PEGGY

Date 27 April 1976

INTEROFFICE
MEMORANDUM

Subject MEDICAL TREATMENT OF EMERGENCY EXPOSURE TO VCM

To T. L. CAREY — VALLEY FORGE (Location, Organization, or Department)

From J. C. NOVAK — VALLEY FORGE (Location, Organization, or Department)

cc: J. T. Barr/Valley Forge
B. Beidleman, M.D./Pensacola
C. E. Blades/Piscataway
W. Blalock, M.D./Paducah
T. W. Herbig/Calvert City
R. E. Jones/Escambia
J. D. Kramer/Calvert City
M. Kuschner, M.D./Stoneybrook
A. K. McMillan/Valley Forge
J. F. Odom/Escambia
E. A. Primeau/Escambia
R. H. Schenck/Valley Forge
L. B. Tepper/Trexlertown
M. Ufberg, M.D./Allentown
H. L. Watson/Valley Forge
F. Wei, M.D./Princeton

During the Medical Program Meeting in Houston on 3 March 1976, the physicians have addressed themselves to the question of the requirements for medical treatment in case of emergency or massive exposure to vinyl chloride.

By definition, an emergency or massive exposure to vinyl chloride is when a person is exposed to VCM concentrations exceeding 100 ppm.

The physicians have agreed to the following medical treatment for those who had emergency or massive exposure:

1.) If the person, after exposure, displays any of the clinical symptoms of dizziness, disorientation, signs of intoxication, nausea, headache, vomiting, and incoordination--the person shall be admitted to a hospital for overnight observation. He shall be given an SMA-12 test at the time of admittance and a repeat test three (3) weeks after the exposure.

2.) If the person, after exposure to emergency or massive quantities of VCM, does not display any of the above clinical symptoms--he shall be given an SMA-12 test "immediately" and a repeat test three (3) weeks after the exposure. Hospital observation is not required.

J. C. Novak

J. C. NOVAK

JCN:heg

(320)

AP00024166

Bebes copy

Air Products and Chemicals INC
ALLENTOWN, PENNSYLVANIA 18105

26 August 1977

Dr. Tepper
215 398 [illegible]

Lloyd B. Tepper, M.D.
Corporate Medical Director

Barkley Beidleman, M.D., F.A.C.P.
The Medical Center Clinic
8333 North Davis Highway
Pensacola, FL 32504

Dear Bark:

The tablets are not yet inscribed as my stone chisel is out for sharpening. It seems to me that we should identify the VCM and amines people and see them yearly. For people unexposed to chemicals, I'd say get a baseline (if we have not already enrolled the employee in the "system") and then do something such as:

Age 17-29 years, interval 5 years —
Age 30-44 years, interval 2-3 years
Age 45-65 years, interval one year + Amines + PVC

The "2-3 years" would depend upon the available time and extent of the backlog. For people who are neither "VCM" or "unexposed" there will have to be some judgment as to what is appropriate. I also have reasonably strong feelings about people who travel a lot, overeating and drinking, poor nutrition, wierd hours, etc. Seems to me that Bebe and assistant ought to be able to fill your available "slots" using the above criteria and not get into difficulty.

There is really no reason that you cannot use the LAP if you think it's important, especially in persons exposed to hepatotoxins. If you're responsible for watching over people's livers, you ought to have available to you those surveillance tools which you trust and which are reasonable to use. The LAP is not unreasonable.

Very truly yours,

Lloyd B. Tepper, M.D.

LBT:ljb

Air Products and Chemicals INC
ALLENTOWN, PENNSYLVANIA 18105

28 December 1978

Lloyd B. Tepper, M.D.
Corporate Medical Director

Barkley Beidleman, M.D.
The Medical Center Clinic
8333 North Davis Highway
Pensacola, Florida 32504

Dear Bark:

Your letter of December 11th just arrived. (I see now that it's postmarked December 20th.)

First about the chest films: I suspect that every scheme is arbitrary. One rarely sees bronchiogenic carcinoma in persons under 40, but when one does the disease is surely worth finding. My feeling is that the best scheme reflects age, occupation, smoking habits, history, and convenience of the procedure. Of these factors, smoking is probably the most important, and I would have no reservation in obtaining an annual film on all smokers. So doing probably has an educational impact on the smoker as well. Frankly I'm not sure what is likely to be found in asymptomatic non-smokers under 40 or 45. What has been your specific experience that leads you to conclude that "everybody ought to have an annual chest x-ray regardless of age..."? The radiologists with whom I deal don't appear to subscribe to this.

Your second question about employment standards reflects concern about an area in which the rules are rapidly changing. One thing that can be said flat-out is that an employer cannot reject an applicant solely to protect against the likelihood of insurance claims. Your man with a cardiac defect, who presumably can handle the job, could sue successfully if he was barred from employment only because it would be likely that we would have to pay for diagnostic studies, surgery, lost time, etc.

As I see it (on 12/27/78), we ought not to hire:

1. People who have an existing condition that would be aggravated by the intended job. Examples: Lifting & disc disease; diabetes & rotating shifts or irregular travel requirements; liver disease & chlorinated hydrocarbon exposure. Hypertension & "stress" is a gray area.

2. People who have a condition which invalidates tests used to detect occupational intoxication. Examples: Abnormal liver function tests in VCM workers; sarcoidosis in beryllium workers.

3. People who have a condition which would place fellow workers, customers, or the public in jeopardy. Examples: Communicable disease; ASHD in truck drivers, pilots, crane operators, armed guards, etc; seizure disorders in these occupations.

4. People who cannot do the job. Examples: Color-blind instrument electricians; warehousemen with orthopedic problems.

If your man with the inter-atrial septal defect can do the job and not be injured by it nor put others at risk, he's employable. We pick up the insurance tab. At some point the regulators who plan our lives determined that it is of greater social value to see that this man is employed than to preserve the traditional prerogatives of the employer.

No, it will not be Tahiti, but the medical get-together is long over-due. I'd like to get the Calvert City situation worked out first, viz., who is doing what.

Best wishes for the New Year,

Lloyd B. Tepper, M.D.

LBT:lpf