

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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SUMMARY	This procedure provides information for monitoring of individuals to identify changes in health status that may be due to occupational exposure to a hazard.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

This procedure outlines the actions required to address health monitoring requirements related to potential or actual exposures to hazardous substances in line with the [Model Code of Practice: Managing Risk of Hazardous Chemicals in the Workplace](#).

2. BACKGROUND

The WHS Regulation 2017 states that a Person Conducting a Business or Undertaking must ensure health monitoring is provided to a worker if the worker is carrying out ongoing work using, handling, generating or storing hazardous chemicals and there is a *significant risk to the worker's health* because of exposure to a scheduled chemical.

The purpose of health monitoring is to identify changes in a worker's health status because of exposure to certain substances. Health monitoring includes biological monitoring, (i.e. the testing of body substances for the purpose of measuring exposure), but does not include air monitoring or other measures used to assess or control exposure to hazardous chemicals in the workplace. It applies to all hazardous substances that may be absorbed by ingestion, inhalation or through the skin or mucous membrane.

Please note - occupational exposures to Infectious Diseases, Ionising Radiation, Latex, [Asbestos](#) and [Noise](#) are addressed under their own separate procedures.

3. DEFINITIONS

Refer to [Appendix A](#) for Definitions

4. RESPONSIBILITIES

4.1 Workers:

- Participate in the organisation's health monitoring program unless there is some compelling reason to the contrary, in which case the matter should be discussed with the Health Monitoring Medical Practitioner responsible for the monitoring program.
- Record exposures or handling of prohibited carcinogen (i.e. Cytotoxics) in the [F277 - Individual Worker Register of Occupational Health Exposure*](#) or suitable equivalent.
- Report any concerns relating to exposure to the hazardous chemical, for example if possible symptoms are identified.
- Follow safety instructions including attending any local training and wearing Personal Protective Equipment when handling prohibited carcinogens (hazardous chemicals).

4.2 Line Managers:

- Maintain appropriate documentation in relation to health monitoring as per [section 5.3](#).
- Ensure workers are informed of and participate in the health monitoring program.
- Consult with workers regarding the implementation and reviews of the health monitoring program.
- Ensure workers contemplating pregnancy, who are pregnant or breast feeding are managed in line with [section 5.7](#)

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- Ensure workers are trained and informed of the hazards and associated risk controls of using prohibited carcinogens as per [SESLHDPR/208 Work Health and Safety – Hazardous Chemical Management Procedure](#).

4.3 Medical Staff:

- Participate in the health monitoring program unless there is some compelling reason to the contrary, in which case the matter should be discussed with the Health Monitoring Medical Practitioner responsible for the monitoring program.
- Report any concerns relating to exposure to the hazardous chemical, for example where relevant symptoms are identified.
- Follow safety instructions including attending any local training and Wearing Personal Protective Equipment when handling prohibited carcinogens (hazardous chemicals).

4.4 Senior Managers:

- Establish and maintain local arrangements for workers to have access to health monitoring program.
- Ensure that cytotoxic procedures are in place in their service or facility.

4.5 Facility Executives:

- Determine in consultation with the site Staff Health Service and the Facility Health and Safety Manager on how the health monitoring program will be implemented.
- Determine a list of Cytotoxics Drugs used at the facility that require health monitoring and make this list available to workers.
- Ensure unprotected exposure to Cyclophosphamide is reported to SafeWork NSW as a notifiable incident as outlined in [SESLHDPR/322 Safety Incident Management and Reporting Procedure](#).

4.6 Staff Health Workers:

- Assist with establishing and maintaining the health monitoring program for the organisation as directed by their senior manager.

4.7 Health Safety and Wellbeing:

- Ensure a Health Monitoring Provider is engaged in accordance with the WHS Regulations and Code of Practice.

4.8 Sector Work Health and Safety:

- On behalf of the Facility Executive, assist with ensuring Managers are aware of and have access to health monitoring program for their workers.

4.9 Health Monitoring Provider:

- Work to the requirements outlined in the [Safe Work Australia Health Monitoring for Registered Medical Practitioners Guide](#).

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The Facility Executive will oversee the establishment of the health monitoring program, which at a minimum will:

- Engage a registered medical practitioner with experience in health monitoring and ensure they conduct or supervise the health monitoring program.
- Refer workers who require monitoring by providing the registered medical practitioner with relevant information (refer [section 5.4](#)).
- Maintain a confidential health monitoring report for each individual worker for at least 75 years (or 40 years if the risk is low) after the report is established. The information contained in the report must only refer to the health monitoring program for the chemical(s) being used.
- Provide a copy of the health monitoring report to other Persons Conducting a Business or Undertaking who have a duty to provide health monitoring for the worker (for example, an agency nursing service).
- Provide a copy of the health monitoring report to the regulator if the report advises that as a result of exposure the worker is suffering a disease, injury or illness as a result of exposure or recommends remedial action is taken (refer [section 5.6.3](#)).
- Take action (refer [section 5.6.3](#)) where the health monitoring report has any of the following:
 - test results indicating the worker has been exposed to the chemical and has an elevated level of the chemical or its metabolites in his or her body;
 - advise the worker is suffering from a disease, injury or illness as a result of exposure;
 - recommends remedial action;
 - advises medical counselling is required.

5.2 Selection of Health Monitoring Provider

SESLHD Health Safety and Wellbeing will engage a registered medical practitioner with experience in health monitoring to provide health monitoring services. The registered medical practitioner is to work to the [Safe Work Australia Health Monitoring for Registered Medical Practitioners Guide](#).

The current Health Monitoring Provider for SESLHD is listed in [Appendix B](#).

SESLHD will pay any reasonable expenses related to health monitoring, e.g. medical fees, pathology tests, travelling expenses and time off work.

5.3 Determine If Health Monitoring is required

The line manager in consultation with the workers will need to determine if health monitoring is required by:

Checking [Appendix C](#) and [Appendix D](#) to determine if the hazardous substances listed are used by staff in the department and whether they require health monitoring.

Where there is uncertainty about the risks, health monitoring is generally required

Ensure the Safety Data Sheet (SDS) is available to workers and is used as part of the risk assessment for any hazardous substance.

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Review the risk assessment and resultant risk control measures in place to determine if there is any likelihood that health effects could occur.

The line manager is to inform all workers and potential workers of health monitoring requirements before the worker carries out work with the hazardous chemical. Each worker is to be provided with a copy of [Safe Work Australia Health Monitoring When you Work with Hazardous Chemicals Guide](#).

The line manager is to maintain a register of workers that have had an occupational exposure (for example, following spills or loss of containment.) along with a record of all workers that require health monitoring, and when this is due. [F134 Register of Occupational Health Exposures*](#) (Other than infectious diseases is to be used or a suitable equivalent).

The line manager is to arrange the assessments for health monitoring and ensure information is provided to the medical practitioner as outlined in the Section 5.4. Each worker is to be provided with a copy of their individual health monitoring report [F277 - Individual Worker Register of Occupational Health Exposure*](#) or a suitable equivalent.

5.4 Providing Information to Health Monitoring Provider

The manager is to provide the following information to the appointed Health Monitoring Medical Practitioner by completing [Form F279 – Referral for Occupational Health Monitoring*](#) detailing the following information:

Organisation and the worker:

- name and address of the facility
- the name, date of birth, gender and current residential address of the worker

The work:

- a list of the hazardous chemicals that the worker is or will be exposed to and the dates that the worker last used the chemicals
- the work the worker is, or will be, carrying out and what has triggered the requirement for health monitoring
- if the worker has started that work, how long the worker has been carrying out that work
- the SDS for the chemical(s)
- relevant risk assessment reports

5.5 Frequency of Health Monitoring

Health monitoring at a minimum is to be provided on commencement, and termination of work with the hazardous chemical.

The medical practitioner as part of the health monitoring program in reference to [Safe Work Australia Health Monitoring for Registered Medical Practitioners Guide](#) will establish the frequency of any regular assessments.

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The manager in consultation with workers will then document the health monitoring program.

Additional testing may also need to occur:

- During periods of exposure to the hazardous chemical, particularly where excessive exposure occurs, for example following spills or loss of containment.
- Where the worker has concerns that may relate to exposure to the hazardous chemical, for example where relevant symptoms are identified

5.6 Response to Findings

5.6.1 No adverse findings

If the result is not adverse, the details recorded in the [F134 Register of Occupational Health Exposures](#)* (*Other than infectious diseases*), should be stored along with other records for 30 years.

5.6.2 Adverse findings

Where the manager receives notice from the medical practitioner of an adverse health monitoring result considered by the practitioner to be related to exposure to a hazardous substance in the workplace, action should be taken, as soon as practicable, to reassess the workplace and to provide appropriate controls to minimise any further risks to health or safety.

If the medical practitioner has certified that a worker is unfit for further exposure to a hazardous substance in the workplace or should only work under conditions specified by the medical practitioner.

Workers with adverse findings may need to complete an [Injury Notification Form](#) if medical treatment or time off work is required in order to manage any resultant illness or incapacity. Further advice relating to the injury management process can be obtained from [SESLDPR/276 Safety Injury Management – Recovery at Work](#).

Workers who have been or are likely to have been exposed to a prohibited or notifiable carcinogenic substance must be provided with a written statement on the termination of the worker's employment. The written statement must include:

- The name of the carcinogenic substance or substances involved,
- The period of exposure or potential exposure,
- Details of how and where records of the exposure or potential exposure can be obtained,
- A recommendation as to the advisability of having periodic health assessments and details of the types of health tests, which are relevant in the circumstances.

5.6.3 Remedial action

Arrangements must be made to follow any recommendations from the medical practitioner. This may involve but are not limited to relocating the worker to suitable alternative work or changes to the work to prevent exposure. This should be done only after consultation with

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the worker, worker representatives such as a Health and Safety Representative (HSR) and the medical practitioner.

5.7 Management of Cytotoxics

Workers who handle cytotoxic drugs and related waste may be exposed to low level doses of these hazardous chemicals. Due the nature of these specific hazardous substances the facility will determine a list of cytotoxic drugs that require health monitoring, based on the specific medications used at the facility and their Safety Data Sheets.

In the case of workers orally administering cytotoxics (including cyclophosphamide), the current advice from the health monitoring provider, informed by a risk assessment, is that workers will not require screening unless there is an unprotected exposure as outlined below.

5.7.1 Unprotected exposure to a Cytotoxic Agent

Where unprotected exposure to a cytotoxic agent occurs, the worker will:

- Wash the exposed area
- Receive appropriate first aid
- Be referred to health monitoring provider for any required follow up
- Manage spills as outlined in locals chemical spills management procedures

Additional actions for unprotected exposure to Cyclophosphamide

Attend the closest Emergency Department where blood and urine screening tests must be conducted as outlined in [Form F278 - Cyclophosphamide Exposure Screening Form*](#)

Emergency departments will assist with completing [Form F278 - Cyclophosphamide Exposure Screening Form*](#) and send samples to the Health Monitoring Provider within 12 hours from the time of exposure.

5.7.2 Workers who prepared or administered cytotoxic drugs and are contemplating pregnancy, are pregnant or breast feeding

Workers who prepare, administer or handle cytotoxic drugs or related waste and are contemplating family planning/parenthood, pregnancy, are pregnant or breast feeding are to advise their manager of this so they can be informed of the risks of reproductive effects and possible effects on foetal development.

The manager will need to discuss and document the available options with the worker. The discussion should include if they elect to either continue or not perform duties such as prepare, administer or handle cytotoxic drugs/related waste. The manager and Human Resources Consultant will work together to either provide suitable temporary duties or deployment of staff who are planning parenthood, pregnant or breast-feeding who elect to not perform duties involving cytotoxic drugs.

See [Form F276 – Acceptance to remain employed in areas where cytotoxic drugs are prepared or administered*](#)

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5.8 Termination of employment

On termination of employment health surveillance must be offered, as per section 5.5. A final medical examination should also be conducted. As with baseline monitoring, the focus of the final medical examination varies for individual chemicals and may involve collection of biological samples.

Following completion and availability of results information will be provided to the Worker by the Health Monitoring Provider using [Form F113 Occupational exposure statement to employee*](#)

5.9 Record Keeping

In situations where workers have been exposed, details of the worker must be recorded in the Department's [F134 Register of Occupational Health Exposures*](#) (*Other than infectious diseases*).

Individual worker's health surveillance records must be retained for a minimum of 40 years by the Health Monitoring Provider from the date of the last surveillance conducted.

The Facility Manager must ensure copies of documentation including referral forms and letters, are to be retained on the worker's secure staff health file for 40 years.

Other specific health exposures	Minimum retention period
Asbestos	40 years
Cyclophosphamide	75 years

6. DOCUMENTATION

[Form F134 - Register of Occupational Health Exposures*](#)

[Form F279 – Referral for Occupational Health Monitoring*](#)

[Form F113 - Occupational Exposure Statement to Employee*](#)

[Form F278 - Cyclophosphamide Exposure Screening Form*](#)

[Form F276 – Acceptance to remain employed in areas where cytotoxic drugs are prepared or administered*](#)

[F145 - Chemical Substance Risk Assessment*](#)

[F003 - Injury Notification Form*](#)

[F277 - Individual Worker Register of Occupational Health Exposure*](#)

7. AUDIT

The compliance with this procedure will be monitored by exception reporting in the NSW Health incident reporting system (iMS+) and Epinet needle stick reports. This will be audited through the WHS Audit every two years.

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8. REFERENCES

External References

[Work Health and Safety Act 2011](#)

[Work Health and Safety Regulation 2017](#)

[NSW Health Information Sheet Hazardous – Managing Hazardous Chemicals in the Workplace](#)

[Model Code of Practice: Managing Risk of Hazardous Chemicals in the Workplace](#)

[Safe Work Australia Health Monitoring for Persons Conducting a Business or Undertaking Guide](#)

[Safe Work Australia Health Monitoring When you Work with Hazardous Chemicals Guide](#)

[Safe Work Australia Health Monitoring for Registered Medical Practitioners Guide](#)

[SafeWork Australia Hazardous Chemicals Requiring Monitoring](#)

Internal References

[SESLHDPR/276 Injury Management – Recovery at Work Procedure](#)

[SESLHDPR/208 Hazardous Chemical Risk Management Procedure](#)

[SESLHDPR/314 Asbestos Risk Management Procedure](#)

[SESLHDPR/322 Incident Management, Investigation and Reporting Procedure](#)

[SESLHDPR/394 Noise Risk Management](#)

9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
March 2007	0	Approved by Executive Sponsor, Matthew Daly, DCO on behalf of DWD. Final approval by Area Executive Committee 13 March 2007 as an interim area policy until March 2008.
March 2010	1	Peggy Opiel (Manager, Area Workforce Safety Injury Management Service) Approved by the OHS&IM Managers Committee on 22 March 2010
April 2010	1	Approved by Area Executive Team 27 April 2010
March 2011	2	Troy Williams, OHS Officer, Area Workforce Safety & Injury Management Service. Amended to reflect change to Local Health Network.
August 2014	3	Peter Kuszelyk, WHS Officer, Health Safety & Wellbeing. Amended to reflect change to WHS Act, Regulations and Codes of Practice. Acknowledgement to both POWH and SGH Cytotoxics management committees.
December 2014	3	Endorsed by Executive Sponsor
June 2015	4	Hyperlink to F278 updated within procedure
May 2016	5	Peter Kuszelyk, WHS Officer, Health Safety & Wellbeing. Update to links, training and screening requirements.
August 2018	6	Document title changed, update to links and retention periods – Catherine Johnson, WHS Consultant Endorsed by Executive Sponsor
August 2021	7	Minor review: Link reconnection and review of procedure – Ian Beard Health and Safety Advisor, Health Safety and Wellbeing
February 2022	7	Endorsed by Executive Sponsor. Processed and published by SESLHD Policy.

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Appendix A – Definitions

Term	Meaning
Carcinogenic	Means having the potential to cause cancer
Cytotoxic	Means any agent or process that kills cells. Chemotherapy and radiotherapy are forms of cytotoxic therapy
Cyclophosphamide	Means A drug used to treat many types of cancer and a certain type of kidney disease in children. Cyclophosphamide damages the cell's DNA and may kill cancer cells. It may also lower the body's immune response. Cyclophosphamide is a type of alkylating agent
Exposure	For the purposes of this procedure exposure means either direct contact with the chemical (such as needles stick injury or ingestion), or contact with body fluids from patients that have had these medications administered
Hazard	A situation or thing that has the potential to harm a person. Hazards at work may include: noisy machinery, a moving forklift, chemicals, electricity, working at heights, a repetitive job, bullying and violence at the workplace.
Hazardous Chemicals	Any substance, mixture or article that satisfies the criteria for any one or more hazard classes in the GHS (including a classification referred to in Schedule 6 of the WHS Regulations), unless the only hazard class or classes for which the substance, mixture or article satisfies the criteria are any one or more of the following: <ul style="list-style-type: none"> • acute toxicity—oral—category 5 • acute toxicity—dermal—category 5 • acute toxicity—inhalation—category 5 skin corrosion/irritation—category 3 • aspiration hazard—category 2 • flammable gas—category 2 • acute hazard to the aquatic environment—category 1, 2 or 3 • chronic hazard to the aquatic environment—category 1, 2, 3 or 4 • hazardous to the ozone layer. • Note: The Schedule 6 tables replace some tables in the GHS.
Persons Conducting a Business or Undertaking (PCBU)	The term person conducting a business or undertaking or PCBU refers to the legal entity running the business or undertaking, and includes incorporated entities, sole traders, partners of a partnership and certain senior 'officers' of an unincorporated association. SESLHD is defined as a PCBU.
Risk	The possibility harm (death, injury or illness) might occur when exposed to a hazard.
Worker	Any person who carries out work for a person conducting a business or undertaking, including work as an employee, contractor or subcontractor (or their employee), self-employed person, outworker, apprentice or trainee, work experience student, employee of a labour hire company placed with a 'host employer' or a volunteer.
Workplace	Any place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work. This may include offices, factories, shops, construction sites, vehicles, ships, aircraft or other mobile structures on land or water.

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Appendix B – SESLHD Health Monitoring Provider

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Appendix C - Hazardous chemicals requiring health monitoring

This table is specified in the WHS Regulations 2017 (Schedule 14)

Item	Hazardous Chemical	Type of health monitoring
1	Acrylonitrile	Demographic, medical and occupational history Records of personal exposure Physical examination
2	Arsenic (inorganic)	Demographic, medical and occupational history Records of personal exposure Physical examination with emphasis on the peripheral nervous system and skin Urinary inorganic arsenic
3	Benzene	Demographic, medical and occupational history Records of personal exposure Physical examination Baseline blood sample for haematological profile
4	Cadmium	Demographic, medical and occupational history Records of personal exposure Physical examination with emphasis on the respiratory system Standard respiratory questionnaire to be completed Standardised respiratory function tests including for example, FEV ₁ , FVC and FEV ₁ /FVC Urinary cadmium and β_2 -microglobulin Health advice, including counselling on the effect of smoking on cadmium exposure
5	Chromium (inorganic)	Demographic, medical and occupational history Physical examination with emphasis on the respiratory system and skin Weekly skin inspection of hands and forearms by a competent person
6	Creosote	Demographic, medical and occupational history Health advice, including recognition of photosensitivity and skin changes Physical examination with emphasis on the neurological system and skin, noting any abnormal lesions and evidence of skin sensitisation Records of personal exposure, including photosensitivity
7	Crystalline silica	Demographic, medical and occupational history Records of personal exposure Standardised respiratory questionnaire to be completed

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Item	Hazardous Chemical	Type of health monitoring
		Standardised respiratory function test, for example, FEV ₁ , FVC and FEV ₁ /FVC Chest X-ray full size PA view
8	Isocyanates	Demographic, medical and occupational history Completion of a standardised respiratory questionnaire Physical examination of the respiratory system and skin Standardised respiratory function tests, for example, FEV ₁ , FVC and FEV ₁ /FVC
9	Mercury (inorganic)	Demographic, medical and occupational history Physical examination with emphasis on dermatological, gastrointestinal, neurological and renal systems Urinary inorganic mercury
10	4,4'-Methylene bis (2-chloroaniline) (MOCA)	Demographic, medical and occupational history Physical examination Urinary total MOCA Dipstick analysis of urine for haematuria Urine cytology
11	Organophosphate pesticides	Demographic, medical and occupational history including pattern of use Physical examination Baseline estimation of red cell and plasma cholinesterase activity levels by the Ellman or equivalent method Estimation of red cell and plasma cholinesterase activity towards the end of the working day on which organophosphate pesticides have been used
12	Pentachlorophenol (PCP)	Demographic, medical and occupational history Records of personal exposure Physical examination with emphasis on the skin, noting any abnormal lesions or effects of irritancy Urinary total pentachlorophenol Dipstick urinalysis for haematuria and proteinuria
13	Polycyclic aromatic hydrocarbons (PAH)	Demographic, medical and occupational history Physical examination Records of personal exposure, including photosensitivity Health advice, including recognition of photosensitivity and skin changes
14	Thallium	Demographic, medical and occupational history Physical examination Urinary thallium
15	Vinyl chloride	Demographic, medical and occupational history Physical examination Records of personal exposure

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Appendix D - Hazardous chemicals that may require health monitoring

Item	Hazardous chemical	Type of health monitoring
1	Antimony	Demographic, medical and occupational history Records of personal exposure Physical examination with emphasis on the respiratory system and skin Urinary antimony level
2	Beryllium	Demographic, medical and occupational history Records of personal exposure Physical examination with emphasis on respiratory and dermatological systems Urinary beryllium
3	Carbon disulphide	Demographic, medical and occupational history Physical examination with emphasis on the respiratory system and skin Urinary 2-thiothiazolidine-4-carboxylic acid level
4	Cobalt	Demographic, medical and occupational history Physical examination with emphasis on respiratory systems and skin Urinary cobalt level
5	Cyclophosphamide	Demographic, medical and occupational history Urinary Cyclophosphamide (Based on risk assessment, not required for oral administration unless unprotected exposure)
6	Cytotoxics Medications	Demographic, medical and occupational history Urinary Cyclophosphamide (Based on risk assessment, not required for oral administration unless unprotected exposure)
7	Ethyl benzene	Demographic, medical and occupational history Records of personal exposure Physical examination Baseline blood sample for haematological profile Urinary mandelic acid
8	Nickel	Demographic, medical and occupational history Physical examination with emphasis on dermatological and respiratory systems Urinary nickel
9	Styrene	Demographic, medical and occupational history Records of personal exposure Physical examination Baseline blood sample for haematological profile Urinary mandelic acid
10	Toluene	Demographic, medical and occupational history Records of personal exposure Physical examination Baseline blood sample for haematological profile Urinary hippuric acid or o-cresol or s-toluymercapturic acid

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Item	Hazardous chemical	Type of health monitoring
11	Xylene	Demographic, medical and occupational history Records of personal exposure Physical examination Baseline blood sample for haematological profile Urinary toluric acid