FROM

GARY C. GRIESBACH

ROCKDALE WORKS

TO

CHARLES F. DiMASCIO

PITTSBURGH OFFICE

CONFIDENTIAL

1987 November 23

RE: CLARIFICATION ON QUESTIONABLE OSHA RECORDABLE ILLNESSES

Dr. Washam and I have recently discussed several cases which I feel need to be reviewed closely by Alcoa before a decision is made to enter them on the OSHA log. Though there may be similar health problems at other Alcoa locations, I think a decision making these OSHA recordable is "precedent setting". Please note that the work relationship is questionable in all cases. (See letter from E. B. Parker dated 1987 July 02 regarding two of these cases). Would you please review the information attached, particularly Dr. Washam's letter on 1987 October 12. I have also included some information from the latest BLS/OSHA recordkeeping guidelines which I feel addresses the issue.

In my opinion the last case REDACTED is not in any way work related and therefore should not be recorded on the OSHA log. However, the others may be.

Please advise whether or not they should be recorded or not. If they should, is this another example of when the new case Type 6 should be used? Also, what is the future impact on this decision on Alcoa? Awaiting your reply.

GARY C. GRIESBACH

GCG/jb:1150

Attachment

cc:
W. T. Washam, M. D.
G. H. Lantz
E. B. Parker

ARD 003926

ALCOA

SF-4563 (REV 11-68)

FROM W. T. WASHAM, M.D.
ROCKDALE WORKS

TO MR. G. C. GRIESBACH
ROCKDALE WORKS

CONFIDENTIAL

1987 October 12

RE: OSHA LOG REPORTING OF PLEURAL PLAQUES AND CALCIFICATIONS

We have previously discussed cases of pleural calcification without present evidence of asbestosis in Rockdale Works employees REDACTED and REDACTED (see Attachments 1 and 2).

Recently we examined and reviewed the chest x-rays of REDACTED and obtained a report from his personal pulmonary specialist Dr. Harold Cain. We reviewed REDACTED chest x-rays October 9 with Dr. Richard Lillard, radiologist, who reported that pleural calcificaitons noted since 1976 were not changed. No pulmonary fibrosis nor asbestosis were identified by Dr. Lillard.

On October 9 we reviewed chest x-rays on REDACTED who stated he had no known history of asbestos exposure. Our records contain reports stating pleural thickening was present prior to his employment at Rockdale Works in 1963. He was seen by Dr. Robert Morrison, pulmonary specialist, in 1981. Dr. Morrison's report states he does not feel REDACTED 's pulmonary condition was work related. Dr. Lillard's report today states there are no changes present in the pleural and hemidiaphragm calcification found in REDACTED s chest x-ray of 1987 as compared with previous x-rays. No evidence of asbestosis was identified.

As we previously discussed, the presence of pleural plaques does not necessarily imply coexistent asbestosis. Pleural calcification indicates probable prior asbestos exposure.

We plan to monitor the above individuals with recommended annual health evaluations including chest x-rays and pulmonary function testing.

W T Washam MD

W. T. WASHAM, M.D.

WTW:ak
Attachments

ARD 003927

ALCOA

AP-4563 (REV. 11-68)

ATTACHMENT NO. 1

(1) REDACTED

Birth date -- 32-05-31
Service date -- 55-12-15

85-05-15	Chest x-ray shows calcification of right hemidiaphragm
85-05-22	X-rays reviewed with REDACTED and referral made to Division of Pulmonary Medicine, Scott & White, Temple, Texas
85-05-31	Report received from Scott & White Diagnosis -- Benign diaphragmatic pleural calcification, most likely due to asbestos exposure
85-06-03	Copy of Scott & White report given to and discussed with REDACTED
86-05-22	Examination - X-rays - No Changes
87-05-14	Examination - X-rays - No Changes

ATTACHMENT NO. 2

(2) REDACTED Birth date -- 31-08-04
Service date -- 53-07-06

86-11-9 X-ray shows calcification of left hemi-diaphragm - unchanged since 1983-1984

86-11-21 X-rays reviewed and discussed with REDACTED Referred to personal physician for pulmonary consultation.

REDACTED on lay-off

87-06-22 Obtained Scott & White report after obtaining authorization from REDACTED Report states pleural calcification present and should be observed for pulmonary asbestos disease changes. Report also states changes may be due to heavy smoking. Strongly advised to stop smoking.

87-06-26 Copy of Scott & White report given to and discussed with REDACTED. REDACTED states will get follow-up x-rays from personal physician and have reports sent to our Medical Department. We advised that x-rays would be available here, if he wished to be taken here.

ATTACHMENT NO. 3

(3) REDACTED Birth date -- 31-09-25
Service date -- 54-07-24

1976	Pleural thickening and calcification noted. Referred to personal physician for further evaluation.
82-02-08	Pleural calcification unchanged since 1977
83-06-06	No change
84-07-25	No change
85-12-20	No change
86-12-15	No change
87-9-15	No change
87-9-16	Reviewed and discussed x-rays REDACTED states has been under care of Dr. Harold Cain, Austin, for treatment of Bronchial Asthma. Dr. Cain called and report requested.
87-9-21	Work assignment modified to avoid exposure to dust and fumes. Respiratory monitoring scheduled.
87-10-08	Report from Dr. Harold Cain received and reviewed.
87-10-09	Dr. Cain report and chest x-rays reviewed with Dr. Lillard. Bilateral pleural thickening and calcification noted since 1976 not changed. No pulmonary fibrosis nor asbestosis identified by Dr. Lillard.
87-10-12	Conference to discuss Dr. Cain's report and x-rays. Copy of report given to REDACTED

ATTACHMENT NO. 4

(4) REDACTED - Birth date -- 29-10-21
Service date -- 63-11-20

54-10-05	Pleural thickening noted on pre-employment examination (was not hired until 1963). Has history of chest infections, stated had no known asbestos exposure. Subsequent chest x-rays through 87-10-06 reported pleural calcification not changed.
81-4-20	Specialist report from Dr. Robert B. Morrison reports calcification of pleura which is not work related.
87-10-09	X-ray findings and Dr. Morrison report discussed. Copy of Dr. Morrison report given to REDACTED

FROM

E. B. PARKER

ROCKDALE WORKS

TO

DR. W. T. WASHAM

ROCKDALE WORKS

CONFIDENTIAL

1987 July 02

RE: ASBESTOS EXPOSURE

On June 29, 1987, you asked me for any information in our files which might indicate the degree to which REDACTED and REDACTED Farr have been exposed to asbestos during their Alcoa working career.

REDACTED spend the first two months of his employment in the Utility Department. He then moved into Potlining and worked there for nearly 31 years until June of 1984 when he transferred to Yard Service. During his first 20 years in Potlining, REDACTED could have been exposed to asbestos since that was the insulating material used in pots. However, we have no data to confirm or deny such exposure.

REDACTED has spent most of 32 years working in the Potrooms. He did, however, spend three (3) weeks in Potlining in September, 1962, where he could have been exposed to asbestos during installation of pot insulation, and about five (5) weeks in the Carbon Plant in January and February of 1963, where one of his jobs could have been patching cracks in flue walls with a mixture of asbestos shorts and molasses. Again, we have no test data to confirm or deny asbestos exposure.

From November 26, 1963 until October 31, 1983, REDACTED worked as a Tapper Carbon Changer in the Potrooms. One of the crew's jobs was replacing siphon gaskets which, until about 1973 or 1974, were made of pre-cut asbestos millboard.

In my opinion, any asbestos exposure which might have occurred while handling these gaskets, would have been very low. However, there is no data to quantify exposure.

E. BROOKS PARKER
Environmental Superintendent

EBP/jb:707

Attachment

cc:
G. C. Griesbach

ARD 003932

condition is likely to occur, symptoms associated with each condition, the agent likely to cause the condition, and the appropriate illness column to be checked on the log, OSHA No. 200. IT DOES NOT INCLUDE EVERY CONDITION, ILLNESS, OR DISEASE THAT MAY RESULT FROM AN EXPOSURE IN THE WORK ENVIRONMENT. FURTHER, IT SHOULD NOT BE INTERPRETED TO MEAN THAT A SPECIFIC CONDITION CAN ONLY BE CONTRACTED IN THE INDUSTRIES OR OCCUPATIONS LISTED. IT ALSO DOES NOT MEAN THAT EVERY CONDITION LISTED IS RECORDABLE IF EXPERIENCED BY EMPLOYEES IN THESE INDUSTRIES AND/OR OCCUPATIONS. FOR THE CASE TO BE OSHA RECORDABLE, EMPLOYERS MUST STILL ESTABLISH THAT THE CONDITION IS A RESULT OF AN EXPOSURE IN THEIR WORK ENVIRONMENT.

2. *Determining whether the illness is occupationally related.* The instructions on the back of the log define occupational illnesses as those "caused by environmental factors associated with employment." In some cases, such as contact dermatitis, the relationship between an illness and work-related exposure is easy to recognize. In other cases, where the occupational cause is not direct and apparent, it may be difficult to determine accurately whether an employee's illness is occupational in nature. In these situations, it may help employers to ask the following questions:

a. Has an illness condition clearly been established?
b. Does it appear that the illness resulted from, or was aggravated by, suspected agents or other conditions in the work environment?
c. Are these suspected agents present (or have they been present) in the work environment?
d. Was the ill employee exposed to these agents in the work environment?
e. Was the exposure to a sufficient degree and/or duration to result in the illness condition?
f. Was the illness attributable solely to a nonoccupational exposure?

Employers may want to check the "Material Safety Data Sheets" for those substances suspected of causing employee illnesses to verify the relationship between the exposure and the resulting symptoms.

E–1. Q. Should employers record only those occupational illnesses which require treatment beyond the initial day of onset of illness?

A. No. Any diagnosed occupational illness reported to the employer is recordable, whether or not medical treatment is given or lost workdays are involved.

E–2. Q. Do occupational illnesses have to be diagnosed by a physician to be recordable?

A. No. "Diagnosis" is commonly defined as the act or process of detecting and deciding the nature of a diseased condition by examination of the symptoms. Diagnosis may be by a physician, registered nurse, or a person who by training or experience is capable to make such a determination.

E–3. Q. Does this mean that employers are capable of diagnosing occupational illnesses?

A. Yes. However, their ability to properly diagnose cases depends upon their training and experience and the nature of the particular illness in question. Employers, employees, and others may be able to detect various illnesses, such as skin diseases or disorders, without the benefit of specialized medical training. However, a case more difficult to diagnose, such as silicosis, would require evaluation by properly trained medical personnel.

E–4. Q. What is meant by an "abnormal condition or disorder"?

A. An "abnormal condition or disorder" is an atypical condition of the employee which may be of either a chemical, physical, biological, or psychological nature. These conditions are recordable when they result from exposure in the work environment.

E–5. Q. Are the illnesses listed in appendix C the only illnesses that need be recorded on the log, OSHA No. 200?

A. No. These are a listing of disease conditions for which NIOSH found objective documentation of association between occupation/industry/agent in the scientific literature. In addition to the Sentinel Health Event (Occupational) List, many other abnormal conditions or diseases may be OSHA recordable.

E–6. Q. Do employers record only those illnesses directly caused by work-related exposures, or is it sufficient for the work exposure to be a contributing factor to an illness or to aggravate a preexisting illness condition?

A. Yes, it is sufficient for the exposure to be a contributing and/or aggravating factor to the illness for the case to be recordable.

E–7. Q. What are the reporting requirements for test

results which indicate an elevated blood-lead level?

A. Employers are required to conduct surveillance and monitoring tests for employees working with hazardous substances, such as lead. However, test results showing elevated blood-lead levels are not recordable unless the elevated blood-lead levels exceed 50 micrograms per 100 grams of whole blood.

On the other hand, employers are still required to record cases where the worker: (1) Has symptoms of lead poisoning, such as colic, nerve, or renal damage, anemia, and gum problems; or (2) receives medical treatment for lead poisoning or to lower blood-lead levels.

Employers may want to reference the OSHA lead standard 29 CFR 1910.1025 for additional information.

E–8. Q. The chest X-ray of an employee is found to have an abnormality due to a prolonged exposure at work. However, the abnormality does not impair his lung function or cause him to lose workdays. Is this a recordable occupational illness?

A. Yes. An occupational illness is defined as any abnormal condition or disorder, other than one resulting from an injury, caused or aggravated by exposure to environmental factors associated with employment. Any such job-related abnormality reported to the employer is recordable, whether or not functional impairment is present or lost workdays are involved.

E–9. Q. Is fibrosis the only asbestos-related disorder that must be recorded on the OSHA No. 200?

A. No. Asbestos-related disease encompasses not only fibrosis, but also mesothelioma, asbestosis, and various cancers of the lung, stomach, and pleural lining and asbestos-induced pleural abnormalities (e.g., pleural plaques and calcifications).

E–10. Q. Is hearing loss recordable? If so, how should it be recorded?

A. Hearing loss should be evaluated solely on the existing criteria for recordability contained in the Occupational Safety and Health Act and 29 CFR Part 1904. Once work-related hearing loss is established, it may be classified as either an injury or an illness, depending upon the type of event or exposure which caused the loss. If the hearing loss resulted from or was aggravated by an instantaneous exposure, it is considered an injury, and is recordable only if it involves medical treatment, loss of consciousness, restriction of work or motion, or transfer to another job. If the hearing loss resulted from or was aggravated by anything other than an instantaneous exposure it should be classified as an occupational illness. All job-related illnesses are recordable.

E–11. Q. Is this case recordable? An employee goes to a doctor who informs her that prescription glasses must be worn as a result of work-related eye deterioration caused by the nature of her job.

A. If work relationship could be established, this case would be recordable as an occupational illness since it involves the recognition of an abnormal condition or disorder. However, employers should distinguish work-related eye problems from those due to aging or heredity factors unrelated to the job.

E–12. Q. How should a massive heart attack be classified?

A. Work-related heart attacks are classified as illnesses because they normally do not result from work accidents or single instantaneous incidents in the work environment. When they occur, an entry should be made in column 7(g) of the log under "All other occupational illnesses."

E–13. Q. Must a heart attack occur in the work environment to be recordable?

A. Heart attacks must satisfy the same requirements for work relationship as any other type of illness before they are recordable on the OSHA No. 200. Under the OSHA system, this does not mean that heart attacks are necessarily recordable if they occur in the work environment, but rather that they must result from an exposure in the work environment. (See section C of this chapter for an analysis of work relationship.)

E–14. Q. How should a work-related illness, diagnosed as an emotional disorder, be classified? Is this a disorder associated with repeated trauma?

A. "Disorders associated with repeated trauma," column 7(f) of the log, OSHA No. 200,