

SAMPLE HEALTH AND SAFETY PLAN (HASP)

Source: OSHA.

5.0 MEDICAL SURVEILLANCE

(in compliance with 29 CFR 1910.120(b)(4)(ii)(D), 29 CFR 1910.120(f), and other substance-specific medical surveillance requirements found in 29 CFR 1910.1001-1052)

The medical surveillance section of the HASP describes how worker health status is monitored at this site. Medical surveillance is used when there is the potential for worker exposure to harmful levels of hazardous substances. The purpose of a medical surveillance program is to medically monitor worker health to ensure that personnel are not adversely affected by site hazards. The provisions for medical surveillance at this site are based on the site characterization and job hazard analysis found in Chapter 2 of this HASP. They are consistent with OSHA requirements in 29 CFR 1910.120(f) *[include the following phrase only if employees may be exposed to a substance regulated by a substance-specific standard, like asbestos. Otherwise, delete the phrase.]* and the following substance-specific requirements: *[insert the substance name and regulatory citation, if appropriate. The medical surveillance requirements for substances listed in the substance-specific standards (29 CFR 1910 1001-1052 or 1926.62 and 1926.1101-1152) should be followed if they are present on site or used during the clean-up.]*

The medical surveillance program addresses the following information:

-) provisions of the site medical surveillance program
-) provisions of the medical protocol that addresses exposure to anthrax spores
-) communication between the site, physicians, and workers
-) medical recordkeeping procedures

The person with responsibility for ensuring this program is implemented and maintained is (insert name and/or title) .

(Choose either Option 1 or Option 2 for the text in Section 5.1 only, and delete the text for the other option. The criteria for choosing Option 1 are that:

-) none of your employees are exposed to any hazardous substance above the PEL (or other published exposure limit) for more than 30 days a year, AND
-) none of your employees use respirators for more than 30 days a year, AND
-) none of your employees are part of an on-site HAZMAT team.

If anthrax spores are the ONLY hazardous substance to which the first bullet point above applies, and you meet the criteria in the other two bullet points, choose Option 1. If you choose Option 1, you still need to complete Sections 5.2-5.5.

The criteria for choosing Option 2 are that:

-) some or all of your employees may be exposed to hazardous substances above the OSHA PEL or other published exposure limit for more than 30 days a year,
-) some or all of your employees may use respiratory protection for more than 30 days a year, or
-) some or all of your employees are part of a HAZMAT team.)

(Option 1)

5.1 Site Medical Surveillance Program

Medical surveillance requirements are based on a worker's potential for exposure as determined by the site characterization and job hazard analysis documented in Chapter 2 of this HASP and as required by 29 CFR 1910.120(f)(2) *[delete the following phrase if no substance-specific standards apply]* and the substance-specific standard(s) identified in Section 5.0 above.

Based on limited worker exposure to hazardous substances at or above the PELs or other published exposure limits (less than 30 days per year); limited use of respirators (less than 30 days per year); and the absence of an employee-staffed HAZMAT team, the medical surveillance program required at this site is also limited. The site medical surveillance program provides that:

1. workers assigned to tasks requiring the use of respirators receive medical examinations in accordance with 29 CFR 1910.134(e) to ensure they are physically capable to perform the work and use the equipment,
2. workers who could potentially be exposed to anthrax spores are covered by a medical protocol addressing this exposure, and
3. if a worker is injured, becomes ill, or develops signs or symptoms of possible over-exposure to hazardous substances or health hazards, medical examinations are provided to that worker as soon as possible after the occurrence and as required by the attending physician.

Medical examinations and procedures are performed by or under the supervision of a licensed physician and are provided to employees free of cost, without loss of pay, and at a reasonable time and place. The need to implement a more comprehensive medical surveillance program will be re-evaluated in the event of an over-exposure incident.

(Option 2)

5.1 Site Medical Surveillance Program

A medical surveillance program is implemented at this site based on the potential for employee exposure to levels of hazardous substances or health hazards in excess of the PEL or other published exposure limits, the use of respiratory protection, and/or the assignment of workers to a HAZMAT team. Medical surveillance requirements are based on a worker's potential for exposure as determined by the site characterization and job hazard analysis documented in Chapter 2 of this HASP and as required by 29 CFR 1910.120(f)(2) *[delete the following phrase if no substance-specific standards apply]* and the substance-specific standard(s) identified in Section 5.0 above. Based on that evaluation:

(Choose either option 2a or 2b as appropriate and delete the text of the other option.)

(Option 2a)

1. All personnel who enter contaminated areas of this site are covered by the medical surveillance program. In addition, all workers assigned to tasks requiring the use of respirators receive medical evaluations in accordance with 29 CFR 1910.134(e) to ensure they are physically capable to perform the work and use the equipment.

(Option2b)

1. Some personnel who enter contaminated areas of this site do not need to be included in the medical surveillance program. Table 5-1a below lists the types of workers who are not covered by the medical surveillance program.

Table 5-1a Types of Workers Excluded from the Medical Surveillance Program
(Identify workers by job, operation or task who are not covered by the medical surveillance program. Please insert a row for each of type of worker, or alter this table as appropriate for your site.)

(End of Option 2b)

Personnel within the medical surveillance program receive medical examinations on the following schedule:

1. Prior to assignment: personnel covered by the medical surveillance program are medically examined prior to commencing work in contaminated areas of the site. The purpose of this examination is to assess baseline health status and the worker’s ability to perform anticipated duties wearing required PPE without any adverse health effects. The pre-assignment medical examination must have been performed within the past 12 months. The content of the exam must include, at a minimum, the items listed in Table 5-1b below, based on the hazards present at this site and anticipated work duties. A copy of the results of that examination, in the form of a physician’s written opinion as described in paragraph 5.2, must be presented on site prior to entry into contaminated areas.
2. On an annual basis: personnel within the medical surveillance program receive medical exams at least every 12 months to provide for ongoing assessment of a worker’s health status [Note: the HAZWOPER standard allows for some flexibility in the frequency of surveillance exams, based on the advice of the consulting physician. Edit this statement if appropriate.]
3. At termination or reassignment: personnel are offered the opportunity for a medical examination upon their termination of employment or reassignment to work where the worker is not exposed to hazardous materials or required to wear a respirator
4. Post-injury/illness: any worker who is injured, becomes ill, or develops signs or symptoms of possible over-exposure to hazardous substances or health hazards, receives a medical

examination as soon as possible after the occurrence, with follow-up examinations provided as required by the attending physician.

All medical examinations and procedures are performed by or under the supervision of a licensed physician and are provided to workers free of cost, without loss of pay, and at a reasonable time and place.

Table 5-1b identifies the exam protocol for the baseline, periodic and termination exams conducted for all personnel within the medical surveillance program. These protocols were determined by the site's attending physician.

[Help Text – For the attending physician to determine what medical tests and evaluations workers need, the employer must provide him/her with the following information: a) a copy of the HAZWOPER standard and its appendices, b) a description of each employee’s duties as they relate to potential exposures, c) the measured or anticipated exposure levels for each employee, d) a description of any PPE the employee may use, e) information from prior employee medical examinations that would not be readily available to the examining physician, and f) information that OSHA requires you to provide the physician in connection with the respiratory protection standard, 1910.134]

Table 5-1b Medical Surveillance for Site Workers		
Baseline Exam	Periodic Exam	Termination Exam
(Identify each test or procedure included in this exam. Insert a new row for each entry)	(same)	(same)

(End Option 2)

5.2 Medical Protocol for Anthrax Spore Exposure

Based on the potential for site personnel to be exposed to anthrax spores, the following medical protocol is implemented at this site. [Insert description, or edit this sentence, refer to the medical protocol as an attachment to this chapter, and attach the protocol. Be sure to indicate clearly which employees are covered by this protocol and the basis for that coverage].

[Help text: the decision to provide antimicrobial prophylaxis or vaccinations must be made carefully, in consultation with a qualified licensed physician. For additional information about the considerations involved in establishing such a medical protocol, consult CDC references available at: <http://www.bt.cdc.gov/Agent/Anthrax/Anthrax.asp>]

5.3 Communication Between the Site, Physicians, and Workers

The medical facility providing medical monitoring and overseeing injury, illness or overexposure examinations is:

Name	(Insert the name of the medical facility)
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Location	
Phone	

The licensed attending physician for this site is:

Name	(Insert the name of the licensed physician performing or supervising the medical surveillance program)
Phone	

The employer, has provided information about the site hazards and potential exposure levels, work activities and PPE requirements, and other information as required by OSHA in 29 CFR 1910.120(f)(6) to the above-mentioned facility and physician.

(insert company name) also makes this information available to site personnel and/or their personal physicians.

A physician's written opinion of the results of these examinations is required for each worker and a copy is maintained on site. The contents of the written opinion is limited to:

-) a statement of the worker's health status in relation to his/her job duties and a description of any detected medical condition that could put the worker at increased risk,
-) notation of any recommended limitations in work activity or PPE use, and
-) confirmation that the physician has informed the employee of the examination results and any further examination or treatment required

5.4 Medical Recordkeeping Procedures

Corporate medical recordkeeping procedures are consistent with the requirements of 29 CFR 1910.1020, and are described in the company's overall safety and health program. A copy of that program is available at (insert location).

The following items are maintained in worker medical records:

-) (List the information maintained in your employees' medical record, as defined in 1910.1020(c)(6)(i).)
-) Records required under this medical surveillance program, consistent with 1910.120(f)(8), are kept accurate and updated and are accessible at (insert location)

5.5 Program Review

Every (insert interval in months) the medical program is reviewed to ensure its effectiveness. (Identify name and/or title) is responsible for this review. At a minimum, this review consists of:

-) review of accident and injury records and medical records to determine whether the causes of accidents and illness are promptly investigated and whether corrective measures are taken wherever possible,
-) evaluation of the appropriateness of required medical tests on the basis of site exposures, and
-) review of emergency treatment procedures and emergency contacts list to ensure they are site-specific, effective, and current.

Physician's Written Opinion/Certification of Fitness for Duties

Examinee's Name Last First Date
 MI

TYPE OF EXAMINATION: <input type="checkbox"/> Pre-Placement/Baseline Exam <input type="checkbox"/> Medical Surveillance Program		Soc. Sec. #	Work Tele. #
Please Specify <input type="checkbox"/> Return to Work <input type="checkbox"/> Evaluation		Position	
<input type="checkbox"/> Separation <input type="checkbox"/>		Division	
Miscellaneous Note:		Address	
		Supervisor	

ATTENTION: **DO NOT** WRITE DIAGNOSIS ON THIS FORM

The following medical recommendation is based on a review of the health history questionnaire, physical examination and/or the specific requirements of the position applied for or occupied by the Examinee.

STATUS

1-- The examination indicates no significant medical impairment, can be assigned any work consistent with skill and training.

2-- The examination indicates non-occupational medical impairments, referred to or under the care of personal physician for medical follow up. Can be assigned any work consistent with skills and training.

3-- The examination indicates that a medical impairment currently exists that limits work assignment on the following basis: (Check more than one when appropriate)

No prolonged standing

No work with skin irritants and/or sensitizers

- No prolonged walking sensitizers
- No repeated squatting or bending group of
- Not to lift over _____ pounds i.e.,: _____
- Not to work around moving machinery
- Not to operate a motor vehicle
- Not to work on ladders or at unprotected heights
- No work in contained areas (inside tanks or vessels)
- No work with respiratory irritants and/or
- Not to work with a particular chemical or chemicals,
- Must wear corrective lenses
- No work requiring accurate color perception
- No work requiring manual dexterity
- Other

_____ No work in areas with dust fumes or chemical irritants

_____ No work requiring use of Respirators

4-- The examination indicates that the examinee may use any of the respirators indicated: (Check more than one when appropriate)

- Half Face Negative Air Pressure Respirator
- Half Face Positive Air Pressure Respirator
- In-line Air Respirator
- Full Face Negative Air Pressure Respirator
- Full Face Positive Air Pressure Respirator
- Self Contained Breathing Apparatus (SCBA)

5-- Other recommendations: _____

6-- Follow-up Appointment _____

Date _____ Employee Signature _____

Date _____ Examiner Signature _____