UNION CARBIDE

INTERNAL CORRESPONDENCE

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CHEMICALS AND PLASTICS

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Date November 14, 1978

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Subject Respirators

PLAINTIFF'S EXHIBIT

UC-1971

Attached is an excellent letter on respirators by T. A. Lincoln, M.D., Corporate Medical Director. I recommend it for your review. Dr. Lincoln's advice on improving utilization of those in UCC's employ who have medical problems is also helpful.

R. Van Mynen

RVM/ad
Attachment

R. Van Mynen
Operations Manager-SHARE

1. ~~MARTIN~~

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INTERNAL CORRESPONDENCE — RECEIVED — OCT 18 1978

T. W. CARMODY

UNION CARBIDE CORPORATION — A. E. MONTAGNA — 270 PARK AVENUE, NEW YORK, NEW YORK 10017

To: Richard Hardison
Carbon Products Division
Parma, Ohio

From: T. W. Carmody

Date: October 17, 1978

Originating Dept.: Health, Safety and Environmental Affairs

Floor Number: 22nd

Answering letter date:

Subject:

Dear Dick:

I left on a trip to Oak Ridge after I talked to you on the phone and was not able to find a simple condensed description of medical requirements for wearing respirators. I now shall try to give you some general guidelines which only can be implemented by your physician. In all cases, the decision involves careful medical evaluation. There are no simple recipes.

Often, the most important consideration in restricting a worker from wearing a respirator is a concern that the worker may suddenly tear off the respirator and inhale hazardous materials because he feels he is not getting enough air. Many times workers who are required to wear respirators are also subjected to other stresses such as increased heat or the burden of heavy protective clothing and boots, etc. which increase the physical demands of the job.

Claustrophobia is of concern, but it is sometimes difficult to determine if the claustrophobia is genuine. Sometimes workers will say that they become frightened when they have to be in closed spaces or when they wear a respirator but others will note that the individual has no difficulty riding in an elevator. Documentation of previous difficulty can be useful. Sometimes evaluation by a clinical psychologist or a psychiatrist can be helpful. It is unwise to ignore the claim of the worker that he has a pathological fear of wearing a respirator. If the worker will readily accept a transfer to a less paying job in order to avoid having to wear a respirator, one can usually be assured that his fear is genuine. Using the threat of loss of job in order to determine whether or not the fear is genuine can be hazardous. Workers sometimes will try to wear a respirator in a hazardous area and then become so frightened that they will tear off the respirator and inhale toxic or dangerous fumes.

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Individuals who experience angina on exertion or who have known coronary heart disease have to be evaluated carefully before being asked to wear a respirator in an area where exertion is expected. Unfortunately, sometimes the psychological factors are almost as important as the physical factors. When in doubt, exercise stress testing is sometimes useful. I, for one, do not believe a history of a myocardial infarction automatically should deprive the individual of employment which requires use of a respirator. In each case, the amount of physical stress being expected while wearing the respirator is the crucial factor.

Severe bronchial asthma is frequently a contraindication for wearing a respirator. Here asthma has to be evaluated by the attending physician. Often asthma is seasonal and during the time that the worker is not experiencing any significant symptoms and the physical stress required by the job is not extreme, they should be able to wear a respirator fairly easily.

Diabetics who are insulin dependent and who have a history of hypoglycemic episodes should probably not be expected to work in hazardous areas for prolonged periods where a respirator would have to be worn. If the diabetic is not required to be in an area for prolonged periods and his diabetes is stable, I see no reason why he cannot work in such an area. Obviously he should not work in an area where removing the respirator would expose him to life threatening quantities of a toxic material. Stable maturity onset diabetes, by itself, should not be a problem except possibly in the latter case.

Obstructive lung disease is difficult to evaluate. There is no reason to believe that wearing a respirator will aggravate the disease. The individual can be tested with a respirator and performing the approximate activities that will be expected in the job and if he seems to get along adequately and does not complain, I see no reason why he cannot be allowed to wear a respirator. One always has to keep in mind that sometimes emergencies may occur when an individual who has a diminished pulmonary functional capacity might have to exert himself much more than ordinarily. In such circumstances, wearing a respirator can be a severe handicap. Again, physician judgement is a necessary ingredient and the physician should have knowledge of just what the man is expected to do in his job while he is wearing a respirator. A careful evaluation of pulmonary function is a necessary part of the medical evaluation.

The presence of a perforated eardrum could be of some concern because it is possible that highly toxic materials could gain access to the lungs through the middle ear. This is probably unlikely in most

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ACL Doc 17003 · Page 3 of 5 asbestosclaims.law/library/17003/3

cases. Where the worker might be exposed to life threatening toxic materials or where he may have years of exposure to low level materials, then he should not be allowed to work in an area where a respirator would be required.

Workers with epilepsy have to be evaluated individually. Again it depends on what the demands of the particular job are and they type of epilepsy the worker has. There are many employees with convulsive disorders which are under excellent control and unless the hazards are great, probably can work. If other workers will depend on the epileptic worker for their safety then he should not be allowed in the area. In some plants there are occasions where a respirator has to be used for only relatively brief periods so its use should not pose any great problem for such people. In all cases, the particular situation and the particular nature of the employee's convulsion disorder should be reviewed with the worker and, with his permission, his foreman.

Physical deformities which prevent an adequate face piece seal are a contraindication for wearing a respirator. Individuals who have a beard cannot wear a respirator. The adequacy of the seal of each type of respirator should be checked in a chamber to be certain that an adequate seal has been obtained.

I think if you have further questions, I should discuss the problem with Dr. George. Managers typically like to have rigid rules which they can apply without thought. In doing so, many good employees may be denied employment. With our affirmative action program for the handicapped we have to reexamine our attitudes. I recall vividly that while at the Oak Ridge National Laboratory we had two individuals who had heart attacks while wearing respirators. In neither case were we aware that the individual had an underlying coronary heart disease and probably could not have determined it adequately even if we had suspected it. One of the employees was in his early thirties. Thus, seeking a no risk situation is probably no longer realistic. Of greatest importance is the communication link between the employee and his supervisor, between the employee and the nurse and physician. When it is comfortable, signs of new problems can be detected early because new and subtle symptoms are communicated and then evaluated. If the employee is fearful for his job, the symptoms will be hidden as long as possible. If the physician or nurse do not enjoy the confidence of the workers, they are unlikely to become involved early. The health professionals, obviously, must have close rapport with first line supervisors.

I hope this material will be useful. I am sorry it took so long to get composed but I was out of town and busy with many pressing problems.

Sincerely,

T. A. Lincoln, M.D.
Corporate Medical Director

TAL:mm

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