SM-32 (REV. 5-78)

Shell Oil Company
Interoffice Memorandum

PLAINTIFF'S EXHIBIT
SH-1279

February 29, 1980

FROM: COORDINATOR - ASBESTOS MEDICAL SURVEILLANCE TASK FORCE

TO: R. L. BRUNNER
P. A. DENNIE
W. R. HARP

SUBJECT: PROPOSED SHELL ASBESTOS MEDICAL SURVEILLANCE POLICY

On February 25, 1980 a draft of the proposed Shell Asbestos Medical Surveillance Policy was forwarded to you for review with your respective functions.

Attached is a revision reflecting a slight change in the wording to the footnote on the bottom of page 3.

As requested earlier, I would appreciate your response no later than March 15, 1980.

A. J. Gonzalez

AJG/dfd

Attachments

cc: Asbestos Task Force
D. P. Atwood
H. J. McDermott
L. L. McDowell
C. E. Ross, D.O.
R. D. Mullineaux
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LAM 024949

ABS-008126

PROPOSED SHELL ASBESTOS MEDICAL SURVEILLANCE POLICY

Pertinent Background Facts On Asbestos:

- Asbestos is a human carcinogen. Inhalation may cause lung cancer, mesothelioma, and other diseases such as asbestosis and pleural lesions.
- Generally, the incidence of cancer and asbestosis among occupationally exposed persons increases with increasing intensity of exposure; the inhalation of high concentrations for short durations may be as harmful as prolonged exposure to low concentrations.
- From all available evidence, the period between first exposure to asbestos and death from lung cancer appears to be related to intensity of exposure. A latency period approximating fifteen years is probably the minimum for asbestos-related lung cancer.
- Tobacco smoking increases the incidence of lung cancer and complicates asbestosis among asbestos workers.

Regulatory Background:

- Permissible exposure limits to airborne concentrations of asbestos fibers are defined by OSHA standards (29 CFR 1910.1001) as follows: a) Permissible exposure level -- "The 8 hour time - weighted average airborne concentrations of asbestos fibers to which any employee may be exposed shall not exceed two fibers, longer than 5 micrometers, per cubic centimeter of air..." b) Ceiling concentration -- "No employee shall be exposed at any time to airborne concentrations of asbestos fibers in excess of 10 fibers, longer than 5 micrometers, per cubic centimeter of air..."
- Per OSHA Program Directive #300-16 Dated October 11, 1978, titled, "Minimum Airborne Fiber Concentration For Initiating and Continuing Asbestos Medical Examinations", the term "...exposed to airborne concentrations of asbestos fibers..." is administratively interpreted to mean "...exposed to a mimimum of 0.1 asbestos fibers longer than 5 micrometers per cubic centimeter of air..." on a time weighted average basis.

Shell Concerns:

- Surveys now indicate that in addition to "insulators" who are currently included in our asbestos medical surveillance program, other employees such as pipefitters, riggers, etc. may also be exposed to asbestos as a result of their work activity.

- Our current medical surveillance program does not satisfactorily address the question of past exposure to asbestos.

- Employee training programs for asbestos have not sufficiently emphasized the known synergism between asbestos exposure and smoking.

Objective:

Revise existing asbestos medical surveillance policy in order to correct any deficiencies and fully address the concerns described above.

Policy:

- Employees whose present job assignment results in exposures to asbestos of 0.1 fibers, longer than 5 micrometers, per cubic centimeter (TWA) or greater (regardless of respirator usage), on a reasonably predictable and repeated basis,* shall be included in Shell's annual asbestos medical surveillance program.

- Employees, who can be identified as having had job assignments in the past, in which exposures can be determined as probably exceeding 0.1 fibers, longer than 5 micrometers, per cubic centimeter (TWA) or greater (regardless of respirator usage), on a reasonably predictable and repeated basis,* shall also be included in an annual asbestos medical surveillance program.

- Available exposure data indicate that exposures during "rip out" or removal of asbestos-containing insulation may exceed 0.1 fibers per cubic centimeter. Accordingly, all employees, regardless of job title, whose work assignments now or in the past, would involve "rip out" or removal of asbestos-containing insulation, on a reasonably predictable and repeated basis,* are to be included in an annual asbestos medical surveillance program.

- Employees who have been in an asbestos medical surveillance program prior to employment with Shell shall be included in Shell's annual program.

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* The phrase "reasonably predictable and repeated basis" is currently interpreted for present job assignments, to mean at least eight hours of exposure per calendar quarter. For exposures that have occurred in past job assignments, "repeated" shall mean at least two calendar quarters. It should be recognized that these exposure criteria represent an administrative judgment, since minimal exposure levels required to cause disease are not known with certainty at this time. This administrative judgment may be revised in the future, with the concurrence of Corporate Medical, Toxicology, Safety and Industrial Hygiene and the affected functional management.

- Once an employee has been included in an asbestos medical surveillance program, the surveillance should be continued throughout the term of his or her Shell employment. Upon leaving Shell, each employee who has been included in an asbestos medical surveillance program shall be administered according to the Shell pre-separation counseling or extended medical surveillance program policy (post-retirement physical examinations), whichever is appropriate.

Implementation: Suggested Action Plan/Guidelines

- Evaluate exposures and identify employees whose job assignments, now or in the past, result in exposure to asbestos as defined in the Policy, and include them in the annual asbestos medical surveillance program.

- Due to the varied nature of potential exposure throughout Shell, there may be specific employee concerns that will require the prudent, balanced judgements of both functional management and the Head Office Corporate Medical and Safety and Industrial Hygiene Departments. Full consultation, prior to arriving at a decision, is encouraged in these cases.

- For the above identified employees, provide improved training and information to emphasize: a) Synergism of asbestos and smoking b) Need for participation in medical examination programs.

- Review current operating procedures for reducing or eliminating physical contact between asbestos fibers and employees.