

Guidance for doctors on medical surveillance of workers doing non-licensed work with asbestos

Introduction

1 This document provides guidance for doctors on conducting medical surveillance of workers doing certain types of **non-licensed** work with asbestos for the purposes of the Control of Asbestos Regulations 2012 (CAR).¹ This guidance updates the 2012 version following a review by the Health and Safety Executive (HSE). There is no change to the frequency of medical surveillance.

2 CAR applies to all work on asbestos-containing materials. It requires that higher-risk work with asbestos must only be carried out by contractors who hold a licence issued by HSE. Only maintenance-type tasks of lower risk and short duration can be carried out by non-licensed workers.

3 Regulation 22 of CAR places a duty on employers to maintain a health record for employees who carry out certain types of non-licensed work with asbestos (known as notifiable non-licensed work or NNLW) and make sure they are under medical surveillance. CAR also applies to self-employed workers. More information on non-licensed work is available on HSE's asbestos website.²

4 Doctors who conduct medical surveillance of workers undertaking non-licensed work with asbestos do not have to be appointed by HSE (see paragraphs 13-14). There is separate advice for appointed doctors on medical surveillance of those doing licensed work with asbestos.³

Asbestos-related diseases

5 The majority of current deaths caused by asbestos are associated with very high exposures from past industrial processes and installation of asbestos products. Asbestos-containing materials were widely used in buildings until 1999 when their use was finally banned. Many buildings still contain asbestos materials. Those now most at risk of exposure are maintenance workers and tradespeople, for example plumbers, electricians and joiners, who disturb the fabric of buildings during their work.

Non-malignant pleural disease

6 Work with asbestos is associated with the development of diffuse pleural thickening or pleural plaques. Diffuse pleural thickening, which generally occurs after heavy asbestos exposure, may markedly reduce lung volumes resulting in exertional dyspnoea. Individuals usually present with slowly progressive dyspnoea. Pleural plaques are usually asymptomatic.

Asbestosis

7 Asbestosis is a fibrotic, interstitial lung disease which develops insidiously as a result of inhaling asbestos fibres. It usually affects the lung bases first. Its main symptom is shortness of breath on exertion. A dry cough is often associated with the later stages of the disease. Late inspiratory crackles are commonly present on examination and diagnosis is made by radiological examination (chest X-ray and/or CT scan) and positive work history for past asbestos exposure. In the early stages, asbestosis does not necessarily impair fitness for work. As it progresses, lung function may become impaired.

8 The latency period between exposure and first radiological signs of fibrosis is usually many years, typically several decades. It is generally recognised that heavy exposures are required to produce clinically significant asbestosis within the lifetime of an individual. Removing affected workers from further exposure appears to have little influence on disease progression.

Lung cancer

9 Workers exposed to asbestos have an increased risk of developing lung cancer. Asbestos exposure and smoking act together to further increase the risk. Therefore, smokers should be encouraged to stop smoking. Lung cancer induced by asbestos exposure usually takes many years to develop and is indistinguishable from that caused by other agents.

Mesothelioma

10 Malignant mesothelioma of the pleura and peritoneum has a strong association with exposure to asbestos. Early symptoms, such as weight loss, fever and night sweating, are often vague. Chest pain, breathlessness on exertion, and/or pleural effusion, are frequently present at the time of diagnosis. Peritoneal mesothelioma may result in abdominal discomfort, a change in bowel habit and weight loss. Radiological appearances vary with the stage at which the tumour is first detected and whether it is associated with effusion. Smoking does not influence the risk of developing the disease.

11 There is a long latency period between exposure and presentation of the tumour, which is typically at least 30 years. Exposure to asbestos may be brief and remote in time, although most cases are associated with long periods of exposure to asbestos dust.

Other cancers

12 A review of evidence by the International Agency for Research on Cancer, published in 2012, concluded that asbestos can also cause cancer of the larynx and ovary.

Who can carry out medical surveillance?

13 Medical surveillance of workers doing **non-licensed** asbestos work can be conducted by HSE-appointed doctors or doctors who are not appointed by HSE provided they are GMC-registered and hold a licence to practise (eg a local GP).

14 Doctors conducting medical surveillance of workers doing **licensed** asbestos work must be either an HSE-appointed doctor or employment medical adviser. For further information, see HSE's guidance note MS31.³

Medical surveillance for workers carrying out non-licensed work

15 Medical surveillance should consist of initial and periodic medical examinations. The first medical examination must be conducted no more than three years before beginning exposure to asbestos. Periodic medical examinations must be conducted at intervals of no more than three years while exposure continues.

16 The purposes of medical surveillance are to:

- provide workers with information about their current state of respiratory health;
- alert workers to any early indications of asbestos-related disease and advise them on whether they should continue working with asbestos;
- warn workers of the increased risk of lung cancer from combined exposure to smoking and asbestos;
- alert employers or the worker's GP (with consent) to any particular problems; and
- emphasise the need for workers to use available control measures and follow good working practices.

17 Regulation 22 of CAR requires that medical surveillance is 'adequate'. To meet this requirement, your examination should comprise:

- completion of the respiratory symptom questionnaire form (MSNLW1), available on HSE's website;⁴
- a competent clinical examination, with emphasis on the respiratory system and the presence of basal crackles; and
- measurement of lung function, including FEV₁ and FVC.

Certificate of medical examination

18 After each examination, you must complete and issue an original certificate of medical examination to both the employer and employee (or self-employed person). You should use the certificate on HSE's website.⁴ The employer must keep the certificate or a copy of that certificate for at least four years from the date of issue. You should keep a copy of the certificate. Occasionally, employers or HSE/local authority inspectors may ask you to confirm an individual has had a statutory medical examination under CAR.

19 The certificate confirms that medical surveillance under CAR was carried out. It does not provide an opinion on a worker's fitness to do asbestos work. Certificates of fitness/unfitness for work with asbestos are not required under CAR.

Clinical records

20 You should maintain adequate clinical records, which include a copy of the completed respiratory symptom questionnaire⁴ and details of the examination findings.

Reportable diseases under RIDDOR

21 Mesothelioma or lung cancer in workers occupationally exposed to asbestos are reportable diseases under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).⁵ Employers and self-employed people have a duty to report these diseases when informed in writing of the specific diagnosis by a registered medical practitioner.

Inadvertent exposure

22 Occasionally, employers or employees may approach you for advice when there has been a suspected inadvertent exposure to asbestos. The employer should investigate any incident and the employee should ask their GP to make a note of it in their medical record for future reference. Further information on inadvertent exposure is available on HSE's asbestos website.⁶

Fees

23 The employer or self-employed person using your services is responsible for paying your fees. The British Medical Association (BMA) has not set a fee for providing medical surveillance under CAR. You should agree the fee before you conduct the examination.

References

- 1 *The Control of Asbestos Regulations 2012* SI 2012/632 The Stationery Office www.legislation.gov.uk/ukxi/2012/632/contents/made
- 2 HSE asbestos website: www.hse.gov.uk/asbestos/
- 3 *Guidance for appointed doctors on medical surveillance of workers doing licensed work with asbestos* MS31(rev2) HSE 2018 www.hse.gov.uk/pubns/ms31.htm
- 4 *Respiratory symptom questionnaire and certificate of medical examination – non-licensed work with asbestos* MSNLW1 HSE 2012 www.hse.gov.uk/forms/asbestos/
- 5 *The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013* SI 2013/1471 The Stationery Office www.legislation.gov.uk/ukxi/2013/1471/contents/made
- 6 HSE asbestos website – Frequently asked questions (FAQs): www.hse.gov.uk/asbestos/faq.htm

Further information

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit www.hse.gov.uk/.

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