

MONITOR

VOL. 3 NO. 3 • MARCH 1976

APPRENTICE INSTRUCTORS HOLD HEALTH AND SAFETY WORKSHOP

A Floor Covering Instructors' Health and Safety Workshop was held in San Jose, California on February 27th and 28th. Although the Instructors' Workshop is a bi-annual meeting, this was the first workshop held specifically for the purpose of teaching health and safety.

Apprentice Instructors and Coordinators, Labor, Management, and Manufacturers were all well represented at the workshop. Special interests were laid aside and all dedicated themselves to the preparation of material needed to train our journeymen, apprentices, retailers, and manufacturers about the hazards existing in our industry.

Participants viewed three LOHP-produced video tapes—*Hazard Identification*, *Hazards of Asbestos*, and *Medical Screening*—and two slide shows, also produced by LOHP—*Noise*, and *How the Body Functions*. After viewing the audiovisual materials, the participants divided into five groups. Using available slides plus lesson plans and other materials provided, members of each group discussed their topic, then instructed the entire meeting. The last part of the workshop was devoted to criticizing the instruction sessions led by participants, evaluating the materials used, and discussing the session in general.

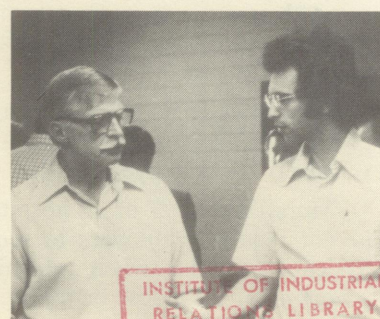
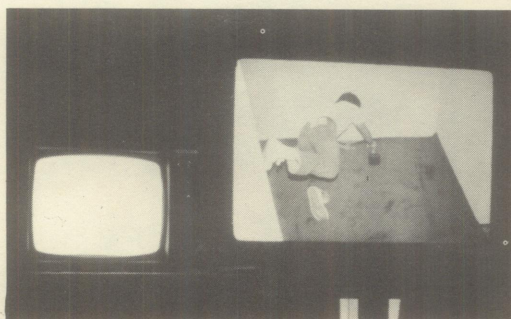
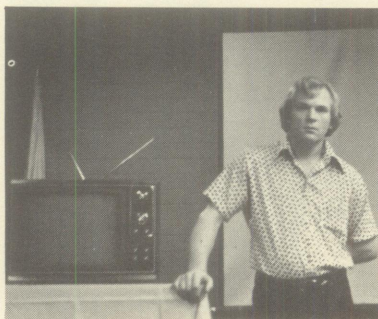
I can honestly say that at long last the Floor Covering Industry has come to terms with the problems of health and safety. In the past we have met in safety committees (and never done anything but talk), hung safety posters with catchy phrases (that nobody read), showed gory movies (that didn't pertain to our trade and put everybody to sleep), and written safety stipulations in the bargaining contract (that nobody followed).

The LOHP has given us the expertise and the hard facts to present an honest educational program to our people. We aren't guessing anymore. The materials be-



ing developed are directed specifically to the floor covering trade. Brand names and work conditions presented are identifiable to every apprentice and journeyman in the trade. Even at this early date, major changes in installation and manufacturing of floor covering products are being made.

Marv Strand, Floor Covering Joint Apprenticeship and Training Coordinator



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Hospitals May Be Hazardous to Your Health

Hospitals are the third largest employers in the U.S.; they employ approximately 3 million full and part-time employees. Although hospital workers represent a total payroll in excess of 16 billion dollars, they are still one of the lowest paid service occupations. In general, the bulk of hospital workers (excluding skilled professionals) are women and members of ethnic groups. To a large extent, this employee profile accounts for industry-wide low wages, discriminatory employment practices, and minimal benefits.

Since passage of OSHA legislation in 1970, evidence has begun to highlight another problem faced by hospital workers—health and safety hazards on the job. Handling equipment, supplies, and patients, and performing medical procedures may endanger hospital workers by exposing them to the threat of infectious diseases, dangerous substances, and physical harm.

To better assess health and safety services available to hospital workers, NIOSH has initiated the Hospital Occupational Health Services Study. So far, six reports have been released: I. Environmental Health and Safety Control; II. Employee Health and Safety Statistics and Records; III. Organization and Administration of Hospital Employee Health Services; IV. Staffing of the Hospital Occupational Health Unit; V. Occupational Health Services for Hospital Employees; and VI. Special Information.

Based on responses to a 1972 questionnaire sent to 3,687 U.S. hospitals, these reports reveal hospital workers' health and safety services are generally inadequate. Some of the most significant findings are:

- Over 30% of the hospitals reported they did not have a formal program providing occupational health care for their employees.
- Less than 15% of all hospitals reported the existence of facilities exclusively for employee health care.
- More than 40% of all hospitals did not require employees to see a physician or nurse when returning to work after an illness or injury.



— Only about one-third of all hospitals required a physical examination for employees returning after illness.

— Only 20% of all hospitals reported that a nurse had primary responsibility for providing health care to employees.

— Only 7.8% of the hospitals did preplacement examinations on employees transferring to different jobs within the hospital.

— Less than 40% of the hospitals required early reporting of pregnancy, and less than 15% reassigned pregnant workers to safer working situations.

— Over 15% of the hospitals reported that employee unions participated in the development of safety programs. However, unions participated far more in the development of safety programs than in health programs.

Statistics recently compiled on California hospital workers illustrate the problem even more graphically. 1,937 California hospital workers (excluding registered nurses) were injured during the six-month period, July–September 1974. The injured workers included: housekeeping, kitchen, and clerical personnel, building craftsmen, nurse's aides, orderlies, vocational nurses, laundry workers; and x-ray technicians. The reported injuries were mostly due to strain and overexertion, falls and slips, and contact with radiation, toxic, caustic, or noxious substances.

These findings call for hospital workers' continued surveillance of health hazards. Hospital workers should be informed about their basic rights under state and federal health and safety laws and regulations; workplace monitoring and periodic medical examinations should be promoted; and health and safety should be explored as part of the collective bargaining process.

Ultimately, occupational health and safety is a community and consumer as well as work-related issue. The relationship between hospital workplace conditions and medical care delivery seems apparent. A hospital that is unsafe for its workers cannot possibly guarantee a safe environment for its patients.

— M.D.



DOCTOR'S CORNER

by Donald Whorton, M.D.

Dear Doc:

I work in a lead battery plant and am continuously breathing lead dust and fumes. Because of some recent blood tests, the company doctor has been giving me and several co-workers a pill every day before and after work. We were told this pill, named cuprimine, was to neutralize any harmful effects of the lead. What is your opinion?



As you probably know, lead is a toxic material and has harmful effects on certain parts of the body. Medicines such as cuprimine and versenate are called chelating agents; they combine with the lead in the body and assist the body to remove the lead. However, this process is not without its hazards and should not be done on a routine basis.

One of the most necessary first steps in treating lead poisoning is to stop further exposure of the poisoned person to lead by either removing the worker from the lead dust and fumes of his work area or eliminating the lead dust and fumes. This treatment may be used alone without drug therapy.

Chelating agents can be used, but only with careful medical supervision. These medicines are potentially dangerous and can produce serious side ef-

fects; the most serious is kidney damage. Chelating agents should be used only when there is serious lead poisoning. They should not be used as a routine preventive measure and *never* while the worker is still being exposed to lead. Treatment with these drugs requires complete removal from lead exposure.

Giving workers chelating agents while they continue being exposed to lead on the job is not acceptable medical practice in the United States. This "preventive" use of potentially dangerous drugs is not the answer to excess lead exposure at the workplace. No doctor should use chelating agents in this manner. Improving ventilation to reduce lead exposure would be a more appropriate action.

What lead levels are harmful and how can I recognize if I have lead poisoning?

Most workers exposed to lead are exposed to inorganic lead. Inorganic lead can not pass through your skin; it can only be taken into the body through the lungs by breathing lead dust and fumes or by eating or drinking foodstuffs contaminated by lead dust and fumes. (Only organic lead such as tetraethyl lead is able to pass through the skin).

Once lead is in the body, it goes into the blood and is transported throughout the body. Certain organs or parts of the body are more sensitive to lead than others. At first, a worker may just feel tired or be constipated. Later, stomach cramps which simulate the symptoms

of either appendicitis or ulcers may appear. This condition is called "lead colic." Lead can affect red blood cells and cause anemia. Lead can produce problems with the nervous system in two ways: by causing a loss of function of the nerves, producing a paralysis, or by affecting the brain (seen more commonly in children than adults). Lead can also seriously damage the kidneys and harm the reproductive system.

Blood and urine tests are used to determine if a worker has had too much lead exposure.

Although there is controversy among medical experts about which is the best test, OSHA in its recent proposal for a new lead standard has recommended using the whole blood lead test.

There is also controversy about what level is harmful. The proposed OSHA standard states that levels above 60 micrograms percent (60 ug% = 60 micrograms of lead in 100 cubic centimeters of blood) are too high; any worker with a 60 ug% lead level must be removed from the lead area until medically approved to return. Any level over 50 ug% would require more careful monitoring and is called the "action level" by OSHA. Although some authorities believe that any level over 40 ug% is potentially harmful and should be the maximum allowed, many industries will not remove workers from lead exposure until their blood level is over 80 ug%.

Requests for information on your work problems should be addressed to: Dr. Donald Whorton, LOHP Program, 2521 Channing Way, Berkeley, CA 94720.

CLEARINGHOUSE

NIOSH Publications

Two NIOSH publications are now available:

Suspected Carcinogens, A Subfile of the NIOSH Toxic Substances List, 1975 lists about 1,500 suspect cancer-causing chemicals, selected on the basis of experimental animal studies. Each entry is accompanied by: pertinent description data; other names; toxicity data; and applicable occupational health standards. The 341-page publication also includes the complete OSHA standards for the 14 carcinogens, asbestos, and vinyl chloride, and the Environmental Protection Agency's standards for agricultural pesticides.

Registry of Toxic Effect of Chemical Substances, 1975 lists 16,500 different chemicals. 4,000 are new compounds introduced since the 1974 Reg-

istry. The *Registry* is the only single, comprehensive source document available that lists basic toxicity information plus safety directives and hazard evaluations on chemicals for which no standards yet exist. Order both publications from:

Office of Technical Publications,
NIOSH, Robert A. Taft Laboratories,
4676 Columbia Pkwy.,
Cincinnati, Ohio 45226

New Article on Cancer and Your Environment

A new article, "Cancer and the Environment: A Scientific Perspective" by Samuel Epstein, M.D., is now available. LOHP recommends you include it in your libraries. The article covers: the National Toll; Recent Increasing Incidence; Environmental Chemical Carcinogens as Major Cause of Human Cancer; Scientific Basis for Determin-

ing Carcinogenicity; and Constraints to a Major Reduction in the Incidence of Human Cancer. To order, request FACTS AND ANALYSIS NO. 25 from Occupational Health and Safety, AFL-CIO Industrial Union Department, 815-16th St. N.W., Washington, D.C. 20006.

Artists' Health Manual

Now available, *Health Hazards Manual for Artists* by Michael McCann, Ph.D. This unusual resource includes: How Art Materials Affect You; Solvents, Acids, and Alkalis; Painting; Ceramics; Traditional Sculpture and Casting; Welding, Soldering and Brazing; Plastics; Print-Making; Photography; Safety in the Studio; Personal Protection. To order, send \$2.50 to the Foundation for Community of Artists, 32 Union Square East, Room 816, New York, New York 10003.

RECENT EVENTS

OCAW Sues OSHA For Delaying Standards

Proposed OSHA standards have been effectively delayed until after the November Presidential election. The delays have been caused by the President's Executive Order issued November 27, 1974 requiring that all major Federal regulatory actions be accompanied by inflationary impact statements. The standards delayed are: ammonia, arsenic, beryllium, coke oven emissions, cotton dust, lead, noise, sulfur dioxide, toluene, trichloroethylene, ketones, and asbestos.

OCAW (the Oil, Chemical and Atomic Workers Union) is suing OSHA for including inflationary impact statements in the standard-setting process on the ground that inflationary impact is not mentioned anywhere in the OSHA Act, and that consideration of such is therefore illegal. OCAW contends that OSHA should consider only: what standards will protect workers' health; and whether that protection can be achieved.

The lawsuit requests OSHA to:

- stop considering inflationary impact
- end resulting standards-setting delays they cause
- promulgate the standards for arsenic, ketones, and noise within 30 days. (The OSHA hearing record is complete for these substances.)
- promptly complete the coke oven emission hearings and issue the standard
- schedule and hold hearings for lead, toluene, asbestos, beryllium, trichloroethylene, sulfur dioxide, and ammonia within a reasonable time and without delays for inflationary impact statements.

OCAW is also objecting to the proposed sulfur dioxide and ammonia stan-



"He'll be ready for work just as soon as the cast dries..."

dards for: not requiring initial air sampling of all workplaces with exposure potentials; not protecting workers' seniority and pay rates if medical examinations require a job transfer; not providing for employee access to the company's written compliance program; and an inadequate retention period for monitoring records.

Pending Toxic Substances Control Bill

Legislation increasing the government's power to regulate harmful substances was approved by the U.S. Senate (S. 3149) on March 26, 1976. If passed, this bill would: 1) enable the Environmental Protection Agency (EPA) to remove from the market toxic, cancer-causing, or otherwise harmful agents; 2) require manufacturers intending to produce new chemicals to give the EPA 90 days notice during which period EPA could require the manufacturer to determine the substances' toxicity; and 3) give citizens the right to sue alleged violators as well as EPA in federal Court (for alleged failure to perform its duties). The bill is sponsored by Senators John Tunney (D-Calif.) and Vance Hartke (D-Ind.); a similar bill is pending in the House.

Carcinogen Use-Permit Legislation Introduced in California

State Senator Arlen Gregorio (D-Menlo Park) has introduced legislation to increase worker protections against industrial cancer-causing substances. The measure would establish a use-permit system, administered by the California Department of Health, requiring any firm or business using carcinogens to register and obtain a permit. Permits would be issued only after plant inspections and assurances that:

- a substance is necessary for production or an operation
- no substitutes are available
- steps have been taken to protect workers from exposure.

Violations could result in loss of permit or \$5,000 maximum fines for the first offense and \$10,000 for additional convictions.

Present law requires industrial carcinogen-users to register with the State. However, according to Gregorio, compliance is poor with perhaps as few as 10% of California's users registered so far.

New Staff Member



Sidney Weinstein, who joined the staff as editorial consultant this November, has previously consulted for LOHP and co-authored the *LOHP Maritime Report*, published in 1975.

Ms. Weinstein is working primarily with the Apprenticeship Program editing written materials for the Manual, and with the *LOHP Monitor*. She also freelance writes and edits in the Bay Area.

Kepone Developments

14 Hopewell, Virginia Workers Are Probably Sterile

A semen analysis of workers exposed to Kepone at the now-closed Life Sciences Products Co. indicates 14 are probably sterile. Dr. Phillip Guzelian, who presented this information at an open meeting sponsored by the National Institute of Environmental Health Sciences, is heading a research group to investigate the process by which Kepone affects the body. Kepone affects the neurological system, the liver, and the reproductive organs. According to Dr. Guzelian, "effective therapy for Kepone-associated toxicity is unknown," and "rational treatment of exposed or afflicted individuals is impossible."

Virginia Toxic Substances Information Act

Virginia Governor Mills Godwin has submitted a Toxic Substances Information Act to the Virginia General Assembly. The Act would require any Virginia establishment handling, producing, or emitting toxic or potentially toxic substances to supply the State Health Commissioner with all information known about the substances, their possible effects upon humans and animals, and appropriate protective or detoxifying measures before being granted a use permit. Virginia is the first state to consider such legislation.

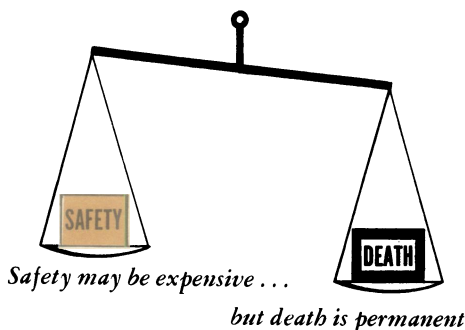
Maryland Emergency Kepone Standard

Maryland has announced a temporary emergency standard limiting employee exposure to airborne Kepone to one microgram per cubic meter time-weighted concentration for eight hours. Maryland's is the first Kepone standard to be issued.

Lead Battery Plant Receives Variance

The Prestolite automobile battery manufacturing plant at Visalia has been pumping unacceptably high levels of lead into the air since before 1974. So far, attempts to solve this problem have not succeeded. More than a year ago the Division of Industrial Safety obtained a court order shutting down several machines which were pumping the lead into the air. In June, 1975 Prestolite reported the machines were safe to use. The following September an \$8,600 fine was affirmed by the California Occupational Safety and Health Appeals Board (COSHAB). In January 1976, as a result of a third state inspection which found airborne lead levels still seriously high, DIS threatened to shut down the plant by injunction. A plant shut-down could have put 150 employees out of work. In response, the company voluntarily shut down the unsafe machines.

Now, the Division of Industrial Safety has agreed to a temporary variance giving the Prestolite plant at Visalia six additional months to reduce airborne lead levels. \$46,000 in additional penalties have been assessed for continuing serious and alleged repeat violations. DIS and the Occupational Health Section will take appropriate action if variance conditions are not met.



Published monthly by the Labor Occupational Health Program, Institute of Industrial Relations, University of California, 2521 Channing Way, Berkeley, California 94720. (415) 642-5507

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Annual subscription rates: Organizations and Institutions — \$10.00, Individuals — \$3.00. Quantity shipments are also available to union locals or other groups at a cost of 5¢ per copy per issue, with an annual subscription.

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HEALTH HAZARD ALERT

Zinc Oxide

Principally used as a white pigment and vulcanizing aid in rubber formulations, zinc oxide is also used: in photocopying; to replace lead carbonate as a white pigment in paints, chemicals, and ceramics; in lacquers and varnishes; as a filler in plastics; and in cosmetics, pharmaceuticals, glass, matches, and dentistry. Approximately 50,000 workers have been exposed to this substance.

Exposure to freshly formed zinc oxide fumes (produced by subjecting zinc and some zinc compounds to high temperatures) causes a condition known as Metal Fume Fever, an allergic-type reaction affecting lung tissues. Metal Fume Fever is also caused by other operations such as welding. Metal Fume Fever is usually experienced only by new employees or employees returning to the job after a significant time away.

Workers consistently exposed to metal fumes develop a tolerance. This condition is often misdiagnosed as upper respiratory disease or a virus.

The first symptoms, which usually appear 4–6 hours after exposure, may include: upper respiratory irritation, coughing, dry mucus membranes, pain, sudden chills, weakness, and fatigue. Occasionally nausea, vomiting, mild to severe headaches also

occur. Chills and fever may become quite severe 10–12 hours after exposure. Diarrhea and excessive urination are not uncommon. In rare instances, acute incidents may be followed by bronchitis or pneumonitis.

Clinical and symptomatic recovery are complete in 24–28 hours. There is no evidence that Metal Fume Fever causes chronic problems. The only treatment is prevention.

NIOSH recommends that workers subject to zinc oxide exposure have comprehensive preplacement medical examinations with subsequent re-examinations. Engineering controls should be used whenever feasible to maintain zinc oxide concentrations below prescribed limits. Respirators should be used in certain nonroutine and emergency situations. NIOSH is currently developing sampling and analytical methods to distinguish zinc oxide from total zinc.

NIOSH transmitted a criteria document for occupational exposure to zinc oxide to the Department of Labor in October, 1975. Recommendations included: adhering to the present Federal standard of 5 mg/cu.m. as a time-weighted average for up to 10 hours per day, 40 hours per week; and a ceiling concentration of 15 mg/cu.m. determined by 15-minute samplings.

Anti-Pollution Device Blamed for Plywood Plant Deaths

A dust explosion and fire killing 6 and injuring 10 at U.S. Plywood's Redding plant was caused by a "rather minor" fire under a wood drier. Sparks, sucked into the air pollution control system, exploded concentrated sawdust particles and pushed burning material into another part of the plant. Flames engulfed 30,000 square feet in 15 seconds.

Most of the plant was destroyed and 143 persons put out of work.

The company is blaming the new air pollution control system. "If we just had the old system, this wouldn't have happened, in my opinion," said a U.S. Plywood Corp. operations manager. However, the company failed to explain how the "minor" fire was started or whether an adequate sprinkler system existed.

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