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TO: DEPARTMENTAL OSH COMMITTEE

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ASBESTOS - MEDICAL EXAMINATION REQUIREMENTS

The asbestos standard, 29 CFR 1910.1001(j)(2), or (3) or (4) requires employers to provide or make available medical examinations for each employee engaged in occupations exposed to airborne concentrations of asbestos fibers. Because the wording in the standard is vague, some misunderstandings have developed.

In order to establish a consistent interpretation and application of the medical examination program provision, the following guidance is provided for site use.

Sites should:

- Include in the medical examination program all employees in job categories which handle asbestos in a way that has potential for producing airborne fibers.
- Maintain a list of the employees that are in the examination program.
- Include "gray-area" job categories if monitoring shows measurable concentrations of airborne fibers by the method of measurement prescribed in the Standard.

Discussion

The objective is to be in compliance with the Standard and provide sound medical surveillance but include only the necessary employees in the medical examination program.

This guidance provided is to assist in the identification of those occupations which are included in "an occupation exposed to airborne concentrations ..." (29 CFR 1910.1001(j)(2), or (3) or (4)).

Some job categories obviously fall into "an occupation exposed." Those which predictably remove old insulation, cut transite, handle asbestos additives, empty bag filters or work in proximity to these operations are examples.

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These job categories should be identified and documented by the site and employees assigned should be in the medical examination program without regard to airborne concentration measurements.

Careful site analyses to establish these job categories is essential. Depending upon past and present job classifications could be misleading. For example, since asbestos no longer is used for new insulation, potential exposure will be related to removal or handling of old insulation. Insulators who handle only new, non-asbestos insulation may not have any exposure. Field pipefitters, millwrights, utility personnel may be job categories which remove or handle old insulation one or more times per year. These should automatically be included in the medical examination. Being in the examination program doesn't impose any OSHA requirements for paper work or special files. It does expand the number of medical files related to the Standard and thereby subject to inspection under the Standard.

Conscious management of asbestos handling assignments can control the number of job categories falling into "an occupation exposed to ..."

The inclusion of some job category activities may be questionable at a particular site - removal and replacement of forms and sealed asbestos blocks, for example. These categories could be omitted if monitoring shows that no measurable concentrations of airborne fibers occur during handling. The method of measurement to be used is the one prescribed in the Standard. The lower limit of reliable quantification of this method is 0.1 fibers/cm³ - NIOSH Technical Report No. 79-127, February 1979, "USPHS/NIOSH Membrane Filter Method for Evaluation Airborne Asbestos Fibers." Measurements relied on for this exemption should be representative of the exposure common to the job during the activity involved in work with asbestos and may require several measurements for an accurate representation.

Many job categories should be eliminated because they don't require the handling of asbestos. However, if an employee unexpectedly gets a known exposure to asbestos fibers, a medical examination should be given. Subsequent special medical examination for a one time exposure is a matter of judgement by the physician.

The Standard does not require that an employee be continued in the medical examination program once the employee moves to a job category not exposed to asbestos.

Our continuing backup is the regular employee medical examination which includes a chest X-ray and pulmonary function test annually for employees over 40 and bi-annually for those under 40.

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