

CHAPTER 12. OCCUPATIONAL MEDICAL SURVEILLANCE PROGRAM

1200. GENERAL. Where the Occupational Safety and Health Administration (OSHA) requires the implementation of medical surveillance of FAA employees, the FAA shall conduct medical surveillance. This chapter establishes the elements of an FAA Occupational Medical Surveillance Program (OMSP), which includes requirements for medical surveillance and industrial hygiene surveillance in FAA workplaces and organizational responsibilities.

1201. BACKGROUND. A relatively small proportion of OSHA regulations include medical surveillance requirements. FAA is committed to identifying the OSHA regulations that apply to its workplaces or work tasks and to provide the requisite employee medical physicals. FAA may also provide additional medical monitoring where OSHA medical surveillance requirements are absent.

1202. GOALS AND OBJECTIVES. The goal of the OMSP is to safeguard employees' health by anticipating and identifying physiological changes in employees related to workplace exposures so that preventive measures can be taken, as well as identifying occupationally induced diseases prior to incapacitating illness.

1203. SCOPE. This chapter applies to all FAA employees whose work duties and/or work environments may expose them to certain occupational hazards that OSHA has identified as requiring medical surveillance. Not included in this program are medical examination requirements for certification of pilots and medical clearance of air traffic controllers. These certification requirements are covered in other organizations' orders and policies.

1204. DEFINITIONS.

a. Allied safety officer. An allied safety officer is an FAA employee who has been assigned full-time or collateral duty safety and health responsibilities, not including the Regional or Center Program Manager for Environment and Safety, Regional or Center Occupational Safety and Health Manager, or FAA headquarters safety and health staff. Examples include Safety and Environmental Compliance Managers (SECM), designated facility safety officers, and safety committee members.

b. American Industrial Hygiene Association (AIHA). The American Industrial Hygiene Association (AIHA) is a membership organization for industrial hygienists. AIHA manages an accreditation program designed for laboratories involved in analyzing samples for the purpose of evaluating workplace exposures.

c. Industrial hygiene surveillance. Industrial hygiene surveillance is performed by a qualified safety and health professional and includes evaluation of employee work practices and work environments with emphasis on identifying occupational health hazards, as required by OSHA regulations and FAA policy.

d. Job hazard analysis. Job hazard analysis is a tool for identifying safety and health hazards associated with specific job tasks. The analysis includes a review of job tasks and of workplace environments as possible contributors to health and safety hazards.

e. Medical surveillance. Medical surveillance is performed under the supervision of a qualified physician and includes periodic medical screening and/or medical monitoring of FAA employees as required by OSHA regulations and FAA policy.

f. National Institutes for Occupational Safety and Health (NIOSH). The National Institutes for Occupational Safety and Health (NIOSH) is a Federal agency under the Department of Health and Human Services. The agency conducts research on health and safety concerns and develops analytical methods for the analysis of air samples collected for determination of employee exposure.

g. Occupational hazard. An occupational hazard is any combination of environmental and/or human factors that can cause sickness, impaired health, or significant discomfort in workers. Examples may include chemicals in solid, liquid, or vapor form; physical agents like noise, ionizing and non-ionizing radiation, temperature and pressure extremes, and vibration; biological hazards like bloodborne pathogens; and ergonomic hazards.

1205. KEY PROGRAM ELEMENTS. FAA shall:

a. Investigate health hazards affecting FAA employees and determine which employees shall be included in or removed from the agency's medical surveillance program as required by OSHA regulations. OSHA standards may require the employer to provide medical surveillance for anticipated excessive exposure to occupational hazards without requiring prior exposure monitoring (e.g., 29 CFR 1910.120). Examples of occupational hazards for which OSHA requires medical surveillance are provided in Figure 12-1, Examples of OSHA Regulations That Include Medical Surveillance Requirements.

b. Ensure that medical evaluations are tailored to specific groups of employees and their exposures and that medical testing is supervised by a qualified physician.

c. Provide the required medical examinations and furnish results to appropriate recipients in a coordinated, timely manner.

d. Maintain a secure, confidential repository of all employee medical records and ensure that employees have access to their records as needed for personal medical care.

e. Review the medical surveillance program and update it based upon changes in regulations, consultation with site management and employees, exposure data, and medical monitoring test results.

1206. NATIONAL OCCUPATIONAL MEDICINE SURVEILLANCE PROGRAM OVERSIGHT TEAM (NOMSPOT).

a. Purpose. NOMSPOT shall provide a mechanism for consultation, technical assistance, quality assurance, and as a central point of contact for FAA region or center medical surveillance issues.

b. Membership. Core membership will include representatives from the Office of Aviation Medicine (AAM), Airway Facilities Service (AAF), and the Office of Environment and Energy (AEE). Names of contact persons will be announced at the national OSHECCOM committee meetings. Non-member participants at meetings may include FAA region or center safety and health professionals and bargaining unit representatives.

c. Frequency. Meetings will be held as needed to resolve medical surveillance-related issues and occur as teleconferences, videoconferences, or as panels at mutually agreed-upon locations.

d. Initiation of Request for Review. The initiator of a request to review a medical surveillance-related issue must send to AEE a memorandum describing the nature of the concern. AEE will notify sender of arrival of memorandum within 5 work days of receipt.

e. Resolution of Issue. Every effort will be made to handle medical surveillance-related issues expeditiously. Issues having little or no budgetary impact may be handled within 30 work days; otherwise, they may require a longer review.

1207. RESPONSIBILITIES. In addition to the responsibilities described in chapter 1, the following program-specific responsibilities apply.

a. AEE shall:

- (1) Update, as necessary, program elements and responsibilities for AAM to the Regional Flight Surgeon level and responsibilities for AAF to the AXX-400 level.
- (2) Coordinate all changes relating to the OMSP with appropriate organizations and bargaining groups.
- (3) Review AAM and NAS Implementation and Integration (ANS) guidance prior to field distribution to ensure that they contain procedures that support the key program elements in this chapter.
- (4) Provide oversight of the OMSP to ensure that all program elements established by AEE policy and by AAM and ANS implementation guidance are effective in documenting, assessing, preventing, minimizing, or mitigating occupational illness arising from workplace hazards.
- (5) Support the NOMSPOT for the purpose of providing a national forum for communication on medical surveillance and/or industrial hygiene surveillance issues when needed.

b. AAM shall:

- (1) Support the agency OMSP through the provision of occupational medical services through the provision of medical consultation, advice, examinations, and monitoring as required by OSHA regulations and agency policy.
- (2) Ensure that funding for medical services, including periodic medical monitoring, is addressed in the budgetary review process.
- (3) Develop written implementation guidance in accordance with Federal mandates that detail procedures to be followed when providing medical monitoring services to FAA employees; and provide a copy of this guidance and any subsequent changes to AEE and ANS prior to distribution to the field.
- (4) Ensure that all medical records are maintained in a secure location; ensure accessibility by employees in accordance with 29 CFR 1910.1020, "Access to employee exposure and medical records."
- (5) Communicate with ANS, AEE, and other agency organizations, as appropriate, trends in medical monitoring examinations.

c. ANS shall:

- (1) Implement the agency OMSP through the provision of industrial hygiene surveillance and job hazard analyses.
- (2) Develop written implementation guidance that includes procedures for performing industrial hygiene surveillance and job hazard analyses, and provide AEE with a copy of the guidance prior to distribution to the field.

(3) Serve as budget advocate by requesting adequate F&E funding to implement industrial hygiene surveillance (including an exposure monitoring program) and job hazard analyses; to purchase and maintain appropriate industrial hygiene monitoring equipment; and to fund industrial hygiene laboratory support.

(4) Ensure that the exposure monitoring program is overseen by an industrial hygienist certified by the American Board of Industrial Hygiene; that appropriate OSHA or NIOSH sampling and analytical methods are used; and that any laboratory analyses are performed by an AIHA-accredited laboratory, or equivalent.

(5) Identify and prioritize the requirements for training in support of the OMSP.

(6) Ensure that all exposure monitoring records are maintained and made available to employees in accordance with appropriate OSHA regulations, including 29 CFR 1910.1020, "Access to employee exposure and medical records."

d. Regional Airway Facilities Division (AXX-400), Environmental, Safety, and Emergency Management Division (AMP-100), and Facilities Services and Engineering Division (ACT-600) shall:

(1) Support the OMSP in their region or center in accordance with this chapter.

(2) Ensure that job hazard analyses and/or industrial hygiene surveillance procedures are used to identify FAA employees whose job tasks expose them to occupational hazards.

(3) Ensure that funding for industrial hygiene surveillance/exposure monitoring and job hazard analyses of workplaces is requested in the budgetary review process.

(4) Ensure coordination with the Regional Flight Surgeon (RFS) or the Aeronautical or Technical Center equivalent when results of job hazard analyses and/or industrial hygiene monitoring indicate the need to include an employee in or remove an employee from the OMSP; and that the medical officer is provided copies of all documentation supporting this determination for inclusion in, or removal from, the OMSP.

(5) Ensure that employees have an avenue for requesting a job hazard analysis of their workplace and/or work tasks.

(6) Ensure that a current listing of all employees who are included in the OMSP is maintained and is provided to the RFS or the Aeronautical and/or Technical Center equivalent.

(7) Ensure that all individuals identified in paragraph 1207d(6) are informed and trained in the hazards of their job and the relevance of industrial hygiene surveillance and medical monitoring; and that this training is documented.

(8) Ensure that occupational safety and health managers and allied safety officers and any other appropriate personnel receive training needed to evaluate workplace hazards properly, and ensure that all training is documented.

(9) Ensure that the required medical examinations are provided without cost to the employee, without loss of pay, and at a reasonable time and place.

(10) Ensure annual reviews of employees' work tasks and/or work environments to identify new operations or modifications to the work space environment; and ensure these reviews are documented. Inform ANS and the RFS of any new occupations or job tasks or environmental hazards that should be covered in the OMSP.

e. The Regional Aviation Medical Division (AXX-300); and the Occupational Health Division (AAM-700) shall:

(1) Implement the OMSP in their region or center in accordance with this chapter and written guidance provided by AAM.

(2) Ensure that occupational medical monitoring services are provided to employees who have been determined by AXX-400, AMP-100, and ACT-600 as meeting regulatory requirements for inclusion in the OMSP. When there are issues regarding criteria or indications for examinations, they shall be forwarded to NOMSPOT for resolution.

(3) Review available industrial hygiene exposure monitoring and/or related job hazard analyses prior to commencement of medical services.

(4) Coordinate changes in region or center implementation of the OMSP with region or center headquarters AAM and AXX-400, AMP-100, and/or ACT-600.

(5) Ensure, consistent with established privacy procedures, that AXX-400, AMP-100, and ACT-600 are provided aggregate results of employee medical monitoring that will enable AXX-400, AMP-100, and/or ACT-600 to evaluate exposure controls in their respective occupational safety and health program.

(6) Communicate with NOMSPOT and AAM trends and sentinel events noted in medical monitoring examinations, as appropriate.

f. The Assistant Administrator for Human Resource Management (AHR), the Office of Human Resource Management at the Aeronautical Center (AMH), and the Regional Human Resource Management Divisions (AXX-10) shall:

(1) Assist as necessary to ensure that this chapter is addressed in human resource management/services programs and policies, as appropriate.

(2) Assist NOMSPOT in resolving concerns of mutual interest. Examples include Workers' Compensation claims; requests for hazardous duty pay; work limitations; and union coordination.

g. The Training Division (AFZ-100) shall serve as the agency's primary focal point for development, execution, and tracking of centralized OSH training across the lines of business in accordance with priorities set by ANS; and shall ensure that funding is requested for OSH training requirements.

h. All FAA managers shall assist wherever possible in the identification of FAA employees whose job tasks or work environments expose them to OSHA-recognized occupational hazards. Contact the FAA region, center, or Washington headquarters safety office or a local safety and health professional/allied safety officer for assistance in the identification of workplace hazards.

1208-1299. RESERVED.

FIGURE 12-1. EXAMPLES OF OSHA REGULATIONS THAT INCLUDE MEDICAL SURVEILLANCE REQUIREMENTS

This figure contains brief overviews of pertinent medical surveillance requirements that are enforced by OSHA. Detailed guidance for performing job hazard analyses, industrial hygiene surveillance, and medical surveillance for each of these areas shall be provided by ANS and AAM.

- 1. Asbestos.** The OSHA asbestos standards, 29 CFR 1910.1001 (29 CFR 1926.1101 for construction) require full medical monitoring for asbestos workers, including operations and maintenance workers whose job tasks entail the disturbance of asbestos-containing materials for 30 or more days each year. Asbestos workers must wear respiratory protection and must have had respirator clearance examinations prior to use.
- 2. Noise.** The OSHA standard 29 CFR 1910.95 requires that workers exposed to noise levels over 85 decibels on the A-weighted scale (dBA) as an 8-hour time weighted average (TWA) must be included in a hearing conservation program. This includes preplacement and annual audiometric examinations. FAA workers who may be candidates for the program include a) employees who routinely work in airport operating areas, including AF technicians, Flight Standards, and Security; b) AF technicians who maintain and operate emergency engine generators and building heating, ventilation, and air conditioning equipment; c) Field maintenance personnel who operate machinery and road equipment; d) Flight Standards employees who inspect and fly in aircraft; and e) certain employee groups like metalworkers at the Aeronautical and Technical Centers. The FAA has published a hearing conservation order (Order 3910.4, Hearing Conservation Program) that details the elements of a comprehensive hearing loss prevention program.
- 3. Lead.** The OSHA standards for lead (29 CFR 1910.1025 for general industry and 1926.62 for construction) require that medical surveillance be provided to all employees exposed to levels over the action level of 30 micrograms per cubic meter of air ($\mu\text{g}/\text{m}^3$) calculated as an 8-hour TWA for more than 30 days per year. The paint used on outdoor steel support structures for the radar and antenna systems usually has a high percentage of lead. Disturbance of steel structures through cutting, burning, or drilling has the potential to cause lead dust and fume exposures in excess of the OSHA action level. In those regions and regions where FAA workers perform lead-based paint removal or other activities that disturb lead-based paint and who may be exposed to lead in excess of the OSHA limits, the employee must be included in a medical surveillance program.
- 4. Bloodborne Pathogens (BBP).** The OSHA BBP Standard (29 CFR 1910.1030) includes medical surveillance requirements for employees potentially exposed to bloodborne pathogens. Materials considered potentially infectious are unfixed human tissue and body fluids, e.g., blood, semen, pericardial fluid, peritoneal fluid, fluid visibly contaminated with blood and cerebrospinal fluid. FAA employee categories who fall under the BBP requirements include aircraft accident investigators, health care workers, laboratory technicians, and designated first aid/emergency healthcare responders.
- 5. Clearance for Respirator Use.** OSHA's respiratory protection standard 29 CFR 1910.134 (29 CFR 1926.103 for construction) mandate that workers wearing any type of respirator must receive medical approval prior to issuance of the respirator and annually thereafter. Factors to be considered in medical approval include the circumstances of respirator use, i.e., frequency and duration of use, the type of respirator required, and the workers' baseline medical condition (including review of employee's medical history). The examination should investigate the following factors: Pulmonary effects from respirator use including increased resistance to breathing and decrease in ventilation due to respirator dead space, cardiovascular effects related to increased work, facial deformities, perforated eardrum, psychological factors, and dermatological effects from local skin irritation. FAA workers who may be required to wear a respirator include asbestos operations and maintenance workers, workers disturbing or removing paint containing lead, aircraft painters and aerospace engineering technicians, hazardous waste and emergency response workers, and possibly others identified during industrial hygiene surveillance of work tasks.

6. Hazardous Waste or Emergency Response Workers. The OSHA Hazardous Waste Operations and Emergency Response standard (29 CFR 1910.120) requires that hazardous waste workers receive medical surveillance examinations when exposed to hazardous substances or wear a respirator 30 or more days per year. Emergency response/HAZMAT team members must receive an annual medical examination without regard to frequency of exposure. All hazardous waste workers and emergency responders must wear protective equipment including respirators, chemical protective suits, and gloves. Respirator clearance medical examinations are required in accordance with 29 CFR 1910.134. Note: For the purposes of this chapter, HAZMAT team refers to emergency responders, not persons responsible for conducting regulatory inspections to determine compliance with regulations on the safe transport of hazardous materials.

