

Taking an Occupational Health History

RESOURCES

For further help or advice with occupational health cases, you may contact the following organizations:

- Association of Occupational and Environmental Clinics at <http://www.aoc.org>. There is a directory of clinics for each state that specialize in occupational injuries.
- Your local NIOSH Agricultural Center at <http://www.cdc.gov/niosh/agctrhom.html>



PURPOSE:

- To provide the clinician with a clear idea of recent and remote job activities and exposures that might have a bearing on current health status. Most migrant clinicians (like most other clinicians) are uncomfortable with occupational problems and may fail to immediately recognize them.

WHY DO IT?

- At least **1 out of every 6 – 7 adult patients** you see during the growing and harvest season will have an occupational problem.*
- Farmworkers may spend well over 30% of their time performing physically challenging and potentially hazardous tasks.
- You will need this information if the patient ends up qualifying for workers' compensation
- Its not very hard to do, doesn't take long and you could learn a lot!

* Based upon review of >5000 migrant health clinic charts by NEC staff 2001-2003

How to Take an Occupational Health History

Ask the **three key questions**:

- What do you do for work?
- Does it involve exposure to asbestos, dust, noise, chemicals or repetitive motion?
- Do you have any health problems that you think could be made worse by your job?

If these suggest a possible occupational problem, **explore a little further**. In the case of migrant and seasonal workers:

- Understand the current job
 - what are the activities?
 - what is the nature of the repeated motions?
 - what is the rate of work? any rest periods? how many days per week?
 - explore exposures to heat, cold, chemicals (pesticides and others), insects, ultraviolet light, dusts and natural plant materials.
 - use of protective equipment - dust masks, gloves, safety glasses, hearing protection, sun blocking of some sort.
 - are co-workers being affected?
- What was the most recent previous job? when? for how long? what did it entail? any symptoms while on that job?
- What was the job before that? and before that? etc. Any non-agricultural jobs? chemicals, fumes, dusts?



Occupational history is most useful if:

- You do it.
- You proceed gradually enough to allow accurate recollection and reporting.
- You follow up with added information from the patient regarding any work exposures that you do not understand quite clearly.

WHACS

A mnemonic device for taking an occupational health history

What do you do?

-Tell me exactly what you have been doing on your job.

How do you do it?

-Are there awkward postures? Heavy loads? Repetitive motions?

-What kinds of tools do you use?

Are you concerned about any particular exposures on or off the job?

-Did you have skin contact with any chemicals or plant materials that were irritating?

-Did you breathe any chemicals or dusts that bothered you?

-Can you wash hands before eating or smoking?

Co-workers or others with similar problems?

Satisfied with your job?

-Are you having problems with your boss or crew chief?

-Do you get along with your co-workers?

-Are there problems with your housing?

-Are there problems at home?

Developed by the Environmental Medicine Curriculum Committee of the South Carolina Statewide Family Practice Residency Program. The objective of WHACS is to provide the primary care physician with a few essential questions on occupational and environmental exposures that should be included in the patient's chart. Should WHACS arouse your clinical suspicion, more detailed follow-up questions should be asked.