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PROCEDURE ESTABLISHED DIAGNOSIS IN INDIVIDUALS EXPOSED TO ASBESTOS CONTAINING DUST

This is a follow-up to our meeting of Monday, May 19, 1969.

Over the last forty years that Kaylo insulation has been produced by an essentially unchanged process at Berlin, only one previous case of asbestosis has been identified. This one case was very typical since it is reasonable to believe the exposure actually took place outside the plant.

Since 1965 all x-rays have been read, both locally and at the Institute of Industrial Health, University of Michigan, with apparently no films being reported as compatible with asbestosis. Within the last year the group of radiologists who read the films at Berlin was changed. During the present annual local x-ray screening which commenced within the last two months, three or four x-rays have been reported to show abnormal shadows which may be related to the work environment.

It is most important for the proper disposition of these cases that a reasonable diagnosis is established. The method of reaching this diagnosis should be as follows: It is suggested that Doctor Schwartz review all the impressions as they are returned from the radiologists. Individuals who have abnormal chest x-rays which suggest a job-related condition, should be examined by Dr. Schwartz. After this examination, if in Dr. Schwartz's opinion, further diagnostic evaluation is needed, a timely consultation should be arranged with a local specialist in pulmonary disease. The x-rays should also be sent to the Institute of Industrial Health, University of Michigan, with the request that they be read promptly and returned since it is likely they will be needed for the local diagnostic evaluation in Berlin. After all the diagnostic evaluation has been completed, then each case will have to be handled more or less separately depending upon the findings of the clinical and x-ray evaluation.

If it is agreed by all parties that a case of asbestosis has been diagnosed the case should be handled promptly as a compensable disease. The decision whether the man should continue working in an atmosphere containing asbestos fibers must be made on an individual basis with consideration to the age of the individual, the length of time he has been employed in an asbestos containing atmosphere, the apparent progression of the disease, the current level of asbestos exposure, and the feasibility of wearing personal respiratory protection.

In those cases in which an x-ray abnormality is noted which does not indicate a job-relation, it is suggested that Dr. Schwartz review the findings with the involved employee and obtain the permission of the employee to forward the information to his private physician. This should be done by written communication and a copy retained in the patient's folder, along with the notation that the patient gave his permission to disclose the information. A determination between Dr. Schwartz and the man's personal physician should also be made as to whether the individual can continue working in a dust laden atmosphere. My office stands ready to assist in such determinations.

Owens-Corning Fiberglas should be responsible financially for the cost of any diagnostic work-up in order to reach a reasonable diagnosis, and to determine in questionable cases whether the man's condition is related to his occupation or not. As a Company, we should not be responsible for treatment of his condition, until it is determined that it is job-related. In cases which are not job-related, these, of course, would be handled under our Group Insurance Plan in the normal manner.

With regard to the environmental control of dust and in particular asbestos containing dust in our Berlin Plant, it is important to keep in mind that in forty years of essentially unchanging exposure, cases of asbestosis have not been reported. Therefore, it would seem reasonable that until recently suggested ventilation changes can be carried out that we simply supply respiratory protective devices to individuals working in the high dust areas identified by the most recent industrial hygiene survey (the one carried out by Mr. William Bradley).

In order to document the first claim adequately, we should follow the procedure outlined above and also resample the work environment in the areas where this man has worked during his employment at the Berlin Plant. It is in our favor that the Plant conditions have not changed appreciably. For this reason readings currently obtained would be comparable to exposure levels over the years.

I will be looking forward to the Conference Call on Friday at 2:00 P.M. between yourself, Doctor Schwartz, Doctor Fraley and myself.

Jon L. Konzen, M.D.

JLK/del