



***Don H. Mahaffey
Drilling Co.***

LEAD

DANGER

LEAD HAZARD

WORK AREA KEEP OUT

NO SMOKING, EATING, OR DRINKING



YOUR OSHA COMPLIANCE SOLUTION

TABLE OF CONTENTS

| Section | Page |
|--|-----------|
| 1 OBJECTIVE | 1 |
| 2 PROGRAM ADMINISTRATOR | 1 |
| 3 LEAD, EXPLANATION OF | 1 |
| 3.1 Background..... | 1 |
| 3.2 Methods of Exposure | 2 |
| 3.3 Health Hazards | 2 |
| 4 PERMISSIBLE EXPOSURE LIMIT | 2 |
| 5 EXPOSURE ASSESSMENT | 3 |
| 5.1 General..... | 3 |
| 5.2 Protection of Employees During Assessment of Exposure..... | 3 |
| 5.3 Basis of Initial Determination..... | 5 |
| 5.4 Positive Initial Determination and Initial Monitoring | 6 |
| 5.5 Negative Initial Determination | 6 |
| 5.6 Frequency..... | 6 |
| 5.7 Additional Exposure Assessments | 7 |
| 5.8 Employee Notification | 7 |
| 5.9 Accuracy of Measurement | 7 |
| 6 METHODS OF COMPLIANCE..... | 8 |
| 6.1 Engineering and Work Practice Controls..... | 8 |
| 6.2 Mechanical Ventilation | 8 |
| 6.3 Administrative Controls | 8 |
| 6.4 Good Work Practices | 8 |
| 7 RESPIRATORY PROTECTION | 8 |
| 7.1 General..... | 8 |
| 7.2 Respirator Program..... | 9 |
| 7.3 Respirator Selection..... | 9 |
| 8 PROTECTIVE WORK CLOTHING AND EQUIPMENT | 9 |
| 8.1 Provision and Use..... | 9 |
| 8.2 Cleaning and Replacement..... | 9 |
| 9 HOUSEKEEPING | 10 |
| 10 HYGIENE FACILITIES, PRACTICES AND REGULATED AREAS..... | 11 |
| 10.1 Work Areas | 11 |
| 10.2 Change Areas..... | 11 |
| 10.3 Showers..... | 11 |
| 10.4 Eating Facilities..... | 11 |
| 10.5 Hand Washing Facilities..... | 12 |
| 10.6 Regulated Areas | 12 |

| | | |
|-----------|--|-----------|
| 11 | MEDICAL SURVEILLANCE | 12 |
| 11.1 | General..... | 12 |
| 11.2 | Biological Monitoring..... | 13 |
| 11.3 | Medical Examinations and Consultations..... | 13 |
| 11.4 | Chelation | 16 |
| 12 | MEDICAL REMOVAL PROTECTION | 16 |
| 12.1 | Temporary Medical Removal and Return of an Employee | 16 |
| 12.2 | Medical Removal Protection Benefits..... | 18 |
| 13 | COMMUNICATION OF HAZARDS | 19 |
| 13.1 | General..... | 19 |
| 13.2 | Training Program | 19 |
| 13.3 | Certification of Training for Residential and Public Buildings..... | 20 |
| 13.4 | Access to Information, Training, and Certification Materials | 20 |
| 14 | SIGNS..... | 20 |
| 15 | RECORDKEEPING..... | 21 |
| 15.1 | Exposure Assessment | 21 |
| 15.2 | Medical Surveillance | 22 |
| 15.3 | Medical Removals..... | 22 |
| 15.4 | Objective Data for Exemption from Requirement for Initial Monitoring..... | 23 |
| 15.5 | Availability..... | 23 |
| 15.6 | Transfer of Records | 23 |
| 16 | OBSERVATION OF MONITORING | 24 |
| 16.1 | Employee Observation..... | 24 |
| 16.2 | Observation Procedures | 24 |
| 17 | LEAD-WORK PRE-JOB NOTIFICATION | 24 |
| 18 | APPENDICES | 25 |
| | APPENDIX 1 – DEFINITIONS | 26 |
| | APPENDIX 2 – SUBSTANCE DATA SHEET FOR OCCUPATIONAL EXPOSURE TO LEAD | 27 |
| | APPENDIX 3 – EMPLOYEE STANDARD SUMMARY | 31 |
| | APPENDIX 4 – 1532.1 LEAD, APPENDIX C..... | 43 |
| | APPENDIX 5 – LEAD EXPOSURE AND CONTROL PLAN..... | 56 |
| | APPENDIX 6 – LEAD EXPOSURE ASSESSMENT | 57 |
| | APPENDIX 7 – MEDICAL SURVEILLANCE | 58 |
| | APPENDIX 8 – MEDICAL REMOVAL..... | 59 |
| | APPENDIX 9 – LEAD WORK PRE-JOB NOTIFICATION | 60 |

1 OBJECTIVE

It is the intent of Don H. Mahaffey Drilling Co. to provide a safe and healthful workplace for employees. Don H. Mahaffey Drilling Co. has developed the following Lead program to establish, implement, and maintain an effective exposure control plan as required by the California Code of Regulations, Title 8, Section 1532.1.

2 PROGRAM ADMINISTRATOR

Don H. Mahaffey Drilling Co. has designated Ashley Mahaffey Tullius for the implementation of the Lead program. Ashley Mahaffey Tullius will be responsible for:

- a. Identifying work areas, processes, or tasks that could potentially expose employees to lead;
- b. Enforcing methods of exposure control;
- c. Providing a description of each operation in which lead is emitted (refer to Appendix 4 for an operations list);
- d. Maintaining records pertaining to the program; and
- e. Maintaining, reviewing, and updating the Lead Program at least every 6 months to reflect the current status.

3 LEAD, EXPLANATION OF

3.1 Background

Pure lead (Pb) is a heavy metal at room temperature and pressure. A basic chemical element, it can combine with various other substances to form numerous lead compounds. Although the Consumer Product Safety Commission banned the use of lead-based paint in residences due to lead-based paint inhibiting rust and corrosion of iron and steel, lead continues to be used on bridges, railways, ships, lighthouses, and other steel structures.

Workers potentially at risk for lead exposure include those involved in:

- Iron work;
- Demolition work;
- Painting, spray painting with lead-based paint;
- Lead-based paint abatement;
- Plumbing;
- Heating/air conditioning maintenance and repair;
- Electrical work;
- Carpentry, renovation, remodeling work;
- Welders;
- Abrasive blasting;
- Welding, cutting, and burning on steel structures;
- Using lead-containing mortar;
- Cleanup activities where dry expendable abrasives are used;
- Manual dry scraping and sanding;
- Heat-gun applications; and
- Power tool cleaning with or without dust collection systems.

3.2 Methods of Exposure

Occupational exposure to lead can occur through inhalation of airborne particles containing lead and ingestion.

When lead is scattered in the air as a dust, fume or mist, it can be inhaled and absorbed through the lungs and upper respiratory tract. Handling food, cigarettes, chewing tobacco, or make-up which have lead on them or handle them with hands contaminated with lead, will contribute to ingestion. When absorbed into the body in high enough doses, lead can be toxic.

3.3 Health Hazards

Lead has been poisoning workers for thousands of years. Once a significant portion of the lead inhaled or ingested gets into the bloodstream, lead circulates through the body and is stored in various organs and body tissues. Some of this lead is filtered out of the body quickly and excreted, but some remains in the blood and tissues. As exposure continues, the amount stored will increase if the body absorbs more lead than it excretes. The lead stored in the tissue can slowly cause irreversible damage, first to individual cells, then to organs and whole body systems. Lead can damage the central nervous system, cardiovascular system, reproductive system, hematological system, and kidneys.

Some of the common symptoms include:

- Loss of appetite;
- Constipation;
- Nausea;
- Excessive tiredness;
- Headache;
- Fine tremors;
- Colic with severe abdominal pain;
- Metallic taste in the mouth;
- Weakness;
- Nervous irritability;
- Hyperactivity;
- Muscle and joint pain or soreness
- Anxiety;
- Pallor;
- Insomnia;
- Numbness; and
- Dizziness

Lead is toxic to both male and female reproductive systems. Lead can alter the structure of sperm cells in men; and evidence of miscarriage and stillbirth in women exposed to lead or whose partners have been exposed. Children born to parents exposed to excess lead levels are more likely to have birth defects, mental retardation, behavioral disorders, or die during the first year of childhood.

4 PERMISSIBLE EXPOSURE LIMIT

- 4.1 No employee will be exposed to lead at concentrations greater than fifty micrograms per cubic meter of air ($50 \mu\text{g}/\text{m}^3$) averaged over an 8-hour period.

- 4.2 If an employee is exposed to lead for more than 8 hours in any work day the employees' allowable exposure, as a time weighted average (TWA) for that will be reduced according to the following formula:

Allowable employee exposure (in $\mu\text{g}/\text{m}^3$) = 400 divided by hours worked in the day

- 4.3 When respirators are used to limit employee exposure as required by this subsection and all requirements of subsection 6.1 and section 7 have been met, employee exposure may be considered to be at the level provided by the protection factor of the respirator for those periods the respirator is worn. Those periods may be averaged with exposure levels during periods when respirators are not worn to determine the employee's daily TWA exposure.

5 EXPOSURE ASSESSMENT

5.1 General

- 5.1.1 Where Don H. Mahaffey Drilling Co. has a workplace or operation that is covered by this program, an initial determination will be made to determine if any employee will be exposed to lead at or above the action level.
- 5.1.2 For the purposes of this section, employee exposure is that exposure which would occur if the employee were not using a respirator.
- 5.1.3 With the exception of monitoring under subsection 5.3, personal samples will be collected, representative of a full shift including at least one sample for each job classification in each work area either for each shift or for the shift with the highest exposure level.
- 5.1.4 Full shift personal samples will be representative of the monitored employee's regular, daily exposure to lead.

5.2 Protection of Employees During Assessment of Exposure

- 5.2.1 With respect to the lead related tasks listed in this subsection, until an exposure assessment can be performed and it is documented that employees performing any of the listed tasks are not exposed above the PEL, employees will be treated as if the employees exposed above the PEL, and not in excess of ten (10) times the PEL, and employee protective measures will be implemented as prescribed in 5.2.5. The tasks covered by this requirement are:
- Where lead containing coatings or paint are present: manual demolition of structures (e.g., dry wall), manual scraping, manual sanding, heat gun applications, and power tool cleaning with dust collection systems;
 - Spray painting with lead paint.
- 5.2.2 In addition, with regard to tasks not listed in subsection 5.2.1, where there are any reasons to believe that an employee performing the task may be exposed to lead in excess of the PEL, employees will be treated as if the employees were exposed above the PEL and employee protective

measures will be implemented as described in subsection 5.2.5, until an exposure assessment has been performed and it has been documented that the employee's lead exposure is not above the PEL.

- 5.2.3 With respect to tasks listed in this subsection, where lead is present, employees will be treated as if the employees were exposed to lead in excess of 500 $\mu\text{g}/\text{m}^3$ and employee protective measures will be implemented as prescribed in subsection 5.2.5, until an exposure assessment can be performed and it has been documented that the employees performing any of the listed tasks are not exposed in excess of 500 $\mu\text{g}/\text{m}^3$. Where it has been established that employees are exposed to levels of lead below 500 $\mu\text{g}/\text{m}^3$, the exposed employees may be provided with the appropriate respirator prescribed for such use at such lower exposures, in accordance with Table 1 of this program. The tasks covered by this requirement are:
- Using lead containing mortar; lead burning
 - Where lead containing coatings or paint are present: rivet busting; power tool cleaning without dust collection systems; cleanup activities where dry expendable abrasives are used; and abrasive blasting enclosure movement and removal.
- 5.2.4 With respect to tasks listed in this subsection, where lead is present, employees will be treated as if the employees are exposed to lead in excess of 2,500 $\mu\text{g}/\text{m}^3$ and employee protective measures will be implemented as prescribed in subsection 5.2.5, until an exposure assessment can be performed and it has been documented that employees performing any of the listed tasks are not exposed to lead in excess of 2,500 $\mu\text{g}/\text{m}^3$. Where it has been established that employees are exposed to levels of lead below 2,500 $\mu\text{g}/\text{m}^3$, exposed employees may be provided with the appropriate respirator prescribed for use at such lower exposures, in accordance with Table 1 of the respiratory protection program. Interim protection as described in this subsection are required where lead containing coatings or paint are present on structures when performing:
- Abrasive blasting,
 - Welding,
 - Cutting, and
 - Torch burning.
- 5.2.5 Until an exposure assessment has been performed as required under this section, and employee actual exposures have been determined, employees performing the tasks described in subsections 5.2.1, 5.2.2, 5.2.3, and 5.2.4 will be provided with interim protection as follows:
- Appropriate respiratory protection in accordance with section 7.
 - Appropriate personal protective clothing and equipment in accordance with section 8.
 - Change areas in accordance with subsection 10.2.
 - Hand washing facilities in accordance with subsection 10.5.
 - Biological monitoring in accordance with subsection 11.1.1, to consist of blood sampling and analysis for lead and zinc protoporphyrin levels, and
 - Training as required under subsection 13.2 regarding California Code of Regulations Title 8, section 5194, Hazard Communication; training as required under subsection 13.2(c), regarding use of respirators; and

training in accordance with California Code of Regulations Title 8, section 1510, Safety Instructions for Employees.

5.3 Basis of Initial Determination

- 5.3.1 Except as provided under subsections 5.3.3 and 5.3.4, employee exposure will be monitored and will base initial determinations on the employee exposure monitoring results and any of the following, relevant considerations:
 - a. Any information, observations, or calculations which would indicate employee exposure to lead;
 - b. Any previous measurements of airborne lead; and
 - c. Any employee complaints of symptoms which may be attributable to exposure to lead.
- 5.3.2 Monitoring for the initial determination where performed may be limited to a representative sample of the exposed employees who are reasonably believed to be exposed to the greatest airborne concentrations of lead in the workplace.
- 5.3.3 Where Don H. Mahaffey Drilling Co. has previously monitored for lead exposures, and the data was obtained within the past 12 months during work operations conducted under workplace conditions closely resembling the process, type of material, control methods, work practices, and environmental conditions used and prevailing in current operations, such earlier monitoring results may be relied on to satisfy the requirement of subsection 5.3.1 and subsection 5.6 if the sampling and analytical methods meet the accuracy and confidence levels of subsection 5.9.
- 5.3.4 Where there is objective data, demonstrating that a particular product or material containing lead or a specific process, operation or activity involving lead cannot result in employee exposure to lead at or above the action level during processing, use, or handling, such data may be relied on instead of implementing initial monitoring.
 - a. An accurate record documenting the nature and relevance of objective data as specified in subsection 15.4, where used in assessing employee exposure in lieu of exposure monitoring will be established and maintained.
 - b. Objective data, as described in subsection 5.3.3, will not be permitted to be used for exposure assessment in connection with subsection 5.2.
 - c. Objective data for surface coatings and materials that contain lead will meet the following methodology:
 - 1. Lead analysis will be performed for each unique surface coating and material that may constitute a health hazard to employees engaged in activities within the scope of this section and;
 - 2. Analysis of surface coatings and materials will be performed in a manner that meets the requirements of subsection 5.9 and will be recorded, as described in subsection 15.4.

5.4 Positive Initial Determination and Initial Monitoring

- 5.4.1 Where a determination conducted under subsections 5.1, 5.2, and 5.3 shows the possibility of any employee exposure at or above the action level monitoring which is representative of the exposure for each employee in the workplace who is exposed to lead will be conducted.
- 5.4.2 Where Don H. Mahaffey Drilling Co. has previously monitored for lead exposures, and the data was obtained within the past 12 months during work operations conducted under workplace conditions closely resembling the process, type of material, control methods, work practices, and environmental conditions used and prevailing in current operations, such earlier monitoring results may be relied on to satisfy the requirement of subsection 5.3.1 and subsection 5.6 if the sampling and analytical methods meet the accuracy and confidence levels of subsection 5.9.
- 5.4.3 Objective data for an initial assessment that demonstrate surface coating or material that contain lead at concentrations equal to or exceeding 0.06% lead dry weight (600 ppm) demonstrate the presence of lead surface coatings or material that constitute a health hazard to employees engaged in lead-related construction work. The lead concentration of paint or materials is based on the lead content in the nonvolatile components of the surface coating or material such as paint. Objective data as described in this subsection will not be permitted to be used in lieu of exposure assessment in connection with lead-related tasks listed in subsection 5.2.

5.5 Negative Initial Determination

- 5.5.1 Where a determination, conducted under subsections 5.1, 5.2, and 5.3 has been made that no employee is exposed to airborne concentrations of lead at or above the action level, a written record will be made of such determination. The record will include at least the information in 5.3.1 and will also include the date of determination, location within the worksite, and the name and social security number of each employee monitored.
- 5.5.2 Objective data that meet the requirements of subsection 15.4 for an initial assessment that demonstrate surface coating or material that contain lead at concentrations less than 0.06% lead dry weight (600 ppm) are sufficient to establish a negative determination. The lead concentration of surface coatings or materials is based on the lead content in the nonvolatile components of the surface coating or material such as paint. Objective data as described in this subsection will not be permitted to be used in lieu of exposure assessment in connection with lead-related tasks listed in subsection 5.2.

5.6 Frequency

- 5.6.1 If the initial determination reveals employee exposure to be below the action level further exposure determination need not be repeated except as otherwise provided in subsection 5.7.

- 5.6.2 If the initial determination or subsequent determination reveals employee exposure to be at or above the action level but at or below the PEL, monitoring will be performed in accordance with this subsection at least every 6 months. Monitoring will continue at the required frequency until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time monitoring may be discontinued for that employee except as otherwise provided in subsection 5.7.
- 5.6.3 If the initial determination reveals that employee exposure is above the PEL, monitoring will be performed quarterly. Monitoring will continue at the required frequency until at least two consecutive measurements, taken at least 7 days apart, are at or below the PEL but at or above the action level at which time monitoring will be repeated for the employee at the frequency specified in 5.6.2, except as otherwise provided in subsection 5.7. Monitoring will continue at the required frequency until at least two consecutive measurements, taken at least 7 days apart, are below the action level at which time monitoring may be discontinued, except as otherwise provided in subsection 5.7.

5.7 Additional Exposure Assessments

Whenever there has been a change of equipment, process, control, personnel or a new task has been initiated that may result in additional employees being exposed to lead at or above the action level or may result in employees already exposed at or above the action level being exposed above the PEL, additional monitoring will be conducted in accordance with this subsection.

5.8 Employee Notification

- 5.8.1 Within 5 working days after completion of the exposure assessment, each employee will be notified in writing of the results which represent that employee's exposure.
- 5.8.2 Whenever the results indicate that the representative employee exposure, without regard to respirators, is at or above the PEL, the written notice will include a statement that the employee's exposure was at or above that level and a description of the corrective action taken or to be taken to reduce exposure to below that level.

5.9 Accuracy of Measurement

A method of monitoring and analysis which has an accuracy (to a confidence level of 95%) of not less than plus or minus 25 percent for airborne concentrations of lead equal to or greater than 30 $\mu\text{g}/\text{m}^3$ will be used. Methods for the determination of lead concentrations of surface coatings and material will be determined by methods which have an accuracy (to a confidence level of 95 percent) of not less than plus or minus 25 percent at 0.06% lead dry weight (600 ppm).

6 METHODS OF COMPLIANCE

6.1 Engineering and Work Practice Controls

Engineering and work practice controls, including administrative controls, will be implemented to reduce and maintain employee exposure to lead to or below the permissible exposure limit to the extent that such controls are feasible. Wherever all feasible engineering and work practices controls that can be instituted are not sufficient to reduce employee exposure to or below the permissible exposure limit prescribed in section 4, they will nonetheless be used to reduce employee exposure to the lowest feasible level and their use will be supplemented by the use of respiratory protection that complies with the requirements of section 7.

6.2 Mechanical Ventilation

When ventilation is used to control lead exposure, the mechanical performance of the system in controlling exposure as necessary to maintain its effectiveness will be evaluated.

6.3 Administrative Controls

If administrative controls are used as a means of reducing employees TWA exposure to lead, a job rotation schedule that includes the following will be established and implemented:

- a. Name or identification number of each affected employee;
- b. Duration and exposure levels at each job or work station where each affected employee is located; and
- c. Any other information which may be useful in assessing the reliability of administrative controls to reduce exposure to lead.

6.4 Good Work Practices

To the extent relevant, it will be ensured that employees follow good work practices such as described in Appendix 3 of this program.

7 RESPIRATORY PROTECTION

7.1 General

For employees who use respirators required by this program, respirators that comply with the requirements of this subsection will be provided. Respirators will be used during:

- a. Periods when an employee's exposure to lead exceeds the PEL;
- b. Work operations for which engineering controls and work practices are not sufficient to reduce exposures to or below the PEL;
- c. Periods when an employee requests a respirator; and
- d. Periods when respirators are required to provide interim protection for employees while they perform the operations specified in subsection 5.2.

7.2 Respirator Program

- 7.2.1 A respiratory protection program will be implemented in accordance with California Code of Regulation Title 8, section 5144.
- 7.2.2 If an employee exhibits breathing difficulty during fit testing or respirator use, the employee will be provided with a medical examination in accordance with subsection 11.3.1(b) to determine if the employee can use a respirator while performing the required duties.

7.3 Respirator Selection

- 7.3.1 The appropriate respirator or combination of respirators specified in subsection 4.3 of the respiratory protection program will be selected and provided to employees.
- 7.3.2 A powered, air-purifying respirator will be provided in lieu of the respirator specified in subsection 4.3 of the respiratory protection program whenever:
 - a. An employee chooses to use this type of respirator; and
 - b. This respirator will provide adequate protection to the employee.
- 7.3.3 A full facepiece respirator instead of a half mask respirator will be provided to employees for protection against lead aerosols that may cause eye or skin irritation at the use concentrations.
- 7.3.4 HEPA filters will be provided for powered and non-powered air-purifying respirators.

8 PROTECTIVE WORK CLOTHING AND EQUIPMENT

8.1 Provision and Use

Where an employee is exposed to lead above the PEL without regard to the use of respirators, where employees are exposed to lead compounds which may cause skin or eye irritation (e.g. lead arsenate, lead azide), and as interim protection for employees performing tasks as specified in subsection 5.2, appropriate protective clothing will be provided at no cost to the employee and employees will use appropriate protective work clothing and equipment that prevents contamination of the employee and the employee's garments such as, but not limited to:

- a. Coveralls or similar full-body work clothing;
- b. Gloves, hats, and shoes or disposable shoe coverlets; and
- c. Face shields, vented goggles, or other appropriate protective equipment which complies with California Code of Regulations Title 8, section 1516.

8.2 Cleaning and Replacement

- 8.2.1 Protective clothing required in subsection 8.1 will be provided in a clean and dry condition at least weekly, and daily to employees whose exposure levels without regard to a respirator are over 200 µg/m³ of lead as an 8-hour TWA.

- 8.2.2 The cleaning, laundering, and disposal of protective clothing and equipment required by subsection 8.1 will be provided by Don H. Mahaffey Drilling Co.
- 8.2.3 Protective clothing and equipment will be repaired or replaced as needed to maintain their effectiveness.
- 8.2.4 All protective clothing will be removed at the completion of a work shift only in change areas provided for that purpose as prescribed in subsection 10.2.
- 8.2.5 Contaminated protective clothing which is to be cleaned, laundered, or disposed of, will be placed in a closed container in the change area which prevents dispersion of lead outside the container.
- 8.2.6 Any person who cleans or launders protective clothing or equipment will be informed in writing of the potentially harmful effects of exposure to lead.
- 8.2.7 Containers of contaminated protective clothing and equipment required by subsection 8.2.5 will be labeled as follows:
- DANGER: CLOTHING AND EQUIPMENT CONTAMINATED WITH LEAD, MAY DAMAGE FERTILITY OR THE UNBORN CHILD. CAUSES DAMAGE TO THE CENTRAL NERVOUS SYSTEM. DO NOT EAT, DRINK OR SMOKE WHEN HANDLING. DO NOT REMOVE DUST BY BLOWING OR SHAKING. DISPOSE OF LEAD CONTAMINATED WASH WATER IN ACCORDANCE WITH APPLICABLE LOCAL, STATE, OR FEDERAL REGULATIONS.
- 8.2.8 The removal of lead from protective clothing or equipment by blowing, shaking, or any other means which disperses lead into the air will be prohibited.

9 HOUSEKEEPING

- 9.1 All surfaces will be maintained as free as practicable of accumulations of lead.
- 9.2 Clean-up of floors and other surfaces where lead accumulates will be cleaned wherever possible by vacuuming or other methods that minimize the likelihood of lead becoming airborne.
- 9.3 Shoveling, dry or wet sweeping, and brushing may be used only where vacuuming or other equally effective methods have been tried and found not to be effective.
- 9.4 Where vacuuming methods are selected, the vacuums will be equipped with HEPA filters and used and emptied in a manner which minimizes the reentry of lead into the workplace.
- 9.5 Compressed air will not be used to remove lead from any surface unless the compressed air is used in conjunction with a ventilation system designed to capture the airborne dust created by the compressed air.

10 HYGIENE FACILITIES, PRACTICES AND REGULATED AREAS

10.1 Work Areas

- 10.1.1 Food or beverages will not be present or consumed in areas where employees are exposed to lead above the PEL without regard to the use of respirators.
- 10.1.2 Tobacco products will not be present or used in areas where employees are exposed to lead above the PEL without regard to the use of respirators.
- 10.1.3 Cosmetics will not be applied in in areas where employees are exposed to lead above the PEL without regard to the use of respirators.

10.2 Change Areas

- 10.2.1 Clean change areas will be provided for employees whose airborne exposure to lead is above the PEL, and as interim protection for employees performing tasks as specified in subsection 5.2, without regard to the use of respirators.
- 10.2.2 Change areas will be equipped with separate storage facilities for protective work clothing and equipment and for street clothes which prevent cross-contamination.
- 10.2.3 Employees will not leave the workplace wearing any protective clothing or equipment that is required to be worn during the work shift.

10.3 Showers

- 10.3.1 Shower facilities, where feasible, will be provided for use by employees whose airborne exposure to lead is above the PEL.
- 10.3.2 Where shower facilities are available, employees will shower at the end of the work shift and will be provided with an adequate supply of cleansing agents and towels for use by affected employees.

10.4 Eating Facilities

- 10.4.1 Lunchroom facilities or eating areas will be provided for employees whose airborne exposure to lead is above the PEL, without regard to the use of respirators.
- 10.4.2 Lunchroom facilities or eating areas will be free as practicable from lead contamination and will be readily accessible to employees.
- 10.4.3 Employees whose airborne exposure to lead is above the PEL, without regard to the use of a respirator, will wash their hands and face prior to eating, drinking, smoking or applying cosmetics.

- 10.4.4 Employees will not enter lunchroom facilities or eating areas with protective work clothing or equipment unless surface lead dust has been removed by vacuuming, downdraft booth, or other cleaning method that limits dispersion of lead dust.

10.5 Hand Washing Facilities

- 10.5.1 Adequate hand washing facilities will be provided for use by employees exposed to lead in accordance with the California Code of Regulations Title 8, section 1527,
- 10.5.2 Where showers are not provided, employees will wash their hands and face at the end of the work-shift.

10.6 Regulated Areas

- 10.6.1 Regulated areas, where feasible, will be established for work areas where employees are exposed to lead at or above the PEL or performing the tasks described in subsection 5.2.
- 10.6.2 Regulated areas will be posted with signs as described in subsection 14.1.
- 10.6.3 Access to the regulated area will be restricted to employees authorized by the supervisor, to representatives of affected employees, as described in section 16 and to persons authorized by the Chief or NIOSH.
- 10.6.4 Each employee authorized to enter the regulated area will be provided with and be required to wear protective equipment required by sections 7 and 8.

11 MEDICAL SURVEILLANCE

11.1 General

- 11.1.1 Initial medical surveillance will be made available to employees occupationally exposed on any day to lead at or above the action level. Initial medical surveillance consists of biological monitoring in the form of blood sampling and analysis for lead and zinc protoporphyrin levels.
- 11.1.2 A medical surveillance program will be instituted in accordance with subsections 11.2 and 11.3 for all employees who are or may be exposed at or above the action level for more than 30 days in any consecutive 12 months.
- 11.1.3 All medical examinations and procedures will be performed by or under the supervision of a licensed physician.
- 11.1.4 Required medical surveillance, including multiple physician review under subsection 11.3.3 will be made available without cost to employees and at a reasonable time and place.

11.2 Biological Monitoring

11.2.1 Blood Lead and ZPP Level Sampling and Analysis

Biological monitoring in the form of blood sampling and analysis will be made available for lead and zinc protoporphyrin levels to each employee covered under subsections 11.1.1 and 11.1.2 on the following schedule:

- a. For each employee covered under subsection 11.1.2, at least every 2 months for the first 6 months and every 6 months thereafter;
- b. For each employee covered under subsections 11.1.1 or 11.1.2 whose last blood sampling and analysis indicated a blood lead level at or above 40 µg/dl, at least every two months. This frequency will continue until two consecutive blood samples and analyses indicate a blood lead level below 40 µg/dl; and
- c. For each employee who is removed from exposure to lead due to an elevated blood lead level at least monthly during the removal period.

11.2.2 Follow-up Blood Sampling Tests

Whenever the results of a blood lead level test indicate that an employee's blood lead level is at or above the numerical criterion for medical removal under subsection 12.1.1, a second (follow-up) blood sampling test will be provided within two weeks after Don H. Mahaffey Drilling Co. receives the results of the first blood sampling test.

11.2.3 Accuracy of Blood Lead Level Sampling and Analysis

Blood lead level sampling and analysis provided pursuant to this section will have an accuracy (to a confidence level of 95 percent) within plus or minus 15 percent or 6 µg/dl, whichever is greater, and will be conducted by a laboratory approved by OSHA.

11.2.4 Employee Notification

- a. Within five working days after the receipt of biological monitoring results, each employee will be notified in writing of his or her blood level; and
- b. Each employee whose blood lead level is at or above 40 µg/dl will be notified that the program requires temporary medical removal with Medical Removal Protection benefits when an employee's blood lead level is at or above the numerical criterion for medical removal under subsection 12.1.1.

11.3 Medical Examinations and Consultations

11.3.1 Frequency

Medical examinations and consultations will be made available to each employee covered under subsection 11.1.2 on the following schedule:

- a. At least annually for each employee for whom a blood sampling test conducted at any time during the preceding 12 months indicated a blood lead level at or above 40 µg/dl;
- b. As soon as possible, upon notification by an employee either that the employee has developed signs or symptoms commonly associated with lead intoxication, that the employee desires medical advice concerning the effects of current or past exposure to lead on the employee's ability to procreate a healthy child, that the employee is pregnant, or that the

- employee has demonstrated difficulty in breathing during a respirator fitting test or during use; and
- c. As medically appropriate for each employee either removed from exposure to lead due to a risk of sustaining material impairment to health, or otherwise limited pursuant to a final medical determination.

11.3.2 Content

The content of medical examinations made available pursuant to subsection 11.3.1(b)-(c) will be determined by an examining physician and, if requested by an employee, will include pregnancy testing or laboratory evaluation of male fertility. Medical examinations made available pursuant to subsection 11.3.1(a) will include the following elements:

- a. A detailed work history and a medical history, with particular attention to past lead exposure (occupational and non-occupational), personal habits (smoking, hygiene), and past gastrointestinal, hematologic, renal, cardiovascular, reproductive and neurological problems;
- b. A thorough physical examination, with particular attention to teeth, gums, hematologic, gastrointestinal, renal, cardiovascular, and neurological systems. Pulmonary status should be evaluated if respiratory protection will be used;
- c. A blood pressure measurement;
- d. A blood sample and analysis which determines:
 - 1. Blood lead level;
 - 2. Hemoglobin and hematocrit determinations, red cell indices, and examination of peripheral smear morphology;
 - 3. Zinc protoporphyrin;
 - 4. Blood urea nitrogen; and,
 - 5. Serum creatinine.
- e. A routine urinalysis with microscopic examination; and
- f. Any laboratory or other test relevant to lead exposure which the examining physician deems necessary by sound medical practice.

11.3.3 Multiple Physician Review Mechanism

- a. If Don H. Mahaffey Drilling Co. selects the initial physician who conducts any medical examination or consultation provided to an employee under this section, the employee may designate a second physician:
 - 1. To review any findings, determinations or recommendations of the initial physician; and
 - 2. To conduct such examinations, consultations, and laboratory tests as the second physician deems necessary to facilitate this review.
- b. Employees will be promptly notified of the right to seek a second medical opinion after each occasion that an initial physician conducts a medical examination or consultation pursuant to this section. Participation in and payment for the multiple physician review mechanism may have conditions for employees doing the following within fifteen (15) days after receipt of the foregoing notification, or receipt of the initial physician's written opinion, whichever is later:
 - 1. The employee informing Don H. Mahaffey Drilling Co. that he or she intends to seek a second medical opinion, and
 - 2. The employee initiating steps to make an appointment with a second physician.

- c. If the findings, determinations or recommendations of the second physician differ from those of the initial physician, then Don H. Mahaffey Drilling Co. and the employee will assure that efforts are made for the two physicians to resolve any disagreement.
- d. If the two physicians have been unable to quickly resolve their disagreement, then Don H. Mahaffey Drilling Co. and the employee through their respective physicians will designate a third physician:
 - 1. To review any findings, determinations or recommendations of the prior physicians; and
 - 2. To conduct such examinations, consultations, laboratory tests and discussions with the prior physicians as the third physician deems necessary to resolve the disagreement of the prior physicians.
- e. Don H. Mahaffey Drilling Co. will act consistent with the findings, determinations and recommendations of the third physician, unless Don H. Mahaffey Drilling Co. and the employee reach an agreement which is otherwise consistent with the recommendations of at least one of the three physicians.

11.3.4 Information Provided to Examining and Consulting Physicians

- a. Under this section, a medical examination or consultation will be provided with the following information:
 - 1. A copy of this program for lead including all Appendices;
 - 2. A description of the affected employee's duties as they relate to the employee's exposure;
 - 3. The employee's exposure level or anticipated exposure level to lead and to any other toxic substance (if applicable);
 - 4. A description of any personal protective equipment used or to be used;
 - 5. Prior blood lead determinations; and
 - 6. All prior written medical opinions concerning the employee in Don H. Mahaffey Drilling Co.'s possession or control.
- b. The foregoing information will be provided to a second or third physician conducting a medical examination or consultation under this section upon request either by the second or third physician, or by the employee.

11.3.5 Written Medical Opinions

- a. A written medical opinion will be obtained and a copy will be furnished to employees from each examining or consulting physician which contains only the following information:
 - 1. The physician's opinion as to whether the employee has any detected medical condition which would place the employee at increased risk of material impairment of the employee's health from exposure to lead;
 - 2. Any recommended special protective measures to be provided to the employee, or limitations to be placed upon the employee's exposure to lead;
 - 3. Any recommended limitations upon the employee's use of respirators, including a determination of whether the employee can wear a powered air purifying respirator if a physician determines that the employee cannot wear a negative pressure respirator; and
 - 4. The results of the blood lead determinations.

- b. Each examining and consulting physician will be instructed to:
 - 1. Not reveal either in the written opinion or orally, or in any other means of communication with Don H. Mahaffey Drilling Co., findings, including laboratory results, or diagnoses unrelated to an employee's occupational exposure to lead; and
 - 2. Advise the employee of any medical condition, occupational or nonoccupational, which dictates further medical examination or treatment.

11.3.6 Alternate Physician Determination Mechanisms

Don H. Mahaffey Drilling Co. and an employee or authorized employee representative may agree upon the use of any alternate physician determination mechanism in lieu of the multiple physician review mechanism provided by subsection 11.3.3 so long as the alternate mechanism is as expeditious and protective as the requirements contained in this subsection.

11.4 Chelation

- 11.4.1 Any person who is retained, employed, supervised, or controlled by Don H. Mahaffey Drilling Co. will not engage in prophylactic chelation of any employee at any time.
- 11.4.2 If therapeutic or diagnostic chelation is to be performed by any person in subsection 11.4.1, it will be done under the supervision of a licensed physician in a clinical setting with thorough and appropriate medical monitoring and that the employee is notified in writing prior to its occurrence.

12 MEDICAL REMOVAL PROTECTION

12.1 Temporary Medical Removal and Return of an Employee

12.1.1 Temporary Removal Due to Elevated Blood Lead Level

An employee will be removed from work having an exposure to lead at or above the action level on each occasion that a periodic and a follow-up blood sampling test conducted pursuant to this section indicate that the employee's blood lead level is at or above 50 µg/dl.

12.1.2 Temporary Removal Due to a Final Medical Determination

- a. An employee who has an exposure to lead at or above the action level will be removed from work on each occasion that a final medical determination results in a medical finding, determination, or opinion that the employee has a detected medical condition which places the employee at increased risk of material impairment to health from exposure to lead.
- b. For the purposes of this section, the phrase "final medical determination" means the written medical opinion on the employees' health status by the examining physician or, where relevant, the outcome of the multiple physician review mechanism or alternate medical determination mechanism used pursuant to the medical surveillance provisions of this section.

- c. Where a final medical determination results in any recommended special protective measures for an employee, or limitations on an employee's exposure to lead, Don H. Mahaffey Drilling Co. will implement and act consistent with the recommendation.

12.1.3 Return of the Employee to Former Job Status

- a. An employee will be returned to his or her former job status:
 - 1. For an employee removed due to a blood lead level at or above 50 µg/dl when two consecutive blood sampling tests indicate that the employee's blood lead level is below 40 µg/dl;
 - 2. For an employee removed due to a final medical determination, when a subsequent final medical determination results in a medical finding, determination, or opinion that the employee no longer has a detected medical condition which places the employee at increased risk of material impairment to health from exposure to lead.
- b. For the purposes of this section, the return of employees to his or her former job status is not intended to expand upon or restrict any rights an employee has or would have had, absent temporary medical removal, to a specific job classification or position under the terms of a collective bargaining agreement.

12.1.4 Removal of Other Employee Special Protective Measure or Limitations

Any limitations placed on an employee or the end of any special protective measures provided to an employee will be removed pursuant to a final medical determination when a subsequent final medical determination indicates that the limitations or special protective measures are no longer necessary.

12.1.5 Don H. Mahaffey Drilling Co.'s Options pending a Final Medical Determination

Where the multiple physician review mechanism, or alternate medical determination mechanism used pursuant to the medical surveillance provisions of this section, has not yet resulted in a final medical determination with respect to an employee, Don H. Mahaffey Drilling Co. will act on the following:

- a. The employee may be removed from exposure to lead, be provided special protective measures, or have limitations placed upon him or her that are consistent with the medical findings, determinations, or recommendations of any of the physicians who have reviewed the employee's health status.
- b. The employee may return to his or her former job status, have any special protective measures ended, or have any limitations that were placed upon his or her removed that are consistent with the medical findings, determinations, or recommendations of any of the physicians who have reviewed the employee's health status, with two exceptions. If:
 - 1. The initial removal, special protection, or limitation of the employee resulted from a final medical determination which differed from the findings, determinations, or recommendations of the initial physician or;

2. If the employee has been on removal status for the preceding eighteen months due to an elevated blood lead level, then Don H. Mahaffey Drilling Co. will await a final medical determination.

12.2 Medical Removal Protection Benefits

12.2.1 Provision of Medical Removal Protection Benefits

An employee will be provided with up to eighteen (18) months of medical removal protection benefits on each occasion that an employee is removed from exposure to lead or otherwise limited pursuant to this section.

12.2.2 Definition of Medical Removal Protection Benefits

For the purposes of this section, the providing of medical removal protection benefits means that, as long as the job the employee was removed from continues, the employee's total normal earnings, seniority, and other employment rights and benefits of an employee, including the employee's right to his or her former job status will be maintained as though the employee had not been medically removed from the employee's job or otherwise medically limited.

12.2.3 Follow-up Medical Surveillance During the Period of Employee Removal or Limitation

During the period of time that an employee is medically removed from his or her job or otherwise medically limited, the provision of medical removal protection benefits may be conditioned upon the employee's participation in follow-up medical surveillance made available pursuant to this section.

12.2.4 Workers' Compensation Claims

If a removed employee files a claim for workers' compensation payments for a lead-related disability, then Don H. Mahaffey Drilling Co. will continue to provide medical removal protection benefits pending disposition of the claim. To the extent that an award is made to the employee for earnings lost during the period of removal, Don H. Mahaffey Drilling Co.'s medical removal protection obligation will be reduced by such amount. Don H. Mahaffey Drilling Co. will receive no credit for workers' compensation payments received by the employee for treatment-related expenses.

12.2.5 Other Credits

Don H. Mahaffey Drilling Co.'s obligation to provide medical removal protection benefits to a removed employee will be reduced to the extent that the employee receives compensation for earnings lost during the period of removal either from a publicly or Don H. Mahaffey Drilling Co.-funded compensation program or receives income from employment with another employer made possible by virtue of the employee's removal.

12.2.6 Voluntary Removal or Restriction of an Employee

Where an employee is removed from exposure to lead or otherwise has limitations placed on his or her due to the effects of lead exposure on the employee's medical condition when they are not required to be removed, Don H. Mahaffey Drilling Co. will provide medical removal protection benefits to the employee equal to that required by subsection 12.2.1 and 12.2.2.

13 COMMUNICATION OF HAZARDS

13.1 General

- 13.1.1 Lead will be included in Don H. Mahaffey Drilling Co.'s Hazard Communication program. Employees will have access to labels on containers of lead and safety data sheets, and will be trained in accordance with the provisions of the Hazard Communication program and this section. At least the following hazards will be addressed:
- a. Reproductive/developmental toxicity;
 - b. Central nervous system effects;
 - c. Kidney effects;
 - d. Blood effects; and
 - e. Acute toxicity effects.
- 13.1.2 For all employees who are subject to exposure to lead at or above the action level on any day or who are subject to exposure to lead compounds which may cause skin or eye irritation (e.g. lead arsenate, lead azide), a training program in accordance with 13.2 will be provided and employees will participate in such training.
- 13.1.3 The training program will be provided as initial training prior to the time of job assignment or prior to the start up date for this requirement, whichever comes last.
- 13.1.4 The training program will be provided at least annually for each employee who is subject to lead exposure at or above the action level on any day.
- 13.1.5 Where the certification of employee and supervisor training is required, as described in subsection 13.3, the training will be conducted by a training provider accredited by the California Department of Public Health Services, in accordance with Title 17, California Code of Regulations, Division 1, Chapter 8.

13.2 Training Program

Each employee will be trained on the following:

- a. The content of this program and its appendices;
- b. The specific nature of the operations which could result in exposure to lead above the action level;
- c. The purpose, proper selection, fitting, use, and limitations of respirators;
- d. The purpose and a description of the medical surveillance program, and the medical removal protection program including information concerning the adverse health effects associated with excessive exposure to lead (with particular attention to the adverse reproductive effects on both males and females and hazards to the fetus and additional precautions for employees who are pregnant);

- e. The engineering controls and work practices associated with the employee's job assignment including training of employees to follow relevant good work practices described in Appendix 3 of this program;
- f. The contents of any compliance plan and the location of regulated areas in effect;
- g. Instructions to employees that chelating agents should not routinely be used to remove lead from their bodies and should not be used at all except under the direction of a licensed physician; and
- h. The employee's right of access to records under the California Code of Regulations, Title 8, section 3204.

13.3 Certification of Training for Residential and Public Buildings

All employees and supervisors who are engaged in lead related construction as defined in Title 17, California Code of Regulations, Section 35040, and have been shown to be exposed to lead at or above the permissible exposure limit will meet the training requirements of this section, and will be trained by an accredited training provider and certified by the California Department of Health Services. Lead related construction work as defined in Title 17 to be any construction, alteration, painting, demolition, salvage, renovation, repair, or maintenance of any residential or public building, including preparation and cleanup, that, by using or disturbing lead containing material or soil, may result in significant exposure of adults or children to lead. As used in the definition of lead related construction work, "public building" means a structure which is generally accessible to the public, including but not limited to, schools, daycare centers, museums, airports, hospitals, stores, convention centers, government facilities, office buildings and any other building which is not an industrial building or a residential building. Regulations for accreditation of training providers and for the certification of employees and supervisors are found in Title 17, California Code of Regulations, Division 1, Chapter 8.

13.4 Access to Information, Training, and Certification Materials

- 13.4.1 A copy of this program and its appendices will be made available to all affected employees.
- 13.4.2 Upon request, all materials relating to the employee information training and program and certification will be provided to affected employees, their designated representatives, the Chief, and NIOSH.

14 SIGNS

- 14.1 The following warning signs will be posted in each regulated area or work area where an employee's exposure to lead is above the PEL.

DANGER

LEAD WORK AREA

MAY DAMAGE FERTILITY OR THE UNBORN CHILD

CASUS DAMAGE TO THE CENTRAL NERVOUS SYSTEM

DO NOT EAT, DRINK, OR SMOKE IN THIS AREA

- 14.2 No statement that contradicts or detracts from the meaning of the required sign will appear on or near any sign required by this section.
- 14.3 Signs required by this section will be illuminated and cleaned as necessary so that the legend is readily visible.
- 14.4 Signs required by other statues, regulations, or ordinances may be used in addition to, or in combination with, signs required by this section.
- 14.5 Prior to June 1, 2016, the following legend may be used in lieu of that specified in 14.1 of this section:

WARNING

LEAD WORK AREA

POISON

NO SMOKING OR EATING

15 RECORDKEEPING

15.1 Exposure Assessment

- 15.1.1 An accurate record of all monitoring and other data used in conducting employee exposure assessments as required in section 5 will be established and maintained.
- 15.1.2 Exposure monitoring records will include:
- The date(s), number, duration, location and results of each of the samples taken if any, including a description of the sampling procedure used to determine representative employee exposure where applicable;
 - A description of the sampling and analytical methods used and evidence of their accuracy;
 - The type of respiratory protective devices worn, if any;
 - Name, social security number, and job classification of the employee monitored and of all other employees whose exposure the measurement is intended to represent; and

- e. The environmental variables that could affect the measurement of employee exposure.
- 15.1.3 Monitoring and other exposure assessments will be maintained in accordance with the provisions of the California Code of Regulations, Title 8, section 3204.

15.2 Medical Surveillance

- 15.2.1 An accurate record for each employee subject to medical surveillance required by subsection 11 will be established and maintained.
- 15.2.2 This record will include:
- a. The name, social security number, and description of the duties of the employee;
 - b. A copy of the physician's written opinions;
 - c. Results of any airborne exposure monitoring done on or for that employee and provided to the physician; and
 - d. Any employee medical complaints related to exposure to lead.
- 15.2.3 Both Don H. Mahaffey Drilling Co. and the examining physician will keep the following medical records:
- a. A copy of the medical examination results including medical and work history required under subsection 11;
 - b. A description of the laboratory procedures and a copy of any standards or guidelines used to interpret the test results or references to that information; and
 - c. A copy of the results of biological monitoring.
- 15.2.4 Either Don H. Mahaffey Drilling Co. will maintain medical records or it will be assured that the physician will maintain medical records in accordance with the California Code of Regulations, Title 8, section 3204.

15.3 Medical Removals

- 15.3.1 An accurate record for each employee removed from current exposure to lead pursuant to subsection 12 will be established and maintained.
- 15.3.2 Each record will include:
- a. The name and social security number of the employee;
 - b. The date of each occasion that the employee was removed from current exposure to lead as well as the corresponding date on which the employee was returned to his or her former job status;
 - c. A brief explanation of how each removal was or is being accomplished; and
 - d. A statement with respect to each removal indicating whether or not the reason for the removal was an elevated blood lead level.
- 15.3.3 Each medical removal record will be maintained for at least the duration of an employee's employment.

15.4 Objective Data for Exemption from Requirement for Initial Monitoring

15.4.1 For purposes of this section, objective data are information demonstrating that a particular product or material containing lead or a specific process, operation, or activity involving lead cannot release dust or fumes in concentrations at or above the action level under any expected conditions of use. Objective data can be obtained from any industry-wide study or from laboratory product test results from manufacturers of lead containing products, including surface coatings or other materials. The data Don H. Mahaffey Drilling Co. uses from an industry-wide survey will be obtained under workplace conditions closely resembling the processes, types of material, control methods, work practices and environmental conditions in Don H. Mahaffey Drilling Co.'s current operations.

15.4.2 The record of objective data relied upon will be maintained for at least 30 years.

15.5 Availability

Upon request, all records required to be maintained by this section will be made available to affected employees, former employees, and their designated representatives, and to the Chief and NIOSH for examination and copying.

15.6 Transfer of Records

15.6.1 Whenever Don H. Mahaffey Drilling Co. ceases to do business, the successor employer will receive and retain all record required to be maintained by this section.

15.6.2 Whenever Don H. Mahaffey Drilling Co. ceases to do business and there is no successor employer to receive and retain the records required to be maintained by this section for the prescribed period, the records will be transmitted to NIOSH.

15.6.3 At the expiration of the retention period for the records required to be maintained by this section, Don H. Mahaffey Drilling Co. will notify NIOSH at least 3 months prior to the disposal of such records and will transmit those records to NIOSH if requested within that period.

15.6.4 Don H. Mahaffey Drilling Co. will comply with any additional requirements involving transfer of records set forth in the California Code of Regulations, Title 8, section 3204(h).

16 OBSERVATION OF MONITORING

16.1 Employee Observation

Affected employees or their designated representative will be provided an opportunity to observe any monitoring of employee exposure to lead conducted in accordance with section 5.

16.2 Observation Procedures

16.2.1 Whenever observation of the monitoring of employee exposure to lead requires entry into an area where the use of respirators, protective clothing or equipment is required, they will be provided with and use such respirators clothing, and equipment, and the observer will be required to comply with all other applicable safety and health procedures.

16.2.2 Without interfering with the monitoring, observers will be entitled to:

- Receive an explanation of the measurement procedures;
- Observe all steps related to the monitoring of lead performed at the place of exposure; and
- Record the results obtained or receive copies of the results when returned by the laboratory.

17 LEAD-WORK PRE-JOB NOTIFICATION

17.1 A written notification will be provided to the nearest Division District Office in the manner prescribed in subsections 17.2 through 17.5 when work is planned that includes any of the tasks listed in subsection 5.2.

Exception 1: The Division is not required to be notified if:

- The amount of lead-containing materials to be disturbed is less than 100 square or 100 linear feet; or*
- The only subsection 5.2 task to be performed consists of torch cutting or welding, not to exceed a duration of 1 hour in any shift.*

Exception 2: The Division is not required to be notified if the percentage of lead in the material disturbed is less than 0.5%, 5,000 parts per million (weight by weight), or 1.0 mg/cm².

17.2 The information required by subsection 17.3 will be received by the nearest Division District Office at least 24 hours prior to the commencement of the work by any of the following means:

- Letter;
- Facsimile;
- Electronic mail; or
- Telephone call, followed by written notification sent or mailed within 24 hours of placing the call.

Exception: Where the initiation of unforeseen lead-work on a urgent basis is intended within 24 hours, the notification requirement may be met by giving telephone notice

to the Division at any time prior to commencement of the work, followed by a written notification sent or mailed within 24 hours of telephoning the Division.

- 17.3 The written notification will contain the following:
- a. The name, address and phone number of Don H. Mahaffey Drilling Co.;
 - b. The address of the job (or common name of the site with closest streets or roadways identified);
 - c. The precise physical location of the lead related work at the job site;
 - d. The projected starting date;
 - e. The expected completion date or approximate duration of the work in days;
 - f. The approximate number of workers planned to do the lead-related work;
 - g. The type of structure(s) in which or on which the work is to be performed;
 - h. The amount of lead containing material to be disturbed in square feet or linear feet;
 - i. A description of the type of lead-related work to be performed and work practices that will be utilized;
 - j. The name of the supervisor who will be responsible for the lead-related work; and
 - k. The amount of lead in the disturbed materials (percent by weight, parts per million or milligrams per square centimeter) if known.
- 17.4 If changes are made to the starting date, the surface area to be disturbed, or the type of lead related work performed or work practices to be utilized, the Division will be notified and provided with the current information before or upon the adoption of the change.
- 17.5 Where there are ongoing, lead-related operations and maintenance work on stationary steel structures, the Division will only need to be notified once for each structure if the duration of the operations and maintenance work is less than one year. If the duration of the work is more than one year, Don H. Mahaffey Drilling Co. will submit to the Division at least once per year a supplemental written notification updating all of the information required by subsection 17.3 each structure.

18 APPENDICES

The information contain in the appendices of this program are not intended by itself, to create any obligations not otherwise imposed by this program nor detract from any existing obligation.

APPENDIX 1 – DEFINITIONS

Action level – Employee exposure, without regard to the use of respirators, to an airborne concentration of lead of 30 micrograms per cubic meter of air ($30 \mu\text{g}/\text{m}^3$) calculated as an 8-hour time-weighted average (TWA).

Chief – the Chief of the Division of Occupational Safety and Health or designee.

Construction work – Work for construction, alteration and/or repair, including painting and decorating. It includes but is not limited to the following:

1. Demolition or salvage of structures where lead or materials containing lead are present;
2. Removal or encapsulation of materials containing lead;
3. New construction, alteration, repair, or renovation of structures, substrates, or portions thereof, that contain lead, or materials containing lead;
4. Installation of products containing lead;
5. Lead contamination/emergency cleanup;
6. Transportation, disposal, storage, or containment of lead or materials containing lead on the site or location at which construction activities are performed, and
7. Maintenance operations associated with the construction activities described in this subsection.

Lead – Metallic lead, all inorganic lead compounds, and organic lead soaps. Excluded from this definition are all other organic lead compounds.

NIOSH – The National Institute of Occupational Safety and Health (NIOSH), U.S. Department of Health and Human Services or designee.

Supervisor – One who is capable of identifying existing and predictable lead hazards in the surroundings or working conditions and who has authorization to take prompt corrective measures to eliminate them. Supervisors shall be trained, as required by this section, and, when required, be certified consistent with subsection 13.3.

Permissible Exposure Limit (PEL) – The standard is 50 micrograms of lead per cubic meter of air ($50 \mu\text{g}/\text{m}^3$), averaged over an 8-hour workday.

APPENDIX 2 – SUBSTANCE DATA SHEET FOR OCCUPATIONAL EXPOSURE TO LEAD

California Code of Regulations, Title 8, Section 1532.1 – Lead, Appendix A

I. SUBSTANCE IDENTIFICATION

- A. Substance: Pure lead (Pb) is a heavy metal at room temperature and pressure and is a basic chemical element. It can combine with various other substances to form numerous lead compounds.
- B. Compounds Covered by the Standard: The word "lead" when used in this standard means elemental lead, all inorganic lead compounds and a class of organic lead compounds called lead soaps. This standard does not apply to other organic lead compounds.
- C. Uses: Exposure to lead occurs in several different occupations in the construction industry, including demolition or salvage of structures where lead or lead-containing materials are present; removal or encapsulation of lead-containing materials, new construction, alteration, repair, or renovation of structures that contain lead or materials containing lead; installation of products containing lead. In addition, there are construction related activities where exposure to lead may occur, including transportation, disposal, storage, or containment of lead or materials containing lead on construction sites, and maintenance operations associated with construction activities.
- D. Permissible Exposure: The Permissible Exposure Limit (PEL) set by the standard is 50 micrograms of lead per cubic meter of air ($50 \mu\text{g}/\text{m}^3$), averaged over an 8-hour workday.
- E. Action Level: The standard establishes an action level of 30 micrograms per cubic meter of air ($30 \mu\text{g}/\text{m}^3$), time weighted average, based on an 8-hour work-day. The action level initiates several requirements of the standard, such as exposure monitoring, medical surveillance, and training and education.

II. HEALTH HAZARD DATA

- A. Ways in which lead enters your body. When absorbed into your body in certain doses lead is a toxic substance. The object of the lead standard is to prevent absorption of harmful quantities of lead. The standard is intended to protect you not only from the immediate toxic effects of lead, but also from the serious toxic effects that may not become apparent until years of exposure have passed.
Lead can be absorbed into your body by inhalation (breathing) and ingestion (eating). Lead (except for certain organic lead compounds not covered by the standard, such as tetraethyl lead) is not absorbed through your skin. When lead is scattered in the air as a dust, fume or mist it can be inhaled and absorbed through your lungs and upper respiratory tract. Inhalation of airborne lead is generally the most important source of occupational lead absorption. You can also absorb lead through your digestive system if lead gets into your mouth and is swallowed. If you handle food, cigarettes, chewing tobacco, or make-up which have lead on them or handle them with hands contaminated with lead, this will contribute to ingestion.
A significant portion of the lead that you inhale or ingest gets into your blood stream. Once in your blood stream, lead is circulated throughout your body and stored in various organs and body tissues. Some of this lead is quickly filtered out of your body and

excreted, but some remains in the blood and other tissues. As exposure to lead continues, the amount stored in your body will increase if you are absorbing more lead than your body is excreting. Even though you may not be aware of any immediate symptoms of disease, this lead stored in your tissues can be slowly causing irreversible damage, first to individual cells, then to your organs and whole body systems.

B. Effects of overexposure to lead:

- (1) Short term (acute) overexposure. Lead is a potent, systemic poison that serves no known useful function once absorbed by your body. Taken in large enough doses, lead can kill you in a matter of days. A condition affecting the brain called acute encephalopathy may arise which develops quickly to seizures, coma, and death from cardiorespiratory arrest. A short term dose of lead can lead to acute encephalopathy. Short term occupational exposures of this magnitude are highly unusual, but not impossible. Similar forms of encephalopathy may, however, arise from extended, chronic exposure to lower doses of lead. There is no sharp dividing line between rapidly developing acute effects of lead, and chronic effects which take longer to acquire. Lead adversely affects numerous body systems, and causes forms of health impairment and disease which arise after periods of exposure as short as days or as long as several years.
- (2) Long-term (chronic) overexposure. Chronic overexposure to lead may result in severe damage to your blood-forming, nervous, urinary and reproductive systems. Some common symptoms of chronic overexposure include loss of appetite, metallic taste in the mouth, anxiety, constipation, nausea, pallor, excessive tiredness, weakness, insomnia, headache, nervous irritability, muscle and joint pain or soreness, fine tremors, numbness, dizziness, hyperactivity and colic. In lead colic there may be severe abdominal pain. Damage to the central nervous system in general and the brain (encephalopathy) in particular is one of the most severe forms of lead poisoning. The most severe, often fatal, form of encephalopathy may be preceded by vomiting, a feeling of dullness progressing to drowsiness and stupor, poor memory, restlessness, irritability, tremor, and convulsions. It may arise suddenly with the onset of seizures, followed by coma, and death. There is a tendency for muscular weakness to develop at the same time. This weakness may progress to paralysis often observed as a characteristic “wrist drop” or “foot drop” and is a manifestation of a disease to the nervous system called peripheral neuropathy. Chronic overexposure to lead also results in kidney disease with few, if any, symptoms appearing until extensive and most likely permanent kidney damage has occurred. Routine laboratory tests reveal the presence of this kidney disease only after about two-thirds of kidney function is lost. When overt symptoms of urinary dysfunction arise, it is often too late to correct or prevent worsening conditions, and progression to kidney dialysis or death is possible. Chronic overexposure to lead impairs the reproductive systems of both men and women. Overexposure to lead may result in decreased sex drive, impotence and sterility in men. Lead can alter the structure of sperm cells raising the risk of birth defects. There is evidence of miscarriage and stillbirth in women whose husbands were exposed to lead or who were exposed to lead themselves. Lead exposure also may result in decreased fertility, and abnormal menstrual cycles in women. The course of pregnancy may be adversely affected by exposure to lead since lead crosses the placental barrier and poses risks to developing fetuses. Children born of parents either one of whom were exposed to excess lead levels are more likely to have birth defects, mental

retardation, behavioral disorders or die during the first year of childhood. Overexposure to lead also disrupts the blood-forming system resulting in decreased hemoglobin (the substance in the blood that carries oxygen to the cells) and ultimately anemia. Anemia is characterized by weakness, pallor and fatigability as a result of decreased oxygen carrying capacity in the blood.

- (3) Health protection goals of the standard. Prevention of adverse health effects for most workers from exposure to lead throughout a working lifetime requires that a worker's blood lead level (BLL, also expressed as PbB) be maintained at or below forty micrograms per deciliter of whole blood (40µg/dl). The blood lead levels of workers (both male and female workers) who intend to have children should be maintained below 30µg/dl to minimize adverse reproductive health effects to the parents and to the developing fetus. The measurement of your blood lead level (BLL) is the most useful indicator of the amount of lead being absorbed by your body. Blood lead levels are most often reported in units of milligrams (mg) or micrograms (µg) of lead (1 mg=1000µg) per 100 grams (100g) , 100 milliliters (100 ml) or deciliter (dl) of blood. These three units are essentially the same. Sometime BLLs are expressed in the form of mg or mg. This is a shorthand notation for 100g, 100 ml, or dl. (Reference to BLL measurements in this standard are expressed in the form of µg/dl.)

BLL measurements show the amount of lead circulating in your blood stream, but do not give any information about the amount of lead stored in your various tissues. BLL measurements merely show current absorption of lead, not the effect that lead is having on your body or the effects that past lead exposure may have already caused. Past research into lead-related diseases, however, has focused heavily on associations between BLLs and various diseases. As a result, your BLL is an important indicator of the likelihood that you will gradually acquire a lead-related health impairment or disease.

Once your blood lead level climbs about 40µg/dl, your risk of disease increases. There is a wide variability of individual response to lead, thus it is difficult to say that a particular BLL in a given person will cause a particular effect. Studies have associated fatal encephalopathy with BLLs as low as 150µg/dl. Other studies have shown other forms of diseases in some workers with BLLs well below 80µg/dl. Your BLL is a crucial indicator of the risks to your health, but one other factor is also extremely important. This factor is the length of time you have had elevated BLLs. The longer you have an elevated BLL, the greater the risk that large quantities of lead are being gradually stored in your organs and tissues (body burden). The greater your overall body burden, the greater the chances of substantial permanent damage. The best way to prevent all forms of lead-related impairments and diseases -- both short term and long term -- is to maintain your BLL below 40µg/dl. The provisions of the standard are designed with this end in mind.

Your employer has prime responsibility to assure that the provisions of the standard are complied with both by the company and by individual workers. You, as a worker, however, also have a responsibility to assist your employer in complying with the standard. You can play a key role in protecting your own health by learning about the lead hazards and their control, learning what the standard requires, following the standard where it governs your own actions, and seeing that your employer complies with provisions governing his or her actions.

- (4) Reporting signs and symptoms of health problems. You should immediately notify your employer if you develop signs or symptoms associated with lead poisoning or if you desire medical advice concerning the effects of current or past exposure to lead or your ability to have a healthy child. You should also notify your employer if you have difficulty breathing during a respirator fit test or while wearing a respirator. In each of these cases, your employer must make available to you appropriate medical examinations or consultations. These must be provided at no cost to you and at a reasonable time and place. The standard contains a procedure whereby you can obtain a second opinion by a physician of your choice if your employer selected the initial physician.

APPENDIX 3 – EMPLOYEE STANDARD SUMMARY

California Code of Regulation, Title 8, Section 1532.1 – Lead, Appendix B

This appendix summarizes key provisions of the standard for lead in construction that you as a worker should become familiar with.

I. PERMISSIBLE EXPOSURE LIMIT (PEL)

The standard sets a permissible exposure limit (PEL) of 50 micrograms of lead per cubic meter of air ($50\mu\text{g}/\text{m}^3$), averaged over an 8-hour workday which is referred to as a time-weighted average (TWA). This is the highest level of lead in air to which you may be permissibly exposed over an 8-hour workday. However, since this is an 8-hour average, short exposures above the PEL are permitted so long as for each 8-hour work day your average exposure does not exceed this level. This standard, however, takes into account the fact that your daily exposure to lead can extend beyond a typical 8-hour workday as the result of overtime or other alterations in your work schedule. To deal with this situation, the standard contains a formula which reduces your permissible exposure when you are exposed more than 8 hours. For example, if you are exposed to lead for 10 hours a day, the maximum permitted average exposure would be $40\mu\text{g}/\text{m}^3$.

II. EXPOSURE MONITORING

If lead is present in your workplace in any quantity, your employer is required to make an initial determination of whether any employee's exposure to lead exceeds the action level ($30\mu\text{g}/\text{m}^3$ averaged over an 8-hour day). Employee exposure is that exposure which would occur if the employee were not using a respirator. This initial determination requires your employer to monitor workers' exposures unless he or she has objective data which can demonstrate conclusively that no employee will be exposed to lead in excess of the action level. Where objective data is used in lieu of actual monitoring the employer must establish and maintain an accurate record, documenting its relevancy in assessing exposure levels for current job conditions. If such objective data is available, the employer need proceed no further on employee exposure assessment until such time that conditions have changed and the determination is no longer valid. Objective data for surfaces and materials that is less than 0.06% lead dry weight (600 ppm) is indicative of materials that will not give lead concentrations above the action level. Lead analysis must be performed for each unique surface coating or material. Surface coating or material objective data cannot be used to replace air monitoring for exposure assessments required for the lead-related tasks listed in subsection (d)(2). Objective data may be compiled from various sources, e.g., insurance companies and trade associations and information from suppliers or exposure data collected from similar operations. Objective data may also comprise previously-collected sampling data including area monitoring. If it cannot be determined through using objective data that worker exposure is less than the action level, your employer must conduct monitoring or must rely on relevant previous personal sampling, if available. Where monitoring is required for the initial determination, it may be limited to a representative number of employees who are reasonably expected to have the highest exposure levels. If your employer has conducted appropriate air sampling for lead in the past 12 months, he or she may use these results, provided they are applicable to the same employee tasks and exposure conditions and meet the requirements for accuracy as specified in the standard. As with objective data, if such results are relied upon for the initial determination, your employer must establish and maintain a record as to the relevancy of such data to current job conditions.

If there have been any employee complaints of symptoms which may be attributable to exposure to lead or if there is any other information or observations which would indicate employee exposure to lead, this must also be considered as part of the initial determination.

If this initial determination shows that a reasonable possibility exists that any employee may be exposed, without regard to respirators, over the action level, your employer must set up an air monitoring program to determine the exposure level representative of each employee exposed to lead at your workplace. In carrying out this air monitoring program, your employer is not required to monitor the exposure of every employee, but he or she must monitor a representative number of employees and job types. Enough sampling must be done to enable each employee's exposure level to be reasonably represent full shift exposure. In addition, these air samples must be taken under conditions which represent each employee's regular, daily exposure to lead. Sampling performed in the past 12 months may be used to determine exposures above the action level if such sampling was conducted during work activities essentially similar to present work conditions.

The standard lists certain tasks which may likely result in exposures to lead in excess of the PEL and, in some cases, exposures in excess of 50 times the PEL. If you are performing any of these tasks, your employer must provide you with appropriate respiratory protection, protective clothing and equipment, change areas, hand washing facilities, biological monitoring, and training until such time that an exposure assessment is conducted which demonstrates that your exposure level is below the PEL. Objective data cannot be used to replace air monitoring for this exposure assessment.

If you are exposed to lead and air sampling is performed, your employer is required to notify you in writing within 5 working days of the air monitoring results which represent your exposure. If the results indicate that your exposure exceeds the PEL (without regard to your use of a respirator), then your employer must also notify you of this in writing, and provide you with a description of the corrective action that has been taken or will be taken to reduce your exposure.

Your exposure must be rechecked by monitoring, at least every six months if your exposure is at or over the action level but below the PEL. Your employer may discontinue monitoring for you if 2 consecutive measurements, taken at least 7 days apart, are at or below the action level. Air monitoring must be repeated every 3 months if you are exposed over the PEL. Your employer must continue monitoring for you at this frequency until 2 consecutive measurements, taken at least 7 days apart, are below the PEL but above the action level, at which time your employer must repeat monitoring of your exposure every six months and may discontinue monitoring only after your exposure drops to or below the action level. However, whenever there is a change of equipment, process, control, or personnel or a new type of job is added at your workplace which may result in new or additional exposure to lead, your employer must perform additional monitoring.

III. METHODS OF COMPLIANCE

Your employer is required to assure that no employee is exposed to lead in excess of the PEL as an 8-hour TWA. The standard for lead in construction requires employers to institute engineering and work practice controls including administrative controls to the extent feasible to reduce employee exposure to lead. Where such controls are feasible but not adequate to reduce exposures below the PEL they must be used nonetheless to reduce exposures to the lowest level that can be accomplished by these means and then

supplemented with appropriate respiratory protection. Your employer must establish a regulated area that includes the work area where airborne exposure to lead is above the PEL, or where the lead-related tasks listed in subsection (d)(2) are performed.

Your employer is required to develop and implement a written compliance program prior to the commencement of any job where employee exposures may reach the PEL as an 8-hour TWA. The standard identifies the various elements that must be included in the plan. For example, employers are required to include a description of operations in which lead is emitted, detailing other relevant information about the operation such as the type of equipment used, the type of material involved, employee job responsibilities, operating procedures and maintenance practices. In addition, your employer's compliance plan must specify the means that will be used to achieve compliance and, where engineering controls are required, include any engineering plans or studies that have been used to select the control methods. If administrative controls involving job rotation are used to reduce employee exposure to lead, the job rotation schedule must be included in the compliance plan. The plan must also detail the type of protective clothing and equipment, including respirators, housekeeping and hygiene practices that will be used to protect you from the adverse effects of exposure to lead.

The written compliance program must be made available, upon request, to affected employees and their designated representatives, the Chief and NIOSH.

Finally, the plan must be reviewed and updated at least every 6 months to assure it reflects the current status in exposure control.

IV. RESPIRATORY PROTECTION

Your employer is required to provide and assure your use of respirators when your exposure to lead is not controlled below the PEL by other means. The employer must pay the cost of the respirator. Whenever you request one, your employer is also required to provide you a respirator even if your air exposure level is not above the PEL. You might desire a respirator when, for example, you have received medical advice that your lead absorption should be decreased. Or, you may intend to have children in the near future, and want to reduce the level of lead in your body to minimize adverse reproductive effects. While respirators are the least satisfactory means of controlling your exposure, they are capable of providing significant protection if properly chosen, fitted, worn, cleaned, maintained, and replaced when they stop providing adequate protection.

Your employer is required to select respirators from the types listed in Table I of the Respiratory Protection section of the standard (section 1532.1(f)). Any respirator chosen must be approved by the National Institute for Occupational Safety and Health (NIOSH) under the provisions of 42 CFR part 84. This respirator selection table will enable your employer to choose a type of respirator which will give you a proper amount of protection based on your airborne lead exposure. Your employer may select a type of respirator that provides greater protection than that required by the standard; that is, one recommended for a higher concentration of lead than is present in your workplace. For example, a powered air purifying respirator (PAPR) is much more protective than a typical negative pressure respirator, and may also be more comfortable to wear. A PAPR has a filter, cartridge or canister to clean the air, and a power source which continuously blows filtered air into your breathing zone. Your employer might make a PAPR available to you to ease the burden of

having to wear a respirator for long periods of time. The standard provides that you can obtain a PAPR upon request.

Your employer must assure that your respirator facepiece fits properly. Proper fit of a respirator facepiece is critical. Obtaining a proper fit on each employee may require your employer to make available two or three different mask types. In order to assure that your respirator fits properly and that facepiece leakage is minimized, your employer must give you either a qualitative fit test or a quantitative fit test as specified in Appendix A of the Respiratory Protection standard located at section 5144.

You must also receive from your employer proper training in the use of respirators. Your employer is required to teach you how to wear a respirator, to know why it is needed, and to understand its limitations.

The standard provides that if your respirator uses filter elements, you must be given an opportunity to change the filter elements whenever an increase in breathing resistance is detected. You also must be permitted to periodically leave your work area to wash your face and respirator facepiece whenever necessary to prevent skin irritation. If you ever have difficulty in breathing during a fit test or while using a respirator, your employer must make a medical examination available to you to determine whether you can safely wear a respirator. The result of this examination may be to give you a positive pressure respirator (which reduces breathing resistance) or to provide alternative means of protection.

V. PROTECTIVE WORK CLOTHING AND EQUIPMENT

If you are exposed to lead above the PEL as an 8-hour TWA, without regard to your use of a respirator, or if you are exposed to lead compounds such as lead arsenate or lead azide which can cause skin and eye irritation, your employer must provide you with protective work clothing and equipment appropriate for the hazard. If work clothing is provided, it must be provided in a clean and dry condition at least weekly, and daily if your airborne exposure to lead is greater than $200\mu\text{g}/\text{m}^3$. Appropriate protective work clothing and equipment can include coveralls or similar full-body work clothing, gloves, hats, shoes or disposable shoe coverlets, and face shields or vented goggles. Your employer is required to provide all such equipment at no cost to you. In addition, your employer is responsible for providing repairs and replacement as necessary, and also is responsible for the cleaning, laundering or disposal of protective clothing and equipment.

The standard requires that your employer assure that you follow good work practices when you are working in areas where your exposure to lead may exceed the PEL. With respect to protective clothing and equipment, where appropriate, the following procedures should be observed prior to beginning work:

1. Change into work clothing and shoe covers in the clean section of the designated changing areas;
2. Use work garments of appropriate protective gear, including respirators before entering the work area; and
3. Store any clothing not worn under protective clothing in the designated changing area.

Workers should follow these procedures upon leaving the work area:

1. HEPA vacuum heavily contaminated protective work clothing while it is still being worn. At no time may lead be removed from protective clothing by any means which result in uncontrolled dispersal of lead into the air;

2. Remove shoe covers and leave them in the work area;
3. Remove protective clothing and gear in the dirty area of the designated changing area. Remove protective coveralls by carefully rolling down the garment to reduce exposure to dust.
4. Remove respirators last; and
5. Wash hands and face.

Workers should follow these procedures upon finishing work for the day (in addition to procedures described above):

1. Where applicable, place disposal coveralls and shoe covers with the abatement waste;
2. Contaminated clothing which is to be cleaned, laundered or disposed of must be placed in closed containers in the change room.
3. Clean protective gear, including respirators, according to standard procedures;
4. Wash hands and face again. If showers are available, take a shower and wash hair. If shower facilities are not available at the work site, shower immediately at home and wash hair.

VI. HOUSEKEEPING

Your employer must establish a housekeeping program sufficient to maintain all surfaces as free as practicable of accumulations of lead dust. Vacuuming is the preferred method of meeting this requirement, and the use of compressed air to clean floors and other surfaces is generally prohibited unless removal with compressed air is done in conjunction with ventilation systems designed to contain dispersal of the lead dust. Dry or wet sweeping, shoveling, or brushing may not be used except where vacuuming or other equally effective methods have been tried and do not work. Vacuums must be used equipped with a special filter called a high-efficiency particulate air (HEPA) filter and emptied in a manner which minimizes the reentry of lead into the workplace.

VII. HYGIENE FACILITIES, PRACTICES AND REGULATED AREAS

The standard requires that hand washing facilities be provided where occupational exposure to lead occurs. In addition, change areas, showers (where feasible), and lunchrooms or eating areas are to be made available to workers exposed to lead above the PEL. Your employer must assure that except in these facilities, food and beverage is not present or consumed, tobacco products are not present or used, and cosmetics are not applied, where airborne exposures are above the PEL. Change rooms provided by your employer must be equipped with separate storage facilities for your protective clothing and equipment and street clothes to avoid cross-contamination. After showering, no required protective clothing or equipment worn during the shift may be worn home. It is important that contaminated clothing or equipment be removed in change areas and not be worn home or you will extend your exposure and expose your family since lead from your clothing can accumulate in your house, car, etc.

Lunchrooms or eating areas may not be entered with protective clothing or equipment unless surface dust has been removed by vacuuming, downdraft booth, or other cleaning method. Finally, workers exposed above the PEL must wash both their hands and faces prior to eating, drinking, smoking or applying cosmetics.

All of the facilities and hygiene practices just discussed are essential to minimize additional sources of lead absorption from inhalation or ingestion of lead that may accumulate on you, your clothes, or your possessions. Therefore, employers shall establish regulated areas, where access is controlled by the supervisor for work areas where employees are exposed to lead at or above the PEL or performing the specific tasks that require air monitoring, as required by subsection (d)(2). Any employee that enters the regulated area must be provided with protective equipment. Strict compliance with these provisions can virtually eliminate several sources of lead exposure which significantly contribute to excessive lead absorption.

VIII. MEDICAL SURVEILLANCE

The medical surveillance program is part of the standard's comprehensive approach to the prevention of lead-related disease. Its purpose is to supplement the main thrust of the standard which is aimed at minimizing airborne concentrations of lead and sources of ingestion. Only medical surveillance can determine if the other provisions of the standard have affectively protected you as an individual. Compliance with the standard's provision will protect most workers from the adverse effects of lead exposure, but may not be satisfactory to protect individual workers (1) who have high body burdens of lead acquired over past years, (2) who have additional uncontrolled sources of non-occupational lead exposure, (3) who exhibit unusual variations in lead absorption rates, or (4) who have specific non-work related medical conditions which could be aggravated by lead exposure (e.g., renal disease, anemia). In addition, control systems may fail, or hygiene and respirator programs may be inadequate. Periodic medical surveillance of individual workers will help detect those failures. Medical surveillance will also be important to protect your reproductive ability- regardless of whether you are a man or woman.

All medical surveillance required by the standard must be performed by or under the supervision of a licensed physician. The employer must provide required medical surveillance without cost to employees and at a reasonable time and place. The standard's medical surveillance program has two parts -- periodic biological monitoring and medical examinations. Your employer's obligation to offer you medical surveillance is triggered by the results of the air monitoring program. Full medical surveillance must be made available to all employees who are or may be exposed to lead in excess of the action level for more than 30 days a year and whose blood lead level exceeds 40µg/dl. Initial medical surveillance consisting of blood sampling and analysis for lead and zinc protoporphyrin must be provided to all employees exposed at any time (1 day) above the action level.

Biological monitoring under the standard must be provided at least every 2 months for the first 6 months and every 6 months thereafter until your blood lead level is below 40µg/dl. A zinc protoporphyrin (ZPP) test is a very useful blood test which measures an adverse metabolic effect of lead on your body and is therefore an indicator of lead toxicity.

If your BLL exceeds 40µg/dl the monitoring frequency must be increased from every 6 months to at least every 2 months and not reduced until two consecutive BLLs indicate a blood lead level below 40µg/dl. Each time your BLL is determined to be over 40µg/dl, your employer must notify you of this in writing within five working days of his or her receipt of the test results. The employer must also inform you that the standard requires temporary medical removal with economic protection when your BLL exceeds 50µg/dl. (See Discussion of Medical Removal Protection-Subsection (k).) Anytime your BLL exceeds 50µg/dl your employer must make available to you within two weeks of receipt of these test results a

second follow-up BLL test to confirm your BLL. If the two tests both exceed 50µg/dl, and you are temporarily removed, then your employer must make successive BLL tests available to you on a monthly basis during the period of your removal.

Medical examinations beyond the initial one must be made available on an annual basis if your blood lead level exceeds 40µg/dl at any time during the preceding year and you are being exposed above the airborne action level of 30µg/m³ for 30 or more days per year. The initial examination will provide information to establish a baseline to which subsequent data can be compared.

An initial medical examination to consist of blood sampling and analysis for lead and zinc protoporphyrin must also be made available (prior to assignment) for each employee being assigned for the first time to an area where the airborne concentration of lead equals or exceeds the action level at any time. In addition, a medical examination or consultation must be made available as soon as possible if you notify your employer that you are experiencing signs or symptoms commonly associated with lead poisoning or that you have difficulty breathing while wearing a respirator or during a respirator fit test. You must also be provided a medical examination or consultation if you notify your employer that you desire medical advice concerning the effects of current or past exposure to lead on your ability to procreate a healthy child.

Finally, appropriate follow-up medical examinations or consultations may also be provided for employees who have been temporarily removed from exposure under the medical removal protection provisions of the standard. (See Part IX, below.)

The standard specifies the minimum content of pre-assignment and annual medical examinations. The content of other types of medical examinations and consultations is left up to the sound discretion of the examining physician. Pre-assignment and annual medical examinations must include (1) a detailed work history and medical history; (2) a thorough physical examination, including an evaluation of your pulmonary status if you will be required to use a respirator; (3) a blood pressure measurement; and (4) a series of laboratory tests designed to check your blood chemistry and your kidney function. In addition, at any time upon your request, a laboratory evaluation of male fertility will be made (microscopic examination of a sperm sample), or a pregnancy test will be given.

The standard does not require that you participate in any of the medical procedures, tests, etc. which your employer is required to make available to you. Medical surveillance can, however, play a very important role in protecting your health. You are strongly encouraged, therefore, to participate in a meaningful fashion. The standard contains a multiple physician review mechanism which will give you a chance to have a physician of your choice directly participate in the medical surveillance program. If you are dissatisfied with an examination by a physician chosen by your employer, you can select a second physician to conduct an independent analysis. The two doctors would attempt to resolve any differences of opinion, and select a third physician to resolve any firm dispute. Generally your employer will choose the physician who conducts medical surveillance under the lead standard - unless you and your employer can agree on the choice of a physician or physicians. Some companies and unions have agreed in advance, for example, to use certain independent medical laboratories or panels of physicians. Any of these arrangements are acceptable so long as required medical surveillance is made available to workers.

The standard requires your employer to provide certain information to a physician to aid in his or her examination of you. This information includes (1) the standard and its appendices, (2) a description of your duties as they relate to occupational lead exposure, (3) your exposure level or anticipated exposure level, (4) a description of any personal protective equipment you wear, (5) prior blood lead level results, and (6) prior written medical opinions concerning you that the employer has. After a medical examination or consultation the physician must prepare a written report which must contain (1) the physician's opinion as to whether you have any medical condition which places you at increased risk of material impairment to health from exposure to lead, (2) any recommended special protective measures to be provided to you, (3) any blood lead level determinations, and (4) any recommended limitation on your use of respirators. This last element must include a determination of whether you can wear a powered air purifying respirator (PAPR) if you are found unable to wear a negative pressure respirator.

The medical surveillance program of the interim lead standard may at some point in time serve to notify certain workers that they have acquired a disease or other adverse medical condition as a result of occupational lead exposure. If this is true, these workers might have legal rights to compensation from public agencies, their employers, firms that supply hazardous products to their employers, or other persons. Some states have laws, including worker compensation laws, that disallow a worker who learns of a job-related health impairment to sue, unless the worker sues within a short period of time after learning of the impairment. (This period of time may be a matter of months or years.) An attorney can be consulted about these possibilities. It should be stressed that OSHA is in no way trying to either encourage or discourage claims or lawsuits. However, since results of the standard's medical surveillance program can significantly affect the legal remedies of a worker who has acquired a job-related disease or impairment, it is proper for OSHA to make you aware of this.

The medical surveillance section of the standard also contains provisions dealing with chelation. Chelation is the use of certain drugs (administered in pill form or injected into the body) to reduce the amount of lead absorbed in body tissues. Experience accumulated by the medical and scientific communities has largely confirmed the effectiveness of this type of therapy for the treatment of very severe lead poisoning. On the other hand, it has also been established that there can be a long list of extremely harmful side effects associated with the use of chelating agents. The medical community has balanced the advantages and disadvantages resulting from the use of chelating agents in various circumstances and has established when the use of these agents is acceptable. The standard includes these accepted limitations due to a history of abuse of chelation therapy by some lead companies. The most widely used chelating agents are calcium disodium EDTA, (Ca Na₂ EDTA), Calcium Disodium Versenate (Versenate), and d-penicillamine (penicillamine or Cupramine).

The standard prohibits "prophylactic chelation" of any employee by any person the employer retains, supervises or controls. "Prophylactic chelation" is the routine use of chelating or similarly acting drugs to prevent elevated blood levels in workers who are occupationally exposed to lead, or the use of these drugs to routinely lower blood lead levels to predesignated concentrations believed to be "safe". It should be emphasized that where an employer takes a worker who has no symptoms of lead poisoning and has chelation carried out by a physician (either inside or outside of a hospital) solely to reduce the worker's blood lead level, that will generally be considered prophylactic chelation. The use of a hospital and a physician does not mean that prophylactic chelation is not being performed. Routine

chelation to prevent increased or reduce current blood lead levels is unacceptable whatever the setting.

The standard allows the use of “therapeutic” or “diagnostic” chelation if administered under the supervision of a licensed physician in a clinical setting with thorough and appropriate medical monitoring. Therapeutic chelation responds to severe lead poisoning where there are marked symptoms. Diagnostic chelation involved giving a patient a dose of the drug then collecting all urine excreted for some period of time as an aid to the diagnosis of lead poisoning.

In cases where the examining physician determines that chelation is appropriate, you must be notified in writing of this fact before such treatment. This will inform you of a potentially harmful treatment, and allow you to obtain a second opinion.

IX. MEDICAL REMOVAL PROTECTION

Excessive lead absorption subjects you to increased risk of disease. Medical removal protection (MRP) is a means of protecting you when, for whatever reasons, other methods, such as engineering controls, work practices, and respirators, have failed to provide the protection you need. MRP involves the temporary removal of a worker from his or her regular job to a place of significantly lower exposure without any loss of earnings, seniority, or other employment rights or benefits. The purpose of this program is to cease further lead absorption and allow your body to naturally excrete lead which has previously been absorbed. Temporary medical removal can result from an elevated blood lead level, or a medical opinion. For up to 18 months, or for as long as the job the employee was removed from lasts, protection is provided as a result of either form of removal. The vast majority of removed workers, however, will return to their former jobs long before this eighteen month period expires.

You may also be removed from exposure even if your blood lead level is below 50µg/dl if a final medical determination indicates that you temporarily need reduced lead exposure for medical reasons. If the physician who is implementing your employers medical program makes a final written opinion recommending your removal or other special protective measures, your employer must implement the physician's recommendation. If you are removed in this manner, you may only be returned when the doctor indicates that it is safe for you to do so.

The standard does not give specific instructions dealing with what an employer must do with a removed worker. Your job assignment upon removal is a matter for you, your employer and your union (if any) to work out consistent with existing procedures for job assignments. Each removal must be accompanied in a manner consistent with existing collective bargaining relationships. Your employer is given broad discretion to implement temporary removals so long as no attempt is made to override existing agreements. Similarly, a removed worker is provided no right to veto an employer's choice which satisfies the standard.

In most cases, employers will likely transfer removed employees to other jobs with sufficiently low lead exposure. Alternately, a worker's hours may be reduced so that the time weighted average exposure is reduced, or he or she may be temporarily laid off if no other alternative is feasible.

In all of these situations, MRP benefits must be provided during the period of removal - i.e., you continue to receive the same earnings, seniority, and other rights and benefits you would have had if you had not been removed. Earnings includes more than just your base wage; it includes overtime, shift differentials, incentives, and other compensation you would have earned if you had not been removed. During the period of removal you must also be provided with appropriate follow-up medical surveillance. If you were removed because your blood lead level was too high, you must be provided with a monthly blood test. If a medical opinion caused your removal, you must be provided medical tests or examinations that the doctor believes to be appropriate. If you do not participate in this follow up medical surveillance, you may lose your eligibility for MRP benefits.

When you are medically eligible to return to your former job, your employer must return you to your "former job status." This means that you are entitled to the position, wages, benefits, etc., you would have had if you had not been removed. If you would still be in your old job if no removal had occurred that is where you go back. If not, you are returned consistent with whatever job assignment discretion your employer would have had if no removal had occurred. MRP only seeks to maintain your rights, not expand them or diminish them.

If you are removed under MRP and you are also eligible for worker compensation or other compensation for lost wages, your employer's MRP benefits obligation is reduced by the amount that you actually receive from these other sources. This is also true if you obtain other employment during the time you are laid off with MRP benefits.

The standard also covers situations where an employer voluntarily removes a worker from exposure to lead due to the effects of lead on the employee's medical condition, even though the standard does not require removal. In these situations MRP benefits must still be provided as though the standard required removal. Finally, it is important to note that in all cases where removal is required, respirators cannot be used as a substitute. Respirators may be used before removal becomes necessary, but not as an alternative to a transfer to a low exposure job, or to lay-off with MRP benefits.

X. EMPLOYEE INFORMATION AND TRAINING

Your employer is required to provide an information and training program for all employees exposed to lead above the action level or who may suffer skin or eye irritation from lead compounds such as lead arsenate or lead azide. The program must train these employees regarding the specific hazards associated with their work environment, protective measures which can be taken, including the contents of any compliance plan in effect, the danger of lead to their bodies (including their reproductive systems), and their rights under the standard. All employees must be trained prior to initial assignment to areas where there is a possibility of exposure over the action level.

This training program must also be provided at least annually thereafter unless further exposure above the action level will not occur.

The California Department of Health Services requires the certification of employees and supervisors performing lead related construction activities in residential and public buildings, as defined in Title 17, California Code of Regulations, Division 1, Chapter 8. Lead related construction work is defined in Title 17 as any construction, alteration, painting, demolition, salvage, renovation, repair, or maintenance of any residential or public building, including preparation and cleanup, that, by using or disturbing lead containing material or soil, may

result in significant exposure of adults or children to lead. "Public building" means a structure which is generally accessible to the public, including but not limited to, schools, daycare centers, museums, airports, hospitals, stores, convention centers, government facilities, office buildings and any other building which is not an industrial building or a residential building. Where training certification is required, the training must be given by a training provider accredited by the California Department of Health Services.

XI. SIGNS

The standard requires that the following warning sign be posted in each regulated area or work areas where the exposure to lead exceeds the PEL:

DANGER

LEAD WORK AREA

MAY DAMAGE FERTILITY OR THE UNBORN CHILD

CAUSES DAMAGE TO THE CENTRAL NERVOUS SYSTEM

DO NOT EAT, DRINK OR SMOKE IN THIS AREA

However, prior to June 1, 2016, employers may use the following legend in lieu of that specified above:

WARNING

LEAD WORK AREA

POISON

NO SMOKING OR EATING

These signs are to be posted and maintained in a manner which assures that the legend is readily visible.

XII. RECORDKEEPING

Your employer is required to keep all records of exposure monitoring for airborne lead. These records must include the name and job classification of employees measured, details of the sampling and analytical techniques, the results of this sampling, and the type of respiratory protection being worn by the person sampled. Such records are to be retained for at least 30 years. Your employer is also required to keep all records of biological monitoring and medical examination results. These records must include the names of the employees, the physician's written opinion, and a copy of the results of the examination. Medical records must be preserved and maintained for the duration of employment plus 30 years. However, if the employee's duration of employment is less than one year, the employer need not retain that employee's medical records beyond the period of employment if they are provided to the employee upon termination of employment.

Recordkeeping is also required if you are temporarily removed from your job under the medical removal protection program. This record must include your name and social security number, the date of your removal and return, how the removal was or is being accomplished, and whether or not the reason for the removal was an elevated blood lead level. Your employer is required to keep each medical removal record only for as long as the duration of an employee's employment.

The standard requires that if you request to see or copy environmental monitoring, blood lead level monitoring, or medical removal records, they must be made available to you or to a representative that you authorize. Your union also has access to these records. Medical records other than BLL's must also be provided upon request to you, to your physician or to any other person whom you may specifically designate. Your union does not have access to your personal medical records unless you authorize their access.

XIII. OBSERVATIONS OF MONITORING

When air monitoring for lead is performed at your workplace as required by this standard, your employer must allow you or someone you designate to act as an observer of the monitoring. Observers are entitled to an explanation of the measurement procedure, and to record the results obtained. Since results will not normally be available at the time of the monitoring, observers are entitled to record or receive the results of the monitoring when returned by the laboratory. Your employer is required to provide the observer with any personal protective devices required to be worn by employees working in the area that is being monitored. The employer must require the observer to wear all such equipment and to comply with all other applicable safety and health procedures.

XIV. EFFECTIVE DATE

The standard's effective date was November 4, 1993. Employer obligations under the standard begin as of that date with full implementation of engineering controls as soon as possible but no later than within 4 months, and all other provisions completed as soon as possible, but no later than within 2 months from the effective date.

XV. FOR ADDITIONAL INFORMATION

- A. A copy of the standard for lead in construction can be obtained free of charge by calling or writing your local Cal/OSHA Office.
- B. Additional information about the standard, its enforcement, and your employer's compliance can be obtained from the nearest Cal/OSHA Office listed in your telephone directory.

APPENDIX 4 – 1532.1 LEAD, APPENDIX C

Introduction

The primary purpose of the Occupational Safety and Health Act of 1970 is to assure, so far as possible, safe and healthful working conditions for every working man and woman. The occupational health standard for lead in construction is designed to protect workers exposed to inorganic lead including metallic lead, all inorganic lead compounds and organic lead soaps.

Under this standard occupational exposure to inorganic lead is to be limited to 50 $\mu\text{g}/\text{m}^3$ (micrograms per cubic meter) based on an 8 hour time-weighted average (TWA). This permissible exposure limit (PEL) must be achieved through a combination of engineering, work practice and administrative controls to the extent feasible. Where these controls are in place but are found not to reduce employee exposures to or below the PEL, they must be used nonetheless, and supplemented with respirators to meet the 50 $\mu\text{g}/\text{m}^3$ exposure limit.

The standard also provides for a program of biological monitoring for employees exposed to lead above the action level at any time, and additional medical surveillance for all employees exposed to levels of inorganic lead above 30 $\mu\text{g}/\text{m}^3$ (TWA) for more than 30 days per year and whose BLL exceeds 40 $\mu\text{g}/\text{dl}$.

The purpose of this document is to outline the medical surveillance provisions of the interim standard for inorganic lead in construction, and to provide further information to the physician regarding the examination and evaluation of workers exposed to inorganic lead.

Section 1 provides a detailed description of the monitoring procedure including the required frequency of blood testing for exposed workers, provisions for medical removal protection (MRP), the recommended right of the employee to a second medical opinion, and notification and recordkeeping requirements of the employer. A discussion of the requirements for respirator use and respirator monitoring and OSHA's position on prophylactic chelation therapy are also included in this section.

Section 2 discusses the toxic effects and clinical manifestations of lead poisoning and effects of lead intoxication on enzymatic pathways in heme synthesis. The adverse effects on both male and female reproductive capacity and on the fetus are also discussed.

Section 3 outlines the recommended medical evaluation of the worker exposed to inorganic lead, including details of the medical history, physical examination, and recommended laboratory tests, which are based on the toxic effects of lead as discussed in Section 2.

Section 4 provides detailed information concerning the laboratory tests available for the monitoring of exposed workers. Included also is a discussion of the relative value of each test and the limitations and precautions which are necessary in the interpretation of the laboratory results.

I. Medical Surveillance and Monitoring Requirements for Workers Exposed to Inorganic Lead
Under the standard for inorganic lead in the construction industry, initial medical surveillance consisting of biological monitoring to include blood lead and ZPP level determination shall be provided to employees exposed to lead at or above the action level on any one day. In addition, a program of biological monitoring is to be made available to all employees exposed above the

action level at any time and additional medical surveillance is to be made available to all employees exposed to lead above $30 \mu\text{g}/\text{m}^3$ TWA for more than 30 days each year and whose BLL exceeds $40 \mu\text{g}/\text{dl}$. This program consists of periodic blood sampling and medical evaluation to be performed on a schedule which is defined by previous laboratory results, worker complaints or concerns, and the clinical assessment of the examining physician.

Under this program, the blood lead level (BLL) of all employees who are exposed to lead above $30 \mu\text{g}/\text{m}^3$ for more than 30 days per year or whose blood lead is above $40 \mu\text{g}/\text{dl}$ but exposed for no more than 30 days per year is to be determined at least every two months for the first six months of exposure and every six months thereafter. The frequency is increased to every two months for employees whose last blood lead level was $40 \mu\text{g}/\text{dl}$ or above. For employees who are removed from exposure to lead due to an elevated blood lead, a new blood lead level must be measured monthly. A zinc protoporphyrin (ZPP) measurement is strongly recommended on each occasion that a blood lead level measurement is made.

An annual medical examination and consultation performed under the guidelines discussed in Section 3 is to be made available to each employee exposed above $30 \mu\text{g}/\text{m}^3$ for more than 30 days per year for whom a blood test conducted at any time during the preceding 12 months indicated a blood lead level at or above $40 \mu\text{g}/\text{dl}$. Also, an examination is to be given to all employees prior to their assignment to an area in which airborne lead concentrations each or exceed the $30 \mu\text{g}/\text{m}^3$ for more than 30 days per year. In addition, a medical examination must be provided as soon as possible after notification by an employee that the employee has developed signs and symptoms commonly associated with lead intoxication, that the employee desires medical advice regarding lead exposure and the ability to procreate a healthy child, or that the employee has demonstrated difficulty in breathing during a respirator fitting test or during respirator use. An examination is also to be made available to each employee removed from exposure to lead due to a risk of sustaining material impairment to health, or otherwise limited or specially protected pursuant to medical recommendations.

Results of biological monitoring or the recommendations of an examining physician may necessitate removal of an employee from further lead exposure pursuant to the standard's medical removal protection (MRP) program. The object of the MRP program is to provide temporary medical removal to workers either with substantially elevated blood lead levels or otherwise at risk of sustaining material health impairment from continued substantial exposure to lead.

Under the standard's ultimate worker removal criteria, a worker is to be removed from any work having an eight hour TWA exposure to lead of $30 \mu\text{g}/\text{m}^3$ when his or her blood lead level reaches $50 \mu\text{g}/\text{dl}$ and is confirmed by a second follow-up blood lead level performed within two weeks after the employer receives the results of the first blood sampling test. Return of the employee to his or her job status depends on a worker's blood lead level declining to $40 \mu\text{g}/\text{dl}$.

As part of the interim standard, the employer is required to notify in writing each employee whose blood lead level exceeds $40 \mu\text{g}/\text{dl}$. In addition each such employee is to be informed that the standard requires medical removal with MRP benefits, discussed below, when an employee's blood lead level exceeds the above defined limit.

In addition to the above blood lead level criterion, temporary worker removal may also take place as a result of medical terminations and recommendations. Written medical opinions must be prepared after each examination pursuant to the standard. If the examining physician includes a medical finding, determination or opinion that the employee has a medical condition

which places the employee at increased risk of material health impairment from exposure to lead, then the employee must be removed from exposure to lead at or above 30 $\mu\text{g}/\text{m}^3$. Alternatively, if the examining physician recommends special protective measures for an employee (e.g., use of a powered air purifying respirator) or recommends limitations on an employee's exposure to lead, then the employer must implement these recommendations.

Recommendations may be more stringent than the specific provisions of the standard. The examining physician, therefore, is given broad flexibility to tailor special protective procedures to the needs of individual employees. This flexibility extends to the evaluation and management of pregnant workers and male and female workers who are planning to raise children. Based on the history, physical examination, and laboratory studies, the physician might recommend special protective measures or medical removal for an employee who is pregnant or who is planning to conceive a child when, in the physician's judgment, continued exposure to lead at the current job would pose a significant risk. The return of the employee to his or her former job status, or the removal of special protections or limitations, depends upon the examining physician determining that the employee is no longer at increased risk of material impairment or that special measures are no longer needed.

During the period of any form of special protection or removal, the employer must maintain the worker's earnings, seniority, and other employment rights and benefits (as though the worker had not been removed) for a period of up to 18 months or for as long as the job the employee was removed from lasts if less than 18 months. This economic protection will maximize meaningful worker participation in the medical surveillance program, and is appropriate as part of the employer's overall obligation to provide a safe and healthful workplace. The provisions of MRP benefits during the employee's removal period may, however, be conditioned upon participation in medical surveillance.

The lead standard provides for a multiple physician review in cases where the employee wishes a second opinion concerning potential lead poisoning or toxicity. If an employee wishes a second opinion, he or she can make an appointment with a physician of his or her choice. This second physician will review the findings, recommendations or determinations of the first physician and conduct any examinations, consultations or tests deemed necessary in an attempt to make a final medical determination. If the first and second physicians do not agree in their assessment they must try to resolve their differences. If they cannot reach an agreement then they must designate a third physician to resolve the dispute.

The employer must provide examining and consulting physicians with the following specific information: A copy of the lead regulations and all appendices, a description of the employee's duties as related to exposure, the exposure level or anticipated level to lead and any other toxic substances (if applicable), a description of personal protective equipment used, blood lead levels, and all prior written medical opinions regarding the employee in the employer's possession or control. The employer must also obtain from the physician and provide the employee with a written medical opinion containing blood lead levels, the physician's opinion as to whether the employee is at risk of material impairment to health, any recommended protective measures for the employee if further exposure is permitted, as well as any recommended limitations upon an employee's use of respirators.

Employers must instruct each physician not to reveal to the employer in writing or in any other way his or her findings, laboratory results, or diagnoses which are felt to be unrelated to occupational lead exposure. They must also instruct each physician to advise the employee of

any occupationally or non-occupationally related medical condition requiring further treatment or evaluation.

The standard provides for the use of respirators where engineering and other primary controls are not effective. However, the use of respirator protection shall not be used in lieu of temporary medical removal due to elevated blood lead levels or findings that an employee is at risk of material health impairment. This is based on the numerous inadequacies of respirators including skin rash where the facepiece makes contact with the skin, unacceptable stress to breathing in some workers with underlying cardiopulmonary impairment, difficulty in providing adequate fit, the tendency for respirators to create additional hazards by interfering with vision, hearing, and mobility, and the difficulties of assuring the maximum effectiveness of a complicated work practice program involving respirators. Respirators do, however, serve a useful function where engineering and work practice controls are inadequate by providing supplementary, interim, or short-term protection, provided they are properly selected for the environment in which the employee will be working, properly fitted to the employee, maintained and cleaned periodically, and worn by the employee when required.

In its standard on occupational exposure to inorganic lead in the construction industry, OSHA has prohibited prophylactic chelation. Diagnostic and therapeutic chelation are permitted only under the supervision of a licensed physician with appropriate medical monitoring in an acceptable clinical setting. The decision to initiate chelation therapy must be made on an individual basis and take into account the severity of symptoms felt to be a result of lead toxicity along with blood lead levels, ZPP levels, and other laboratory tests as appropriate. EDTA and penicillamine which are the primary chelating agents used in the therapy of occupational lead poisoning have significant potential side effects and their use must be justified on the basis of expected benefits to the worker. Unless frank and severe symptoms are present, therapeutic chelation is not recommended, given the opportunity to remove a worker from exposure and allow the body to naturally excrete accumulated lead. As a diagnostic aid, the chelation mobilization test using CA-EDTA has limited applicability. According to some investigators, the test can differentiate between lead-induced and other nephropathies. The test may also provide an estimation of the mobile fraction of the total body lead burden.

Employers are required to assure that accurate records are maintained on exposure assessment, including environmental monitoring, medical surveillance, and medical removal for each employee. Exposure assessment records must be kept for at least 30 years. Medical surveillance records must be kept for the duration of employment plus 30 years except in cases where the employment was less than one year. If duration of employment is less than one year, the employer need not retain this record beyond the term of employment if the record is provided to the employee upon termination of employment. Medical removal records also must be maintained for the duration of employment. All records required under the standard must be made available upon request to the Chief and the National Institute for Occupational Safety and Health. Employers must also make environmental and biological monitoring and medical removal records available to affected employees and to former employees or their authorized employee representatives. Employees or their specifically designated representatives have access to their entire medical surveillance records. In addition, the standard requires that the employer inform all workers exposed to lead at or above $30 \mu\text{g}/\text{m}^3$ of the provisions of the standard and all its appendices, the purpose and description of medical surveillance and provisions for medical removal protection if temporary removal is required. An understanding of the potential health effects of lead exposure by all exposed employees along with full understanding of their rights under the lead standard is essential for an effective monitoring program.

II. Adverse Health Effects of Inorganic Lead

Although the toxicity of lead has been known for 2,000 years, the knowledge of the complex relationship between lead exposure and human response is still being refined. Significant research into the toxic properties of lead continues throughout the world, and it should be anticipated that our understanding of thresholds of effects and margins of safety will be improved in future years. The provisions of the lead standard are founded on two prime medical judgments: First, the prevention of adverse health effects from exposure to lead throughout a working lifetime requires that worker blood lead levels be maintained at or below 40 µg/dl and second, the blood lead levels of workers, male or female, who intend to parent in the near future should be maintained below 30 µg/dl to minimize adverse reproductive health effects to the parents and developing fetus. The adverse effects of lead on reproduction are being actively researched and Cal/OSHA encourages the physician to remain abreast of recent developments in the area to best advise pregnant workers or workers planning to conceive children.

The spectrum of health effects caused by lead exposure can be subdivided into five developmental stages: Normal, physiological changes of uncertain significance, pathophysiological changes, overt symptoms (morbidity), and mortality. Within this process there are no sharp distinctions, but rather a continuum of effects. Boundaries between categories overlap due to the wide variation of individual responses and exposures in the working population. OSHA's development of the lead standard focused on pathophysiological changes as well as later stages of disease.

1. Heme Synthesis Inhibition. The earliest demonstrated effect of lead involves its ability to inhibit at least two enzymes of the heme synthesis pathway at very low blood levels. Inhibition of delta aminolevulinic acid dehydrase (ALA-D) which catalyzes the conversion of delta-aminolevulinic acid (ALA) to protoporphyrin is observed at a blood lead level below 20 µg/dl. At a blood lead level of 40 µg/dl, more than 20% of the population would have 70% inhibition of ALA-D. There is an exponential increase in ALA excretion at blood lead levels greater than 40 µg/dl.

Another enzyme, ferrochelatase, is also inhibited at low blood lead levels. Inhibition of ferrochelatase leads to increased free erythrocyte protoporphyrin (FEP) in the blood which can then bind to zinc to yield zinc protoporphyrin. At a blood lead level of 50 µg/dl or greater, nearly 100% of the population will have an increase in FEP. There is also an exponential relationship between blood lead levels greater than 40 µg/dl and the associated ZPP level, which has led to the development of the ZPP screening test for lead exposure.

While the significance of these effects is subject to debate, it is Cal/OSHA's position that these enzyme disturbances are early stages of a disease process which may eventually result in the clinical symptoms of lead poisoning. Whether or not the effects do progress to the later stages of clinical disease, disruption of these enzyme processes over a working lifetime is considered to be a material impairment of health.

One of the eventual results of lead-induced inhibition of enzymes in the heme synthesis pathway is anemia which can be asymptomatic if mild but associated with a wide array of symptoms including dizziness, fatigue, and tachycardia when more severe. Studies have indicated that lead levels as low as 50 µg/dl can be associated with a definite decreased hemoglobin, although most cases of lead-induced anemia, as well as shortened red-cell survival

times, occur at lead levels exceeding 80 µg/dl. Inhibited hemoglobin synthesis is more common in chronic cases whereas shortened erythrocyte life span is more common in acute cases.

In lead-induced anemias, there is usually a reticulocytosis along with the presence of basophilic stippling, and ringed sideroblasts, although none of the above are pathognomonic for lead-induced anemia.

2. Neurological Effects. Inorganic lead has been found to have toxic effects on both the central and peripheral nervous systems. The earliest stages of lead-induced central nervous system effects first manifest themselves in the form of behavioral disturbances and central nervous system symptoms including irritability, restlessness, insomnia and other sleep disturbances, fatigue, vertigo, headache, poor memory, tremor, depression, and apathy. With more severe exposure, symptoms can progress to drowsiness, stupor, hallucinations, delirium, convulsions and coma.

The most severe and acute form of lead poisoning which usually follows ingestion or inhalation of large amounts of lead is acute encephalopathy which may arise precipitously with the onset of intractable seizures, coma, cardiorespiratory arrest, and death within 48 hours.

While there is disagreement about what exposure levels are needed to produce the earliest symptoms, most experts agree that symptoms definitely can occur at blood lead levels of 60 µg/dl whole blood and therefore recommend a 40 µg/dl maximum. The central nervous system effects frequently are not reversible following discontinued exposure or chelation therapy and when improvement does occur, it is almost always only partial.

The peripheral neuropathy resulting from lead exposure characteristically involves only motor function with minimal sensory damage and has a marked predilection for the extensor muscles of the most active extremity. The peripheral neuropathy can occur with varying degrees of severity. The earliest and mildest form which can be detected in workers with blood lead levels as low as 50 µg/dl is manifested by slowing of motor nerve conduction velocity often without clinical symptoms. With progression of the neuropathy there is development of painless extensor muscle weakness usually involving the extensor muscles of the fingers and hand in the most active upper extremity, followed in severe cases by wrist drop or, much less commonly, foot drop.

In addition to slowing of nerve conduction, electromyographical studies in patients with blood lead levels greater than 50 µg/dl have demonstrated a decrease in the number of acting motor unit potentials, an increase in the duration of motor unit potentials, and spontaneous pathological activity including fibrillations and fasciculations. Whether these effects occur at levels of 40 µg/dl is undetermined.

While the peripheral neuropathies can occasionally be reversed with therapy, again such recovery is not assured particularly in the more severe neuropathies and often improvement is only partial. The lack of reversibility is felt to be due in part to segmental demyelination.

3. Gastrointestinal. Lead may also affect the gastrointestinal system producing abdominal colic or diffuse abdominal pain, constipation, obstipation, diarrhea, anorexia, nausea and vomiting. Lead colic rarely develops at blood lead levels below 80 µg/dl.

4. Renal. Renal toxicity represents one of the most serious health effects of lead poisoning. In the early stages of disease nuclear inclusion bodies can frequently be identified in proximal

renal tubular cells. Renal function remains normal and the changes in this stage are probably reversible. With more advanced disease there is progressive interstitial fibrosis and impaired renal function. Eventually extensive interstitial fibrosis ensues with sclerotic glomeruli and dilated and atrophied proximal tubules; all represent end stage kidney disease. Azotemia can be progressive, eventually resulting in frank uremia necessitating dialysis. There is occasionally associated hypertension and hyperuricemia with or without gout.

Early kidney disease is difficult to detect. The urinalysis is normal in early lead nephropathy and the blood urea nitrogen and serum creatinine increase only when two-thirds of kidney function is lost. Measurement of creatinine clearance can often detect earlier disease as can other methods of measurement of glomerular filtration rate. An abnormal Ca-EDTA mobilization test has been used to differentiate between lead-induced and other nephropathies, but this procedure is not widely accepted. A form of Fanconi syndrome with aminoaciduria, glycosuria, and hyperphosphaturia indicating severe injury to the proximal renal tubules is occasionally seen in children.

5. Reproductive effects. Exposure to lead can have serious effects on reproductive function in both males and females. In male workers exposed to lead there can be a decrease in sexual drive, impotence, decreased ability to produce healthy sperm, and sterility. Malformed sperm (teratospermia), decreased number of sperm (hypospermia), and sperm with decreased motility (asthenospermia) can all occur. Teratospermia has been noted at mean blood lead levels of 53 µg/dl and hypospermia and athenospermia at 41 µg/dl. Furthermore, there appears to be a dose-response relationship for teratospermia in lead exposed workers.

Women exposed to lead may experience menstrual disturbances including dysmenorrhea, menorrhagia and amenorrhea. Following exposure to lead, women have a higher frequency of sterility, premature births, spontaneous miscarriages, and stillbirths.

Germ cells can be affected by lead and cause genetic damage in the egg or sperm cells before conception and result in failure to implant, miscarriage, stillbirth, or birth defects.

Infants of mothers with lead poisoning have a higher mortality during the first year and suffer from lowered birth weights, slower growth, and nervous system disorders.

Lead can pass through the placental barrier and lead levels in the mother's blood are comparable to concentrations of lead in the umbilical cord at birth. Transplacental passage becomes detectable at 12-14 weeks of gestation and increases until birth.

There is little direct data on damage to the fetus from exposure to lead but it is generally assumed that the fetus and newborn would be at least as susceptible to neurological damage as young children. Blood lead levels of 50-60 µg/dl in children can cause significant neurobehavioral impairments and there is evidence of hyperactivity at blood levels as low as 25 µg/dl. Given the overall body of literature concerning the adverse health effects of lead in children, Cal/OSHA feels that the blood lead level in children should be maintained below 30 µg/dl with a population mean of 15 µg/dl. Blood lead levels in the fetus and newborn likewise should not exceed 30 µg/dl.

Because of lead's ability to pass through the placental barrier and also because of the demonstrated adverse effects of lead on reproductive function in both the male and female as well as the risk of genetic damage of lead on both the ovum and sperm, Cal/OSHA

recommends a 30 µg/dl maximum permissible blood lead level in both males and females who wish to bear children.

6. Other toxic effects. Debate and research continue on the effects of lead on the human body. Hypertension has frequently been noted in occupationally exposed individuals although it is difficult to assess whether this is due to lead's adverse effects on the kidney or if some other mechanism is involved. Vascular and electrocardiographic changes have been detected but have not been well characterized. Lead is thought to impair thyroid function and interfere with the pituitary-adrenal axis, but again these effects have not been well defined.

III. Medical Evaluation

The most important principle in evaluating a worker for any occupational disease including lead poisoning is a high index of suspicion on the part of the examining physician. As discussed in Section 2, lead can affect numerous organ systems and produce a wide array of signs and symptoms, most of which are non-specific and subtle in nature at least in the early stages of disease. Unless serious concern for lead toxicity is present, many of the early clues to diagnosis may easily be overlooked.

The crucial initial step in the medical evaluation is recognizing that a worker's employment can result in exposure to lead. The worker will frequently be able to define exposures to lead and lead containing materials but often will not volunteer this information unless specifically asked. In other situations the worker may not know of any exposures to lead but the suspicion might be raised on the part of the physician because of the industry or occupation of the worker. Potential occupational exposure to lead and its compounds occur in many occupations in the construction industry, including demolition and salvaging operations, removal or encapsulation of materials containing lead, construction, alteration, repair or renovation of structures containing lead, transportation, disposal, storage or containment of lead or lead-containing materials on construction sites, and maintenance operations associated with construction activities.

Once the possibility for lead exposure is raised, the focus can then be directed toward eliciting information from the medical history, physical exam, and finally from laboratory data to evaluate the worker for potential lead toxicity. A complete and detailed work history is important in the initial evaluation. A listing of all previous employment with information on job description, exposure to fumes or dust, known exposures to lead or other toxic substances, a description of any personal protective equipment used, and previous medical surveillance should all be included in the worker's record. Where exposure to lead is suspected, information concerning on-the-job personal hygiene, smoking or eating habits in work areas, laundry procedures, and use of any protective clothing or respiratory protection equipment should be noted. A complete work history is essential in the medical evaluation of a worker with suspected lead toxicity, especially when long term effects such as neurotoxicity and nephrotoxicity are considered.

The medical history is also of fundamental importance and should include a listing of all past and current medical conditions, current medications including proprietary drug intake, previous surgeries and hospitalizations, allergies, smoking history, alcohol consumption, and also non-occupational lead exposures such as hobbies (hunting, riflery). Also known childhood exposures should be elicited. Any previous history of hematological, neurological, gastrointestinal, renal, psychological, gynecological, genetic, or reproductive problems should be specifically noted.

A careful and complete review of systems must be performed to assess both recognized complaints and subtle or slowly acquired symptoms which the worker might not appreciate as being significant. The review of symptoms should include the following:

1. General - weight loss, fatigue, decreased appetite.
2. Head, Eyes, Ears, Nose, Throat (HEENT) - headaches, visual disturbances or decreased visual acuity, hearing deficits or tinnitus, pigmentation of the oral mucosa, or metallic taste in mouth.
3. Cardio-pulmonary - shortness of breath, cough, chest pains, palpitations, or orthopnea.
4. Gastrointestinal - nausea, vomiting, heartburn, abdominal pain, constipation or diarrhea.
5. Neurologic - irritability, insomnia, weakness (fatigue), dizziness, loss of memory, confusion, hallucinations, incoordination, ataxia, decreased strength in hands or feet, disturbances in gait, difficulty in climbing stairs, or seizures.
6. Hematologic - pallor, easy fatigability, abnormal blood loss, melena.
7. Reproductive (male and female and spouse where relevant) - history of infertility, impotence, loss of libido, abnormal menstrual periods, history of miscarriages, stillbirths, or children with birth defects.
8. Musculo-skeletal - muscle and joint pains.

The physical examination should emphasize the neurological, gastrointestinal, and cardiovascular systems. The worker's weight and blood pressure should be recorded and the oral mucosa checked for pigmentation characteristic of a possible Burtonian or lead line on the gingiva. It should be noted, however, that the lead line may not be present even in severe lead poisoning if good oral hygiene is practiced.

The presence of pallor on skin examination may indicate an anemia which, if severe, might also be associated with a tachycardia. If an anemia is suspected, an active search for blood loss should be undertaken including potential blood loss through the gastrointestinal tract.

A complete neurological examination should include an adequate mental status evaluation including a search for behavioral and psychological disturbances, memory testing, evaluation for irritability, insomnia, hallucinations, and mental clouding. Gait and coordination should be examined along with close observation for tremor. A detailed evaluation of peripheral nerve function including careful sensory and motor function testing is warranted. Strength testing particularly of extensor muscle groups of all extremities is of fundamental importance.

Cranial nerve evaluation should also be included in the routine examination.

The abdominal examination should include auscultation for bowel sounds and abdominal bruits and palpation for organomegaly, masses, and diffuse abdominal tenderness.

Cardiovascular examination should evaluate possible early signs of congestive heart failure. Pulmonary status should be addressed particularly if respirator protection is contemplated.

As part of the medical evaluation, the interim lead standard requires the following laboratory studies:

1. Blood lead level;
2. Hemoglobin and hematocrit determinations, red cell indices, and examination of the peripheral blood smear to evaluate red blood cell morphology;
3. Blood urea nitrogen;
4. Serum creatinine;
5. Routine urinalysis with microscopic examination;
6. A zinc protoporphyrin level.

In addition to the above, the physician is authorized to order any further laboratory or other tests which he or she deems necessary in accordance with sound medical practice. The evaluation must also include pregnancy testing or laboratory evaluation of male fertility if requested by the employee. Additional tests which are probably not warranted on a routine basis but may be appropriate when blood lead and ZPP levels are equivocal include delta aminolevulinic acid and coproporphyrin concentrations in the urine, and dark-field illumination for detection of basophilic stippling in red blood cells.

If an anemia is detected further studies including a careful examination of the peripheral smear, reticulocyte count, stool for occult blood, serum iron, total iron binding capacity, bilirubin, and, if appropriate, vitamin B12 and folate may be of value in attempting to identify the cause of the anemia.

If a peripheral neuropathy is suspected, nerve conduction studies are warranted both for diagnosis and as a basis to monitor any therapy.

If renal disease is questioned, a 24 hour urine collection for creatinine clearance, protein, and electrolytes may be indicated. Elevated uric acid levels may result from lead-induced renal disease and a serum uric acid level might be performed.

An electrocardiogram and chest x-ray may be obtained as deemed appropriate.

Sophisticated and highly specialized testing should not be done routinely and where indicated should be under the direction of a specialist.

IV. Laboratory Evaluation

The blood lead level at present remains the single most important test to monitor lead exposure and is the test used in the medical surveillance program under the lead standard to guide employee medical removal. The ZPP has several advantages over the blood lead level. Because of its relatively recent development and the lack of extensive data concerning its interpretation, the ZPP currently remains an ancillary test.

This section will discuss the blood lead level and ZPP in detail and will outline their relative advantages and disadvantages. Other blood tests currently available to evaluate lead exposure will also be reviewed.

The blood lead level is a good index of current or recent lead absorption when there is no anemia present and when the worker has not taken any chelating agents. However, blood lead levels along with urinary lead levels do not necessarily indicate the total body burden of lead and are not adequate measures of past exposure. One reason for this is that lead has a high affinity for bone and up to 90% of the body's total lead is deposited there. A very important component of the total lead body burden is lead in soft tissue (liver, kidney, and brain). This fraction of the lead body burden, the biologically active lead, is not entirely reflected by blood lead levels since it is a function of the dynamics of lead absorption, distribution, deposition in bone and excretion. Following discontinuation of exposure to lead, the excess body burden is only slowly mobilized from bone and other relatively stable body stores and excreted. Consequently, a high blood lead level may only represent recent heavy exposure to lead without a significant total body excess and likewise a low blood lead level does not exclude an elevated total body burden of lead.

Also due to its correlation with recent exposures, the blood lead level may vary considerably over short time intervals.

To minimize laboratory error and erroneous results due to contamination, blood specimens must be carefully collected after thorough cleaning of the skin with appropriate methods using lead-free blood containers and analyzed by a reliable laboratory. Under the standard, samples must be analyzed in laboratories which are approved by OSHA. Analysis is to be made using atomic absorption spectrophotometry, anodic stripping voltammetry or any method which meets the accuracy requirements set forth by the standard.

The determination of lead in urine is generally considered a less reliable monitoring technique than analysis of whole blood primarily due to individual variability in urinary excretion capacity as well as the technical difficulty of obtaining accurate 24 hour urine collections. In addition, workers with renal insufficiency, whether due to lead or some other cause, may have decreased lead clearance and consequently urine lead levels may underestimate the true lead burden. Therefore, urine lead levels should not be used as a routine test.

The zinc protoporphyrin test, unlike the blood lead determination, measures an adverse metabolic effect of lead and as such is a better indicator of lead toxicity than the level of blood lead itself. The level of ZPP reflects lead absorption over the preceding 3 to 4 months, and therefore is a better indicator of lead body burden. The ZPP requires more time than the blood lead to read significantly elevated levels; the return to normal after discontinuing lead exposure is also slower. Furthermore, the ZPP test is simpler, faster, and less expensive to perform and no contamination is possible. Many investigators believe it is the most reliable means of monitoring chronic lead absorption.

Zinc protoporphyrin results from the inhibition of the enzyme ferrochelatase which catalyzes the insertion of an iron molecule into the protoporphyrin molecule, which then becomes heme. If iron is not inserted into the molecule then zinc, having a greater affinity for protoporphyrin, takes the place of the iron, forming ZPP.

An elevation in the level of circulating ZPP may occur at blood lead levels as low as 20-30 µg/dl in some workers. Once the blood lead level has reached 40 µg/dl there is more marked rise in the ZPP value from its normal range of less than 100 µg/dl/100 ml. Increases in blood lead levels beyond 40 µg/100 g are associated with exponential increases in ZPP.

Whereas blood lead levels fluctuate over short time spans, ZPP levels remain relatively stable. ZPP is measured directly in red blood cells and is present for the cell's entire 120 day life-span. Therefore, the ZPP level in blood reflects the average ZPP production over the previous 3-4 months and consequently the average lead exposure during that time interval.

It is recommended that a hematocrit be determined whenever a confirmed ZPP of 50 µg/100 ml whole blood is obtained to rule out a significant underlying anemia. If the ZPP is in excess of 100 µg/100 ml and not associated with abnormal elevations in blood lead levels, the laboratory should be checked to be sure that blood leads were determined using atomic absorption spectrophotometry anodic stripping voltammetry, or any method which meets the accuracy requirements set forth by the standard by an OSHA approved laboratory which is experienced in lead level determinations. Repeat periodic blood lead studies should be obtained in all individuals with elevated ZPP levels to be certain that an associated elevated blood lead level has not been missed due to transient fluctuations in blood leads.

ZPP has a characteristic fluorescence spectrum with a peak at 594 nm which is detectable with a hematofluorimeter. The hematofluorimeter is accurate and portable and can provide on-site, instantaneous results for workers who can be frequently tested via a finger prick.

However, careful attention must be given to calibration and quality control procedures. Limited data on blood lead-ZPP correlations and the ZPP levels which are associated with the adverse health effects discussed in Section 2 are the major limitations of the test. Also it is difficult to correlate ZPP levels with environmental exposure and there is some variation of response with age and sex. Nevertheless, the ZPP promises to be an important diagnostic test for the early detection of lead toxicity and its value will increase as more data is collected regarding its relationship to other manifestations of lead poisoning.

Levels of delta-aminolevulinic acid (ALA) in the urine are also used as a measure of lead exposure. Increasing concentrations of ALA are believed to result from the inhibition of the enzyme delta-aminolevulinic acid dehydrase (ALA-D). Although the test is relatively easy to perform, inexpensive, and rapid, the disadvantages include variability in results, the necessity to collect a complete 24 hour urine sample which has a specific gravity greater than 1.010, and also the fact that ALA decomposes in the presence of light. The pattern of porphyrin excretion in the urine can also be helpful in identifying lead intoxication. With lead poisoning, the urine concentrations of coproporphyrins I and II, porphobilinogen and uroporphyrin I rise. The most important increase, however, is that of coproporphyrin III; levels may exceed 5,000 µg/1 in the urine in lead poisoned individuals, but its correlation with blood lead levels and ZPP are not as good as those of ALA. Increases in urinary porphyrins are not diagnostic of lead toxicity and may be seen in porphyria, some liver diseases, and in patients with high reticulocyte counts.

Summary. The standard for inorganic lead in the construction industry places significant emphasis on the medical surveillance of all workers exposed to levels of inorganic lead above 30 µg/m³ TWA. The physician has a fundamental role in this surveillance program, and in the operation of the medical removal protection program.

Even with adequate worker education on the adverse health effects of lead and appropriate training in work practices, personal hygiene and other control measures, the physician has a primary responsibility for evaluating potential lead toxicity in the worker. It is only through a careful and detailed medical and work history, a complete physical examination and appropriate laboratory testing that an accurate assessment can be made. Many of the adverse health

effects of lead toxicity are either irreversible or only partially reversible and therefore early detection of disease is very important.

This document outlines the medical monitoring program as defined by the occupational safety and health standard for inorganic lead. It reviews the adverse health effects of lead poisoning and describes the important elements of the history and physical examinations as they relate to these adverse effects. Finally, the appropriate laboratory testing for evaluating lead exposure and toxicity is presented.

It is hoped that this review and discussion will give the physician a better understanding of the OSHA standard with the ultimate goal of protecting the health and well-being of the worker exposed to lead under his or her care.

| | |
|--------------------------------|---|
| Company Name: _____ | |
| Address: _____ _____ | Date of Implementation: ____/____/____ |

[illegible]

| Controls Implemented to Achieve Compliance | |
|--|--------------------------|
| Engineering Controls: | Date Implemented: |
| | |
| | |
| | |
| | |
| | |
| Administrative Controls: | |
| | |
| | |
| | |
| | |
| | |
| Work Practice Controls: | |
| | |
| | |
| | |
| | |

56



APPENDIX 6 – LEAD EXPOSURE ASSESSMENT

| | |
|----------------------|----------------|
| Company Name: | Number: |
| Prepared By: | Date: |

| Location Assessed | Sampling Method/Procedure | Accuracy of Method | Duration | Respiratory Device Used? | Environmental Variables? | Result of Sample(s) |
|-------------------|---------------------------|--------------------|----------|--------------------------|--------------------------|---------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Employees Monitored and All Other Represented Measurements | | | | | |
|--|-------------------|--------------------|---------------|-------------------|--------------------|
| Employee Name | Social Security # | Job Classification | Employee Name | Social Security # | Job Classification |
| 1. | | | 7. | | |
| 2. | | | 8. | | |
| 3. | | | 9. | | |
| 4. | | | 10. | | |
| 5. | | | 11. | | |
| 6. | | | 12. | | |

APPENDIX 7 – MEDICAL SURVEILLANCE

| | |
|---|----------------------|
| Company Name: | |
| Employee Name: | Employee SSN: |
| Employee Job Duties and Description: | |

| Exposure Monitoring Data and Results | | |
|--------------------------------------|-------------------------------------|---------|
| Date of Assessment | Method of Assessment and Procedures | Results |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Attachments:

1. A copy of the physician's written opinion;
2. Any employee medical complaints to exposure to lead;
3. A copy of the medical examination results including medical and work history; and
4. A copy of the results of biological monitoring.

APPENDIX 8 – MEDICAL REMOVAL

| | |
|-----------------------|----------------------|
| Company Name: | |
| Employee Name: | Employee SSN: |

| Date Removed from Work: | Brief Explanation of Removal Method and/or Indication If Removal is Result of Elevated Blood Lead Level | Date Returned to Work: |
|-------------------------|---|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Additional Notes:

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

This record is to be maintained at least for the duration of the employee's employment.

APPENDIX 9 – LEAD WORK PRE-JOB NOTIFICATION

This document serves as written notification to the Division District Office when work is planned that involves any of the tasks covered in California Code of Regulations, Title 8, Section 1532.1 (d)(2) at least 24 hours prior to the commencement of the work. Any changes will be provided to maintain current notification.

Exception: When unforeseen lead-work is initiated on an urgent basis within 24 hours, the notification requirement may be met by giving telephone notice to the Division at any time prior to commencement of the work, followed by this written notification sent or mailed within 24 hours of telephoning the Division.

| | |
|--|----------------------------------|
| Company Name: | |
| Company Address: | Phone #: |
| Jobsite Address (or common name of site): | |
| Project Start Date: | Expected Completion Date: |

| | |
|--------------------------------|------------------------------|
| Lead-Related Work Crew | |
| Supervisor Responsible: | Approx. # of Workers: |

| | |
|---|--------------------------------------|
| Precise Physical Location of Lead-Related Work | |
| | |
| Type of Structure(s) In Which or On Which Work is to be Performed: | |
| | |
| Description of Lead-Related Work to be Performed | Safe Practices to be Utilized |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | |
|---|--|
| Amount of Lead to be Disturbed (sq. ft. or linear ft.) | Amount of Lead Disturbed, if known (percent by weight, ppm or mg/sq. cm.) |
| | |