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Federal State Budgetary Educational Institution  
higher education  
"North Ossetian State Medical Academy"  
Ministry of Health of the Russian Federation  
(FGBOU VO SOGMA MRussian Health Ministry)

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**DEPARTMENT OF INTERNAL DISEASES №2**

**PRELIMINARY AND PERIODIC MEDICAL EXAMINATIONS OF WORKERS IN  
HARMFUL  
CONDITIONS OF WORK**

**METHODOLOGICAL MATERIALS**

the main professional educational program of higher education - the program of the  
specialist inspecialties 31.05.01 General Medicine

Vladikavkaz

Methodical materials intended for teaching 4th year students (7 semester) of the Faculty of Medicine of FGBOU VO SOGMA in the discipline "Occupational Diseases".

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## CONTENT

1. The concept of occupational hazards and classes of working conditions.
2. Principles of prevention of occupational diseases.
3. Goals and objectives of preliminary and periodic medical examinations.
4. The sequence of actions when organizing a medical examination.
5. Principles organization of preventive medical examinations in accordance with the Order Ministry of Health and Social Development No. 302n.

"On the procedure for conducting preliminary and periodic medical examinations of employees and medical regulations for admission to the profession" and Order No. 83 of August 16, 2004 "On approval of the lists of harmful and (or) hazardous production factors and work, during the performance of which preliminary and periodic medical examinations are carried out (surveys), and the procedure for conducting these examinations (surveys)".

6. The structure of the Order of the Ministry of Health and Social Development No. 302n "On the procedure for conducting preliminary and periodic medical examinations of employees and medical regulations for admission to the profession." Order No. 83 of August 16, 2004 "On approval of the lists of harmful and (or) hazardous production factors and works, during the performance of which preliminary and periodic medical examinations (examinations) are carried out, and the procedure for conducting these examinations (examinations).

7. List of occupational diseases. Regulation to the OrderMZSotsravzitiya No. 302n "On the procedure for conducting preliminary and periodic medical examinations of employees and medical regulations for admission to the profession."

8. Evaluation of the results of periodic preventive examination.
9. Ways to improve preventive medical examinations.
10. Recommended normative documents.
11. Test control of student knowledge.

***Order of the Ministry of Health and Social Development of Russia No. 302n of April 12, 2011 On approval of the lists of harmful and (or) hazardous production factors and works, in the performance of which mandatory preliminary and periodic medical examinations (examinations) are carried out, and the Procedure for conducting mandatory preliminary and periodic medical examinations (examinations) ) workers engaged in heavy work and in work with harmful and (or) dangerous working conditions Registered with the Ministry of Justice on October 21, 2011. No. 22111***

In accordance with article 213 of the Labor Code of the Russian Federation (Collected Legislation of the Russian Federation, 2002, No. 1 (part 1), article 3; 2004, No. 35, article 3607; 2006, No. 27, article 2878; 2008, No. 30 (part 2), article 3616) and clause 5.2.100.55 of the Regulation on the Ministry of Health and Social Development of the Russian Federation, approved by the Government of the Russian Federation dated June 30, 2004 No. 321 (Collected Legislation of the Russian Federation, 2004, No. 28, Art. 2898; 2009, No. 3; Art. 378), orders:

1. To approve: a list of harmful and (or) hazardous production factors, in the presence of which mandatory preliminary and periodic medical examinations (examinations) are carried out, in accordance with Appendix No. 1;

a list of works in the performance of which mandatory preliminary and periodic medical examinations (examinations) of employees are carried out, in accordance with Appendix No. 2;

The procedure for conducting mandatory preliminary (upon admission to work) and periodic medical examinations (examinations) of workers engaged in heavy work and in work with harmful and (or) dangerous working conditions, in accordance with Appendix No. 3.

2. Introduce lists of harmful and (or) hazardous production factors and work, during which preliminary and periodic medical examinations (examinations) are carried out, and the Procedure for conducting preliminary and periodic medical examinations (examinations) of workers engaged in heavy work and in work with harmful and (or) hazardous working conditions, from January 1, 2012.

3. To invalidate from January 1, 2012, the order of the Ministry of Health and Medical Industry of the Russian Federation dated March 14, 1996 No. 90 "On the procedure for conducting preliminary and periodic medical examinations of workers and medical regulations for admission to the profession" (according to the conclusion of the Ministry of Justice of Russia, a document in the state does not need registration, letter dated December 30, 1996 No. 07-02-1376-96);

Order of the Ministry of Health and Social Development of the Russian Federation of August 16, 2004 No. 83 "On Approval of the Lists of Harmful and (or) Dangerous Production Factors and Work, During the Performance of which Preliminary and Periodic Medical Examinations (Examinations) Are Performed, and the Procedure for Carrying Out these Examinations surveys) "(registered by the Ministry of Justice of the Russian Federation on September 10, 2004, No. 6015);

Order of the Ministry of Health and Social Development of the Russian Federation dated May 16, 2005 No. 338 "On Amendments to Appendix No. 2 to the Order of the Ministry of Health and Social Development of Russia dated August 16, 2004 No. 83" On Approval of Lists of Harmful and (or) Dangerous Production Factors and Work , during which preliminary and periodic medical examinations (examinations) are carried out, and the procedure for carrying out these examinations (examinations) "(registered by the Ministry of Justice of the Russian Federation on June 3, 2005, No. 6677).

Establish that since January 1, 2012 on the territory of the Russian Federation, subparagraphs 11.12 (with the exception of subparagraphs 12.2, 12.11, 12.12), 13 of Appendix No. 2 to the order of the USSR Ministry of Health dated September 29, 1989 No. 555 “On improving the system medical examinations of workers and drivers of individual vehicles ”.

## 1. CONCEPT OF OCCUPATIONAL HAZARDS AND CLASSES OF WORKING CONDITIONS

**Occupational hazards** - these are factors of the working environment or the labor process that have an adverse effect on the body of workers, and with a certain duration and intensity of exposure, they can cause pathological changes, up to the development of occupational diseases.

**There are two categories of occupational hazards:**

**1. Occupational hazards associated with the production process, its technology and equipment.**

The factors of the working environment can be of a chemical, physical, biological nature. Among them, the most widespread are harmful chemicals that are used in industry, agriculture, construction, transport as raw materials, auxiliary materials, or are formed during processing as intermediate, by-products or final products. Chemicals in the air of the work area are found in the form of gases, vapors, aerosols and liquids. By the nature of the harmful effect on the body, substances are distinguished: irritants, mainly affecting the blood, parenchymal organs, the nervous system, having a sensitizing effect, causing various long-term effects (on reproductive function, oncogenesis, mutagenesis, early aging).

Physical production factors are very diverse in their quality characteristics and effects on the body. These include: the microclimate of the working area (temperature, relative humidity and air velocity, infrared radiation), vibration, noise, ultrasound, infrasound, non-ionizing and ionizing radiation. It is customary to include non-toxic fibrogenic dusts as physical factors. The basis for the formation of physical industrial hazards is irrational technological processes and equipment.

In modern conditions, among the causes of occupational diseases, the proportion of biological factors of the working environment has increased, which include microorganisms, protein preparations, antibiotics, natural components of the body (hormones, amino acids, etc.)

For all factors of the working environment, hygienic standards are established - maximum permissible concentrations, doses and levels. In real conditions, they act on the organism of workers not in isolation, but, as a rule, together in various qualitative and quantitative combinations.

**2. Occupational hazards associated with the labor process, its organization, tension and duration.**

The harmful factors of the labor process include dynamic and static overloads of the musculoskeletal and neuromuscular system, arising from the movement of weights, great efforts, forced working posture, and frequent bending of the body.

**According to the Hygienic classification of labor (in terms of the hazard and hazard of the factors of the working environment, the severity and intensity of the labor process), there are 4 classes of working conditions:**

**1. Optimal working conditions, (1st grade)** - conditions under which an adverse effect on the worker's body is excluded and the prerequisites are created for maintaining a high level of performance.

**2. Permissible working conditions, (2nd grade)**- conditions under which the impact of harmful production factors does not exceed hygienic standards. In this situation, only functional changes are possible, restored by the beginning of the next shift. Acceptable working conditions do not exclude health disorders in persons with hypersensitivity to a harmful production factor.

**3. Harmful working conditions (3rd grade)** are characterized by the presence of harmful production factors that exceed hygienic standards and have an adverse effect on the body of the worker and (or) his offspring. Harmful working conditions according to the degree of excess of hygienic standards and the severity of changes in the body of workers are divided into 4 degrees of hazard (3.1 .; 3.2., 3.3; 3.4.).

*I 3rd class degree (3.1.)* - working conditions cause functional changes, which are restored, as a rule, with a longer (than by the beginning of the next shift) interruption of contact with harmful factors, and increase the risk of health damage.

*II 3rd class degree (3.2.)* - working conditions lead to an increase in production-related<sup>1</sup> morbidity, the appearance of initial signs or mild forms of occupational diseases arising after prolonged exposure (often after 15 years or more).

*III 3rd class degree (3.3.)* - working conditions lead to the development of occupational diseases of mild and moderate severity with the loss of professional ability to work during the period of labor activity, an increase in chronic pathology (production-related), including increased levels of morbidity with temporary disability.

*IV 3rd class degree (3.4.)* - working conditions under which severe forms of occupational diseases (with the loss of general working capacity) can occur, there is an increase in chronic diseases and a high level of morbidity with temporary disability.

**4. Hazardous (extreme) working conditions (4th grade)** - are characterized by the levels of production factors, the impact of which during the work shift (or part of it) creates a threat to life, a high risk of developing acute occupational injuries, including severe forms.

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<sup>1</sup>**Occupationally-related morbidity (occupationally-related morbidity)** - the incidence (standardized by age) of general, non-occupational, diseases of various etiologies (mainly polyetioloical), which tends to increase as the length of service in unfavorable working conditions increases and exceeds that in occupational groups not in contact with harmful factors.

## 2. PRINCIPLES FOR PREVENTING OCCUPATIONAL DISEASES

Prevention of occupational diseases is carried out in three areas:

### 1. Sanitary and hygienic prevention.

Sanitary and hygienic prophylaxis is carried out under the guidance of a sanitary doctor of the industrial department. It includes: compliance with the principle of protection by time when working with a harmful factor, monitoring compliance with the maximum permissible levels of exposure to harmful factors, the use of personal protective equipment.

### 2. Engineering and technical prevention.

Engineering and technical prevention refers to the improvement of technological processes in order to limit or, at best, exclude an employee's contact with a harmful production factor.

This is achieved by sealing equipment at chemical plants, remote control and remote control of technological processes, ensuring sufficient air ventilation and other technical solutions that reduce the impact on the worker of a harmful production factor.

**3. Medical and preventive work, the main focus of which is preliminary (upon admission to work) and periodic medical examinations, working in hazardous working conditions.**

## 3. PURPOSES AND OBJECTIVES OF PRELIMINARY AND PERIODIC HEALTHCARE EXAMINATIONS

4. The purpose of preliminary medical examinations upon admission to work is to determine whether the health status of employees is appropriate for the work assigned to them. Persons with certain deviations in health are not allowed to work, which subsequently, when working in contact with harmful production factors, can lead to the rapid development of an occupational disease or to an exacerbation of an existing general disease.

For example, persons with diseases of the musculoskeletal system are not allowed to work associated with lifting and carrying weights, an unfavorable working posture; persons with liver diseases are not allowed to work associated with exposure to hepatotropic substances; persons with respiratory diseases, etc. are not allowed to work associated with exposure to industrial dust. Thus, there is a medical selection of persons who are resistant to the effects of adverse industrial factors.

Pupils, whose work after graduation from an educational institution presupposes the impact of any harmful production factor, are also subject to preliminary medical examinations.

*Periodic medical examinations have broader goals and objectives. This is, first of all, the identification of the earliest possible signs of health disorders associated with the impact of*



*unfavorable production factors and recommendations for conducting therapeutic and recreational measures aimed at reducing, compensating for these effects.*

For example, the initial forms of sensorineural hearing loss can be diagnosed only by audiogram. Patients do not have any subjective sensations, since hearing loss begins with high, non-speech frequencies. Dispensary observation, regular treatment for such patients is mandatory. This slows down the development of the process, allows you to maintain your ability to work for a long time in your profession.

The second task of periodic medical examinations is the timely diagnosis of forms of non-professional diseases, which may be a contraindication to continuing to work in this profession, as well as recommendations for conducting therapeutic and recreational activities aimed at maintaining the health of the employee.

Requirements for the state of health of a person entering a job is an order of magnitude higher than for the health of a highly trained employee.

For example, a person working under conditions of noise exposure for more than 15–20 years, suffering from grade I sensorineural hearing loss, can be admitted to work in the previous profession with the condition of annual treatment in the LOP department, annual audiometry control. If they come for a preliminary medical examination with such a diagnosis, the issue is resolved differently. Working in dusty conditions for 15-20 years, suffering from simple chronic bronchitis with rare exacerbations, without complications, without respiratory failure, can be allowed to work on an individual basis with the condition "D" observation, annual treatment.

When applying for a job in dusty conditions, such a diagnosis will be considered a contraindication.

#### **4. SEQUENCE OF ACTIONS IN ORGANIZATION OF A MEDICINE**

**Step 1** - agree with the medical institution on the date of the medical examination about

**Step 2** - make contingents about

**Step 3** - send contingents to Rospotrebnadzor

**Step 4** - develop a list of names of persons subject to medical examinations

**Step 5** - select a medical institution

**Step 6** - send the list of names to the medical institution

**Step 7** - agree with the medical institution the schedule of the medical examination

**Step 8** - conclude an agreement with a medical institution

**Step 9** - familiarize employees with the schedule

**Step 10** - issue referrals to employees for medical examination

**Step 11** - receive the final act based on the results of the medical examination

List of documents required for medical examination

Scheme of the sequence of actions when organizing a medical examination in a chronological order

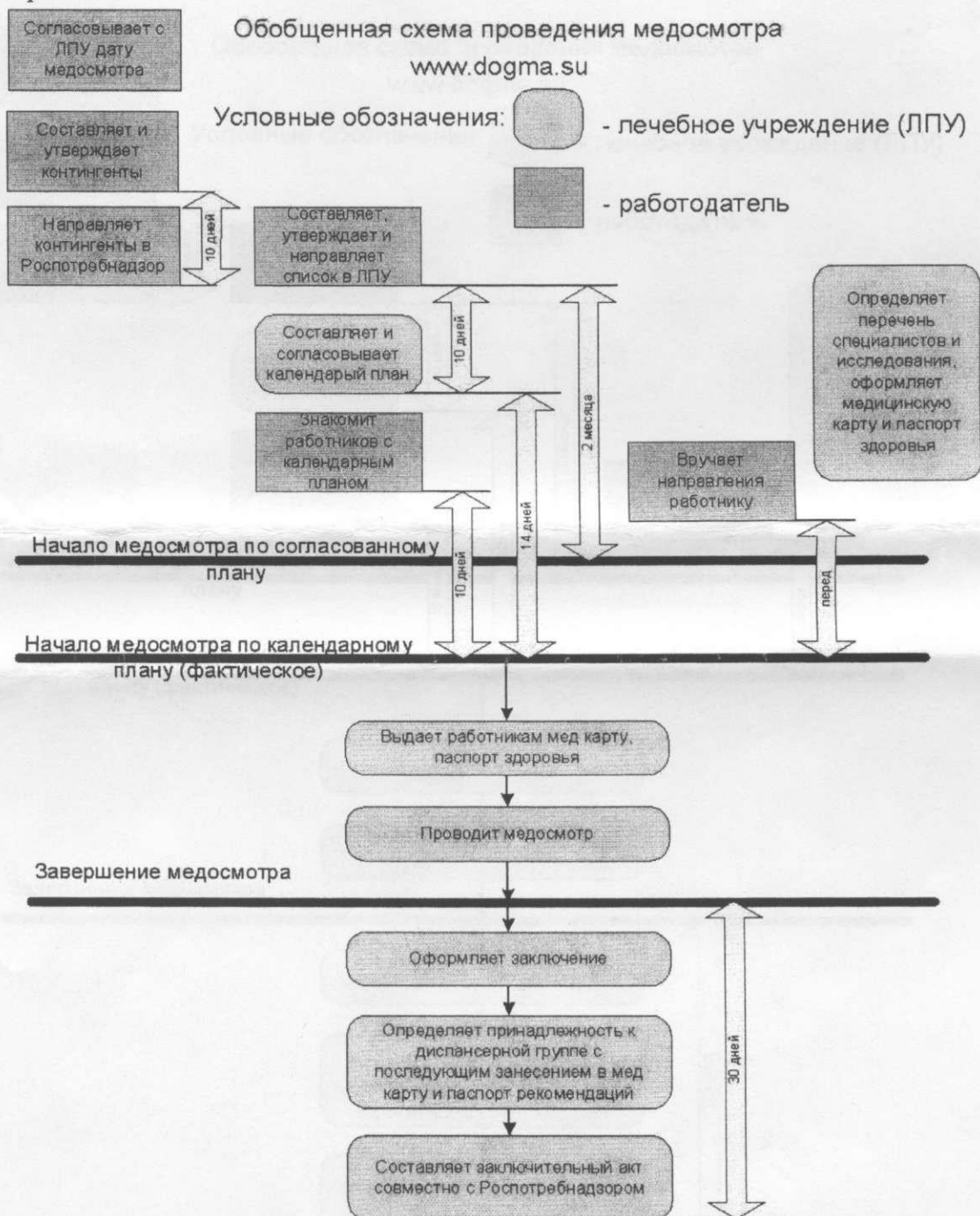
Scheme and list of employer's actions when organizing a medical examination

**The actions of the medical institution when organizing a medical examination**

- Occupational safety briefing
- Occupational safety training
- Three-stage labor protection control
- Assessment of workplaces
- Production control over compliance with sanitary rules
- Dispensing milk, soap and fat
- Investigation of occupational diseases
- Investigation of accidents
- Medical examinations before January 1, 2011
- Tests (1)

## Схема последовательности действий при организации медосмотра в хронологическом порядке

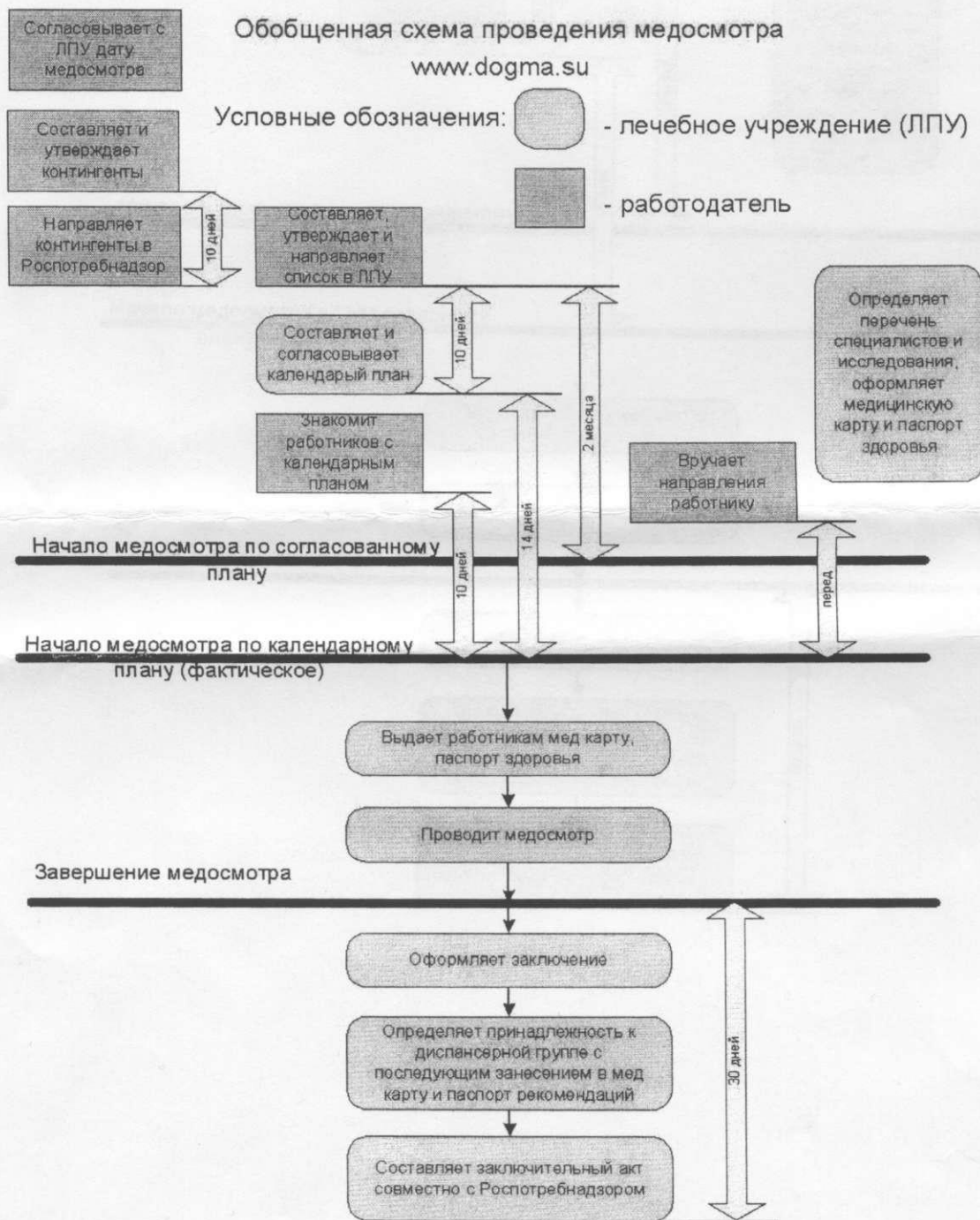
Схема действий работодателя и лечебного учреждения (ЛПУ) при организации и проведении медицинского осмотра выглядит следующим образом:



Последовательность действий в хронологическом порядке указана сверху вниз. Действия работодателя указана серых прямоугольниках. Действия лечебного учреждения - в голубых скругленных прямоугольниках.

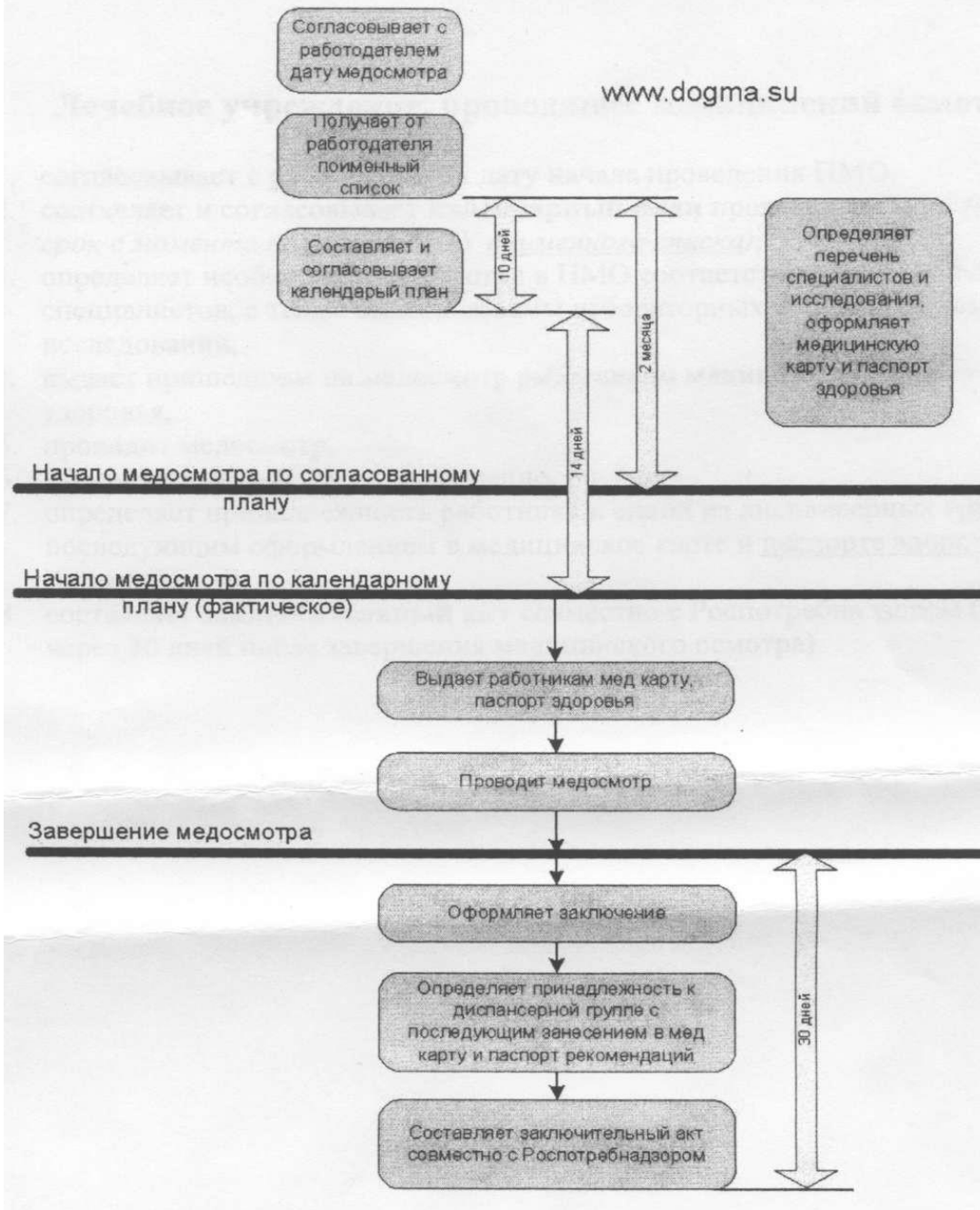
Каждое действие оформляется документом - контингенты, поименный список, календарный план и т.п.

**Схема действий работодателя и лечебного учреждения (ЛПУ) при организации и проведении медицинского осмотра выглядит следующим образом:**



# Действия лечебного учреждения при организации медосмотра

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### **Medical institution conducting the medical examination (PMO)**

1. agrees with the employer the start date of the PMO,
2. fromleaves and agrees a calendar plan for the PMO (within 10 days from the date of receipt of the list of names by the medical facility),
3. determines the need for participation in the PME of the relevant doctors - specialists, as well as the types and volumes of laboratory and functional studies,
4. issued to workers who came for a medical examination **medical card and health passport**,
5. conducts a physical examination,
6. draws up medical report,
7. determines the employee's belonging to one of the dispensary groups with subsequent registration in the medical record and health passport recommendations,
8. is **final act** together with Rospotrebnadzor (no later than 30 days after the completion of the medical examination)

## **5. PRINCIPLES OF ORGANIZATION OF PREVENTIVE MEDICAL EXAMINATIONS**

According to the Order of the Ministry of Health and Social Development No. 302n dated April 12, 2011 "On the procedure for conducting preliminary and periodic medical examinations of workers and medical regulations for admission to the profession" and Order No. 83 dated August 16, 2004 "On approval of lists of harmful and (or) hazardous production factors and works, during the performance of which preliminary and periodic medical examinations (examinations) are carried out, and the procedure for carrying out these examinations (examinations) ".

In accordance with Order No. 83 of 08.16.04, the employer determines the contingent and compiles surname lists of persons subject to preliminary and periodic medical examinations, indicating areas, workshops, industries, harmful work and harmful and (or) hazardous production factors that provide impact on employees, and after agreement with the territorial bodies of the Federal Service for Supervision of Consumer Rights Protection and Human Welfare, sends it 2 months before the start of the examination to a medical organization with which an agreement has been concluded for conducting preventive medical examinations.

The medical organization, on the basis of the list of employees who are subject to preliminary and periodic medical examinations, received from the employer, approves the schedule of medical examinations together with the employer.

According to the Order of the Ministry of Health and Social Development No. 302n of April 12, 2011, preliminary and periodic medical examinations of employees are carried out by medical and preventive organizations of all organizational and legal forms, licensed for the type of activity "Expertise of professional suitability" (conducting preventive examinations).

The order for the medical institution approves the composition of the medical expert commission, which includes doctors of narrow specialties, corresponding to the recruitment of specialists by order of the Ministry of Health. All doctors who participate in conducting preventive medical examinations must have training in occupational pathology.

The composition of the medical commission and the frequency of examinations are stipulated by the order of the Ministry of Health and Social Development No. 302n of April 12, 2011, taking into account the peculiarities of the influence of factors, manifestations of possible forms of occupational diseases. In a similar way, mandatory laboratory and instrumental studies are provided for during examinations. At the same time, special attention is paid to the early signs of diseases, since this corresponds to the principle of prevention, the possibility of effective intervention and the greater likelihood of the reverse development of the process after carrying out treatment and rehabilitation measures, temporary or permanent transfer to another job.

**STRUCTURE OF THE ORDER of the Ministry of Health of Social Development No. 302N OF APRIL 12, 2011  
"ON THE PROCEDURE FOR CARRYING OUT 'PRELIMINARY AND PERIODIC MEDICAL EXAMINATIONS OF EMPLOYEES AND MEDICAL REGULATIONS OF ADMISSION TO THE PROFESSION"**

The procedure for detecting occupational diseases is currently determined by the Order of the Ministry of Health of the Russian Federation of the Ministry of Health and Social Development No. 302n dated April 12, 2011, which approved:

— Temporary lists: 1) harmful, hazardous substances and production factors, when working with which preliminary and periodic medical examinations of employees are mandatory; 2) medical contraindications; 3) medical specialists participating in medical examinations; 4) necessary laboratory and functional studies.

— A temporary list of works, in the performance of which preliminary and periodic medical examinations of workers, specialist doctors involved in carrying out these medical examinations, and the necessary laboratory and functional studies by type of work, medical contraindications for admission to work are mandatory.

— Regulations on the conduct of mandatory preliminary upon admission to work and periodic medical examinations of employees.

— The list of general medical contraindications for admission to work in accordance with temporary Lists No. 1 and 2.

— List of occupational diseases with instructions for its use.

On August 16, 2004, Order No. 83 was issued, which approved new lists of harmful and (or) hazardous production factors and works, during the performance of which preliminary and periodic medical examinations (examinations) are carried out, and the procedure for conducting these examinations (examinations).



## 7. LIST OF OCCUPATIONAL DISEASES

The current Russian List of Occupational Diseases consists of three main sections.

**First section** contains the names of diseases in accordance with the classification of the WHO ICD IX revision. Diseases are grouped into 7 large groups:

1. Acute and chronic intoxication and their consequences.
2. Diseases caused by exposure to industrial aerosols.
3. Diseases arising from exposure to physical factors (ionizing and non-ionizing radiation, vibration, noise, heating and cooling temperature factor).
4. Diseases associated with physical exertion and overstrain of individual organs and systems.
5. Diseases caused by biological factors.
6. Allergic diseases.
7. Neoplasms.

**In the second section** The list contains hazardous, harmful substances and production factors, the impact of which can cause the development of specific occupational diseases listed in section 1.

**Third section** The list contains an approximate list of works and industries where these or those occupational diseases may occur.

Lists of occupational diseases in foreign countries differ from those in Russia and from each other in terms of structure, number of diseases and the degree of specificity of the diagnosis. The nomenclature is based on various approaches: the cause of the disease (etiological principle), localization of the pathological process (organ principle), the nature of the disease (nosological principle). In this regard, there are differences in the number of occupational diseases. The lists are periodically revised, supplemented and updated as new scientific data accumulates.

In Russia, only a disease that is included in the List of Occupational Diseases approved by the Ministry of Health of the Russian Federation can be recognized as occupational.

## 8. EVALUATION OF THE RESULTS OF PERIODIC PREVENTIVE INSPECTION

When conducting preliminary and periodic medical examinations, all subjects are obligatorily carried out: a clinical blood test (hemoglobin, color index, erythrocytes, leukocytes, leukocyte formula, ESR); clinical analysis of urine (specific gravity, protein, sugar, sediment microscopy); electrocardiography; digital radiography in 2 projections (frontal and right lateral) of the lungs; biochemical screening: serum glucose and cholesterol levels. All women are examined by an obstetrician-gynecologist with

bacteriological (for flora) and cytological (for atypical cells) studies at least once a year; women over the age of 40 undergo mammography or ultrasound of the mammary glands once every 2 years.

The participation of a psychiatrist and a narcologist during the preliminary medical examination is mandatory for all categories of patients.

It is recommended to distinguish the following groups for differentiated dispensary observation:

1. Persons without signs of exposure to factors of the working environment.
2. Group at increased risk of developing an occupational disease.

This group should include all persons who work under conditions of exposure to harmful factors of the working environment above the MPC and MPL and have more than 10 years of work experience, as well as persons with symptoms that are borderline for the development of pathology.

For example, people working in noise with early signs of sensorineural hearing loss or people with signs of vibration that cannot yet be attributed to vibration disease.

3. Patients with a preliminary diagnosis of an occupational disease.

The most important in the system of preventive measures is the timely identification of a high-risk group, since the implementation of medical and recreational measures in relation to this group allows you to maintain a sufficient level of health for a long time, and as a result, to preserve the worker's ability to work in his profession for a long time.

Regional centers of occupational pathology, clinics of institutes of occupational hygiene and occupational diseases, departments of occupational pathology of institutes for advanced training of doctors have the right to establish the final diagnosis of an occupational disease. Particularly complex expert issues of establishing the connection between the disease and the profession are considered by the Center for Occupational Pathology of Russia or the Research Institute of Occupational Medicine of the Russian Academy of Medical Sciences.

When assessing the results of PMO, it is necessary to carry out both individual and group analysis. Individual analysis takes into account the dynamics of indicators as the length of service increases. In the group assessment of indicators, one should pay attention to the average indicators, to their reliable difference from the adequate control group, as well as to the percentage of deviations from the norm in this professional group. This is done in order to analyze the situation at the enterprise and to outline the range of sanitary and hygienic or engineering and technical preventive measures aimed at reducing the incidence of diseases.

Despite the high coverage by examinations of the contingent subject to PMO, the detection of occupational diseases is not always adequate. This is facilitated by: firstly,

insufficient training in the field of occupational health and professional pathology of doctors conducting medical examinations, and secondly, unsatisfactory material and technical, diagnostic base of medical institutions that carry out preventive examinations. Often, preventive examinations are carried out by an incomplete staff of specialists, without carrying out the full scope of examinations provided for by Order of the Ministry of Health and Social Development No. 302n of April 12, 2011, the procedure for conducting preliminary and periodic medical examinations of workers and medical regulations for admission to the profession. " All this leads to a decrease in the detection of occupational diseases,

## 9. WAYS TO IMPROVE PREVENTIVE HEALTH EXAMINATIONS

One of the ways to improve and optimize the PMO is to conduct a screening pre-medical examination, which includes a questionnaire and a set of functional tests aimed at identifying pathology.

There are so-called "Occupational Pathology Blocks", the main purpose of which is to suspect the initial signs of an occupational disease in a worker. This is especially true for large enterprises with a large number of people working in hazardous working conditions. The main purpose of screening pre-medical examinations is to divide workers into 2 groups:

1. workers without signs of exposure to harmful production factors, which can be allowed to work for the next term.
2. Employees requiring additional supervision and examination in order to resolve the issue of professional suitability and the appointment of medical and recreational measures.

The second direction in improving the PME is the use of automated systems, which makes it possible to accumulate data on the state of health of the subjects in dynamics, makes it possible to analyze not only occupational morbidity, but also the general, primary morbidity, morbidity with temporary disability of individual professional groups, individual enterprises, creates an opportunity for an in-depth analysis of the health status of workers in a particular industry, it allows more targeted planning of preventive measures.

## 10. RECOMMENDED REGULATORY DOCUMENTS

Preventive medical examinations are a generally accepted practice in the world to monitor the health status of workers in the presence of risk factors for the development of occupational and work-related diseases in working conditions.

In Russia, the compulsory medical equipment, their organization and timing are regulated by the Law on the Sanitary and Epidemiological Welfare of the Population, the

Law on Labor Protection, the Labor Code, Orders and Instructions of the Ministry of Health of the Russian Federation.

The main order governing the conduct of preventive medical examinations is the Order of the Ministry of Health and Social Development No. 302n dated April 12, 2011 "On the procedure for conducting preliminary and periodic medical examinations of employees and medical regulations for admission to the profession."

Order supplementing the Order of the Ministry of Health and Social Development No. 302n of April 12, 2011 on organizational issues - Order of the Ministry of Health of the Russian Federation No. 405 of December 10, 1996 "On mandatory preliminary and periodic medical examinations of employees upon admission to work."

The order regulating the actions of a doctor who made a preliminary diagnosis of an occupational disease is the Order of the Ministry of Health of the Russian Federation dated May 28, 2001, No. 176 "On improving the system of investigation and recording of occupational diseases in the Russian Federation."

The document that guides the employees of Prof. The ITU Bureau in determining the degree of loss of professional ability to work - Decree of the Government of the Russian Federation of 18.07.01, No. 56 "On the approval of temporary criteria for determining the degree of loss of professional ability to work as a result of industrial accidents and occupational diseases, the form of the program for the rehabilitation of victims of an industrial accident and occupational disease ".

**Order No. 83 dated August 16, 2004** "On approval of the lists of harmful and (or) hazardous production factors and works, during the performance of which preliminary and periodic medical examinations (examinations) are carried out, and the procedure for conducting these examinations (examinations).

## 11. TEST CONTROL OF STUDENT KNOWLEDGE

1. *The WHO definition of public health includes all of the listed elements, except:*
  1. Physical, social and psychological well-being.
  2. Work opportunities.
  3. The presence or absence of disease.
  4. The presence of a comfortable home.
  
2. The most significant influence on the state of health of the population is exerted by all factors, except for:
  1. The level of culture of the population.
  2. Environmental factors of the environment.
  3. The quality and availability of medical care.
  4. Safe working conditions.
  
3. *Factors causing occupational diseases include:*
  1. Chemical and biological.
  2. Industrial aerosols.
  3. Physical.
  4. Overwork, overstrain of individual organs and systems.
  5. All of the above.
  
4. *The optimal working conditions are such working conditions under which:*
  1. An adverse effect on the working organism is excluded.
  2. The impact of harmful production factors does not exceed hygienic standards.
  3. There are harmful production factors that exceed hygienic standards and have an adverse effect on the body of the worker and (or) his offspring.
  4. Exposure to harmful production factors during a work shift (or part of it) creates a threat to life, a high risk of developing acute occupational injuries, including severe forms.
  
5. *Acceptable working conditions are such working conditions under which:*
  1. An adverse effect on the working organism is excluded.
  2. The impact of harmful production factors does not exceed hygienic standards.

3. There are harmful production factors that exceed hygienic standards and have an adverse effect on the body of the worker and (or) his offspring.

4. Exposure to harmful production factors during a work shift (or part of it) creates a threat to life, a high risk of developing acute occupational injuries, including severe forms.

6. *Harmful working conditions are such working conditions under which:*

1. An adverse effect on the working organism is excluded.

2. The impact of harmful production factors does not exceed hygienic standards.

3. There are harmful production factors that exceed hygienic standards and have an adverse effect on the body of the worker and (or) his offspring.

4. Exposure to harmful production factors during a work shift (or part of it) creates a threat to life, a high risk of developing acute occupational injuries, including severe forms.

7. *Dangerous (extreme) working conditions are those conditions under which:*

1. An adverse effect on the working organism is excluded.

2. The impact of harmful production factors does not exceed hygienic standards.

3. There are harmful production factors that exceed hygienic standards and have an adverse effect on the body of the worker and (or) his offspring.

5. Exposure to harmful production factors during a work shift (or part of it) creates a threat to life, a high risk of developing acute occupational injuries, including severe forms.

8. *The main principles of prevention of occupational diseases are:*

1. Sanitary and hygienic prevention.

2. Engineering and technical prevention.

3. Treatment-and-prophylactic prevention.

4. All of the above.

9. *The purpose of the preliminary, upon admission to work, medical examination is:*

1. Medical selection of persons resistant to adverse industrial factors.

2. Prevention of common diseases.

3. Prevention of occupational diseases.

4. All of the above.

*10. The purpose of periodic medical examinations is*

1. Timely identification of the initial signs of occupational diseases and their prevention.
2. Identification of common diseases that prevent the continuation of work in harmful conditions.
3. Dynamic monitoring of the health status of workers in conditions of occupational hazards and unfavorable working conditions.
4. All of the above.

*11. Requirements for the state of health of the applicant:*

1. An order of magnitude higher than the health of a highly trained worker.
2. An order of magnitude lower than the health of a highly trained worker.
3. They do not differ from the requirements for the state of health of a highly trained employee.

*12. The person making up the contingent of workers subject to periodic medical examination is:*

1. Occupational pathologist.
2. Doctor of CG SES.
3. Safety engineer.
4. The representative of the trade union of the enterprise.

*13. Preliminary and periodic medical examinations of employees are carried out:*

1. Only by medical institutions attached to this enterprise on a territorial or departmental basis.
2. Therapeutic and prophylactic organizations of all organizations of legal forms, licensed for the type of activity "Expertise of professional suitability" (carrying out professional examinations).
3. Any treatment and prophylactic organizations that have a set of specialists, determined by the order of the Ministry of Health and Social Development No. 302n of April 12, 2011.

*14. The composition of the medical commission and the frequency of examinations are determined by:*

1. The chief physician of the healthcare facility conducting a preventive examination.
2. An employer with the participation of a trade union organization.

3. Safety engineer.
4. Formed according to the order of the Ministry of Health No. 302n

15. *The group of occupational diseases includes:*

1. Any illness developed by an employee in contact with harmful working conditions.
2. Only diseases listed in the List of Occupational Diseases approved by the Ministry of Health of the Russian Federation.
3. Diseases developed in persons living near industrial enterprises that pollute the air.
4. Illnesses that develop on the way to or from work.

16. *The final diagnosis of an occupational disease has the right to establish:*

1. Clinics of institutes of occupational hygiene and occupational diseases.
2. Center prof. pathology.
3. Chairs prof. pathology of advanced training institutes for doctors.
4. All of the above.

17. *When evaluating the results of the PMO, the following is carried out:*

1. Individual analysis of the health status of each worker.
2. Group analysis of the health status of workers in this enterprise.
3. Answers 1) and 2) are correct.
4. There is not a single correct answer.

18. *Insufficient detectability of prof. diseases on medical examinations due to:*

1. Insufficient training in the field of prof. pathology of doctors conducting medical examinations.
2. Unsatisfactory material and technical, diagnostic base of medical facilities, carried out by prof. inspections.
3. Conducting medical examinations by an incomplete staff of specialists, without carrying out the full scope of the examination, provided for by order of the Ministry of Health and Social Development No. 302n of April 12, 2011.
4. All of the above.

19. *The most important in the system of preventive measures is the timely allocation of the next group for dispensary observation.*



1. Persons without signs of exposure to factors of the working environment.
2. Group at increased risk of developing an occupational disease.
3. Patients with a preliminary diagnosis of an occupational disease.

20. *The main order governing the conduct of preventive medical examinations is:*

1. Order of the Ministry of Health and Social Development No. 302n dated April 12, 2011 "On the procedure for conducting preliminary and periodic medical examinations of employees and medical regulations for admission to the profession."
2. Order of the Ministry of Health of the Russian Federation No. 405 of December 10, 1996 "On conducting mandatory preliminary medical examinations upon admission to work and periodic medical examinations of employees."
3. Answers 1) and 2) are correct
4. There is no right answer.