

DEPARTMENT OF THE ARMY
SAVANNAH DISTRICT, CORPS OF ENGINEERS
CESAS-SO P.O. BOX 889
SAVANNAH, GEORGIA 31402-0889

DISTRICT REGULATION
No. 385-1-12

13 January 1994

Safety and Occupational Health
MEDICAL SURVEILLANCE PROGRAM

1. Purpose: This regulation provides guidance and establishes procedures to be followed in the Savannah District Medical Surveillance Program (MSP).

2. Applicability: This regulation applies to all Savannah District team members.

3. Reference:

- a. AR 40-5, Preventive Medicine.
- b. EM 385-1-1, Safety & Health Requirements Manual.
- c. EP 385-1-58, Medical Surveillance Handbook.
- d. ER 385-1-90, Respiratory Protection Program.
- e. ER 385-1-92, Safety and Occupational Health Requirements Documents for Hazardous, Toxic, Radioactive Waste (HTRW) Activities.
- f. OSHA 29 CFR 1910.120, Hazardous Waste Operations and Emergency Response.
- g. OSHA 29 CFR 1910 Subpart Z, Toxic and Hazardous Substances.
- h. American Conference of Governmental Industrial Hygienist (ACGIH) Threshold Limit Values (TLV).

4. Discussion. MSP is designed as an effective occupational health program to monitor the health effects hazardous materials can have on our bodies over a period of time. Presently, OSHA Permissible Exposure Limits (PEL) and ACGIH TLV's are the primary regulatory and organizational bodies that have established

DR 385-1-12
31 Jan 94

exposure limits for known hazardous materials. The health affects of being over exposed to certain hazardous materials can be detected through medical examination procedures, performed at Occupational Health Clinic. The MSP is exposure driven. The MSP is not an option. Team members that have been identified as meeting the requirements of the medical surveillance program must participate. It cannot be waived. In cases where travel to Federal Agency medical treatment facilities is impractical (greater than 50 miles from the project site), it may be necessary to contract occupational health services locally (see item No. 14, "Contracting").

5. Definitions.

a. Action Level Concentration. One half of the PEL or established exposure limit.

b. Time Weighted Average (TWA). The average exposure concentration to a team member for a normal eight hour day to which all workers may be repeatedly exposed day after day without adverse health effects.

c. Threshold Limit Values (TLV). Exposure limits to chemical, physical, and biological agents that nearly all workers may be repeatedly exposed day after day without adverse health effects as recommended by American Conference Of Governmental Industrial Hygienist (ACGIH).

d. Industrial Hygiene Survey. Comprehensive annual evaluations conducted at the workplace by qualified personnel (usually IHs) resulting in a determination of the degree of health hazard from the use of chemical, biological, or physical agents in the workplace.

e. Medical Examination. A physical examination with appropriate laboratory tests performed by a physician required to determine the health status of a person.

f. Periodic Medical Examination. Medical examinations conducted to detect early or subclinical effects as a result of accidental or inadvertent overexposure to chemical, biological, and physical agents, and to monitor for unanticipated effects of long term low level exposure to specific biological, chemical, and physical agents.

g. Permissible Exposure Limits (PEL). The time weighted average exposure concentration of a chemical or physical agent for

a normal eight hour work day or a 40 hour work week to which workers may be exposed day after day, without adverse effects.

h. Preplacement and Baseline Examinations. Medical examination conducted to determine whether a job applicant is physically suitable to perform work requirements and assignments defined in the job description and to provide baseline values for comparison with later values to aid in the detection of early subclinical biological effects.

i. Personal Protective Equipment (PPE). Safety equipment worn by workers to protect against health hazards; i.e., respirators, safety glasses, gloves, etc.

j. American National Standards Institute (ANSI). Safety and health standards publications.

6. Policy. Savannah district policy is to ensure all team members meeting the inclusion criteria set forth by this regulation are enrolled in the medical surveillance program.

7. Responsibilities. The Savannah District Safety and Occupational Health Office (SO) is responsible for overall program management and implementation of the MSP.

a. Safety Office will:

(1) Serve as the administrative Point of Contact (POC) for the occupational health clinics providing medical surveillance services for the MSP.

(2) Annually conduct industrial hygiene surveys at District facilities.

(3) Determine which team members are to be enrolled in the MSP by reviewing industrial hygiene survey results and medical surveillance request forms (CESAS Form 1237). Division and Branch Chiefs shall be notified in writing of team members' approval status. The approved list will also be forwarded by SO to the Occupational Health Clinic. Any changes to the MSP list must be approved by SO.

(4) Provide the necessary forms to the supervisors to enroll team members in the MSP (SF 93, DA 4700, SAS 1237).

(5) Annually evaluate overall program effectiveness to meet team member needs as they change.

DR 385-1-12
31 Jan 94

b. Division & Branch Chiefs will:

(1) Provide SO with a list of team members' requesting enrollment in the MSP (by using CESAS Form 1237).

(2) Provide guidance to supervisors for allowing team members time to meet their medical examination appointment.

(3) Ensuring that team members required to be in the MSP do participate or face possible disciplinary actions.

(4) Provide SO a copy of air monitoring results when team members perform intrusive work at HTRW sites.

c. Area Engineers/Supervisors will:

(1) Ensure PPE and engineering controls designed to reduce exposures to team members are being properly worn and utilized.

(2) Report to Branch Chiefs and SO unhealthy working conditions or work environments where potential overexposures to hazardous material may occur.

(3) Report sampling results to team members for workplace exposures to hazardous materials and medical examination results to team members.

(4) Schedule appointments dates and times with the occupational health clinics for team members enrolled in the MSP.

(5) Annually review team members' exposure to hazardous materials using CESAS Form 1237, and submit to SO for review.

d. Team Members will:

(1) Wear appropriate PPE as instructed and trained.

(2) Report unhealthy work conditions to supervisors.

(3) meet health clinic's appointment for their periodic or annual medical evaluations.

(4) return completed forms SF 78, DA 4700, respirator medical clearance, and medical surveillance request form to SO.

8. MSP Inclusion Criteria.

a. All full time permanent, temporary, and part time military/civilian team members, Co-op, and interns of the Corps of Engineers are eligible for inclusion into the MSP, when their work with chemical, biological or physical agents is of sufficient duration and concentration that physical damage could occur or physical examinations are required by Federal Regulations.

b. When a team member works with substance that has a PEL expressed as an eight hour time weighted average, the following criteria shall be utilized to determine enrollment into the MSP.

(1) If the exposure exceeds the PEL.

(2) If the exposure is less than the PEL but greater than the action Limit, and team members work with the hazardous material for more than 120 hours in a six month period.

c. When the PEL of a substance has a "ceiling" designation, team members will be enrolled in the MSP regardless of duration of time. OSHA that do not follow the standard time weighted averaging exposure process.

d. When Federal Health Standards require medical surveillance for working with substances (see 29 CFR 1910.1001-1045), enrollment into the MSP is mandatory regardless of exposure and duration.

9. Hazardous Waste Site Operations. In reference 3d, it states that all personnel performing onsite work activities wherein the may be exposed to safety and health hazards resulting from medical surveillance program meeting the requirements of ref 3e and ANSI Z88.2. In OSHA 29 CFR 1910.120 (F) employees covered, it states that the MSP shall be instituted by the employer for the following employees.

a. All team members who may be exposed to hazardous substances or health hazards at or above the PEL, or if there is no PEL, above the published exposure limits without regard to the use of respirators for 30 days or more a year.

b. All team members who wear a respirator for 30 days or more a year or as required by 29 CFR 1910.134.

DR 385-1-12
31 Jan 94

c. All team members who become injured, ill, or develop signs or symptoms due to possible overexposure involving hazardous substances or health hazards from a emergency response or hazardous waste operations.

d. If team members meet the criteria for items 9a through 9c, the frequency of medical shall be at least once every 12 months.

e. If team members do not meet criteria for items 9a through 9c, the frequency of the medical exams shall be determined by the occupational health clinic physician.

10. Removal from Medical Surveillance Program. Exposure data may change for team members enrolled in the MSP. In order for the MSP to operate efficiently which in turn saves the District time and money, team members' exposure will be evaluated annually and removed from the MSP if the following criteria is met.

a. Has nor worn a respirator in the past two years.

b. No longer works with hazardous materials.

c. Respirator Usage. Team members with respirators have received baseline physical. If they have not worn a respirator in the past year (due to no exposure above action limit), an annual physical is not necessary. Team members in this category should simply fill out a SF 93 forward to SO, and the occupational health doctor will review the form and evaluate if there are any changed=s in the team members health in the past year (as reflected on the form) that warrants a physical examination for medical clearance.

11. Industrial Hygiene Surveys. The first step in establishing the MSP is to identify the chemical, biological, or physical hazards to which workers re exposed. The requires identification and inventorying all of the hazardous materials used at the worksites. The hazardous materials listed should be maintained in a file at the worksite labeled "hazardous materials inventory". This can be accomplished by the Area Managers/Supervisors with assistance from SO.

a. The District IH will schedule a time with the Area Manager to visit the work site, conduct interviews with the team members, list hazardous materials, and conduct air sampling, noise measurements of ventilation measurements. After the chemical, biological, and physical hazards have been identified, the degree of exposure will be determined by the District IH.

b. Information collected during the industrial hygiene survey to access the degree of exposure include; how the hazardous material are used, what quantities are used, the amount of time the team member works with the material, toxicity of the material, and air sampling results. The industrial hygiene survey and sampling results will be forwarded to the Area Manager. The degree of exposure will play a significant role in determining what team members shall be enrolled in the MSP.

c. Upon completion of the survey, the IH will prepare;

(1) A written report (trip report) on the exposures.

(2) Advice to the supervisor on how to complete the medical forms SF 78 & 93.

(3) Assist the supervisor on completing the respirator clearance forms, and provide guidance on training requirements and sources.

(4) Conduct liaison with the MEDDACs to ensure that they provide the required medical services. Should a district element decide to contract out medical services for the purposes of medical surveillance, the cost of all contracted out medical service conducted outside of the MEDDACs is the responsibility of the district element that incurs it. Medical surveillance contractor must meet requirements in item 14.

12. Preplacement Examinations. Preplacement examinations ensure that team members are capable of performing their job without endangering their health or the health of co-workers due to pre-existing health conditions. Baseline examinations are similar but serve the purpose of establishing the health status of a person as a reference to compare with before working with hazardous materials during periodical medical examinations and at termination.

a. Certain work environments may not be favorable to team members with health problems. Oftentimes, the work environment can contribute to health problems that's presently being controlled with medication but exposures to airborne lead concentrations above the limits can cause high blood pressure.

b. Some job descriptions require a team member to

DR 385-1-12
31 Jan 94

occasionally wear Personal Protective Equipment (PPE). Prior to the job assignment, the preplacement examination will medically determine whether the team member is physically able to perform their job while wearing PPE.

13. Periodic Medical Examination. Based on the results of the industrial hygiene survey data or approval of the SO medical surveillance request form, the district IH will furnish exposure data to the occupational health clinic identifying team members who qualify for medical surveillance.

a. The Occupational Health Nurse (OHN) will coordinate with the supervisors scheduling the team members visits to the clinic.

b. Once at the clinic, the team member will receive the required medical tests and examinations based entirely upon the results of the industrial hygiene survey, sampling data, or medical surveillance request form information.

c. Once the team member has been selected to be enrolled in the MSP and has received the initial baseline physical examination, the parameters are now set in place to monitor his/her condition as they perform their job using hazardous materials. The object of medical monitoring is to monitor any physical changes which may have taken place due to overexposures to chemicals or physical hazards on the job. This is accomplished by periodic visits to the occupational health clinic.

14. Contracting Out Occupational Health Clinic Services

a. For civil funded activities it may be necessary to contract out occupational health services. In those instances where it is impracticable to use other federal agency medical treatment facilities, civilian physicians may be utilized. The medical services would be obtained by contract services utilizing the existing procurement procedures. Before initiating the procurement process, it will be necessary to identify physicians who could provide the required medical services.

b. The contractor must meet the standards outlined in EP 385-1-58.

c. The Safety Office must review the contract.

d. The contractor will use the appropriate government forms when forwarding information.

DR 385-1-12
31 Jan 94

e. The IH will receive the information from the supervisor in a manner consistent with that being received from the MEDDAC performed medical surveillance program.

WAYNE W. BOY
Colonel, Corps of Engineers
Commanding

DISTRIBUTION A & D
CESAS-IM-SM (5)
CESAS-SO (25)
CESAD-SO (2)