

Accidental Work Exposure

- Many work activities have the potential to produce hazardous airborne concentrations if not adequately controlled; some activities may contaminate the surrounding area.
- Accidental exposure may occur in the demolition, maintenance or renovation of buildings and plants this may arise from the disturbance of insulation material boilers and pipes and insulation board for protecting against fire.
- Where such exposures occur environmental monitoring for asbestos fibre concentration and type will be required by a competent contractor.
- Where such exposures are identified the Safety team or Occupational Health may be able to offer advice on the relative risks dependant upon knowledge of the process, material disturbed, fibre type and airborne fibre levels.

Baseline Medical Check following confirmed exposure

The condition of most concern following an accidental exposure is mesothelioma.

This has a latent period of 30-40 years and **no effective health surveillance approach helps detect the condition enabling effective early treatment.**

However to establish baseline health status after a significant exposure the following procedures are recommended;

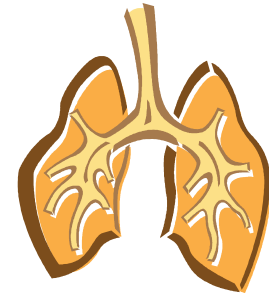
- Medical and occupational history
- Completion of respiratory questionnaire
- Spirometry
- Smoking history

The examining OH professional should counsel the individual appropriately and ensure copies of all results and a letter of explanation, is sent to the GP with the individuals written consent under the Access to Medical Reports Act 1988.

Accidental exposures should be reported by Health & Safety under the RIDDOR dangerous occurrence provisions.

WEST MIDLANDS FIRE SERVICE

ASBESTOS EXPOSURE INFORMATION LEAFLET



**Occupational Health Department
339 Moseley Road
Highgate
Birmingham
B12 0DP**



0121 446 4440



0121 440 4427

TYPES & EFFECTS

The term 'asbestos' relates to six different fibrous minerals with similar chemical constituents.

Chrysotile (white), amosite (brown) and crocidolite (blue) are the only commercially used fibres.

Chrysotile (white) accounted for 95% of the asbestos mined worldwide and is the most prevalent.

Asbestos-related disorders range from the benign to the rapidly fatal including:

- benign pleural plaques
- Lung pleural thickening
- asbestosis
- lung cancer
- mesothelioma

DIAGNOSIS IS BASED ON A HISTORY OF ASBESTOS EXPOSURE, CLINICAL, RADIOLOGICAL AND/OR BIOPSY FINDINGS.

DEFINITION OF 'EXPOSURE'

Environmental Exposure

Concerns may be raised by individuals who find they have been working in buildings utilizing asbestos as a construction material but which has not been disturbed by maintenance work or significant age-related degeneration.

Accidental Workplace Exposure

Concerns may be raised by individuals exposed during renovation work on contaminated buildings or other staff exposed during such work related activity.

CERTAIN OCCUPATIONAL GROUPS ARE DEFINED OPERATIONS AS 'ASBESTOS WORKERS' BY THE CONTROL OF ASBESTOS AT WORK REGULATIONS 1987 (AMENDED IN 1992) AND REQUIRE SPECIFIC REGULAR HEALTH SURVEILLANCE. SUCH WORKERS ARE NOT CONSIDERED WITHIN THIS GUIDELINE.

ENVIRONMENTAL MANAGEMENT

- Inspection and environmental sampling by a competent contractor should take place. Confirmation that no asbestos material degeneration or excessive environmental asbestos fiber levels is given.
- Environmental levels of asbestos exposure are unlikely to cause asbestosis. Any excess of lung cancer due to asbestos exposure is disputed in the absence of asbestosis.
- It is possible that environmental exposures may lead to mesothelioma but the additional risk over background rates of disease is likely to be very small.
- In many cases where asbestos has been found in building materials in occupied buildings the indoor air concentration of asbestos fibers has been found to be similar to that in the general environment.
- In such cases staff can be reassured that the risk is very small and no further action is necessary.

