

# Medical Monitoring Program



California State University, Chico

**Department of Environmental Health and Safety**

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**Medical Monitoring Program Record of Revisions**

<b>Revision</b>	<b>By</b>	<b>Date</b>	<b>Description of Revision</b>
1	HS	11-2019	Review of Program, no changes made.
2	HS	1-2020	Updated Section 3.1 - Processes
3	HS	10-2020	Review of Program, no changes made.

**Legend:**

HS: Holly Swan, Industrial Hygienist/Environmental Programs Manager

# 1.0

# INTRODUCTION

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Medical surveillance is the systematic collection, analysis, and evaluation of health data in the workplace to identify cases, patterns, or trends suggesting an adverse effect on the health of employees. Medical surveillance can be in the form of medical examinations, evaluations, consultations, lab work, and/or biological monitoring.

## 1.1 Purpose

The California Code of Regulations, Title 8 requires that employees of California State University, Chico (the “University”) with exposure potential to certain physical, biological, or chemical hazards, receive medical surveillance and be enrolled in the Medical Monitoring Program. In addition, Executive Order No. 1039 requires campuses to develop and maintain a system for ensuring that employee medical monitoring requirements are met. This written Program is a centralized and comprehensive program combining numerous regulatory standard’s medical surveillance requirements. The main goals of the Medical Monitoring Program are to:

- Prevent occupational illness and protect the health of CSU, Chico employees.
- Determine and establish responsibilities for campus units that have a role in medical monitoring.
- Identify methods for notifying affected employees and supervisors.
- Document and maintain medical monitoring activities.
- Evaluate the health status of new or reassigned employees and determine whether they can perform the job in a safe manner. Disabled persons will be assessed by the physician to determine whether the workplace conditions or exposure could be modified to accommodate their disability.
- Correlate past occupational and/or environmental exposures with future workplace activities and exposures to arrive at an opinion on the risk that the job might represent to the health status of the individual.
- Periodically assess employee’s suitability for ongoing or new assignments that involve potential contact with hazard.
- Detect physiological changes in employees, which may be due to occupational exposures to hazardous levels of physical, biological or chemical hazards.
- Determine if medical removal is needed (for applicable hazards) – for more information see Section 3.6 of this Program.

## 1.2 Scope

Eligibility of enrollment into the Medical Monitoring Program is dependent on applicable regulatory requirements, guidelines, or established standards of practice. Individual eligibility criteria, as well as the frequency and content of medical examinations, have been specified for each hazard in Appendix A of this document. When enrolled in the Program, an employee will only receive medical examination(s) for the hazard(s) in which they are exposed to and considered by the regulatory standard as a “covered employee”.

## 2.0

## RESPONSIBILITIES

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### 2.1 Environmental Health and Safety (EHS) Responsibilities

- Review and revise Medical Monitoring Program as needed. Notify campus community when changes in the Program occur.
- Perform exposure monitoring and assessments.
- Maintain and administer medical provider contract.
- Provide support to supervisors in identifying program participants.
- Provide information and necessary documentation to obtain a medical examination.
- Track enrollees in the Program and due dates for examinations.

### 2.2 Supervisor Responsibilities

- Notify EHS of employees who require medical surveillance.
- Ensure employee receives appropriate instructions and documentation which EHS provides them for each employee.
- Direct the scheduling of employee medical appointments during the employee's regular working hours.
- Ensure employees attend medical examination appointments in a timely manner.
- Manage the restriction(s) imposed on an employee as a result of a medical examination.

### 2.3 Employee Responsibilities

- Comply with all Program requirements
- Respond to medical questionnaire and physician's examination questions truthfully and completely.
- Attend medical examination appointments in a timely manner.
- Adhere to medical restrictions and/or agreed upon accommodations.

## 3.0

## PROGRAM OPERATIONS

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Medical surveillance will be made available to covered employees, as defined in each regulatory standard summarized in Appendix A, at no cost, without loss of pay, and at a reasonable time and place. All medical examinations and procedures are performed by or under the supervision of a California-licensed physician (termed in this document as “physician or licensed health care provider” or “PLHCP”). The University utilizes a contracted PLHCP to perform all medical examinations (except in the instance of a multiple physician review mechanism as described in Section 3.5 or when the need to see a specialist arises.)

### 3.1 Processes

The process to obtain medical surveillance will be as follows:

- 1) Supervisor notifies EHS via phone, email, or in person of the need for medical surveillance for an employee based on exposure potential, job description, or when accidental exposure occurs. In addition to an employee’s supervisor, an EHS representative may decide if an employee needs medical surveillance. EHS may conduct exposure monitoring or assessments to confirm actual or potential exposures.
- 2) Once need is determined, EHS will contact supervisor and/or employee via email, memo, or examination approval forms with detailed steps on how to obtain and complete medical examination. If necessary, EHS will assist with contacting occupational medical provider to schedule exam.
- 3) Employee will obtain medical examination, making sure to bring any documentation needed with them to the appointment.
- 4) After examination, the physician will submit their written opinion on the employee’s health status in relationship to occupational exposure of the identified hazard (see Section 3.4 for more information).
- 5) Based on the physician’s written opinion, restrictions and/or accommodations will be made, if possible.

### 3.2 Examination Frequency

#### Initial/Baseline Examination

Where applicable, covered employees shall be given an initial or baseline examination before being assigned to a work activity or area where respirators are required to be worn or in occupations where known potentially hazardous exposures to Cal/OSHA regulated hazards exist.

#### Periodic/Annual Examination

Employees will be re-examined as often as the examining PLHCP or relevant regulatory standard requires. The date of the re-examination should fall on or close to the anniversary of the previous examination date.

Any employee who has not participated in potentially hazardous work or who is no longer required to wear a respirator during the 12-month period following their last annual

examination, and who is not expected to continue to participate, may discontinue in the medical surveillance as determined by EHS personnel and the employee's supervisor.

#### Separation/Reassignment Examination

Where applicable, at separation of employment the employee who was enrolled in the Medical Monitoring Program will be offered an examination. In addition, where applicable, when change of duties in which exposure to a regulated hazard will be reduced to a level where the covered employee will no longer need to be enrolled into the Medical Monitoring Program, an employee will receive an examination.

In some circumstances the separation or change of duties examination will be waived if in recent months a periodic examination took place. Individual regulatory standards outline acceptable timeframes for this waiver.

#### Special/Emergency Examination (Situational)

If situations arise in which an employee may have experienced a hazardous exposure or has signs or symptoms related to exposure, special/emergency examinations will be made available to the employee.

### **3.3 Information Provided to the Physician**

Certain information must be provided to the examining PLHCP at the time of the examination. Each individual regulatory standard defines what documentation/information is required. Environmental Health and Safety will provide appropriate documentation, information, and/or forms to each employee to bring with them to the examination.

### **3.4 Physician's Written Opinion**

The examining PLHCP will use information provided by the employee in the medical history questionnaire, the exam results, and the results of any laboratory tests to determine if occupational health problems appear to be present and if any work restrictions will need to be implemented. The PLHCP will submit a written opinion to EHS. The employee also has the right to obtain a written opinion from the PLHCP. The contents of the written opinion are described in detail in individual regulatory standards. The written opinion will not reveal specific findings or diagnosis unrelated to occupational exposure for which the medical examination was ordered for. If in the opinion of the PLHCP the employee needs work restrictions or has an increased health risk due to occupational exposures, the University will work with the employee to find accommodations or require work restrictions.

### **3.5 Multiple Physician Review Mechanism**

Where applicable, the employee has the right to seek a second medical opinion, by a physician of the employee's choosing, each time the employee receives a written opinion by the University-provided PLHCP. If the employee elects to get a second opinion, the employee must notify the University of that fact, and take steps to make an appointment with a second PLHCP within 15-days of receiving the written opinion of the original PLHCP. The secondary medical opinion review will consist of the following:

- Review of findings, determinations, or recommendations of the initial PLHCP; and
- Conduct examinations, consultations, and laboratory tests as the PLHCP deems necessary to facilitate this review.

For more information regarding multiple physician or health care professional review mechanism, please refer to each hazard's regulatory standard.

### **3.6 Medical Removal**

Some regulated hazards have medical removal plans if an over exposure to that hazard has occurred based on laboratory tests, biological monitoring results or a PLHCP's recommendation. If such an event should occur, the employee will be given the opportunity to transfer to another position which is available and for which the employee is qualified (or can be trained for in a short period) and where exposure to the regulated hazard is low. Per the applicable regulatory standards, the employee will suffer no reduction in current wage rate, seniority, or other benefits as a result of the transfer.

If the employee cannot be transferred, the University will provide the employee medical removal protection benefits for a determined amount of time defined in each applicable regulatory standard.

## **4.0 RECORDKEEPING AND CONFIDENTIALITY**

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An important part of the Medical Monitoring Program is confidentiality of the medical and exposure records generated by the Program. This Program has been carefully designed to ensure that the medical information for individual employees be made available only to medical professionals and the employee. The only information kept on file at the University is the physicians written opinion describing the employee's medical qualifications to perform job duties, a description of work restrictions (if any), and the name of test completed by the PLHCP. Medical and exposure records are maintained by the PLHCP. Environmental Health and Safety maintains the physicians written opinion. All medical records are maintained per California Code of Regulations, Title 8, Section 3204.

## APPENDIX A

**This appendix should be used as a reference guide only. For all regulatory requirements, please refer to the applicable California Code of Regulations Section.**

### **Asbestos**

Authority: 8 CCR Section 1529

Employees Covered by Standard: All employees who will be exposed to airborne concentrations of asbestos at or above the permissible exposure limits (either the 8-hour time-weighted average or excursion limit) or who will engage in Class I, II, and III work for 30 or more days per year. This does not include any day in which a worker engages in Class II or Class III operations, or a combination thereof, on intact material for one hour or less (considering the entire time spent on the removal operation, including cleanup) and, while doing so, adheres fully to the work practices specified in the regulation.

Chico State Employees: Certain employees in the following job classifications are trained in asbestos operations and maintenance best management practices, wear respirators for protection from asbestos fibers, and engage in Class I, II, and III work:

- Building Service Engineer
- Facilities Control Specialist
- Facilities Maintenance Mechanic
- Facilities Project Supervisor
- Lead Painter
- Plumber
- Supervising Carpenter
- Supervising Plumber

None of these employees, however, are exposed to airborne concentrations of asbestos at or above the permissible exposure limit based on exposure assessments or perform Class I, II, and III work for 30 or more days per year, therefore are not considered covered employees.

Frequency: Initial, annual, at separation of employment, and as recommended by the PLHCP.

Content of Examination: Initial medical examinations will include the following:

- A medical and work history with special emphasis on the pulmonary, cardiovascular, and gastrointestinal systems;
- A complete physical examination of all systems with emphasis on the respiratory system, cardiovascular system, and digestive tract;
- Completion of the respiratory disease standardized questionnaire in Appendix D, Part 1 of the regulation;
- A chest roentgenogram;
- A pulmonary function test; and
- Any additional tests deemed appropriate by the PLHCP.

Annual examinations will include the same requirements as the pre-placement exam, except that the frequency of chest roentgenogram shall be conducted in accordance with the table below, and Appendix D, Part 2 of the questionnaire will be utilized.

<i>Years since first exposure</i>	<i>Age of employee</i>	
	<i>Less than 40</i>	<i>40 and older</i>
0 to 10	Every 3 years	Annually*
10 or more	Annually*	Annually*

\* Oblique x-rays need only be performed every 3 years.

A separation of employment examination will include the same requirements as the annual examination stipulated above.

**Bloodborne Pathogens**

Authority: 8 CCR Section 5193

Employees Covered by Standard: All employees who could have an occupational exposure as defined by the regulations to bloodborne pathogens.

Chico State Employees: All employees with the following job classifications are considered covered employees:

- Athletic Trainer
- Clinical Lab Scientist
- Custodian
- Groundswoker
- Lead Custodian
- Lead Groundswoker
- Lead Plumber
- Licensed Vocational Nurse
- Medical Assistant
- Nurse Practitioner
- Phlebotomist/Clinical Lab Assistant
- Physician
- Physician’s Assistant
- Plumber
- Police Officer
- Police Officer Cadet
- Registered Nurse
- Sergeant

In addition to the job classifications listed above, there are job tasks that some faculty and staff participate in where there is an increased chance of occupational exposure to bloodborne pathogens. Those tasks include:

- Handling medical waste,
- Handling blood or infectious materials in a research/academic setting, and
- Providing first aid.

These employees have been individually identified as covered employees.

Frequency: Initial and immediately after an exposure (“post-exposure”).

Content of Examination: Hepatitis B vaccination will be made available to all covered employees. Employees who refuse the vaccination must sign a declination.

A post-exposure evaluation, with consent, will include testing for Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus. A post-exposure prophylaxis will be made available, when medically indicated. Counseling and evaluation of reported illnesses will also be made available.

## Laboratory Employees

Authority: 8 CCR Section 5191

Employees Covered by Standard: All employees who work with hazardous chemicals. Hazardous chemicals are defined as chemicals that have one of the following hazardous effects: acute toxicity; skin corrosion or irritation; serious eye damage or eye irritation; respiratory or skin sensitization; germ cell mutagenicity; carcinogenicity; reproductive toxicity; aspiration; or asphyxiation.

Chico State Employees: Employees who work in any type of laboratory including, but not limited to, research labs, teaching labs, and stockrooms are considered covered employees.

Frequency: As needed medical examinations and/or consultations will be made available to each covered employee under the following circumstances:

- Whenever an employee develops signs or symptoms associated with a hazardous chemical to which the employee may have been exposed to in the laboratory;
- Where exposure monitoring reveals an exposure level above the action level (or in the absence of an action level, the exposure limit) to a regulated hazard where medical surveillance requirements have already been established; and
- Whenever an event takes place in the work area such as a spill, leak, explosion, or other occurrence resulting in the likelihood of a hazardous exposure.

Content of Examination: As determined by the examining physician.

## Lead

Authority: 8 CCR Section 1532.1

Employees Covered by Standard: All employees who will be exposed to lead at concentrations at or above the action level will be offered initial biological monitoring. All employees who are exposed to lead at or above the action level for more than 30-days in any consecutive 12 months will be enrolled in a medical surveillance program with ongoing biological monitoring and medical examinations.

Chico State Employees: Certain employees with the following job classifications perform job duties involving lead, are trained in lead operations and maintenance best management practices, and wear respirators for protection from lead particulates:

- Carpenter
- Facilities Maintenance Mechanic
- Facilities Worker II
- Lead Painter
- Painter
- Plumber
- Supervising Carpenter
- Supervising Plumber

None of these employees, however, are exposed to airborne concentrations of lead particulates at or above the action level based on exposure assessments, therefore are not considered covered employees.

Frequency: Initial, periodically, and in special cases.

All employees who will be exposed to lead at concentrations at or above the action level of any

given day will be offered initial biological monitoring. This initial biological monitoring consists of blood sampling and analysis for lead and zinc protoporphyrin levels. Additionally, all employees will receive additional biological monitoring at the specified intervals if one of the following occurs:

- Their last blood sampling and analysis indicated a blood lead level at or above 40 µg/dl, at least every 2 months. This frequency will continue until two consecutive blood samples and analyses indicate a blood lead level below 40 µg/dl; and
- They are removed from exposure to lead due to an elevated blood lead level, at least monthly during removal period.

Follow-up blood sampling tests will be performed within 2 weeks when the results of a blood lead level test indicate that an employee's blood lead level is at or above the numerical criterion for medical removal as defined by the regulation.

Employees who are exposed to lead at or above the action level for more than 30-days in any consecutive 12-month period, will be enrolled in a medical surveillance program with ongoing biological monitoring and medical examinations as described below. Biological monitoring will occur at least every 2 months for the first 6 months and every 6 months thereafter. Medical examinations and consultations will be made available for all employees who are exposed to lead at or above the action level for 30 or more days a year on the following schedule:

- At least annually for each employee for whom a blood sampling test conducted at any time during the preceding 12 months indicated a blood lead level at or above 40 µg/dl;
- As soon as possible, when the employee has developed signs or symptoms commonly associated with lead intoxication; when the employee desires medical advice concerning effects of current or past exposure to lead on the employee's ability to procreate a healthy child; when the employee is pregnant; or when the employee has demonstrated difficulty breathing during a respirator fit test or during use; and
- As medically appropriate for each employee either removed from exposure to lead due to a risk of sustaining material impairment to health, or otherwise limited pursuant to a final medical determination.

Content of Examination: The annual medical examination for those employees who are exposed to lead at or above the action level for 30 or more days per year will include the following elements:

- A work and medical history, with attention to past lead exposure, personal habits, and past gastrointestinal, hematologic, renal, cardiovascular, reproductive, and neurological problems;
- A physical examination, with attention to teeth, gums, hematologic, gastrointestinal, renal, cardiovascular, and neurological systems.
- A pulmonary function test if respiratory protection will be worn;
- A blood pressure measurement;
- A blood sample and analysis which determines blood lead level; hemoglobin and hematocrit determinations, red cell indices, and examination of peripheral smear morphology; zinc protoporphyrin; blood urea nitrogen; and serum creatinine;
- A routine urinalysis with microscopic examination; and
- Any laboratory or other tests which the examining PLHCP deems necessary.

The content all other medical examinations and consultations other than the annual examination shall be determined by the examining physician and, if requested by the employee, shall include pregnancy testing or laboratory evaluation of male fertility.

**Noise**

Authority: 8 CCR Section 5097

Employees Covered by Standard: All employees whose noise exposures equal or exceed the action level.

Chico State Employees: All employees with the following job classifications are considered covered employees:

- Gardening Specialist
- Groundswoker
- Irrigation Specialist
- Lead Groundswoker
- Light Auto Equipment Operator
- Pest Control & Spray Specialist

In addition to the job classifications listed above, some Instruction Support Technicians in the Arts and Art History Department are covered employees.

Frequency: Within 6 months of an employee's first exposure at or above the action level ("baseline") and annually thereafter.

Content of Examination: All examinations will consist of an audiometric test. If the examining physician or health care professional deems a threshold shift due to occupational exposure, the employee will be referred for a clinical audiological evaluation or ontological examination.

**Respirable Crystalline Silica**

Authority: 8 CCR Section 1532.3 (Construction)

Employees Covered by Standard: All employees who are required to use a respirator for 30 or more days a year to prevent respirable crystalline silica exposure.

Chico State Employees: Certain employees in the following job classifications are trained in engineering, work practice, and housekeeping controls, and wear respirators for protection from respirable crystalline silica particulates:

- AC/Refrigerator Mechanic
- Building Service Engineer
- Carpenter
- Facilities Control Specialist
- Facilities Maintenance Mechanic
- Facilities Project Supervisor
- Facilities Worker II
- Farm Maintenance Mechanic
- Farm Supervisor
- Laborer
- Lead Painter
- Mason
- Metal Worker II
- Operating Engineer
- Plumber
- Supervising Building Service Engineer
- Supervising Carpenter
- Supervising Plumber

None of these employees, however, wear a respirator for respirable crystalline silica for 30 or more days a year therefor they are not considered covered employees.

Frequency: Initial, and periodic examinations (performed at least every three years, or more frequently if recommended by examining physician).

**Content of Examination:** The initial examination will consist of the following:

- A medical and work history, with emphasis on past, present, and anticipated exposure to respirable silica, dust, and other agents affecting the respiratory system; any history of respiratory system dysfunction, including signs and symptoms of respiratory disease; history of tuberculosis; and smoking status and history;
- A physical examination with special emphasis on the respiratory system;
- A chest X-ray;
- A pulmonary function test;
- Testing for latent tuberculosis infection; and
- Any other test deemed appropriate by the PLHCP.

Periodic examinations will include all the following listed above except for the tuberculosis infection testing.

If the PLHCP's written medical opinion indicates that an employee should be examined by a specialist the employee will be offered that service.

## **Respiratory Protection**

**Authority:** 8 CCR Section 5144

**Employees Covered by Standard:** All employees who use a respirator (the exception being the voluntary use of a dust mask).

**Chico State Employees:** Certain employees in the following job classifications are considered covered employees because of the specific job duties they perform:

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| • AC/Refrigerator Mechanic        | • Laborer                         |
| • Auto/Equipment Mechanic         | • Lead Painter                    |
| • Building Service Engineer       | • Lieutenant                      |
| • Crop Technician I               | • Mason                           |
| • Facilities Maintenance Mechanic | • Metal Worker                    |
| • Facilities Project Supervisor   | • Plumber                         |
| • Facilities Worker II            | • Police Officer                  |
| • Farm Supervisor                 | • Sergeant                        |
| • Hazardous Material Manager      | • Supervising Auto/Equip Mechanic |
| • Industrial Hygienist            | • Supervising Carpenter           |
| • Instruction Support Tech II     | • Supervising Plumber             |

**Frequency:** Prior to using a respirator and as needed for those who demonstrate the need for a follow-up examination based on the health care professional's or examining physician's opinion.

**Content of Examination:** The examination will include a pulmonary function test and completion of the questionnaire in Appendix C, Part A, Section 1 and 2 found in the regulation. Further questions may be asked at the discretion of the PLHCP.