

CONFIDENTIAL

See final page

January 23, 1963

PNEUMOCONIOSIS CASES

1. Definitions

- A. A Red slip case is an employee who has been medically identified as having one of three stages of pneumoconiosis of occupational origin.
- B. A Pink slip case is an employee who has been medically identified as possibly showing signs of pneumoconiosis.
- C. A Blue slip case is an employee who has been medically identified as having a non-occupational lung condition. (Ordinarily, this person is promptly told of his condition and management is promptly alerted.)

2. Red Slip Cases

A. Problem

We have 71 Red slip cases. The Doctor has advised management to keep these employees out of toxic dust. Forty-six of these employees have been told (by the Doctor) of their condition and are either in dust free areas or are wearing respirators on part or all of their jobs.

Twenty-five identified Red slip cases have not been told of their condition and are not necessarily in dust free jobs.

B. Background

In 1955 we surveyed the plant and discovered 50 Red cases. By late 1957, most of the cases had been told of their condition and were "safely" placed.

From late 1957 to late 1961, some Red slip cases were retired or had expired. Some new cases had been discovered each year. The average number of cases remained at about 50 with from 46 to 50 knowing of their condition and being "safely" placed.

In late 1961, the reading of X-rays of annual physicals fell behind. In July and August, 1962, Dr. Smith read all delinquent X-rays. He reported 24 new Red cases. He stated that some of the new cases should have been classified at an earlier X-ray. (For example: Dr. Pitts read an X-ray of January, 1961 and said it was not a Red case. Dr. Smith read an X-ray of January, 1962 and said it was Red and further, the January, 1961 X-ray should have been Red.)

Dr. Smith reads X-rays throughout J-M and has a broader knowledge of Workmen Compensation liabilities on O.D. cases in the U.S. and Canada.

From July, 1962 until now, only two new Red slip employees have been told of their condition.

post-consumption

C. Discussion

- (1) From a moral standpoint, employees identified as having pneumoconiosis should be told of their condition promptly.
- (2) From an ethical standpoint, Doctors should tell these people of their condition promptly.
- (3) From a practical standpoint, if we tell 25 persons they are pneumoconiotic within the next 2 to 6 weeks, there may be an undesirable panic or near-panic.

D. Recommendations

- (1) As an employee who is an untold Red slip case comes up for his annual physical, Medical, Safety and management personnel will place a top priority on clearing his job and telling him of his condition. (The plan will be to tell 1 in January, 5 in February, 3 in March, 3 in April, 3 in May, 3 in June, 3 in July and 4 in August. Thus the backlog will be completed by September 1, 1963.)
- (2) Safety and Medical personnel will arrange to handle "problem" cases first.
- (3) Safety and Medical personnel will draw-up a schedule of annual examinations of these untold Red slip cases in order to avoid such problems of telling two employees in the same department in the same month that they are Red slip cases.

F. Pink Slip Cases

A. Problems

We have approximately 225 Pink slip cases. In each case a Doctor has advised management - "Keep this employee out of toxic dust."

- (1) The Doctor has not told the employee he is a "possible" case.
- (2) Management cannot keep the employee out of dust if they cannot tell the employee the reason for their action.

B. Background

At a meeting of C. L. Sheckler, Dr. Davison, Eoyd Mulder, R. C. Smith, J. D. Anderson and E. C. Grane on January 17, 1963, the Pink slip case problem was discussed.

It was generally agreed that management cannot, at this time, handle the problem of telling 225 Pink cases of their "possible" condition, keeping them on dust-free jobs, and steering them out of temporary dusty jobs which come up without a job classification change.

Mr. Sheckler mentioned that at the Henville Plant, there are no Pink slips. All information on the subject is kept in the Medical record of the employee and is reviewed carefully by Medical personnel at each annual physical.

C. Recommendations

- (1) We recommend a policy be made that all information on Pink slip cases be returned to the Medical department records and that any new "possible" pneumoconiosis cases be kept in the Medical records only.
- (2) In order to carry out this policy, the Safety department will collect all Pink slips in its possession and in the employee's personnel file and return them to the Medical department.
- (3) The Medical department will check that proper notes are made in the employee's medical record and will then destroy the Pink slip.
- (4) Managers will inform Superintendents and Supervisors to destroy all records or codes which refer to Pink slip cases.

R. C. SMITH

*Discussed at plant management
meeting on Jan 31, 1963*

*all recommendations approved
by management in general office 1-31-63*

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CONFIDENTIAL

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January 23, 1963

PSYCHOLOGICAL CASES

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Dr. Smith reads X-rays throughout J-M and has a broader knowledge of Workman Compensation liabilities on O.D. cases in the U.S. and Canada.

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post-consumption

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- (4) Managers will inform Superintendents and Supervisors to destroy all records or codes which refer to Pink slip cases.

R. C. SMITH

*Discussed at Plant Managers
meeting on JAN 31, 1963
all recommendations approved
by managers in general office 1-31-63*

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PROCEDURE FOR WORK RESTRICTION AND COUNSELING OF
PNEUMOCONIOSIS CASES - MANVILLE PLANT

I. Diagnosis of pneumoconiosis established at time of periodic or other special examination by Company Physician.

1. Company Physician advises employee of his diagnosis and prognosis; that protective restrictions are being placed upon him; and that he will be examined and counselled annually regarding the status of his condition.
2. Physician also advises employee that his present job is safe, if this is known. If this is not known, physician advises employee that his work area will be checked, and that both the employee and his Supervisor will be informed of result of this investigation, via Employee Relations Department.
3. Company Physician records in employee's medical record that he has been advised of his diagnosis and counseled.
4. Company Physician immediately advises Plant Manager (via phone) of diagnosis of new pneumoconiosis case. In Manager's absence, Euliding Superintendent or Employee Relations Manager is advised. Physician notes in employee's medical record that this was done.
5. Company Physician advises Employee Relations Department, via restriction form (#56-5), that employee has been advised and counseled.

II. The Company Physician establishing diagnosis recommends that employee must not work in areas over currently accepted Company threshold limit value (TLV) for pneumoconiosis-producing dust, or a respirator must be worn.

1. Company Physician initiates restriction form (red).
2. Restriction form is sent to Employee Relations Department. Copy is retained in employee's medical record.
3. (a) Employee Relations Department checks Industrial Hygiene records or consults with Industrial Hygienist re: latest counts of employee's present job area, and other possible exposures to which employee might be subject while performing present job.

(b) Employee Relations Department advises Plant Manager and Superintendent that employee's present job is within Company TLV or potential job change is required because of employee's pneumoconiosis.

If present job environment is not within Company TLV but Engineering Control is to be effected within six (6) months, employee may remain on his present job, with a respirator required until completion of Engineering Control.

If Engineering Control is longer than six (6) months, employee may remain on his job (using a respirator) while Employee Relations Department implements transfer to an approved job.

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II. (Con't.)

3. If work area exceeds the Company TLV and employee is unable to wear an approved respirator for medical reasons; or if Engineering controls are scheduled beyond 18 months, Employee Relations Department will initiate a new job assignment to a controlled area. The new job assignment and transfer will be made in accord with contractual or established procedures.

(c) Employee Relations Department flags employee's personnel records regarding permanent restriction.

(d) Employee Relations Department advises Company Physician and employee that employee's job is approved (permanently or temporarily as per 3. (b) above). If temporarily approved, employee's name is placed in ER bring-up file at 6 months, to ascertain whether Engineering Control has been effected at that time.