

**CHAPTER 17****ASBESTOS CONTROL PROGRAM****1. Background**

a. Asbestos is a general term used to describe several fibrous mineral silicates. Although there are many asbestos minerals, only six are of commercial importance. They are chrysotile, amosite, crocidolite, tremolite, anthophyllite, and actinolite. Major uses of asbestos are for asbestos cement products, floor tiles, fireproofing, high temperature insulation, asbestos cloth, friction materials (such as brake linings and clutch facings), various gasket materials, and miscellaneous other products.

b. Inhalation of asbestos fiber may produce severe lung damage in the form of disabling or fatal fibrosis of the lungs. Asbestosis means fibrosis of the lungs due to inhaled asbestos fibers. The use of the term "asbestosis" in a generic sense for all asbestos-associated disorders including plural plaques is imprecise and confusing. Asbestos has also been found to be a casual factor in the development of carcinoma of the lung and malignant mesothelioma, as well as cancer of the gastrointestinal tract. A long latency period of 20-40 years between first exposure to asbestos and the appearance of a malignancy is frequently noted.

c. Some examples of tasks which can generate concentrations of airborne asbestos which exceed permissible limits are the fabrication, installation, repair or removal ("rip-out") of asbestos insulation materials, power sawing of asbestos containing fire retardant building materials, and brake relining and repair work.

d. Recognizing the serious health implications of asbestos exposure to humans, the Government has imposed stringent occupational health and environmental protection standards for the control of asbestos. These standards and controls, specified in this chapter, must be strictly enforced and followed by all Navy civilian employees, both appropriated and nonappropriated fund, military personnel, and contractors aboard the Center.

2. Permissible Exposure Concentration. "Time Weighted Average (TWA)." The eight hour airborne concentration of asbestos fibers to which civilian employees and military personnel may be exposed shall not exceed 0.1 fibers, per cubic centimeter of air, (0.1 F/CC).

**3. Work Practice Control Measures**

a. All asbestos related operations shall be performed in accordance with refs (ee) and (ff) and with the approval from the OSH Office.

4. Medical Examinations

a. Personnel in an occupation exposed to airborne concentrations of asbestos fibers shall receive, within 30 calendar days following first employment, a comprehensive medical examination which shall include as a minimum a chest roentgenogram (posterior-anterior 14 by 17 inches); a history to elicit symptomatology of respiratory disease; and pulmonary function tests to include Forced Vital Capacity (FVC) and Forced Expiratory Volume (FEV) at one second (FEV 1.0). The same medical examination shall be conducted within 30 calendar days before or after the termination of employment.

b. Personnel in an occupation exposed to airborne concentrations of asbestos fibers shall receive an annual examination to include as a minimum a chest roentgenogram (posterior-anterior 14 by 17 inches); a history to elicit symptomatology of respiratory disease; and pulmonary function tests to include FVC and forced expiratory volume at one second (FEV 1.0). X-ray films of asbestos workers shall be specially identified to the consulting certified radiologist.

5. Asbestos Medical Surveillance Program (AMSP)

a. General. This program consists of preplacement, periodic, and termination evaluation. The scope of these evaluations includes, but is not limited to:

(1) History questionnaires

(2) Physical examinations

(3) Chest x-rays

(4) Spirometry test and other laboratory tests as indicated or directed by the early detection of changes in specific organ systems which have been identified with asbestos disease. Those individuals who, because of the nature of their job, must work with or be in the vicinity of operations which generate airborne asbestos and who meet the requirements below, shall be included in the medical surveillance program. Inclusion is not based solely on the determination that an individual has been overexposed.

b. Criteria for Inclusion of Personnel in the AMSP.

(1) Inclusion of any employee in the AMSP shall be governed by his/her degree of past and/or current exposure, or potential exposure to asbestos. Inclusion of a particular to asbestos. Inclusion of a particular individual in the AMSP is required if the exposure criteria is reached or exceeded.

(2) For past exposures to asbestos, medical personnel attempting to determine whether to place an individual in the AMSP shall be guided by the exposure history in the absence of more definitive exposure records. A

history of participation in any operation where visible asbestos dust was present, including but not limited to rip outs, shall be considered to have been exposure in excess of the PEL. In addition individuals working in areas where the asbestos concentration did not equal or exceed the PEL during the past year, but who believe they have been exposed to undetermined levels of asbestos fibers at some time during the course of their Federal employment, shall complete the initial Medical Questionnaire.

## NOTE:

*The Privacy Act Advisement* (DD Form 2005) is contained in the individual's health care treatment record. A separate Privacy Act statement is therefore not required.

Based on review of the questionnaire, individuals shall be placed in the AMSP if it can be reasonably concluded that their exposure(s) could have been at or above the PEL. The placement of personnel in the AMSP is based on a history of exposure of potential exposure at or above the PEL as judged by cognizant medical personnel. Medical personnel should consult with an industrial hygienist or occupational medicine specialist when there is uncertainty about whether an exposure may have exceeded the PEL. Once placed in the AMSP the individual shall remain in the AMSP for the duration of his/her Navy employment. The only exception is for individuals who were incorrectly placed in the AMSP.

## NOTE:

A worker who is in the AMSP on the basis of past exposure may leave the program upon request.

c. Any removal from the AMSP shall be documented in the individual's health care treatment record. When individuals incorrectly placed in the AMSP are removed from the program, the cognizant medical facility shall forward their names and social security numbers to the Navy Environmental Health Center (NAVENVIRHLTHCEN).

d. Physical evaluation. The physical evaluation requires a review of medical and occupational history along with the information found on the *AMS Medical Treatment Record* form, NAVMED 6260/d. For employees with current asbestos exposure, the OSHA mandated form DD2493-1 for the initial evaluations, or DD 2493-2 for the periodic and termination evaluations is also required.

e. Employee Counseling of Medical Surveillance Results. Personnel shall be counseled regarding any abnormalities detected during any screening test, and the medical records so noted and signed by the counseling physician.

f. Physicians Written Opinion

(1) The examining or supervising physician shall complete a Physician's Written Opinion for each employee examined, and it shall include the following:

(a) The physician's opinion as to whether the employee has any detected medical condition that would place the employee at an increased risk of health impairment from exposure to asbestos.

(b) Any recommendation for limitations on the employee or upon the use of PPE, such as clothing and respirators.

(c) A statement that the employee has been informed by the physician of the results of the medical evaluation and of any medical conditions resulting from asbestos exposure that require further explanation of treatment.

(d) A statement that the employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

(2) The signed physician's opinion shall be placed in the employee's health record and copies shall be provided to the employee and employee's command within 30 days of the medical evaluation.

NOTE:

The physician's written opinion, sent to the employee's command, shall not include any finding or diagnoses that are unrelated to asbestos exposure. However, such findings and diagnoses shall be noted in the employee's health record.

6. Medical Records

a. All personnel who are included under "Medical Surveillance" shall have the exterior of their health records prominently marked "ASBESTOS."

b. Each individual record must include the following identifying information.

(1) Name.

(2) Social security number.

(3) Date of birth.

(4) Dates of examinations.

(5) Job titles, job codes/primary and secondary Navy Enlisted Classification Code (NECC).

c. All records of examinations, possible asbestos related conditions, related X-ray interpretations, and all forms and correspondence related to the employee's medical history shall become a permanent part of the health record and be retained for a period of 50 years following termination of service/employment. X-ray films shall be retained for a period of five years.

d. The judgement of the occupational health physician concerning the adequacy of the diagnostic information to support the impression of asbestos-related disease shall be entered in the medical record. Lacking definitive criteria the evaluating physician must exercise qualified medical judgment on each individual case.

7. Responsibilities.

a. Public Works Department: Environmental

(1) Has the responsibility for disposition of all asbestos containing materials.

(2) Maintain inventory of ACM locations in building at NAES Lakehurst under the direction of the APM.

b. The Resident Office In Charge of Construction. (ROICC) shall ensure each contract for work to be performed by an independent contractor aboard the Station which may involve the release of asbestos fibers shall incorporate the appropriate references/specific contract clause or clauses necessary to ensure:

(1) The contractor is aware of the potential hazard to employees and others.

(2) The contractor shall take such special precautions (e.g. 29 CFR 1926, contract specifications) as are necessary and appropriate to protect employees, as well as others, from any physical harm.

c. Contracting Officer. All persons having responsibility for issuing contracts, specifications or purchasing materials shall ensure:

(1) Asbestos and materials containing asbestos are not used in construction, overhaul, repair or maintenance where suitable alternative materials can be obtained.

(2) New contracts shall stipulate the use of asbestos-free materials. Contracts involving high-temperature machinery, boilers, and piping shall require asbestos-free thermal insulation in accordance with MIL-STD-769E (or later issue).

d. OSH Office.

- (1) Reviews and is the approval point for all asbestos operations.
- (2) Serves as custodian of ACM O&M plan.
- (3) Serves as Asbestos Program Manager-designated by the Commanding Officer.