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UNIVERSITY**

Employee Medical Monitoring Program

San José State University
One Washington Square
San José, California

Facilities Development and Operations Department
Environmental Health and Safety

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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
Article 4. Dusts, Fumes, Mists, Vapors, and Gases
§1532.1. Lead.
- 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.

<i>Rev #</i>	<i>Document Revision History</i>	<i>Author</i>	<i>Reviewer</i>	<i>Date</i>
00	Revision No Change Initial Document	David Krack Director Environmental Health and Safety		July 5, 2012
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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.

#	<i>Department Building Location</i>	<i>Job Title of Employees at Risk of Exposure</i>	<i>Nature of Exposure Risk</i>	<i>Type and Frequency of Examination</i>
	Facilities Development & Operations Student Housing Services	Plumbers Painters Electricians Grounds Custodial Mechanics Carpenters Welders HVAC Mechanics Pest Control Applicators	Noise Asbestos Containing Building Materials Lead Paint Renovation Bloodborne Pathogens Infectious Diseases Weld Fume	New Hire Baseline Exam Exit Exam Exposure Incident Exam Medical History Audiogram HBV Vaccination Pulmonary Function Test
	Facilities Development & Operations Student Housing Services	Plumbers Painters Carpenters	Work Requiring Respiratory Protection Asbestos Containing Building Materials Lead Paint Renovation	Annual Chest X Blood Lead Pulmonary Function Test
	Facilities Development & Operations	Grounds Workers	Work Requiring Hearing Protection Bloodborne Pathogens	Annual Audiogram HBV Vaccination Exposure Incident Exam
	Facilities Development & Operations Student Housing Services	Custodial Services	Bloodborne Pathogens Infectious Diseases	HBV Vaccination Exposure Incident Exam

#	<i>Department Building Location</i>	<i>Job Title of Employees at Risk of Exposure</i>	<i>Nature of Exposure Risk</i>	<i>Type and Frequency of Examination</i>
	University Police Department (UPD)	Police Officers Emergency Responders Firing Range Noise and Lead	Bloodborne Pathogens Infectious Diseases Noise Lead	New Hire Baseline Exit Exam Exposure Incident Exams Audiogram Blood lead HBV Vaccination
	Student Health Services	Health Care Providers	Bloodborne Pathogens Infectious Diseases	New Hire Baseline Exit Exam Exposure Incident Exams HBV Vaccination
	College of Science	Animal Care Technicians	Bloodborne Pathogens Infectious Diseases	New Hire Baseline Exit Exam Exposure Incident Exams HBV Vaccination

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.
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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