

*As a Health Care Provider you have, under the OSHA **Lead Standards** (29 CFR 1910.025 and 29 CFR 1926.62) primary responsibility for evaluating **lead toxicity** in the workers who are your patients.*

In compliance with state regulations, the New Jersey Department of Health & Senior Services collects and records occupational blood and urine **lead** reports. The Department also offers assistance to health care providers through consultations, surveillance reports and educational materials.

*FOR MORE  
INFORMATION CONTACT:*

**The **Lead** Project  
Occupational Health Service  
(609) 984-1863**

**U**nder the New Jersey Administrative Code (N.J.A.C. 8:57-3.2), physicians are required to report adult **lead** toxicity (blood **lead**  $\geq 25$  ug/dl or urine **lead**  $\geq 80$  ug/l) to the New Jersey Department of Health and Senior Services.

The report must include the following information about the case:

- \* Name and Address of Employer at Time of Exposure
- \* Name      \* Sex
- \* Date of Onset of Illness
- \* Year of Birth
- \* Telephone Number
- \* Home Address

What  
PHYSICIANS  
Need to Know About

**OCCUPATIONAL  
LEAD  
EXPOSURE**



Occupational Health Service

## Who is Covered Under the OSHA Lead Standards?

All workers exposed to metallic lead, inorganic lead compounds, and organic lead soaps. The employer should establish a medical surveillance program for employees who are or may be exposed above the action level of 30 micrograms of airborne lead per cubic meter of air averaged over an 8-hour period for more than 30 days per year.

## What Jobs are Associated with Lead Poisoning?

- \* Producing or smelting lead
- \* Manufacturing batteries
- \* Melting and casting brass, copper or lead
- \* Repairing radiators
- \* Demolishing old structures
- \* Handling scrap metal
- \* Soldering lead
- \* Stripping or sanding old paint
- \* Using indoor firing ranges
- \* Welding old, painted metal
- \* Mixing ceramic glazes
- \* Machining and grinding lead alloys

## Where is Lead Found in the Environment?

- \* PAINT in houses built before 1978
- \* DRINKING WATER from pipes with lead solder
- \* SOIL and AIR near buildings and factories where people work with lead

## What are the Physician's Responsibilities Under The OSHA Lead Standards?

The physician has a primary responsibility for evaluating potential lead toxicity in the employee and providing a written report to the employee detailing the results of this evaluation. The physician also should provide a summary to the employer detailing the fitness for duty and any special equipment required, limitations, or restrictions from performing full job duties.

Employees should be **medically removed**—(TRANSFERRED TO A NON-LEAD EXPOSED JOB WITHOUT LOSS OF PAY OR BENEFITS)—from the worksite:

- \* **General Industry** for blood lead levels greater than or equal to 60 ug/dl or an average of three readings greater than 50 ug/dl;
- \* **Construction** for blood lead levels greater than or equal to 50 ug/dl; or for medical conditions that place the employee at increased risk of impairment of health due to lead exposure.

## How Often Should Employees Have Medical Evaluations?

Physical examinations and laboratory testing should be conducted with the following frequencies:

- \* prior to employment or assignment in a lead-exposed area;
- \* at least annually for any employee with a blood lead level in the past 12 months at or above 40 ug/dl;
- \* as soon as possible for any employee who complains of signs or symptoms consistent with lead exposure;
- \* as soon as possible for any worker who demonstrates breathing difficulties while wearing a respirator.

## What Constitutes a Medical Evaluation?

- \* OCCUPATIONAL HISTORY with attention to previous lead exposure;
- \* MEDICAL HISTORY of past and present medical conditions involving specific organ systems;
- \* PERSONAL HISTORY of hygiene habits, smoking, alcohol consumption, hobbies;
- \* BLOOD PRESSURE;
- \* PHYSICAL EXAMINATION with special attention to neurological, gastrointestinal, cardiovascular and renal systems;
- \* PULMONARY STATUS if respirators are used on the worksite;
- \* LABORATORY TESTING FOR Blood lead level; Hemoglobin, hematocrit, red cell indices and examination of peripheral smear morphology; Zinc protoporphyrin level (ZPP); BUN and serum creatinine; Routine urinalysis.

## How Often Should Biological Monitoring be Performed?

BLOOD LEAD LEVELS	FREQUENCY
* Less than 40 ug/dl (last result)	Every 6 months
* Last result between 40 ug/dl and level requiring medical removal	Every 2 months until two consecutive blood samples indicate a blood lead level below 40 ug/dl
* Greater than 60 ug/dl or when the average of the last three blood samples taken during the previous 6 month period is 50 ug/dl or greater for general industry; or greater than 50 ug/dl for construction industry.	At least monthly during the removal period of each employee removed from exposure to lead due to an elevated blood lead level.