Attachment II

Shell Oil Company

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PLAINTIFF'S EXHIBIT
SH-1321

April 28, 1989

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SUBJECT: RECORDKEEPING GUIDELINES FOR OCCUPATIONAL INJURIES AND ILLNESSES

Attached is the latest proposal for an amended HS&E Procedure for Implementing BLS Recordkeeping Guidelines for Occupational Injuries and Illnesses. Your comments at the March 28 S'G meeting, and subsequent written responses to our April 10 revised version, have been considered in this latest revision. No changes have been made in the document before paragraph headed "Date of Occurrence" on Page 5.

We will seek your approval of the amended Procedure at the May 2 S'G meeting. As agreed earlier, all provisions of the Procedure, including the guidance in the new sections, will be applicable to all cases with dates of occurrence on or after January 1, 1984. We would appreciate your questions or concerns, if any, before the May 2 meeting.

Yours truly,

J. L. Rivard, Manager
Regulations & Safety Services

JLR/QJM:lfw

Attachment

LAM 024167

ABS-007347

CAS8911702 - 0001.0.0

cc: B. F. Aurelius
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LAM 024168

ABS-007348

CAS8911702 - 0002.0.0

SHS&E PROCEDURE

FOR

IMPLEMENTING BLS

# RECORDKEEPING GUIDELINES FOR

# OCCUPATIONAL INJURIES AND ILLNESSES

EFFECTIVE JANUARY 1, 1987

AMENDED APRIL 1989

SHELL OIL COMPANY
DIVISIONS
AND SUBSIDIARY COMPANIES

LAM 024169

ABS-007349

CA8909701

## 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 IMPLEMENTING BLS RECORDKEEPING GUIDELINES FOR OCCUPATIONAL INJURIES AND ILLNESSES

## 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

**LAM 024171**

### 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.

**LAM 024172**

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" (re. 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.