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Liberty Mutual Cover Letter

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LIBERTY MUTUAL



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December 18, 1967

Mr. Malcomb R. Baker, Personnel Director
Tilo Company, Inc.
347 Longbrook Avenue
Stratford, Connecticut

Dear Mr. Bakers

We recently reviewed with you the medical arrangements for your Tilo plant. Our findings to date and recommendations resulting are outlined in the attached report.

Basically our recommendations are in 3 areas -

a program of medical examinations

selection of a physician

a formalized first aid program.

It is our feeling that, in order to further define the direction medical controls should take, environmental studies be made to identify exposure levels in your production operation. Once these are done we can then define specifically the scope of the medical examination program.

At the end of the attached report is a brief discussion of medical services for your distribution centers.

Very truly yours,

J. V. Donaldson
J. V. Donaldson, M.D.
Division Medical Director
Loss Prevention Med. Dept.

JVD:eps

cc: Emmett B. Thompson, President
E. Ondrick, Vice-President
F. J. Piscioli, General Mgr. of Mfg.
James M. MacMillan, M.D. - Medical Director ✓
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MEDICAL EXAMINATIONS

This recommendation is made in full knowledge of the high turnover rate. It has been our experience that a medical examination program often controls high turnover by eliminating from employment those individuals who are obviously unsuited for the work available.

This recommendation to initiate pre-placement medical examinations is based on the following:

The nature of the work. Many of the jobs require considerable heavy labor. Careful selection is indicated to insure that individuals with inadequate physical abilities are not placed in these jobs. This is particularly important in relation to the back, which has become such a significant, costly factor in today's workmen's compensation experience.

Asbestos is utilized in your product. Only recently has the true significance of the asbestosis hazard been recognized. While only a few of your employees are in close approximation to these operations evidence is accumulating that only a slight exposure, even at some distance can be potentially hazardous. It's particularly important that individuals with prior respiratory difficulty be excluded from such exposures.

Moving equipment and vehicles are in operation in the plant. Operators are not evaluated as to visual ability or other conditions which might interfere with coordination and ultimate safety.

Other materials used in production - such as asphalt, mica, trichloroethylene, represent potential hazards to individuals with pre-existing disabilities or susceptibilities.

The recent liberalization of Connecticut Workmen's Compensation Laws. This further emphasizes the need for more careful employee selection. Prior knowledge of an employee's physical condition will be mandatory if unjustified claims for disabilities or aggravations are to be contravened. The inclusion of a Second Injury Statute will offer considerable protection to employers in appropriate cases - but prior knowledge of the health status of the employee will be needed to qualify for relief.

If and when a decision is made to institute pre-placement medical examinations then the appropriate scope of the examination can be defined. Likewise, the scope and frequency of re-examinations in selected circumstances can be outlined.

SELECTION OF A PHYSICIAN

The most effective results can be realized when one physician is given the responsibility for all aspects of the Tilo medical service. In this approach coordination is attained and management has available a medical advisor for any related problem which may arise. The physician's responsibilities would include carrying out the medical examinations, treating minor compensation cases, supervising the first aid program and consulting with management.

The recently amended Connecticut Workmen's Compensation Law gives employees free choice in selecting a treating physician. However, management has the right to send them to the physician of management's choice for the initial emergency treatment (when a designated company physician exists). By having their own physician, one who is known to the employees from prior contacts, it should be possible to influence continuing care of the case by this physician. This, in turn, should mean better control of lost time and costs.

Since the plant population is not large enough to necessitate in-plant physician visits arrangements should be made with a physician in the near neighborhood.

Any physician selected should, of course, tour the plant and learn its operations.

FIRST AID PROGRAM

Present plant size does not justify a full time in-plant nurse. (Although certainly a part time nurse could be well utilized). Any further increase in population would, however, re-open consideration of this possibility.

At present there is no formal first aid program. The individual currently giving the bulk of the care has had no training. No records of treatment are kept.

It is recommended that one individual (with an alternate) be given current training (Red Cross) and then assigned responsibility for all first aid care, for each shift. Complete entries for all treatments given, properly signed, are needed if future protection for legal reasons is ever needed.

DISTRIBUTION CRITERIA

At present apparently no evaluation of any kind is made of applicants for positions at these locations. This would seem particularly significant in placing individuals in the job of mechanic.

In previous correspondence you were provided with a sample screening form for use in such situations. This approach could certainly be considered better than no attempt at all to evaluate prospective employees. But it should never be forgotten that physical examinations represent the only meaningful medical approach to control of the workmen's compensation experience. The growing liberalisation of workmen's compensation law, and the opportunity for relief under second injury statutes, emphasize the importance of adopting this consideration as soon as possible.