Preventing Silicosis: Occupational Medicine Perspectives

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Occupational and Environmental Medicine (OEM)

- Part of Preventive Medicine
- Silicosis
  - Surveillance
  - Detection/diagnosis
  - Workers’ Compensation
  - Working with stakeholders (employers, workers, regulators, insurers)
  - ACOEM/WOEMA – education, advocacy
Surveillance

- OSHA: 29 CFR 1926.1153(h); 5204(i); same for Cal OSHA with ETS

- Applies to workers required by regs to wear a respirator over 30 days/year
- Physician or other Licensed Health Care Professional (PLHCP)
- OFFER to workers = initial and every 3 years or more as per PLHCP
- REPORT IS TO THE WORKER
- Limited notice to employer (if exam was compliant; as to continuing respirator use; as to continuing exposure to silica)
Medical Surveillance - Elements

• Questionnaire (medical and work history, with emphasis on dust exposures, resp dz sx; TB; smoking
• Physical esp resp system
• CXR = one view, B-reader
• PFT (spirometry) by NIOSH – certified person
• TB test
• “any other test deemed appropriate by PLHCP” (CT??)
• Resources: WOEMA list of providers
Medical Eval of Silicosis/ Workers’ Compensation

• Diagnosis
  • History and Physical
  • Spiro/ XR/ CT/ DCO may be strongly suggestive; Biopsy proves
  • Co-existing or competing dx’s?
    • “Idiopathic” pulmonary fibrosis, TB, Sarcoidosis = sometimes confused with silicosis
    • COPD, Other pneumoconiosis (asbestos, other dusts)
  • OEM referral; Pulmonology!

• Causation
  • If silicosis and there is work exposure, probably straightforward
  • History may be murky

• Apportionment? Multiple employers?

• Work status (activity restrictions)

• What if the employer does not have WC insurance?
  • California = Uninsured Employer’s Benefits Trust Fund (UEBTF)
Other Occ Med activities

- Help to educate workers, employers, other health professionals
- Advocacy
- Med-legal