

OCCUPATIONAL HEALTH SERVICES

tions vary in degree and can be serious enough to bar employment. The trained physician can frequently detect them during the preplacement examination.

It is not the function however of the physician to inform the applicant whether he is to be employed. This is the prerogative and duty of management, as there are other factors in addition to physical qualifications that bear upon suitability for employment.

Periodic examinations of all employees may be on a required or voluntary basis. If operations involved are nonhazardous, 2- or 3-year intervals can occur between examinations. It is desirable, however, that persons past 40 be examined annually because some degenerative disorders show up around this period.

A required program should be applied to workers who are exposed to health-hazardous processes or materials, or whose work involves responsibility for the safety of others, such as vehicle operators. Substances like lead or carbon tetrachloride that are capable of causing occupational disease are usually subjected to process controls that will keep the workers safe from poisoning, however, caution dictates the advisability of periodic examination of such workers, to be certain that the engineering and hygiene controls are effective and continuing to be so. This procedure also enables early detection of the hypersusceptible individual, and the worker whose personal unsafe practices defeat the control measures.

Frequency of the examination must vary in accordance with the quality of the engineering control, the nature of the exposure (i.e., the rapidity of the action of the hazardous substance on the human body), and the findings on each examination. Thus, exposures to some substances might justify examinations or laboratory tests on a weekly basis, others monthly or quarterly, whereas annually or biennially may be adequate in some dust exposures.

In many cases, laboratory tests of blood, urine, etc. will suffice as the major portion of a periodic examination program, with complete examinations being made less frequently. The type of special examination (laboratory, X-ray, etc.) necessary for any exposure and the interpretation of the results are decisions requiring the most expert medical personnel.

Special examinations. Employees having on-the-job difficulties that may be health related are often benefited by special examinations. Job transfer may also require medical evaluation.

Many organizations find it worthwhile to make "return to work" examinations of employees who have been absent more than a specified number of days as a result of a nonoccupational illness or injury. This is done to control communicable disease, as well as to determine suitability for return to work. There is a wide difference in the actual effects of the same disease on different persons, and an even greater divergence of personality reaction to the disorder. One person will go to bed at the first sign of discomfort, whereas another must be truly overwhelmed before he will fail to report for work.

When an employee returns to work following serious injury, occupational or non-occupational, a new evaluation of physical capacities may be necessary. Also the application of rehabilitation procedures may reduce the disability and improve the range of employability.

Exit examinations. Upon termination of employment by workers, some organizations make examinations and record the findings, particularly where operations involve definite exposure to health hazardous substances, such as lead, benzene (benzol), silica, and asbestos dust, or to harmful noise.

A universal symbol for emergency medical identification has been developed by the American Medical Association (Fig. 38-1).



Fig. 38-1. Emergency identification symbol.

The object of the symbol is to identify its wearer immediately as a person with a physical condition requiring special attention. If the wearer is unconscious or otherwise unable to communicate, the symbol will indicate that there are vital medical facts to be

found on a health information card in the bearer's purse, wallet, or elsewhere. These should be known to anyone helping the individual struck down by an accident or sudden illness.