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

EMPLOYEE RELATIONS DEPARTMENT

cc: EQC Members

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.

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

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

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 0810397

11/3/83

EMPLOYEE STANDBY STATEMENT
OSHA ASBESTOS EMERGENCY TEMPORARY STANDARD (ETS)

The Occupational Safety and Health Administration (OSHA) announced yesterday its promulgation of an Emergency Temporary Standard (ETS) reducing the Permissible Exposure Limit (PEL) for asbestos from the previous 2 fibers per cubic centimeter to 0.5 F/cc. The ETS is effective Friday, November 4, 1983, and allows the use of respirators to achieve compliance. Du Pont has not yet received or reviewed a copy of the ETS and so further information is not yet available.

We have reviewed personnel and area air monitoring for asbestos at the _____ site, and find we are in compliance with the new ETS. Respirators will continue to be used wherever the potential exists for releasing airborne asbestos fibers over the ETS PEL of 0.5F/cc.

We will inform you of any new developments when the emergency standard has been reviewed.

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