

Industrial Hygiene Report Language

Background

In May, 2023, the ABTSWH recommended modifying the Industrial Hygiene report expectations to include:

- More details about the data available for review and what it showed
- Reference to the case file where there was data to support conclusions
- Explicit statement about lack of case-relevant data beyond the SEM
- Use of a new table format

Current Procedural Guidance

Characterize the exposure as one of the following:

- 1) Significant High
- 2) Significant Moderate
- 3) Significant Low
- 4) Between Incidental and Significant
- 5) Incidental
- 6) No exposure

Rationale for Board Recommendation

The following details may be important to causation determination and may be obscured when applying the current categories of exposure:

- Type of exposure (direct, bystander, or area)
- Route of exposure (inhalation, ingestion, skin absorption)
- Intensity of exposure (concentration)
- Frequency of exposure
- Duration of exposure
- Calendar timing of exposure and disease onset (appropriate latency)
- Use of PPE, engineering controls or other mitigating factors

Proposed IH Exposure Assessment Form

Claimed condition:	Facility	Dates	Expos #1	Expos #2	Expos #3	Expos #4	Expos #5
Job #1:							
Type of exposure*							
Route of exposure**							
Intensity***							
Frequency^							
Duration (# years)							
Calendar years							
Use of PPE^^							

Medical condition(s) for which compensation is being considered should be identified by the diagnostic term used in the claim

Exposures #1, #2, etc. should be identified by name as listed in the SEM

*Direct, bystander, or area

** Inhalation, ingestion, skin absorption

*** High, medium, low

^ Daily, 2 or 3 X/week, a few times a month, 1/month or less

^^ Usually, occasionally, never

Include claim file page number(s) reference for data used in each colored cell, when applicable

Response from DEEOICP

- Agreed to:
 - Use of new table format IF IH finds an exposure to be significant
 - Add data field relating to the type of exposure (direct/bystander/area) in table when used
- Disagreed with other recommendations, including specifying where in the sources reviewed, data supporting conclusions were found
- Provided an example IH report that was much more detailed than usual IH report

Excerpt 1 - Comments

From IH report example:

It should be noted that the Issues for Determination asks, "Are any of his other pre1990 jobs (specifically Associate Engineer, Process Foreman, Process Supervisor, Development Group Leader, and Shift Superintendent) considered synonymous with Chemist, Laboratory Analyst or any other job on the 15-4(10) list, such as Operator or Chemical Operator?" This question is beyond the scope of this referral and therefore cannot be addressed.

Comment: Interviewing the former worker may have permitted the IH to address this question.

Excerpt 2 - Comment

From IH report example

It is important to note that after the mid-1990s, environmental health and safety programs at DOE facilities were well developed and fully implemented. These programs include, but are not limited to, chemical/hazardous material management programs, strong administrative and engineering controls, the extensive use of personal protective equipment (PPE) and, where appropriate, industrial hygiene monitoring. This does not mean that employees would not have had the potential for hazardous exposures. However, it does mean that the likelihood of significant exposures to toxic materials at DOE facilities was greatly reduced after the mid-1990s, and that any work processes, events, or circumstances leading to a significant exposure would likely have been identified and documented in employment records.

Comment – this reflects rescinded guidance – potentially prejudicial

Excerpt 3 - Comment

From IH report example:

However, there is no evidence in the case file (i.e., personal and/or area industrial hygiene monitoring data, claimant provided information or documentation, or other relevant site industrial hygiene records) indicating that, as part of these positions after the mid-1990s, exposures occurred that would have been considered a workplace exposure violation or incident. Any exposures that he might have received, as part of these positions after the mid1990s, would have been incidental in nature, well-controlled, and not significant. The following information, which was included with the IH referral, was reviewed: e.g., OHQ, EE-3, SEM reports, physician's letter.

Comment: What information was found in each of the cited sources? DAR is not listed.

Are These the Same Situation?

Situation 1 – what the CMC may believe from the IH report

- DAR shows monitoring for the work area of the claimant during the time worked – and no problem exposures
- Claimant OHQ exposure information was explored with interview
- SEM indicates plausible exposure opportunities
- Conclusion includes SEM but is corroborated with other data

Situation 2 – what is the reality as the basis for most IH reports

- No DAR data
- OHQ exposure information was not investigated with interview
- SEM indicates plausible exposure opportunities
- Conclusion is based on SEM and IH experience

Importance for Causation Determination

- The Contract Medical Consultant and the Claims Examiner depend on the IH to synthesize data from multiple sources in making a determination about exposure
- HOWEVER – usually there is only SEM data
- Lumping all the sources together and saying “I reviewed all these” without making it clear what they showed implies there was facility-specific or worker-specific data where there may only be the job title and the SEM information
- A transparent process would make this clear