EMPLOYEE RELATIONS DEPARTMENT
Wilmington, Delaware

cc: EQC Members

September 17, 1979

TO: DEPARTMENT HEADS

OCCUPATIONAL ILLNESSES AND INJURIES

It has been the Du Pont Company's long-standing practice to accept responsibility for occupational illnesses or injuries which occur among current or former employees as a result of Du Pont employment. Increasing interest in work-related health hazards, on the part of our employees and the public, make it important that the position stated below be understood.

When it has been determined by site management, after appropriate medical evaluation, that an employee or pensioner has incurred an occupational disease or injury arising out of and in the course of Du Pont employment, the site should:

- Make available further medical evaluation and/or treatment, where appropriate.
- Accept responsibility for appropriate related costs.
- Promptly inform employee or pensioner of Du Pont's medical evaluation and applicable benefits.

The attached Guidelines to Physicians, developed by representatives of Employee Relations Department (Medical, Safety and Fire Protection, and Industrial Relations Divisions), Legal Department, Chemical, Dyes and Pigments Department, and the Director of Health and Safety, will assist departments in uniform application of this position.

Questions regarding these guidelines should be directed to the Medical Division.

Carl De Martino
Vice President - Employee Relations

Attachments:

1. Guidelines for the Management of Chronic Occupational Illnesses
2. Guidelines for the Diagnosis and Classification of Asbestos-Related Medical Cases

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

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

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

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. Edicion, 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 0905588

000402