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DISCUSSIONAL - PROCEDURES AND POLICIES

Mrs. Steele presiding: Mrs. Steele told the nurse that this was to be an informal discussional of procedures and policies. She suggested that questions be asked as they came up rather than waiting until the end of the session.

The discussion was started by reviewing the section in the Nurses' Manual on "Records." Each of the following forms was discussed.

Authorization Form: When an employee, his doctor or the clinic request his x-rays for review, an authorization form must be signed by the employee. The authorization is then sent to the Medical Department and the x-rays will be forwarded to the doctor or clinic. The same procedure is to followed whenever any medical information is requested by an employee for his doctor.

Dr. Hamlin stated that the nurse is not to turn over an employee's record to his doctor or clinic. She should send the signed authorization to the Medical Department with a letter of explanation. Some of the information in the nurse's files may have no bearing on the employee's physical condition, and therefore turning over the complete file is neither necessary nor desirable. Dr. Hamlin will review the records and submit the pertinent information to the doctor. Such a procedure is of the utmost importance in cases of alleged occupational disease.

The only time this procedure is not necessary is when records are needed in a workmen's compensation case. Under such circumstances, an employee's physical records may be made available to our insurance carrier. The confidential relationship is waived when a claim for compensation is filed.

Dr. Hamlin suggested that the nurse keep a record of any medical file that is out. It should include the date and to whom it was given. A record should also be made when an employee is transferred to another plant and his record sent to the new location. A copy of the letter of transmittal is sufficient.

Mrs. Kesterson: What should we do when an attorney requests the medical files on employees who are to appear as witnesses in compensation cases?

Dr. Hamlin stated that the nurse's answer should be that she cannot give him the files and the request would have to be forwarded to the Medical Department. No logical reason for wanting a witness's record was apparent. The confidential relationship expected of our nurses would be violated by ceding to such a request.

with these when there may be an occupational aspect apart from a direct accident.

Since back conditions are so varied and result from so many different causes, most of which are entirely unrelated to the job, it is difficult to classify them properly or to treat them adequately. Because the subject is so all inclusive, I shall not attempt to do anything more than discuss briefly our policy with regard to the value of x-rays in these ailments.

We have been asked on numerous occasions why we do not take x-rays of the spine on all preplacement applicants to rule out potential back cases. We have not advocated this procedure for the following reasons.

1. Taking x-rays of the spine is an expensive, time-consuming procedure, requiring specialized equipment and expert technicians.

2. Interpretation of such films is not particularly satisfactory even in the hands of highly competent orthopedic surgeons.

3. The experience of other industries who have tried it has not been such that it is a justifiable venture.

4. Even where the Company is large and has an "in plant" medical hospital completely equipped and staffed with a large x-ray department, the value of such a policy is very dubious.

5. In Brake Shoe with its many scattered locations and varied population, the idea is just not feasible or, in my opinion, justifiable.

This does not mean that x-ray of the spine in certain selected cases should not be made. They should be taken but each must be decided on an individual basis rather the a Company wide program. We believe that the "teach them to lift properly" idea is the simplest and most effective procedure if adequately explained and insisted upon.

Herniated Discs. Most of you are faced with this situation at some time or other and a word about our policy in this case might be timely.

"Herniated Discs" have become very popular in the last ten years and while not minimizing their significance, I believe that the value of surgical removal has been over-emphasized or perhaps not properly applied to suitable cases. If the disc material (nucleus pulposus) has herniated or ruptured through the cartiloginous capsule of the intervertebral disc and a fragment is lying out in the foramen of the spinal canal against a nerve root, the patient will almost certainly be a victim of intractable sciatica. He cannot be expected to improve on conservative therapy such as rest, supports, etc. Simple surgical removal of the disc in this case will probably completely restore his employability. But every such syndrome is not cured by removal of the disc. Stabilization of associated

"Remember today's labor situation will keep changing over the years, sometimes for better and sometimes for worse."

I am very much concerned over one important Yardstick, as the boss gave me some extra vacation time last year. It reads as follows: "When any of us think we definitely know how to handle labor, a smart boss will give us a three months' vacation." Apparently, I didn't quite qualify for the full three months, but did manage to get a little extra time under this Yardstick.

Our job in Industrial Relations, that is Bus Strong working out of Chicago, Scott Fraula, Joe Frus and myself in New York -- is that of a "Service Unit" of Headquarters to help your Division Labor Head, Works Managers and Superintendents in their contract negotiations, and day to day handling of any unusual labor situations.

You may be interested in a few statistics on the current labor situation. --We now have slightly under 8,000 shop employees in the 58 plants of the United States and Canada.

In some cases we have two or more bargaining unions in a single plant. Amsco -- Oakland has I.M.&F.W. - A.F.L. and United Steel Workers, Machinists - C.I.O. Ramapo - East St. Louis has 5 separate A.F.L. craft unions in a shop employing less than 100 people. Individual labor agreements are negotiated with a total of 64 local unions, as we have no master agreements. Each plant handles its own contract negotiatio with such help as they may require from their Division Labor Head, or our office.

Some 17 labor contracts are now in negotiation -- either in thei entirety or wage rates alone are up for consideration.

In thinking of the various problems in Industrial Relations, I have selected one -- "Forms of Union Security," which, if I am able to fully explain to you the Company's position, will go a long way in improving employee relations.

First, may I define the term "Union Security." It is the end result of any form of an agreement, whether written or oral, in which the Company agrees that their employees must join or remain in the union to secure or keep their jobs. The essential feature is that the worker is compelled to join a private organization to earn his livelihood. This compulsion is exerted, however, by the Union through the employer. It is the Company or the employer, not the Union that is compelled to force the employee into Union membership and he is the one who must fire the employ who does not maintain his membership in the Union. The agency for actior is the Company, yet the primary beneficiary of such action are the office who control the Union.

The following is an outline of various "forms of Union Securit used in the United States and Canada today.

(1) Union recognition only.
(2) Voluntary revocable check-off.
(3) Voluntary irrevocable check-off.

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stand in the path of a dust or fume cloud when they could easily avoid it; and many other practices that should be obvious to you if you are thinking of industrial hygiene when you walk through the plant.

When you see expensive health protection equipment battered, inoperative, or in otherwise poor condition you might encourage the maintenance foreman to correct these conditions. Naturally he is busy with operating maintenance and the plants must make money or none of us will have a job. Because of this you may not get results immediately but by prudently and continually encouraging, progress will be made.

Years ago, when we first made industrial hygiene surveys in our plants we were received in some instances with suspicion, then tolerated, later welcomed, and now the plants frequently call on us for help. That didn't come about over night and in your effort to foster industrial hygiene you may pass through a similar metamorphosis. Hygiene like safety requires a continual effort.

In regard to process changes, you being in the plant daily should know of them. The manager or superintendent does not always remember that he should notify the Medical Department about them.

Some years ago, I walked into a plant and quite by accident found out beryllium castings were being made. The plant people were totally unaware of the dangers involved in handling beryllium. We could have had some serious effects.

Again another plant started to do shell molding and the Medical Department did not know about it until a case of dermatitis was reported. The resins used in shell molding can produce dermatitis in susceptible persons unless proper precautions are used.

Other plants installed industrial x-ray equipment without informing us so that proper shielding could be provided for.

In another case, one superintendent decided to sieve old cores by hand because he wanted to reuse this material for new cores. This created an extremely dusty condition that we found out about by chance.

These are typical of some of the things that happen and you are in a very fine position to suggest to the superintendent that in the interest of good industrial hygiene, it might be well for him to notify us so that control measures can be applied before the health of our workmen is involved.

Naturally tact is always required.

The principal hazards to health in our company are as follows:

Acrolein - All foundries are involved.
This gas forms in foundry operations from the thermal decomposition of core oil. It is very poisonous but has adequate warning properties. It is so irritating to the eyes that man cannot tolerate a concentration that would permanently injure him or cause death. It may be classified as a nuisance gas rather than a toxic material because in

practice exposure of five minutes to one part per million parts of air is intolerable.

Hygiene control consists preferably of local exhaust ventilation or air dilution by general ventilation.

Asbestos - Brake principally concerned here.

The inhalation of asbestos dust produces a condition known as asbestosis.

Asbestos is the only important silicate apart from talc and mica which does not contain free silica and yet can cause disability and death. If the dust is kept below 5 million particles per cubic foot of air no cases of asbestosis are known to occur.

In Brakeblok, because of the excellent dust collecting systems, dust counts have never been found to be high.

Beryllium - National Bearing Division affected.

It is only in recent years that this metal was recognized as an industrial hazard. In 1945, 170 cases of illness occurred in certain Ohio beryllium plants. Five of these people died. Many cases have been reported from other areas which have been sufficiently authenticated. One can conclude that beryllium is very toxic even though the National Institute of Health bulletin No.181 published in 1943 indicated that there is no specific toxic action attributable to the beryllium ion.

There are two manifestations of beryllium poisoning: The acute pulmonary disease similar to pneumonia and a delayed chemical pneumonitis now usually called pulmonary granulomatosis.

Most of the cases reported in the literature occurred in the fluorescent lamp manufacturing industry where the exposure was to beryllium phosphors; but six cases of typical pulmonary disease due to the metal were reported from one plant engaged in casting a 5% beryllium copper. Four of these six cases died. Beryllium copper castings manufactured today contain about 0.30% beryllium and to date no hazard with this alloy has been demonstrated.

From the data presently available, it appears that only a few persons are susceptible to chronic berylliosis and that mere traces of the metal in the atmosphere can produce symptoms in them. A susceptible person may show symptoms when exposed to the extremely low value of one microgram per cubic meter of air. Authenticated "neighborhood cases" - people who lived near a beryllium plant - seem to substantiate this, since they were exposed to extremely low concentrations of dust.

There are sufficient data available upon which to base a maximal allowable concentration but some investigators beleive that in-plant atmospheric concentrations should not exceed 2 micrograms per cubic meter of air as an average for an eight hour day, and that no one should be exposed to a concentration in excess of 25 micrograms per cubic meter of air for any period however short. These are extremely

whenever possible, and this can be accomplished successfully only when we have a complete understanding. There may be times when we may not have the immediate answer, however, again it is our responsibility to assist you in getting the answer to your problems.

Cooperation does not mean a dead-end street - it is a two-way street. If we are not reasonably conversant with the problems at hand, we most certainly cannot lend the kind of assistance you would desire. When you stop to consider, the success of management depends on the successful operation of each individual department.

A great many of our plants employ a Safety Director, and in such instances you can readily appreciate that they have many duties in common with our Nurse. In many cases they are qualified first-aid people and handle the first-aid duties when you are away from the plant. It is highly essential, therefore, that these individuals work in close harmony and enjoy the best possible relationship.

In all of our plants the Nurse is required to maintain complete first-aid records, and these records are valuable in several ways. With the thought in mind of maximum cooperation, much data from these records, along with possible suggestions can be passed on to the Safety Director to assist him in his efforts on watching for indications of a definite hazard, a recurring type of accident or an accident prone individual.

It is equally as important for our nurses to really learn to know our plant physicians. They should likewise know the plant physician's staff and the facilities available in his office. The same condition applies to certain representatives of our Compensation and Health Insurance carriers.

I believe you will agree that with close and sincere contacts, as mentioned, it cannot but help to make your office most efficient and will prove exceptionally sound in the handling of our employee medical problems. The Plant Superintendent or Works Manager has many complex problems and generally appreciates not being bothered with routine or trivial matters. On the other hand, it is our duty and responsibility to be fully aware of your problems, and in this respect you should at all times feel free to discuss them and request assistance when necessary. These various practices followed on a sincere basis represent positive team play and certainly will be productive of what we all desire to achieve in our respective plants.

In a great many industries, the Industrial Nurse has been placed in a rather awkward position for the reason that duties involving regular and routine clerical work have been delegated to them, which in no way are connected with first-aid, medical, insurance or other related work. During periods of accident-free operations, we have known of many instances wherein the Nurse has voluntarily requested to be of assistance of a clerical nature, however, it should be distinctly understood that her regular duties have top-priority. The Superintendent or Works Manager should be sufficiently well informed, and maintain maximum interest in the Industrial Nursing Program to make certain that you receive all the help and support you are entitled to. The successful and harmonious operation of your department should be just as important to Management, as would be expected in the Pattern Shop, the Foundry, Grinding Room or any other department.

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DISCUSSION (Mr. Welch's Paper)

Dr. Hamlin stated that it was a great help to have such a forthright message from management. We have been endeavoring to sell management on the nursing program now for a number of years, and while there has been general acceptance of the idea there are still a few locations in the Company without nursing service. It is a source of satisfaction to receive so many valuable ideas as to the viewpoint of top executives particularly from one who has had the experience in industry that Mr. Welch has.

In this talk we asked for brick bats as well as bouquets, and while Mr. Welch did not throw too many of the former, those he did select were well chosen. Criticism of this sort brings results. Perhaps you are already aware of some of the things he mentioned but as we all know misunderstandings still arise. If everyone works together most of these can be settled locally by simply sitting down and having a heart to heart talk, Management expects you to do this in such situations. A nurse with a "chip on her shoulder" is bound to run into trouble and usually she will be the one who suffers most.

Dr. Hamlin said that he was impressed by Mr. Welch's remark that nurses not only represent local management but also the Brake Shoe Company as well. Perhaps some nurses did not realize this but it is something concerning which all should be aware. The story told about one of our nurses was typical of the entire group.

Question: Does the nurse have to get approval from the Superintendent before sending an employee to the doctor for treatment?

Answer: Mr. Welch said in his opinion there was no question about the nurse having the right to decide when men should be sent to the doctor. Furthermore, management should rely on the nurse's judgment in this regard. However, the superintendent has a right to know about such cases and it should be the nurse's duty to keep him informed. Because she has this authority, the nurse must not become arbitrary or dictatorial about it and she should remember that she is still an employee subject to the superintendent's jurisdiction. In some locations it was evident the nurse does not always get the full cooperation of the superintendent in this regard. In such event the matter should be brought to the attention of the Superintendent of Nurses, Mrs. Steele, who will discuss it with Dr. Hamlin before bringing the matter to the Operating Head of the Division.

Question: How is transportation of a patient to the doctor handled?

Answer: This will vary according to each Division and its particular policy. Mr. Welch stated that if the Company car is not available at the plant, other means of transportation must be secured even to the extent of calling a cab. Usually, however, provision for such emergencies has been a standard procedure which has been found to be applicable to the individual plant. The important thing is that the means be available at all times to get injured employees to the doctor.

Question: How are nurses classified? Are they management or what?
Answer: They are considered as supervisory personnel.

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OUR NURSES AND THEIR OPPORTUNITY

By

Mr. William B. Given

It is a pleasure to again address a conference of Brake Shoe nurses. In '48 at Niagara Falls, I talked with our nurses about their endless opportunities to be useful. In reviewing that talk, I was struck again by one fact. The fundamentals of like -- of human relations -- never change. The basic truths of industrial nursing in '48 are exactly the same in '53. What I have to say to you tonight is essentially what I said to the nurses of '48 of whom, I understand, only five are with us tonight.

In their fundamentals, your job and mine are alike. First, we both must try to be available when needed. Second, we must concentrate on trying to make the company a better place for its people and give this cause all the extras we have in the way of imagination and effort. We need to keep constantly in mind what Francis Bacon said many years ago: "Good thoughts are little better than dreams except they be put into action. Your occupation, like mine, gives opportunities to make real for others, dreams we have had for ourselves.

In an effort to be available, I keep my time as free as possible for Company people. Away from the office, traveling or on a vacation, our people can always reach me. I try to give each whatever part of my time he may need. My part in their problem mostly is to relate their consideration to overall plans and policies. My experience has been sufficiently a mixed one so there is always the chance something out of the past can supply them with a different angle of approach. It seems to me that, like you, my part is to be available when needed.

In comparision with my job, as a nurse your being on hand is more important. You can in times of emergency affect the man's or woman's life to a much more important extent than I. Your prompt aid may, in some instances, prevent serious developments. Your mistakes in taking care of physical ills can do greater damage than my mistakes.

How prompt and human the nurse is in attending the physical ills is also often influential in avoiding mental ills -- worry, fear, and demoralization. Your interest in the day-to-day problem of the man and his family, if it is sincere, will much more readily than mine open the door to a feeling of friendship and unlock the frankness which makes possible a contribution to the lives of many families. Here your individual opportunities are more important, more vital to our people than mine.

Thirdly, except in emergency situations, your day as mine is spent on minor problems. When the day is done, seldom do any of us have big moments to describe to our families or friends. There has been a series of events and questions, few varying much from those of the days before. The important part has been the effect on the lives of others. Only when things go badly for an individual are we fully conscious that in this is the importance of the details of our days. In our seeming routine we are effecting, one way or another, the happiness of people, their happiness today and tommorrow. You can help many with your friendship.

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