

Mr. L. O. Griffith
Initial Medical Plant Visit

BARBER V. PITTSBURGH CORNING CORP.
ASBESTOS LITIGATION

D. Unibestos Plant. Asbestos Dust Exposure. In June of 1964, shortly after the beginning of operation of the unibestos plant, the Department of Health of the State of Pennsylvania performed an industrial hygiene survey. They reported that a hazardous asbestos dust condition existed at several locations throughout the plant. They made a number of recommendations as to how this dust exposure could be controlled. Following this survey, a number of steps were taken to improve dust control. During the present visit, the outside temperatures were low so that all of the windows and doors were closed. No provision, apparently, had been made to provide the rather large amount of make-up air required by the dust collection systems throughout the plant. As a result, the effectiveness of these systems was materially reduced. This resulted in some dustiness of the air in the general area of the loading and building operations. Less general air contamination was noted at the sawing operation. There are 48 employees who come directly under the unibestos operation supervisor. In addition, there are six maintenance employees who spend most of their time in the unibestos area. All of these employees were provided a pre-employment x-ray examination. None of them, however, as yet have had a periodic chest x-ray. While all of the employees in the area were provided with dust respirators, the only person observed to be wearing the dust respirator was the employee working in the loading area.

Recommendation

Prolonged exposure over a number of years to hazardous amounts of asbestos dust will produce the pulmonary disease - asbestosis. Since the Pennsylvania State studies in 1964 indicated certain areas of the plant where a hazardous dust condition existed, it is imperative to determine the effectiveness of corrective action taken since that time and to show, if possible, that a hazardous dust condition does not exist. This industrial hygiene engineering study should be done other than by the State of Pennsylvania. Further, it should be done by a group universally recognized as competent to perform such a survey. Upon request, I will arrange to have such a survey accomplished. Pre-employment medical examinations of asbestos workers should include a thorough history of previous chest disease as well as a chest x-ray examination. Any history of chest disease, however benign, or x-ray evidence of such disease should exclude that individual working in an asbestos exposure. Periodic chest x-rays should be taken at least every two years on all asbestos workers. These x-rays should be read by a Board certified roentgenologist. These recommendations are important to prevent the development of asbestosis among your employees at some future time.

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3. In-Plant Medical Program. The in-plant medical program consists of foremen or supervisors treating illness or injury from a number of first-aid kits scattered throughout the plant. This is not adequate for a plant of this size particularly with the number of potential hazards that exist within the plant.

Recommendation

An in-plant medical program should be established. An adequately equipped dispensary, staffed with a nurse and/or trained first-aid attendants under the professional direction of a licensed physician is needed. The physician must visit the plant on a regular basis and maintain a thorough knowledge of plant and dispensary operations so that he can provide professional guidance to the dispensary staff and professional consultations to plant management on industrial medical problems. The purpose of this in-plant medical program would be to provide proper treatment of work related illness and injury, and to provide a preventive medical program which, in view of the many potential hazards in the plant, can significantly contribute to the maintenance of a healthy and effective work force. Assistance will be provided as required to establish an in-plant medical program.

Lee B. Grant, M.D.

cc: Mr. B. M. Stewart
Mr. H. C. Underwood

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