



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
Division of Occupational Safety and Health

PO Box 44610, Olympia, WA 98504-4610

TO: Cholinesterase Monitoring Providers

FROM: John Furman  
Department of Labor & Industries  
DOSH Services

SUBJECT: 2008 Cholinesterase Monitoring Program

Dear Cholinesterase Monitoring Providers,

Pathology Associated Medical Laboratories (PAML) will begin accepting cholinesterase baseline samples on January 28, 2008. Samples will be accepted Monday through Thursday except holidays. Please contact Juana Bastine, PAML Toxicology Marketing Support (509) 755-8953, with any questions about getting prepared for this year's monitoring season.

Each agricultural pesticide handler covered under the testing requirements of WAC 296-307-148, Cholinesterase Monitoring, must participate in an informed consent conversation with the health care provider and make a decision regarding participation. Pesticide handlers participating in cholinesterase monitoring must establish exposure free serum and red blood cell cholinesterase baselines each year.

The Cholinesterase Monitoring Rule remains unchanged since 2005; a copy is included for your convenience. Also, the Washington State Cholinesterase Monitoring Health Care Provider Guidelines Manual is available at [www.lni.wa.gov/Safety/Topics/AtoZ/Cholinesterase/Providers.asp](http://www.lni.wa.gov/Safety/Topics/AtoZ/Cholinesterase/Providers.asp).

Going into 2008 I would like to communicate the following:

1. It is vital that each test requisition form be thoroughly and accurately completed. This may require you to compare the information on each periodic test requisition form with the handler's baseline profile and/or contact the employer to obtain handling hour information. If the test requisition form is not thoroughly and accurately completed PAML will contact you to obtain clarification.
2. Strict attention to sample collection and storage protocol is of paramount importance. Please take the time to update your employees on sample collection protocols and consider quality control oversight. Contact PAML if you would like training or resources regarding cholinesterase testing procedures.



3. There is concern that handlers are not always receiving copies of the "Health Care Provider's Written Recommendation". While you are under no regulatory obligation to communicate test results directly to pesticide handlers the employer may ask you to provide an additional copy of the written recommendation for the handler or to send a copy directly to the handler. It is your decision whether or not to charge for this additional service. Included is a copy of a sample "Health Care Providers Written Recommendation" that you may choose to use or amend to fit your needs. English and Spanish versions will be posted within the next week at [www.lni.wa.gov/Safety/Topics/AtoZ/Cholinesterase/Providers.asp](http://www.lni.wa.gov/Safety/Topics/AtoZ/Cholinesterase/Providers.asp).
4. In 2007 DOSH was inconsistent in contacting health care providers regarding significant cholinesterase depressions. In 2008 it is our goal to directly contact you regarding each significant depression. However, it is your primary to evaluate test results and contact employers with appropriate recommendations. Do not wait to hear from DOSH before acting on cholinesterase test results. However, we will endeavor to contact you promptly and offer consultation as appropriate.

Prompt contact hinges directly on the accuracy of the information provided on the test requisition form. If information is not accurate this will hinder PAMLs ability to match periodic test results to baseline measures, or result in inaccurate matches.

5. There is increased interest in the dynamics behind an employee's decision to participate or not participate in occupational medical surveillance. In order to gain a better overall understanding of this process DOSH is asking you to keep track of; 1) of the number of handlers seen for baseline consultation, 2) numbers of handlers choosing to participate, and to decline participation in testing by employer, and 3) reason for declining participation. DOSH will contact you at the end of each month to collect this information.
6. I will be contacting each provider to schedule a short visit sometime during the year. This will simply be an opportunity to check in with each provider and gather feedback in order to identify ways in which the system can be improved.
7. An important component of the laboratory quality assessment program is the submission of blinded test samples from non-exposed volunteers. This has generally occurred through volunteer health clinic employees submitting split samples, under pseudonyms, on a monthly basis. DOSH will pay clinics directly for each sample submission. This is a vital component of the testing program, as such I ask that all clinics consider participation in this activity. Please contact me to let me know of your intent to participate or with any questions.

The degree of success of the program depends on how successful we are in establishing healthy communication between all involved parties. In order to solidify communication lines with DOSH please identify the primary persons responsible your cholinesterase monitoring program. These would include the overseeing physician, and persons that DOSH would contact directly regarding test results and program issues. Enclosed is a contact sheet and return envelope, or you can provide this information via e-mail ([furk235@lni.wa.gov](mailto:furk235@lni.wa.gov)), phone (360-902-5666), or fax (360-902-5438).

In conclusion I want to express our sincere appreciation for your participation in providing cholinesterase monitoring services. While 2007 was a year of transition we feel confident that 2008 will serve as a model for the program into the future. Please do not hesitate to contact me directly with any questions.

Sincerely,

*John Furman*

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## Cholinesterase Monitoring Program: Staff List

Clinic name: \_\_\_\_\_ Tele: \_\_\_\_\_

### Physician:

Name: \_\_\_\_\_

Tele: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Clinic Manager:

Name: \_\_\_\_\_

Tele: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Nursing staff:

#### Primary contact:

Name: \_\_\_\_\_

Tele: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Secondary contact:

Name: \_\_\_\_\_

Tele: \_\_\_\_\_

E-mail: \_\_\_\_\_

Who would you like to be the direct contact for notification of significant cholinesterase depressions? \_\_\_\_\_

**A COPY of this letter must be provided to the employee named below**

**Cholinesterase Monitoring  
HEALTH CARE PROVIDER RECOMMENDATIONS**

Employer: \_\_\_\_\_

Job Site: \_\_\_\_\_

Employee: \_\_\_\_\_

Test Date: \_\_\_\_\_

This letter gives you the results of the employee's cholinesterase test and tells you what needs to be done based on the test result. Please contact me if you have any questions.

**Cholinesterase level percent (%) change based on comparison to baseline:**

Red blood cell (RBC) \_\_\_\_\_

Serum \_\_\_\_\_

**Occupational health recommendations:**

- No action required:** This is either notification of  baseline testing or  the employee's cholinesterase levels have *not* decreased more than 20%.
- Workplace and work practices evaluation required.** The percent decrease for either RBC or serum cholinesterase is more than 20%. This probably means this employee had some exposure to cholinesterase-inhibiting pesticides. The employer must evaluate the employee's workplace and pesticide handling practices to identify possible exposure causes and make any necessary corrections.
- Worker removal required.** The percent decrease is 30% or more for RBC cholinesterase or 40% or more for serum cholinesterase. The employer must remove the employee from handling and other potential exposure to cholinesterase-inhibiting pesticides until the employee's cholinesterase level(s) return to within 20% of baseline. The employer must also evaluate the employee's workplace and pesticide handling practices to identify possible exposure causes and make any necessary corrections.
- These are the results of a test taken *after removal* from handling cholinesterase-inhibiting pesticides.
  - The employee's cholinesterase level(s) have not returned to within 20% of baseline. **The employee may not return to handling cholinesterase-inhibiting pesticides or other duties with potential exposure.**
  - The employee's cholinesterase level(s) have returned to within 20% of baseline. **The employee may return to work handling cholinesterase-inhibiting pesticides.**

Other recommendations (specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information contained in this form was verbally communicated to the employer on \_\_\_\_\_ [date] and to the employee on \_\_\_\_\_ [date]; and this form was mailed to the  employee and  employer on \_\_\_\_\_ [date].

\_\_\_\_\_  
Provider's Typed or Printed Name

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

