SMALL PLANTS AND THEIR MEDICAL PROBLEMS—THE FURNITURE INDUSTRY

Small Plant Medical and Nursing Services

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To review a small plant medical program in 20-30 minutes isn't going to be easy; therefore, I'll try to make it fairly general and give you a birds-eye view of what we have tried to do over a period of 30 years.

When I listen to the discussions of the environmental and industrial hygiene programs of industry, I feel that small plant medical care is still back in the horse and buggy days. This type of medical care has been and probably still is pretty far away from modern day medicine.

Our primary program involves plants that do not have a full-time doctor and, furthermore, these plants may have from a few—10 to 25—up to perhaps 2,000 employees. About a half-dozen of the plants have had nurses on one or more shifts. Our responsibility to the nurses has been somewhat vague and general: ie, what we and the nurses were willing to accept rather than a bonafide contract. We have tried to meet with them for many years on a periodic basis and discuss their problems. Frequently, we had formal presentations concerning diabetes, blood pressure, cardiac disease, etc. We also set up some written orders and reviewed them with each individual nurse, varying the orders according to the particular plant problems and the nurse's desires.

When I first began to work with industry, I would take my reports to the personnel people as an entree to get into the plant and to talk with the workers about their problems. Eventually, we developed an in-plant program, going in for an hour or two, once or twice a week. We conducted follow-ups on persons who had returned to work after illnesses. Our concern was with cardiacs who lived within their means and physical abilities, encouraging them to continue their medical care, diets, exercise programs and medications, and ensuring them that the work they were doing was within their limitations. In many cases there were justifiable and legitimate complaints about undue stress, while some were just an attempt to get out of a disagreeable job. Plant personnel looked to the industrial physician for an objective evaluation of the situation.

Most small plant programs are handled in our office. Many employers request a pre-employment examination; they are really not sure what they want, they just feel they ought to have a pre-employment examination. When they get the results, they call you and say, "Can I hire him? His vision in one eye is 20/100 and his blood pressure is 190/100." As far as we are concerned, you can hire anybody who can walk, but our job is to examine the man and find out what we can about his physical disabilities and how they might affect him as far as his ability to do a specific job, his restrictions on the job, how he might be an absentee problem, whether he might have some difficulty that could interfere with the company's group insurance program, etc. We give the employer that information and let him make the decision.

Another major medical evaluation that we make for the small plant is to determine whether or not a disabled worker is unable to work or should return to work. Some employers want the personal physician's evaluation of the employee to remain inviolate, while others—probably rightly so—feel they should have a second evaluation. On one occasion I received a woman who had had an inguinal or femoral hernia operation; I examined her about 10 weeks after surgery to see if she could go back to work. She didn't feel she could and her physician said that he didn't want her lifting a pencil for 12 weeks after surgery. I also had a man off work who was getting dialysis while waiting for a kidney. We put him back to work without any difficulty. Frequently, a worker will go off sick, get an examination, then be told that he needs surgery. Meanwhile, he sits at home waiting for his surgery schedule. If we can get him back to work while he's waiting, the employer is much better off. If it is at all possible, we check with the personal physician when we feel that a worker should be able to return to work. We try to get the doctor to agree that the patient ought to be at work. Surprisingly, the physicians are usually more than willing to go along with us; they want to shift the blame for their patient going back to work to somebody else and they don't want to upset the doctor-patient relationship.

More recently, we've had difficulties dealing with the disabilities of pregnancy. Employees—and many of our ob/gyn men—feel that pregnancy qualifies for disability benefits. We do not agree, but we do feel that there must be a disability if a complication arises out of the pregnancy. We have sent copies of the "Guidelines on Pregnancy and Work" to all ob/gyn men in our area. Major points in the document were underlined and we also indicated to our colleagues that we consider disabilities of pregnancy based only on the complications, not on the pregnancy itself.

Treatment of occupational injuries and disease, including the determination of whether or not the injury comes under the Workers' Compensation Law, is a major part of our program. I'm sure you are all aware of the problems. Everybody who develops an ache or pain invariably feels it must be related to his work: "My backache of today is undoubtedly due to the load that was lifted two days ago." Employers are certainly allowed to have an independent evaluation; yet it becomes a little difficult if you don't have an exact cause other than work-relatedness to explain the complaint. Many employees are referred to our office by personnel people because of job changes, changes in restrictions and subjective complaints. We have to evaluate their problems fairly and objectively and make sure that we're doing as well as we can. If you do likewise, you will get along pretty well.

Our relationships with the unions have always been reasonably good. Again, if they feel that you are making an honest attempt to evaluate the employee's complaint relative to his job situation, they don't have any real gripe. Sometimes they would like a different answer, but if you are doing everything you can to help protect the health and welfare of the employee's job, they're pretty well satisfied.

We try to make sure that all reports are reviewed with the employees. At least the employees are aware that we are trying to keep them abreast of what is going on. In general though, small plant medical programs and small plant medical care lags. Most employers do what they have to do by law, not what **you** want them to do. Hazards are brought to our attention by employees, personnel people and others, and fires are put out as they arise; we really don't have the time to develop a good crisis or environmental protection program. We do recommend periodic evaluations when we are aware of a chemical exposure; but again, what the employer does is **his** responsibility.

Let me close by saying that:

> Getting a trained occupational health physician into a small plant medical program is like the remark of the caterpillar who was watching butterflies fly off a board, "You'll never get me in one of those things."

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