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SHELL OIL COMPAN

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SUBJECT OSHA ASBESTOS STANDARDS

The following comments are in response to questions which have recently arisen concerning the OSHA Asbestos Standards.

1. Which employees should currently be included in the medical examination program?

Studies are now under way which may help to clarify this issue. One major difficulty is immediately apparent. The standard states that examinations should be provided for employees "engaged in occupations exposed to airborne concentrations of asbestos fibers". Until OSHA quantifies what constitutes exposure, it remains almost impossible to delineate the employee group which should be examined. For the present, however, it appears reasonable and prudent to examine all employees who fabricate or install asbestos-containing insulation, or who otherwise handle asbestos on a regular and routine basis. For most establishments, this admittedly vague definition would seem to apply only to employees in the insulator craft. Work practices at some locations may make it wise to include some other employees not specifically known as insulators. The examination program should include, therefore, all insulators, plus other employees who may be determined to have a "more than usual" degree of exposure to asbestos fibers.

2. Employee access to medical records.

The standard is specific in limiting access to medical records, and an individual employee does not have this right of access. The employee requesting such access should be referred to the language of the standard. In practice, however, the employee will have access to these records through his personal physician at such time as his physician requests the information. Presumably, the records referred to in the standard consist only of those records generated through the required medical examination program.

3. Should employees be advised of examination results?

By all means. To refuse to do so is not only morally and ethically questionable, but could also involve some legal liability on the part of the Company. Refusal to advise the employee of examination results will also merely encourage employees to request that the results be furnished to their personal physicians. It is likely that a significant number of abnormalities will be uncovered during these examinations, and locations should devise locally appropriate means of informing the employee of these findings.

4. What should be the extent of the examination?

The examining physician should know that the standard specifies "...a comprehensive medical examination, which shall include, as a minimum, a chest roentgenogram (posterior-anterior 14 x 17 inches), a history to elicit symptomatology of respiratory disease, and pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second ($FEV_{1.0}$)". The Act does not define the term "comprehensive" as used above.

The physician should also be advised that the purpose of these examinations is to ascertain that the employee is not being injured through possible exposure to airborne asbestos. It is suggested that these examinations consist of the specific procedures outlined above, along with a routine general clinical examination, such as would ordinarily be performed for pre-employment purposes. Supplementary laboratory procedures should not be performed routinely, but left to the discretion of the examining physician when, in his opinion, there is valid indication for the procedures.

5. What written documentation of examinations should be utilized?

The examinations should be recorded on forms provided to the physician. One copy should be returned to the employee's location; one copy forwarded to: R. E. Joyner, M.D., Medical Director, Shell Oil Company, One Shell Plaza, P. O. Box 2463, Houston, Texas 77001; and a third copy to be retained in the physician's files, if he so desires. The copy returned to the Shell location should be placed in the employee's medical record (if one exists) or in some other file in which confidentiality can be maintained.

At the conclusion of the examination, the employee should be directly advised of all abnormalities revealed in the process of examination. Such disclosure should be made without conjecturing or theorizing with regard to the origin of abnormalities, but in sufficient detail as to insure that the employee will obtain additional diagnostic evaluation and treatment when indicated by the abnormalities. The Company should not assume financial liability for further diagnostic work and/or treatment until the case has been thoroughly reviewed by the location management.

6. Is the employee required to submit to medical examinations?

The standard does not so state. In this standard, as in all others with which I am familiar, the question is left unsettled. I think it is unlikely that OSHA will require employees to submit to examination if they can advance reasonable grounds for their refusal (e.g., religious objections).

If you have any further questions regarding these examinations, please let me know.

R E Joyner

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Medical Director

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