Appendix B

Lead Medical Surveillance

UM-EHS Physical Examination Program EHS Physical Examination Policy #07c

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Policy

All employees who are exposed to lead above the action level in their work environment will have a medical surveillance program available. Procedures for administration, evaluation and follow-up of lead surveillance shall be in compliance with the MIOSHA Lead Regulations for General Industry and Construction (herein referred to as the regulations).

Medical Surveillance Procedure

- Prior to placement in a job that has the potential to have lead exposure above the action level of 30 micrograms per cubic meter of air (µg/m³); employees will be provided with a physical examination. The examination will include at a minimum:
 - A detailed medical and work history, with particular attention to past lead exposure (occupational and non-occupational), personal habits (smoking, hygiene), and past gastrointestinal, hematologic, renal, cardiovascular, reproductive, and neurologic problems;
 - A complete physical examination, with emphasis on the teeth, gums, hematologic, gastrointestinal, renal, cardiovascular and neurologic systems;
 - Pulmonary status should be evaluated if respiratory protection is to be used;
 - Blood pressure measurements;
 - A blood sample analysis to determine: blood lead level, hemoglobin and hematocrit, red cell indices and examination of peripheral smear morphology, zinc protoporphyrin (ZPP), blood urea nitrogen, and serum creatinine;
 - A routine urinalysis with microscopic examination;
 - Any other tests deemed appropriate by the examining physician by sound medical practice.

If employees may be exposed to lead at or above the action level of 30 μ g/m³ for more than 30 days in any consecutive 12 months, blood sampling and analysis for lead and ZPP levels shall be made available every 2 months for the first 6 months and every 6 months thereafter.

- 2. <u>U-M Occupational Health Services</u> will administer the medical surveillance program.
- 3. Medical examinations shall be made available at least annually for employees in this program.
- 4. Blood lead level sampling and analysis provided pursuant to this section shall have an accuracy (to a confidence level of 95%) within plus or minus 15%, or 6 µg/100ml, whichever is greater, and shall be conducted by a laboratory licensed by the Centers for Disease Control (CDC), United States Department of Health, Education and Welfare or which has received a satisfactory grade in blood lead proficiency testing from CDC in the prior twelve months.
- 5. Information provided to the examining physician by EHS shall include:
 - Copies of the lead standards and appendices.
 - A description of the employee's duties in relation to the exposure.
 - The anticipated exposure level to lead and any other toxic substance.

- A description of any personal protective and respiratory equipment used.
- Prior blood lead determinations.
- All prior written medical opinions concerning the employee in the University's possession or control.
- 6. U-M Occupational Health Services will submit to EHS the "physician's written opinion" from the examining physician which includes the following:
 - The physician's opinion as to whether the employee has any detected medical condition that would place the employee at increased risk of health impairment from exposure to lead.
 - Any recommended special protective measures to be provided to the employee, or limitations to be placed on the employee's exposure to lead.
 - Any recommended limitation of the employee's respirator use.
 - The results of the blood lead determinations.
- 7. Follow-up surveillance:
 - When the employee's blood lead level is between 10 15 μg/dl, the employee should be called in for repeat lead testing. No ZPP is needed. If the repeat level is greater or equal to 10 μg/dl, the employee should be scheduled for an appointment in the clinic to discuss potential sources of exposure.
 - When the employee's blood lead level is greater than **15 µg/dI**, the employee should be scheduled for an appointment in the clinic to repeat testing (no ZPP) and to discuss potential sources of exposure.
 - When the employee's blood lead level is at or above 40 μg/dl, U-M Occupational Health Services will evaluate the employee in the clinic for potential sources of exposure, and will schedule the employee for follow-up blood sampling for lead and ZPP every two months. Follow-up testing will continue until two consecutive blood samples indicate a blood lead level below 40 μg/dl.
 - When the employee's blood lead level is at or above 50 µg/dl, U-M Occupational Health Services will schedule the employee for follow-up blood sampling for lead and ZPP once per month. Follow-up will continue until two consecutive blood lead samples indicate a blood lead level below 40 µg/dl.
 - When the only abnormality is a ZPP above 50 µg/dl, the employee will be asked to return to U-M Occupational Health Services one month from testing to repeat the lead and ZPP and to draw a CBC, which may explain the elevated ZPP. ZPPs over the lab normal of 35 µg/dl but less than 50 µg/dl will be reported as normal, as the literature considers these normal values and there would be an extremely low yield in looking for a "cause" for these values.
- 8. U-M Occupational Health Services shall not reveal to the University in the written opinion or in any other manner the specific findings or diagnoses unrelated to occupational exposure to lead.
- 9. The physician shall advise the employee of any medical condition, occupational or non-occupational, which dictates further medical treatment.
- 10. EHS will provide the employee with a copy of the physician's written opinion within five days after receipt or five days upon receipt.