



E. I. DU PONT DE NEMOURS & COMPANY
INCORPORATED
WILMINGTON, DELAWARE 19898

POLYMER PRODUCTS DEPARTMENT

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PLAINTIFF'S
EXHIBIT
DUP-1835

March 13, 1981

PERSONAL AND CONFIDENTIAL

S. S. LORD - BEAUMONT
H. F. CANFIELD - CIRCLEVILLE
M. R. HARADON - CLINTON
R. P. HADEN - FAYETTEVILLE
M. S. EATON - FLORENCE
J. F. GLEITZ - GERMAV PARK
J. A. WILSON - HOUSTON
H. L. DEY - LOUISVILLE

P. E. OTTO - PENCADER/WB
M. S. DEAK - PONTCHARTRAIN
C. F. RIDDICK - SABINE
J. B. SHAFER - SPRUANCE
R. D. PRUETT - TECUMSEH
R. H. HAHNFELD - TULSA
J. H. TODD - WASH. WORKS
J. F. WINSKE - YERKES

ASBESTOS-RELATED LUNG ABNORMALITIES
IDENTIFICATION PROGRAM

Recent contacts with the plants have indicated that there are questions about the X-ray review program for detecting asbestos-related abnormalities that need to be addressed. A better definition of some key points may make the program move forward easier and result in more uniform treatment within the Department.

Reporting Results

Recent discussions with Corporate Medical Division have resulted in agreement to have all results reported through our office with R. D. Ingalls consolidating information for our Department. This supersedes Medical Division's earlier request of site physicians.*

Evaluation and Classification Sequence

A few plants have developed flow charts of the sequence of events which occur in evaluating employees for the subject concern. Such a summary flow chart is attached for your use. Obviously, specific steps need to be tailored to specific situations.

*B. W. Karth to Site Physicians, October 27, 1980

There s a world of things we re doing something about

DUP 0962148

DU 041606

Groupings

- Active employees (40 yrs. old and 10 yrs. service) who were thought to have potential for significant exposure. Completion target is March 31, 1981 if possible, but not at the expense of appropriate deliberations.
- All other active employees to be evaluated during routine physicals.
- Pensioners who should be evaluated when and if they come in for a physical.

Terminology

- Preliminary Determination of X-Ray Abnormality Consistent with Asbestos Exposure

This is the result of examination of the X-rays by the plant physician and a board-certified radiologist, and forms the basis for further evaluation.

- Significant Exposure

In general, significant exposure means that while working for Du Pont, an employee handled asbestos -- either applying or removing it -- and in the course of doing so, fibers were dispersed into the surrounding air. The exposure must have occurred at least 10 years prior to the appearance of an asbestos-related abnormality. Regular exposure is also an important consideration. If an individual was regularly assigned to an area where asbestos dust was present, exposure could be significant -- even if direct handling did not take place.

As Du Pont does not subscribe to the "one hit" theory, casual exposure is not considered significant. An example of such casual exposure would be an operator passing through a work area involving asbestos or cleaning up a particular area once or twice a year.

Quantifying significant exposure is extremely difficult. Many gray area cases will require considerable deliberation before making a final decision. The plant should make every effort to delineate circumstances to support their decision.

DUP 0962149

- Validating Work History

Discussion with the employee and with the employee's supervision that indicates significant exposure, as defined, above, constitutes acceptable validation. If work assignment history is available, so much the better. We do not want to exclude people who may have had legitimate Du Pont exposure. We also do not want to log inappropriate cases.

- Pulmonary Specialist

This means a pulmonary specialist recommended by the plant doctor in consultation with Corporate Medical who sees the patient and performs tests such as pulmonary function, and may take additional X-rays. This is as suggested in Physicians Guideline U. His role is to determine any abnormality and advise the plant doctor of his diagnosis.

- Classification (Du Pont System)

Classification is the decision made by plant management after consultation with appropriate groups on the site and in Wilmington (see flow chart). The medical aspects of the case are a key input as are the work history and exposure determination. The plant physician makes the medical determination with advice from Corporate Medical and the specialists -- radiologist and pulmonary. The classification is made only if the plant accepts that there has been significant Du Pont exposure as defined above. Uncertainties should be worked through our office or PERD (Bill Nace).

Other Considerations

- Pensioners

At the present time only those pensioners who come to the site for routine physicals will be evaluated. No special program should be initiated at this time. Further specific advice on dealing with pensioners is being developed and will be transmitted as promptly as possible.

DUP 0962150

March 13, 1981

- Logging OSHA-200

Logging should be one of the last actions to take in a case; with the six-day clock starting only after a final firm decision has been reached. It is not appropriate to log pensioner cases diagnosed after retirement.

- Workmen's Compensation

For eligible cases, Workmen's Compensation will be involved. We cover thirteen states with our plant sites and laws vary from location to location, and also vary in the degree of illness needed for qualification. We should be aware of all of these ramifications in the course of the deliberations. PERD, with Legal, have been reviewing these laws.

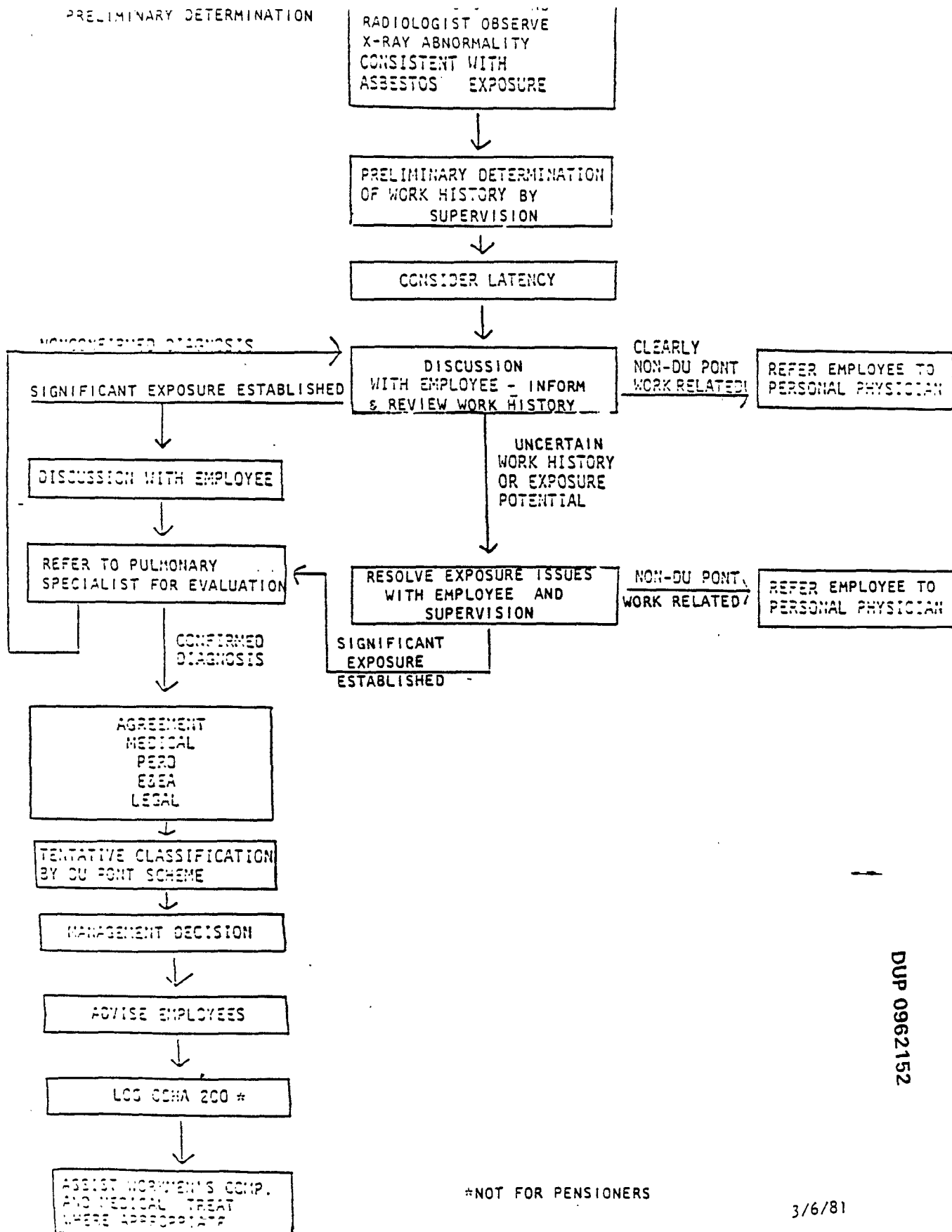
It is hoped that the above offers some clarification. Any concerns should be raised promptly so there is uniform resolution across the Department.


H. E. SERENBETZ
ENERGY & ENVIRONMENTAL AFFAIRS
MANUFACTURING DIVISION

HES/is
Attachment

DUP 0962151

DU 041609



DUP 0962152

*NOT FOR PENSIONERS

3/6/81

DU 041610