13. MEDICAL SURVEILLANCE

BIOLOGICAL MONITORING

13.01 Not Applicable To Asbestos

Medical Examinations

13.02 Eligibility

(1) Bell System employees shall be offered medical examinations and their records included as part of the record-keeping program required by OSHA CFR 1910.1001, when they have had a demonstrated Bell System work-related exposure to a 7 to 8-hour TWA concentration of 0.1 fibers per cubic centimeter of air of asbestos fibers longer than 5 micrometers (action level).

(2) Bell System employees shall have a medical examination prior to assignment on any job in which there is a probable exposure to asbestos at or above the action level as defined above.

(3) Bell System employees may be offered a medical examination (which should include the required elements of the asbestos surveillance examination), when one of the following criteria is met:

(a) individual has a past history of exposure in the Bell System to asbestos or to material suspected, but not proven to be, asbestos.

b) individual has symptoms which are attributed to working in a dusty environment in the Bell System and there is a work history as in (a) above.

(4) Any Bell system employee assigned to tasks requiring the use of respirators shall be given a medical examination in order to determine if that employee will be able to function normally wearing a respirator.

13.03 Frequency of Examinations

(1) Annually for individuals with recurring exposure(s) to asbestos at or above the action level at any time during the 12 month period since previous examination.

(2) Medical examinations should be provided to all individuals within 30 days after any repeat exposure at or above the action level when the exposure occurs more than 12 months after their previous asbestos medical surveillance examination.

13.04 Content of Examinations

Refer to Medical Surveillance Directive 1.00 for details (Section 14).

(1) Physical examination

(2) History (including a specific respiratory occupational exposure).

(3) X-ray - 14" X 17" PA chest roentgenogram

(4) Pulmonary function tests
FVC
$FEV_{1.0}$

(5) Other tests and procedures as appropriate.

13.05 Medical Removal

OSHA 1910.1001 (d)(2)(iv)(c) states that "No employee shall be assigned to tasks requiring the use of respirators if, based upon his most recent examination, an examining physician determines that the employee will be unable to function normally wearing a respirator, or that the safety or health of the employee or other employees will be impaired by his use of a respirator. Such employees shall be rotated to another job or given an opportunity to transfer to a different position whose duties he is able to perform with the same employer, in the same geographical area and with the same seniority, status, and rate of pay he had just prior to such transfer, if such a different position is available".

14. MEDICAL SURVEILLANCE DIRECTIVE FOR OCCUPATIONAL EXPOSURES ASBESTOS (MSD 1.00)

14.01 General: Employees who are exposed to concentrations of asbestos fibers exceeding 0.1 fibers greater than 5 microns in length per cubic centimeter on an 8 hour time weighted average (TWA) basis shall be given medical examinations as described below.

14.02 Specific: Motor vehicle mechanics performing work operations described in GL 77-07-024 and their immediate supervisors shall be given medical examinations as described below.

14.03 Medical Examination Content: A comprehensive medical examination shall include, as a minimum, a chest roentgenogram (posterior - anterior 14 x 17 inches), a history to elicit symptomatology of respiratory disease and smoking habits, and pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second ($FEV_{1.0}$).

14.04 Medical Equipment: A single breath wedge bellows spirometer of at least 7.5 liter capacity and equipped with the means to produce a permanent record is minimally adequate for the measurements of FVC and $FEV_{1.0}$. Periodic calibration techniques for all spirometers are recommended.

14.05 Frequency: Medical examinations shall be made available as follows:

(1) PREPLACEMENT: Preplacement examinations shall be made available to each employee within 30 calendar days following his first employment as a mechanic or supervisor.

(2) ANNUAL: At least annually thereafter a comprehensive medical examination shall be offered to each mechanic or supervisor.

(3) TERMINATION OF EMPLOYMENT: Within 30 days before or after the termination of employment (or change of job assignment) of any employee engaged as a mechanic or supervisor, a comprehensive medical examination shall be made available.

14.06 Record Retention: Complete and accurate records of all such medical examinations (including x-rays and specific test results) shall be retained for at least 30 years.

14.07 Access to Records: The results of the medical examination should be discussed with the employee.

The contents of the records of the medical examinations required by this section shall be made available pursuant to 29 CFR 1910.20 - OSHA Standard on Access to Employee Exposure and Medical Records.

15. RECORDKEEPING REQUIREMENTS

15.01 Exposure Monitoring:

1 Source (bulk, air)

2 Number of samples

3 Location and date

4 Personnel exposed - name, SS#

5 Environmental conditions

6 Extent and type of respirators used

7 Laboratory performing analysis

8 Results - by duration of sample and 8-hour TWA by individual

15.02 Medical Records:

1 Name and SS#

2 Job Code(s) and location(s) in which exposure(s) occurred

3 Details of Bell System, work-related exposure(s) - Date(s) and measurement(s) of specific exposure(s) (cross-reference to 15.01) and duration of general exposure(s).

4 History of Non-Bell System exposures

5 Chest X-ray - date and interpretation

6 Pulmonary function tests - date and results.

15.03 Retention:

Exposure and Medical Records to be retained for 30 years after individual's last examination or as the law may require.

15.04 Access To Exposure Records:

Reasonable access by employees to their own personal exposure records must be allowed, as required by OSHA 29 CFR 1910.1001 and 1910.20.

15.05 Medical Records:

Medical records pertaining to asbestos exposures must be made available as follows if authorized by the employee:

(1) Assistant Secretary of Labor for Occupational Safety and Health.

(2) Director of NIOSH.

(3) An authorized representative.

(4) A physician authorized by the employee.

16. APPENDIX

16.01 Relevant Standards

(1) OSHA Asbestos Standard 29 CFR 1910.1001

(2) OSHA Program Directive #300-16

16.02 Relevant Letters

(3) GL: 77-07-024 Motor Vehicle Maintenance - Brakes and Clutches

(4) GL: 78-08-045 Motor Vehicle Maintenance - Protection Against Exposure to Asbestos Fibers

(5) SR: 79-05-398 Occupational Safety and Health - Exposure to Airborne Asbestos Fibers - Request For Survey

(6) RL: 79-07-254 Asbestos Hazards in Leased Buildings

(7) SR: 80-06-010 Occupational Safety and Health - Sprayed-on Asbestos in Company-owned And Leased Buildings

(8) P : 80-07-216 Occupational Safety and Health - Hazards in Customer Premises or Workplaces.

16.03 Other Information

(9) Requirements For A Minimal Acceptable Respiratory Program

(10) USPHS/NIOSH Membrane Filter Method For Evaluating Airborne Asbestos Fibers

(11) BSP 010-170-001 (Provisional)