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ASBESTOS EXPOSURE AND MEDICAL EXAMINATIONS

Matter of employers providing medical surveillance program as set forth in OSHA asbestos standard for occupational exposure to asbestos dust has been an unsettled subject for several months (N & N Feb.). At issue has been lack of clarification of the term "...exposed to airborne concentrations of asbestos fiber..." as it relates to requirement for medical examinations.

Both U.S. Court of Appeals for District of Columbia and Occupational Safety and Health Review Commission have ruled that current asbestos standard requires such examinations be provided employees exposed to airborne asbestos in any measurable concentration. These decisions related to a Jan. 1977 policy letter from OSHA to an individual employer which stated medical examinations would be required only when employee exposures to airborne asbestos exceed 0.1 f/cc. A three-member OSHA panel was designated by Asst. Secretary of Labor (OSHA) Eula Bingham to study problem. AIA/NA requested OSHA in Mar. 1978 to provide workable and reasonable interpretation at earliest possible date.

On Oct. 11,1978, OSHA issued Program Directive #300-16 to its regional administrators providing uniform inspection and compliance procedures for medical examination requirements of the asbestos standard. Principal actions in this directive are:

- The term "exposed to airborne concentrations of asbestos fiber.." is administratively interpreted to mean "exposed to a minimum of 0.1 asbestos fibers larger than 5 micrometers per cubic centimeter of air..."

- Medical examinations will be required for any 7 to 8-hour time-weighted average concentration of 0.1 f/cc, or for a greater concentration.

An OSHA spokesman has advised that agency's Oct. 11 directive is considered internal policy and, further,directive does not amend the asbestos standard, but rather provides an administrative interpretation of the standard for use by compliance officers.

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