BASICS OF A LEAD HEALTH & SAFETY PROGRAM

All of the following protective measures are important for preventing work-related lead poisoning. Review each item and check the box if the statement is true for your workplace. Unchecked boxes may indicate problems that should be corrected, and possible violations of the Cal/OSHA lead standard that applies to your workplace (Title 8 CCR Section 5198 for General Industry, or Section 1532.1 for Construction).

Identification of Lead Hazards and Employee Training

☐ Safety Data Sheets and labels are reviewed for all raw materials or products you use, to determine if they contain lead.

☐ If work involves disturbing paint or surface coatings on metal structures or pre-1978 buildings, coatings are tested for lead (or are assumed to contain lead) and all necessary precautions are taken.

☐ All employees potentially exposed to lead dust or fumes are trained in the hazards of lead, how to protect themselves, and the worker protections required by the applicable Cal/OSHA lead standard.

Assessment of Lead Hazards

☐ Personal air monitoring is conducted to determine the 8-hour average airborne exposure to lead for all employees potentially exposed to lead dust or fumes.

☐ Air monitoring is repeated with any change in process, control, personnel, or tasks.

☐ When exposures are above the Action Level but below the Permissible Exposure Limit (PEL), air monitoring is repeated at least every six months.

☐ When exposures are above the PEL, air monitoring is repeated quarterly.

Medical Program

☐ A lead-specific medical program is in place and under the supervision of a licensed physician who is knowledgeable about all relevant Cal/OSHA requirements.

☐ Blood lead and zinc protoporphyrin (ZPP) testing are done at least every 6 months for employees exposed to lead, and with increased frequency for employees at higher blood lead levels. [Note that a more frequent monitoring schedule is recommended for construction workers exposed to lead, e.g., at the start and finish of each major job, and at least every 2 months in between.]

☐ Medical exams specific to the potential health effects of lead are provided initially, and repeated as determined by the physician or Cal/OSHA standard requirements.

☐ Blood lead and ZPP results are provided in writing to employees within 5 days of receiving them from the laboratory.

☐ Employees with blood lead levels at or greater than 50 µg/dL are removed from further exposure to lead, and provided with alternate work or full pay and benefits, at least until two consecutive monthly blood lead levels are below 40 µg/dL.
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Wash-up Facilities, Personal Hygiene, and Protective Clothing

☐ No eating, drinking, using tobacco products, or applying cosmetics occurs in work areas where lead may be present.

☐ Clean protective clothing (disposable or regularly laundered) and shoes or shoe coverings are provided regularly to employees. They are not taken home from the job site.

☐ Wash-up facilities, with warm water, soap, and clean towels, are available and consistently used by workers to clean up before breaks and at the end of the shift.

☐ Showers are available and used daily by workers exposed to high levels of lead.

☐ Workers change their clothes in a clean change room/area with separate storage facilities for work and street clothing and shoes.

☐ There is a clean area, separated from the work area, for workers to take breaks and eat lunch.

Exposure Controls

☐ Lead-free materials are substituted, and high exposure tasks are eliminated where possible.

☐ Airborne lead levels over 50 micrograms per cubic meter of air (µg/m³) are reduced by engineering controls (e.g., local exhaust ventilation) or changing work practices, before relying on respirators or administrative controls.

☐ The work area is kept as free as possible from lead contamination, through regular cleaning by safe methods (e.g., wet mopping or vacuuming with a toxic dust HEPA vacuum); dry sweeping is not done.

☐ There is a written compliance program for reducing exposures over 50 µg/m³.

Respirators

☐ Respirators are used to protect against airborne lead exposure, if needed.

☐ Respirators are selected based on measured airborne lead exposure levels and the assigned protection factor (APF) of the respirator. In construction, respirators are selected initially based on the task being performed, its assumed exposure level, and the APF of the respirator.

☐ A complete respirator program is in place where respirators are used, including: annual face seal fit-testing, regular face seal checking, training, medical determination of fitness for respirator wearing, and provisions for cleaning and storage.