PLAINTIFF'S
EXHIBIT
BRK-171

Health by Design

54th All-Ohio Safety Congress
& Exhibit, April 24, 25, 26, 1984

April 18, 1984

Legal Section
The Industrial Commision of Ohio
246 North High Street
Columbus, Ohio 43215

RE: OD 20799-22
Charles H. Wilmouth
Packard Electric
Warren, Ohio 44486

Attention: Ms. Judy Spencer

Dear Ms. Spencer:

At your request, this report has been prepared based on information obtained from the facsimile file which you have provided and on additional information obtained during a visit to the plant on March 7, 1984.

This claimant has held a labor general classification at Packard Electric since he was first employed in 1968. Until 1982, he held a laborer job in the molding department, and since that time, except for a few brief periods, he has worked in the general labor department. Company representatives described this work as mostly cleaning maintenance department areas, main aisles in the plant, offices and restrooms, along with outside lawn work and snow removal. Also following the installation or removal of equipment by the millwrights, the labor general classification would be assigned the task of cleaning up in the area. Prior to the time of his assignment to the general labor department, the claimant performed labor duties specifically in the molding department. Presently, Mr. Wilmouth has filed an O.D. claim for chemical pneumonitis, the development of which he feels was work related.

It should be noted that this claimant filed an injury claim (802272-22) following injury to his eyes on August 5, 1982. On this date while siphoning Kelite liquid cleaner from a drum, the siphoning pump came apart allowing the liquid cleaner to spray onto Mr. Wilmouth's face and run into his eyes. The accident claim application does not mention any inhalation of this material, nor is there any mention of respiratory problems following the accident. The company fully certified this claim (802272-22) on December 1, 1982.

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Following certification of the accident claim, Mr. Wilmouth apparently had additional problems with his eyes in December of 1982, and early January of 1983. Following treatments at that time, one of the claimant's physicians signed a statement stating that this individual had "satisfactorily recovered" from his eye problems.

It is difficult to determine when this individual first began to experience his alleged respiratory problems. Dr. Burrows completed one (O-D-4A) form which states that he had diagnosed chemical pneumonia on January 12, 1983. This condition arising after a cleaning chemical had been sprayed into the claimant's eyes on August 5, 1983, although the incident actually occurred in August of 1982. With the August 5, 1983, date obviously being incorrect, Dr. Burrows was asked to complete a second (O-D-4A) form. On this form the date of diagnosis, for no explained reason, was changed to August 6, 1982, and the accident date was correctly changed to August 5, 1982. Dr. Burrows in completing his portion of the earlier accident claim form (802272-22) states only that his diagnosis was chemical conjunctivitis and makes no mention of any respiratory problems.

Also adding confusion to this claim is the fact that the claimant on his affidavit does not relate his respiratory problem to the August 1982 accident, as his doctor does, but instead blames the spreading of calcium chloride on outside sidewalks in December of 1982, as being the cause of his problem.

Reviewing the company nurse's log, the first mention of any pneumonitis was on a form dated February 7, 1983, in which Dr. Burrows describes treatment of the claimant for both pneumonitis and conjunctivitis. Also in this nurse's log is an entry which states that Mr. Wilmouth was injured at home on that same day, February 7, 1985, while loading firewood. The extent of the injury or part of body injured are not made clear in this entry.

The claimant was hospitalized from March 4, 1983, to March 8, 1983, for treatment of pneumonia, not returning to work until June 28, 1983. Except for a few days, the claimant did not work from January 8, 1983, until June 28, 1983, and he had not worked steady for nearly two months prior to entering the hospital.

Assuming that the date of diagnosis (Janaury 12, 1983), provided on the first O-D-4A form completed by Dr. Burrows, was correct, it is difficult to understand why it would take five months from the August 5, 1982, accident for the symptoms to arise. Normally, if a solvent or chemical is aspirated into the lungs, chemical pneumonia will occur in a very short time.

There is a possibility that the claimant may have used the Kelite cleaner in the cleaning of molding equipment during the fall of 1982. For approximately one month, from October 4 till November 8, 1982, he worked as a laborer in the molding department, but there was no record kept of the type of work performed. Management describes the use of Kelite as swabing this cleaner onto the molding machines with a mop and wiping with rags. The Material Safety Data Sheet for Kelite describes this material as being "no more hazardous than common household detergent" and that "general room ventilation normally is adequate;" however, it does contain 5% butyl cellosolve which has a TLV of 50 ppm.

It not known what concentrations of butyl cellosolve are generated when the Kelite cleaner is used, since none of this work was taking place during the visit. Apparently the use Kelite is not often, and in fact the company spokesmen stated that they believe the new foreman of the general labor department has discontinued using this material. The former foreman of this department, in walking through the plant and storage areas, could not locate a single drum of Kelite.

Although it has not been determined for certain that the claimant used Kelite, just prior to his illness, the symptoms which he allegedly experienced in early January of 1983, namely conjunctivitis and pneumonitis, can be experienced following excessive exposures to butyl cellosolve. This chemical, which can enter the system both by inhalation and skin absorption, is an irritant of the eyes and mucous membranes with short term exposures. NIOSH, in their publication Occupational Diseases - A Guide to Their Recognition, states that acute exposure to butyl cellosolve may result in narcosis, pulmonary edema, and possibly kidney and liver damage. The TLV was set at a level to prevent both the irritant and systemic effects.

As mentioned previously, a company spokesman, the former general labor foreman, has stated that the claimant may have used Kelite in October of 1982, when he was assigned labor work in the molding department. If, in fact, the claimant used this material, it was probably on an irregular basis, and any symptoms experienced from excessive vapors of butyl cellosolve would be expected to occur soon after the exposure took place. Assuming that this work was performed by the claimant, in October 1982, any symptoms experienced would certainly be expected to occur before January 1983.

Regarding the claimant's statement that he inhaled calcium chloride dust during December of 1982, and early January of 1983, while dispencing this chemical on snow and ice covered sidewalks, the following is provided. Although calcium chloride has never been assigned an exposure limit by the ACGIH or OSHA, and is considered a nuisance particulate, apparently there can be health related problems associated with its used. The Encyclopedia of Occupational Health and Safety, published by the International Labor Office, states that

calcium chloride has a powerful irritant action on the skin and mucous membranes. Other than the irritant properties of this chemical, cited in the preceding reference, there apparently are few additional health effects, and the material is considered to be of receptively low toxicity. Working outdoors with calcium chlorine, it is difficult to understand how exposure levels could be sufficient to cause pneumonitis. The amount of use in the month of December is also questionable. The monthly summary of Local Climatological Data for December of 1982, published by the National Weather Service located at Youngstown, Ohio, Municipal Airport, indicates only three days in the whole month when snowfall amounted to more than one-half inch.

In summary, it is difficult to associate this claimants symptoms with his exposure to chemicals at work. In addition it appears, from the confusion involved, that the occupational disease claim of this individual has become intertwined with events and dates described in his earlier accident claim. Any symptoms from excessive exposures to butyl cellosolve, which may have been experienced while working with Kelite cleaner, should have occurred soon after the material was used, and would not be expected to occur two to five months later. Also, working outdoors with calcium chlorine for a few days over one month period should not give sufficient exposure to cause pneumonitis.

Sincerely yours,

Donald B. Meeker

Donald B. Meeker
Industrial Hygienist

DBM/thn