MOBIL OIL MEDICAL
PROGRAM 1960

MOBIL OIL
MEDICAL PROGRAM

MOBIL OIL MEDICAL PROGRAM

This proposal is based on the premise that occupational health services are valuable and necessary parts of any progressive and successful business venture. A medical policy (Appendix I), that cites the general principles governing such a program, has been approved (1955) by Socony Mobil Oil Company's Board of Directors and is applicable to Mobil Oil Company's operations. Similarly, the Socony Mobil Oil Company's Board of Directors has established a policy of toxicology (Appendix II) which also is acceptable and applicable to the functions of Mobil Oil Company.

The currently existent medical policy states that occupational health services will be available to all employees and does not distinguish among employees by job, location of duties or pay status. Such services include preplacement examinations for all candidates for employment; periodic physical examinations for all employees. Frequency of periodics logically depends on age, and/or health status, job responsibilities, job hazards, or legal obligations in reference to certain types of jobs (pilots, truck drivers, etc.). With the exception of preplacement examinations and physical examinations required by law (I.C.C. - C.A.A. etc.) or because of hazardous operations, all other examinations will be on a voluntary basis.

MEDICAL PROGRAM

PREPLACEMENT EXAMINATIONS

Every candidate for employment with the Mobil Oil Company will be required to have a preplacement physical examination. The details and content of this type of examination are described in the Medical Department Administrative Guide (Appendix III - page 2). This requirement will apply to all candidates for employment, whether career or temporary. In certain locations (i.e. woodchoppers in Canada) it will be impossible to provide any medical agency for these examinations; thus it will be impossible to comply with this requirement. This situation would apply only rarely in Mobil Oil Company areas. As far as possible, preplacements will be done in established Mobil Oil medical facilities. If a Company medical facility is not conveniently located, such examinations will be accomplished by approved panel physicians.

PERIODICS

In accordance with the Socony Mobil Medical Policy, all employees of the Company will have the opportunity to have a pericdic health review. The content of this physical examination has been described in detail in another section of this presentation (Appendix III.-page 3). Such examinations, voluntary on the part of employee, will be offered as follows:

employees age 50 yrs. and older . . . . . every 2 years
employees age 49 yrs. and younger . . . . . every 3 years

When a new employee under age 40 years is hired, his or her first periodic physical will be arranged at the end of five years of service. This will avoid repeated examinations in a usually healthy group in which greatest labor turnover occurs. Every effort will be made to have these examinations accomplished in Company medical facilities. When done in private medical facilities, a member of the panel of physicians, with whom fair charges for such services have been established will be chosen. Occasionally, circumstances of an individual employee's health, his job requirements, job responsibilities, may demand more frequent medical reviews than listed above. Then more frequent or extended examinations may be indicated and recommended. Present experience with voluntary periodics is extremely varied. Some units experience 99% participation, some have about 10%. Cost figures are based on 75 % participation which probably won't be reached for several years. A cost of $30 each has been assumed as a national average for examination fees, the current range of such fees is from $15 to $55.

TOXICOLOGY

An active program in industrial hygiene and toxicology within the provisions of the Toxicology Policy will be implemented and actively supported. The rapidly increasing complexity of the petroleum and petro-chemical industry is multiplying the sources of possible harm to petroleum workers, consumers, the environment and to the general public. Volumes of new government regulations, planned or actual, referable to both production methods and products are forcing new responsibilities and duties on the Medical Department. Assistance to all parts of the Company management must be provided in this field where new processes, ingredients or products can and will be developed in order that our Company can successfully compete in today's market.

OTHER SERVICES

Prevention of disease, accidents and disabilities will be an aim of the Company's medical effort. Every effort will be made to avoid the field of curative medicine and treatment since it is not the aim or responsibility of the Company to embark in this area which can be expensive, prolonged, time consuming, and not entirely corrective. Community facilities and professional personnel should be utilized for curative services. Medical services will not be provided for dependents of employees. In addition to preplacement and periodic health inventories, Company medical staff will carry on an uninterrupted task of health education and counselling for employees, be available to consult and cooperate with managements and other Company departments in any matters affecting the employee, his work environment, work assignment, work operations, or the community in which the operation is located.

FACILITIES

In implementing such a program universally throughout the Mobil Oil Company, no new in-plant installations or extensions of present in-plant operations are presently anticipated. Every effort will be made to achieve full utilization of the local medical facilities and avoid further investment in medical equipment or personnel. All presently existing Company operated facilities will be reviewed with the aim of greater, wider and more economic utilization. It is expected that among our present medical facilities some can be dispensed with where economic utilization does not warrant their continuation.

ORGANIZATION

An organization designed to carry out the recommended program is shown on the attached chart (Appendix IV). A Medical Director will be appointed and will be responsibile for the entire medical program of Mobil Oil Company, the operations of the personnel assigned to that program, and will be accountable to the Employee Relations Manager of Mobil Oil Company.

The Southwest Regional Medical Director located in Dallas will serve all needs for Exploration and Producing (Denver, Houston, and Midland Divisions) and Magnolia Pipeline operations. In the Magnolia Pipeline Company, he will hold the position of Medical Director. In addition to these duties, he will have medical responsibilities for the Southwest Marketing Division; the Casper Refinery; the Augusta Refinery; the Beaumont Refinery; Socony Paint Products Company operation at Beaumont; Field Research, Geophysical Labs. and Accounting Center at Dallas; and Marine Department at Beaumont.

The Regional Medical Director in the Western area located in Los Angeles will be responsible for all medical activities in the West Coast Marketing Division, the Los Angeles Exploration-Producing Division (including Alaska), the Accounting Center at Los Angeles, the Socony Paint Products Company plant at Vernon, and Socony Mobil Marine operations (west coast), as well as Torrance and Ferndale refineries.

The Regional Medical Director for Mobil Oil of Canada located in Calgary will be responsible for all medical activities of that Company's operations.

The Regional Medical Director located in New York will be responsible for all medical activities of the New England, Albany, Philadelphia, Detroit, Chicago, Kansas City, Twin Cities, New York City Marketing Divisions, all Manufacturing units included in these same territories with the exception of the Casper and Augusta refineries and their immediate areas. In addition, he will be responsible for medical activities (when provided in Mobil Oil Medical Departments) of the Research and Development Department Laboratories (Paulsboro and Brooklyn), the Marine Department of Socony Mobil Oil Company and the Socony Paint Products Company at Metuchen.

These four Regional Directors will report on a line basis to the Medical Director - Mobil Oil Company - located in the New York office. The four Regional Medical Directors will be responsible (within their respective regions) for directing, implementing, staffing of the medical program as outlined and approved by management (including supervision of plant physicians, medical advisors, panel physicians and industrial hygienists). They will be responsible for the medical services offered and be accountable for results of such services.

The Regional Medical Directors shall be prepared to do or arrange for physical examinations as prescribed for preplacement or periodic examination programs, to maintain field examining services of an adequate ethical type, to do or arrange for examinations requested or required by the Company's T&PD plan, hazardous duty requirements, industrial or occupational injuries as well as evaluate the results of same for management, to assist any Company department on

medical or health problems of individual employees or groups of employees, to arrange for facilities and materials for health education, to cooperate with safety department on all programs to better integrate mutual aims of the safety, industrial hygiene and medical groups. They will be knowledgeable on the status of medicine, medical care, medical customs and laws, etc. in the territories for which they are held responsible, and will make every effort to achieve mutually agreeable and productive relationships with the licensed physicians and allied medical groups in the region. Within the provisions of the approved Medical Policy and the budget authorized by management, they will operate the medical program in their region, always with due consideration of the specific needs and views of local management and the Company as a whole.

All medical records will be maintained by medical personnel under the supervision of the Regional Medical Directors.

Appendix V demonstrates examples of the role played by the members of Medical Department in some of the basic features of the Company's medical program. It also shows the parts that local management and local employee relations departments play in developing and operating these features. Prior to the merger of the affiliates, the medical program of the domestic company was extremely variable and scattered in type, quantity and quality. It is known that not all employees receive the benefits of the existent program - more did not, than did. Under the proposed scheme, there will be available to all Mobil Oil employees, subject to the provisions of the statement of Medical Policy, the essential features of a uniform, modern, efficiently operated occupational health program.

BENEFITS OF NEW PROGRAM

To measure accurately the benefits, particularly savings in dollars, which can be or are derived directly from an adequate industrial medical and health program is extremely difficult. There are too many variables which affect the health of employees. However, the Company has the opportunity and ability to control some of these and thus appreciably affect the health of the individual and employee group as a whole. As stated earlier, in the former organization, isolated attempts have been made to confirm specific benefits of the medical program. These efforts have been inconclusive. Under the proposed plan and with greater interest and support of many other departments within the Company, the following benefits will be sought, and more tangible proof of them should be evident. These are:

1) reduced absenteeism
2) reduced compensation insurance costs
3) reduced and stablized sick benefit insurance costs
4) better job placement
5) quality of work force improved
6) ultimate improvement in productivity
7) improvement in employee health
8) improvement in employee/union/management relations
9) lower manpower turnover

10) better community relations (public relations factors etc.)
11) reduction in number of employees retired at premature disability pensions
12) avoidance of untimely and unwarranted demands from unions on matters of medical care
13) better customer-company relationship via an active progressive program in industrial hygiene and toxicology
14) more healthful-safer operations and production through the hygiene and toxicology program
15) more tangible assistance to company safety program and benefits derived from such a program
16) better management of employees - employee problems with assistance of medically trained personnel
17) avoid risking of the imposition of strong federal and state control regarding employee health prc ams, environmental, sanitation and product stan ds.

Such a universal program will cost more than the former program, but ultimately will provide benefits which will outweigh markedly the costs.

COMPARISON WITH PRESENT PROGRAM

At the present time, it would be almost impossible to calculate the cost of medical operations in Mobil Oil Company, particularly in the area comprising the former Socony Mobil domestic operations. The establishment of a medical department activity and, if established at all, the scope of the same rested with individual marketing division and refinery managers. A mosaic of medical plans resulted. Such a variable system was neither efficient or economical. It can be safely predicted that under a uniform system which facilitates decision making and control of cost and quality, whatever monies are spent will be better spent and more productive. At present, some segments of Mobil Oil Company are enjoying and utilizing broad medical services, others have none at all. The rapid advances of automation, with its resultant reduction of work force, have focused more attention on the smaller work force and the individuals making up this force. Technological improvements in all industries have created greater needs for vigilance over new processes and their effects upon employees and communities. With the recent bursts of enthusiasm of both the government and unions into the field of occupational health, new partners in the task of industrial health could be forced on the petroleum industry which has always been in advance of all other industries.

The present proposal should not be interpreted merely as a request for funds for a bigger program. In the past, much effort was expended in justifying whether or not a medical program should exist. Through the established Medical Policy, management has stated its desire for such a program, and under the suggested organization, the Medical Department will be obligated to answer for how extensive it will be and how effective it is.

Alternate courses for handling a Company medical program are available for management's consideration. Obviously, a decrease in the quantity of services results with any more restricted program. This decrease in quantity of service might reflect itself in less frequent periodic examinations for the overall employee group. Another approach might be to offer the periodic program to all employees in or near a Company in-plant service, while limiting examinations in private medical facilities to salaried employees who are not conveniently located to in-plant services. Under any plan, all employees hired as regular employees should be given a preplacement examination. All candidates for temporary or casual type of employment would be given a modified physical examination with a restricted amount of laboratory work (urinalysis only). However, considered medical opinion is that all candidates for employment should have a complete physical examination. The cost of this aspect of the overall program is a small but most important portion of the budget.

BUDGETS AND CONTROLS

Each plant physician (either full or part time) and each medical advisor will prepare an annual budget in advance, under the direction of the responsible Regional Medical Director. The Regional Medical Director will consolidate these budgets for the Region and submit his Regional budget to the Mobil Oil Medical Director. Mobil Oil Medical Director will assemble the overall budget and present it to the Manager Employee Relations for submission to the President along with the general Employee Relations budget.

These budgets will include overall credits anticipated for services performed for the Magnolia Pipeline Company, Socony Mobil Marine Transportation and Mobil International, but will absorb all other charges resulting from services performed for Socony Mobil departments.

Authorities to charge expenses to the Mobil Oil Medical accounts will be delegated to Regional Medical Directors, and further by them as appropriate to plant physicians and unit medical advisors. Each person holding such authority will be responsible for seeing that value is received and that budgets are not exceeded without prior clearance with his superior.

The Mobil Oil Medical Director, and the Regional Medical Directors are responsible for overall results under their budgets.

Comptrollers Department will set up accounting procedures providing for the periodic comparison of actual expenses with budget, by regions and by units.

16 May 1960

APPENDIX 1

SOCONY MOBIL OIL COMPANY, INC.
MEDICAL POLICY

The Medical Policy of Socony Mobil Oil Company, Inc., is to assist management by providing programs, procedures, facilities, and specialized staff assistance essential for the attainment of the Company's objectives in relation to employee health.

OBJECTIVES

1. The selection of employees whose mental and physical condition meets Company requirements.

2. The maintenance of a high level of employee health and physical fitness.

3. The proper placement of employees in positions for which they are fitted.

4. Better observance by employees of the principles of health conservation and improvement.

5. The maintenance of healthful working conditions.

PROCEDURES

1. New Employees
A preplacement health examination shall be made and the examining physician shall report to management on the fitness of the individual.

2. Health of Employees
The Company will make available for all employees, without cost to them, to the extent deemed practicable by management

   a) medical examinations at suitable intervals by staff or Company selected physicians,

   b) appropriate immunizations which may be required or advisable,

   c) facilities for the emergency treatment of illnesses and injuries, and

   d) the advice of members of the professional medical staff in connection with personal health problems.

The Company shall not undertake extended treatment of employees' illnesses except as deemed appropriate by management or required by law.

Special examinations shall be required of employees subject to unusual exposure.

When an employee is to be transferred to a position involving additional or changed physical requirements, examinations may be given and management shall be advised of the mental and physical fitness of the employee for the proposed position.

3. Health Education
The Medical Director shall develop and recommend to management programs of health education for employees.

4. Other Activities
When, in the judgment of the Company, there is a problem involving the health of employees, the Medical Department shall undertake special studies in order properly to advise management.

RESPONSIBILITY

Management will be responsible for the interpretation and application of this policy. The Office of the Medical Director shall be available to management for consultation on any such matters.

27 October 1953

Medical Department
42nd Street

8 November 1956

To: Messrs. V.A. Bellman
D.H. Clewell
J.H. Herbert
R.R. Jackson
P.W. Judah
W.H. Montgomery
F.H. Wilcox
P.S. Wise

POLICY ON TOXICOLOGY

The petroleum industry in all its phases is becoming more complex each year. Many new chemicals and some sources of radiation are being used, produced or marketed. New processes are being introduced and developed. One result of this expanding complexity is to multiply the sources of possible harm to petroleum workers, to consumers of petroleum products and to the general public.

That this is recognized by the general public is evident from the increasing volume of inquiries concerning the toxicology of products which reach us from our own marketers, customers, and from public health officials.

It is a basic policy with many chemical and petroleum companies that new processes, ingredients or products be examined critically in the developmental stage for possible harmful biologic effects. If sufficient toxicologic and other data are not available for a preliminary evaluation then toxicologic tests may be made. Some companies have developed their own extensive facilities for testing but most rely upon outside toxicologic testing laboratories.

In our Company we have not had in the past a general policy requiring such preliminary evaluation. The attached statement of policy, dated 28 August 1956, signed by J.C. Case, has had the approval of Directors concerned with Marketing, Manufacturing, Laboratories and Office of General Counsel.

It is suggested that this statement of policy be given sufficiently wide distribution so that those involved may keep the Medical Department informed. This would include division managers, refinery managers,

laboratory directors, safety directors and others. Extra copies of the statement are available for distribution. We would appreciate having a copy of the distribution list.

George M. Saunders, M.D.
Medical Director

GMS:jd
attachment

cc: J.C. Case (3)
G.S. Dunham
A.T. Foster
P.V. Keyser, Jr.
D.R. Lamont
C.S. Teitsworth (2)
H. Willetts

POLICY - TOXICOLOGY OF COMPANY PRODUCTS AND PROCESSES

It is an obligation of the health services in our company to ascertain the nature and extent of hazards and toxicity, if any, of ingredients, company products and processes, to employees, customers, and the general public.

It is the responsibility of the various operating departments to keep the headquarters medical department informed of new products and processes during development, or the use of materials which in themselves may constitute a hazard because of their physical or chemical nature.

This policy will require operating units of the comp to advise the Medical Department of such products and processes for review of possible health hazards prior to their use.

In cases where the toxicology is not known or there is a reasonable doubt regarding biological effects, the Medical Department, in cooperation with the department concerned, will recommend and initiate the necessary biologic and toxicologic tests.

Information obtained in this manner or through the medical and scientific literature will be used, if indicated, as a basis for recommendations to the Safety Department or others regarding protection of employees, advice to the marketers concerning customer hazards, advice to others such as licensees using our processes, and for precautionary labeling, if required.

Drafting of precaution labels for Socony Mobil Products, when necessary, will be the joint responsibility of the Office of General Counsel, the Socony Mobil Laboratories, the Marketing, Manufacturing and Medical Departments.

/s/ J. C. Case

28 August 1956

RECOMMENDATIONS FOR ADMINISTRATION
OF THE MEDICAL POLICY
MOBIL OIL COMPANY

I INTRODUCTION

It is recommended that the policy be applied in as uniform a manner as is practical, including standards for examinations, record forms, maintenance of records and communications. However, local variations in application of the policy will be inevitable because of the varied nature of company operations which are located in many separate areas with different local health conditions, laws, and facilities for health promotion and medical care. Details for administration can be worked out within the framework of general policy by management, medical and employee relations advisors with the advice of the Office of the Medical Director, if requested, and with due regard for local, social and labor laws and policies. Local policy particularly in tropical areas may require listing of specific environmental disease.

Prevention of disease and disability and the attainment of maximum use of abilities is the goal of modern medicine. It is cheaper to prevent than to cure, for treatment is often expensive, prolonged, time consuming, and not entirely corrective.

The number of diseases which can be prevented is large and constantly increasing. Most infectious diseases can now be prevented or their effects minimized through group sanitary measures or personal prophylaxis, or prompt diagnosis and proper treatment. Illnesses from exposure to toxic fumes, mists, vapors, dusts, ionizing radiations and other substances can be avoided, usually with simple control measures. Certain types of heart disease can be prevented; in others, the progress can be slowed or stopped. Some types of cancer caused by known external substances can be prevented. In many instances other cancers may be detected early and cured by relatively simple procedures. Disorders of nutrition may be avoided or promptly corrected by proper diet and administration of supplementary essential factors including vitamins and trace elements.

Prevention of the onset or progression of disease, mental or physical, may be achieved through measures applied to people and to the environment.

II PROCEDURES

A. Applicable to individual employees and candidates:

Personal Preventive Measures

These include preplacement and periodic health inventories, health education and counselling, specific immunizations, advice concerning proper treatment of illnesses or other abnormalities, suggestions to management concerning job adjustments and others.

(1) Preplacement examinations

Preplacement examinations shall be performed on all candidates for employment. They are designed to determine fitness to work in any given job or in a number of different jobs. This examination is a health inventory or base line with which comparisons can be made at subsequent examinations. The details and extent of the examinations may vary with the job requirements, the age and state of health of the applicant, and the locale. It is recommended that the preplacement examinations include a careful personal health and occupational history, a family health history, a complete physical examination and certain laboratory tests. The physical examination should include the usual observations on physical measurements such as the height, weight, blood pressure, pulse rate, and the temperature, examination of skin and appendages, accessible lymph nodes, the thorax and its contents, the abdomen, the genitalia*, the extremities, the skeletal systems with special attention to the spine, tests of visual acuity and color vision, ophthalmoscopic examination, test of auditory acuity, examination of auditory canals and tympanic membranes, tests of deep reflexes, pupillary reflexes, and ocular movements. Digital rectal examination is advised in males. In individuals 45 years of age or more, proctoscopic examination of males is recommended.

The mental alertness, emotional stability and content should be assessed during the course of the examination.

Clinical laboratory procedures recommended are: a urinalysis and a hemoglobin determination by a reliable method. If the physical examination and laboratory tests are done in a company in-plant medical service, a chest x-ray, a serologic test for syphilis, and a test for occult blood in the feces should also be accomplished. If no in-plant service is conveniently available and a private medical examiner is utilized, a chest x-ray will not be ordered unless the candidate is unable to produce satisfactory evidence of a negative chest film taken during the preceding year. Serologic test for syphilis will not be done by a private examiner unless this service is offered free by a local municipal or state government agency. Back x-rays must be advisable for certain jobs but will not be considered as routine parts of all preplacement examinations.

The findings of the preplacement examination should be recorded upon a standard form prepared by the Medical department. Form CO-993 will be used for recording examinations.

As a result of the preplacement examination, management is given the opinion of the medical examiner as to the physical and temperamental ability of the applicant to carry out the proposed duties and recommendations concerning any limitation

*May be omitted in women, or it may be advised.

on activities which may seem advisable. This information is supplied on the appropriate classification form.

(2) Periodic re-examinations

Periodic health examinations supplemented by special examinations, when indicated, are recommended. Their purpose is to detect any deviation from the normal, incipient diseases, and to give advice and counsel to employees. The frequency, type, and extent of such examinations will be recommended by the medical department and will be conditioned by the previous findings, the job hazards, the age, and the responsibilities of the employees concerned. As a general rule, it is recommended that all employees be examined periodically according to the following:

Employees age 50 yrs. and older - every 2 years
Employees age 49 yrs. and younger - every 3 years

If an employee is under 40 years of age at the time of his preplacement examination, the first periodic examination will be after 5 years of employment. Subsequent periodics would be scheduled at three year intervals, until employee reaches age 50 years when examinations will be offered on every two year schedule.

Employees, of any age, whose positions involve unusually heavy responsibilities and upon whose efficient performance may depend the job security of many others (key personnel), may be examined at more frequent intervals.

The examination should include an interval health and occupational history, and physical examination. The laboratory tests will include a urinalysis, a hemoglobin determination by a reliable method, and a chest x-ray. Serologic test for syphilis need not be done at the time of each examination but at longer intervals or whenever indicated. Additional tests may be required by the findings.

The results of periodic examinations may be recorded on the special periodic Form CO-993A or on sheet 2 of CO-993. It is not necessary to repeat the complete medical history form at each examination.

(3) Promotions and transfers

It is recommended that when a change in job assignment or promotion to a higher echelon is contemplated, especially when significantly different job requirements or environmental factors are involved, the opinion of the medical

department concerning physical fitness be sought. Promotion or transfer examinations may be indicated, but the results of such examinations should not be released to management without permission of the employee.

(4) Special examinations

Special examinations may be made at suitable intervals on individuals with known or suspected mental or physical impairments, on those exposed to occupational health hazards, or working in jobs which might involve the safety of others. The periodicity and character of such examinations will be determined by the type of impairment, potential health hazard involved and by the job. Based on these examinations, appropriate recommendations will be made to management. Examples of health hazards are exposure to chromium compounds, lead compounds, benzol, analine, other organic toxic materials, ionizing radiations, and to skin irritants and to dusts. Some of the job categories where special examinations may be required are appended. (Appendix I).

(5) Standard immunization procedures

Standard immunization procedures against preventible diseases will be encouraged. These may include immunization against smallpox, typhoid, and paratyphoid fevers, and tetanus, and in addition, depending on special circumstances, yellow fever, typhus, cholera, plague, pertussis, diphtheria, tuberculosis, influenza, polio and others. The periodicity, type, and responsible administering agent, of immunization will vary from place to place according to risk, legal requirements and local medical society practices. The company may, but is not obliged to, provide any immunization procedure when epidemic conditions exist which threaten to disable so large a proportion of employees as to interfere materially with operations and against which immunization procedures can be instituted to be of optimum protection.

(6) Health counselling

Individual health counselling and advice is given during examinations by physicians and nurses and at other times as indicated.

(7) Reassignment of duties for medical reasons

When individual abnormalities are found during periodic health examinations which make it advisable to limit or change the type of work assigned an individual, appropriate recommendations will be made to management, after permission to discuss the medical findings of the examinee is obtained in the case of periodic health examinations.

(8) Premature retirement for medical reasons

If it appears that an employee, because of illness can no longer continue in a productive capacity, or where his own health may be jeopardized by continuing to work, management may request examinations to determine whether premature retirement is advisable.

(9) Assignment abroad

On the occasion of any assignment outside the U.S.A. an employee will be given a physical examination. On return from assignment abroad, an interval history will be taken unless the assignment exceeded six months in which case another physical examination will be accomplished.

(10) Transfers to new location

When an employee is transferred to a new location, his health records should be sent to the new location to be kept there in the files of the Medical Advisor. The advice of the medical department should be sought concerning disposition of the health records in the event a medical advisor has not been chosen.

B. Group preventive practices

Sanitation -- Industrial Hygiene -- Health Education

(1) It should be the responsibility of a medical department to advise and assist management in maintaining a healthy working environment. This applies to actual or potential health hazards of the job as well as to such factors as conditions of lighting, ventilation, temperature control, kitchens, cafeterias and food handling and sanitary facilities.

(2) Food handlers should be instructed in matters of personal hygiene and examined at intervals.

(3) The detection, evaluation and recommendations for control of specific health hazards incident to any operation is a function of the medical department and its industrial hygiene personnel, where available, in cooperation with Safety and other departments. Such health hazards may include exposure to irritating and poisonous substances (solids, liquids, fumes, dusts, gases, mists, and smokes) which may result in acute or chronic illnesses, excessive noise, improper illumination, excessive heat, cold, or humidity, improper ventilation and exposure to ionizing radiations. A list of potentially toxic materials used in the petroleum industry is appended (see Appendix II).

At the present time, most states in the U.S.A. have incorporated into rules, regulations, or codes, maximum permissible exposure levels (Threshold Limit Values) for hazardous chemicals. To insure compliance with statutory requirements, the handling of such materials require routine air analyses and industrial hygiene surveys to determine exposure levels and to institute corrective measures if necessary (see Appendix III).

(4) When planning new offices, terminals, warehouses, plants, housing or other facilities, or when altering existing ones, the observations and recommendations of the medical personnel may be valuable to management. Advance planning for adequate exhaust ventilation in some work areas may forestall later, more costly changes. The proper choice of location for a camp may eliminate the need for extensive sanitary precautions.

(5) In all company operations, the appropriate medical personnel should become thoroughly familiar with work areas, job requirements, and potential or actual health hazards. The services of the New York Headquarters medical department are available for consultation regarding the hazards of any operation or the toxicity of any substance. Please refer for further details to Toxicology Policy.

(6) Where the company maintains housing for its employees, adequate sanitary control should be provided with the advice and recommendation of the medical department. This applies to water supplies, mess halls, club houses, swimming pools, barber shops, commissaries, canteens, ice plants, shops, hospitals, living quarters, septic tanks, sewage disposal systems, garbage collection and disposal. This does not place operational responsibility on the medical department.

(7) Where facilities are maintained or activities are engaged in by the company, which in the opinion of the medical department, might be dangerous to public health, the medical department should make appropriate recommendations.

(8) While communicable disease control is generally a proper function of governmental health agencies, the medical department should give assistance to such agencies as requested and needed within the practical limits of available company personnel and facilities.

(9) When governmental machinery for communicable disease control is lacking, the medical department should advise such control measures as it may consider are feasible for the protection of employees and dependents.

(10) Group health education may be provided. This includes the use of such techniques as group counselling, the display of pamphlets, posters, and motion pictures, and the preparation and dissemination of articles on health topics. The extent of such group education will be determined by local needs and by the facilities and staff available.

C. Curative Medicine

(1) This phase of health and medical activity concerns the treatment of diseases and injuries. It is not the policy to provide long term, comprehensive medical care for employees except under special circumstances.

(2) Within the limits of available company personnel and facilities, the company may provide emergency and short-me treatment of injuries and illnesses and diagnostic rocedures.

(3) The company may provide care for industrial, occupational and environmental illnesses and injuries through its own medical department or on the advice of its medical department through outside agencies.

(4) General medical care, including bed care, may be provided by the company where local medical facilities and services are grossly inadequate or non-existent, or where required by law. The extent of such general medical care should be limited by the personnel and facilities of the company and should be at least equal to those required by local laws.

(5) The company should avoid, wherever possible, the construction, equipment, and operation of hospital facilities. Use should be made of existing private or other facilities where feasible and practical and where these are felt to be adequate by the medical department. The development of extra-company facilities should be encouraged, stimulated and supported in all practical ways through cooperation with local health and medical groups, both private and governmental.

(6) When at the discretion of management the company provides medical care to individual cases beyond the limits of local company facilities, the advice of the medical department should be sought.

(7) Where only first-time or emergency medical care is furnished by the company, the medical department may advise and assist employees or dependents in seeking good medical care.

D. Health Education and Technical Training

(1) Health education of employees is fostered by the medical department through accepted techniques suitable to local customs and traditions as discussed above.

(2) The company, with the advice of the medical department, in the interests of improving its health and medical activities may provide for special training for personnel of the medical department including attendance at professional meetings.

(3) Current technical literature, including periodicals and textbooks should be provided for medical department personnel.

E. Investigation

It may be desirable and profitable in certain areas and in connection with operations to conduct or support investigations in certain categories including:

(1) The medical cause of absenteeism and accidents and the results of preventive measures in decreasing absenteeism.

(2) Special studies related to certain reputed hazards of the petroleum industry including the frequency, the cause and the prevention of dermatitis and studies of the carcinogenic effects of various petroleum derivatives.

(3) Investigation into certain endemic diseases which may be prevalent in an area of operation and the control of which may be necessary. Malaria may be cited as an example.

III PERSONNEL

A. Where the size of an operation or health hazards warrant the provision of medical facilities, these should be in the charge and under the direction of a duly licensed physician.

B. The physician in charge should be provided with professional, administrative, technical and other personnel required for the proper functioning of his office.

C. Physicians should be chosen for their personal qualifications as well as their professional competence and administrative ability. They should be primarily internists with a philosophy of preventive medicine. They should be of sufficient caliber and stature to merit the confidence of all employees.

(22026WOBI)

D. The number of physicians needed for an adequate health program depends upon many variable factors, including the population to be covered, the hazards involved, the labor turnover, the availability of health and medical facilities in the community and the general health level of the population concerned. Many medical authorities in the United States believe that plants which provide periodic health examinations, but which present few occupational hazards, require one part-time physician for 250 or fewer employees with an increasing amount of time up to one thousand employees; one full-time physician for an employee group of 1,000 to 2,500 with an additional part-time physician at about 2,000 employees and two full-time physicians for more than 2,500 employees. A larger ratio of physicians to population is indicated where there are special job hazards. It is the aim of some petroleum companies to have one physician for each 1,000 refinery employees. In determining the amount of physicians' time needed consideration should be given to the time required to conduct careful medical examinations, both preplacement and periodic, to give necessary treatment, to maintain familiarity with plant operations through regularly scheduled visits, for sanitary inspection, for planning and conducting health programs, to maintain and study records, and to make periodic reports and recommendations, Time should be allowed for attendance at professional meetings and for professional training as mentioned previously.

E. Professionally trained nurses are essential in industrial health programs in the United States. The number of nurses employed will depend upon the type of industry and the number of workers. In general, it is felt that one nurse is needed for 300 or fewer employees, two for 300 to 600, three for 1,000, and one additional nurse for each thousand employees up to 5,000. Additional nurses may be required because of hazards in a particular industry and to provide for shift work and for vacation periods. There should be close personal supervision of nursing activities by the physician in charge. Standing orders should be written for the direction of the nurses in the absence of the physician in charge.

F. Trained laboratory technicians may be required depending upon the size of the program.

G. Secretarial and stenographic help should be adequate to maintain records and to assist in the analysis of records and preparation of reports.

H. Other personnel, including industrial hygienists, medical administrators, biostatisticians, laboratory technicians and others may be required depending upon the size and nature of the operation.

IV Facilities and Equipment

Space for housing the medical department and technical equipment and supplies should be adequate to permit efficient operation of the basic medical program. It is not possible to give a detailed description of dispensary layout or equipment needed. In general, the minimum requirements for space should include provisions for a nurse's station and waiting room, a consultation room, an examination and treatment room, a toilet, and space for at least a small laboratory.

V General Conditions

With the approval of management, the medical department may engage suitably trained personnel and, where practical and advisable, will provide space and facilities for a medical department in order to implement the provisions of the policy. Where desirable and possible, local medical facilities, private or otherwise, may be utilized. A qualified physician should be chosen.

Details of personal medical records and any information given in confidence by employees to members of the medical department should remain confidential and in professional channels subject to certain legal and administrative requirements concerning industrial accidents or illness, public health hazards or claims against the company or individual members of the medical department and when certification of disability is required. When recommendations are made by medical department personnel concerning job restrictions or limitations, the supervisor, foreman, or others directly concerned should be given the information necessary to understand the reasons for such recommendations, providing that the basic ethical and legal principles of confidential knowledge are not violated.

Medical reports, documents, case records and other data concerning health and medical activities should flow through established medical channels and should be lodged in the medical department or in the medical advisor's office, or if a medical department or medical advisor is not yet established, medical papers will be handled by personnel approved by the Medical Director.

16 May 1960

APPENDIX I

SOME WORKERS MAY REQUIRE SPECIAL EXAMINATIONS

Painters

Divers

Welders

Lead burners

Benzol handlers

Aniline handlers

Cable splicers

Foundry workers

Aromatic oil workers

Metallizing or grip blasting workers

Tetra-ethyl lead handlers

Tetra-methyl lead handlers

Workers exposed to high noise levels

Residual products handlers

Paraffin plant workers

Guniting workers

Catalyst workers

Handlers of radio-active materials

Litharge handlers

Sheet lead handlers

Sand blasters

Pilots and co-pilots

Insulation workers, asbestos

Motor vehicle operators

Overseas assignments

APPENDIX II

POTENTIALLY HAZARDOUS MATERIALS ENCOUNTERED IN PETROLEUM REFINERY OPERATIONS

RESPIRATORY IRRITANTS

Asbestos

Acrolein

Acetaldehyde
Formaldehyde
Other aldehydes

Dusts, physiologically inert, general
Dusts, attapulgus clay
Dusts, bauxite
Dusts, catalyst

Fluorides

Furfural

Lime

Nitrogen oxides

Ozone

Ditertiary butyl para-cresol

Smoke

Sulfur dioxide

Welding fumes

Ammonia

Aluminum chloride

Pine Oil

TOXIC MATERIALS

Aniline, liquid
Aniline, dyes

Benzol (Benzene)

Cadmium

Chlorinated hydrocarbons

Hydrogen sulfide

Cobalt, metal

Lead, metal & fumes
Lead, oxide, litharge
Lead, tetraethyl
Lead, tetramethyl
Lead, soaps

Manganese

Mercury

Methanol

Radioactive materials, general

Gamma Radiation
Beta Radiation
Alpha Radiation

PBM (Phenyl beta naphthalamine)

Silica, free

Toluol (Toluene)

Xylol (Xylene)

Zinc

Alpha Naphthol

Carbon Monoxide

SKIN IRRITANTS

Acids, general
Acids, acetic
Acids, hydrochloric
Acids, nitric
Acids, sulfuric
Acids, phosphoric

Benzol (Benzene)

Caustics

Chromium Salts

Coal-tar compounds

Pitch

Cobalt, metal & compounds

Diethanolamine

Glass wool

Inhibitors

Kerosine

Methyl Ethyl Ketone

Nickel salts

Oils, general
Oils, high boiling from Cat. & Steam Cracking
Oils, insoluble cutting

Phenol

Solvents
Thinners, Paint
Turpentine
Ultra violet radiation
Wax, untreated
Xylyl mercaptan
Tripotassium phosphate
Alpha naphthol
Pine oil
Aluminum chloride

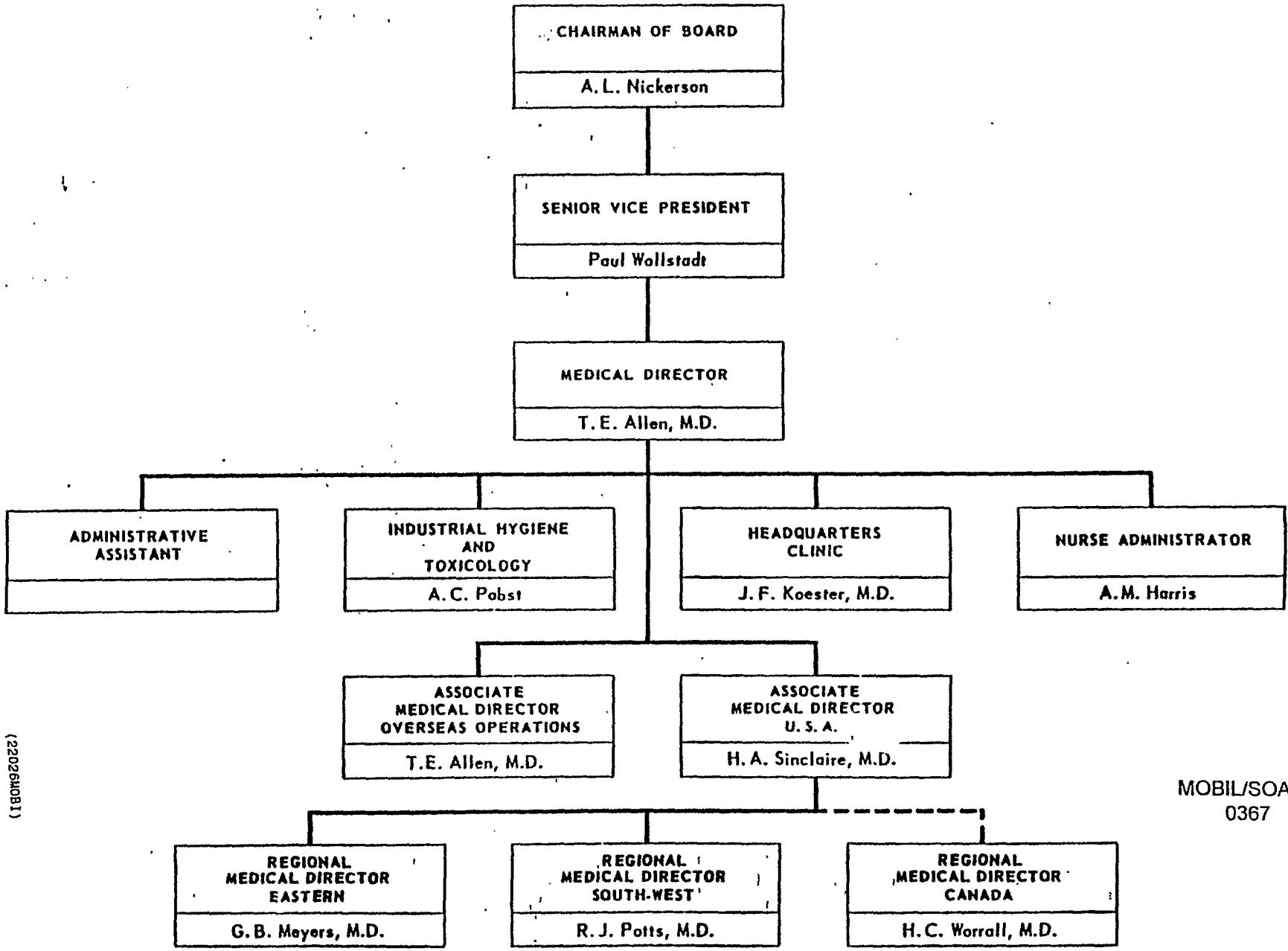
APPENDIX III

STATES THAT HAVE STATUTORY HEALTH REQUIREMENTS RELATING TO RADIATION, PRODUCT LABELING, AND EMPLOYEE WORKING CONDITIONS

State	Health Dept. Codes	Product Labeling Laws	Labor Dept. Codes	Radiation Codes
Arkansas	X			X
California		X	X	X
Colorado	X			X
Connecticut	X	X		X
Florida			X	X
Hawaii	X	X		
Illinois		X		X
Indiana		X		X
Kansas		X		X
Kentucky	X			X
Louisiana	X			
Maryland	X			
Massachusetts		X		X
Minnesota			X	X
Mississippi	X			
New Hampshire	X		X	
New Jersey		X	X	X
New York		X	X	X
North Dakota				X
Ohio	X			X
Oregon	X	X	X	X
Pennsylvania				X
South Carolina	X			
South Dakota				X
Texas	X	X		X
Washington			X	
West Virginia	X			X
Wisconsin			X	X

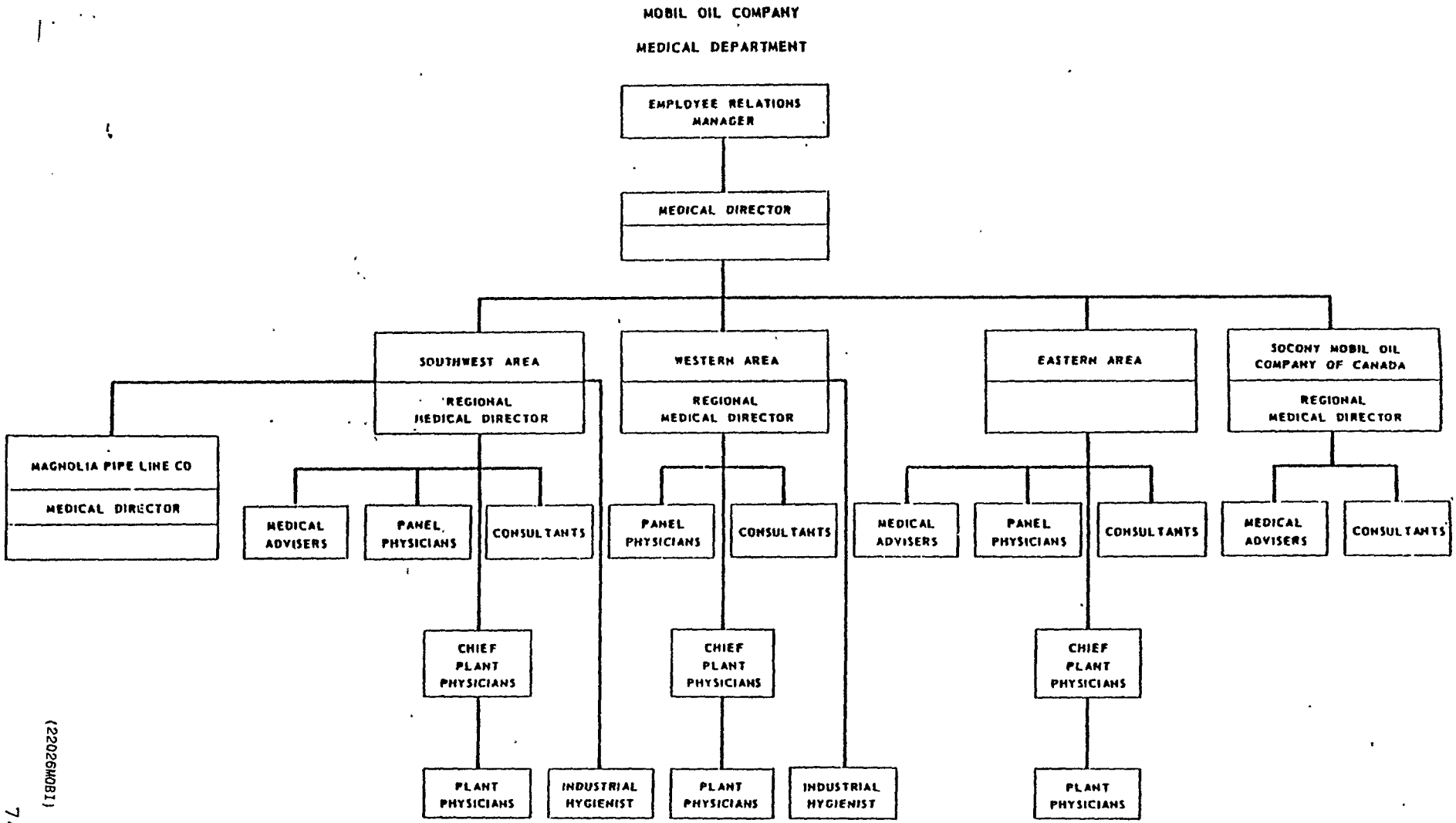
Other states with industrial health programs usually use the Threshold Limit Values as a guide in their work.

In addition to the above, a number of states have incorporated single threshold limit values into specific codes. For instance, the New York Department of Labor lists in its code governing foundries, maximum allowable concentrations for the various dusts and fumes usually encountered, and in its code governing rock drilling, limits for silica dust. The Industrial Code Commission of Rhode Island included threshold limits for organic solvents in its code governing the manufacture, use and storage of industrial organic solvents in places of employment.



January 1968

(220269MOBI)



(22026MOBI)

APPENDIX V

ITEM	MANAGER OR SUPERINTENDENT	E.R. ADVISOR	MEDICAL ADVISOR OR PLANT PHYSICIAN	REGIONAL MEDICAL DIRECTOR	MEDICAL DIRECTOR	MOBIL OIL INDUSTRIAL HYGIENIST	SOCONY MOBIL INDUSTRIAL HYGIENIST	SAFETY ADVISOR
PREPLACEMENT	Supports program and insists on implementation of this requirement throughout all areas of his supervision.	Request made here and sent to medical advisor. Appointment made with Medical Dept.	P.E. done according to Ad. Guide Medical eligibility as determined by exam. sent to E.R. Advisor.	Available for opinion and medical decision if case is unusual or if there is any controversy. Determines content of preplacement for region in accordance with Administrative Guide.	Establishes general policy on preplacement exams - submits standards to Regional Directors.	Advises MD's on all levels on existing laws (federal or state) on hearing, radiation, etc. Advises MD's on existing hazards effecting selection of candidates for employment.	Informs field hygienists of Company policy and administration of same in relation to hazardous working environment, ingredients or products.	
PERIODIC	Supports program and insists on making available whatever possible facilities for implementing this program. Has interest in general health status of his employee population. Consults with local and/or Regional Medical Director maintaining highest possible degree of good health in his employee group.	Assists in notifying employees of availability of periodic health reviews, assists in scheduling appointments for individual employees, is notified when physical conditions interfere with work assignments.	Performs periodics as scheduled within time allotted to company work. Gives medical evaluation to employees and counsels employee concerning his work assignments. Available to consult with employee's family physician when and if necessary.	Implements as completely as possible throughout area the general plan for periodics. Allowed privilege of varying plan in keeping with available medical personnel, facilities, employee locations, etc. Reviews any unusual problems uncovered in general program or specific case.	Determines general policy on periodics in keeping with Company medical policy. Consults with Hdqtrs E.R. management and obtains their cooperation and approval on general outline.	Advised of any medical data resulting from handling or producing Company output. Advises on all hazardous operations or toxic materials associated with certain job assignments.	Formulates policy on toxicology. Advises management as staff advisor. Consults with and advises regional industrial hygienists, Regional Medical Directors, and Medical Director.	Coordinates with physicians and industrial hygienists in control of hazards, chemical and physical factors associated with jobs. Coordinates with medical staff on job injuries in effort to prevent these. Appoints plant physician, medical advisor and/or nurse to Safety Committee.
ABSENTEEISM STUDIES	Has primary interest and responsibility in program because of 1) loss of manpower 2) increased costs of operation 3) general level of health of employees	Shares interest with manager. Implements program of having employees report after certain number of days illness to Medical Department or advisor to determine 1) whether employee is well enough to return to duty 2) has not taken more time than reasonable for illness in question Reviews monthly and annually rates of absenteeism with Medical Dept. to attempt methods of improving it.	Reviews all returns from sick leave after 3-5 days. Reviews all cases of prolonged illnesses with personal physicians by phone and mail. Informs management regarding general prognosis and estimated sick time. Coordinates with management rate of absenteeism and methods to be followed to reduce rates.	Reviews statistics on absenteeism from all areas of his region. Confers with his regional counterparts and his individual Medical Advisor to improve general health status of employees and environment in order to lower rates.	Advises Company management regularly and at least annually on the overall absenteeism program for Company, and the efforts of all agencies to improve the rates. Suggests further methods to Regional Directors for handling general or specific areas of problem.	Informed if any portion of absenteeism is related to hazardous operations or environment. Plans improvement of same.		Informed of any portion of absenteeism due to occupational or non-occupational accidents. Plans program with Medical to improve situation.
T&P	Gives approval for forwarding files on possible T&P cases to A&I Department, New York	Advises through local Medical Dept. or advisor regarding any employee who might be considered for T&P. Arranges through or with Medical Dept. to obtain necessary medical documents from private physicians. Supplies all other necessary data on employee's status (service data-salary data-last work date etc.).	Provides on correct forms data from employee's Company medical file or current exam. Gives his opinion as to possible eligibility (medical) for T&P designation to management. Assists management with obtaining necessary medical data from private physicians - hospitals - clinics referable to employee's medical status.	Reviews all T&P cases medically from his area. Submits his opinion in form of written memo. Forwards data thru management channels to Hdqtrs. A&I. Has no authority to prevent submission of data to Hdqtrs. except by expressing his best judgement in memo attached to file.	Gives opinion (in terms of Company plan) to secretary of Benefits Committee regarding medical status of candidate.	Advises MD's if any connections exist between alleged medical conditions relating to job.	Advises and consults with Claims Dept. regarding compensation claims relating to occupational hazards. Assists Claims and Law Departments in any case needing information re his specialty.	

(22026MOBI)

ITEM	MANAGER OR SUPERINTENDENT	E.H. ADVISOR	MEDICAL ADVISOR OR PLANT PHYSICIAN	REGIONAL MEDICAL DIRECTOR	MEDICAL DIRECTOR	MOBIL OIL INDUSTRIAL HYGIENIST	SOCONY MOBIL INDUSTRIAL HYGIENIST	SAFETY ADVISOR
TOXICOLOGY	1) Active support of Company's Toxicology Policy and responsible for administration of same. 2) Support and approval regarding recommendations on work environment from Regional Medical Directors and/or plant physicians. 3) Requests evaluation of work hazards and processing operations 4) Advises Corporate Industrial Hygienist on all matters of product formulation, reformulation, and proposed new processes.	Shows active interest in program, requests advice regarding proper employee work clothing against specific toxicological hazards in order to meet state codes and regulations.	Responsible for treatment (immediate) of individual exposed or injured by toxic or hareful substances. Notifies Industrial Hygienist of any unusual medical findings relating to work environment or process. Consults with Industrial Hygienist about specific job conditions or material handled.	Should have general knowledge of all toxicological aspects of Company products. Consults with customers' Medical Directors on product toxicology and recommends treatment when necessary. Supervises adoption and adherence by plant physicians to Company policy on toxicology.	Thorough knowledge of general Industrial Hygiene program. Coordinates medical program with industrial hygiene program through Industrial Hygienists and MD's. Advises management of problems-research, etc.	Studies all company operations in his area and is responsible to Regional Medical Director - informing Regional Medical Director and local medical and line management of findings and proposals to remedy. May propose that local medical advisor check medical effects of jobs on employees. Coordinates all programs with Corporate Industrial Hygienist and consults directly with him on all industrial hygiene problems.	Responsible for all Company wide policies on Industrial Hygiene Responsible for biological and toxicological research projects. Shares responsibilities for Company's compliance with legal obligations - state - federal laws. Shares all information on above subjects with regional Industrial Hygienists, Medical Director, Management and Regional Medical Directors.	Aids in adoption and continued application of industrial hygiene measures for the protection of employee. Consults with all Medical Department personnel regarding questionable practices with possible hazards.

(2202SMOBI)

APPENDIX VI

SUMMARY OF INDUSTRY PRACTICES REGARDING PERIODIC HEALTH EXAMINATIONS APRIL 1960

ESSO STANDARD

All employees are offered a voluntary periodic health review. In field installations, such a review is offered, regardless of age, on an annual basis. At Headquarters office (NYC), the review is offered as follows:

1) 50 yrs. and older - annually
2) 40-50 years - every 2 years
3) up to 40 years - every 5 years

At Headquarters, all employees accepting the periodic review are seen annually (between regular assigned reviews) for interviews which include an interval medical history, chest x-ray, hemoglobin, urinalysis, height, weight, vision and blood pressure reading. If any major findings result from this simple health assessment, a full review may be ordered.

The regular review at Headquarters or in the field consists of a history, physical examination. chest x-ray, hemoglobin, urinalysis and serology. An electrocardiogram is added in the older age group.

TEXACO

All employees are offered a periodic health review (voluntary) based on age:

annually - 45 yrs. and older
every 2 years - 44 yrs. and younger

If the review is done in a company installation, it consists of history, physical examination, urinalysis, hemoglobin and chest x-ray. Any other tests are done at discretion of examining physician.

If review is done at outside facilities, the chest x-ray and additional tests are not done except under unusual circumstances.

GULF

At present, Gulf is planning a reorganization of their medical program.. Until now, the periodic program has been carried out in varying degrees ranging from no program to an occasional elaborate program. Port Arthur, Texas has the only in-plant service and only here is a periodic health examination offered to all employees. However, there is no regular periodicity since employees are seen

GULF (continued)

for periodics occasioned by:

a) return from illness
b) occurrence of illness due to job
c) compensatory injuries/illnesses
d) transfers or promotions

Throughout the remainder of Gulf installations, the general periodic program is carried out only for personnel in hazardous work or where required by law. Executives, however, have the authority to have their periodic by any physician at any location. The average cost of such an examination is about $154.00 per executive.

Management is aware that only a small portion of their 55,000 USA employees are being examined. They hope that, under the reorganization, all employees will be examined periodically, and that there will be a better cost and quality control by centralizing the medical budget in the medical department. At present, medical costs are allocated locally to each company installation and directly to the budget of the examinee's department.

STANDARD OIL CO. OF CALIFORNIA

All employees, hourly and salaried, are given periodic examinations. These examinations are compulsory and continued employment is contingent on complying with this regulation.

Employees 40 yrs. to 65 yrs. - examined annualy
Employees 39 yrs. and younger - examined every 2 yrs.

Every effort is made to have these examinations done in a company medical department, but, in areas where none is located, panel physicians are used.

The periodic examination consists of:

a) a medical history
b) a physical examination
c) a urinalysis

Any further laboratory work indicated by the company examining physician is done at outside facilities at the employee's own expense. Such a program applies to 36,000 USA employees.

The only exceptions to the above program are 200 executives who may have additional laboratory work (EKG's - chest x-rays - GI series etc.) at company expense, if and when such is deemed necessary by the company medical department. Approximately $100 is spent per executive per year for additional work.

STANDARD OIL CO. OF CALIFORNIA (continued)

Presently, management is pressing for more comprehensive medical examinations for all employees. Medical management is fighting to maintain the present system. The Medical Director feels that additions to the examination of each employee might intrude on the field of private practitioners (this is a general attitude of the West Coast industrial medical organizations) and, also, he feels it would be impossible to decide where to stop with additional work (law of diminishing returns to company from the program).

STANDARD OIL OF INDIANA

The entire medical program is presently being revamped, because up to this time the medical program is extremely variable in quantity, quality, and emplo s eligible for same.

Standard Oil of Indiana is hopeful, in their planned reorganization, that all subsidiaries, including the American Oil Company at Texas City will follow one medical program. At present the Texas City Refinery operates entirely independently in all aspects, including medical.

At the Chicago headquarters, periodic health review is offered:

every 3 years to employees under 35
every 2 years to employees 35-45 years
every year to employees 45 years and above.

In their general marketing division, outside of the clerical personnel at the headquarters office at Chicago, no periodic reviews are given to employees. In local divisional headquarters areas of the marketing division, only management is eligible for periodic reviews and this is left to local management as to timing, etc.

In the manufacturing division, periodic health reviews are given where there are established in-plant services. Here all employees are eligible for examinati ons every three years. The executives of these manufacturing units are eligible to have an annual examination.

Management presently is considering a periodic health review for all employees, regardless of function, location or pay status, to be voluntary according to age groups:

35 yrs. and younger - every 3 years
36 yrs. to 45 yrs. - every 2 years
46 yrs. and older - every year

It is estimated to require 5 years to implement such a program.

ATLANTIC

This company also, like many others, is considering a reorganization of its medical effort because of the variety of programs presently being followed. Presently all members of management at their headquarters offices are examined every two years. The same applies to any employee in an installation where an in-plant service exists. Their marketing men are examined every 2-3 years by a traveling physician who visits all areas carrying his medical equipment in a specially equipped automobile. The physician is a full time member of the company medical staff.

In their producing division, only the high level people are examined and this is accomplished every two years. The remainder of their employees are not medically reviewed.

In the case of all clerical employees, other than at headquarters, examinations are furnished only on request.

UNION CARBIDE

The medical department of this company is organized into two separate divisions:

1) The medical department for headquarters, all consolidated branch offices and divisional headquarters offices.

2) The medical department which covers all manufacturing units or heavy duty type operations.

Each division has a Medical Director. The present medical program of the Headquarters and branch office divisions, will be followed in the manufacturing and heavy duty divisions.

The periodic program is voluntary and is based on age groups:

annually - 45 years and older
every 2 years - under 45 years

There is now about a 99% acceptance of the periodic review, which was begun in 1952.

All periodic reviews include at least the history, the physical examination, complete blood count and urinalysis. In addition, any laboratory procedure deemed necessary by the examiner is accomplished. If the company medical department does not have the facilities or staff for the additional procedures, the cost at outside facilities is borne by the company. Further, if consultation with any outside specialist (psychiatrist, orthopedist, dentist, etc.) is indicated in order to give a current evaluation to the employee, these costs are borne by the company.

UNION CARBIDE (continued)

At the conclusion of each periodic, all findings are sent to the family physician of the employee, particularly if any follow-up treatment is indicated.

If such periodic reviews are done in areas where no company in-plant service exists, the entire cost is absorbed by the company (the range for such is $60-$125).

In the International Division of the company, all employees are seen, regardless of age, for this complete review on an annual basis. The same applies to members of the company's foreign and domestic aviation departments.

This program has already been started in the heavy duty and manufacturing divisions and has covered all executive level jobs. Within three to five years, it is hoped all employees of the heavy duty division will be so covered

DuPONT

Periodic health reviews are voluntary, according to age:

under 30 years - every 2 years
over 30 years - every year

The periodic includes history, physical, complete blood count, urinalysis and chest film. In the over 30 years of age group, an EKG is added.

All individuals, 35 years or above, are given a chest film at the six month interval period between regular examinations. Those 50 years and older, also have a six month chest film and an interview with blood pressure reading.

This plan is followed throughout all DuPont offices and plants even if an in-plant service does not exist. It is estimated that there is 97% participation among DuPont's 83,000 employees in the USA.

In addition, DuPont allows and even encourages annuitants to avail themselves of the same program where DuPont maintains an in-plant service.

If a field medical department needs consultation service in any specialized fields, they may request a visit of a consultant, if such a specialist is on the staff of Headquarters Medical Office, Wilmington. Most of the specialties are represented on the staff there. In most fields, several in one specialty are on the staff thus allowing for one to be on the road almost constantly.

It is thought that the entire medical program of DuPont-USA costs about $6 to $8 million.

AMERICAN CYANAMID

A periodic health review is offered to each employee, regardless of age, each year. The program is voluntary. Most of such examinations, with about an 80% acceptance, are done in company in-plant medical departments. The company has 11 operating divisions with a total of 25,000 employees. The reviews consist of a medical history, physical examination, a hemoglobin, chest x-ray, urinalysis and any other laboratory procedure deemed necessary by the examiners. On the few examinations that cannot be done at company installations, it has been found that the average cost in outside medical facilities is about $30.00 (includes a chest x-ray).

PERIODIC PHYSICAL EXAMINATIONS AND THE KEY PERSONNEL

Introduction

No one will doubt that the most valuable asset of a Company is its employees. A small part of the employee group bears the responsibility for directing the Company's activities and for planning and researching new fields so that the Company can succeed in today's highly competitive markets. Such individuals are the Company's key personnel. It is imperative that the health of these employees be maintained at the highest possible level. If such a goal is achieved, the Company will be assured, insofar as possible, that members of its management are not handicapped by ill health.

Key personnel in whom the Company has made and is making a great investment in training and development should be provided with a comprehensive medical review as often as is deemed appropriate by the Medical Department. It is impossible to fix the frequency of the periodic examination for each member of this group. Each individual should have planned for him a comprehensive medical review or check-up the extent of which can only be determined by the findings of his most recent review. Neither age nor position should be or can be the determining factor. Only a thorough diagnostic evaluation of his present state of health can dictate the timing of subsequent examinations.

Furthermore, it is not advisable to list the tests that make up a comprehensive review. Key personnel will include men of all ages and each will present unique health problems. As with all other employees, a basic medical review will be made including a detailed discussion of work loads, responsibilities, a family history, a past medical history, plus a complete physical examination, urinalysis, chest x-ray and a complete blood count. Additional laboratory and x-ray tests, confirming diagnostic consultations should be ordered if indicated by the basic examination and history. Key personnel will procrastinate about having periodic health reviews as much as any other employee. They must be impressed that they should voluntarily avail themselves of the Company's willingness to provide a thorough periodic examination. Most key personnel are found in the age group where many disease entities present their initial symptoms.

To apply unwarranted or duplicating tests or examinations in the laboratory, is wasteful of the examinee's time and tolerance, as well as costly. If key personnel lose confidence in the program due to poor planning of examinations, the entire program will be jeopardized.

Nevertheless, whatever test or consultation is indicated in order to establish a medical fact or diagnosis, even if such a test is time consuming, temporarily uncomfortable or unesthetic, should be proposed and explained. In all probability, the sincerity and logical planning of the medical adviser will win over any objections on the part of the examinee. If the examination is soundly planned, there will be no problem of justifying the costs of the tests. The results, negative or positive, in the final analysis of the individual's review will give the justification.

The cost of curative treatment recommended will not be borne by the Company. An unexpected, but preventable death or long absence due to serious illness

in the case of key personnel is both tragic, and extremely costly to the entire Company. The goal of this section of the Mobil Oil Company's Medical Program is to assist, as much as possible, in maintaining key personnel in a "positive" state of health. This can be done directly to the advantage of the person involved, and indirectly to the advantage of all others in the Company. A more effective management is apt to result if managers are in good physical and mental health.

Administrative Procedure

The Employee Relations Department of each Company unit will furnish to the Company physician who has custody of the medical records of the employees in that unit (Regional Medical Director, Medical Advisor, or Plant Physician) a list of key personnel. At the time of the regularly scheduled periodic, the examining physician will be requested to make such additional tests as the judgment of the Company physician indicates, with the objective of assuring beyond reasonable doubt that no unsuspected health problems exist. In the event health problems are discovered, special care shall be taken to impress on the employee the necessity for corrective action. A follow-up visit shall be scheduled at the appropriate interval to verify that corrective action has been taken, or again to urge the treatment.

The Company physician shall review the list of key employees with Employee Relations to determine which employees on that list should be offered more frequent periodic examinations because of the nature of their responsibility. In general, in the absence of special medical considerations, such frequency should not exceed every two years from 40-55, and every year thereafter. Annual physicals may be scheduled below age 55 in special cases where unusually heavy responsibility and heavy work load are borne.

The ethical Doctor-Patient relationship shall be maintained. If management desires medical information about an employee, in making decisions as to assignment or promotion, for example, the employee will be requested to authorize the physician to release the information.