Examples of potential long latency diseases

- Asbestos and mesothelioma
- Respirable crystalline silica and lung cancer
- Beryllium and chronic beryllium disease
Workers’ Memorial Day —
April 28, 2016

Workers’ Memorial Day, observed annually on April 28, recognizes workers who suffered or died because of exposures to hazards at work. In 2014, 4,679 U.S. workers died from work-related injuries (1). Although deaths from work-related injuries are captured by surveillance systems, most deaths from work-related illness are not. In 2007, an estimated 53,445 deaths from work-related illness occurred (2). In 2014, employers reported approximately 3 million
“...the actual incidence of occupational disease is far greater than the number of disease claims that are filed and compensated in workers’ compensation systems.* Reasons for this are deeply rooted and persistent, including that proof of causation can be complex, that diseases may not develop until long after the time of exposure, and that both workers and their physicians may not be aware that the illness was occupationally caused.”

* Cites:
Employer payment for surveillance

National mandate

• certain substances
• employer-employee relationship exists

No broad national mandate

• no specific standard
• employer-employee relationship has ended, even if medical need tied to occupational exposure continues past end of employment

Examples: asbestos, beryllium*

* OSHA proposed
Partial list of OSHA standards requiring medical surveillance

- Acrylonitrile
- Arsenic
- Asbestos
- Benzene
- Bloodborne pathogens
- 1,3-Butadiene
- Cadmium
- Carcinogens (suspected)
- Coke Oven Emissions
- Compressed Air
- Cotton Dust
- 1,2-Dibromo-3-chloropropane
- Ethylene Oxide
- Formaldehyde
- Hexavalent Chromium
- HAZWOPER
- Hazardous Chemicals in Laboratories
- Methylenedianiline
- Methylene Chloride
- Noise
- Respiratory Protection
- Silica (new)
- Vinyl Chloride
Medical Surveillance for Healthcare Workers Exposed to Hazardous Drugs

Medical Surveillance

NIOSH recommends medical surveillance of workers who handle hazardous materials and are therefore at risk of adverse health effects from exposure. The goal of med-

- If an employee health unit is not available for a facility, workers should be encouraged to address exposure issues with their primary medical provider.
Not all substances are covered by a DOSH rule

Example: Partial list of hazards eligible for rescreening through DoE former worker program

• Beryllium
• Plutonium
• Epoxy resins
• Ionizing radiation
• Diesel exhaust

• Welding
• Metal Working Fluids
• Nickel
(3) Periodic medical surveillance examinations will be covered by the department or self-insurer for workers with closed claims for asbestos-related disease, to include chest X-ray abnormalities, without the necessity of filing a reopening application when such examinations are recommended by accepted medical protocol.
OSHA respirable crystalline silica rule effective June 2016, with staggered compliance dates

<table>
<thead>
<tr>
<th></th>
<th>Construction</th>
<th>General Industry and Maritime</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSHA estimates of employees potentially exposed to silica</td>
<td>2,017,417</td>
<td>294,844</td>
<td>About 2.3 million</td>
</tr>
<tr>
<td>OSHA estimates number of workers exposed over $50 \mu g/m^3$ (PEL)</td>
<td>840,000</td>
<td>100,000</td>
<td></td>
</tr>
<tr>
<td>When is surveillance required</td>
<td>Every 3 years if required to wear a respirator 30 or more days/year</td>
<td>Every 3 years if exposed over $25 \mu g/m^3$ 30 days/year (action level)</td>
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</tbody>
</table>
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