

Preventing Silicosis: Occupational Medicine Perspectives

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UCLA 5/16/24

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