

CHAPTER 8

OCCUPATIONAL HEALTH

1. Purpose. To ensure a safe and healthful work environment for all military and civilian personnel at the Naval Air Engineering Station, Lakehurst (NAES Lakehurst).

2. Discussion

a. The occupational safety aspects of the program focus on the elimination or control of the type of hazard that can result in instantaneous (acute) traumatic injury or death. The occupational health element is primarily concerned with more insidious health effects, which are usually produced by long-term (chronic) exposures to toxic chemicals or harmful physical agents (e.g., noise, radiation, etc.) and treatment of work related injuries. Since many hazardous agents can produce both acute and chronic effects (including death) depending on the nature and degree of exposure, this control requires the close and continuing cooperation of all NAES Lakehurst personnel.

b. The occupational health program element is divided into two major specialties -- Industrial Hygiene and Occupational Health. Each of these specialties has, as one of its major functional components, a long-term surveillance program. Industrial hygiene involves the surveillance of the workplace and the evaluation of any health hazards identified. Occupational health focuses on the medical surveillance of employees potentially exposed to the hazards identified during the industrial hygiene workplace evaluation and the diagnosis and treatment of acute occupational injuries and illnesses. This chapter presents requirements for the development of these surveillance programs at NAES Lakehurst. Other major functional components are addressed elsewhere in this document (e.g., training, hazard prevention/ control, personal protective equipment, consultations, inspections, standards, etc.).

3. Industrial Hygiene. Monitoring the workplace for toxic substances/harmful physical agents is the primary means of quantifying personnel exposures. Quantification of exposures is the sole means of assessing the effectiveness of, or the need for, control measures directed at reducing or eliminating health hazards. This assessment must be achieved through representative sampling programs in the work environment. Analysis and interpretation of the data obtained by sampling in this manner will assist in the timely assessment of hazards, in making recommendations for required changes to existing conditions, and in determining requirements for medical surveillance of exposed personnel. Before such a surveillance program can be initiated, however, the potential hazards to be monitored must be identified.

a. Industrial Hygiene Program. This program is devoted to the recognition evaluation and control of those environmental factors or stresses -- chemical, physical, biological or ergonomic -- that may cause sickness, impaired health, or significant discomfort to employees. All requests for industrial hygiene services are to be forwarded to the Public Safety Department for action. All workplace monitoring is the responsibility of the Regional Industrial Hygienist.

b. Workplace Monitoring. Reference (q) requires each Navy workplace to be thoroughly evaluated in order to accurately identify and quantify all potential health hazards. The initial evaluation serves as the baseline against which all subsequent survey results will be compared. Permanent changes in the workplace will require new baselines to be established, whether for all surveyed hazards, in which case another comprehensive survey is required, or just for those hazards specifically altered by the change, in which case a limited or special purpose evaluation is adequate. The baseline must be reviewed annually and, if indicated, specific worksites resampled to assure the validity of the exposure determinations. The following elements outline the basic requirements for workplace monitoring.

(1) Workplace Assessment (Walk-Through Survey). A survey of each workplace will be conducted by the regional industrial hygienist, or by qualified technicians, in order to obtain, as a minimum, the following information:

(a) Descriptions of operations and work practices that take place in the workplace (e.g., welding, spray painting) to include a layout sketch incorporation relevant aspects of the factors listed below. The time course of events taking place within the workplace is of great significance and must be carefully noted.

(b) In conjunction, and with the assistance of the Public Safety Office, review and authorize hazardous materials used at the Center including biological agents. The list should include usage rates for each material and locations.

(c) A list of potential physical hazards (e.g., noise, radiation, etc.) including a brief description of their source(s).

(d) Brief description of existing controls (e.g., canopy hoods, ear protective devices) and an evaluation of their use and efficacy.

(e) Number of persons assigned to the operation/workplace and the specific worksite(s) occupied.

(2) Exposure Assessment. Based on the information obtained during the walk-through survey, the next step is to assess whether or not there is a potential for employee exposure to the toxic chemicals/harmful physical agents. This assessment shall be made by the industrial hygienist and a

written record shall be maintained for each workplace where toxic chemicals/harmful physical agents may be found. The record will include the rationale for any negative determination.

(3) Workplace Monitoring Plan. If the exposure assessment indicates that an employee may be exposed to toxic chemical/harmful physical agents, a workplace monitoring plan shall be prepared and implemented. The plan shall be developed jointly by the regional industrial hygienists and the OSH personnel, and be based on a sampling strategy, such as the one outlined in NIOSH Publication Number 77-3, Occupational Exposure Sampling Strategy Manual, which is designed to obtain samples representative of actual exposures and to analyze the data collected in such a way as to minimize any bias involved in the process. The frequency of monitoring will be prescribed by specific Navy standards or the professional judgment of the industrial hygienist where such standards do not exist. The monitoring plan for each workplace shall include the following information for each potential hazard to be monitored:

- (a) Number of measurements/samples required to evaluate each hazard.
- (b) Method of measurement (e.g., direct reading instrument, charcoal tube, etc.).
- (c) Type/location of measurement (e.g., general area, breathing zone, etc.).
- (d) The frequency of a required series of measurements/samples during the year.
- (e) Work load (man-hours of workplace monitoring effort per year) requirements.

(4) Exposure Evaluation. The monitoring data collected shall be evaluated by an industrial hygienist to determine:

- (a) The degree of actual personnel exposure.

NOTE: It is from this evaluation that the medical surveillance requirements are derived.

- (b) Whether controls are needed, and if so, what they should be (this will include both interim and permanent measures, where indicated).

- (c) Whether periodic monitoring of the hazardous agent(s) is required, and if so, the nature of the monitoring (what, where, how, how often, etc.).

(d) As a consequence of the above actions, the relative priority to be assigned to this workplace.

c. Periodic Evaluations. All NAES Lakehurst workplaces with recognized potential health hazards are required to be evaluated at least annually. The initial survey will identify those workplaces not requiring annual evaluations due to a negative exposure assessment. Changes in the workplace which could effect exposures would prompt a reevaluation. The industrial hygienist shall establish procedures to ensure he/she is notified of any changes which could affect worker exposure to potential health hazards. The survey also shall indicate when evaluations are required more frequently than annually, based on the nature and degree of the hazard(s) present. The frequency of these reevaluations will be prescribed by specific Naval Occupational Safety and Health (NAVOSH) standards or the professional judgment of the industrial hygienist where such standards do not exist. During the periodic evaluation, a determination shall be made on the status of the workplace, and any changes required in the monitoring plan or the frequency of periodic evaluations.

d. Monitoring Records (Disposition, Retention, and Access). Those records which are pertinent to an individual's exposure shall be incorporated into his/her medical record. Survey, evaluation, and monitoring records shall be retained for a minimum of 40 years (except for asbestos, which requires permanent retention). Access to those records pertinent to their individual exposures shall be provided to employees, and their representatives, on reasonable request in accordance with the provision and definitions of reference (r).

4. Medical Surveillance. Reference (a) requires both military and civilian employee medical surveillance programs be established for all navy facilities.

Naval Regional Medical Commands will provide direct support for medical surveillance programs. The Public Safety Department will maintain a master list of all personnel in the medical surveillance program. The list shall include as a minimum the employee's name, occupation, shop, date of birth, primary exposures, type of examination required, date examination due, and date of last examination. The Public Safety Department shall be the central point for coordinating and monitoring of the medical surveillance program.

a. Employees Included. Employees engaged in certain types of work may be subject to toxic cumulative effects of materials handled or used which may impair their health. For this reason, such employees will receive periodic health evaluations at specified intervals. Employees exposed to any stressors or agents listed in the workplace monitoring plan or industrial hygiene survey will be included in the NAES Lakehurst OSH Medical Evaluation Program. OSH personnel with guidance from the Regional Industrial Hygienist will determine who will be entered in the program and what type of medical examination will be received.

b. Medical Examination Requirements

(1) Medical examinations are performed to assess the health status of individuals as it relates to their work. This examination is purposely designed to produce specific information upon which decisions may be based regarding adequacy of protection in the presence of potential workplace hazards. This examination may include:

(a) Occupationally Related Medical History. Information regarding an individual's medical background, including occupational exposures and family and personal health, that provides the examiner insight into the person's current and past health problems and the individual as a whole.

(b) Physical Examination. The act or process of medically evaluating fitness to perform work while ruling out evidence of acute and chronic injury and disease, using chiefly inspection, palpation, percussion, and auscultation.

(c) Clinical Laboratory Tests. Clinical tests and measurements used to detect the absorption of toxic agents, or the physiologic/pathologic effects due to their absorption.

(2) Selection of personnel for medical surveillance examinations shall be based primarily on the results of the industrial hygiene survey. The types of examinations scheduled are:

(a) Preplacement or Baseline. These are specific tests and examinations to assess physical capabilities and limitations in relation to job requirements and to document baseline data for future use in the evaluation of potential exposures.

(b) Special Purpose or Periodic. These are specific tests and examinations done at intervals to evaluate and document the health effects of occupational exposures. The frequency and extent of these assessments are based on the industrial hygiene findings which quantify the exposure(s) of concern and on the findings of previous medical surveillance examinations. These periodic examinations may include interval history, limited physical examination, and clinical and biological screening tests. The scope of these examinations is determined locally after consideration of all relevant exposure factors, the information contained in the relevant NAVOSH standards, and other Navy medical guidance.

(c) Termination. These are specific tests and examinations to assess pertinent aspects of the employee's health normally performed at termination of employment. Documentation of examination results may be beneficial in assessing the relationship of any future medical problems to work or exposure in the workplace. This is particularly applicable to those conditions which are chronic or which may have long latency periods.

(3) Employees in the NAES Lakehurst Medical Surveillance Program who wish to conduct their required examination with their own physician may do so at their own expense. Prior to the examination the employee shall first contact the BRMEDCLINIC to determine the required examinations. Upon completion, all results will be forwarded to the BRMEDCLINIC for review and retention. Failure to do so may require that the employee be removed from the affected stressors or job.

c. Medical Records

(1) Civilian Medical Records

(a) The BRMEDCLINIC shall maintain records consisting of forms, correspondence, and other files that relate to an employee's medical history, occupational injuries or illnesses, physical examinations, and all other treatment received. Included are industrial hygiene consultations, laboratory and X-Ray findings (including films), reports of pulmonary function tests, audiograms, records of personal exposure to physical, biological, and chemical hazards (personal and environmental workplace monitoring data), clinical record cover sheets or equivalent, and copies of preemployment, disability retirement, and fitness for duty examinations.

(b) Upon termination of employment, the medical records of those employees who have worked at facilities that have been identified as having hazardous environmental or hazardous occupational working conditions shall be transferred to the nearest Federal Records Center in accordance with reference (m).

(c) Upon termination of employment, the medical records of those employees who, in the opinion of the responsible medical authority, have worked at facilities where no known environmental or occupational health hazards exist shall be transferred to the nearest Federal Records Center and shall be destroyed 16 years after the date of last entry.

(d) Activities shall ensure all medical records of employees who transfer to other positions within the Department of Defense and other Federal agencies are provided to the gaining activity with 60 days from the day of transfer.

(2) Military Medical Records. Maintenance, retention, and disposition of military personnel medical records shall be in accordance with existing directives.

(3) Access. Access to occupational health medical records shall be provided to employees and their representatives on reasonable request in accordance with the provisions and definitions of reference (r). Also, an individual employee's medical examination records may be made available to a physician of the individual's choice after execution of the proper release documents (i.e., compliance with the provisions of the Privacy Act).

d. Procedures and Responsibilities. The following procedures shall be utilized for civilian and military personnel exposed to any hazardous operation.

(1) Supervisors of new employees (military or civilian) who are assigned to shops or work areas containing hazardous operations or processes shall notify cod 87 to ensure employee is entered into the medical surveillance data base.

(2) The BRMEDCLINIC will forward a listing of employees scheduled for medical evaluations along with exam appointment to all department heads. Department heads will notify the employee's supervisor or representative and ensure the employee receives their individual letters of notification and appointment schedule. All questions/appointment changes can be made to the BRMEDCLINIC Occupational Health Office, extension 2561.

5. RESPONSIBILITIES

a. Department Heads/Supervisors shall:

(1) Make the necessary arrangements with BRMEDCLINIC Occupational Health Nurse for each of their employees scheduled for a health evaluation.

(2) Ensure employees report for their examination on the date and time specified.

(3) Take prompt action on recommendations from the medical officer when the employee's physical profile requires such.

(4) Ensure healthful working conditions are maintained throughout their respective departments.

b. Public Safety Department shall:

(1) Maintain a data base for health evaluation and generate the necessary scheduling reports.

(2) Assist the Regional industrial hygienist and departments in recognizing and evaluating health hazards.

(3) Take appropriate action to evaluate and correct unhealthful conditions at the work sites; i.e., arrange for industrial hygiene surveys and evaluations, conduct training, personal protection.

c. BRMEDCLINIC shall provide necessary medical support for completion of scheduled health evaluation.

d. Employees shall be present at the scheduled date and time for their medical evaluation appointment.