent or limit disease progression by exposure control or medical intervention.

2) Scope

   Medical monitoring applies to all employees potentially exposed to certain physical, chemical or biological materials or conditions in the workplace.

3) Standards, Regulations and References

   a) CCR, Title 8, Subchapter 7. General Industry Safety Orders
      Group 16. Control of Hazardous Substances
      Article 110. Regulated Carcinogens, Section §5208. Asbestos.

   b) CCR, Title 8, Subchapter 7. General Industry Safety Orders,
      Group 15. Occupational Noise,
      Article 105. Control of Noise Exposure, Section §5097. Hearing Conservation Program.

   c) CCR, Title 8, Subchapter 7. General Industry Safety Orders
      Group 16. Control of Hazardous Substances
      Article 107. Dusts, Fumes, Mists, Vapors and Gases
      Section §5144. Respiratory Protection.

   d) CCR, Title 8, Subchapter 7. General Industry Safety Orders
      Group 16. Control of Hazardous Substances
      Article 109. Hazardous Substances and Processes
      Section §5198. Lead.

   e) CCR, Title 8, Subchapter 4. Construction Safety Orders

   f) CCR, Title 8, Subchapter 7. General Industry Safety Orders
      Group 16. Control of Hazardous Substances
      Article 109. Hazardous Substances and Processes
      Section §5193. Bloodborne Pathogens.

   g) CCR, Title 8, Subchapter 7. General Industry Safety Orders
      Group 26. Diving Operations
      Article 152. Diving Operations §6053. Medical Requirements of Dive Team.

   h) CCR, Title 8, Subchapter 7. General Industry Safety Orders
      Group 16. Control of Hazardous Substances
Article 109. Hazardous Substances and Processes  
Section §5199.1. Aerosol Transmissible Diseases – Zoonotics

i) The American Academy of Underwater Sciences  
STANDARDS FOR SCIENTIFIC DIVING,  
AAUS 430 Nahant Road, Nahant MA 01908-1696, December 2009.

4) Roles and Responsibilities

a) Environmental Health & Safety
   i) Develop, implement, and maintain the Employee Medical Monitoring Program.
   ii) Coordinate the completion of initial, annual, special and emergency medical monitoring, and exit evaluations.
   iii) Provide the designated physician information on job related exposures.
   iv) Forward to the employee’s Supervisor any work restrictions/limitations based on the medical examination findings.
   v) Provide the designated physician the personal protective equipment used.
   vi) Investigate any employee’s report of actual or potential exposure.
   vii) Maintain employee work status reports as initiated by the designated physician.

b) Designated Physician
   i) Conduct the medical examinations.
   ii) Prepare the employee medical examination findings and develop an employee work status report and forward to EHS.
   iii) Inform the employee of results of the medical examination and any medical conditions which require further examination or treatment.
   iv) Inform the employee of any work restrictions/limitations.
   v) Inform EHS if any medical examination requiring further examination or treatment.
   vi) Provide employee, designated representative, or an authorized representative access to medical records.

c) Supervisor and Manager
   i) Provide employee information with job task(s) related exposures to EHS.
   ii) Notify EHS of an employee who will need medical monitoring.
   iii) Notify EHS immediately of employee termination.
   iv) Comply with the work restrictions/limitations based on the physicians work status report.
   v) Ensure employees are provided training upon initial assignment and whenever there are any changes to the Medical Monitoring Program.

d) Employee
   i) Must comply with the provisions of the employee medical monitoring program.
   ii) Must notify immediately the Supervisor, Department of EHS, or Department of Human Resources of their intent to terminate employment in order to coordinate the exit evaluation.
e) Human Resources – Worker’s Compensation Risk Management
   i) In the event of a work related illness or injury to the employee, coordinate and manage medical treatment in accordance with the workers compensation plan.
   ii) Notify EHS if a potential workplace exposure caused injury or harm to the employee.

5) Program Audit
   Environmental Health and Safety will perform a program audit and make improvements to the Employee Medical Monitoring Program as conditions change.

6) Document History and Control
   The San Jose State University Employee Medical Monitoring Program described herein supersedes all prior program documents.

<table>
<thead>
<tr>
<th>Rev #</th>
<th>Document Revision History</th>
<th>Author</th>
<th>Reviewer</th>
<th>Date</th>
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<td>00</td>
<td>Revision No Change Initial</td>
<td>David Krack</td>
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The Employee Medical Monitoring Program

1) The University is committed to and has a duty to provide a safe and healthful work environment for employees and to protect them from the hazards of occupational exposures that may result in adverse health effects.

   a) The Employee Medical Monitoring Program is designed to protect employees through health surveillance to determine if work-related exposures have resulted in adverse health effects.

   b) The Program includes the following key elements.

      i) Determination of Employee Exposure

      ii) Methods of Implementation and Control

         (1) Types of Examinations

         (2) Medical Exam Frequency

      iii) Access to Employee Exposure and Medical Record

      iv) Recordkeeping

2) Employee Exposure Determination

An exposure determination was made based on job title and potential tasks within the job description that could cause an occupational exposure. The results are summarized in the table below.

<table>
<thead>
<tr>
<th>#</th>
<th>Department Building Location</th>
<th>Job Title of Employees at Risk of Exposure</th>
<th>Nature of Exposure Risk</th>
<th>Type and Frequency of Examination</th>
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<td>Facilities Development &amp; Operations Student Housing Services</td>
<td>Plumbers Painters Carpenters</td>
<td>Work Requiring Respiratory Protection Asbestos Containing Building Materials Lead Paint Renovation</td>
<td>Annual Chest X Blood Lead Pulmonary Function Test</td>
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<td>Facilities Development &amp; Operations</td>
<td>Grounds Workers</td>
<td>Work Requiring Hearing Protection Bloodborne Pathogens</td>
<td>Annual Audiogram HBV Vaccination Exposure Incident Exam</td>
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<td>Facilities Development &amp; Operations Student Housing Services</td>
<td>Custodial Services</td>
<td>Bloodborne Pathogens Infectious Diseases</td>
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<td>University Police Department (UPD)</td>
<td>Police Officers, Emergency Responders, Firing Range Noise and Lead</td>
<td>Bloodborne Pathogens, Infectious Diseases, Noise, Lead</td>
<td>New Hire Baseline, Exit Exam, Exposure Incident Exams, Audiogram, Blood lead, HBV Vaccination</td>
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<td>Student Health Services</td>
<td>Health Care Providers</td>
<td>Bloodborne Pathogens, Infectious Diseases</td>
<td>New Hire Baseline, Exit Exam, Exposure Incident Exams, HBV Vaccination</td>
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<td>College of Science</td>
<td>Animal Care Technicians</td>
<td>Bloodborne Pathogens, Infectious Diseases</td>
<td>New Hire Baseline, Exit Exam, Exposure Incident Exams, HBV Vaccination</td>
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3) Methods of Implementation and Control
   a) Types of Examinations
      i) Initial or Baseline Medical Examinations
         (1) Document previous exposures and pre-existing conditions.
         (2) Assess the employee’s ability to perform the job.
         (3) Establishes a baseline reference in the event of future impairment or disability.
         (4) Annual Examinations
         (5) All employees who have taken the initial baseline examination and have received clearance by the Designated Physician to participate in activities that may potentially result in exposure.
         (6) The date of each annual examination should fall on or be scheduled as closely as possible to the anniversary of the previous examination.
      ii) Termination/Exit Evaluation
         (1) An exit evaluation will be offered for all employees who work in jobs that put them at potential risk of injury or illness and who have taken an initial or baseline medical examination.
         (2) EHS will be notified immediately by the employee’s Department, Supervisor or the employee of termination in order to coordinate the exit evaluation with designated physician.
      iii) Special/Emergency Examinations
         (1) If situations arise in which an employee may have experienced a hazardous exposure or alleges symptoms, arrangements will be made for appropriate medical diagnosis and treatment.
         (2) The need for special/emergency examinations will be assessed on an ongoing basis.
iv) Medically Able to Use a Respirator Examinations
   Employees who are required to wear respiratory protective devices must be medically able
to use a respirator.

b) Medical Examination Frequency
   i) When first assigned to a job task requiring Medical Monitoring.
   ii) Every 12 months after the initial exam.
   iii) Whenever the employee notifies the Supervisor, EHS or the Worker’s Compensation
        Manager about signs and symptoms which may be caused by a job exposure to a hazardous
        substance.
   iv) When reassigned to a job covered by this program or termination of employment.

c) Ongoing Employee Medical Monitoring Protocol
   i) Medical monitoring will be performed at no cost to the employee by the appropriate health
      care provider.
   ii) Medical monitoring will be performed prior to initial exposure and annually for each
       employee.
   iii) The medical monitoring will include any applicable regulatory recommendations and any
       other test which the examining health care provider deems necessary.
   iv) Medical monitoring will be performed upon termination of employment or change to a job
       not requiring medical monitoring.

4) Access to Employee Exposure and Medical Records
   a) Access to employee exposure and medical records will be provided to the employee, their
      designated representative, and authorized representative of the Chief of the Division of
      Occupational Safety and Health.
   b) Access to medical records will be carried out by the designated physician or other health care
      personnel in charge of employee medical records.
   c) Whenever an employee or designated representative requests access to record, access will be
      provided in a reasonable time, place, and manner, but no later than fifteen (15) days after the
      request for access is made.

5) Recordkeeping
   a) The University maintains Medical Work Status reports generated by the examining / treating
      health care provider.
   b) Employee exposure and medical records for each employee will be preserved and maintained
      for at least the duration of employment plus thirty (30) years.
   c) The medical records of an employee who have worked for less than (1) year need not be
      retained beyond the term of employment if they are provided to the employee upon the
      termination of employment.

End
APPENDIX  WorkPlace Exposures Protocol

1)  Hearing Conservation - 8 CCR 5097
   a)  Applies to all employees whose workplace noise exposures equal or exceed the action level of
       85 dB(A) for an 8 hour average exposure.
   b)  The frequency will be within six (6) months of first exposure to obtain a baseline audiogram. If
       using a mobile test van, exams will be conducted within one year of first exposure.
   c)  Testing to establish the baseline will be preceded by at least 14 hours without exposure to
       workplace noise.
   d)  Each employee’s annual audiogram will be compared to their baseline audiogram to determine
       if the audiogram is valid and if a standard threshold shift has occurred.
   e)  The designated physician will review problem audiograms and determine whether or not there
       is a need for further evaluation.

2)  Respiratory Protection - 8 CCR 5144
   a)  Applies to asbestos, lead, tuberculosis (TB) and emergency use job tasks.
   b)  A medical evaluation or examination will be performed initially and annually.
   c)  The emergency use of respirator will not be used in situations that are immediately dangerous
       to life and health (IDLH) or when the hazardous material is unknown or when the hazardous
       material permissible exposure limit is undetermined.

3)  Lead - 8 CCR 5198 & 1532.1
   a)  Applies to employees who are or may be exposed at or above the action level for more than 30
       days per year.
   b)  The medical examinations will be performed at least annually for each employee:
       c)  Indicating a blood lead level at or above 40ug/100g.
       d)  Prior to assignment to an area in which 8-hour time weighted concentrations of airborne lead
           are at or above the action level.
       e)  As soon as possible when either the employee has developed signs or symptoms commonly
           associated with lead intoxication, desires medical advice concerning reproductive hazards or the
           employee has demonstrated difficulty in breathing during a respirator fit testing.
       f)  Biological monitoring will be performed at least every six (6) months; every two months for each
           employee whose blood lead level was at or above 40ug/100g until two samples in a row are less
           than 40ug/100g; at least monthly during the removal period for each employee removed from
           exposure to lead due to an elevated blood lead.

4)  Asbestos - 8 CCR 5208 & §1529
   a)  Applies to all employees who are or may reasonably be expected to be exposed to asbestos at
       or above the action level and/or excursion limit.
   b)  Medical monitoring will be performed initially before an employee is assigned to work involving
       exposure or within 30 days of the employee’s initial exposure to asbestos in the event of an
       emergency, and at least annually thereafter.
   c)  An exit evaluation will be given unless the employee has had an exam within the past one year.
5) **Bloodborne Pathogens - 8 CCR 5193**
   a) Applies to all employees who could be reasonably anticipated to have occupational exposure to blood or other potentially infectious materials.
   
   b) The hepatitis B vaccination series will be made available after the employee has received the required training and within ten (10) days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
   
   c) An employee can decline to take the hepatitis B vaccination series. The employee will sign a declination statement.
   
   d) Following a report of an exposure incident, a post exposure evaluation and follow up will be made.

6) **Diving – The American Academy of Underwater Sciences (AAUS) guidelines**
   a) Divers have to pass a current diving physical examination, and be free from any chronic disabling disease and be free of any conditions contained in the list of conditions for which restrictions from diving are generally recommended. See AAUS Standards for Scientific Diving Appendix I for the conditions which may disqualify candidates from diving.
   
   b) Medical evaluations will be completed:
   
   c) Before a diver may begin diving, unless an equivalent initial medical evaluation has been given within the preceding 5 years (3 years if over the age of 40, 2 years if over the age of 60).
   
   d) Thereafter, at 5 year intervals up to age 40, every 3 years after the age of 40, and every 2 years after the age of 60.
   
   e) Clearance to return to diving must be obtained from a physician following any major injury or illness, or any condition requiring hospital care. If the injury or illness is pressure related, then the clearance to return to diving must come from a physician trained in diving medicine.

7) **Animal Handlers - §5199.1. Aerosol Transmissible Diseases – Zoonotics**
   a) Applies to laboratory operations involving samples, cultures, or other materials potentially containing zoonotic aerosol transmissible pathogens (zoonotic ATPs).
   
   b) Medical monitoring will be conducted initially, periodically and at termination of employment.

End