

CAMBRIDGE

TO: Distribution

DATE: September 11, 1986

FROM: J. H. Berke

SUBJ: Revised Asbestos Standard: Medical Monitoring

On July 21, 1986 the revised OSHA Asbestos Standard came into effect. This revision contains some changed requirements for medical monitoring.

Any employees exposed to asbestos levels of 0.1 or more fibers per cubic centimeter of air (f/cc) greater, as an 8-hour T.W.A., fall within the new OSHA standard. However, because many employees at expanding plants who are not exposed to .1 fiber may have the potential of falling within the standard, expanding plant personnel and any other employees designated by CPD to have a risk of significant asbestos exposure whether or not they reach the surveillance trigger of 0.1 f/cc should be treated as if the OSHA standard applies to them.

The revised OSHA standard requires the following:

- a. Standardized pre-placement examinations.
 - b. Annual periodic examinations.
 - c. Detailed description of the workplace and exposures submitted in writing to the examining physician.
 - d. A written signed statement from the examining physician (see attachment).
 - e. A copy of the OSHA standard made available to the examining physician.
 - f. Termination of employment examination.
1. Pre-placement examination

The pre-placement examination will be similar, but not identical, to the current pre-placement examination. By law, this examination must be performed before job assignment. For employment at CPD, the pre-placement evaluation is mandatory. No one shall be accepted for employment who refuses to submit to this examination. The pre-placement medical questionnaire (attached) should replace any other medical questionnaire currently in use and is similarly mandatory. There is no acceptable alternative to this particular questionnaire. A medical examination must be performed by or under the guidance of a licensed physician, and it must include a complete medical examination similar to what is currently

being performed, and a laboratory examination that includes a minimum of pulmonary function studies and a chest x-ray. A recent chest x-ray taken within a 6 month period of time is acceptable if that chest x-ray can be made available to the examining physician. Other laboratory studies will remain the same as is now being performed.

2. Annual periodic examination.

The periodic examination must be made available to all affected employees on an annual basis at no cost to the employee. Any refusal on the part of the employee to participate in this examination must be made in writing and maintained in his personnel file.

The annual periodic examination must include a hands-on medical examination by or under the supervision of a licensed physician, a pulmonary function test and any other laboratory testing that the physician feels is appropriate subject to the approval of the medical director for ICG. The frequency for chest x-rays has been decreased by OSHA, and annual chest x-rays will no longer be done on all employees: only those with 10 or more year since first exposure and age 45 will be done annually.

The recommended schedule for periodic x-rays is as follows:

Frequency of Chest Roentgenograms

Years since first exposure	Age of Employee		
	15 to 35	35 to 45	45 +
0 to 10.....	Every 5 years....	Every 5 years...	Every 5 years
10 +.....	Every 5 years....	Every 2 years...	Every 1 year

Most employees will get chest x-rays once every 5 years with the exception of employees 35 years and older who have been exposed for 10 years or more.

3. Termination of employment examination

All affected employees whose employment terminates should be given the equivalent of the annual periodic examination including a chest x-ray. Once again, this must be made available to them, and refusal to undergo this examination must be made in writing.

4. A written signed statement from the examining physician.

The employer as well as the employee shall receive a written signed statement from the examining physician stating that in the physician's opinion, the employee is free of any medical conditions which place the employee at increased risk of impairment from asbestos exposure or what restrictions the employee is under.

You must keep a copy of this statement in the personnel file. In addition, each employee will be provided with a copy of the physician's written opinion within 30 days. In this way, there is a written record that both the employer and employee have been informed of the results of the medical examinations.

I am printing a form that should be given to the examining physicians to make compliance with this requirement more convenient for them. These will be sent out to you.

5. A detailed description of employee's work and potentials for exposure.

The standard requires that the employer provide the examining physician with a detailed description of the affected employee's duties as they relate to exposure level and the employee's anticipated exposure levels. In addition, a detailed description of any personal protective respiratory equipment that is used must be included.

In complying with this requirement, I recommend every physician who examines CPD employees be required to visit the plant and take a tour of the facilities. These examining physicians are to be reimbursed for time taken away from their other duties for the purpose of this visit. In addition, a summary letter with the above required information, should accompany each employee on his visit to the examining physician. A form letter will suffice.

6. Each examining physician must be provided with a copy of the complete standard.

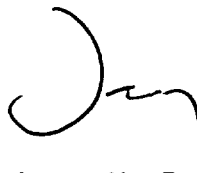
Discussion

The key changes in the surveillance program are as follows:

1. A mandatory questionnaire, different than the one we have been using, is to be administered to all employees in both the pre-placement and annual periodic phase of the program. There are no exceptions to the use of this questionnaire. It will replace all previously used health questionnaires. We shall have these questionnaires printed up in bulk and will supply you with them.

2. All examinations now must include a hands-on physical examination by a physician in addition to the laboratory testing that we had previously been performing. Simply sending affected employees for chest x-ray and pulmonary function studies is no longer acceptable. They require a clinical examination by or under the supervision of the licensed physician.
3. The frequency of x-rays reduced. Annual x-ray examinations of CPD employees should be discontinued. Employees are to be informed of the results of the examinations by the examining physician and not by Health, Safety & Environmental Services in Cambridge.
4. Management has the responsibility of educating the examining physicians regarding both the OSHA standard and the potential exposures within the plant.
5. All medical records that are generated are to be sent to Health, Safety & Environmental Services in Cambridge for permanent storage and filing.

If you or the local examining physicians have any questions regarding the extent of the examination or additional laboratory studies, these should be referred directly to me. A letter explaining these changes has been written and will go out to all effected employees (to be distributed by you). In addition, an explanatory letter for examining physicians will be going out to each of you to be forwarded to the local physician of your choice. Finally, the three-page form describing the results of the medical examination are being printed and will be supplied to you for distribution to the physicians.



Jerry H. Berke

JHB/de

Enclosure