

DEEOIC Claims Examiner Training Course

**Chronic Beryllium Disease and
Beryllium Sensitivity**



INSTRUCTOR'S GUIDE

***US Department of Labor
Office of Workers' Compensation Programs
Division of Energy Employees Occupational Illness Compensation
200 Constitution Avenue, NW
Washington, DC 20210***

SESSION BACKGROUND INFORMATION

Session Title	Chronic Beryllium Disease and Beryllium Sensitivity
Instructional Time	100 minutes
Session Description	This session focuses on beryllium, specifically chronic beryllium disease (CBD) and beryllium sensitivity (BeS). Definitions, eligibility criteria and medical diagnosis/medical documentation required to support the claim are addressed.
Instructional Objectives	<ul style="list-style-type: none">• Explain the difference between beryllium sensitivity and chronic beryllium disease (CBD)• Describe the eligibility requirements under Part B and Part E for CBD• Explain the difference between pre-1993 and post-1993 statutory requirements for CBD• Explain how to determine which statutory requirement applies to the claim• Describe the CBD gold standard
Instructor Materials	For this session, the following materials are required: Beryllium PowerPoint Presentation Participant's Guide
Trainee Handouts	PM 2-1000
Case Study	After slide #22, conduct the case study activity.

**CHRONIC BERYLLIUM DISEASE AND BERYLLIUM SENSITIVITY SESSION
INSTRUCTIONAL CONTENT**

#1

EEOICP
The Energy Employees Occupational Illness Compensation Program

Chronic Beryllium Disease & Beryllium Sensitivity

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#2

EEOICP
The Energy Employees Occupational Illness Compensation Program

Acronyms and Terms

- CBD Chronic Beryllium Disease
- CAT Computerized Axial Tomography
- CT Computed Tomography
- BeS Beryllium Sensitivity
- DOE Department of Energy
- LPT Lymphocyte Proliferation Test
- LTT Lymphocyte Transformation Test

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**CHRONIC BERYLLIUM DISEASE AND BERYLLIUM SENSITIVITY SESSION
INSTRUCTIONAL CONTENT, CONTINUED**

SHOW PPT

#3

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Beryllium is...

- A strong, lightweight metal used in manufacturing atomic weapons
- Also used in other industrial applications, ranging from battery contacts to jet engines
- The dangers of working with beryllium were initially unknown
- Later discovered that inhaling beryllium dust, particles or fumes could have serious health consequences

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#4

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Beryllium Doesn't Make Everyone Sick

- Most people who are exposed to beryllium will not develop a medical problem
- Some people develop immunological responses to beryllium in their lungs, which is called beryllium sensitivity (BeS)
- Usually BeS does not produce symptoms, but a person sensitized to beryllium is at significant risk of developing chronic beryllium disease (CBD)
- A single exposure to beryllium dust, particles or fumes is enough to sensitize a person to beryllium

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**CHRONIC BERYLLIUM DISEASE AND BERYLLIUM SENSITIVITY SESSION
INSTRUCTIONAL CONTENT, CONTINUED**

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#5

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Part B Eligibility Requirements for CBD Benefits

To establish eligibility for benefits, the evidence of record must establish

- Covered employment and
- A diagnosis of CBD or BeS, that meets the statutory requirements of the EEOICPA

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#6

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Covered Employment

Employment at

- A DOE facility or a facility owned, operated, or occupied by a beryllium vendor because of employment by the United States, a beryllium vendor, or a contractor or subcontractor of a beryllium vendor
- During a period when beryllium dust, particles or vapor may have been present at such a facility

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**CHRONIC BERYLLIUM DISEASE AND BERYLLIUM SENSITIVITY SESSION
INSTRUCTIONAL CONTENT, CONTINUED**

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#7

A presentation slide with a blue header containing the text 'EEOICP' and 'The Energy Employees Occupational Illness Compensation Program'. The slide title is 'Covered Employment, continued'. It contains two bullet points: 'If employment was outside of covered time frame and employee submits probative evidence to the substantiate his/her employment, DEEOIC may ask the DOE to provide additional evidence that may support enlarging the covered time period.' and 'If employment at a non-covered facility, DEEOIC will deny the claim under Part B and Part E because the facility is not a covered facility.' The slide number '7' is in the bottom right corner.

EEOICP

The Energy Employees Occupational Illness Compensation Program

Covered Employment, continued

- If employment was outside of covered time frame and employee submits probative evidence to the substantiate his/her employment, DEEOIC may ask the DOE to provide additional evidence that may support enlarging the covered time period.
- If employment at a non-covered facility, DEEOIC will deny the claim under Part B and Part E because the facility is not a covered facility.

7



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#8

A presentation slide with a blue header containing the text 'EEOICP' and 'The Energy Employees Occupational Illness Compensation Program'. The slide title is 'Was Beryllium Present at the Facility?'. It contains a paragraph: 'The following resources provide information on whether beryllium was present at a facility:' followed by two numbered items: '(1) DOE facility database of covered facilities - http://www.hss.energy.gov/HealthSafety/FWSP/Advocacy/facilst/findfacility.cfm' and '(2) Site Exposure Matrices (SEM)'. The slide number '8' is in the bottom right corner.

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Was Beryllium Present at the Facility?

The following resources provide information on whether beryllium was present at a facility:

- (1) DOE facility database of covered facilities - <http://www.hss.energy.gov/HealthSafety/FWSP/Advocacy/facilst/findfacility.cfm>
- (2) Site Exposure Matrices (SEM)

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**CHRONIC BERYLLIUM DISEASE AND BERYLLIUM SENSITIVITY SESSION
INSTRUCTIONAL CONTENT, CONTINUED**

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#9

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Part B Eligibility Requirement - Diagnosis

Written medical documentation showing a diagnosis of BeS or CBD that meets the EEOICPA statutory requirements for the diagnosis of those conditions

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#10

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Requirements for a Beryllium Sensitivity Diagnosis

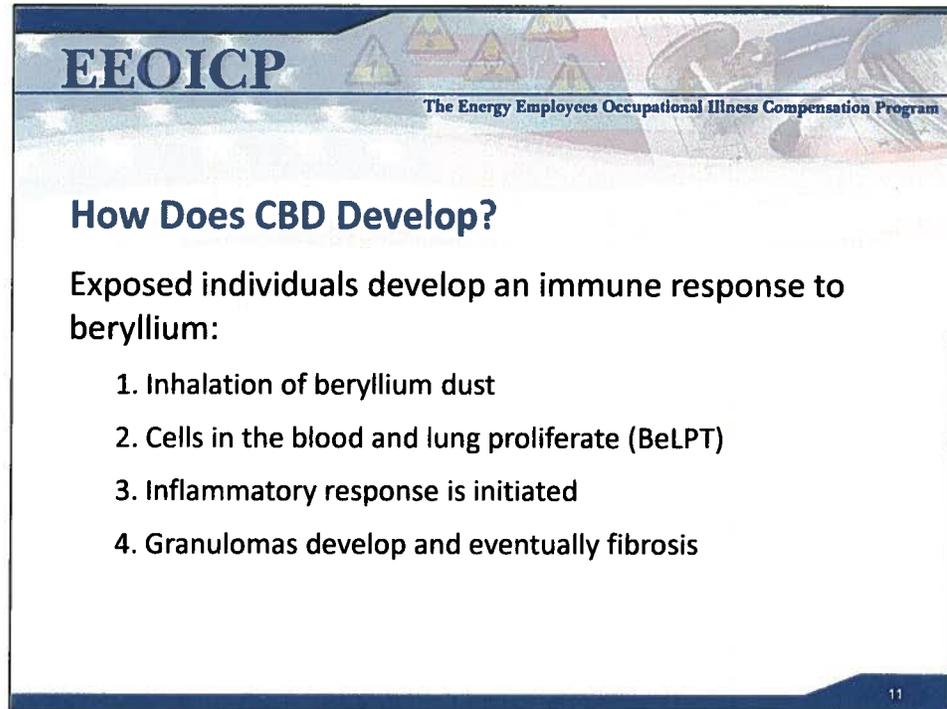
- Beryllium sensitivity is established with
 - One abnormal beryllium lymphocyte proliferation test (BeLPT) or
 - One abnormal beryllium lymphocyte transformation test (BeLTT).
- Only a physician can designate a BeLPT/BeLTT test result as abnormal.

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**CHRONIC BERYLLIUM DISEASE AND BERYLLIUM SENSITIVITY SESSION
INSTRUCTIONAL CONTENT, CONTINUED**

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#11



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How Does CBD Develop?

Exposed individuals develop an immune response to beryllium:

1. Inhalation of beryllium dust
2. Cells in the blood and lung proliferate (BeLPT)
3. Inflammatory response is initiated
4. Granulomas develop and eventually fibrosis

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#12



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Specific Requirements for a CBD Diagnosis

Chronic beryllium disease has two separate criteria for meeting the statutory diagnosis requirements:

- Pre-1993 Criteria – before BeLPT/BeLTT
- Post-1993 Criteria – after BeLPT/BeLTT
 - If the earliest dated document showing that the employee was either treated for, tested or diagnosed with a chronic respiratory disorder is dated prior to January 1, 1993, the pre-1993 CBD criteria may be used.
 - If the earliest dated document is dated after January 1, 1993, the post-1993 CBD criteria may be used.
 - If the employee sought treatment before 1993 and the document verifies that the treatment was performed prior to January 1, 1993, but the document is dated on or after January 1, 1993, the pre-1993 CBD criteria may be used.

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**CHRONIC BERYLLIUM DISEASE AND BERYLLIUM SENSITIVITY SESSION
INSTRUCTIONAL CONTENT, CONTINUED**

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#13

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Pre-1993 CBD Criteria

The medical documentation must include at least three of the following:

- Characteristic chest radiographic (or computed tomography (CT)) abnormalities
- Restrictive or obstructive lung physiology testing or diffusing lung capacity defect
- Lung pathology consistent with chronic beryllium disease
- A clinical course consistent with a chronic respiratory disorder
- Immunologic tests showing beryllium sensitivity (skin patch test or beryllium blood test preferred)
- a mediastinal lymph node biopsy interpreted by a physician indicating "lung pathology consistent with CBD"

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#14

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Post-1993 CBD Criteria

The medical documentation must include:

- An abnormal BeLPT/BeLTT and
- One or more of the following:
 - 1) Lung biopsy showing granuloma or a lymphocytic process consistent with CBD
 - 2) A computerized axial tomography (CAT) scan showing changes consistent with CBD
 - 3) Pulmonary function or exercise testing showing pulmonary deficits consistent with CBD
 - 4) a mediastinal lymph node biopsy interpreted by a physician indicating "lung pathology consistent with CBD"

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**CHRONIC BERYLLIUM DISEASE AND BERYLLIUM SENSITIVITY SESSION
INSTRUCTIONAL CONTENT, CONTINUED**

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#15

A presentation slide with a blue header and a white body. The header contains the text 'EEOICP' and 'The Energy Employees Occupational Illness Compensation Program'. The slide title is 'Granulomas and "Lymphocytic Process Consistent with CBD"'. The body contains three bullet points. The slide number '15' is in the bottom right corner.

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Granulomas and "Lymphocytic Process Consistent with CBD"

- Granuloma: Loose collection of epithelioid cells with ill-defined zone of lymphocytes
- Lymphocytic Process Consistent with CBD: Patients with CBD usually have bronchoalveolar lavage (BAL) lymphocytosis, which is a percentage of lymphocytes greater than 10%
- Both are significant because they help distinguish CBD from other pulmonary illnesses.

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**CHRONIC BERYLLIUM DISEASE AND BERYLLIUM SENSITIVITY SESSION
INSTRUCTIONAL CONTENT, CONTINUED**

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#16

A presentation slide with a blue header. The header contains the text 'EEOICP' in large white letters and 'The Energy Employees Occupational Illness Compensation Program' in smaller white letters. The background of the header shows a worker in a hard hat and safety gear. The main content area is white with a blue border. It features the title 'Sarcoidosis' in blue, followed by two bullet points. The bottom right corner of the slide has the number '16' in white on a blue background.

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Sarcoidosis

- The hallmark of CBD is the presence of nonnecrotizing granulomas on lung biopsy. These CBD granulomas are histopathologically indistinguishable from sarcoid granulomas
- See PM 02-1000.10 regarding Sarcoidosis

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**Training
Handout**

Be sure that a copy of PM 02-1000 is distributed at this time. The DEEOIC policy regarding Sarcoidosis set forth in PM 02-1000.10 was originally issued in EEOICPA Circular 08-07 on September 4, 2008.

**CHRONIC BERYLLIUM DISEASE AND BERYLLIUM SENSITIVITY SESSION
INSTRUCTIONAL CONTENT, CONTINUED**

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#17

A presentation slide with a blue header. The header contains the text 'EEOICP' in large white letters and 'The Energy Employees Occupational Illness Compensation Program' in smaller white letters below it. The slide background features a faint image of a person in a hard hat. The main content area is white with a blue border. It contains a section title 'Gold Standard Exception' and a bulleted list of three items. The slide number '17' is in the bottom right corner.

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“Gold Standard” Exception

- A lung tissue biopsy is considered the “gold standard” for a CBD diagnosis
- Claims containing a normal or borderline BeLPT/BeLTT should not be denied without further development if a lung tissue biopsy confirms the presence of granulomas consistent with CBD
- CE should contact the employee’s treating physician and obtain any other information that may resolve the discrepancy.

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KEY
POINT

For example, a history of steroid use may cause a false negative BeLPT/BeLTT. If the employee is deceased, and exhaustive efforts produce little or no results to resolve the discrepancy, and the claim contains the normal/borderline LPT results along with a biopsy of the lung showing the presences of granulomas, the CE may accept the claim.

**CHRONIC BERYLLIUM DISEASE AND BERYLLIUM SENSITIVITY SESSION
INSTRUCTIONAL CONTENT, CONTINUED**

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#18

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Criteria for Part E

Part E only requires:

- 1) A diagnosis of CBD by a qualified physician;
- 2) Exposure to beryllium during at least one day of covered employment, and;
- 3) Sufficient evidence to establish “it is at least as likely as not” that exposure to beryllium during covered employment was a “significant factor in aggravating, contributing to, or causing the illness.”

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#19

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Approving CBD under Part E

- It’s possible to approve a CBD claim under Part E even if CBD cannot be approved under Part B.
- The Part B statutory requirements need not be present.
- However, the CE should exhaust all avenues to obtain the statutory medical evidence needed for a Part B acceptance before denying CBD under Part B and accepting CBD under Part E.

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**CHRONIC BERYLLIUM DISEASE AND BERYLLIUM SENSITIVITY SESSION
INSTRUCTIONAL CONTENT, CONTINUED**

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#20

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Beryllium Vendors and Beryllium Vendor Facilities

- Atomics International
- Brush Wellman, Incorporated, and its predecessor, Brush Beryllium Company
- General Atomics
- General Electric Company
- NGK Metals Corporation and its predecessors, Kawecki-Berylco, Cabot Corporation, BerylCo, and Beryllium Corporation of America

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#21

EEOICP
The Energy Employees Occupational Illness Compensation Program

Beryllium Vendors and Beryllium Vendor Facilities, continued

- Nuclear Materials and Equipment Corporation.
- StartMet Corporation and its predecessor, Nuclear Materials, Inc.
- Wyman Gordon, Inc.
- Any other vendor, processor, or producer of beryllium or related products designated as a beryllium vendor for purposes of the EEOICPA

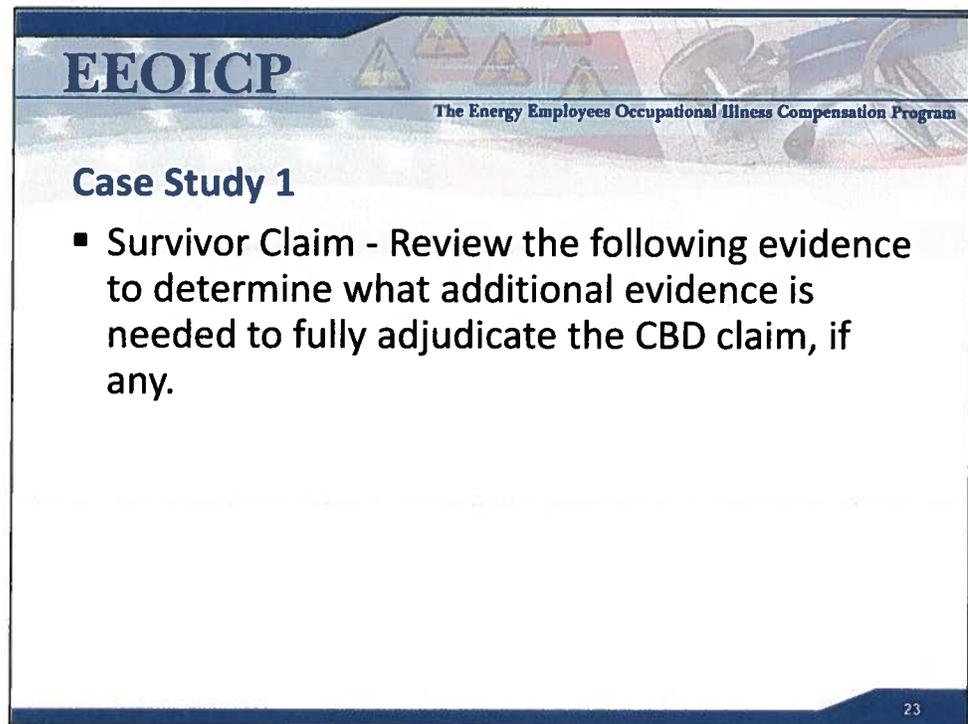
21

**CHRONIC BERYLLIUM DISEASE AND BERYLLIUM SENSITIVITY SESSION
INSTRUCTIONAL CONTENT, CONTINUED****Case Study
Activity**

The trainees are to review the materials and determine They are to determine the following:

- *Is CBD being developed under Part B and Part E or just under one? If so, which one?*
- *Is there evidence to support the requisite covered employment? If not, what additional information is required?*
- *Which statutory requirement applies – pre or post 1993?*
- *Is there sufficient medical evidence to support CBD?*

After allowing sufficient time, review the case study outcomes eliciting information from the trainees.

Case Study 1

The slide features a header with the EEOICP logo and the text 'The Energy Employees Occupational Illness Compensation Program'. The main content area is titled 'Case Study 1' and contains a single bullet point: 'Survivor Claim - Review the following evidence to determine what additional evidence is needed to fully adjudicate the CBD claim, if any.' The slide number '23' is located in the bottom right corner.

EE-2

Claim for Survivor Benefits Under the Energy Employees Occupational Illness Compensation Program Act		U.S. Department of Labor Employment Standards Administration Office of Workers' Compensation Programs	
Note: Provide all information requested below. Do not write in the shaded areas.			OMB Number: 1215-0197 Expiration Date: 08/31/2010
<input type="button" value="Submit"/> <input type="button" value="Reset"/> <input type="button" value="Print"/>			
Deceased Employee Information (Please Print Clearly)			
1. Name (Last, First, Middle Initial)		2. Sex	3. Social Security Number
		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
4. Date of Birth	5. Date of Death	6. Was an autopsy performed on the employee?	
Month Day Year	Month Day Year	<input type="checkbox"/> YES - List Medical Facility: _____ <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW	
Survivor Information (Please Print Clearly)			
7. Name (Last, First, Middle Initial)		8. Sex	9. Social Security Number
		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	000-00-0000
10. Date of Birth	11. Your relationship to the deceased employee		
Month Day Year	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> step child <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> grandchild <input type="checkbox"/> Other: _____		
12. Address (Street, Apt. #, P.O. Box)		13. Telephone Numbers	
		a. Home: () - -	
(City, State, ZIP Code)		b. Other: () - -	
14. Identify the Diagnosed Condition(s) Being Claimed as Work-Related (check box and list specific diagnosis)			
<input type="checkbox"/> Cancer (List Specific Diagnosis Below)			15. Date of Diagnosis
			Month Day Year
a.			
b.			
c.			
<input type="checkbox"/> Beryllium Sensitivity			
<input checked="" type="checkbox"/> Chronic Beryllium Disease (CBD)			
<input type="checkbox"/> Chronic Silicosis			
<input checked="" type="checkbox"/> Other Work-Related Condition(s) due to exposure to toxic substances or radiation (List Specific Diagnosis Below)			
a.	Chronic Obstructive Pulmonary Disease	01	17 1984
b.			
c.			
Awards and Other Information			
16. Did the employee work at a location designated as a Special Exposure Cohort (SEC)?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
17. Have you or the deceased employee filed a lawsuit seeking either money or medical coverage for the claimed condition(s)?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. Have you or the deceased employee filed any workers' compensation claims in connection with the claimed condition(s)?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
19. Have you, the deceased employee, or another person received a settlement or other award in connection with the above claimed condition(s)?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20. Have you either pled guilty or been convicted of any charges connected with an application for or receipt of federal or state workers' compensation?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21. Have you or the employee applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If yes, provide RECA Claim #:			
22. Have you or the employee applied for an award under Section 4 of the Radiation Exposure Compensation Act?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Next Page

Form EE-2
April 2005

EE-3

Employment History for a Claim Under the Energy Employees Occupational Illness Compensation Program Act		U.S. Department of Labor Employment Standards Administration Office of Workers' Compensation Programs			
Note: Please provide as much information as possible. Do not write in the shaded areas.					OMB No. 1215-0197 Expiration Date: 08/31/2010
Employee's Information (Print clearly)			<input type="button" value="Submit"/> <input type="button" value="Reset"/> <input type="button" value="Print"/>		
1. Employee's Name (Last, First, Middle Initial)	2. Former Name (e.g. Maiden/Legal Change)	3. Social Security Number (if known)			
Contact Information for Person Completing this Form (Print clearly)			5. Claim Type (check one)		
4. Name (Last, First, Middle Initial)	6. Address (Street, Apt. #, P.O. Box)		<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Survivor		
(City, State, ZIP Code)		7. Telephone Number(s)			
		a. Home: () -		b. Other: () -	
Employee's Work History (Provide as much information as known - If necessary attach a separate sheet)					
In chronological order, <i>starting with the most recent period of employment</i> , provide the complete work history of the employee named above. Provide as much identifying information as known concerning the name of the employer and location (city & state) where the employee performed the work. If you require additional space to explain or clarify a point, attach a signed supplemental statement to this form.					
Employer - 1	Start Date: 02 08 1955	End Date: 10 01 1986	Work Schedule (check one)		
Facility Name (spell out name)		Specific Location (building/ste/mine/mill)	City/State where worked performed		
Kansas City Plant			Kansas City, Missouri		
Contractor/sub-contractor or Vendor name(s)		Type of Facility/Employer (check one)			
Allied Bendix Aerospace / Bendix KC Division		<input checked="" type="checkbox"/> Department of Energy Facility <input type="checkbox"/> Beryllium Vendor <input type="checkbox"/> Unknown <input type="checkbox"/> Atomic Weapons Facility <input type="checkbox"/> Uranium Miner/Miller/Transporter			
Position Title or Mine/Mill Activity		Was a dosimetry badge worn while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Unknown			
Storekeeper/Safety Crib		If known, provide the Dosimetry Badge Number:			
Work Identification Number					
Description of Work Duties (Describe in detail)					
Issued glasses and shoes - collected and sorted laundry delivered back to the departments. Most of his job duties were "classified". This is all I know					
Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility					
Laundry could have been contaminated. To my knowledge Doyle was not issued or required to wear space clothing while performing her assigned duties					
Indicate whether the employee participated in any employer health programs or unions at this facility (check all that apply)					
<input type="checkbox"/> Former Worker Program (FWP) <input type="checkbox"/> Radiation Exposure Screening and Education Program (RESEP) <input type="checkbox"/> Other Medical Study <input type="checkbox"/> Other Medical Surveillance Program <input type="checkbox"/> Union Member <input type="checkbox"/> Other (specify):					
					Form EE-3 April 2005
<input type="button" value="Next Page"/>					

Doctor's Report



SAINT LUKE'S SOUTH
PRIMARY CARE

March 4, 2003

Re: John Claimant
DOB 01/12/1946

To Whom It May Concern:

The aforementioned individual was under my care until his death in 1990. I began taking care of Mr. Claimant in 1985 and at that time, he was noted to have significant chronic obstructive pulmonary disease. The patient had x-ray findings of which a report is included in his previous records, consistent with COPD along with consistently reduced Wright peak flow readings to $\frac{1}{2}$ - $\frac{1}{3}$ rd of the expected for a man his age and size. These are also documented in his previous records. The patient had a significant disability related to his COPD and ultimately died from complications thereof. The patient's overall courses indeed consistent with chronic beryllium disease

For more information, please refer to attached medical records.

Sincerely,

Michael L. Physician, M.D.

Michael L. Physician, M.D.

MLM/TTS/cdh

Enclosures

ENDOCRINOLOGY &
DIABETES

Jeffery D. Physician, M.D.

Death Certificate

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND – NOT A WHITE BACKGROUND

244000

Missouri Department of Health
Certificate of Death

FORM VS No 1-A

File #: 116_2008

098765

(rev. 5/02)

Decedent	1. Decedent's Name (First, Middle, Last)			2. Sex Male	3. Date of Death (Month, Day, Year) April 4, 1990	
	4. Social Security No. 000-00-0000	5a. Age Last Birthday 59	5b. Under 1 year	6. Date of Birth Dec. 30, 1930	7. Birthplace (City/State) Springfield, MO	
	8. Was decedent ever in US armed services? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. Place of Death (check only one) Hospital Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
	9. b Facility Name St. Joseph Health Center		9c. City Town or location of death Anytown		9d. County of Death Graves	
10. Marital Status Married		11. Surviving Spouse (if wife give maiden name)		12a. Decedent's occupation Store Keeper	12b/ Kind of Business/Industry Non-nuclear component	
13a. Residence—state Missouri		13b. County Jackson		13 c. City, Town, or Location Anytown	13d. Street and Number 210 Main Street	
13a. Inside City limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. Zip Code 42000	14. Was decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. Race American Indian, Black, White, etc. (specify) White	
15a. Inside City limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. Decedent's Education (specify only highest grade completed) Elem./Sec (0-12) College 1-4 or 5+ 12				
Parents	17. Father's Name (First, Middle, Last)			18. Mother's Name (First, Middle, Last) Grace Morris		
Informant	19a. Informant's Name			19b. Mailing Address 210 Main Street, Anytown, MO 64030		
Disposition	20.a Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (explain)		20b. Place of Disposition (Name of Cemetery, crematory or other place) Anytown Memory Gardens		20.c. Location (City or Town) Anytown, MO	
	21a. Signature of Funeral Service Licensee		22. Name and Address of Facility			
Certifier	23a. To the best of my knowledge, death occurred at the time, date, place and due to the causes stated				23b. Date signed (Month, Day, Year) 04/04/90	
	Signature and Title <u>Wayne E. Person</u>					
Cause of Death	24. Name and address of Person who completed cause of death (Item 23) Wayne E. Person, MD 110 South 129 th Street, Anytown, MO 62030					
	25 Time of Death 7:40 AM		26 Date Pronounced Dead (Month, Day, Year) April 4, 1990		27. Was Case referred to Medical Examiner/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	28. Part I. Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				Approximate Interval between onset and death 12 hours	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <u>acute respiratory failure</u> due to (or as a consequence of)		undetermined	
	Sequentially list conditions, if any, leading to immediate cause. Enter underlying Cause (Disease or injury that initiated events resulting in death)		b. <u>Chronic Obstructive Pulmonary Disease</u> due to (or as a consequence of)			
			c. _____ due to (or as a consequence of)			
			d. _____ due to (or as a consequence of)			
	Part II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I. Pneumothorax Cardiac Arrhythmia		28 a. If female, was there a pregnancy in the past 12 mos? <input type="checkbox"/> Yes <input type="checkbox"/> No	28b. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28c. Were autopsy findings available prior to cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	29d. Did the deceased have Diabetes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29e. Was Diabetes an immediate, underlying or contributing cause of or condition leading to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	29. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending		30 a. Date of Injury (Month, Day, Year)		30.b Time of Injury	30c Injury at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> could not determine <input type="checkbox"/> Homicide		30 e Place of Injury – At home, farm, street, factory office building, etc. (Specify)		30f. Location (street and number, city or town)		
31. Registrar's Signature <u>Paul F. Robinson</u>		32. Date Filed (Month, Day, Year) April 4 1990				

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK – HOLD AT AN ANGLE TO VIEW

DOE Facility List printout

Energy Employees Occupational Illness Compensation Program

[Home](#) | [Health and Safety](#)

Facility List

There was one record found for the facility: Kansas City Plant .

1 - Kansas City Plant

State: Missouri **Location:** Kansas City
Time Period: 1949-present
Facility Type: Department of Energy

Facility Description: The Kansas City Plant was constructed in 1942 to build aircraft engines for the Navy. After World War II, it was used for storage. In 1949, the AEC asked the Bendix Corporation to take over part of the facility and it began manufacturing nonnuclear components for nuclear weapons. Electrical, electromechanical, mechanical, and plastic components are manufactured or procured by this facility.

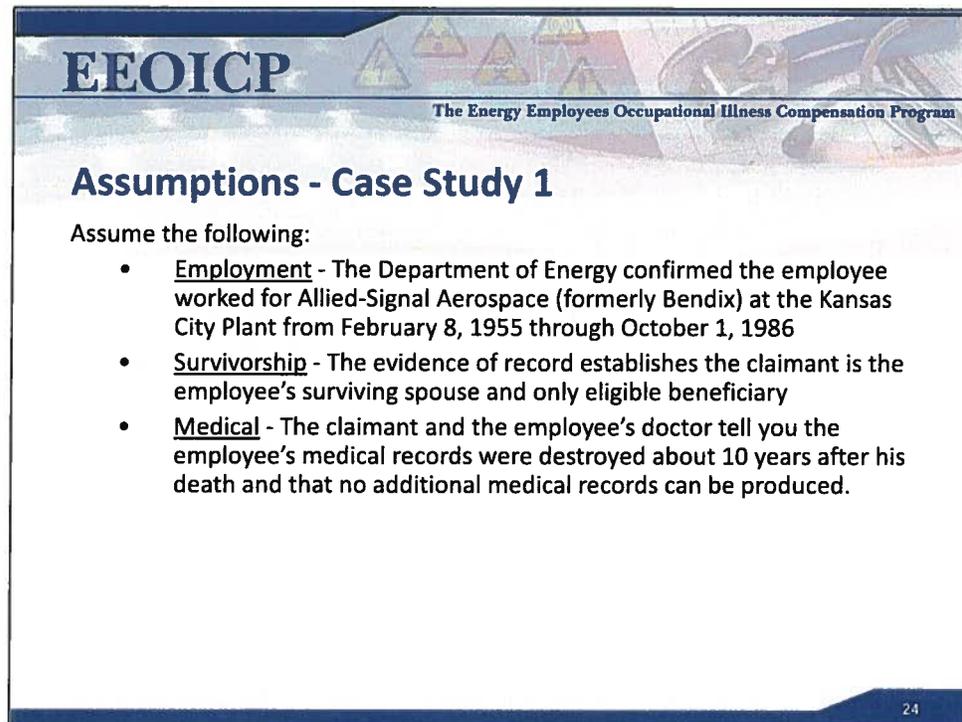
In 1993, the Department of Energy officially designated the Kansas City Plant as the consolidated site for all nonnuclear components for nuclear weapons.

As of 1996, production activities at the site were still occurring and expected to continue indefinitely.

Throughout the course of its operations, the potential for beryllium exposure existed at this site, due to beryllium use, residual contamination, and decontamination activities.

CONTRACTORS: Honeywell FM&T (1999-present); Allied-Signal Aerospace (formerly Bendix) (1949-1999)

Case Study 1 Assumptions



EEOICP
The Energy Employees Occupational Illness Compensation Program

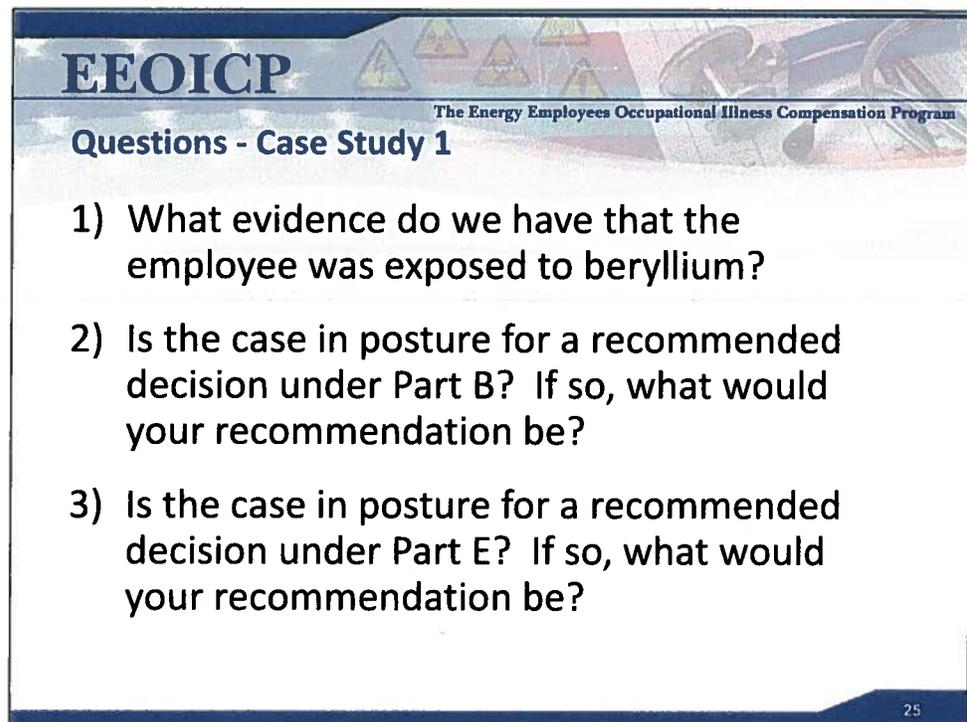
Assumptions - Case Study 1

Assume the following:

- Employment - The Department of Energy confirmed the employee worked for Allied-Signal Aerospace (formerly Bendix) at the Kansas City Plant from February 8, 1955 through October 1, 1986
- Survivorship - The evidence of record establishes the claimant is the employee's surviving spouse and only eligible beneficiary
- Medical - The claimant and the employee's doctor tell you the employee's medical records were destroyed about 10 years after his death and that no additional medical records can be produced.

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**Case
Study 1
Questions**



EEOICP
The Energy Employees Occupational Illness Compensation Program

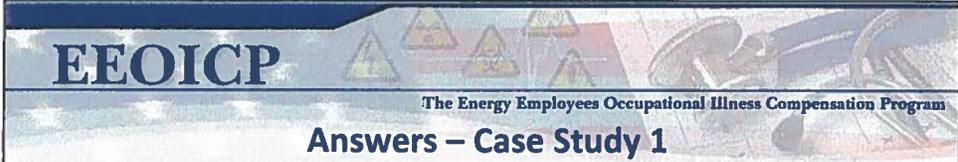
Questions - Case Study 1

- 1) What evidence do we have that the employee was exposed to beryllium?
- 2) Is the case in posture for a recommended decision under Part B? If so, what would your recommendation be?
- 3) Is the case in posture for a recommended decision under Part E? If so, what would your recommendation be?

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Instructor Note

After you discuss the questions, ask the trainees to review the case study answers found in their Participants Guide and on your next page.

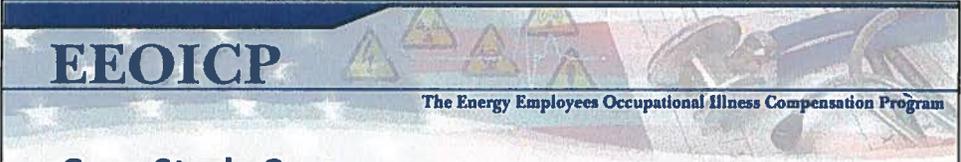
Answers –
Case Study 1

EEOICP
The Energy Employees Occupational Illness Compensation Program

Answers – Case Study 1

- 1) What evidence do we have that the employee was exposed to beryllium?
The DOE facility database shows the potential for beryllium exposure existed at the Kansas City Plant throughout the course of its operations
- 2) Is the case in posture for a recommended decision under Part B? If so, what would your recommendation be?
No, there is insufficient medical evidence to meet either the Pre-1993 or Post-1993 statutory requirements for CBD
- 3) Is the case in posture for a recommended decision under Part E? If so, what would your recommendation be?
Yes, accept the case under Part E because the employee was exposed to beryllium during covered employment, he was diagnosed with CBD by a physician, and it can be concluded CBD aggravated the employee's death because his death certificate indicates COPD was the cause of his death

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Case
Study 2

EEOICP
The Energy Employees Occupational Illness Compensation Program

Case Study 2

- Employee Claim - Review the following evidence to determine what additional evidence is needed to fully adjudicate the CBD claim, if any.

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EE 1

Claim for Benefits Under the Energy Employees Occupational Illness Compensation Program Act		U.S. Department of Labor Employment Standards Administration Office of Workers' Compensation Programs	
Note: Provide all information requested below. Do not write in the shaded areas.		OMB Number: 1215-0197 Expiration Date: 08/31/2010	
Employee Information (Please Print Clearly)		Submit Reset Print	
1. Name (Last, First, Middle Initial)		2. Social Security Number	
3. Date of Birth		4. Sex	
5. Dependents		6. Address (Street, Apt. #, P.O. Box)	
7. Telephone Number(s)		8. Identify the Diagnosed Condition(s) Being Claimed as Work-Related (check box and list specific diagnosis)	
<input type="checkbox"/> Cancer (List Specific Diagnosis Below)		9. Date of Diagnosis Month Day Year	
a.			
b.			
c.			
<input type="checkbox"/> Beryllium Sensitivity			
<input checked="" type="checkbox"/> Chronic Beryllium Disease (CBD)			
<input type="checkbox"/> Chronic Silicosis			
<input type="checkbox"/> Other Work-Related Condition(s) due to exposure to toxic substances or radiation (List Specific Diagnosis Below)			
a.			
b.			
c.			
Awards and Other Information			
10. Did you work at a location designated as a Special Exposure Cohort (SEC)?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. Have you filed a lawsuit seeking either money or medical coverage for the above claimed condition(s)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. Have you filed any workers' compensation claims in connection with the above claimed condition(s)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
13. Have you or another person received a settlement or other award in connection with a lawsuit or workers' compensation claim for the above claimed condition(s)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. Have you either pled guilty or been convicted of any charges connected with an application for or receipt of federal or state workers' compensation?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. Have you applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, provide RECA Claim #: _____			
16. Have you applied for an award under Section 4 of the Radiation Exposure Compensation Act (RECA)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Employee Declaration		Resource Center Data Stamp	
Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. Any change to the information provided on this form once it is submitted must be reported immediately to the district office responsible for the administration of the claim. I hereby make a claim for benefits under EEOICPA and affirm that the information I have provided on this form is true. If applicable, I authorize the Department of Justice to release any requested information, including information related to my RECA claim, to the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP). Furthermore, I authorize any physician or hospital or any other person, institution, corporation, or government agency, including the Social Security Administration, to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs.		[Resource Center Data Stamp Area]	
_____ Employee Signature			
_____ Date			
Next Page			

Form EE-1
April 2005

EE 3

Employment History for a Claim Under the Energy Employees Occupational Illness Compensation Program Act		U.S. Department of Labor Employment Standards Administration Office of Workers' Compensation Programs		
Note: Please provide as much information as possible. Do not write in the shaded areas.			OMB No. 1215-0197 Expiration Date: 08/31/2010	
Employee's Information (Print clearly)		<input type="button" value="Submit"/> <input type="button" value="Reset"/> <input type="button" value="Print"/>		
1. Employee's Name (Last, First, Middle Initial)	2. Former Name (e.g. Maiden/Legal Change)	3. Social Security Number (if known)		
Contact Information for Person Completing this Form (Print clearly)				
4. Name (Last, First, Middle Initial)		5. Claim Type (check one)		
		<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Survivor		
6. Address (Street, Apt. #, P.O. Box)		7. Telephone Number(s)		
		a. Home: () - () - ()		
(City, State, ZIP Code)		b. Other: () - () - ()		
Employee's Work History (Provide as much information as known - If necessary attach a separate sheet)				
In chronological order, <i>starting with the most recent period of employment</i> , provide the complete work history of the employee named above. Provide as much identifying information as known concerning the name of the employer and location (city & state) where the employee performed the work. If you require additional space to explain or clarify a point, attach a signed supplemental statement to this form.				
Employer - 1	Start Date: () () 1983	End Date: () () 1985	Work Schedule (check one)	
	Month Day Year	Month Day Year	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Facility Name (spell out name)	Specific Location (building/site/mine/mill)	City/State where worked performed		
Rocky Flats Plant	Building 881, Research and Dev.	Golden, Colorado		
Contractor/sub-contractor or Vendor name(s)	Type of Facility/Employer (check one)			
Rockwell	<input checked="" type="checkbox"/> Department of Energy Facility <input type="checkbox"/> Beryllium Vendor <input type="checkbox"/> Unknown <input type="checkbox"/> Atomic Weapons Facility <input type="checkbox"/> Uranium Miner/Miller/Transporter			
Position Title or Mine/Mill Activity	Was a dosimetry badge worn while employed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown			
Research Engineer				
Work Identification Number	If known, provide the Dosimetry Badge Number: 502XXX			
Description of Work Duties (Describe in detail)				
Beryllium Weapon parts (Brazing machined parts of beryllium).				
Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility				
Indicate whether the employee participated in any employer health programs or unions at this facility (check all that apply)				
<input type="checkbox"/> Former Worker Program (FWP) <input type="checkbox"/> Radiation Exposure Screening and Education Program (RESEP) <input type="checkbox"/> Other Medical Study <input type="checkbox"/> Other Medical Surveillance Program <input type="checkbox"/> Union Member <input type="checkbox"/> Other (specify):				

Next Page

Form EE-3
April 2005

EE 3 PAGE 2

Employer - 2		Start Date: <input type="text"/> / <input type="text"/> / <input type="text"/> 1975 Month Day Year	End Date: <input type="text"/> / <input type="text"/> / <input type="text"/> 1982 Month Day Year	Work Schedule (check one) <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Facility Name (spell out name) Rocky Flats Plant		Specific Location (building/site/mine/mill) Building 778 Res. & Dev		City/State where worked performed Golden, Colorado
Contractor/sub-contractor or Vendor name(s) Rockwell		Type of Facility/Employer (check one) <input checked="" type="checkbox"/> Department of Energy Facility <input type="checkbox"/> Atomic Weapons Facility <input type="checkbox"/> Beryllium Vendor <input type="checkbox"/> Uranium Miner/Miller/Transporter <input type="checkbox"/> Unknown		
Position Title or Mine/Mill Activity Res. Engineer, Dev. Specialist, Manufacturing Master Tech		Was a dosimetry badge worn while employed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown		
Work Identification Number		If known, provide the Dosimetry Badge Number: 502XXX		
Description of Work Duties (Describe in detail) Weapon Parts of Beryllium - cut samples				
Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility				
Indicate whether the employee participated in any employer health programs or unions at this facility (check all that apply) <input type="checkbox"/> Former Worker Program (FWP) <input type="checkbox"/> Radiation Exposure Screening and Education Program (RESEP) <input type="checkbox"/> Other Medical Study <input type="checkbox"/> Other Medical Surveillance Program <input type="checkbox"/> Union Member <input type="checkbox"/> Other (specify):				
Employer - 3		Start Date: <input type="text"/> / <input type="text"/> / <input type="text"/> 1987 Month Day Year	End Date: <input type="text"/> / <input type="text"/> / <input type="text"/> 1974 Month Day Year	Work Schedule (check one) <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Facility Name (spell out name) Rocky Flats Plant		Specific Location (building/site/mine/mill) Building 777 and 771		City/State where worked performed Golden, Colorado
Contractor/sub-contractor or Vendor name(s) Dow Chemical		Type of Facility/Employer (check one) <input checked="" type="checkbox"/> Department of Energy Facility <input type="checkbox"/> Atomic Weapons Facility <input type="checkbox"/> Beryllium Vendor <input type="checkbox"/> Uranium Miner/Miller/Transporter <input type="checkbox"/> Unknown		
Position Title or Mine/Mill Activity Manufacturing Master Technician		Was a dosimetry badge worn while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown		
Work Identification Number		If known, provide the Dosimetry Badge Number:		
Description of Work Duties (Describe in detail) Weapon parts were ground and polished. Brazing (out of beryllium)				
Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility				
Indicate whether the employee participated in any employer health programs or unions at this facility (check all that apply) <input type="checkbox"/> Former Worker Program (FWP) <input type="checkbox"/> Radiation Exposure Screening and Education Program (RESEP) <input type="checkbox"/> Other Medical Study <input type="checkbox"/> Other Medical Surveillance Program <input type="checkbox"/> Union Member <input type="checkbox"/> Other (specify):				
Declaration of the Person Completing this Form Any person who knowingly makes any false statement, misrepresentation, concealment of fact of any other act of fraud to obtain compensation as provided under EEO/CPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. I affirm that the information provided on this form is accurate and true. I also authorize the Department of Justice, Social Security Administration, any Former Worker Program, union, medical study or medical surveillance program (or any other person, institution, corporation, or government agency) identified on this form to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs.				Resource Center Date Stamp
<input type="text"/> (Signature)		<input type="text"/> 08/23/2007 (Date)		

Next Page Prev Page

Form EE-3
April 2005

Report from National Jewish Page 1

**NATIONAL
JEWISH**

Medical and Research Center

Global Leader In Lung Allergic
and Immune Diseases

1234 Physician St.

Denver, CO 80206

111.222.3333

888.111.2222

#1 respiratory Hospitals in the U.S.
U.S. News and World Report

Fri Jul 27, 2007 9:45 AM

Name: John Claimant

MRUN 018-07-32 Acct # 123654

DOB 01-12-1946 Age 65

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE FOLLOW UP SUMMARY REVISED FINAL

DATE(S) OF SERVICE: July 11, 2007

ATTENDING PHYSICIAN: Lisa Physician, M.D.

CHIEF COMPLAINT:

Post bronchoscopy followup.

INTERIM HISTORY:

Mr. Claimant is 65-year-old gentleman, with beryllium sensitization here for follow up after his bronchoscopy, performed on 5/20/2007. Mr. Claimant reports that he has some wheezing after his bronchoscopy. He saw his primary care physician, and at the time of his visit he was not wheezing. He was not given any medication for treatment. Mr. Claimant's wife reports that he has had swelling in his feet. Of note, Mr. Claimant has a history of an abnormal bronchoalveolar lavage beryllium lymphocyte proliferation test in the past.

REVIEW OF SYSTEMS:

Constitutional: He denies fever or chill, no sweats.
 Allergy/Immunology: Mr. Claimant reports no rhinitis or sore throat.
 Ears/Nose/Mouth/Throat: He complains of some hoarseness, no postnasal drip. Respiratory: No significant change compared to his previous visit. Cardiovascular: Mr. Claimant reports worsened edema. Other: With regards to sleep, he has restless sleep. No snoring.

PAST MEDICAL HISTORY (UPDATE):

Mr. Claimant wife reports that he has an appointment with his cardiologist in 1 month.

Report from National Jewish Page 2

CURRENT MEDICATIONS:

Current medications were reviewed. No changes compared with the 05/30/2007 visit.

PHYSICAL EXAMINATION:

Vital signs: Reviewed. See chart. General appearance: A well-developed, well-nourished, well groomed gentleman in no acute distress. Neurological/Psychological: Mr. Claimant has a normal mood and affect.

NATIONAL JEWISH MEDICAL AND RESEARCH CENTER TEST DATA:

Spirometry: Mr. Claimant's spirometry is significant for restriction, with an FVC of 2.55 L or 66.2% of predicted, FEV1 is 2.2 L or 81.7% of predicted, and the FEV1/FVC ratio is 87%.

Bronchoscopy with transbronchial biopsies and bronchoalveolar lavage. The bronchoalveolar lavage revealed a good recovery of 65.8%, absolute white blood cells were high at 39.5 (normal equals 29.4 to 35.2), macrophages were 83% and lymphocytes were high at 16%. This indicates increased, compared with 02/2006, when Mr. Claimant's lymphocyte count was 3%. This likely indicates progression to chronic beryllium disease. Mr. Claimant's bronchoalveolar lavage beryllium lymphocyte proliferation test was not performed secondary to a laboratory error. However, it was abnormal in 02/2006. The abnormal bronchoalveolar lavage beryllium lymphocyte proliferation test, in combination with a lymphocytosis at this time, is consistent with chronic beryllium disease. Pathology report from transbronchial biopsies indicated patchy mild lymphoplasmacytic inflammation within the submucosa, and granulomas. The AFB gram stains were negative for mycobacteria and fungi.

IMPRESSION:

1. Mr. Claimant is an 83 year old gentleman, with beryllium sensitization, who at this time, has progressed to chronic beryllium disease, given his previously abnormal bronchoalveolar lavage beryllium lymphocyte proliferation test and his lymphocytosis seen on bronchoscopy at this time. This indicates a lymphocytic inflammation consistent with with chronic beryllium disease (CBD). Mr. Claimant also has abnormal pulmonary function testing, satisfying Department of Labor (DOL) Energy Employees Occupational Illness Compensation Program (EEOICP) criteria for CBD.
2. Possible aortic stenosis
3. Hoarseness, question aspiration versus postnasal drip.
4. Diabetes, for which Mr. Claimant should continue to follow up with his primary care physician.

Report from National Jewish Page 3

PLAN/TREATMENT

1. Counseled Mr. Claimant and his wife on his progression from beryllium sensitization to chronic beryllium disease. I advised Mr. Claimant to contact the Department of Labor claims examiner that he is assigned to, to notify them of the change. He will also forward them information regarding his bronchoscopy and this clinic visit, so that they can change his diagnosis in their system and compensate him accordingly.
2. Mr. Claimant should consider starting Flovent 110 mcg metered dose inhaler at two puffs twice daily, and albuterol 2 puffs as needed up to four times daily for his chronic beryllium disease. He should use the albuterol if he is experiencing any shortness of breath or cough.
3. Mr. Claimant should follow up with his cardiologist regarding possible aortic stenosis and any further treatment
4. Mr. Claimant should follow up with his primary care physician regarding his hoarseness. He should be evaluated, and his primary care physician may want to consider ordering a swallow study.
5. We will avoid steroid treatment for chronic beryllium disease, given his history of diabetes.
6. Mr. Claimant should follow up with us in 1 year. At that time, we will repeat pulmonary function testing, exercise tolerance testing, chest x-ray, and laboratories. He should follow up with us sooner if there is any significant change in his respiratory symptoms.

Kalie Physician, P.A.-C

Lisa Physician, M.D., M.S.P.H., F.C.C.P

Division of Environmental and Occupational Health Sciences, National Jewish Medical and Research Center

Associate Professor of Medicine

Department of Medicine and Department of Preventive Medicine and Biometrics

Division of Pulmonary Sciences and Critical Care Medicine, University of Colorado School of Medicine

Enclosures: The bronchoscopy results, including pathology report, BAL cell count and differential, and BAL LPT.

Pulmonary Function Test

Performed Date/Time : 05/29/2007 3:15 PM Ordered By: BODY PLETHYSMOGRAPHY

BODY PLETHYSMOGRAPHY:

Pulmonary Physiology Unit

Body Plethysmography Report

Race: Other

Height: 177 cm

Weight: 100 kg

Location: OCC MED Patient Date: 05/29/2007

Time: 04:45:11PM

Lung Volumes		Pred	Pre	%Pred	Post	%Pred	%Change
TLC	[1]	6.23	8.52	93	5.73	92	-2
IC	[1]	2.23	3.04	126	314	132	3
PRC-pleth	[1]	3.85	2.78	72	2.6	67	-7
ERV	[1]	1.7	0.31	18	0.21	12	-33
RV	[1]	2.15	2.47	115	2.39	111	-3
VCmax	[1]	3.65	3.35	87	3.34	87	0
RV / TLC	[%]	34.5	42.5	123	41.7	121	-2
FRC-plath / TLC	[%]	61.8	47.77	77	45.29	73	-5

Forced Expiration		Pred	Pre	% Pred	Post	%Pred	%Change
FVC	[1]	3.85	3.08	80	2.39	62	-23
FEV 1	[1]	2.7	2.48	92	2.36	87	-5
FEV1 / FVC	[%]	70	80	114	99	141	23
FEF 29 – 75	[1/s]	1.8	275	153	5.77	321	110
PEF	[1/s]	6.78	6.31	93	7.64	113	21
FEF 25	[1/s]	7.05	6.31	89	7.64	108	21
FEF 50	[1/s]	5.57	4.92	8	6.75	121	37
FEF 75	[1/s]	2.65	0.76	29	314	118	13
PIF	[1/s]	4.12	4.56	111	6.09	148	34
FEF50 / FIFGO	[%]	153	115	75	112	74	-2

Additional Studies		Pred	Pre	%Pred	Post	%Pred	%Change
Raw	[cmH20*s/1]	1.69	1.94	115	1.74	103	-10
sGaw	[1/(cmH20*%)]	0.154	0.186	121	0.221	144	19
DSCO SB	[ml/min/mmHg]	29.12			19.25	66	
DLCOc SB	[ml/min/mmHg]				19.2		
VA	[1]	6.84			4.98	73	
DLCO/VA	[ml/min/mmHg/1]	4.26			3.86	91	
DLCOc/VA					3.86		
PI max Average		71					
PE max Average		111					

		Pred	Pre	%Pred	Post	%Pred	%Change
Weight (kg)							
TLC *	[1]	6.23					
FRC-Pleth	[1]	3.85					
A	[1]	6.23					
A - B	[1]						
K	[1/cmH20]	0.162					
Pel 100% TLC	[cmH20]	31.7					
Ooof. Retraction	[cmH20/1]	5.09					
Compliance at	[1/cmH20]						
R upstream	[cmH20/1/s]						

BronchoAlveolar Lavage (BAL) Page 1

Performed Date Time: 05/30/2007 1:45 PM Ordered By: BAL CELL COUNT		
BAL CELL COUNT: RESULTED		
Resulted Components:		
%RECOVERY	(61.1 – 62.9)%	'65.8H
RECOVERY ML	MLS	158
ABS.RBC	x10E6	45.0
ABS.WBC	(29.4 – 35.2)x10B6	39.5H
ABS.EPI CELLS	x10E6	0.0
%MACROPH		83L
	(87 – 89)	Comment: CORRECTED ON 05/30/ AT 1633: PREVIOUSLY REPORTED AS 84
ABS NO. MACROPH		32.8
	x10E6	Comment: CORRECTED ON 05/31 AT 0937: PREVIOUSLY REPORTED AS 33.2
%NEUT	(1.5 – 2.1)	OL
ABS NO.NEUT	x10E6	0.0
%LYMPHS	(8.9 – 10.1)	16H
ABS NO. LYMPHS	x10E6	6.3
%EOS		[1]
	(0.3 – 0.5) x10E6	Comment: CORRECTED ON 05/30 AT 1633: PREVIOUSLY REPORTED AS 0
ABS NO. EOS		0.4
	x10E6	Comment: CORRECTED ON 05/31 AT 0937: PREVIOUSLY REPORTED AS 0.0
COMMENT:		[MEAN +/- S.E.M.] DAT BASED ON [9] NORMAL SUBJECTS : INCLUDES [EX SMOKERS AND NEVER SMOKERS] [AM. REV. RESFIR. DIS (MAY) 1990; NOTE: DEMOGRAPHIC FACTORS AND SMOKING HISTORY MUST BE TAKEN INTO ACCOUNT WHEN COMPARING SUBJECTS. IN SMOKERS: TOTAL WBC – 59.9 +/- 0.9 NEUT. 1.6 +/- 0.2; EOS. 0.56 +/- 0.13.

BronchoAlveolar Lavage (BAL) Page 2

Performed Data Time: 02/07/2006 9:30 AM Ordered By: BAL CELL COUNT

BAL CELL COUNT: RESULTED

Resulted Components:

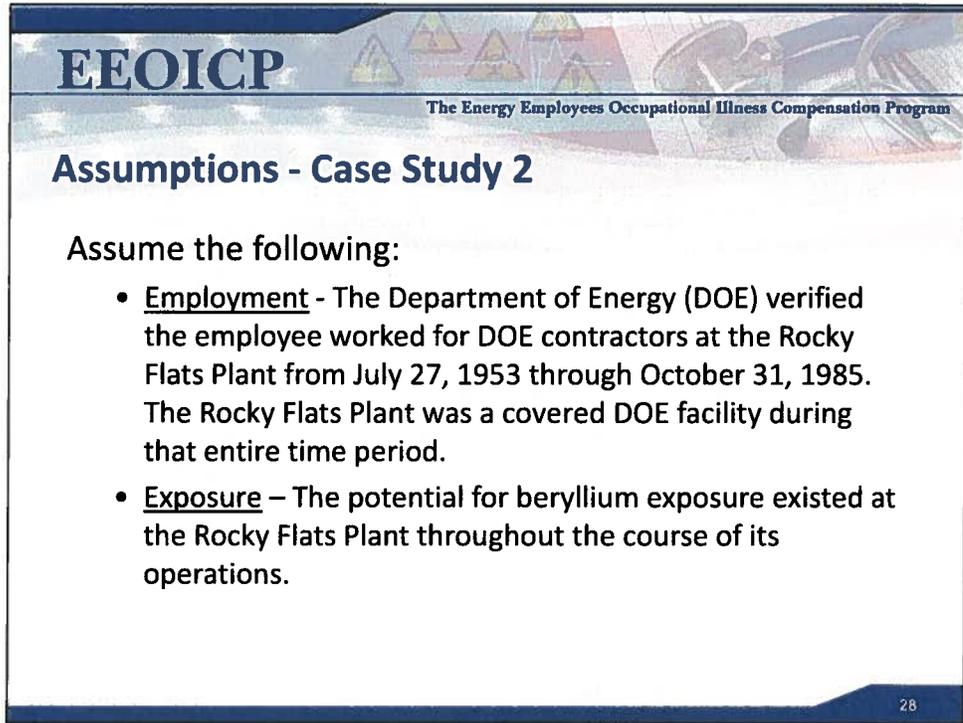
% RECOVERY	(61.1 – 62.9)%	71H
RECOVERY ML	MLS	170
ABS.RBC	x10B6	134.3
ABS. WBC	(29.4–35.2)x10E6	68.9H
ABS. EPI CELLS	x10E6	0.0
%MACROPH	(87 – 89)	96H
ABS NO. MACROPH	x10E6	66.1
%NEUT	(1.5 – 2.1)	1L
ABS NO.NEUT.	x10E6	0.7
%LYMPHS	(8.9 – 10.1)	3L
ABS NO. LYMPHS	x10E6	2.1
%EOS	(0.3 – 0.5)x10E6	0L
ABSNO. EOS	x10E6	0.0

COMMENT:

[MEAN +/- S.E.M.] DAT BASED ON
 [9] NORMAL SUBJECTS: [INCLUDES
 EX SMOKERS AND NEVER SMOKERS]
 AM. REV. RESFIR. DIS (MAY) 1990;
 NOTE: DEMOGRAPHIC FACTORS AND
 SMOKING HISTORY MUST BE TAKEN INTO
 ACCOUNT WHEN COMPARING SUBJECTS.
 IN SMOKERS: TOTAL WBC – 59.9 +/- 0.9
 EOS. 0.56 +/- 0.13.

Lymphocyte Transformation Test – BronchoAlveolar Lavage from Jewish Hospital

NATIONAL JEWISH	1234 Physician St.		
	Denver, CO 80206		
Medical and Research Center	111.222.3333		
	888.111.2222		
Global Leader in Lung Allergic and Immune Diseases			
#1 respiratory Hospitals in the U.S. U.S. News and World Report			
<u>Lymphocyte transformation test: Bronchoalveolar Lavage</u>			
PATIENT NAME:	John Claimant		
NJC # OR ID:	T345679		
DATE OF TEST:	03/07/06		
REFERRING PHYSICIAN:	Lisa Physician, MD		
TECH:	RCT		
<u>RESULTS</u>	<u>MEAN STIMULATION INDEX</u>		
	<u>DAY3</u>	<u>DAY4</u>	<u>DAY6</u>
MITOGENS	24.6		
Phytonhemagglutinin			
Concernalin A		3.9	
BERYLLIUM SULFATE			
1X 10 ⁴ M	2.7	1.0	0.6
1x10 ⁵ M	3.9	2.0	1.5
1X10 ⁶ M	1.9	1.3	1.7
	<u>INTERPRETATION</u>		
Normal response to mitogen	(Mitogen normal.>3.0)		
Abnormal lymphocyte proliferation to beryllium sulfate.			
<p>Note: An abnormal result is 2 or more beryllium sulfate values above the cut-off value of 2.5 The assay is used for clinical purposes and was developed and its performance characteristics determined by the National Jewish Clinical Reference Laboratories. It has not been cleared or approved by the US Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This laboratory is certified under the Clinical Laboratory Improvement Amendment of 1988 (CLIA) as qualified to perform complexity clinical laboratory testing.</p>			
	_____ Lisa Physician, MD		
Founded 1988* None Profit*None -Sectarian*Independent			

**Case Study 2
Assumptions**

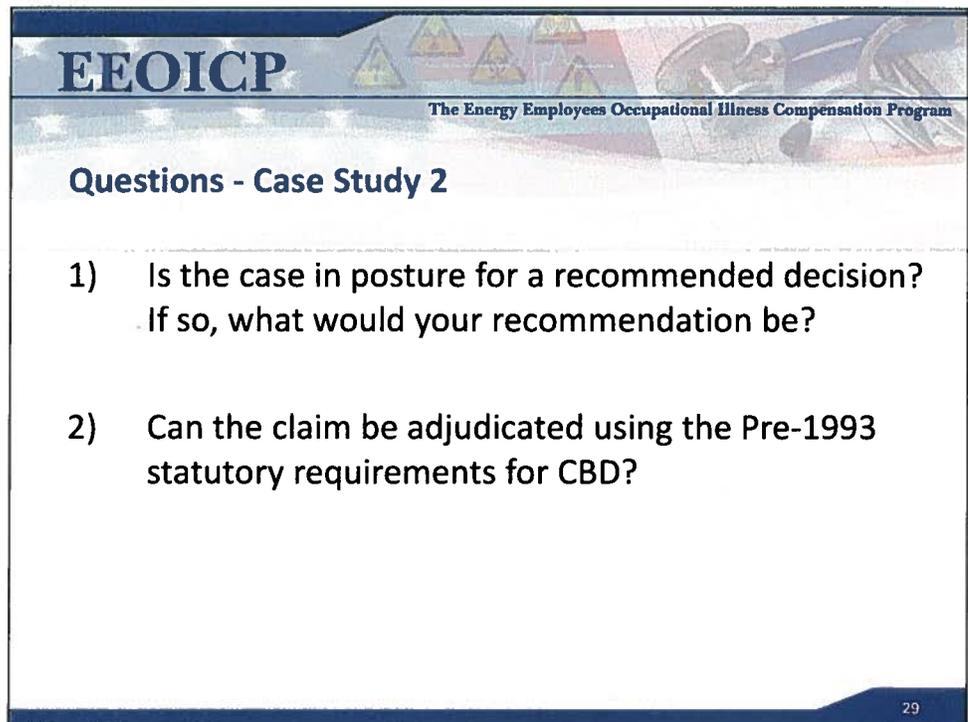
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Assumptions - Case Study 2

Assume the following:

- **Employment** - The Department of Energy (DOE) verified the employee worked for DOE contractors at the Rocky Flats Plant from July 27, 1953 through October 31, 1985. The Rocky Flats Plant was a covered DOE facility during that entire time period.
- **Exposure** – The potential for beryllium exposure existed at the Rocky Flats Plant throughout the course of its operations.

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**Case Study
2 Questions**

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Questions - Case Study 2

- 1) Is the case in posture for a recommended decision?
If so, what would your recommendation be?
- 2) Can the claim be adjudicated using the Pre-1993 statutory requirements for CBD?

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Instructor Note

After you discuss the questions, direct the trainees to review the answers found in their Participants Guide.

Answers –
Case Study 2

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Answers - Case Study 2

1) Is the case in posture for a recommended decision? If so, what would your recommendation be?

Yes, the CBD claim should be accepted under Part B and Part E because the employee was exposed to beryllium during covered employment and there is sufficient medical evidence to meet the Post-1993 statutory requirements.

2) Can the claim be adjudicated using the Pre-1993 statutory requirements for CBD?

Yes, if the medical evidence meets at least three of the five of the statutory requirements for Pre-1993 CBD then the Claims Examiner can approve the claim based upon the Pre-1993 CBD criteria, whether the employee is living or deceased.

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Questions



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Instructor
Note

Direct trainees to complete the evaluation form at the back of their Participant's guide and pass them to the right end of the tables.

ACRONYM LIST

Acronym	Meaning
AADEP	American Academy of Disability Evaluating Physicians
AAW	Average Annual Wage
ABIME	American Board of Independent Medical Examiners
ACS	Affiliated Computer Services (current medical bill pay contractor)
ADL	Activities of Daily Living
ADP	Automated Data Processing
AEC	Atomic Energy Commission
AMA's Guides	American Medical Association's Guides to the Evaluation of Permanent Impairment
ANRSD	Amended NIOSH Referral Summary Document
ARLD	Asbestos Related Lung Disease
AWE	Atomic Weapons Employer
BAL	Bronchoalveolar Lavage
Be	Beryllium
BeS	Beryllium Sensitivity
BOTA	Branch of Outreach and Technical Assistance
BPA	Bill Pay Agent
CAT	Computerized Axial Tomography
CATI	Computer Assisted Telephone Interview - held by NIOSH for DRs
CBD	Chronic Beryllium Disease
CE	Claims Examiner
CE2	Claims Examiner who can work on cases assigned to the Final Adjudication Branch
CFR	Code of Federal Regulations
CLL	Chronic Lymphocytic Leukemia
CMC	Contract Medical Consultant
CPI	Consumer Price Index
CPT	Current Procedure Terminology
CPWR	Center to Protect Workers Rights
CT	Computed Tomography
DAR	Document Acquisition Request
DD	District Director
DEEOIC	Division of Energy Employees Occupational Illness Compensation
DME	Durable Medical Equipment

Acronym	Meaning
DMS	District Medical Scheduler
DO	District Office
DoD	Department of Defense
DOE	Department of Energy
DOJ	Department of Justice
DOL	Department of Labor
DR	Dose Reconstruction
DRG	Diagnosis Related Group
ECS	Energy Compensation System
EE-1	Employee Claim for Benefits form
EE-2	Survivor Claim for Benefits form
EE-3	Employment History
EE-4	Employment History Affidavit
EEOICPA	Energy Employees Occupational Illness Compensation Program Act (the Act)
EFT	Electronic Funds Transfer
ERDA	Energy Research and Development Administration (pre DOE)
FAB	Final Adjudication Branch
FAB DO	Final Adjudication Branch District Office
FO	Fiscal Officer
FOIA	Freedom of Information Act
FTE	Full Time Equivalent
FTR	Federal Travel Regulations
FWP	Former Worker Program
GTR	Government Travel Regulations
HHA	Home Health Aide
HHS	Health and Human Services
HP	Health Physicist
HR	FAB Hearing Representative
ICD-9	International Coding of Diseases
IH	Industrial Hygienist
IM	Intramuscular
IREP	Interactive RadioEpidemiological Program
IREP-EE	IREP-EE- Enterprise Edition used for POCs between 45 and 50%
IV	Intravenous

Acronym	Meaning
LPN	Licensed Practical Nurse
LPT	Lymphocyte Proliferation Test (Same as BeLPT)
LTT	Lymphocyte Transformation Test (Same as BeLTT)
MMI	Maximum medical improvement
NDC	National Drug Code
NIOSH	National Institute for Occupational Safety and Health
NO	National Office
NRSD	NIOSH Referral Summary Document
OCAS	NIOSH's Office of Compensation Analysis and Support
OCAS-1	NIOSH form to be signed by claimant after DR
OHQ	Occupational History Questionnaire
ORISE	Oak Ridge Institute for Science and Education
OWCP	Office of Workers' Compensation Programs
PA	Privacy Act
PCA	Payee Change Assistant
PEP	Program Evaluation Plan
PER	Program Evaluation Report
PII	Personally Identifiable Information
PM	Procedure Manual
PoC	Probability of Causation
POC	Point of Contact
POV	Privately Owned Vehicle
RC	Resource Center
RD	Recommended Decision
RECA	Radiation Exposure Compensation Act
SEC	Special Exposure Cohort
SEM	Site Exposure Matrices
SIR	ACS's "Stored Information Retrieval" system where bills are stored.
SOAF	Statement of Accepted Facts
SOL	Solicitor of Labor
SSA	Social Security Administration
SWC	State Workers' Compensation
TAs	Technical Assistants
WCA	Workers Compensation Assistants