

SAFETY AND FIRE PROTECTION DIVISION BULLETIN

EMPLOYEE
RELATIONS
DEPARTMENT
WILMINGTON,
DELAWARE

*New procedure
on its way*

Bulletin No. 115
Issued 1981-05-07

922

Cyphers	_____
Wood	_____
Sutphen	_____
R	_____
Ehrman	_____
Farnsworth	_____
Kennedy	_____
Low	_____
Loyd	_____
Sims	_____
Targac	_____

RECORDKEEPING - OCCUPATIONAL ILLNESS

The purpose of this bulletin is to clarify classifying and reporting of occupational illnesses, particularly those related to asbestos exposure, and how they affect safety performance records and corporate safety awards.

Greater sophistication in identifying asbestos-related findings plus broad interpretations in the U.S. by OSHA of what is recordable on the Log 200 resulted in N. K. Walters' letter of November 19, 1980 (attached). Since its issue, the need for several changes in Safety & Fire Protection Guideline 11.1 have become apparent.

The following paragraphs replace current Sections 2.3.1 to 2.3.6 in S&F Guideline 11.1 (80-08).

2.3

Occupational Illness

Any disorder with accompanying impairment, not resulting from an injury, caused by environmental factors associated with employment. Skin disorders, although they may not always cause impairment, are illnesses.

2.3.1

Occupational illnesses are to be reported as Medical Treatment (or Restricted Workday or Lost Workday) cases and tabulated in corporate safety statistics only if:

- Du Pont accepts causality (see 2.3.1.1), and
- Initial exposure occurred after April 28, 1971; and
- The latency period has been satisfied since initial exposure.

If Du Pont accepts causality but either of the other criteria are not met, the case is considered Not For Record (NFR - see attached).

DUP 0810373

2.3.1.1

Du Pont acceptance of causality is based solely on a determination that the employee could have had significant potential Du Pont exposure and that the latency period since the first Du Pont exposure has been satisfied prior to the manifestation of the illness or abnormal condition. Significant potential exposures are those which site management has determined could have been a determining factor in the illness. The Safety and Fire Protection Division and the Corporate Medical Division should be consulted as appropriate.

2.3.2

The illness date shown on company reports (G-105, G-108, G-110, G-111) is the date of medical diagnosis, first restricted workday or first lost workday, which ever comes first.

2.3.3

If a tabulatable illness which was originally a medical treatment case results in a restricted or lost workday case, a G-105 or G-111 should be submitted to the Safety & Fire Protection Division. See 3.8.

2.3.4

If a tabulatable illness originally classified as Medical Treatment or Restricted Workday Case results in a Lost Workday Case, exposure hour records will be corrected to the date of initial medical diagnosis unless a Lost Workday Case has occurred since the diagnosis. Safety award eligibility will be affected unless the reclassification occurs more than five years after initial diagnosis or there has been an intervening Lost Workday Case.

2.3.5

Tabulatable illnesses will affect the exposure hour record of the site of original exposure. Thus, if an employee is exposed, transferred, and loses time, the first site's record is affected.

2.3.6

Pensioners are not employees. Their illnesses are not tabulatable.

2.3.8

THE 2.3.8 PARAGRAPHS APPLY TO THE U.S. ONLY.

2.3.8.1

OSHA recordkeeping was legally required in the United States beginning April 28, 1971. This is the date generally accepted by major U.S. companies to "begin" recordkeeping under the OSHA system.

Only illnesses for which Du Pont accepts causality should be logged. OSHA regulations required logging within six days of a site's receipt of information that a recordable illness has occurred (i.e., the date that management determines after examining medical reports and work histories that an illness is occupationally related). Note that under Log 200 column entitled "date of onset of illness," the date of medical diagnosis should be entered, not the date causality was determined.

2.3.8.2

Not For Record illnesses are to be logged on OSHA 200, and designated N.F.R.-MTC,-RWC or-LWC as appropriate (refer to attachment).

If loss of time is necessitated or workers' compensation will be paid, a G-105 N.F.R. should be filed (refer to attachment).

2.3.8.3

Logs must be retained for a five-year period. Thus, if an illness originally logged either as a Tabulatable or a N.F.R. Medical Treatment Case results in a Restricted or Lost Workday Case, the log should be amended if the date of medical diagnosis was during any one of the previous five years.

If an employee originally diagnosed as a Tabulatable or N.F.R. Medical Treatment or Restricted Workday Case is pensioned and needs hospitalization within five years of the diagnosis, no change shall be made to the Log 200. See 2.3.6.

2.3.8.4

G-105 LWC report forms should be filed when workers' compensation will be paid. Part 10 of the Du Pont Service Manual outlines how to handle costing.

If no time is lost and there is acceptance of Du Pont causality, the report should be designated F.A.O. (tabulatable) or N.F.R. If Du Pont causality is denied but workers' compensation is awarded, the report should be designated N.T. (refer to attachment).

2.3.8.5

Asbestos Only

Benign asymptomatic, benign symptomatic and malignant asbestos-related cases with accepted Du Pont causality should be logged.

2.3.8.5.1

If an asbestos-related condition was diagnosed in any one of the previous five years but was not logged, it should be added to the log kept during the year the medical diagnosis was made.

DUP 0810375

2.3.8.5.2

A benign asymptomatic asbestos-related case is to be logged as "asbestos-related abnormality." Although the Medical Division does not regard benign asymptomatic cases as "illnesses," they are being logged because OSHA maintains these cases are recordable.

This information will be included in a revision to Safety and Fire Protection Guideline 11.1. If you have further questions, please notify the Safety and Fire Protection Division. The Safety and Fire Protection Division and Medical Division of the Employee Relations Department will review injury and illness recording and reporting on their respective surveys of company units to assure consistent application of Corporate Guidelines.

Questions concerning injury/illness reporting and recording may be addressed to J. I. Weir, 774-2234 or D. G. Windsor, 774-5050.

SAFETY AND FIRE PROTECTION DIVISION



Ned K. Walters, Director

/eml

Attachment

TO: SAFETY & FIRE PROTECTION SUPERVISORS, PLANT MANAGERS,
LABORATORY DIRECTORS, CONSTRUCTION PROJECT MANAGERS,
WAREHOUSE & BRANCH OFFICE MANAGERS, MARKETING DIRECTORS,
P&IRD MANAGERS, WILMINGTON OFFICE CENTRAL SAFETY COMMITTEE
CHAIRMEN AND DEPARTMENTAL OSH COMMITTEE MEMBERS

DUP 0810376

DU 009366

ATTACHMENT TO S&F BULLETIN 115

DEFINITION OF N.T., F.A.O., AND N.F.R. REPORTS

F.A.O. or For Accounting Only reports cover cases where the company admits the injury or illness to be work related but considers it not of "lost workday" severity (employee stays away from work voluntarily or on advice of national health or personal physician). In the U.S., F.A.O. is also used when workers' compensation is awarded for a medical treatment or restricted workday case. F.A.O. cases are included in corporate statistics based on the original classification. Use G-105 form and mark F.A.O. after the P.I. number.

LATENCY PERIOD - The interval between time of initial causal exposure and appearance of abnormality or illness related to the exposure. Different for each abnormality or illness. (Du Pont Medical considers asbestos related abnormality latency period is ten years.) Corporate Medical should be contacted for latency period information.

N.F.R. or Not For Record reports is a new term and covers cases recorded for legal purposes only. N.F.R. is used for illnesses with Du Pont accepted causality when the exposure after April 28, 1971 does not satisfy the latency period and for cases with the only exposure prior to April 28, 1971. N.F.R. cases are not included in corporate statistics. When workers' compensation payments are required for N.F.R. cases, use form G-105 and mark N.F.R. after the P.I. number.

N.T. or Non-Tabulatable reports cover those cases alleged by the employee as being work related but denied by the company. Such cases are not included in the corporate statistics nor on the OSHA Log 200 (U.S. only). Use G-105 form and mark N.T. after the P.I. number.

TABULATABLE - This signifies an occupationally related injury or illness is included in corporate statistics. A tabulatable injury is one which occurred after April 28, 1971. A tabulatable illness is one which the initial exposure occurred after April 28, 1971 and the latency period since initial exposure has expired.

DUP 0810377



cc: EOC Members

E. I. DU PONT DE NEMOURS & COMPANY

WILMINGTON, DELAWARE 19898

EMPLOYEE RELATIONS DEPARTMENT

November 19, 1980

RECORDING ASBESTOS-RELATED CONDITIONS ON OSHA FORM 200

In light of an intensified medical detection program to identify asbestos-related conditions, additional cases of asbestos-related abnormalities and illnesses will probably be revealed.

Safety & Fire Protection Guideline 11.1, "Classifying and Reporting Occupational Injuries and Illnesses", Section 2.3, describes conditions which must be met for tabulating and logging on OSHA Form 200 (U.S. only) occupational illnesses. In applying this paragraph, all Du Pont work-related instances of asbestos-related abnormalities, whether judged "benign asymptomatic", "benign symptomatic", or "malignant", should be considered tabulatable and recorded on Form 200 (U.S. only). Tabulating and recording the benign asymptomatic abnormality is a change in practice.

Du Pont's Medical Division does not regard the Benign Asymptomatic Abnormality as an illness, and thus, our practice has been that of not logging. OSHA, however, maintains that this condition is loggable and has issued citations for failure to log.

The change in logging practice is an administrative procedural change to avoid future citations, and does not reflect a change in Medical Division's position on the significance of the benign asymptomatic condition.

The attached Guidelines "For the Management of Chronic Occupational Illnesses" and "For the Diagnosis and Classification of Asbestos-Related Medical Cases", published by the Medical Division are provided as background information materials.

DU 009368

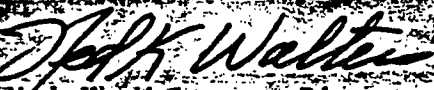
DUP 0810378

2

The past practice of submitting Non-Tabulatable G-105's for benign asymptomatic asbestos-related cases should be discontinued. Accounting for medical expenses is described in Part 10 of the Service Manual.

Questions on logging and classifying injuries and illnesses should be referred to D. G. Windsor, 774-5050, or J. I. Weir, 774-2234.

SAFETY & FIRE PROTECTION DIVISION



Ned K. Walters, Director

Attachments

TO: DEPARTMENT HEADS
OSH COORDINATORS
PRODUCTION/PLANT MANAGERS
LABORATORY DIRECTORS
SAFETY SUPERVISORS

DUP 0810379

DU 009369

GUIDELINES FOR THE MANAGEMENT OF
CHRONIC OCCUPATIONAL ILLNESSES

When a medical examination of an employee or pensioner suggests a chronic illness which might have arisen out of and in the course of Du Pont employment, the site physician and site management should implement the procedure stated below. Medical Division guidelines for specific causal agents should be consulted as appropriate.

1. DIAGNOSIS

The site physician should establish the diagnosis and degree of disability, if any, by a review of all pertinent data and consultation with the Medical Division. The diagnosis and degree of disability should be verified by appropriate medical specialists.

2. CAUSALITY

A comprehensive work history for the employee should be prepared by the site physician and site management and examined for a causal agent. Non-Du Pont exposures should also be identified where possible. It is the responsibility of site and departmental management, with advice from the Medical Division and appropriate consultants, to determine causality as promptly as possible.

This determination and the exposure history should be made a permanent part of the employee's medical record.

3. EMPLOYEE NOTIFICATION

The Du Pont Guidelines to Physicians on Informing Employees of Abnormal Findings should be followed and the employee or pensioner should be promptly notified of Du Pont's determination of causality. If there is an unavoidable delay in determining causality, employee notification of the known facts should not be postponed. Employee notification should be documented in the medical record.

4. MEDICAL MANAGEMENT AND COSTS

If the causality is related to Du Pont employment, and if a preempting national health plan is not in place, the site should accept the responsibility for costs of appropriate medical evaluation, follow up, and treatment.

In those cases in which causality has not been determined, site management may choose to assume the costs for appropriate medical evaluation by a medical specialist approved by site management.

If the causality is non-Du Pont, the case should be treated as any other non-occupational illness. The employee should be notified as stated above and assisted in seeking and receiving appropriate medical follow up with a private physician.

5. RECORDING REQUIREMENTS

A. U.S. - Recording in OSHA Log

An illness with a Du Pont causality should be logged in the OSHA log; an illness with a non-Du Pont causality should not be logged. Regulations require logging within

DUP 0810381

six working days of site management's receipt of information that a recordable illness has occurred (i.e., that the diagnosed illness has been determined to be occupationally related). The date of "onset of illness" on the OSHA Form 200 should be the date of medical diagnosis, not the date of determination of causality.

If there is a question as to whether a medical finding constitutes an "illness", the Medical Division should be consulted.

B. Non-U.S.

Applicable local regulations for reporting/recording should be determined and a procedure established by Subsidiary management. In the absence of any regulations, a logical recording system should be established in consultation with the Safety and Fire Protection and Medical Divisions.

6. DU PONT S&F TABULATION

Tabulation of work-related illnesses for purposes of Du Pont safety records should follow Safety and Fire Protection Division Guidelines.

7. EMPLOYEE COMPENSATION

When Du Pont causality has been established and disability exists, site management should promptly assist the employee in

- 4 -

obtaining workers' compensation or other state or federal disability benefits to which the employee may be entitled. Matters of employee compensation should be reviewed with Employee Relations and Legal through normal channels. Site job transfer and pay practices should be followed when an employee is temporarily or permanently placed on another job.

9/13/79

T - 4

DU 009373

DUP 0810383

GUIDELINES FOR THE DIAGNOSIS AND
CLASSIFICATION OF ASBESTOS-RELATED MEDICAL CASES

This guideline supplements the Guidelines for the Management of Chronic Occupational Illnesses (1).

This guideline covers those asbestos-related conditions listed below. Use of this classification should be restricted to those cases in which there is evidence of probable asbestos exposure.

- Benign Asymptomatic Abnormalities:

Pleural thickening and/or plaques and/or calcification with no evidence of parenchymal disease

- Benign Symptomatic Illnesses:

Presumptive asbestosis
Confirmed asbestosis
Exudative pleural thickening
Pleural effusion

- Malignant Illnesses:

Mesothelioma of the pleura or peritoneum
Carcinoma of the lung, larynx, or
gastrointestinal tract (stomach, colon)

A presumptive diagnosis of asbestosis is one in which there is good evidence of parenchymal disease due to asbestos exposure even though there is no interstitial fibrosis noted on x-ray. Such a case would include pleural x-ray changes, symptoms, abnormal spirometry and/or abnormal blood gases. Accepted medical practice and NIOSH guidelines suggest that a confirmed diagnosis of asbestosis should be made only with the presence of x-ray changes of interstitial fibrosis, symptoms (dyspnea, cough, etc.), physical

findings (rales, etc.), impaired pulmonary function (abnormal spirometry or blood gases), and a positive exposure history (2, 3).

A comprehensive history of probable exposure to asbestos and other pulmonary irritants should be obtained by the physician from the patient at the time of the examination. (This history will assist in the determination of causality as well as aiding in the diagnosis.) The history should include all possible pre-Du Pont occupational exposure and off-the-job asbestos-related exposure (4). A detailed evaluation of smoking habits should be made.

A supplemental work history should be prepared by site management listing all periods and/or circumstances of possible asbestos exposure. If the employee was not assigned to a job that involved handling asbestos-containing materials, an attempt should be made to determine whether the employee could have incurred exposure by working near an operation where asbestos dust was released. In determining when and whether causal exposure could have occurred, it should be borne in mind that asbestos-related disorders can result not only from long-term moderate exposure but also from short-term massive exposure.

In all cases where the tentative diagnosis is a benign symptomatic illness or a malignant illness and in other cases if the evaluation is inconclusive, the tentative diagnosis should be discussed with the Medical Division. Where appropriate, the site should use an approved medical specialist to carry out the additional testing or evaluation required to establish a diagnosis.

The scope of further testing will normally be determined by the specialist, but should include certain minimum tests. A suggested referral letter indicating these tests is attached.

Where an asbestos-related lung abnormality of Du Pont causality has been established, the follow up should at a minimum include a semi-annual posterior-anterior and lateral chest x-ray, and pulmonary function tests. If the employee refuses, this fact should be documented in the employee's medical record.

Those employees with confirmed asbestosis, exudative pleural thickening, pleural effusion or malignant illnesses should be excluded from tasks with potential for exposure to asbestos. Those with benign asymptomatic abnormalities need not be excluded. Those with presumptive asbestosis should be handled on an individual basis.

REFERENCES

1. Medical Division, Du Pont Employee Relations Department, "Guidelines for Physicians", Section T.
2. Preger, L., et al, "Asbestos-Related Disease", publisher Grune & Stratton, New York, 1978.
3. NIOSH, "A Guide to the Work-Relatedness of Disease", Rev. Edition, January 1979.
4. National Cancer Institute, "Asbestos: An Information Resource", May 1978.



Dear Dr. _____:

_____, an employee of the Du Pont _____, is referred for pulmonary evaluation. Chest x-ray findings have been interpreted as containing some abnormalities.

In your evaluation, the following minimums are requested:

- A detailed history of occupational and non-occupational exposures, including smoking history.
- Examination of the lungs.
- Review of recent chest x-rays that include right and left oblique views.
- Complete ventilatory function testing without and with a bronchodilator.
- Measurement of arterial blood gases at rest, and after exercise.
- A statement of your evaluation of the respiratory impairment, if any.
- The etiology of the condition.

Please send your bill for this service (examination, testing, and x-rays) and the report to me.

If the employee requests that a copy of your report be sent to his or her personal physician, please ask that this request be submitted in writing to me. A copy of your report will then be sent from our office.

Please return our x-rays by certified mail.

Very truly yours,

DUP 0810387