

CONNECTION

Issue No. 2 | September 2018 | 10th Volume

“Solid Solutions Seeking Sustainability”

Highlights!

- Dr. Bruce Packard recently recertified as a Medical Review Officer.
- Mr. Gerry Luther has been inducted into the ASSP Region III Hall of Fame.

CONGRATULATIONS!!! Three of the Hall of Fame - Joel Tiejens, Gerry Luther III Vice President, Steven Gray. Not Skipper Kendrick. (August 2018).



six inductees into the ASSP Region III and Rixio Medina. Inducted by Region pictured - Eddie Greer, Del Tally and

Article 1

Silica

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Article 2

Silica Exposures from “Fiber-Cement” Products

“Fiber-Cement products are the replacement for asbestos cement products in the construction industry. Siding and backer boards are the most common fiber-cement products...” “The data indicates even HEPA systems would have some exposures above the TLV®.”

Article 3

Is Your Drug and Alcohol Policy Up To Snuff?

Until the end of 2018, *Caliche* is offering the services of Dr. Packard to review your written Drug and Alcohol Policy for FREE and with no obligation.

Article 4

OSHA’s Enforcement Launch for Respirable Crystalline Silica

“...Contact the Office of Health Enforcement at (202) 693-2190 with any questions regarding enforcement of the new silica rule.”

SILICA

BY: Frank M. Parker, III – CIH, CSP, PE, BCEE

Silica, also known as quartz and free silica, has a long history of causing occupational lung diseases starting with tradesmen in ancient times. The most common disease is silicosis – basically a filling up of the lung's air spaces plus significant scarring of the lung tissue. An epidemic of silicosis in England's pottery industry in the mid-19th century led to England's passing their equivalent of OSHA regulating work place environments. Normally, silicosis requires silica exposures over a long period of time. However, with the advent of power tools, especially sand blasting, acute silicosis can occur from relatively short exposure periods. The International Agency for Research on Cancer [IARC] also confirmed silica as a human carcinogen in 1997. Silica has also been shown to accelerate the disease process of Tuberculosis. This is of special concern here in the Gulf Coast where many construction workers are recent immigrants from developing countries where Tuberculosis is endemic. Consequently, it is recommended that all workers potentially exposed to silica should be screened for Tuberculosis.

Silica Exposures from “Fiber-Cement” Products

BY: Frank M. Parker, III – CIH, CSP, PE, BCEE

Fiber-Cement products are the replacement for asbestos cement products in the construction industry. Siding and backer boards are the most common fiber-cement products and are made by a variety of manufacturers including Certain Teed, James Hardie, and GAF. These products contain silica which is released whenever the products are disturbed by sawing, drilling, sanding, cut with power shears, or even when nailed.

Recently we have completed a review of the literature, OSHA submittals and other relevant material concerning occupational exposure concentrations generated from disturbing fiber-cement products. The results indicate significant concentrations are created.

Silica Exposure Data [OEL *=0.025 (mg/m³)]

Task	Number Samples	High [mg/m ³]	Low [mg/m ³]	% >OEL**
Sawing-No Controls	40	1.002	0.007	69
Sawing-HEPA Vacuum	36	0.05	0.007	9.3
Sawing-Bucket	24	0.064	0.007	30.4
Installing	4	0.049	0.005	20.7

*ACGIH® TLV®

** Based on 8 hour exposure

In addition, NIOSH reports one 15 minute sample of 4.94 mg/m³ [197.6 times the OEL] collected while a worker was cutting four stacked boards at the same time with a circular saw. NIOSH also reported two samples of 0.04 and 0.06 mg/m³ [1.6 and 2.4 times the OEL] collected while cutting single boards with a shear.

The 2016, OSHA Silica Regulation [29 CFR 1923.1153] addresses fiber-cement products in Table 1 (iii). OSHA requires no respiratory protection for sawing fiber-cement as long as tasks are performed outdoors and you use a, “saw equipped with commercially available dust collection system”. OSHA does not require the dust “collection system” to use a HEPA filter. These data indicate even HEPA systems would have some exposures above the OEL.

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Consequently, one should always use a HEPA filter based “collection system” attached to any tool used to cut fiber-cement products. Out of an abundance of caution, respiratory protection is recommended even when using a HEPA system. Respiratory protection is also recommended for all other activities disturbing fiber-cement products until actual exposure data indicates exposures are consistently less than the OEL. Finally, given that silica is a carcinogen and the “safe concentration” for all workers is unknowable, respiratory protection is recommended anytime fiber-cement products are disturbed.

Is Your Drug and Alcohol Policy Up to Snuff?

BY: DR. BRUCE PACKARD, MD, MPH
CERTIFIED MEDICAL REVIEW OFFICER

How much do you spend on drug and alcohol related problems in your workplace? Is your Drug and Alcohol Policy effective? Have you kept up with the changing regulatory issues surrounding drug and alcohol regulations? How can *Caliche, Ltd.*, help you maximize your Drug and Alcohol Policy?

Drugs and alcohol impact almost every employer. How you might ask? According to the National Council on Alcoholism and Drug Dependence, Inc., four major areas of impact include fatal accidents, increased injuries, absenteeism and loss of production. However, the signs of drugs and alcohol in these situations are often subtle and often overlooked. That is because the impact comes from a combination of many factors, including tardiness, sleeping on the job, poor decision making, loss of efficiency, theft, impact to the moral of the co-workers, disciplinary issues, higher turnover, and training costs. Additionally, family members with substance abuse problems can impact the performance of your employee and your bottom-line. In my years as an Occupational Health Physician and a certified Medical Review Officer, I have seen all of these situations and the resulting impact to the employee and the company. The National Safety Council has developed an online tool to help you assess the “Real Cost of Substance Abuse in Your Workforce” (<https://www.nsc.org/forms/substance-use-employer-calculator>).

Is your Drug and Alcohol Policy effective? Not all policies are created equally. National studies show that companies within the same business sector can have vastly different rates of substance abuse for the same type of work. Why, the company implementation of their Drug and Alcohol Policy has a significant impact. Additionally, workers rejected at one company or unwilling to abide by solid Drug and Alcohol Policies will often stay in the same business sector but seek out a company with weaker policies. Ensuring your policy is effective is one of the best ways to ensure that you maximize your talent pool and their focus on safe work practices.

Is your Drug and Alcohol Policy current? Substance use is a sensitive issue, but as you know, there are issues with opioid abuse and a shifting regulatory climate. How are you dealing with these changes?

How can *Caliche, Ltd.*, help you? Until the end of the year, *Caliche* is offering the services of Dr. Packard to review your written Drug and Alcohol Policy for FREE and with no obligation. He recently recertified as a Medical Review Officer and previously helped to manage the Drug and Alcohol Program at a fortune 500 company. Contact Office Manager, Karen Warsitz (kwarsitz@calicheltd.com), to schedule your review or for further information.

OSHA's Enforcement Launch for Respirable Crystalline Silica

The following OSHA letter constitutes OSHA's interpretation of the requirements discussed. To keep apprised of such developments, consult OSHA's website at <http://www.osha.gov>.

June 7, 2018

MEMORANDUM FOR:

REGIONAL ADMINISTRATORS

FROM:

GALEN BLANTON

Acting Deputy Assistant Secretary

SUBJECT:

Enforcement Launch for the Respirable Crystalline Silica Standard in General Industry and Maritime, 29 CFR § 1910.1053

Most provisions of the Respirable Crystalline Silica standard for general industry and maritime, 29 CFR § 1910.1053, become enforceable on June 23, 2018. The standard establishes a new 8-hour time-weighted average (TWA) permissible exposure limit (PEL) of 50 $\mu\text{g}/\text{m}^3$, an action level (AL) of 25 $\mu\text{g}/\text{m}^3$, and associated ancillary requirements.

During the first 30 days of enforcement, OSHA will assist employers that are making good faith efforts to meet the new standard's requirements. If upon inspection, it appears an employer is not making any efforts to comply, compliance officers should conduct air monitoring in accordance with Agency procedures, and consider citations for non-compliance with any applicable sections of the new standard. Any proposed citations related to inspections conducted in this 30-day time period will require National Office review prior to issuance.

Additionally, to ensure effective implementation and uniform enforcement of the new standard, OSHA has developed interim inspection and citation guidance to be released in the coming weeks. Regional offices are advised to contact the Office of Health Enforcement at (202) 693-2190 with any questions regarding enforcement of the new silica rule.

Blanton, G. (2018, June 7). Enforcement Launch for the Respirable Crystalline Silica Standard in General Industry and Maritime, 29 CFR § 1910.1053. Retrieved from: <https://www.osha.gov/laws-regs/standardinterpretations/2018-06-07>.

Every "employer" has the obligation to comply with OSHA regulations. However, it is well recognized that government regulations are usually well behind the state of the art and knowledge of science. Consequently, we recommend using more current guidelines and national standards (ACGIH-TLV®; NIOSH-REL, etc.) where applicable.