



**Lead Rule Advisory Group
Meeting Minutes
Friday, March 15, 2024, 9-11am, Zoom**

Attendees:

Linda Pressnell, Oregon OSHA	Steve Fisher, City of Portland	Dave Dreher, Oregon Health Authority
Brian Hauck, Oregon OSHA	Angie Marsh, Oregon OSHA	Chris James, Oregon OSHA
Dave Dreher, Oregon Health Authority	Jason Dunton, Hoffman Construction	Tim Icalia, ODOT
Dave McLaughlin, Oregon OSHA	Penny Wolf-McCormick, Oregon OSHA	Steve Eversmeyer, NW Natural
Jennifer Ekdahl, Oregon OSHA	Steve Patterson, Clarios	Jennifer Stewart, Oregon OSHA
Ryan Barker, Oregon Health Authority	Robert Snyder, ODOT	
	Shannon Flowers, CCB	

Linda Pressnell started the meeting at 9:05am.

Linda: At the last meeting, we looked at proposed language.

As you may recall, CAL-OSHA adopted their Lead standard the day before our last meeting. Michigan passed their standards in 2019. Not all states assemble a decision document similar to what we do. We call it a “preamble” – it’s not the rule itself, but rationale for decision-making and a listing of concerns and comments made during the rulemaking process. California has multiple documents available, but not one that resembles our decision document. I did a deep dive on what they posted and pulled information to place in a comparison table. Michigan does not have their documents on their website at all; I had to submit a special request. As for Washington, they’ve been paused for a few years, but they did make a request to Michigan for documents at about the same time we did.

With this updated information, I created a comparison document for us to work from today. One thing to point out: We have not talked much about fiscal or financial impact. It’s time to do so; we’re really looking at changes in the rule, and financial impact plays a part. I’m asking all

of you to provide comments on this topic. I can foresee using this as we move forward.

Shared on screen: Document comparing California, Michigan & Oregon

Background:

California Dept. of Public Health, which dates back to 2011, submitted request to lower PEL, AL, BLL, and increase requirements for hygiene, PPE, training & communication.

In 2013, they really kicked off with CDPH recommending PEL 0.5-2.1 ug/m³. Declared in 2020 that there's "no safe level of exposure to lead."

They based this on the OEHHA Model, the slope model that we've reviewed in our prior meetings, which is Harm at BLL < 5ug/dL; National toxicology program Monograph on health effects of low-level lead; US EPA Integrated Science Assessment for lead.

Michigan – MOEMA approached MIOSHA in 2017 about lowered existing limits to worker lead exposure to 5-10 ug/dL, BLLs ≥ 2 x 20 ug/dL or 1x ≥ 30 require medical management.

Based on: Environmental Health Perspectives, National Toxicology program, EPA provisional BLL guidelines for occupational monitoring.

Lowered the BLL at which workers must be removed from lead exposure to two BLLS at or above 20 ug/dL; increase the frequency of BLL testing.

Note that this coincided with the Flint, MI water crisis from 2017-2020.

Oregon OSHA – Our PEL RAG selected Manganese and Lead to focus on, began in 2017.

Rulemaking on Lead was paused to accommodate rulemaking for manganese and COVID-19.

Rulemaking for Lead restarted in May 2023.

Robert Snyder: In Michigan's rule, what triggers the medical monitoring?

Dave M.: California medical monitoring is triggered by higher results of BLL.

Linda: Michigan had a BLL of 50 mg/dL for return to work, I believe. I'll double-check.

Robert: This is important because it plays into medical monitoring and costs.

Linda: California standard approved in 2024; Michigan approved in 2018.

Shared on screen: Changes to Standard comparison table

Linda: **California** PEL set at 10 ug/m³ due to feasibility concerns; Action Level set at 2 ug/m³ to be close to CDPH recommendation – they were aiming to set it at the original recommendation.

Michigan didn't change their PEL or their Action Level in their rule. They went straight into BLL.

For us, we haven't had a lot of support for changing the PEL. We're also considering the NIOSH REL, which is remaining the same.

When we're looking at BLL, California now has BLL work removal of 30 ug/dL (1x) and 20 ug/dL (2x) and BLL return to work of 15 ug/dL. Michigan did the same.

We are proposing the same.

Robert: What is the medical community recommending as far as a return-to-work level?

Linda: With this, there is support in the documentation for return to work being 5 ug/dL. I think we should go back and consult with an occupational physician. We did have Dr. Horowitz at one of our meetings, but we could invite a physician who specializes in this.

Robert: Is there a national board of physicians who has addressed this? I agree with 5 micrograms; but if you can't treat to that level generally, it's going to have impacts for the employee and employers.

Linda: We do try to leave the treatment up to the physician, but we should be knowledgeable about this. I will follow up on this topic.

Linda: ZPP testing was mentioned in past rules; California then removed requirement for ZPP testing except at high exposure levels (air concentration) and in guidelines to PLHCP. Michigan removed ZPP testing altogether and added the comment that it was outdated. I did reach out to Oregon Health Authority to ask about this; they said there are guidelines that say ZPP is essentially ineffective. Thoughts?

Robert: Is there a way to just leave it to the discretion of the physician as to what tests are to be done?

Linda: California seems to have this approach. I discussed this with Dave McLaughlin and we are wondering how Federal OSHA views this.

Robert: In the rule, if it triggers medical monitoring, we may need to let the physician know the employee levels at work, then the physician can determine what levels of testing need to be done.

Linda: In the rule, I believe there is guidance about how the licensed healthcare professional is supposed to conduct monitoring. I can find the specific language for us to review.

Robert: I'd be in favor of physicians making this call.

Dave M.: We do get questions from physicians asking "What does your rule mean?" And we have to be "at least as effective as" federal OSHA rules.

Linda: We do get questions about what to do in the physical exams in order to be in compliance with our rules. With that, we want to provide some direction about the physical, but don't want to tie the hands of the physicians, and have them best treat the patient. This is the line we're walking. I will have us review our rule language in our next meeting.

Chris: How would Oregon OSHA use data we receive relating to this?

Linda: OHA provides Oregon OSHA with adult test results that are at or above 25 mg/dL. That level was reduced by the CDC—at least for children and pregnant women. If we get those adult notices, we do follow up with the employer.

Penny: This is correct; we assign this out to its nearest Oregon OSHA field office for follow up. We also alert our Consultation Managers so that staff can follow up.

Chris: We just need to be as cognizant as possible to include all this information. As a consultant, I would like to review these cases. I haven't really seen them.

Linda: We can talk about this internally.
I did provide OHA information in a prior meeting with summaries of workers this has effected.

Shared on screen: Housekeeping comparison table

California added the language "Written plan with semi-annual review."

Michigan just kept the "as clean as practicable" language and didn't add to it.

For us, we're proposing:

Construction and General Industry – The employer shall make provision for hand hygiene in work areas where employees may come into contact with lead.

Linda: We've referred to housekeeping levels from Brookhaven National Laboratories—but they removed these level numbers from their website, as did Federal OSHA. HUD has also changed their levels. So right now it looks like we'll have to have the "as clean as practicable"

language; we could add to it as California as done, such as requiring an annual review of written plans.

Brian: This is too bad; I'd used the Brookhaven numbers all the time.

Chris: We have the recent revised EPA and HUD documents about Lead Dust Clearance Levels, so this group could review these. I'll share them.

Linda: In the Oregon OSHA Technical Manual, there is a description about wipe sampling that federal OSHA also uses. You do a calculation from the PEL to come up with an allowable surface level. It may be considered more of a guideline. It may be updated in our own guidance documents.

Penny: This is correct.

Shared on screen: Hygiene comparison table

Michigan didn't make any changes; this includes hand hygiene and shower.

Note that hygiene and housekeeping are not the same thing.

California did update their lead in construction rule (1532.1), and specified hand washing and showering with level 3 trigger tasks—where airborne exposure to lead is above the PEL 50.

We are proposing:

Construction and General Industry - The employer shall make provision for hand hygiene in work areas where employees may come into contact with lead.

We could incorporate more specifics as California did, such as providing running water for hand washing. With that, we'd have to discuss related employer costs. We can discuss this further at our next meeting.

Jennifer S.: If you have economic or financial impact information, email it to Linda and it can be discussed at the next meeting.

Shared on screen: Training comparison table

California: For employees with BLL > 10ug/dL, now requiring a written response plan and training to correct work practices. California did add training regarding fertility and pregnancy triggered by various requirements.

We are looking at removing the word "airborne" specified in our rule regarding potential exposure.

I'll compile all this. I still have lead in soil concerns on our list (which Robert brought up previously), which could be addressed at future meetings.

Chris: Are there lead specifications in place in the state for us to review?

Dave: No.

Linda: Is this comparison format in these side-by-side tables working for everyone?

Group: Yes.

Linda: I can make further comparisons to California's recent rule changes, in this same format.

Chris: I'd be interested in the EPA lead dust rule from 2018.

Robert: Is this intentionally broad language we're proposing?

Linda: Yes. My intention is not to address every unique situation relating to lead. I haven't given up on the possibility of changing the format of our General Industry standard with the training requirements in Construction. My perception is there is sometimes a gap in training programs and hazard communication information.

Robert: What is the training frequency you're proposing? Is it once unless conditions change?

Linda: I believe so.

Chris: There are triggers that change the potential exposure. I see how this is a lot for ODOT.

Robert: For example, we share a building with Salem School District, and their lead exposure rules are different. So are there different levels of training? Such as for our IT staff?

Dave M.: A lot of that is already captured in our rules. For example, soldering is different from handling circuit boards. We're talking about work activities with actual exposure to lead.

Linda: To me it is a bit confusing as to who needs to be trained.

Linda: Feel free to send me information you'd like discussed in our next meeting. Thanks for your participation.

Meeting adjourned at 10:35am. Next Zoom meeting: Friday, April 19, 9-11am