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PLAINTIFF'S EXHIBIT

SH-2684

June 8, 1989

See Attached Distribution List

Subject: HS&E Procedure for Injury and Illness Recordkeeping

Attached for your implementation is the expanded (June 1989) HS&E Procedure for Occupational Injury and Illness Record Keeping recently approved for use by all functions and organizations. An HS&E Procedure is subject to audit during the Compliance Assurance Review process.

The purpose of this expanded Procedure is to help Shell recordkeepers understand and follow the 1986 BLS Recordkeeping for Occupational Injuries and Illnesses (the "blue book"). The Procedure refers to and reinforces key paragraphs and statements of principle in the BLS guide. It also provides guidance for some subjects OSHA and BLS have not adequately addressed, and calls attention to certain Shell internal procedures and resources helpful to the recordkeeping and decision making processes.

All sections of the original Procedure are included in the text without change. Five new sections have been added, beginning at the heading, "Date of Occurrence for Log Purposes", on page 5. These new sections highlight certain OSHA and BLS instructions and discuss three particular types of cases: asbestos-related illnesses, medical removal cases, and hearing-related injuries and illnesses.

The personnel responsible for recordkeeping decision making should be provided copies of this HS&E Procedure to be used in conjunction with the BLS Guidelines.

Yours very truly,

K. C. Crawford

K. C. Crawford
Sr. Staff Engineer,
Products Health & Safety

KCC:bjd

Attachment

LAM 011087

BJT8915701 - 0001.0.0

DPMC-07463

cc: Head Office
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Geismar Plant	- Manager, Health, Safety & Environment
Martinez Complex	- Manager, Health & Safety
Norco Complex	- Manager, Health & Safety
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HS&E PROCEDURE

FOR

OCCUPATIONAL INJURY AND ILLNESS RECORD KEEPING

(According to BLS-86 Guidelines)

EFFECTIVE JANUARY 1, 1987

AMENDED JUNE 1989

SHELL OIL COMPANY
DIVISIONS
AND SUBSIDIARY COMPANIES

PREAMBLE

In September 1986, the Bureau of Labor Statistics (BLS) published Recordkeeping Guidelines for Occupational Injuries and Illnesses, revising and replacing the 1978 BLS Guideline known as Report 412-3. The Office of Management and Budget (OMB) has indicated that these new Recordkeeping Guidelines are supplemental instructions to the mandatory OSHA recordkeeping forms. The existing instructions on the OSHA 200 recordkeeping form are specifically referenced by Federal regulation 29CFR 1904.2(a). The new Recordkeeping Guidelines, positioned as supplemental instructions, may have greater regulatory significance than Report 412-3 and its precursors.

The Shell OSHA Statistics Recording Guide has served as Shell's guideline for OSHA injury/illness recordkeeping. The Shell OSHA Statistics Recording Guide is now being replaced by the new BLS Guidelines.

This HS&E Procedure is intended to assist transition to the new BLS Guidelines. The transition should be effected immediately and be in place by January 1, 1987.

These instructions are provided to Shell Oil Company Subsidiary Companies as a service pursuant to a Service Agreement.

> An HS&E Procedure is a document describing a particular way of accomplishing an activity, which has been developed to assist effective implementation of that activity throughout Shell. A procedure may be modified to adapt to needs of a specific organization by agreement between that organization and the responsible HS&E department. This HS&E Procedure has been approved by the HS&E Safety and Industrial Hygiene Manager and by the functional managers responsible for this particular health and safety issue.

HS&E PROCEDURE FOR OCCUPATIONAL INJURY AND ILLNESS RECORD KEEPING
(According to BLS-86 Guidelines)

GENERAL

OSHA requires, and Shell has in place, systems to record occupational injuries and illnesses. Experienced recordkeepers are familiar with the concepts. Nevertheless, those persons responsible for recordkeeping decisions must understand the entire new BLS Guidelines, particularly Chapter V which deals specifically with recordability decision-making criteria. The decision-making logic chart (p. 29) is unchanged, as are the basic concepts. However, there are changes and clarifications that must be understood to ensure that decisions are in accord with the BLS Guidelines. The most important are addressed below.

WORK RELATEDNESS (Chapter V, Section C, p. 32-37)

The BLS Guidelines assert that any injury or illness occurring on the employer's premises is presumed to be work related. Certain exceptions are noted (§C-2 and §C-3, p. 33). Further, this presumption is rebuttable (§C-7 and §C-8, p. 34), but only within narrow limits.

Shell recordkeepers shall strictly adhere to the guidelines in Section C but may rebut the work-related presumption when facts justify. On-premises cases and other questionable work-related cases shall be entered in the log within the time frame stated in the law (six workdays). If, after investigation, an incident is judged not to be work related, the entry may be lined out with an appropriate notation. The supporting documentation must be retained.

INJURIES

Medical Treatment (Chapter V, Section F.1, p. 42-43)

Differentiation between medical treatment and first aid should be made in strict compliance with the criteria given. Note in particular that certain therapies on the second or subsequent visit, or any prescription medication provided (except a single dose administered on first visit for minor injury or discomfort) are considered to be "medical treatment" and thus the basis for recording such cases (see also §F-15, p. 45).

Restriction of Work or Motion (Chapter V, Section F.3, p. 43)

The operational decisionmaking criteria from the BLS Guidelines are "...Unable to perform all or any part...of the normal assignment... during all or any part of the workday or shift." Emphasis is on the employee's inability to "perform all duties normally

connected with" his or her job (ref. instructions on the OSHA 200). Recordkeeping decisions shall be made in strict compliance with these criteria.

Transfer To Another Job (Chapter V, Section F.4, p. 43)

Any change in schedule, or assignment, or any alternative duty including a job-swap, shall be considered a transfer and hence recordable.

Distinguishing Injuries From Illnesses (Chapter V, Section D, p. 37-38)

Injuries result from a "single instantaneous incident" (§D-3, p. 38). Everything else is an illness, and every illness is recordable.

ILLNESSES

New concepts developed in the BLS Guidelines substantially alter what must be recorded as an occupational illness. While the definition of illness has always included the phrase "any abnormal condition or disorder," BLS now provides additional interpretations in certain areas.

Distinguishing Illnesses from Injuries

BLS asserts that an "abnormal condition or disorder" that results from anything other than a "single instantaneous incident" is an illness (not an injury) and must be recorded if work exposure is determined to be the cause or contributing factor. Recordkeeping shall be in accord with these criteria.

Abnormal Conditions

BLS asserts that an illness need not be diagnosed by a physician. Rather, any person qualified by experience or training may "recognize" a condition. If work exposure is determined to be the cause or contributing factor, the condition must be recorded as an occupational illness.

Whenever an occupational illness is suspected, "recognized," or discovered by any means, prudent concern for the employee suggests that a physician review the case to confirm that "abnormal conditions or disorders" do exist (or did exist). If the physician confirms such findings, and if subsequent investigation determines that work exposure is the cause or the contributing factor, the case is recordable.

Illness Recording

The instructions on the OSHA 200 log require that information be recorded about every occupational illness. Any report of a suspected occupational

illness should trigger appropriate entries on the log sheet in the Illness section (Columns 7-13) within six workdays. If no physician evaluation is obtained, a "recognized" work-related illness shall remain logged. If a physician's evaluation does not confirm the reported illness condition, the log entry may be lined out. Likewise, an entry may be lined out if investigation reveals no causal or contributory work-related exposures (§E.2, p. 40). Preventive transfers to remove an employee from further exposure that may cause an illness are not recordable (B-6 and B-7, p. 30).

Date of Occurrence for Log Purposes

A recordable injury or illness is to be posted to the OSHA 200 log for the year when that injury or illness occurred. Since logs must be maintained for the current year and the previous five years, there may be occasions (particularly for recordable illnesses) when cases will be posted to logs for prior years.

For an occupational injury, post the case to the log for the year when the work accident occurred. For an occupational illness, post the case to the log for the year corresponding to (1) the date of initial diagnosis of the illness, or (2) if absence from work occurred before diagnosis, the first day of absence attributable to that illness (ref. instructions on reverse of log sheet and BLS-86 p. 9).

Illnesses Involving Termination or Permanent Transfer

For illnesses only, when a termination or permanent transfer is involved, an asterisk (*) is to be placed by the "Type of Illness" checkmark for that case on the log sheet (ref. paragraph preceding A-1, p. 12).

Asbestos-Related Illnesses

A common indication of asbestos exposure on a chest x-ray is the pleural plaque, a type of localized scarring of the outer lining of the lungs. The BLS Guidelines consider pleural plaque(s) to be an occupational illness (ref. §E-8 and §E-9, p. 41).

Therefore, a diagnosis of pleural plaque(s) or pleural calcification -- or asbestosis or probable asbestosis or any other asbestos-related disease -- is sufficient cause for that case to be recorded on the OSHA 200 log. Placing a checkmark in Column 7b on the log sheet identifies the Type of Illness as "Dust diseases of the lungs" (ref. p. 60).

Corporate Medical has established protocols for review and evaluation of medical conditions which may be related to asbestos exposure. If asbestos-related disease is confirmed, the OSHA record keeper will be notified of the diagnosis in writing and instructed by Corporate Medical or the consulting physician to log the case.

Exposures to Harmful Substances - Medical Removal

An incident of employee exposure to a harmful substance, in and of itself, is not recordable on the OSHA log. However, an exposure incident may result in a recordable injury or illness as generally defined, or as required by a certain standard (ref. §B-6, p. 30).

Shell Corporate Medical Department has protocols for a number of medical surveillance programs for employees who may be exposed to various substances in their workplaces. Some of these programs are required by specific regulations; others have been established on the basis of good medical practice. When a surveillance program identifies an abnormal condition or a potential problem for an employee, several options are available to the consulting physician. One of these options is medical removal -- transfer of the employee to another work area or another job to prevent additional exposure.

When medical removal is required by a specific OSHA standard, the employee condition which necessitated the transfer is considered to be an illness, and the case must be recorded on the OSHA log. Examples:

> Lead - When an employee's blood-lead level exceeds 50 micrograms (μg) per 100 grams of whole blood, the employee must be removed from work having an exposure to lead at or above the action level [ref. 1910.1025(k)(1)(i)(D)]. The BLS Guidelines state that test results exceeding 50 μg/100 g (the medical removal criterion) are recordable -- as are certain other symptoms or treatments of lead poisoning (ref. E-7, p. 41). Check Column 7d (Poisoning) for Type of Illness on the log sheet.
>
> Benzene - A persistent blood count abnormality, as defined in 1910.1028(i)(5)(ii), generally requires that the tested employee be referred to a hematologist or an internist. The act of referral by the examining physician requires medical removal of the employee from areas where benzene exposures exceed the action level, and triggers entry of the case on the log as a recordable illness, with a checkmark in Column 7d (Poisoning). If the consultant finds that the abnormality which triggered referral was not due to work-related benzene exposure, and that medical removal thus was not necessary, the case may be lined out on the log.

Transfers to other work areas or other jobs to remove employees from further exposure to hazards are not always recordable. If the transfers are preventive (such as "administrative control" of exposure time during a work shift, or to prevent development of adverse health effects), they are not recordable unless mandated by a particular standard (ref. §B-7, p. 30). Generally, removal for observation, evaluation, or prudent concern (e.g., because of potential ill effects, or to prevent exposure to embryo-fetotoxins) is not considered recordable.

Hearing Loss or Hearing Impairment

OSHA regulations contain no specific criteria for recording work-related hearing loss, and BLS-86 offers little guidance beyond the general principles which apply to all types of injury and illness cases. All reports of possible work-related hearing loss or hearing impairment should be documented and investigated, and the employee's condition should be evaluated (see "Abnormal Conditions," p. 4 of this Procedure).

Investigation and evaluation provide the basis for record keeping decisions:

Workers Compensation Settlements - In the absence of specific OSHA or BLS guidelines, Shell's position is that a workers compensation settlement for work-related or alleged work-related hearing loss or impairment is to be entered on the OSHA log as a recordable injury or illness.

All Other Cases (including those for which compensation might be considered later) should be classified in one of the following categories for OSHA purposes:

(1) not work-related, thus not recordable (for example, could be the result of a non-occupational event or exposure, or the effect of a non-occupational disease or ototoxic drugs, or some other cause not related to work).

(2) work-related injury, recordable only if it meets one or more of the criteria for recording an injury (i.e., medical treatment, or loss of consciousness, or restriction of work or motion, or transfer to another job). Ref. BLS §D, p. 37, and §E-10, p. 41.

(3) work-related illness, recordable on basis of temporary or permanent hearing impairment confirmed by the physician evaluating the case. Examples: tinnitus, sound or speech distortion, CNS-related disorder.

A temporary or permanent threshold shift found by audiometric testing is not, in and of itself, a recordable case.