

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

Introduction

1 This guidance explains how appointed doctors should conduct medical surveillance of workers doing **licensed** work with asbestos for the purposes of the Control of Asbestos Regulations 2012 (CAR).¹ It updates the 2012 version following a review by the Health and Safety Executive (HSE). There is no change to the frequency of medical surveillance. Appointed doctors should also be familiar with the Approved Code of Practice and guidance *Managing and working with asbestos* (L143)² and HSE's appointed doctor website.³ Further information on asbestos is available on HSE's asbestos website.⁴

2 Regulation 22 of CAR places a duty on employers to maintain a health record for employees involved in licensed work with asbestos and make sure they are under medical surveillance by an appointed doctor or employment medical adviser. CAR also applies to self-employed workers. 'Licensed work' includes work with the most dangerous forms of asbestos, where asbestos fibres can be most easily released into the air, leading to a higher risk of worker exposure. Examples of this are work with asbestos coatings and most work with asbestos insulation and asbestos insulating board.

3 CAR also requires that workers involved in some types of non-licensed work with asbestos are under medical surveillance. This medical surveillance may be conducted by an appointed doctor or a doctor who is not appointed by HSE, provided they are GMC-registered and have a licence to practise. For more information, see HSE's *Guidance for doctors on medical surveillance of workers doing non-licensed work with asbestos* (MS34).⁵

Asbestos-related diseases

4 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

5 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

6 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.

7 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

8 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

9 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.

10 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

11 A review of evidence by the International Agency for Research on Cancer concluded that asbestos can also cause cancer of the larynx and ovary.⁶

Role of the appointed doctor

12 Your role as an appointed doctor is to:

- liaise with the employer to ensure you understand the nature of the work to be undertaken and, where practicable and appropriate, visit the workplace to see the working conditions and workers under medical surveillance;
- conduct medical examinations and issue a certificate of medical examination to both the employee and employer;
- maintain adequate clinical records for the medical examinations completed;
- provide workers with information on the health effects associated with exposure to asbestos; and
- submit statistical returns on request.

Medical surveillance for workers carrying out licensed work

13 Medical surveillance should consist of initial and periodic medical examinations. The first medical examination must be conducted no more than two years before beginning exposure to asbestos. Periodic medical examinations must be conducted at intervals of no more than two years while exposure continues. You can use discretion to shorten this interval where appropriate. You can record the examination findings on the health surveillance record form, FODMS100.⁷

14 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 employees of the increased risk of lung cancer from combined exposure to smoking and asbestos;
- alert employers to any particular problems; and
- emphasise the need for employees to use available control measures and follow good working practices.

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

- completion of a medical surveillance form (FODMS75)⁸ for each person you examine (FODMS75 forms are not required as part of medical surveillance for firefighters);
- taking a medical and occupational history, with particular reference to respiratory conditions, smoking habits and previous exposure to asbestos, or to other fibres or dusts;
- completion of a respiratory symptom questionnaire such as form MSLW1 on HSE's appointed doctor website;⁹
- 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.

16 Routinely obtaining a full-size PA chest X-ray at initial or periodic medical examinations is not justified. You should only request a chest X-ray if you can justify it on individual clinical grounds. You should document the clinical rationale in the worker's medical record. You should also satisfy yourself that a recent chest X-ray is not available from other sources, to avoid duplication.

Certificate of medical examination

17 After each examination, you must complete and issue an original certificate of medical examination (FODMS72A) to both the employer and employee (or self-employed person). You can obtain blank certificates from HSE (see HSE's appointed doctor website).³ The employer must keep the certificate, or a copy of that certificate, for at least four years from the date of issue. You should also 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.

18 The certificate confirms that medical surveillance under CAR was carried out. It does not provide an opinion on a worker's fitness to undertake asbestos work. Certificates of fitness/unfitness for work with asbestos are not required under CAR (see paragraphs 19-20).

Fitness assessments in relation to other regulations

19 For some conditions associated with licensed work, such as working in enclosures, wearing respiratory protective equipment (RPE) or working at height, fitness assessments may be required under other regulations, eg the Management of Health and Safety at Work Regulations 1999¹⁰ and the Confined Spaces Regulations 1997.¹¹ In these circumstances, the employer should arrange a fitness for work examination in addition to the asbestos medical. Therefore, you should verify the specific job requirements with the employer and determine the need for such an assessment. This is especially relevant where you have advised a worker that they are not fit for the conditions encountered during work with asbestos or you have advised them to stop work with asbestos.

20 You may have agreed with the employer to conduct a fitness for work examination for the conditions associated with licensed work. The fitness assessment should be risk-based and you should certify it separately from the certificate of medical examination (FODMS72A).

Records

Health record

21 Under regulation 22 of CAR, the employer must maintain a health record on each employee exposed to asbestos. It should contain the information detailed in the Approved Code of Practice to regulation 22.

22 The health record contains personal details of the worker, a record of the types of work carried out involving asbestos and the dates of medical examinations required by regulation 22. It should not contain confidential clinical information (see paragraph 23). It must be kept for at least 40 years from the date of the last entry.

Clinical records

23 You should maintain adequate clinical records, which include a copy of the completed respiratory symptom questionnaire, details of examination findings and any tests conducted as part of the medical examination.

Statistical returns

24 When requested by HSE, you should submit all medical surveillance forms (FODMS75)⁸ with data on the number of medical examinations carried out under CAR.

25 HSE enters information from FODMS75 forms into an Asbestos Worker Database which has two objectives:

- to monitor the number of workers currently exposed, or liable to be exposed, to asbestos in their work; and
- to enable long-term follow-up for cancer and other fatal diseases, and quantification of the risk of these diseases, in asbestos-exposed workers. Information on the type of work and type of RPE worn enables estimation of risk for groups of workers with different levels of exposure. This allows evaluation of the effectiveness of CAR in controlling risks.

26 To achieve these objectives, you should make sure the information requested on FODMS75 forms is complete and accurate.

Reportable diseases under RIDDOR

27 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).¹² 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

28 Employers or employees may approach you for advice when there has been a suspected inadvertent exposure to asbestos. While concern from potentially exposed individuals is understandable, it is important to give objective advice based on the circumstances of the exposure. If possible, you should ascertain the type of asbestos, duration and type of work, any RPE worn and, if available, results of any air measurements. The increase in risk from a short, inadvertent and low-dose exposure is likely to be insignificant.

29 A chest X-ray is not justified in the case of a suspected inadvertent exposure given the long latency of asbestos-related disease. In addition, the diameter of an asbestos fibre is several magnitudes below the resolution capacity of a chest X-ray.

30 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. For asbestos workers, the employer should make an entry in the health record of any abnormal exposure scenario beyond their normal exposure assessments.

31 Further information on inadvertent exposure is available on HSE's asbestos website.¹³

References

- 1 *The Control of Asbestos Regulations 2012* SI 2012/632 The Stationery Office www.legislation.gov.uk/ukxi/2012/632/contents/made
- 2 *Managing and working with asbestos. Control of Asbestos Regulations 2012. Approved Code of Practice and guidance L143* (Second edition) HSE Books 2013 www.hse.gov.uk/pubns/books/l143.htm
- 3 HSE appointed doctor website: www.hse.gov.uk/doctors
- 4 HSE asbestos website: www.hse.gov.uk/asbestos
- 5 *Guidance for doctors on medical surveillance of workers doing non-licensed work with asbestos MS34(rev1)* HSE 2018 www.hse.gov.uk/pubns/ms34.htm
- 6 IARC Monographs on the Evaluation of Carcinogenic Risks to Humans. **Arsenic, Metals, Fibres and Dusts** Volume 100C A review of human carcinogens. International Agency for Research on Cancer 2012 <http://monographs.iarc.fr/ENG/Monographs/vol100C/>
- 7 *Health surveillance record form – Licensed work FODMS100* HSE 2012 www.hse.gov.uk/doctors/forms.htm
- 8 *Medical surveillance form – Licensed work FODMS75* HSE 2016 www.hse.gov.uk/doctors/forms.htm
- 9 *Respiratory symptom questionnaire – licensed work with asbestos MSLW1* HSE 2012 www.hse.gov.uk/doctors/forms.htm
- 10 *The Management of Health and Safety at Work Regulations 1999* SI 1999/3242 The Stationery Office www.legislation.gov.uk/ukxi/1999/3242/contents/made
- 11 *Safe work in confined spaces. Confined Spaces Regulations 1997. Approved Code of Practice and guidance L101* (Third edition) HSE Books 2014 www.hse.gov.uk/pubns/books/l101.htm
- 12 *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
- 13 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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