Occupational Health

Occupational 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 time. Strong performance on occupational health is accomplished by anticipating, recognizing, evaluating and controlling occupational health hazards leading to illness.

Accounting for Occupational Health is the process of:

- Treating employee’s health on par with personal 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.

How it works

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 should be applied to serve as a mechanism to modify employee behavior relative to exposure to health hazards.
Flow of the Process

In establishing a program to anticipate, recognize, evaluate and control occupational health hazards leading to illness, an operation should;

- Conduct representative qualitative and quantitative risk (exposure) assessments to characterize occupational health hazards and associated risks.
- Determine the degree of control necessary to address occupational health hazards and apply "hierarchy of control" accordingly.
- Ensure exposure assessment results are communicated to affected employees in a timely and understandable way.
- For "over exposures," determine the need for temporary or permanent health monitoring and conduct monitoring using appropriate medical standards.
- Ensure accurate protection of employee medical confidentiality for non-occupational information, e.g., HIPPA.
- 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.
- Provide wellness education for employees including mechanisms that can be pursued to improve general health risk factors both on and off the job.
- Document occupational health management data for compliance, analysis and verification purposes and for future reference.
Workbook Materials For Module 13

Occupational health hazards and risks should be considered when assessing the task fatality prevention/risk management of Module 4. For each task, health risk should be considered equally with the safety risk and controls determined and implemented to mitigate any health effects. Exposure assessments and medical surveillance should be considered as controls.

Occupational Health Risk Assessment

Departmental Responsibility:

Department: ____________________________________________________________
Team Leader: __________________________________________________________
Members: ____________________________________________________________
________________________________________________________

Occupational Health Hazards and Risk Assessment:

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.

Identify all occupational health hazards for the site and relate the exposure as it presents a risk to the task assessments in the Module 4 risk register. Assure controls are identified to eliminate or mitigate any immediate or long term effect.
Health Hazard: _____________________________________________________________
Exposure Risk: _____________________________________________________________
Site Tasks Subject to Risk: ________________________________________________
Occupations Exposed to Risk: _____________________________________________
Is health hazard considered with the task risk management: Yes _____ No ______

For each task with a NO answer, return to the task safety risk register and add the health hazard. Proceed, determining the action items required eliminating or reducing to acceptable levels the health hazard exposure. In order to take advantage of developing technology, special consideration should be given to the audit frequency of the controls related to health hazards.

**Exposure Levels, Assessment and Surveillance:**

Ensure exposure assessment results are communicated to affected employees in a timely and understandable way. For “over exposures,” determine the need for temporary or permanent health monitoring and conduct monitoring using appropriate medical standards.

Health Hazard: _____________________________________________________________
Maximum Exposure Level:
  Regulatory: ____________________________
  Controlling Agency: _____________________
  Statute or Policy: _______________________
  Corporate: _____________________________
  Policy: ________________________________

Measuring Frequency:
  Regulatory: ____________________________
  Controlling Agency: _____________________
  Statute or Policy: _______________________
  Corporate: _____________________________
  Policy: ________________________________
Measuring Methods:
Regulatory: ____________________________________________________________
Controlling Agency: ____________________________________________________
Statute or Policy: _______________________________________________________
Corporate: _____________________________________________________________
Policy: _________________________________________________________________

Instrumentation Required:
Regulatory: ____________________________________________________________
Controlling Agency: ____________________________________________________
Statute or Policy: _______________________________________________________
Corporate: _____________________________________________________________
Policy: _________________________________________________________________

Reporting Methods:
Regulatory: ____________________________________________________________
Controlling Agency: ____________________________________________________
Statute or Policy: _______________________________________________________
Corporate: _____________________________________________________________
Policy: _________________________________________________________________

Over Exposure Considerations/Requirements:

Action Level: ____________________________________________________________
Additional Controls Required:
By Regulation: __________________________________________________________
By Policy: ______________________________________________________________

Additional Exposure Monitoring Required:
By Regulation: __________________________________________________________
Frequency: _____________________________________________________________
By Policy: ______________________________________________________________
Frequency: _____________________________________________________________
Medical Surveillance Required:
By Regulation: ________________________________________________
Frequency: ____________________________________________________
By Policy: _____________________________________________________
Frequency: ____________________________________________________

Employee Health and Wellness Programs:
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. along with providing wellness education for employees including mechanisms that can be pursued to improve general health risk factors both on and off the job. Document occupational health management data for compliance, analysis and verification purposes and for future reference.

Employee Examinations: (Complete for each type)
Type: __________________________________________________________________
(Ex. Physical, Wellness, Vitals)
Location: __________________________________________________________________
(Consider health assessment programs at the work place)
Service Provider: __________________________________________________________________
Frequency: _____________________________________________________________________
Health Risks Monitored: __________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Action plan for at risk findings: __________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Health Status Documentation:
Administrator: __________________________________________________________________
Agency: _______________________________________________________________________
Contact No.: __________________________________________________________________
Health Enrichment and Education

Worksite Programs/Screenings:
Subject: ____________________________________________________________
Location: ____________________________________________________________
Frequency: __________________________________________________________
Administrator: _______________________________________________________

Worksite Audio/Visual Notices:
Subject: ____________________________________________________________
Display Method: _____________________________________________________
(Poster, TV Monitor, etc.)
Location: __________________________________________________________

Corporate Sponsored Health Programs:
Program: ____________________________________________________________
(Weightwatchers, Athletic Club Memberships, Medical Facilities)
Location: __________________________________________________________
Co-Pays: ____________________________________________________________
Frequency: __________________________________________________________