

***Basic Claims Examiner (CE) Training Course***

# **Developing for Causation**

***PARTICIPANT GUIDE***

## Table of Contents

Session Description.....	5
Instructional Objectives .....	5
Purpose.....	5
General Rules about Reasonable Development.....	6
Claimed Condition .....	8
Basis of Determination .....	10
Development Tools .....	12
Prior Acceptances under Part B are Typically Accepted under E .....	13
EEOICPA Bulletins .....	14
EEOICPA Bulletin 06-08 .....	16
EEOICPA Bulletin 06-13 .....	19
Site Exposure Matrices (SEM).....	21
SEM Searches.....	21
Medical Evidence .....	22
Occupational History Questionnaire (OHQ) .....	25
Document Acquisition Request (DAR) .....	27
Toxic Exposure Development Letter.....	31
Claimant Responds with a Medical Opinion.....	34
What if the Evidence is Still Not Enough to Make a Decision? .....	35
Referrals to the DMC.....	36
Elements of a SOAF .....	39
Ask the Right Question! .....	41
The Final Report.....	42
Can a Recommended Decision (RD) be issued?.....	44
Decision Writing.....	46
ECMS Coding .....	47
Common Mistakes.....	49
Conclusion .....	50
Case Study 1 – Asbestosis.....	53
SEM Query (Page 1) .....	54
SEM Query (Page 2) .....	55
SEM Query (Page 3) .....	56
Case Study 1 – Discussion .....	57

EEOICPA Bulletin 06-08 .....	58
EEOICPA Bulletin 06-13 .....	62
Case Study 1 – Discussion (Continued) .....	70
Case Study 1 – Questions .....	72
Case Study 1 – Bonus Questions .....	75
Case Study 1 – Answers .....	76
Case Study 1 – Bonus Questions Answers .....	77
Case Study 2 – Heart Disease Scenario .....	79
SEM Queries (Page 1) .....	80
SEM Queries (Page 2) .....	81
Case Study 2 - Discussion .....	82
Death Certificate .....	83
Autopsy Report (Page 1) .....	84
Autopsy Report (Page 2) .....	85
Autopsy Report (Page 3) .....	86
Autopsy Report (Page 4) .....	87
Case Study 2: Development Action Review .....	88
SEM Query .....	89
Case Study 2: Next Development Action (Continued) .....	90
Industrial Hygienist Report (Page 1) .....	91
Industrial Hygienist Report (Page 2) .....	92
Industrial Hygienist Report (Page 3) .....	93
Industrial Hygienist Report (Page 4) .....	94
Industrial Hygienist Report (Page 5) .....	95
Case Study 2: Next Development Action (Continued) .....	96
DOE DAR Response .....	97
DOE Injury Report .....	98
Case Study 2 – Question .....	99
Case Study 2 – More Questions .....	100
Case Study 2 – Bonus Question .....	101
Case Study 2 – Answers .....	102
Case Study 2 – More Answers .....	103
Case Study 2 – Bonus Question Answer .....	104
Case Study 3 – Prostate Cancer Scenario .....	105
Case Study 3 - Discussion .....	106

SEM Search (Page 1).....	107
SEM Search (Page 2).....	108
Case Study 3 - Questions.....	109
Case Study 3 – Answers .....	112
Case Study 3 – Bonus Question Answer .....	113
Evaluation Form .....	115

## Session Description

This session focuses on how to determine causation once employment and exposure have been established. Focus is on how the tools, many of which are used to establish exposure, are used to help determine causation.

Information is also covered regarding referrals to the District Medical Consultant (DMC) – specifically when referrals are needed and what information must be provided by the CE.

## Instructional Objectives

Upon completion of this session, you will be able to:

- Explain what is meant by causation
- Describe the basis of causation determination
- Explain how the link between exposure and causation is established
- List the tools that are used to help determine causation
- Define when a DMC referral is needed
- Describe the process for referring to the DMC
- Identify the elements that must be included in the SOAF

## Purpose

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Purpose

Establishing that occupational exposure to toxic substances during covered DOE employment was “at least as likely as not” a significant factor in causing, contributing to, or aggravating the illness or death of the employee.

Exposure  
(Presence,  
Contact &  
Plausibility)

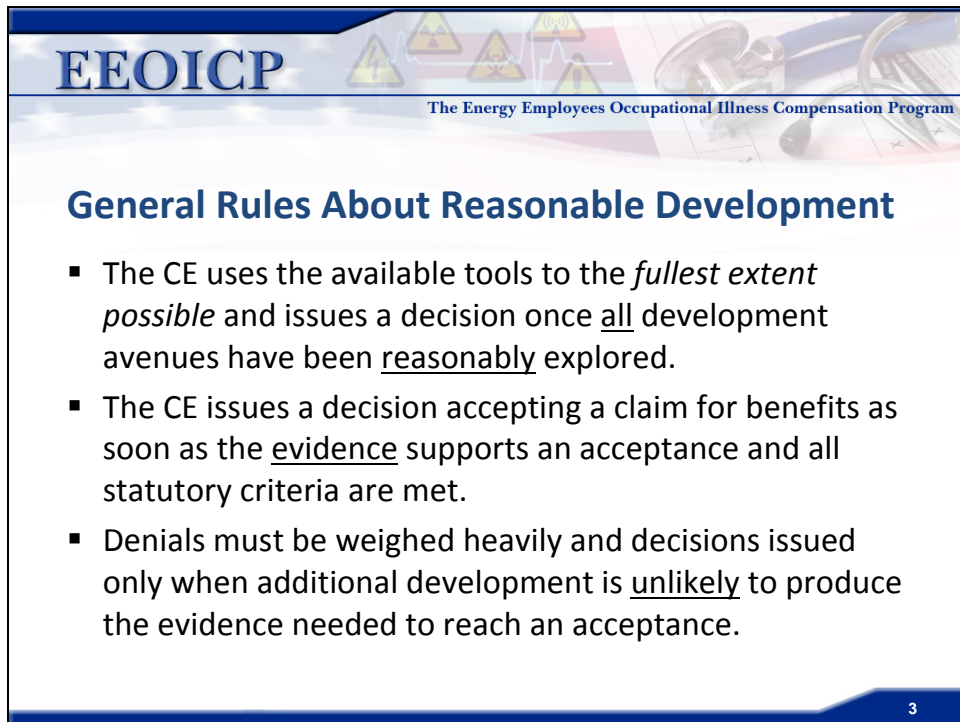
“At least as likely as not” a  
significant factor in causing,  
contributing to, or  
aggravating the illness or  
death of the employee

2

## Your Notes

### General Rules about Reasonable Development

The intent is to address complete development; but don't hold on to these cases and make the claimant wait for benefits. Knowing when to conclude development is an important aspect in effective case management.

The slide features a blue header with the EEOICP logo and the full name of the program. The background is a light blue gradient with several yellow hazard symbols (radiation, biohazard, etc.) and a faint image of a microscope. The main content is a list of three bullet points regarding the rules of reasonable development.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

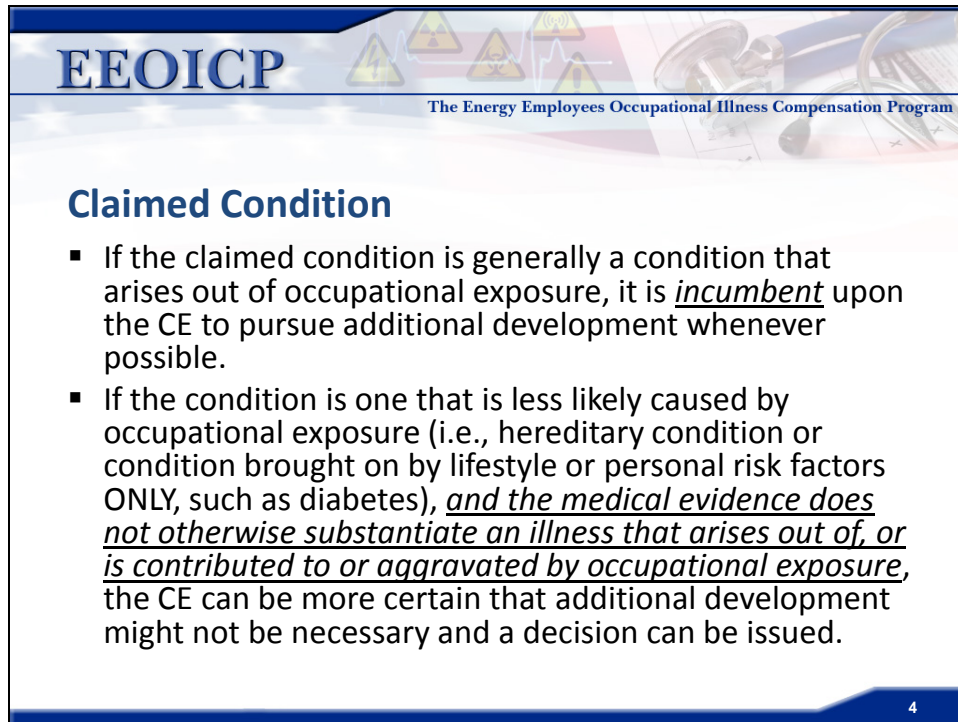
### General Rules About Reasonable Development

- The CE uses the available tools to the *fullest extent possible* and issues a decision once all development avenues have been reasonably explored.
- The CE issues a decision accepting a claim for benefits as soon as the evidence supports an acceptance and all statutory criteria are met.
- Denials must be weighed heavily and decisions issued only when additional development is unlikely to produce the evidence needed to reach an acceptance.

3

*Your Notes*

## Claimed Condition



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Claimed Condition

- If the claimed condition is generally a condition that arises out of occupational exposure, it is incumbent upon the CE to pursue additional development whenever possible.
- If the condition is one that is less likely caused by occupational exposure (i.e., hereditary condition or condition brought on by lifestyle or personal risk factors ONLY, such as diabetes), and the medical evidence does not otherwise substantiate an illness that arises out of, or is contributed to or aggravated by occupational exposure, the CE can be more certain that additional development might not be necessary and a decision can be issued.

4

Generally, the CE should not be soliciting claims from an employee or survivor on medical conditions that were not claimed. However, the CE should be cognizant of information in the claim that may be relevant and require a letter to clarify the situation. (**Policy Teleconference 03/27/2006.**)

### Contribution:

The statute doesn't limit or restrict workplace exposures as the "sole cause", "exclusive cause", "only cause", "primary cause" or the "sufficient cause". Workplace exposures can contribute to an increased risk of illness, progression or acceleration ("hastening") of the adverse outcome. A contributing cause may 1) increase the likelihood of suffering or harm, or 2) result in the earlier onset of a condition (hastening).

**Aggravation** can be defined as the worsening of a previously existing disease, condition or physical impairment by a workplace exposure or event. Consider whether workplace exposures worsen, intensify or exacerbate symptoms, increase the clinical severity or clinical complications or lead to adverse outcomes of a pre-existing condition. Also consider whether workplace exposures "light up" or activate a condition that may have remained latent or inactive (e.g., TB).

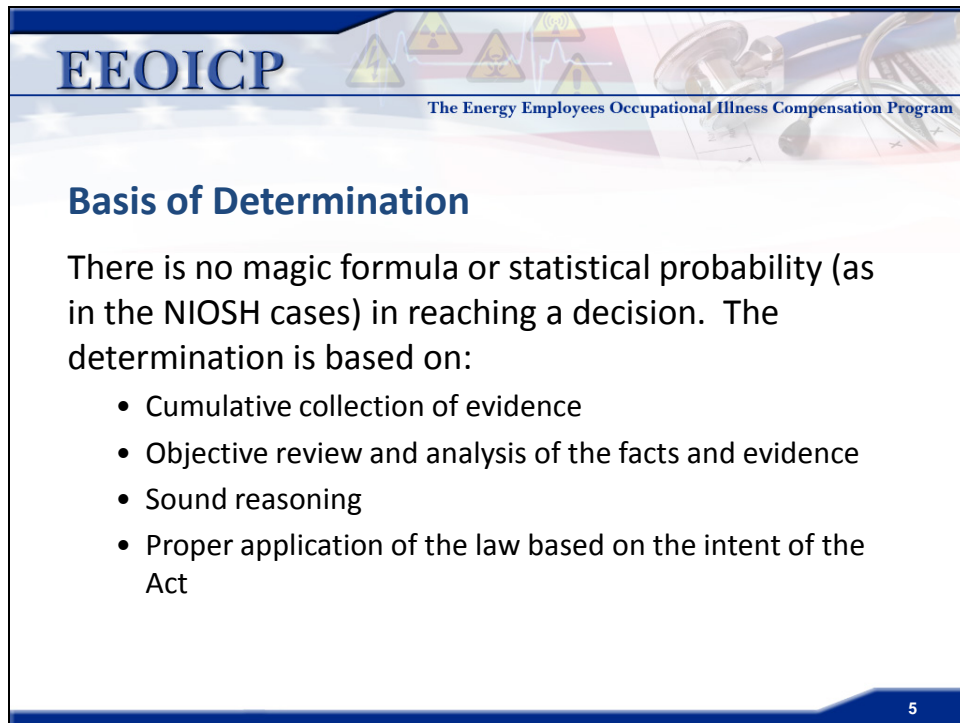


**Your Notes**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Basis of Determination

***“At least as likely as not”*** does **NOT** equate to a 50% probability of causation!



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Basis of Determination

There is no magic formula or statistical probability (as in the NIOSH cases) in reaching a decision. The determination is based on:

- Cumulative collection of evidence
- Objective review and analysis of the facts and evidence
- Sound reasoning
- Proper application of the law based on the intent of the Act

5

Essentially, the CE puts all of the pieces of the puzzle together and lets the evidence tell its story.

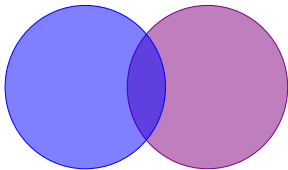
Remember -- this is an entitlement program. If the determination could go either way, try to find in favor of the claimant.

So how is the link established? Exposure by itself is not enough to establish causation; it's the dose that makes the poison. Any substance can be toxic, depending on the frequency, route, and duration of exposure.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### So how is the link established?

Establishing Exposure (Presence, Contact & Plausibility)



"At least as likely as not that exposure was a significant factor in causing, contributing to, or aggravating the illness or death of the employee "

6

### Your Notes

---

---

---

---

---

---

---

## Development Tools



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Development Tools

The following tools are all pieces of the puzzle which will help the CE determine whether the link exists:

- Prior Acceptances Under Part B
- Bulletins
- Site Exposure Matrix
  - Details presence of toxic substances at facilities
  - Identifies the relationship between specific toxic substances and illnesses

7



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Development Tools, continued

More tools!

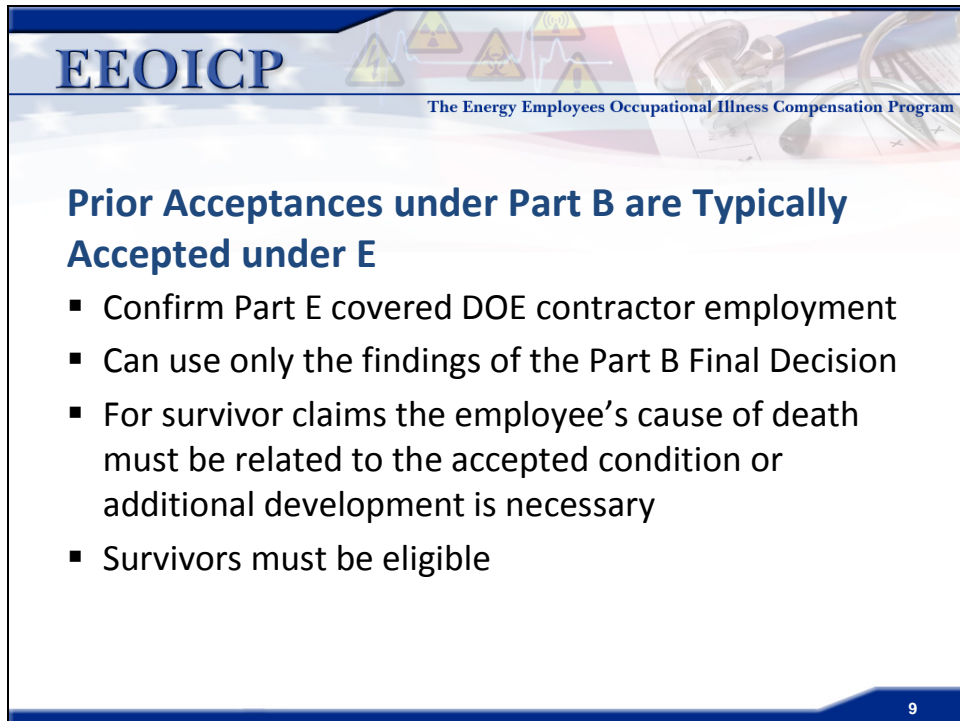
- Medical Evidence
- Former Worker Program
- Occupational Health Questionnaire (OHQ)
- Document Acquisition Request (DAR) responses
- District Medical Consultant (DMC) referrals

8

## Your Notes

Prior Acceptances under Part B are Typically Accepted under E

Remember that covered DOE employment can include periods of DOE remediation at an AWE or Beryllium vendor facility.

A presentation slide for the EEOICP (The Energy Employees Occupational Illness Compensation Program). The slide has a blue header with the EEOICP logo and the full program name. The background features a collage of images including radiation warning symbols, a medical monitor, and industrial equipment. The main content is in a white box with a blue border, containing a title and a bulleted list. The slide number '9' is in the bottom right corner.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

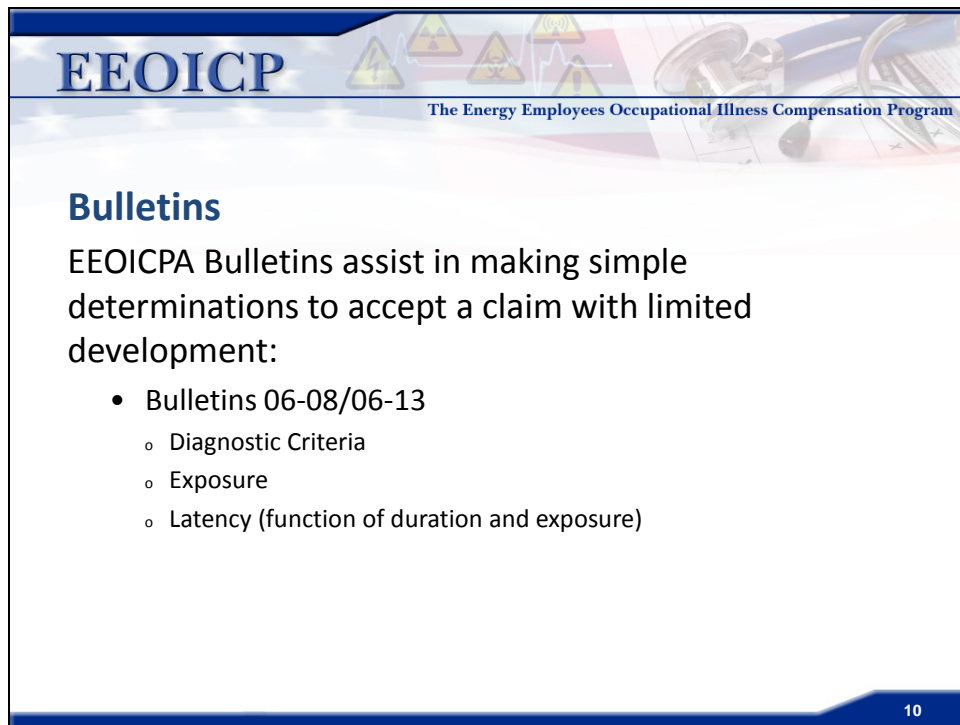
**Prior Acceptances under Part B are Typically Accepted under E**

- Confirm Part E covered DOE contractor employment
- Can use only the findings of the Part B Final Decision
- For survivor claims the employee's cause of death must be related to the accepted condition or additional development is necessary
- Survivors must be eligible

9

## *Your Notes*

### EEOICPA Bulletins

A presentation slide for EEOICPA Bulletins. The header features the EEOICPA logo and the full name of the program. The main content area is titled 'Bulletins' and explains that these bulletins assist in making simple determinations to accept a claim with limited development. A bulleted list follows, detailing the scope of the bulletins (06-08/06-13) and the specific criteria they cover: Diagnostic Criteria, Exposure, and Latency (function of duration and exposure). The slide is numbered 10 in the bottom right corner.

**EEOICPA**  
The Energy Employees Occupational Illness Compensation Program

### Bulletins

EEOICPA Bulletins assist in making simple determinations to accept a claim with limited development:

- Bulletins 06-08/06-13
  - Diagnostic Criteria
  - Exposure
  - Latency (function of duration and exposure)

10

Bulletins 06-10 and 06-14 reported that conductive hearing loss (ICD-9 389) is not covered. Both were rescinded by Bulletin 08-38.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### A Word of Caution

- Bulletins 06-10/06-14 were rescinded by Bulletin 08-38. Those bulletins were not intended to automatically disqualify claims.
- A denial requires a closer look at the evidence and more development to be certain that DOE work-related exposures during covered employment were not a significant factor in causing, contributing to, or aggravating the illness or death of the employee.

11

Additionally, just because a condition is listed as a condition not known to arise from exposures, doesn't mean that exposures can't be a significant factor in aggravating or contributing to a condition.

These cases are closely evaluated case-by-case and might require a review by the National Office toxicologist.

### *Your Notes*

---

Effective Date: April 25, 2006

---

Expiration Date: April 25, 2007

---

**Subject:** Establishing causation for specific medical conditions under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

**Background:** Given the complexity and number of claims presented under Part E of the EEOICPA, means to expedite the claims adjudication process are being developed to assist the Claims Examiner (CE). As such, the Division of Energy Employees Occupational Illness Compensation (DEEOIC) National Office (NO) has established criteria for the presumption of causation in certain specific situations.

The causal criteria described in this bulletin are based on findings by specialists in the field of Industrial Hygiene, Occupational Medicine and Toxicology. These specialists researched authoritative scientific publications, medical literature, and industrial processes and occupational exposure records to develop accepted causal relationships between specific known medical conditions and exposure to specific toxic substances. These findings are incorporated into this bulletin to assist the CE in rendering timely and accurate claim determinations under Part E of the EEOICPA. Periodically this bulletin will be updated as new conditions are researched and new presumptions can be made.

**References:** Energy Employees Occupational Illness Compensation Program Act of 2000, 42 U.S.C. § 7384 *et seq.*; Public Law 108-375; 20 C.F.R. §§ 30.111-30.114, 30.230-30.232, 30.300-30.320, 30.400-30.406, 30.420-30.422, 30.505, 30.700-30.726, 30.815, and 30.900-30.912; the Federal (EEOICPA) Procedure Manual: Part E, Chapter E-500 (Evidentiary Requirements for Causation); the EEOICP Site Exposure Matrices website; and the National Library of Medicine Haz-Map.

**Purpose:** To provide procedures for establishing causation for certain specific conditions identified by the DEEOIC.

**Applicability:** All staff.

**Actions:**

1. The DEEOIC has developed specific criteria to establish a causal link between a diagnosed medical condition and toxic substance exposure. Attachment 1 to this bulletin lists specific criteria the CE uses when adjudicating certain claims for compensation under Part E of the EEOICPA. When elements of Attachment 1 are satisfied, the CE can accept that exposure to a listed toxic substance is at least as likely as not a significant factor in aggravating, contributing to or causing the medical illness. As noted previously, this attachment will be periodically updated with new conditions.
2. The CE evaluates causation pursuant to this guidance using the Attachment 1 criteria in conjunction with EEOICPA Procedure Manual Chapter E-500 (Evidentiary Requirements for Causation). The CE conducts a complete review of all evidence of the case file record and, when necessary, conducts development when the claimed medical condition corresponds to



one of the toxic substances referenced in Attachment 1. All authorized evidentiary development tools, including the exposure data contained in the Site Exposure Matrices (SEM), are to be utilized. The SEM acts as a repository of information related to toxic substances potentially present at covered Department of Energy (DOE) and Radiation Exposure Compensation Act (RECA) sites, and is particularly helpful as an exposure development tool. SEM can assist the CE in verifying the presence of a toxic substance at a given building or during a given work process. Other sources of information may include contacting the claimant or seeking guidance from a DEEOIC technical specialist or District Medical Consultant (DMC).

3. The first step a CE takes in developing claims for causation using guidance pursuant to this bulletin is to verify the claimed medical condition. Medical evidence must establish the employee was diagnosed with the condition as identified by the specified ICD-9 code listed in the attachment. Initial development of the medical evidence is conducted based upon established procedures as set out in EEOICPA PM 2-300 and E-500.

5. The next action is to confirm exposure to the relevant toxic substance. The CE examines all information contained in the case record (i.e. DAR responses, DOE FWP records, employment records) that references exposure to the toxic substance listed in Attachment 1. The CE also searches SEM to determine whether or not it is possible that, given the employee's labor category and the work processes engaged in, the employee was exposed to the toxic substance in the course of employment. The CE uses SEM to determine whether or not available data on the job title, location of employment, or job duties, is sufficient to reasonably establish exposure to the toxic substance. Since toxic substances may have more than one name and toxic substance names may vary by facility, the CE should also search SEM for toxic substance alias names when the true identity of the claimed substance is not known.

6. In addition to establishing exposure to a particular substance, the evidence must demonstrate the employee was likely exposed to the noted toxin for a particular duration of time. The required duration may vary depending on the toxic substance. The CE must evaluate the evidence to assess whether or not sufficient evidence exists to verify exposure for a period of time equal to or greater than the duration noted in Attachment 1. The evidence does not need to conclusively prove the employee was directly exposed to the toxic substance throughout the entire work-shift or the exposure was continuous, merely that it would be reasonable that the employee's labor brought him or her into contact with the toxic substance on a day by day basis.

7. For certain covered illnesses, it may be necessary to also establish a period of latency between the initial exposure to a toxic substance and the date of diagnosis of the claimed illness. The CE evaluates the evidence to identify the date that exposure to the toxic substance first occurred. If the latency period is equal to or exceeds the time outlined in Attachment 1, the CE has satisfied the criteria. The CE relies on existing procedures as referenced in EEOICPA PM 2-300 to establish a diagnosis. EEOICPA PM E-500 provides guidance as to evaluating latency periods.

8. If the evidence of record is sufficient to establish all of the necessary criteria identified in the attachment then causation is presumed to exist. No further development for causation is required. A copy of the appropriate attachment is to be included in the case file as evidence of causation, and a recommended/final decision is issued. This bulletin is cited in the recommended/final decision as the guidance upon which the adjudication was based.

9. If the documentation in the case file does not allow verification of all of the identified criteria, additional development in accordance with established procedures is required. A

claim for benefits is not denied simply on the basis that the evidence does not meet the requirements set forth in this bulletin. If at any time the CE determines that DMC or technical specialist referral is necessary for an evaluation of the evidence, such referrals are made pursuant to established guidance.

10. The DEEOIC will periodically update the Occupational Illness Exposure Matrix

Disposition: Retain until superseded or incorporated into the Federal (EEOICPA) Procedure Manual



Attachment 1

Distribution List No. 1: Claims Examiners, Supervisory Claims Examiners, Technical Assistants, Customer Service Representatives, Fiscal Officers, FAB District Managers, Operation Chiefs, Hearing Representatives, District Office Mail & File Sections

**Attachment 1**

**Occupational Illness Exposure Matrix**

Medical Condition ICD9	Toxic Substance	Exposure Duration	Latency
Asbestosis 501	Asbestos	≥ 250 aggregate work days	≥ 10 years
Leukemia 202.4 203.1 204 - all 205 – all 206 – all 207 - all 208 – all	Benzene	≥ 250 aggregate work days	≥ 365 calendar days
Mesothelioma 163 – all	Asbestos	≥ 250 aggregate work days	≥ 20 years

Issue Date: July 11, 2006

---

Effective Date: July 11, 2006

---

Expiration Date: July 11, 2007

---

**Note: This bulletin updates Bulletin No.06-08, with a revised attachment that establishes causation for Laryngeal Cancer and Hemangiosarcoma/Angiosarcoma of the liver.**

Subject: Establishing causation for specific medical conditions under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

Background: Bulletin 06-08 describes accepted causal relationships between specific known medical conditions and exposure to specific toxic substances. After appropriate research by Division of Energy Employees Occupational Illness Compensation specialists, additional diseases are found to be linked to toxic exposure.

This bulletin replaces the attachment in Bulletin 06-08 to reflect the addition of two additional medical conditions: laryngeal cancer and hemangiosarcoma/angiosarcoma of the liver.

References: Energy Employees Occupational Illness Compensation Program Act of 2000, 42 U.S.C. § 7384 *et seq.*; 20 C.F.R. §§ 30.230-30.232; the Federal (EEOICPA) Procedure Manual, Chapter E-500 (Evidentiary Requirements for Causation); the EEOICP Site Exposure Matrices website; and the National Library of Medicine Haz-Map.

Purpose: To provide a revised attachment for accepted causal relationships between specific known medical conditions and exposure to specific toxic substances.

Applicability: All staff.

Actions:

1. The CE is to replace the attachment in Bulletin 06-08 with attachment 1 to this bulletin. The attachment provides additional information with regard to the toxic exposure linked to laryngeal cancer and hemangiosarcoma/angiosarcoma of the liver.
2. Additional revisions to attachment 1 will be issued periodically as new conditions are researched and new presumptions can be made.

Disposition: Retain until superseded or incorporated into the Federal (EEOICPA) Procedure Manual

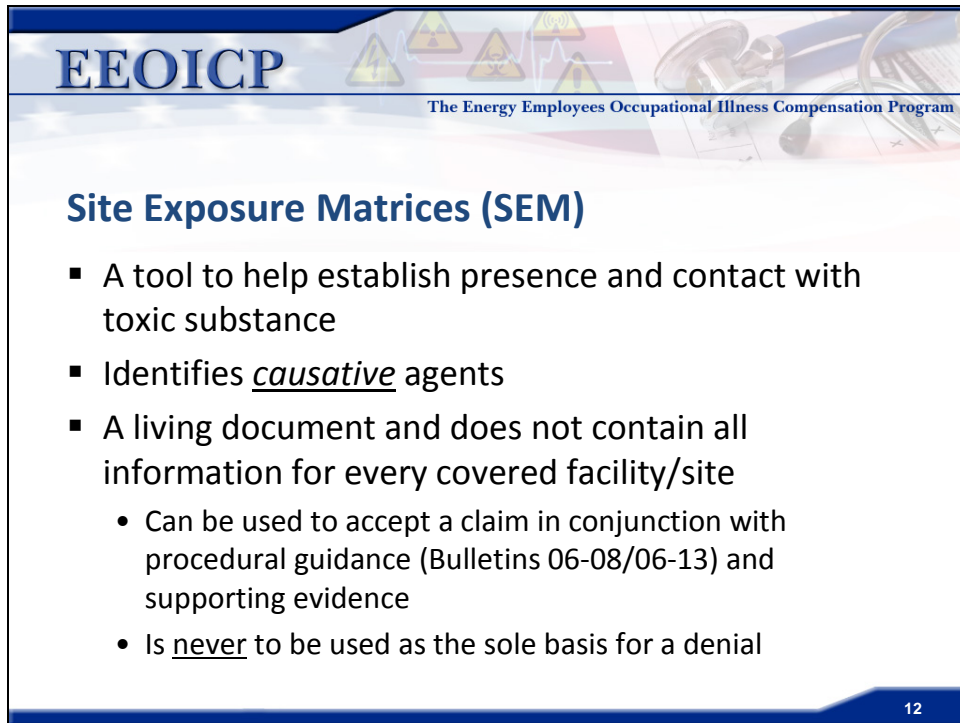
[REDACTED] s  
Occupational Illness Compensation  
Attachment

Distribution List No. 1: Claims Examiners, Supervisory Claims Examiners, Technical Assistants, Customer Service Representatives, Fiscal Officers, FAB District Managers, Operation Chiefs, Hearing Representatives, District Office Mail & File Sections

### Occupational Illness Exposure Matrix

Medical Condition ICD9	Toxic Substance	Exposure Duration (DEEOIC has determined 250 aggregate work days equals one year)	Latency
Asbestosis 501	Asbestos	≥ 250 aggregate work days	≥ 10 years
Hemangiosarcoma 155 - all	Polyvinyl Chloride	≥ 250 aggregate work days	≥ 20 years
Laryngeal Cancer 161 - all	Asbestos	≥ 250 aggregate work days	≥ 15 years
Leukemia 202.4 203.1 204 - all 205 – all 206 – all 207 - all 208 – all	Benzene	≥ 250 aggregate work days	≥ 365 calendar days
Mesothelioma 163 – all	Asbestos	≥ 250 aggregate work days	≥ 20 years

## Site Exposure Matrices (SEM)



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Site Exposure Matrices (SEM)

- A tool to help establish presence and contact with toxic substance
- Identifies causative agents
- A living document and does not contain all information for every covered facility/site
  - Can be used to accept a claim in conjunction with procedural guidance (Bulletins 06-08/06-13) and supporting evidence
  - Is never to be used as the sole basis for a denial

12

## SEM Searches



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Basic SEM Searches & Their Relevance

Construct searches based on available information:

- Health Effect (a universal search will identify whether the condition arises from occupational exposures)
- Site specific (will help identify whether exposures could have occurred at the specific site)
- Labor Category (be aware of potential overlap; i.e., pipefitters vs. welders)
- Labor Processes/Buildings/Areas (useful when the employee's labor category is not reported in SEM)
- Any combination that best reflects the most employee favorable exposures

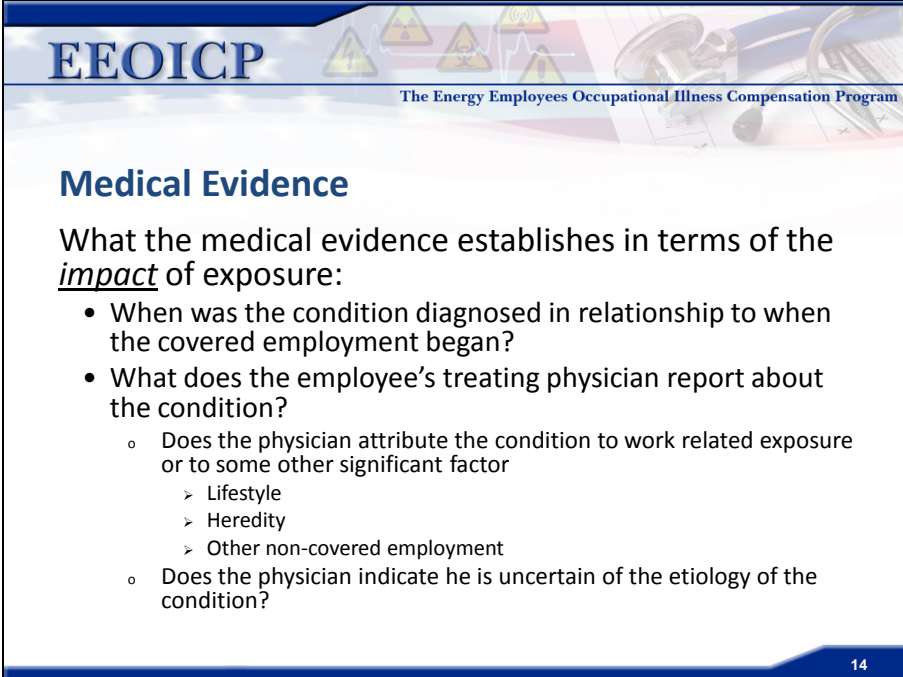
13

The focus is NOT to pigeonhole the use of a particular search; this is an intuitive exercise that will vary based on the information at hand. The important thing to remember is that the CE has to look at the evidence as a whole, not just the claimed condition, but what medical issues the employee has going on.

The key here is to triangulate and search every possibility.

### *Your Notes*

## Medical Evidence

A presentation slide for the EEOICP (The Energy Employees Occupational Illness Compensation Program). The slide has a blue header with the EEOICP logo and title. The main content area is white with a blue border. It features the title 'Medical Evidence' in bold blue text, followed by a question about the impact of exposure. Below this is a bulleted list of questions for the treating physician. The slide number '14' is in the bottom right corner.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Medical Evidence

What the medical evidence establishes in terms of the impact of exposure:

- When was the condition diagnosed in relationship to when the covered employment began?
- What does the employee's treating physician report about the condition?
  - Does the physician attribute the condition to work related exposure or to some other significant factor
    - Lifestyle
    - Heredity
    - Other non-covered employment
  - Does the physician indicate he is uncertain of the etiology of the condition?


14

Often times, a DMC is required to make the call, but the DMC is not always required if the treating physician issues a well-rationalized opinion and has the requisite credentials to render the opinion.

***Your Notes***

[illegible]

Self-reported exposure information is contained in these records.

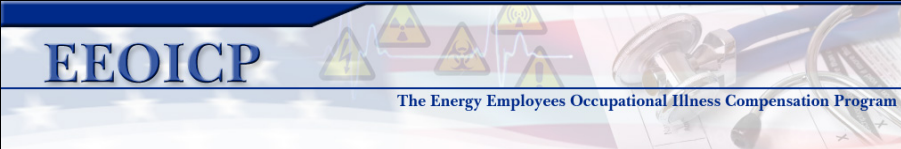


**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Former Worker Program (FWP)

- Began in 1996
- Evaluates effects of DOE's operations on health of former workers at a covered facility.
- FWP generates documentation related to medical conditions and workplace exposure. Valuable exposure information contained in records.

15



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### CE Process for FWP

- CE reviews FWP screening records with evidence of file when evaluating claimed exposure:
  - If employee participated in FWP before the enactment of EEOICPA, the information supplied by employee is considered probative evidence.
  - If employee participated in FWP after the enactment of EEOICPA, the information supplied by employee must be corroborated by other evidence.
- If employee participated in FWP (typically by review of the EE-3), CE must attempt to obtain the records (if they are not already located on the Shared Drive at Z:\Part E\Former Worker Program).

16



## *Your Notes*

---

---

---

---

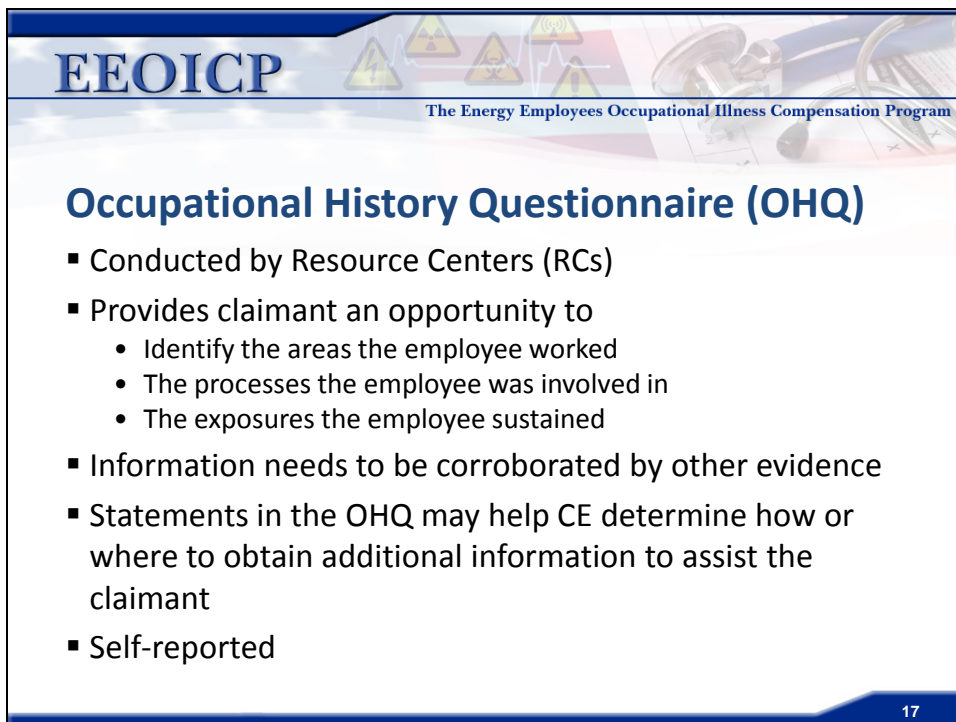
---

---

---

---

### Occupational History Questionnaire (OHQ)

A presentation slide for the EEOICP Occupational History Questionnaire (OHQ). The slide has a blue header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The main title is "Occupational History Questionnaire (OHQ)". Below the title is a bulleted list of points. The slide number "17" is in the bottom right corner.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Occupational History Questionnaire (OHQ)

- Conducted by Resource Centers (RCs)
- Provides claimant an opportunity to
  - Identify the areas the employee worked
  - The processes the employee was involved in
  - The exposures the employee sustained
- Information needs to be corroborated by other evidence
- Statements in the OHQ may help CE determine how or where to obtain additional information to assist the claimant
- Self-reported

17

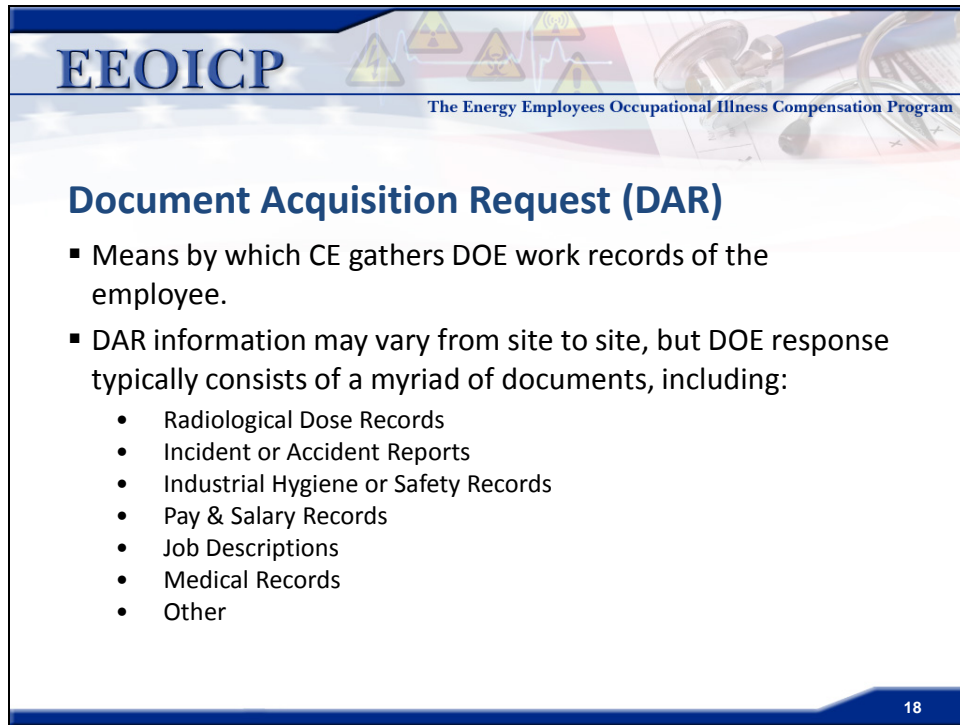
At a minimum, the occupational history interview provides the claimant an opportunity to identify the areas the employee worked, the processes the employee was involved in, and the exposures the employee sustained.

In order to be probative, this information must be corroborated by other evidence (such as SEM identifying the labor category worked in the claimed building). However, the statements in the occupational history interview may help the CE determine how or where to obtain additional information to assist the claimant.

## Your Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Document Acquisition Request (DAR)



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Document Acquisition Request (DAR)

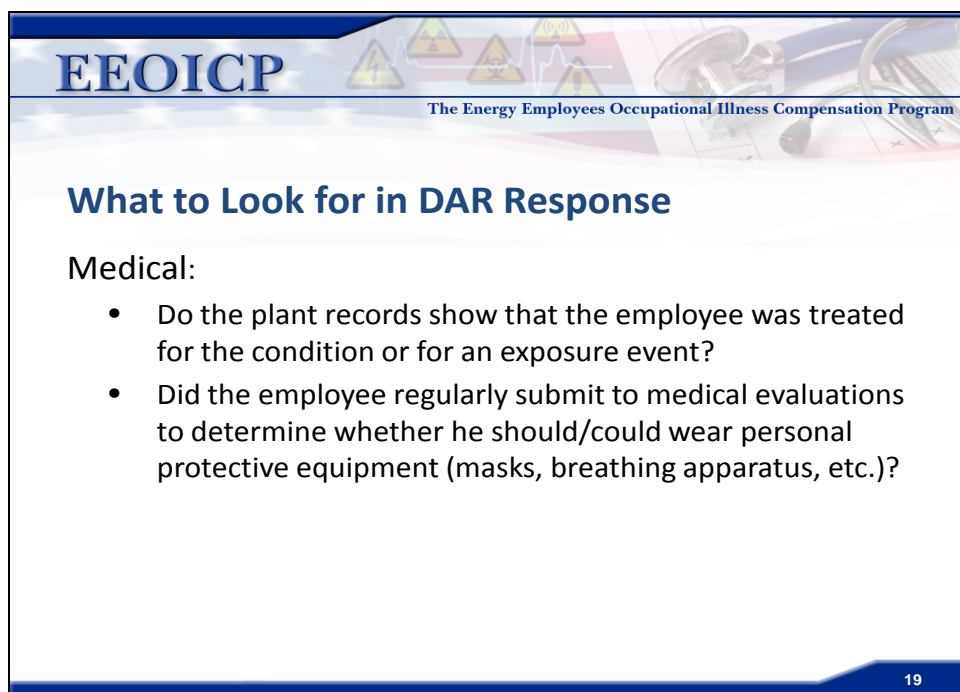
- Means by which CE gathers DOE work records of the employee.
- DAR information may vary from site to site, but DOE response typically consists of a myriad of documents, including:
  - Radiological Dose Records
  - Incident or Accident Reports
  - Industrial Hygiene or Safety Records
  - Pay & Salary Records
  - Job Descriptions
  - Medical Records
  - Other

18

DAR responses can be a treasure trove of information! It frequently contains some little nugget of information that can turn the whole case around. Many have experienced turning a NIOSH denial into an SEC acceptance based on information in the DAR. Likewise, a denial for lack of verified employment has been turned around because the DAR had evidence that placed the employee on site or identified employment not originally remembered by the employee or known by the claimant.

### *Your Notes*

When looking at the DAR, consider these questions:



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

## What to Look for in DAR Response

Medical:

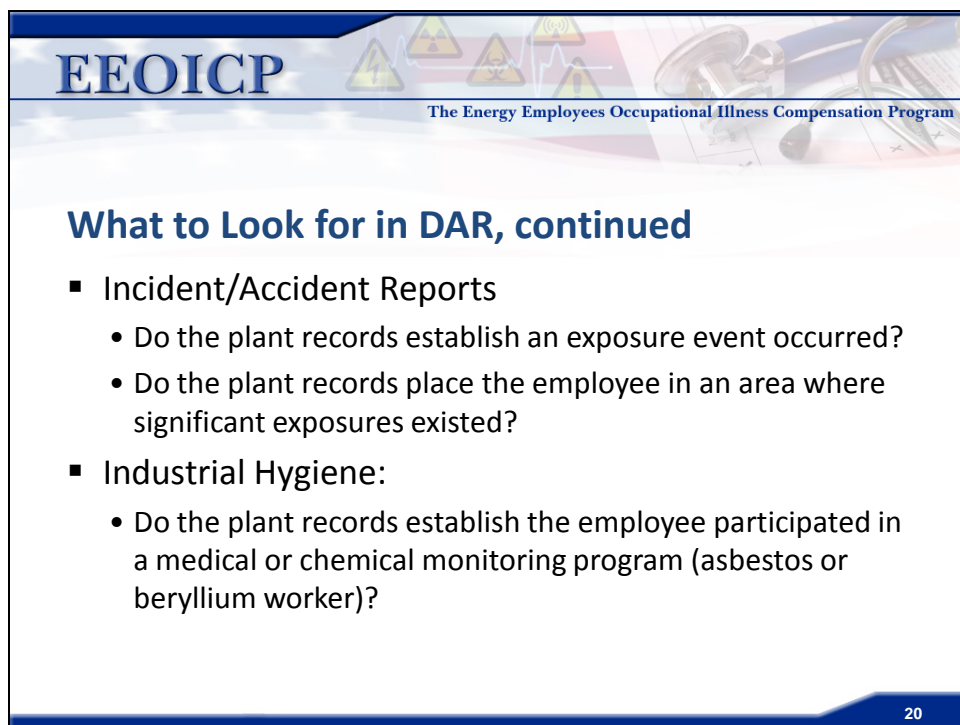
- Do the plant records show that the employee was treated for the condition or for an exposure event?
- Did the employee regularly submit to medical evaluations to determine whether he should/could wear personal protective equipment (masks, breathing apparatus, etc.)?

19

---

**Medical:** OSHA was not implemented until 1971. Therefore, it is likely there was less protective equipment, practices, and clothing utilized prior to that date.

---



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

## What to Look for in DAR, continued

- Incident/Accident Reports
  - Do the plant records establish an exposure event occurred?
  - Do the plant records place the employee in an area where significant exposures existed?
- Industrial Hygiene:
  - Do the plant records establish the employee participated in a medical or chemical monitoring program (asbestos or beryllium worker)?

20

## Evaluate the DAR Response

- Consider the completeness of the DAR.
- If no industrial hygiene records available -possible that chemical monitoring was deemed unnecessary, or the potential exposures were comparatively light.
- The possibility also exists however, that records were destroyed.
- Consider all of the evidence.
- Can be used to place employee in a given building (assisting in improving SEM search and evaluating exposure).

21

## Evaluate DAR Response, continued

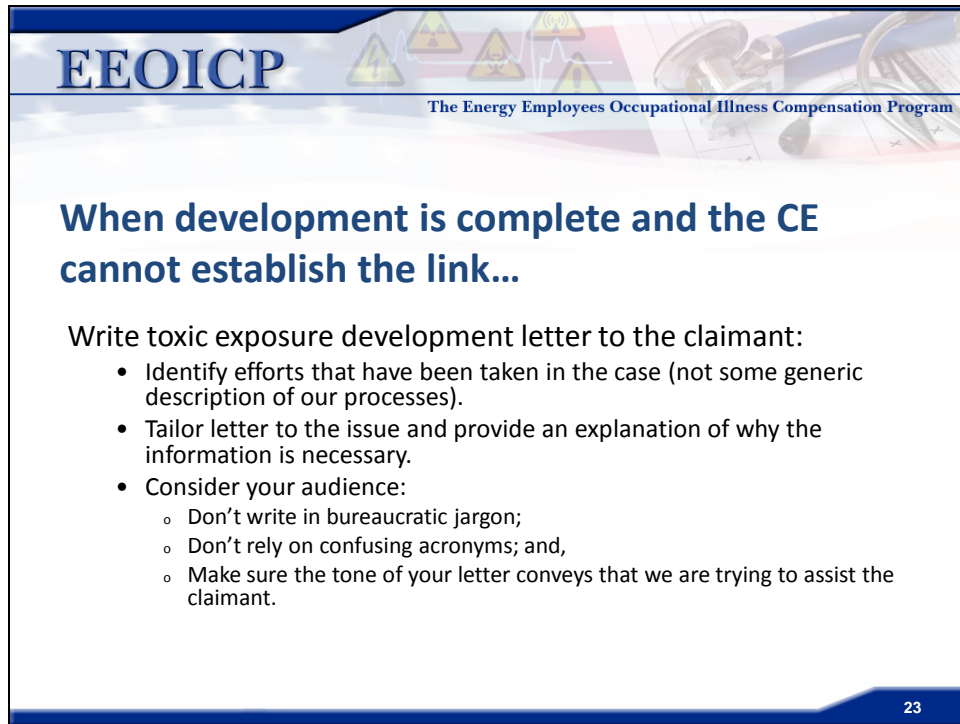
- CE needs to further develop case if condition is not known to originate from occupational exposures and there is no evidence of industrial hygiene monitoring.
- Refer to industrial hygienist (as we discussed in the training for establishing exposure) if a condition is known to be linked to occupational exposures.

22

**Your Notes**

[illegible]

## Toxic Exposure Development Letter



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

**When development is complete and the CE cannot establish the link...**

Write toxic exposure development letter to the claimant:

- Identify efforts that have been taken in the case (not some generic description of our processes).
- Tailor letter to the issue and provide an explanation of why the information is necessary.
- Consider your audience:
  - Don't write in bureaucratic jargon;
  - Don't rely on confusing acronyms; and,
  - Make sure the tone of your letter conveys that we are trying to assist the claimant.

23

✓ What is bureaucratic jargon? Give examples:

---

---

---

---

Bureaucratic jargon is specialized language commonly used by government employees. Examples of bureaucratic jargon include: purview, bifurcated, redact, synergistic, causal connection, precluded, quantifiable, qualified exposure, substantive, compelling evidence, metastasized, significant exposure.

Confusing acronyms include SEC, SEM, CBD, DEEOIC, EEOICPA, CPWR, FWP, DOL, DOE, FAB, DO, BOT, DOD. Be sure to spell out at least the first time you use these.

An employee could more likely identify when and where he came into contact with a substance (if this was not previously addressed in the OHQ), but a survivor who has no first-hand knowledge of the employee's work locations or job duties may not know this information.

## Addressing Exposure in the Development Letter

In making the determination whether to specifically identify exposures in a development letter, the CE needs to consider the purpose and likely outcome of providing this information.

- The occupational history is a useful tool to give the CE a sense of what the claimant knows.
- Providing this information is appropriate when it is likely to elicit a probative response from the claimant .
- CE should avoid just providing lists of exposures to a claimant who is not really in a position to address the question with any type of reliable response.

24

## Language Regarding Causation in Development Letters

- If the universal SEM search identifies no link for the condition, then inform the claimant the DEEOIC has been unable to identify any relationship between [insert condition] and exposure to toxic substances.
- If the SEM search identifies a link between the condition and certain toxins, but we have no specific exposure information, inform the claimant that there is a potential link between exposure and the condition, but we are unable to establish that the exposure occurred.

25

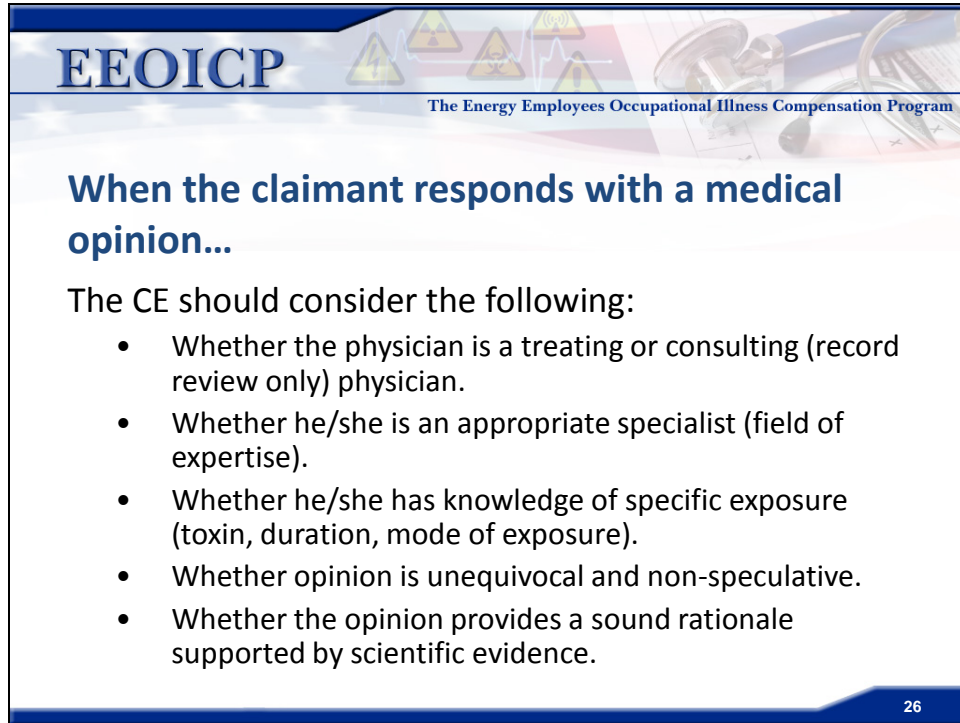


*Your Notes*

[illegible]

## Claimant Responds with a Medical Opinion

Sometimes this information may need to be referred to the National Office for review.

The slide features a header with the EEOICP logo and the full name of the program. The background includes medical icons like a stethoscope and radiation symbols. The main text is in a blue serif font, and the list of considerations is in a black sans-serif font.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

**When the claimant responds with a medical opinion...**


The CE should consider the following:

- Whether the physician is a treating or consulting (record review only) physician.
- Whether he/she is an appropriate specialist (field of expertise).
- Whether he/she has knowledge of specific exposure (toxin, duration, mode of exposure).
- Whether opinion is unequivocal and non-speculative.
- Whether the opinion provides a sound rationale supported by scientific evidence.

26

### *Your Notes*

## What if the Evidence is Still Not Enough to Make a Decision?




**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### What If the Evidence Is Still Not Enough to Make a Decision?

- The CE must weigh the employment, exposure, and medical evidence to reach a conclusion regarding whether the link exists between exposure (during covered employment) and the employee's illness or death.
- Sometimes establishing causation requires further evaluation by a specialist qualified to review medical evidence and determine the impact of occupational exposure, such as a District Medical Consultant (DMC).

27

For example, the CE would proceed with a DMC referral for mesothelioma or other lung cancer claims without waiting for the dose reconstruction as these claims can often be accepted based on exposures other than radiation. Based on current policy, however, a DMC referral for prostate cancer would not change the outcome of the claim so no referral would be necessary.



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

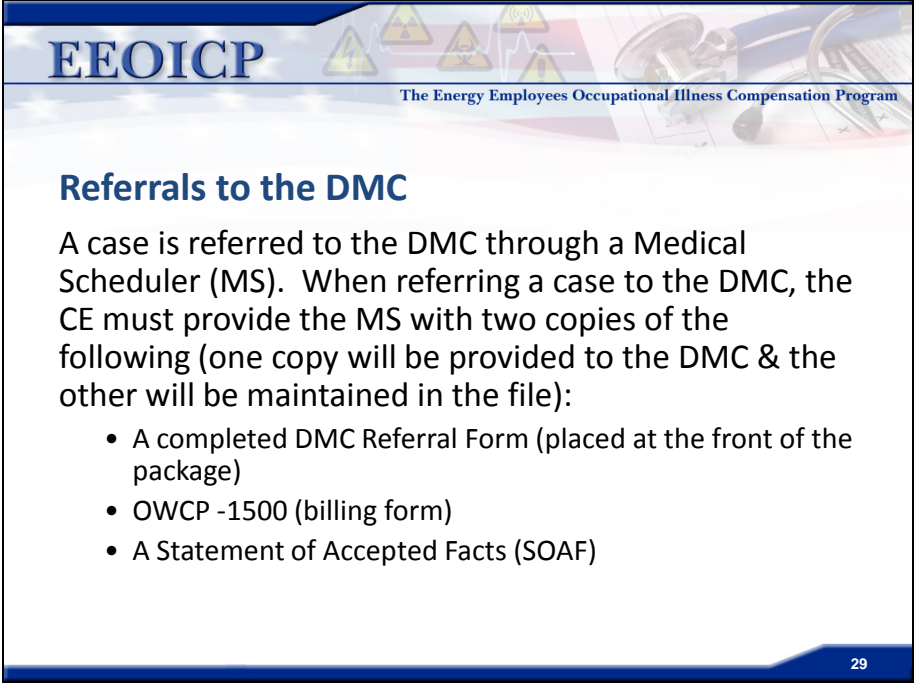
### What If the Evidence Is Still Not Enough to Make a Decision?, continued

- The DMC assists with determining how exposure is at least as likely as not a significant factor related to the illness or death of the employee.
- Review by the DMC is limited to the case record.

28

## Your Notes

### Referrals to the DMC



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

#### Referrals to the DMC

A case is referred to the DMC through a Medical Scheduler (MS). When referring a case to the DMC, the CE must provide the MS with two copies of the following (one copy will be provided to the DMC & the other will be maintained in the file):

- A completed DMC Referral Form (placed at the front of the package)
- OWCP -1500 (billing form)
- A Statement of Accepted Facts (SOAF)

29

## Referrals to the DMC, continued

- A list of questions to be addressed by the DMC specific to the medical issue for resolution
- Copies of the entire medical record to be evaluated (for external DMCs only; the entire file is provided directly to the DMC for internal referrals)

30

## Referrals to the DMC, continued

- A SOAF is prepared to provide a frame of reference for the physician reviewing the medical evidence.
  - It allows the physician to place the medical questions posed in the larger context of the requirements of the employee's job or conditions which prevailed in the working place.
  - It is a written summary of the CE's findings of the fact pertinent to the medical issue.
  - A proper SOAF should preclude the physician from making their own findings of facts.
- If DAR records are available, they must be printed & placed in the file.

31

Unless a referral is being sent for the purpose of establishing a diagnosis, or date of diagnosis (*i.e.*, early in the development stage), it is **imperative** that the DAR records be available for the DMC's review in order that s/he can assist with establishing whether it is at least as likely as not that occupational exposure during covered DOE employment was a significant factor in causing, contributing to, or aggravating the employee's illness or death.

## Referrals to the DMC, continued

- Need current medical records, including records at time of diagnosis (for survivor claims also need records at the time of the employee's death, including autopsy report if indicated on death certificate).
- Referral must include a specific causation question.

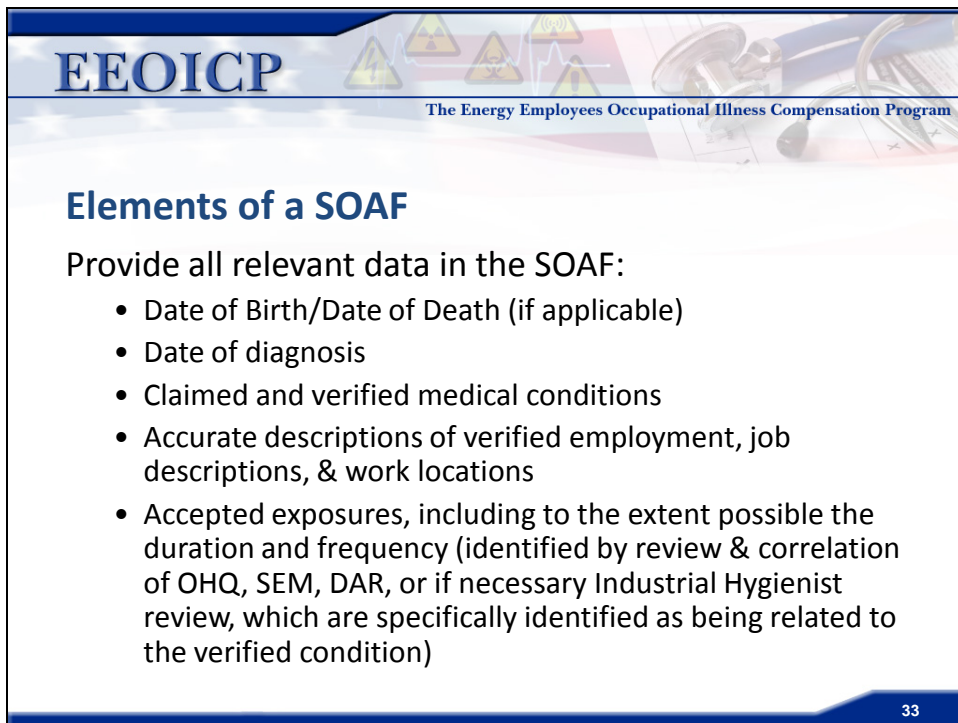
32

### *Your Notes*

## Elements of a SOAF

The SOAF should include all of this information:

- Date of birth/date of death (if applicable),
- Date of diagnosis,
- Claimed and verified medical conditions – this does not limit the CE solely to the claimed conditions. The medical evidence must be reasonably evaluated as a whole to determine if there are other conditions in which exposure may be a factor,
- Accurate descriptions of verified employment, job descriptions, and work locations – if the employee held multiple positions during covered employment, the job descriptions should identify the titles and periods of employment,
- Accepted exposures, including to the extent possible the duration and frequency (identified by review & correlation of OHQ, SEM, DAR, or if necessary Industrial Hygienist review, which are specifically identified as being related to the verified condition),

A presentation slide for the EEOICP (The Energy Employees Occupational Illness Compensation Program). The slide has a blue header with the EEOICP logo and the program name. The main content area is white with a blue border. It lists the elements of a SOAF (Statement of Accurate Facts) that should be provided. The slide number 33 is in the bottom right corner.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

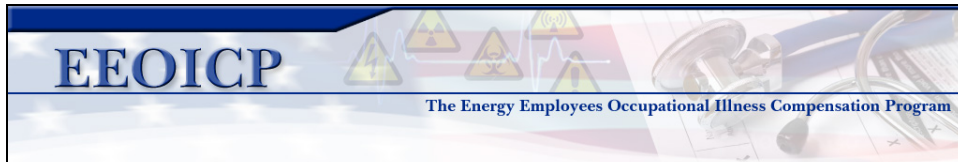
### Elements of a SOAF

Provide all relevant data in the SOAF:

- Date of Birth/Date of Death (if applicable)
- Date of diagnosis
- Claimed and verified medical conditions
- Accurate descriptions of verified employment, job descriptions, & work locations
- Accepted exposures, including to the extent possible the duration and frequency (identified by review & correlation of OHQ, SEM, DAR, or if necessary Industrial Hygienist review, which are specifically identified as being related to the verified condition)

33

- History of the case, and
- Other pertinent information could include non-DOE related work and exposures.



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

## Elements of a SOAF, continued

Provide all relevant data in the SOAF:

- History of the case
- Other pertinent information

34

### *Your Notes*

---

---

---

---

---

---

---

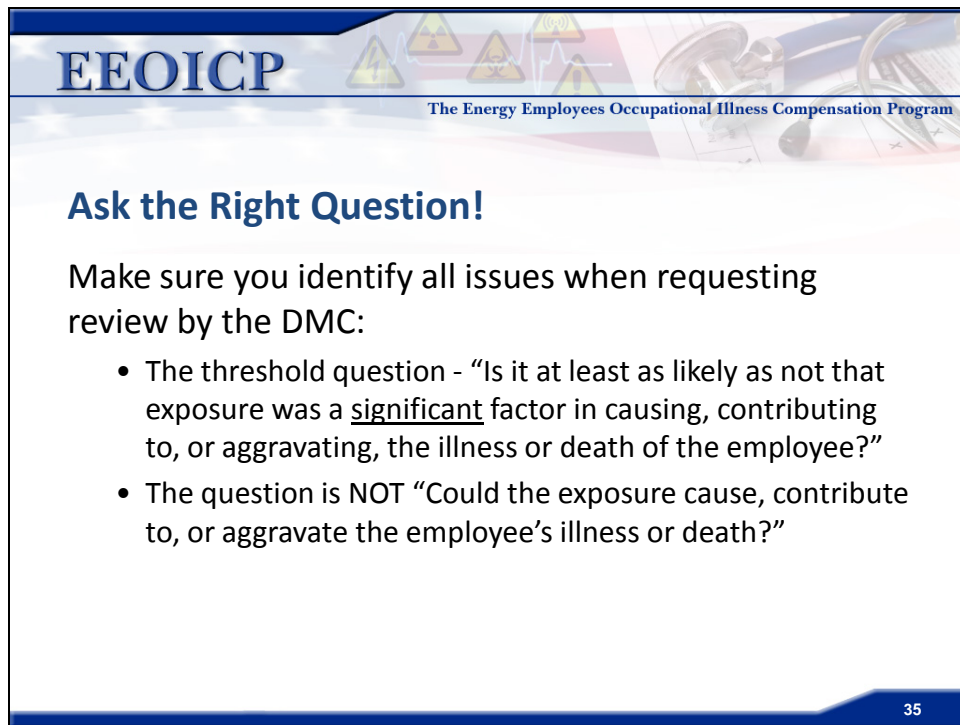
---

---

---



Ask the Right Question!



The slide features a header with the EEOICP logo and the full name of the program. The main title is 'Ask the Right Question!'. Below it, a paragraph states: 'Make sure you identify all issues when requesting review by the DMC:'. This is followed by a bulleted list of two points regarding the threshold question and what it is not. The slide number '35' is in the bottom right corner.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

**Ask the Right Question!**

Make sure you identify all issues when requesting review by the DMC:

- The threshold question - “Is it at least as likely as not that exposure was a significant factor in causing, contributing to, or aggravating, the illness or death of the employee?”
- The question is NOT “Could the exposure cause, contribute to, or aggravate the employee’s illness or death?”

35

*Your Notes*

---

---

---

---

---

---


---

---

---

---

## The Final Report



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

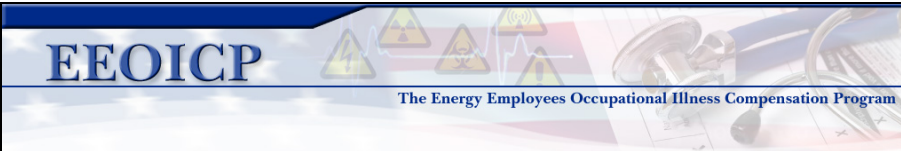
### The Final Report

The CE uses the DMC's opinion and the evidence of record to render a determination whether it is "at least as likely as not" that DOE work related exposure at a covered facility was a significant factor in aggravating, contributing to or causing the employee's illness or death:

- If the DMC provides a positive opinion, the CE accepts the claim.
- If the DMC cannot provide such an opinion, the CE advises the claimant of the need for medical rationale supporting causation.

36

If the DMC opinion conflicts with current policy, don't be reluctant to go back to the DMC for clarification.



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### The Final Report, continued

If the CE receives a request from the claimant for a copy of the DMC's report, the CE must attach a cover letter to the copied report which includes a disclaimer paragraph informing the claimant that the DMC is a medical consultant for the DOL and that the DOL will issue a recommended decision based upon the evidence, including but not limited to the medical consultant's report.

37


## The Final Report, continued

- The DMC does not provide an opinion whether the evidence meets any statutory criteria.
- If the DMC cannot substantiate that the exposure was a significant factor in causing, contributing to, or aggravating the illness or death of the employee, the CE advises the claimant of the need for rationale.

38

### *Your Notes*

## Can a Recommended Decision (RD) be issued?




**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

**Based on all the available evidence...**

- Can you render a recommended decision?
- In essence, is it *plausible*, based upon all the above development and given the evidence at hand, that we have established the employee's illness arose out of the occupational exposure to toxic substances at the covered DOE facility ("the link")?

39



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

**Can a Recommended Decision be issued?**

- If the claim is not pending a dose reconstruction and all evidence has been received, yes.
- If some conditions are pending a dose reconstruction and others conditions can be accepted, yes (we want to award benefits as soon as possible)!

40

## Can a recommended decision be issued?, continued


For cancer claims under Part E, the CE can pend the claim for receipt of the dose reconstructions when:

- All due process periods have elapsed (including toxic exposure development letter to the claimant); and
- The CE cannot accept for causation, pending a return of the dose reconstruction.
- The CE prepares a memorandum to the file stating that toxic exposure development is complete & codes ECMS 'NI' with the status effective date = the date of the memo.

41

### *Your Notes*

## Decision Writing



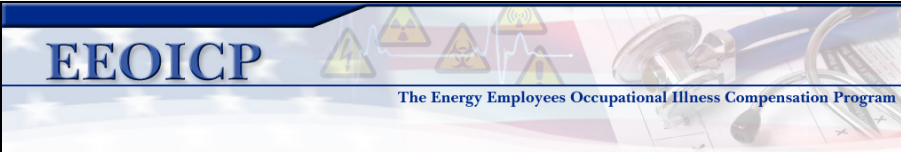
**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Decision Writing

- Clearly identify development efforts
  - What records were collected/reviewed
  - Whether the employee/claimant participated in an occupational history interview
- Identify all verified employment, medical records establishing the condition, & accepted exposures determined to be related to the condition.
- Be confident of your opinion as a claims professional and make a sound decision based on the evidence.

42

Denials have to be explained (or complex acceptances)!



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Decision Writing, continued

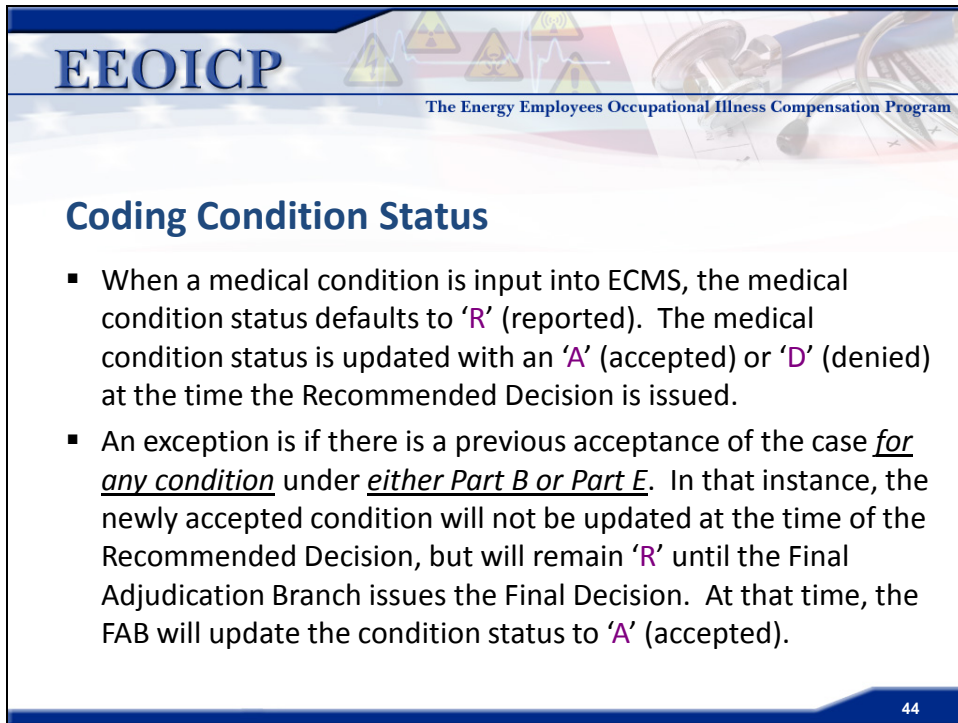
Sound rational decision based on thorough review and objective determination

- The decision should address how the determination was made regarding whether DOE work related exposures were a significant factor that “at least as likely as not” caused, contributed to, or aggravated the illness or death of the employee
- Written so that regardless of the audience, the decision can be understood and can stand on its own (remember, the claimant doesn’t have the file!)

43

## Your Notes

### ECMS Coding



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Coding Condition Status

- When a medical condition is input into ECMS, the medical condition status defaults to 'R' (reported). The medical condition status is updated with an 'A' (accepted) or 'D' (denied) at the time the Recommended Decision is issued.
- An exception is if there is a previous acceptance of the case for any condition under either Part B or Part E. In that instance, the newly accepted condition will not be updated at the time of the Recommended Decision, but will remain 'R' until the Final Adjudication Branch issues the Final Decision. At that time, the FAB will update the condition status to 'A' (accepted).

44

EEOICP

The Energy Employees Occupational Illness Compensation Program

Coding Condition Status, continued

The medical condition status should only remain at an 'R' status if a decision on that particular medical condition is pending a final decision.

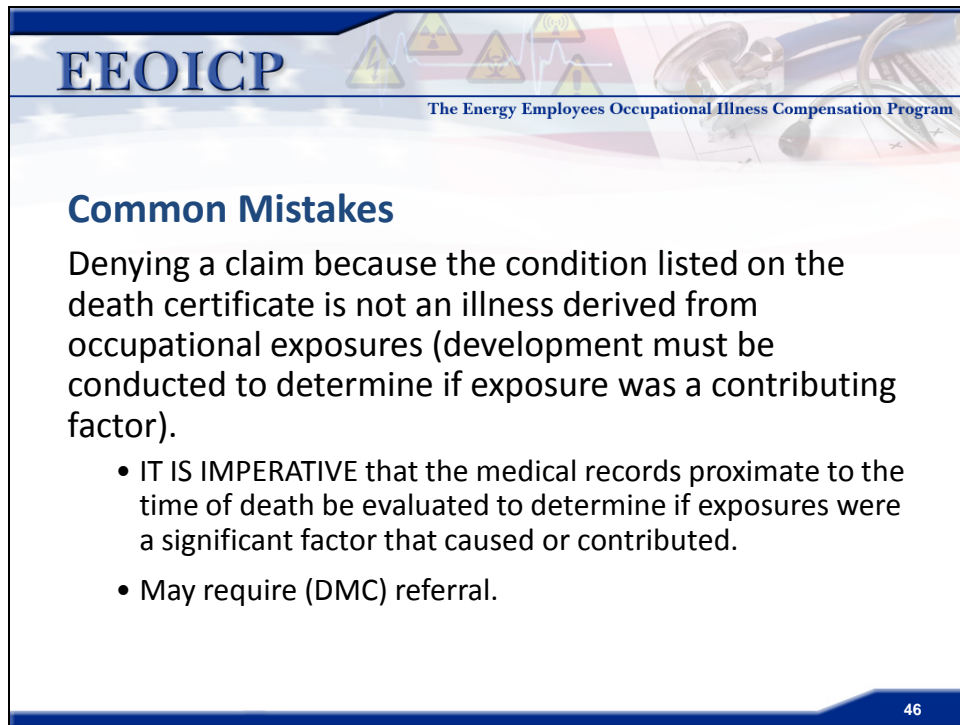
45

Your Notes



## Common Mistakes

The three most common mistakes include:



The slide features a header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The background includes a collage of radiation warning symbols, a stethoscope, and a microscope. The main content area is titled "Common Mistakes" and contains a paragraph and a bulleted list.

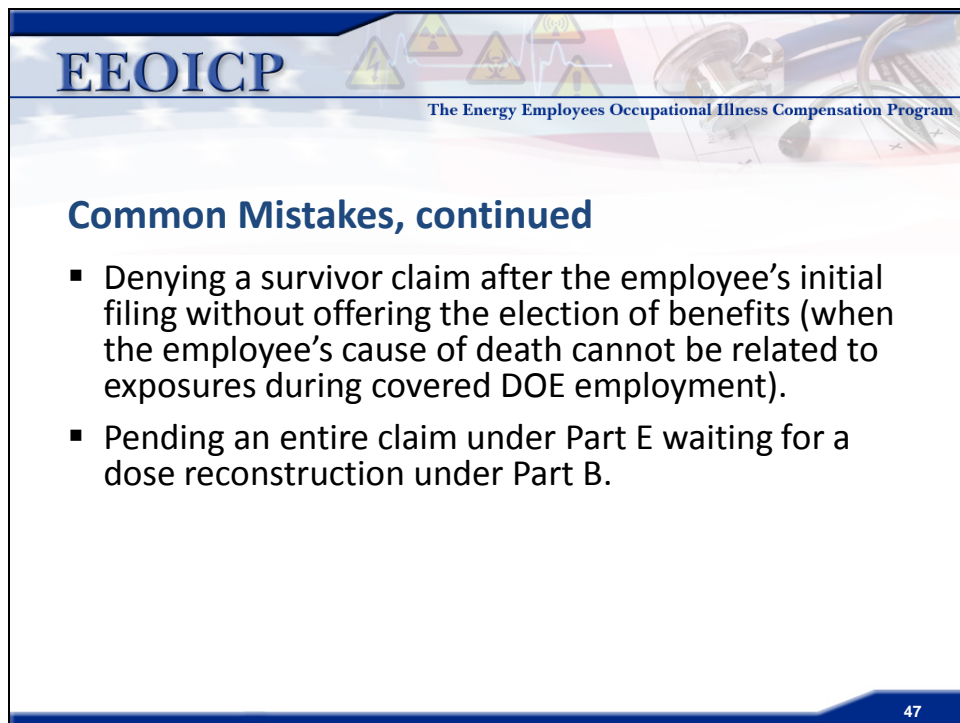
**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Common Mistakes

Denying a claim because the condition listed on the death certificate is not an illness derived from occupational exposures (development must be conducted to determine if exposure was a contributing factor).

- IT IS IMPERATIVE that the medical records proximate to the time of death be evaluated to determine if exposures were a significant factor that caused or contributed.
- May require (DMC) referral.

46



The slide features a header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The background includes a collage of radiation warning symbols, a stethoscope, and a microscope. The main content area is titled "Common Mistakes, continued" and contains a bulleted list.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Common Mistakes, continued

- Denying a survivor claim after the employee's initial filing without offering the election of benefits (when the employee's cause of death cannot be related to exposures during covered DOE employment).
- Pending an entire claim under Part E waiting for a dose reconstruction under Part B.

47

## Your Notes

---

---

---

---

---

---

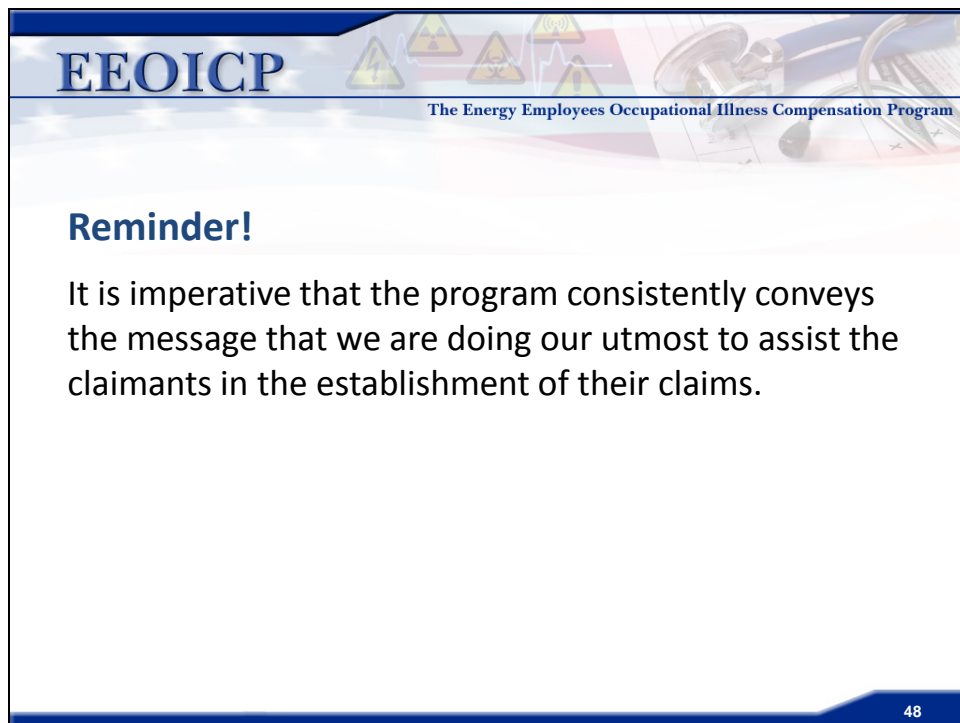
---

---

---

---

## Conclusion



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

**Reminder!**

It is imperative that the program consistently conveys the message that we are doing our utmost to assist the claimants in the establishment of their claims.

48

## *Your Notes*

---

---

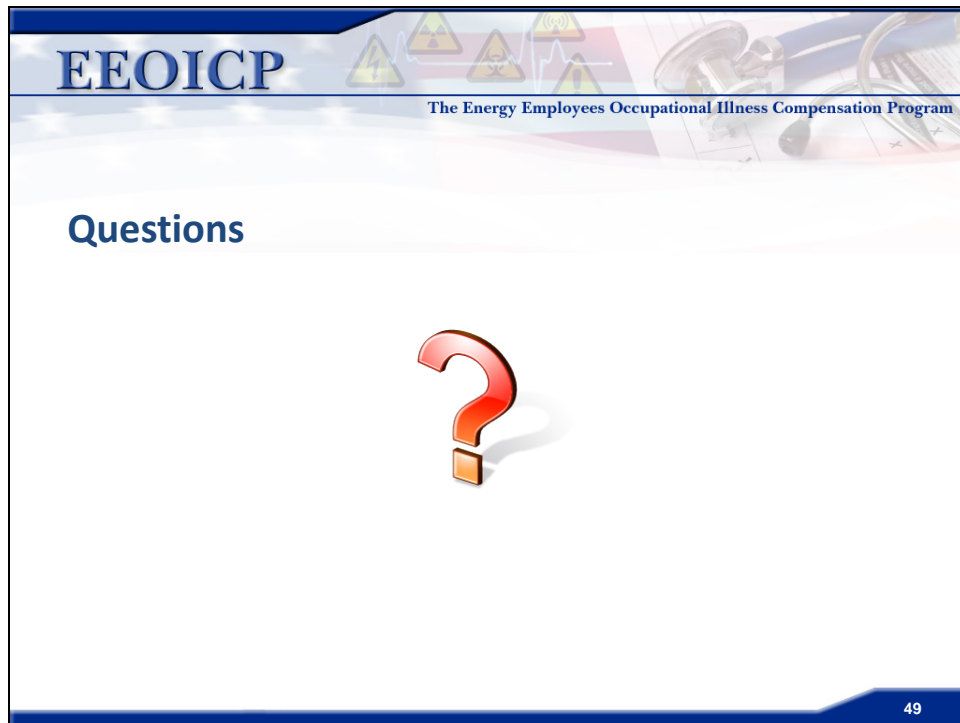
---

---

---

---

---



## *Your Notes*

---

---

---

*Your Notes*

[illegible]

## Case Study 1 – Asbestosis

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Case Study 1 – Asbestosis Scenario

- Employee John Doe submits an EEOICPA claim for respiratory problems. He reported he worked as an electrician for the contractor at the Y-12 Plant from approximately 1952 to 1992. The employee reported that he sustained numerous exposures, including asbestos.
- Covered DOE contractor employment was established.
- Medical records confirm the employee was diagnosed with asbestosis.
- Medical records do not establish any other illness that is related to occupational exposures.
- The employee completed the occupational history questionnaire and reported that he worked primarily in Beta 2 and Beta 2E, but that he routinely went to other buildings within the Y-12 facility.
- Let's Develop! Be prepared to answer questions at the end of this lesson, based on your findings.

1

### Your Notes

---

---

---

---

---

---

---

---

---

---

---

## SEM Query (Page 1)

U.S. DOL EEOICP Site Exposure Matrices - Labor Category: Electrician - Microsoft Internet Explorer provided by U.S. DOL

File Edit View Favorites Tools Help

Address: https://dol-sem.com/Job2.cfm

U.S. Department of Labor  
EEOICP Site Exposure Matrices

"Julia Draper" logged in  
logout | change password

add to "keeper stack"  
view "keeper stack"  
print-ready view

Labor category:

Click here to locate a labor category by alias or description, if you cannot find the labor category you are looking for in the list above.

Secondary filters to apply to lists of related items (from Y-12):

Toxic substance:

Health effect (set of toxics):

Building:

Process:

Site: Y-12  
Labor Category: Electrician

DETAILS	Site Job Alias: Projects Electrician, Scales Crew Electrician, Stack Monitor Electrician, Cranes and Hoist Crew Electrician, Maintenance Shop Electrician
REFERENCES	<p>DOL Lib Num DOL-06-04822 Title Industrial Hygiene Health Hazard Assessments (EXT) Doc. nos. 1,2,7,8,9,10,11,12,15,16, 17,18,19,20,21,22,23,24, 25 [No Doc Number]</p> <p>DOL Lib Num DOL-06-04823 Title Industrial Hygiene Health Hazard Assessments (EXT), Doc. nos. 26,27,28,29,30,31,32,33, 34,35,36,37,38,39,40,45 [No Doc Number]</p> <p>DOL Lib Num DOL-06-04835 Title Industrial Hygiene Health Hazard Assessments - Document 56, Jan.-March 2002 [No Doc Number]</p> <p>DOL Lib Num DOL-06-04984 Title Industrial Hygiene Health Hazard Assessments - High Voltage Power Distribution [HHA-02-059]</p> <p>DOL Lib Num DOL-06-04819 Title Industrial Hygiene Health Hazard Assessments, Doc. nos. 2,4,5,6,12,14,41,42,43,44,46,47,49,50,51 [EXT) ONA Doc Number]</p>

58 min. to session timeout

Page 1 Sec 1 1/10 AL Un Col REC TRK EXT OVR

Start Microsoft Outlook ECMS\_B ECMS\_E October - Microsof... Case synopsis for ... U.S. DOL EEOICP ... 1:22 PM

This screen (and the two that follow) shows the results of the SEM query for the labor category electrician and the condition of asbestosis at the Y-12 facility.

## SEM Query (Page 2)

U.S. DOE EEOICP Site Exposure Matrices - Labor Category: Electrician - Microsoft Internet Explorer provided by U.S. DOE EEOICP

Address: https://dol-sem.com/SiteJob2.cfm

Site: Y-12  
Labor Category: Electrician

DETAILS	SiteJob-Areas: Projects Electrician, Scales Crew Electrician, Stack Monitor Electrician, Cranes and Hoist Crew Electrician, Maintenance Shop Electrician
REFERENCES	<p>DOL Lab Num: DOL-06-04822 Title: Industrial Hygiene Health Hazard Assessments (EXT) Doc. nos. 1,2,7,8,9,10,11,12,15,16, 17,18,19,20,21,22,23,24, 25 [No Doc Number]</p> <p>DOL Lab Num: DOL-06-04823 Title: Industrial Hygiene Health Hazard Assessments (EXT), Doc. nos. 26,27,28,29,30,31,32,33, 34,35,36,37,38,39,40,45 [No Doc Number]</p> <p>DOL Lab Num: DOL-06-04835 Title: Industrial Hygiene Health Hazard Assessments - Document 56, Jan-March 2002 [No Doc Number]</p> <p>DOL Lab Num: DOL-06-04984 Title: Industrial Hygiene Health Hazard Assessments - High Voltage Power Distribution [HEA-02-059]</p> <p>DOL Lab Num: DOL-06-04819 Title: Industrial Hygiene Health Hazard Assessments, Doc. nos. 3,4,5,6,13,14,41,42,43,44,46,47,48,49,50,51 (EXT) [No Doc Number]</p> <p>DOL Lab Num: DOL-05-00096 Title: Linking Legacies - Connecting the Cold War Nuclear Weapons Production Processes To Their Environmental Consequences (DOE/EM-0319)</p> <p>DOL Lab Num: DOL-05-00028 Title: mercury at Y-12 - A study of mercury use at the Y-12 plant, accountability, and impacts on Y-12 workers and the environment</p> <p>DOL Lab Num: DOL-06-04279 Title: NIOSH Technical Basis Document for Y-12 - Site Description [11/19/2003] ORAUT-TKBS-0014-2</p> <p>DOL Lab Num: DOL-06-04282 Title: Y-12 &amp; ORNL Production Workers Needs Assessment [2/12/2004] (No original document number issued)</p>
RECORD HISTORY	Modified Sep 23, 2007
RELATED ITEMS IN SITE EXPOSURE MATRIX	Secondary filters applied -- Health effect: Asbestosis
HAZARDOUS CHEMICALS	Asbestos CAS 1332-21-4 Alkyls: Amosite; 16F; Anthophyllite; Anthophyllite UICC,

99 min. to session timeout

Page 2 Sec 1 2/9 At 1" Ln 1 Col 1 REG TRK EXT OVR

Start Microsoft Outlook ECMS\_B ECMS\_E October - Microsof... Case synopsis for ... U.S. DOE EEOICP ... 1:22 PM

## SEM Query (Page 3)

U.S. DOL EEOICP Site Exposure Matrices - Labor Category: Labor Category: Electrician - Microsoft Internet Explorer provided by U.S. DOL EEOICP

Address: <https://dol-seen.com/5taJob2.cfm>

[11/19/2003] ORAUT-TKBS-0014-2  
DOL Lab Num: DOL-06-04282 Title: Y-12 & ORNL Production Workers Needs Assessment  
[2/12/2004] (No original document number issued)

RECORD HISTORY: 14-06-04 Sep 23, 2007

RELATED ITEMS IN SITE EXPOSURE MATRIX  
Secondary filters applied - Health effect: Asbestosis

HAZARDOUS CHEMICALS POTENTIALLY ENCOUNTERED BY LABOR CATEGORY: ☒ Asbestos CAS: 1332-21-4 Alias: Amosite, 16F, Anthophyllite, Anthophyllite UICC, Anthophyllite asbestos, Anthophyllite, Anthophyllite UICC, Anthophyllite asbestos, Chrysotile, Crocidolite, Transite, Vermiculite, Tremolite, Tremolite asbestos, Tremolite, Category: Dusts and Fibers

AREAS IN WHICH THIS LABOR CATEGORY WAS INVOLVED: none listed

BUILDINGS IN WHICH THIS LABOR CATEGORY WAS INVOLVED: ☒ 9204-2 Name: Lithium Operations Facility Alias: Special Materials, Beta 2  
☒ 9204-2E Alias: Beta 2E, Beta 2 East, Assembly, Disassembly, Beta Two E  
☒ 9204-3 Name: Isotopes Building  
☒ 9215 Alias: H-2 Dimensional Inspection, Third Mill, M-Wing, P-Wing, O-Wing  
☒ 9720-5 Alias: SNM Warehouse, Nuclear Materials Safeguarded Shipping and Storage Warehouse  
☒ 9998 Alias: H-1 Foundry

PROCESSES/ACTIVITIES PERFORMED BY THIS LABOR CATEGORY: ☒ Electrical maintenance  
☒ Maintenance

INCIDENTS INVOLVING THIS LABOR CATEGORY: none listed

Main Menu | UNIVERSAL > | Toxics | Tox by Alias | Tox by Category | Tox by Health Effect | Tox by Health Effect Text | Health Effect Search  
SITE (Y-12) > | Areas | Buildings | Building Alias Search | Processes | Labor Categories | Labor Category Alias Search | Incidents | Exposure Factors  
Users Guide

59 min. to session timeout

Page 2 Sec 1 2/9 At 6:41 Ln 5 Col 1 REC TRK EXT OVR

Start Microsoft Outlook ECMS B ECMS E October - Microsof... Case synopsis for ... U.S. DOL EEOICP ... 1:22 PM

Notice that this screen specifically shows that the employee's labor category had potential exposures to asbestos in the specific buildings he identified in his occupational history questionnaire.



## Case Study 1 – Discussion

A collage of images related to occupational safety and health. It includes several hazard symbols (radiation, biohazard, chemical), a stethoscope, and a clipboard with a checklist.

# EEOICP

The Energy Employees Occupational Illness Compensation Program

## Case Study 1 -Discussion

Asbestosis is a condition covered by one of the administrative bulletins that require little development. In this case, we refer to Bulletin 06-08 (which was later updated with additional conditions by Bulletin 06-13). This information is also found in PM 2-1000 Eligibility Criteria for Non-Cancerous Conditions. Let's take a look.....

2

## Your Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

---

Effective Date: April 25, 2006

---

Expiration Date: April 25, 2007

---

Subject: Establishing causation for specific medical conditions under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

Background: Given the complexity and number of claims presented under Part E of the EEOICPA, means to expedite the claims adjudication process are being developed to assist the Claims Examiner (CE). As such, the Division of Energy Employees Occupational Illness Compensation (DEEOIC) National Office (NO) has established criteria for the presumption of causation in certain specific situations.

The causal criteria described in this bulletin are based on findings by specialists in the field of Industrial Hygiene, Occupational Medicine and Toxicology. These specialists researched authoritative scientific publications, medical literature, and industrial processes and occupational exposure records to develop accepted causal relationships between specific known medical conditions and exposure to specific toxic substances. These findings are incorporated into this bulletin to assist the CE in rendering timely and accurate claim determinations under Part E of the EEOICPA. Periodically this bulletin will be updated as new conditions are researched and new presumptions can be made.

References: Energy Employees Occupational Illness Compensation Program Act of 2000, 42 U.S.C. § 7384 *et seq.*; Public Law 108-375; 20 C.F.R. §§ 30.111-30.114, 30.230-30.232, 30.300-30.320, 30.400-30.406, 30.420-30.422, 30.505, 30.700-30.726, 30.815, and 30.900-30.912; the Federal (EEOICPA) Procedure Manual: Part E, Chapter E-500 (Evidentiary Requirements for Causation); the EEOICP Site Exposure Matrices website; and the National Library of Medicine Haz-Map.

Purpose: To provide procedures for establishing causation for certain specific conditions identified by the DEEOIC.

Applicability: All staff.

Actions:

1. The DEEOIC has developed specific criteria to establish a causal link between a diagnosed medical condition and toxic substance exposure. Attachment 1 to this bulletin lists specific criteria the CE uses when adjudicating certain claims for compensation under Part E of the EEOICPA. When elements of Attachment 1 are satisfied, the CE can accept that exposure to a listed toxic substance is at least as likely as not a significant factor in aggravating, contributing to or causing the medical illness. As noted previously, this attachment will be periodically updated with new conditions.

2. The CE evaluates causation pursuant to this guidance using the Attachment 1 criteria in conjunction with EEOICPA Procedure Manual Chapter E-500 (Evidentiary Requirements for Causation). The CE conducts a complete review of all evidence of the case file record and, when necessary, conducts development when the claimed medical condition corresponds to one of the toxic substances referenced in Attachment 1. All authorized evidentiary

development tools, including the exposure data contained in the Site Exposure Matrices (SEM), are to be utilized. The SEM acts as a repository of information related to toxic substances potentially present at covered Department of Energy (DOE) and Radiation Exposure Compensation Act (RECA) sites, and is particularly helpful as an exposure development tool. SEM can assist the CE in verifying the presence of a toxic substance at a given building or during a given work process. Other sources of information may include contacting the claimant or seeking guidance from a DEEOIC technical specialist or District Medical Consultant (DMC).

3. The first step a CE takes in developing claims for causation using guidance pursuant to this bulletin is to verify the claimed medical condition. Medical evidence must establish the employee was diagnosed with the condition as identified by the specified ICD-9 code listed in the attachment. Initial development of the medical evidence is conducted based upon established procedures as set out in EEOICPA PM 2-300 and E-500.

5. The next action is to confirm exposure to the relevant toxic substance. The CE examines all information contained in the case record (i.e. DAR responses, DOE FWP records, employment records) that references exposure to the toxic substance listed in Attachment 1. The CE also searches SEM to determine whether or not it is possible that, given the employee's labor category and the work processes engaged in, the employee was exposed to the toxic substance in the course of employment. The CE uses SEM to determine whether or not available data on the job title, location of employment, or job duties, is sufficient to reasonably establish exposure to the toxic substance. Since toxic substances may have more than one name and toxic substance names may vary by facility, the CE should also search SEM for toxic substance alias names when the true identity of the claimed substance is not known.

6. In addition to establishing exposure to a particular substance, the evidence must demonstrate the employee was likely exposed to the noted toxin for a particular duration of time. The required duration may vary depending on the toxic substance. The CE must evaluate the evidence to assess whether or not sufficient evidence exists to verify exposure for a period of time equal to or greater than the duration noted in Attachment 1. The evidence does not need to conclusively prove the employee was directly exposed to the toxic substance throughout the entire work-shift or the exposure was continuous, merely that it would be reasonable that the employee's labor brought him or her into contact with the toxic substance on a day by day basis.

7. For certain covered illnesses, it may be necessary to also establish a period of latency between the initial exposure to a toxic substance and the date of diagnosis of the claimed illness. The CE evaluates the evidence to identify the date that exposure to the toxic substance first occurred. If the latency period is equal to or exceeds the time outlined in Attachment 1, the CE has satisfied the criteria. The CE relies on existing procedures as referenced in EEOICPA PM 2-300 to establish a diagnosis. EEOICPA PM E-500 provides guidance as to evaluating latency periods.

8. If the evidence of record is sufficient to establish all of the necessary criteria identified in the attachment then causation is presumed to exist. No further development for causation is required. A copy of the appropriate attachment is to be included in the case file as evidence of causation, and a recommended/final decision is issued. This bulletin is cited in the recommended/final decision as the guidance upon which the adjudication was based.

9. If the documentation in the case file does not allow verification of all of the identified criteria, additional development in accordance with established procedures is required. A claim for benefits is not denied simply on the basis that the evidence does not meet the

requirements set forth in this bulletin. If at any time the CE determines that DMC or technical specialist referral is necessary for an evaluation of the evidence, such referrals are made pursuant to established guidance.

10. The DEEOIC will periodically update the Occupational Illness Exposure Matrix

Disposition: Retain until superseded or incorporated into the Federal (EEOICPA) Procedure Manual



Occupational Illness Compensation

Attachment 1

Distribution List No. 1: Claims Examiners, Supervisory Claims Examiners, Technical Assistants, Customer Service Representatives, Fiscal Officers, FAB District Managers, Operation Chiefs, Hearing Representatives, District Office Mail & File Sections

## Attachment 1

### Occupational Illness Exposure Matrix

Medical Condition ICD9	Toxic Substance	Exposure Duration	Latency
Asbestosis 501	Asbestos	≥ 250 aggregate work days	≥ 10 years
Leukemia 202.4 203.1 204 - all 205 – all 206 – all 207 - all 208 – all	Benzene	≥ 250 aggregate work days	≥ 365 calendar days
Mesothelioma 163 – all	Asbestos	≥ 250 aggregate work days	≥ 20 years

Issue Date: July 11, 2006

---

Effective Date: July 11, 2006

---

Expiration Date: July 11, 2007

---

**Note: This bulletin updates Bulletin No.06-08, with a revised attachment that establishes causation for Laryngeal Cancer and Hemangiosarcoma/Angiosarcoma of the liver.**

Subject: Establishing causation for specific medical conditions under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

Background: Bulletin 06-08 describes accepted causal relationships between specific known medical conditions and exposure to specific toxic substances. After appropriate research by Division of Energy Employees Occupational Illness Compensation specialists, additional diseases are found to be linked to toxic exposure.

This bulletin replaces the attachment in Bulletin 06-08 to reflect the addition of two additional medical conditions: laryngeal cancer and hemangiosarcoma/angiosarcoma of the liver.

References: Energy Employees Occupational Illness Compensation Program Act of 2000, 42 U.S.C. § 7384 *et seq.*; 20 C.F.R. §§ 30.230-30.232; the Federal (EEOICPA) Procedure Manual, Chapter E-500 (Evidentiary Requirements for Causation); the EEOICP Site Exposure Matrices website; and the National Library of Medicine Haz-Map.


Purpose: To provide a revised attachment for accepted causal relationships between specific known medical conditions and exposure to specific toxic substances.

Applicability: All staff.

Actions:

1. The CE is to replace the attachment in Bulletin 06-08 with attachment 1 to this bulletin. The attachment provides additional information with regard to the toxic exposure linked to laryngeal cancer and hemangiosarcoma/angiosarcoma of the liver.
2. Additional revisions to attachment 1 will be issued periodically as new conditions are researched and new presumptions can be made.

Disposition: Retain until superseded or incorporated into the Federal (EEOICPA) Procedure Manual

  
Occupational Illness Compensation  
Attachment

Distribution List No. 1: Claims Examiners, Supervisory Claims Examiners, Technical Assistants, Customer Service Representatives, Fiscal Officers, FAB District Managers, Operation Chiefs, Hearing Representatives, District Office Mail & File Sections

**Occupational Illness Exposure Matrix**

<b>Medical Condition ICD9</b>	<b>Toxic Substance</b>	<b>Exposure Duration (DEEOIC has determined 250 aggregate work days equals one year)</b>	<b>Latency</b>
Asbestosis 501	Asbestos	≥ 250 aggregate work days	≥ 10 years
Hemangiosarcoma 155 - all	Polyvinyl Chloride	≥ 250 aggregate work days	≥ 20 years
Laryngeal Cancer 161 - all	Asbestos	≥ 250 aggregate work days	≥ 15 years
Leukemia 202.4 203.1 204 - all 205 – all 206 – all 207 - all 208 – all	Benzene	≥ 250 aggregate work days	≥ 365 calendar days
Mesothelioma 163 – all	Asbestos	≥ 250 aggregate work days	≥ 20 years

14. Asbestosis, Part E. Asbestosis, a form of pneumoconiosis, is a chronic, progressive pulmonary disease caused by the inhalation and accumulation of asbestos particles or fibers in the lungs. Asbestosis is a Part E covered illness only.

a. Medical and Diagnostic Requirements. Asbestosis is characterized by extensive pulmonary interstitial fibrosis (e.g., scarring) and pleural thickening. Progressive thickening and scar formation of the lung tissues occur along with associated loss of respiratory function. These developments are noticeable in the lower part of the lungs, because this area of the lungs receives a greater part of the inhaled load of particulate matter.

Various types of medical evidence can establish an asbestosis diagnosis. Not all types of medical evidence need to be present, and the CE weighs the evidence as a whole to make a determination. Each form of medical evidence described below is given greater weight if the test results include an evaluation by a physician that suggests asbestosis.

(1) Chest X-ray reports that show pulmonary interstitial fibrosis and cardiac enlargement are regarded as characteristic of asbestosis. The CE takes into account such findings as possibly indicative of asbestosis, based upon the totality of the evidence. However, cardiac enlargement is not always seen with asbestosis. Therefore if cardiac enlargement is not noted in the chest X-ray report, the CE still considers the possibility of asbestosis, based upon the totality of the evidence.

(2) Computerized axial tomography (CAT) and magnetic resonance imaging (MRI) that show characteristic lung scarring, pleural thickening, and cardiac enlargement are also possible indications of asbestosis.

(3) A Pulmonary Function Test (PFT) reveals pulmonary function and capacity. Asbestosis typically restricts pulmonary function; therefore, total lung capacity, vital capacity, compliance measurements, and pulmonary diffusing capacity are reduced if asbestosis is present. It is necessary that the CE obtains a physician evaluation of the PFT results.

(4) A lung biopsy is a sampling of lung tissue. Cytological examination of the sputum or bronchial lavage often shows the presence of asbestos bodies. This test is not considered as definitive for the diagnosis of asbestosis because it is commonly positive in cases of asbestos exposure alone and is seen in other populations such as hematite (i.e., iron ore) miners.



- (5) A report by a physician diagnosing asbestosis and providing a diagnosis date.
- (6) Screening by DOE through the FWP that is found to be positive. Such a finding is sufficient to establish the diagnosis of asbestosis.
- (7) A Referral to a DMC is required in instances of claimed and/or verified high levels of occupational exposure to asbestos in order to determine whether or not the normal required latency period for onset is to be waived. When the medical evidence is vague, clarification from the treating physician or a referral to the DMC would be necessary to evaluate the medical evidence and render a medical opinion regarding the existence of asbestosis. As always, the CE gives consideration to the opinion of the treating physician, if one is available.
- (8) Asbestosis identified on the death certificate, signed by a physician, as a cause of or contributing factor to death establishes a diagnosis. If the death certificate shows any respiratory illness other than asbestosis, the CE needs to provide a well rationalized conclusion that asbestosis contributed to the death based on the totality of the medical evidence contained in the file.

If the evidence supports a diagnosis of asbestosis and the death certificate lists the cause of death as pneumoconiosis, the CE is to presume that causation to death has been established.

- b. Employment/Exposure Requirements. The CE verifies that the employee was a covered DOE employee at a covered DOE or RECA section 5 facility, during a covered time period, and in the course of employment was exposed to asbestos while at the DOE or RECA section 5 facility.

However, if an employee's occupation was such that there is question as to whether or not the labor category and the work processes engaged in exposed the employee to asbestos, or the potential for extreme exposure existed and the employee worked less than 250 aggregate work days, or there is a latency period of less than 10 years existing between the covered DOE or RECA Section 5 employment and the onset of the illness, the CE evaluates the evidence as a whole, considering the amount of occupational exposure, and makes a determination on causation. In instances when the evidence on file is not clear in reference to an employee's occupation, the work processes engaged in, and/or the amount of occupational exposure, a referral to an Industrial Hygienist (IH) is necessary.

- (1) DOE/RECA Section 5 Employment and Asbestos Exposure. With the collection of exposure data contained in SEM, it has been determined that asbestos existed in all covered DOE and RECA section 5 facilities. However, based upon the labor category and the work processes engaged in, coupled with the possibility of the existence of

extreme exposure and the number of verified covered work days, the CE determines if sufficient evidence exists to support that the employee was exposed to asbestos.

If sufficient exposure evidence is not available (e.g., DAR records) and the employee's exposure is questionable because of the labor category and the work processes engaged in (e.g., secretary), the CE requests the following information from the claimant:

(a) Medical evidence discussing the employee's work history and exposure to asbestos at the covered facility. The presence of pleural thickening, interstitial fibrosis, neoplasia, or other medical findings characteristic of asbestosis, as discussed above, also helps establish the relationship between employment and exposure;

(b) Personnel or incident records disclosing exposure to asbestos; or

(c) Affidavits from other employees attesting to the employee's asbestos exposure and other evidence such as independent studies of the facility or newspaper articles discussing asbestos exposure at the site.

(2) Latency Period. A sufficient latency period also needs to exist between the covered DOE or RECA section 5 employment and the onset of the illness. Asbestos-related diseases and abnormalities usually do not occur for at least 10 years, but sometimes less, after onset of exposure. Therefore if all diagnostic criteria for asbestosis are satisfied, as discussed in paragraph 14a above, and the evidence of file shows 10 years or more of asbestos exposure at a DOE or RECA section 5 facility, the CE accepts the claim without a DMC review.

If the latency period is less than 10 years, the CE reviews the evidence of file to determine if sufficient evidence exists to support that the exposure was "at least as likely as not" a significant factor in aggravating, contributing to, or causing asbestosis. In some instances when the medical evidence from the treating physician is not compelling, a referral to a DMC is necessary.

#### 15. Medical Conditions Associated with Asbestos Exposures.

a. Mesothelioma. Mesothelioma is a rare cancer of the pleura that is caused almost exclusively by asbestos exposure. Because of this relationship to asbestos, any claims involving a confirmed diagnosis of mesothelioma are accepted, given the requirements for asbestos exposure at a covered facility (e.g., latency period) have been met.

b. Pleural Plaques and Pleural Effusions. Pleural plaques and pleural effusions are considered conditions caused by asbestos, but do not constitute an asbestosis diagnosis or finding. If a claim is made for asbestosis but only pleural plaques can be accepted, the claim for asbestosis is explicitly denied.

Although generally asymptomatic, the CE accepts pleural plaques and pleural effusions for medical benefits which encompasses the following: chest radiology (e.g., X-rays, CT scans, or MRIs); PFTs; bronchoscopy with or without biopsy; pleural biopsy; and other tests to rule out malignant tumors of the chest.

In addition, it is possible for pleural plaques or pleural effusions to result in an impairment rating and/or wage loss.

(1) Sufficient Evidence to Establish an Asbestos Related Disorder  
Includes the Following:

(a) Medical evidence as established by the results from a chest X-ray, CT scan, or other imaging technique that are consistent with pleural plaques or pleural effusions, as evidenced by any of the following findings:

(i) Pleural plaques;

(ii) Pleural thickening, not associated with an area of prior surgery or trauma;

(iii) Rounded atelectasis; or

(iv) Bilateral pleural effusions, also known as benign asbestos-related pleural effusion; and

(b) The employee was exposed to asbestos at a covered DOE or RECA Section 5 facility for a DOE contractor or subcontractor for an aggregate of at least 250 work days; and

(c) The latency period between the initial exposure to asbestos and the onset of pleural plaques or pleural effusions is more than 20 years for pleural plaques and between 5 and 30 years for pleural effusions.

(2) When a DMC's Review Is Required Due to Insufficient Evidence:

(a) If the totality of the medical evidence is inconclusive or insufficient to establish a diagnosis of pleural plaques or pleural effusions. Also, if the results from a chest X-ray, computer

assisted tomography (CT), or other imaging technique are consistent with any of the following findings:

- (i) Pleural thickening in an area of prior surgery or trauma; or
- (ii) Pleural effusion, only if the record does not indicate that there is another disease process that would otherwise account for the effusion, such as congestive heart failure (CHF), cancer, or other lung disease;

(b) If the employee was a DOE contractor or subcontractor employee who was exposed to asbestos for less than an aggregate of 250 work days at a DOE or RECA section 5 facility. If the exposure period is less than the required aggregate 250 days, but the employee worked in an occupation that typically experiences heavy asbestos exposure, the CE includes that information in the referral to a physician; or

(c) If the latency period between the initial exposure to asbestos and the onset of pleural plaques or pleural effusions is less than 20 years for pleural plaques, or less than 5 years or more than 30 years for pleural effusions.

c. Lung Fibrosis (Pulmonary Fibrosis).

(1) Sufficient Evidence to Establish as a Covered Illness Includes the Following:

(a) Sufficient exposure to a toxic substance(s) at a covered DOE or RECA section 5 facility for a DOE contractor or subcontractor to establish that the exposure was a significant factor in aggravating, contributing to, or causing the lung fibrosis;

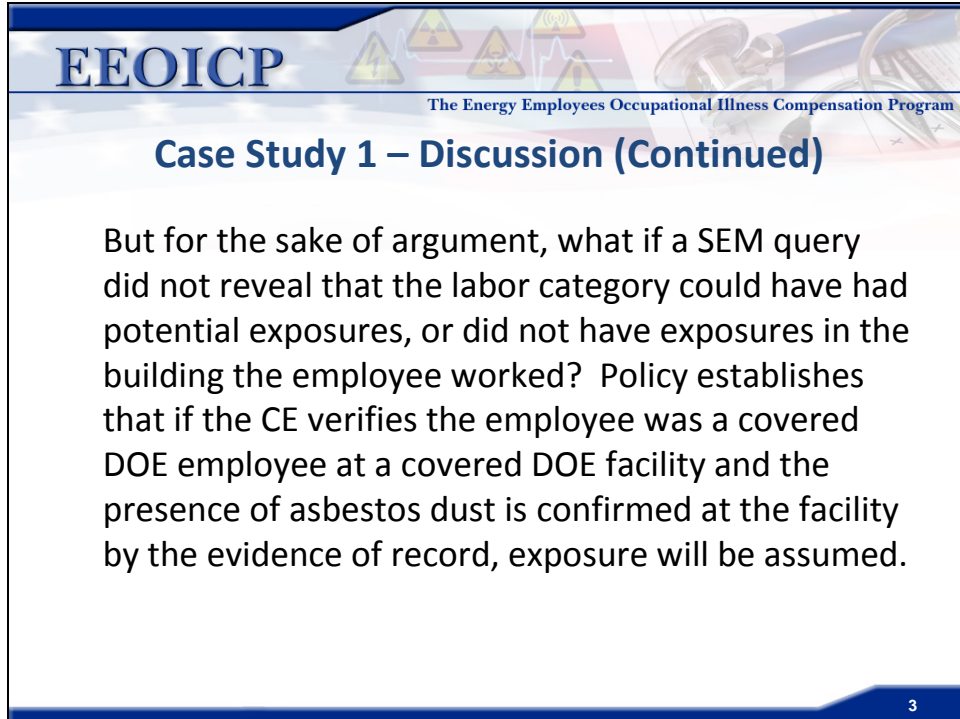
(b) A period of latency between the initial exposure to the toxin(s) and the initial onset of the lung fibrosis; and

(c) A written diagnosis of lung fibrosis made by a physician along with any one of the following three criteria:

- (i) Results from a chest X-ray, CT scan, or other imaging technique that are consistent with fibrosis such as small lung fields or volumes, minimal ground glass opacities, and/or bibasilar reticular abnormalities;

- (ii) Results of breathing tests (e.g., PFTs or spirometry) showing a restrictive or mixed pattern, such as FVC less than 80% predicted; or
- (iii) Lung biopsy findings consistent with fibrosis; and
- (d) The medical evidence does not contain any indication that the lung fibrosis is present due to another disease process.

## Case Study 1 – Discussion (Continued)



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

**Case Study 1 – Discussion (Continued)**

But for the sake of argument, what if a SEM query did not reveal that the labor category could have had potential exposures, or did not have exposures in the building the employee worked? Policy establishes that if the CE verifies the employee was a covered DOE employee at a covered DOE facility and the presence of asbestos dust is confirmed at the facility by the evidence of record, exposure will be assumed.

3

## Case Study 1 – Discussion (Continued)

Review the following taken from the DOE site profiles that we discussed during the Establishing Exposure presentation (cites below)! You will likely find similar information in the site profiles for the other facilities.

- *“As in many of the DOE facilities, asbestos use was prevalent at both X-10 and Y-12. Asbestos was common in all building materials and additionally other uses including asbestos blankets, asbestos covering on piping, and asbestos gloves were reported. Highest exposures to asbestos would likely have been maintenance workers due to the more intrusive nature of the jobs.” \**
- *“The environment where a task is conducted may contribute importantly to a later health outcome.” This document spoke of “accountants working with their windows open to the yard and “dusting off papers” depending on the weather conditions. Some employees with these job titles and no history of work in the yard presented with evidence of asbestos scarring in the lungs.” (Selikoff and Hammond, 1978).\*\**

\*Y-12 and Oak Ridge National Laboratory Medical Surveillance Program, dated February 12, 2004, Section V, Page V-50, 7.7.

\*\*Surveillance of Former Construction Workers at Oak Ridge Reservation: A Revised Needs Assessment, dated December 1997, Page 33.

## Your Notes

## Your Notes

### Case Study 1 – Questions

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Case Study 1 – Questions

- 1. Does SEM confirm that the claimed illness can occur as a result of occupational exposure?**
- 2. Is the condition covered by one of the administrative bulletins that require limited development?**

5



## Case Study 1 – Questions (Continued)

3. Is the claimed condition the only condition that needs to be evaluated? Why or why not?
4. What development needs to be completed before issuing a recommended decision?

### *Your Answers*

---

---

---

---

---

---

---

---

---

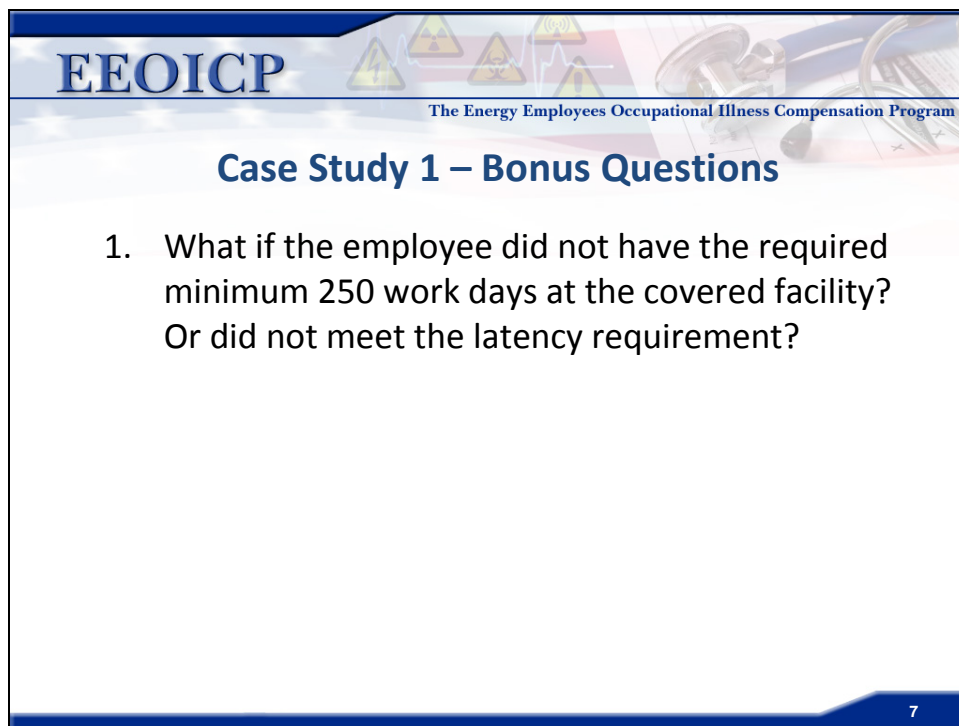
---

---

## Your Answers

[illegible]

## Case Study 1 – Bonus Questions



# EEOICP

## The Energy Employees Occupational Illness Compensation Program

### Case Study 1 – Bonus Questions


1. What if the employee did not have the required minimum 250 work days at the covered facility?  
Or did not meet the latency requirement?

7

## Your Notes

[illegible]

## Case Study 1 – Answers




**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Case Study 1 – Answers

1. Does SEM confirm that the claimed illness can occur as a result of occupational exposure?  
  
*Yes.*
2. Is the condition covered by one of the administrative bulletins that require limited development?  
  
*Yes, Bulletins 06-08/ 06-13. Bulletin 06-08 provides the initial guidance. Bulletin 06-13 updates the list of conditions addressed by Bulletin 06-08.*

8



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

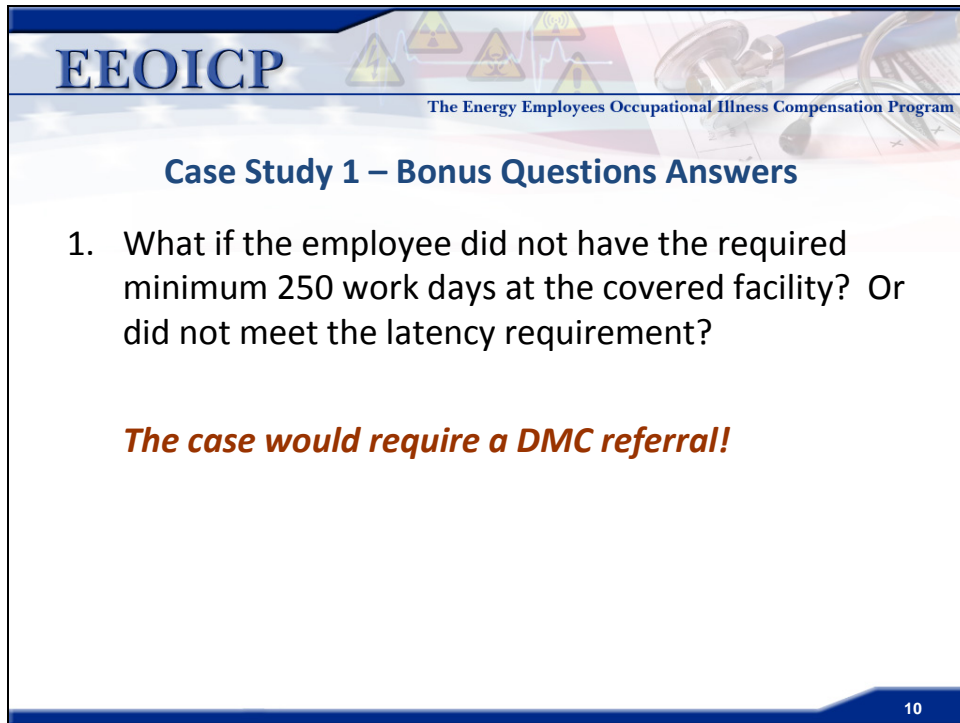
### Case Study 1 – Answers (Continued)

3. Is the claimed condition the only condition that needs to be evaluated? Why or why not?  
  
*Yes, medical evidence does not establish any other condition that could obviously be attributable to DOE work related exposures.*
4. What development needs to be completed before issuing a recommended decision?  
  
*In this instance, development is essentially limited to establishing at least 250 work days for a covered DOE contractor (or sub-contractor), presence of asbestos at the facility, and the diagnosis of the condition with the required latency period.*

9

## Your Notes

### Case Study 1 – Bonus Questions Answers

A presentation slide for the EEOICP (The Energy Employees Occupational Illness Compensation Program). The slide has a blue header with the EEOICP logo and a background image of industrial equipment and hazard symbols. The main content area is white with a blue border. It contains a single question numbered 1, followed by a bold, italicized answer in brown text. The slide number 10 is in the bottom right corner.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

**Case Study 1 – Bonus Questions Answers**

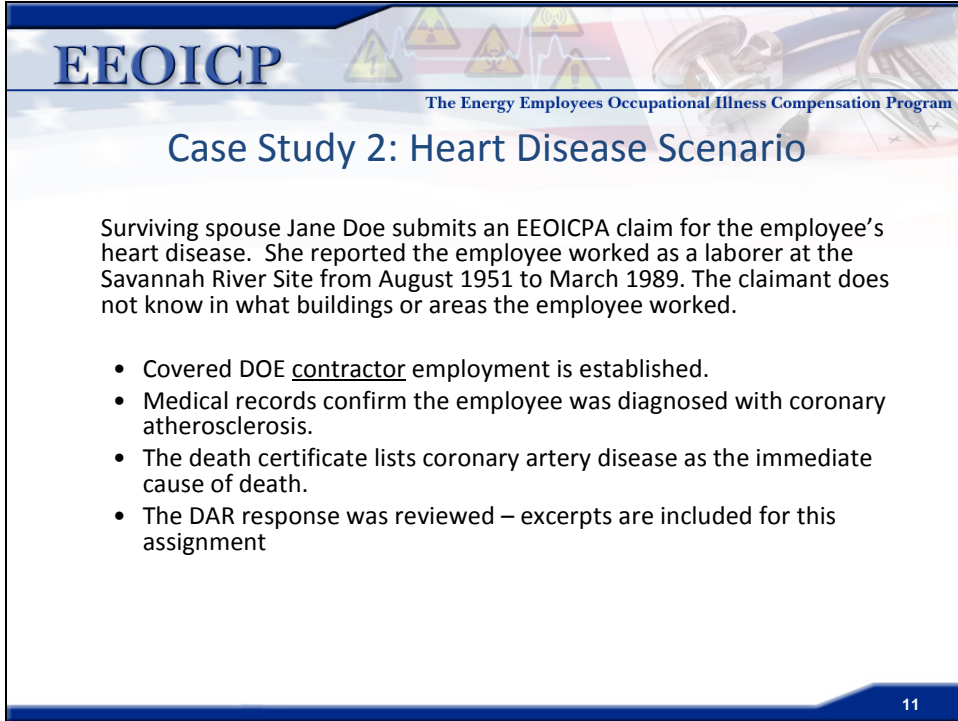
1. What if the employee did not have the required minimum 250 work days at the covered facility? Or did not meet the latency requirement?

***The case would require a DMC referral!***

10

## *Your Notes*

## Case Study 2 – Heart Disease Scenario



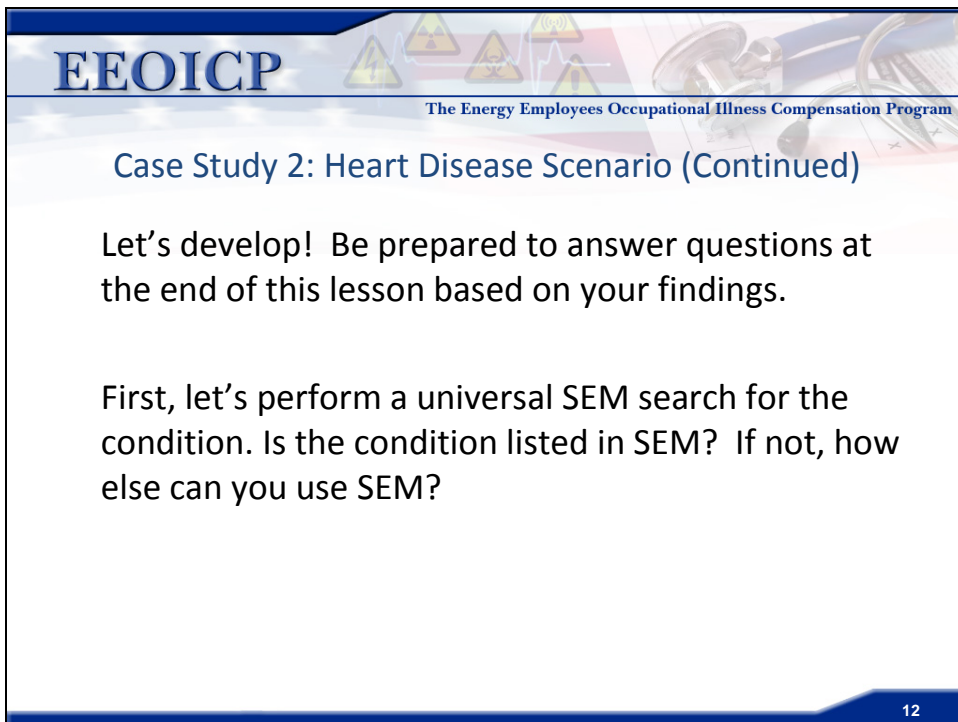
**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Case Study 2: Heart Disease Scenario

Surviving spouse Jane Doe submits an EEOICPA claim for the employee's heart disease. She reported the employee worked as a laborer at the Savannah River Site from August 1951 to March 1989. The claimant does not know in what buildings or areas the employee worked.

- Covered DOE contractor employment is established.
- Medical records confirm the employee was diagnosed with coronary atherosclerosis.
- The death certificate lists coronary artery disease as the immediate cause of death.
- The DAR response was reviewed – excerpts are included for this assignment

11



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

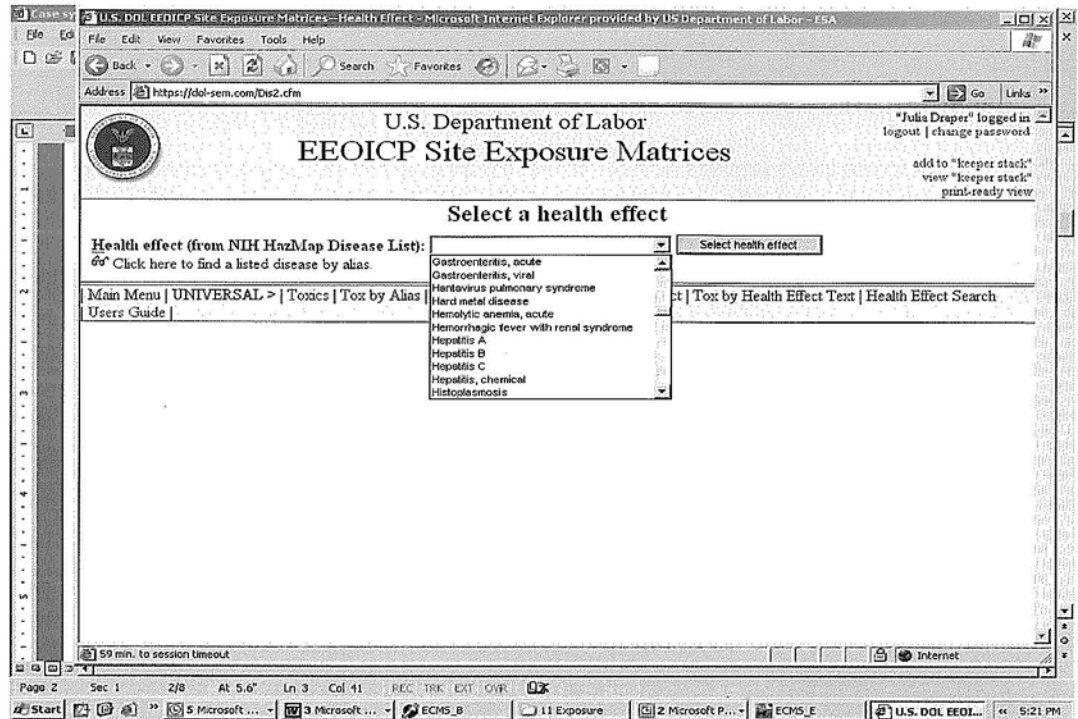
### Case Study 2: Heart Disease Scenario (Continued)

Let's develop! Be prepared to answer questions at the end of this lesson based on your findings.

First, let's perform a universal SEM search for the condition. Is the condition listed in SEM? If not, how else can you use SEM?

12

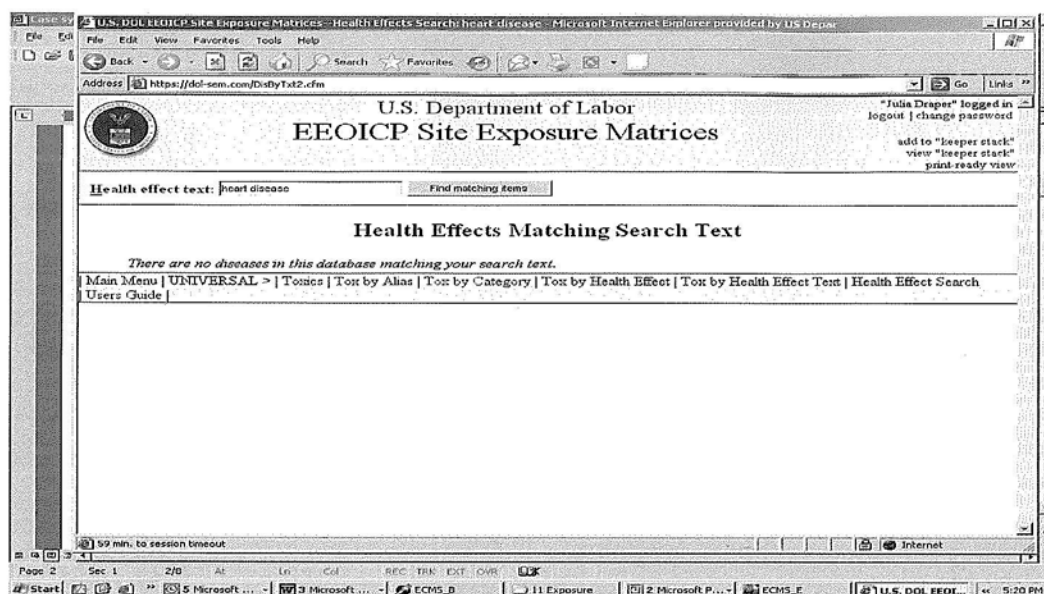
## SEM Queries (Page 1)



Notice that the condition “heart disease” is not a choice.




## SEM Queries (Page 2)



We are demonstrating how to use the "alias" query.

The same result would occur if the SEM was queried for atherosclerosis, arteriosclerosis, or even for just a generic search for heart. For the alias queries, correct spelling is essential; garbage in/ garbage out!

## Case Study 2 - Discussion




**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Case Study 2: Discussion

Coronary atherosclerosis is a condition previously covered by the administrative bulletin that required limited development (refer to the attached exhibit from Bulletins 06-10/06-14 (rescinded) as a refresher). However, please review the death certificate and the autopsy report. How does this impact your development?

13

# Death Certificate

2244000		<b>Registrar of Vital Statistics</b>		File #: 116 2008 098765	
FORM VS No 1-A (rev. 5/02)		<b>Certified Copy</b>			
COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH SERVICES REGISTRAR OF VITAL STATISTICS					
<b>Certificate of Death</b>					
<b>Decedent</b>	1. Decedent's Name (First, Middle, Last) <b>Harold James H</b>			2. Sex <b>Male</b>	3. Date of Death (Month, Day, Year) <b>August 31, 00</b>
	4. Social Security No. <b>000-00-0000</b>	5a. Age Last Birthday <b>82</b>	5b. Under 1 year	6. Date of Birth <b>Mar 29, 1926</b>	
	8. Was decedent ever in US armed services? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9a. Place of Death (check only one) <input checked="" type="checkbox"/> Hospital Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
	9. b. Facility Name <b>Robinson Medical Center</b>			9c. City/Town or location of death <b>Anytown</b>	9d. County of Death <b>Graves</b>
	10. Marital Status <b>Married</b>	11. Surviving Spouse (if wife give maiden name) <b>Linda Smith</b>	12a. Decedent's occupation <b>Power Plant Operator</b>		12b. Kind of Business/Industry <b>Nuclear Manufacturing</b>
13a. Residence - state <b>Kentucky</b>		13b. County	13c. City, Town, or Location <b>Anytown</b>	13d. Street and Number <b>210 Main Street</b>	
13e. Inside City limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. Zip Code <b>42000</b>	14. Was decedent of Hispanic Origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. Race American Indian, Black, White, etc. (specify) <b>White</b>	16. Decedent's Education (specify only highest grade completed) Elem/Sec (0-12) <b>9</b> College 1-4 or 5+ <b></b>
17. Father's Name (First, Middle, Last) <b>Harold James H</b>			18. Mother's Name (First, Middle, Last) <b>Grace Morris</b>		
19a. Informant's Name <b>Linda H</b>			19b. Mailing Address <b>210 Main Street, Anytown, KY 42000</b>		
20a. 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) <b>Anytown Memory Gardens</b>		20c. Location (City or Town) <b>Anytown, KY</b>
21. Service Licensee			22. Name and Addressee of Facility <b>Bill's Funeral Home, 100 France Road, Anytown, KY 42000</b>		
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) <b>09/01/2000</b>
Certifier Signature and Title <u>Wayne E. Person</u> (must be legible) 24. Name and address of Person who completed cause of death (Item 28) <b>Wayne E. Person, MD 110 South 129<sup>th</sup> Street, Anytown, KY 42000</b>					
25 Time of Death <b>7:40 AM</b>		26 Date Pronounced Dead (Month, Day, Year) <b>July 3, 2008</b>		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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <u>Cardiac Arrhythmia</u> due to (or as a consequence of)			Approximate interval between onset and death <b>Minutes</b>
Sequentially list conditions, if any, leading to immediate cause. Enter underlying Cause (Disease or injury that initiated events resulting in death)		b. <u>Coronary Artery Atherosclerosis</u> due to (or as a consequence of)			<b>Years</b>
		c. <u></u> due to (or as a consequence of)			
		d. <u></u> 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. <b>COPD</b>					
29. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> could not determine <input type="checkbox"/> Homicide		30a. Date of Injury (Month, Day, Year)	30b. Time of Injury	30c. Injury at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	30d. Describe how injury occurred
		30e. Place of Injury - At home, farm, street, factory office building, etc. (Specify)	30f. Location (street and number, city or town)		
31. Registrar's Signature 				32. Date Filed (Month, Day, Year) <b>09/01/2000</b>	
THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW I, Paul F. Robinson, Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of death of the person herein named, and that the original certificate is registered under the file number shown. In testimony thereof I have unto subscribed by my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this <u>16</u> day of <u>July</u> , 20 <u>08</u> <u>Paul Robinson</u>					

## Autopsy Report (Page 1)

NEWBERRY PATHOLOGY ASSOCIATES, PA  
2119 Wilson Road  
Anytown, KY 42000

NECROPSY REPORT: 000000  
NAME: Harold James H.  
TYPE OF AUTOPSY: COMPLETE

AGE: 74      RACE: W      SEX: M      SSN: 000000000      DOB: 03/29/1926

### FINAL NECROPSY DIAGNOSIS:

1. CORONARY ARTERY ATHEROSCLEROSIS, SEVERE IN LEFT ANTERIOR DESCENDING, MODERATE IN LEFT CIRCUMFLEX AND RIGHT CORONARY ARTERY.
2. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
3. CARDIOMEGALIA

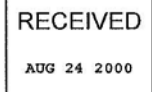
MANNER OF DEATH: NATURAL

PROBABLE CAUSE OF DEATH  
CARDIAC ARRHYTHMIA  
CORONARY ARTERY ATHEROSCLEROSIS

INTERVAL  
MINUTES  
YEARS

CONTRIBUTION: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

JER: ksp  
08/21/2000



## Autopsy Report (Page 2)

### CASE HISTORY

**AUTOPSY NO.: 000000**

**Report by RJD**

Harold James H.

This 67 year old black male was found unresponsive at 6:30 PM on 8/21/2000 by his wife. He was laying down for the afternoon because he was not feeling well after eating chicken for lunch. He had some vomiting and diarrhea during the afternoon. The wife last talked with him at 6 PM that same night. The patient has no previous history of serious medical problems. The body was brought to this prosecutor for autopsy.

**EXTERNAL EXAMINATION:** the body is received clothed in blue jeans which are buttoned but unzipped. There is a brown belt present which is buckled. There is one pair of white-jockey style underwear and a pair of dark blue socks on.

He is well developed, and well nourished black male who appears the stated age of 67. his hair is short, black, and curly with moderate graying. As slight mustaches and beard are also present. His eyes are brown with bilateral acrus senilis. No conjunctival petechia are present. The oral and nasal cavities are patent. The upper and lower jaws are endetulous.

Further examination of the head and neck are unremarkable. Examination of the chest and abdomen are unremarkable, except for a healed remote surgical incision in the right groin. Examination of the upper extremities is unremarkable. Examination of the lower extremities is unremarkable. Examination of the back is unremarkable. The genitalia are those of an uncircumcised adult male. The patient measures 68 ½ inches in height and weighs approximately 165 pounds.



## Autopsy Report (Page 3)

### GROSS ANATOMICAL PROTOCOL

AUTOPSY NO.: 000000

Report by RJD

Harold James H.

**DISSECTION:** The usual Y-shaped incision is made. The panniculus of the chest and abdomen show no bruising. The abdominal cavity is patent. The right pleural cavity contains few adhesions posteriorly. The left pleural is patent. The pericardial sac is patent. The structures of the anterior neck maintain symmetry and are otherwise unremarkable.

#### DISSECTION OF ORGANS:

**THYROID GLAND:** The thyroid gland weighs 20 grams. It maintains symmetry of its reddish-brown firm parenchyma.

**HEART:** The heart weighs 475 grams. Dissection of the coronary arteries reveals a 90% blockage of the left anterior descending branch, 1 centimeter distal to its origin with some hemorrhagic appearing area in center of it. The left circumflex and right coronary artery branches show 20 to 30 % blockages in various areas. The myocardium is reddish brown and firm. Valves are grossly unremarkable with some thickening of the posterior leaflet of the mitral valve along its edge. The valves are otherwise unremarkable.

**LUNGS:** The right lung weighs 482 grams and the left lung weighs 494 grams. The arterial trees are patent. The tracheobronchial trees contain a small amount of mucous. The parenchyma is purplish pink and soft as well as doughy. Few blebs are present.

**LIVER:** The liver weighs 760 grams. Its capsule is smooth and glistening. Sections show purplish-gray parenchyma. The gallbladder and ducts are without significant pathology.

**SPLEEN:** The spleen weighs 130 grams. Its capsule is smooth and glistening. Sections show purplish-red parenchyma.

**PANCREAS:** The pancreas weighs 120 grams. It maintains its usual yellowish-tan nodular parenchyma.

**ADRENAL GLANDS:** Unremarkable.

**KIDNEYS:** The right kidney weighs 220 grams and the left kidney weighs 210 grams. Their capsules strip with ease to show smooth cortical surfaces. Sections show the usual cortical medullary ratios bilaterally. The ureters, urinary bladder and prostate glands are without significant pathology, except for some nodularity of the prostate gland. There is 40 cc of light yellow fluid within the urinary bladder.

## Autopsy Report (Page 4)

**GI TRACT:** Unremarkable. The stomach contains 40 cc of brown liquid including chunks of white meat.

**MUSCOSKELETAL SYSTEM:** Unremarkable.

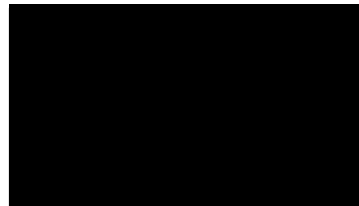
**CENTRAL NERVOUS SYSTEM:** The scalp is reflected and the calvarium removed. The brain is removed in the usual manner and maintains symmetry of the cerebrum, cerebellum, pons, and medullae. It weighs 1470 grams. Sections show gray and white matter in the usual anatomic design. The blood vessels at the base of the brain are patent.

This autopsy was done at the request of an after due authorization by the Barnwell County Coroner in the Newberry County Memorial Hospital morgue on August 22, 2000 at 9:30 AM.

Autopsy findings include severe coronary atherosclerosis, especially in the left anterior descending branch, along with chronic obstructive pulmonary disease. The heart shows generalized cardiomegaly.

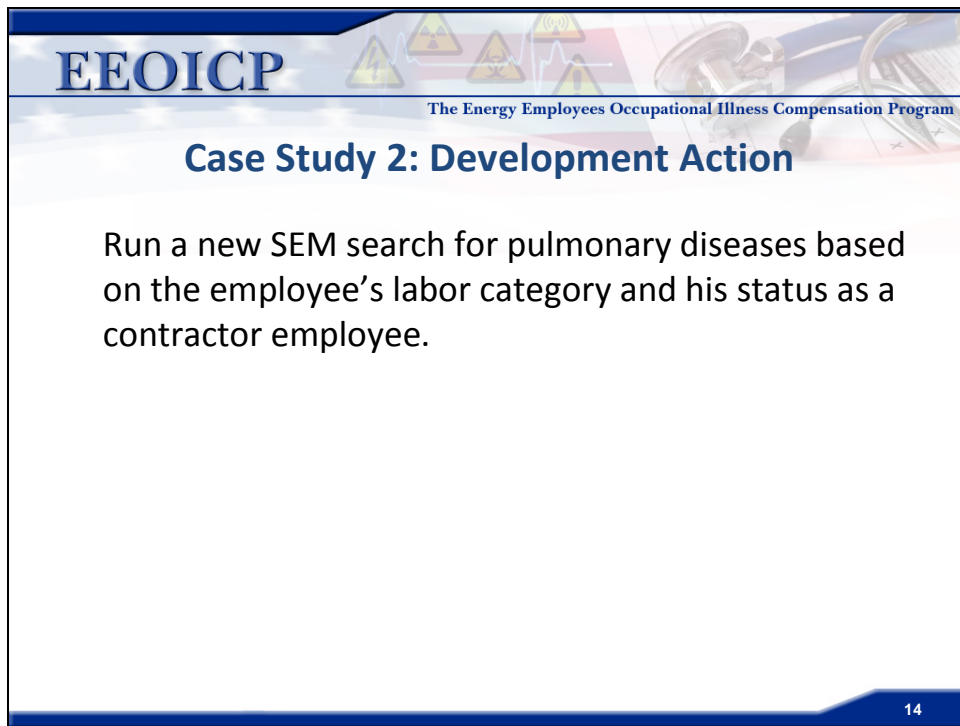
Samples of each organ are taken for microscopic evaluation and specimens are taken for toxicology analysis. The opinion given here is without toxicology results. If positive results are submitted to this prosecutor, an amended opinion may be given.

It is therefore, the opinion of this prosecutor, after review of history and autopsy findings that the decedent died of cardiac arrhythmia due to coronary artery atherosclerosis. Contributing to this demise is chronic obstructive pulmonary disease. The manner of death is natural.



RJD/MMP: ksp  
08/24/2000

## Case Study 2: Development Action Review

The slide features a blue header with the EEOICP logo and the text 'The Energy Employees Occupational Illness Compensation Program'. The main title 'Case Study 2: Development Action' is in bold blue. The text 'Run a new SEM search for pulmonary diseases based on the employee's labor category and his status as a contractor employee.' is in black. The slide number '14' is in the bottom right corner.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

**Case Study 2: Development Action**

Run a new SEM search for pulmonary diseases based on the employee's labor category and his status as a contractor employee.

14

### *Your Notes*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



## SEM Query

U.S. Department of Labor  
EEOICP Site Exposure Matrices

Address: <https://dol-sem.com/Job2.cfm>

Julia Draper logged in  
logout | change password  
add to "keeper stack"  
view "keeper stack"  
print-ready view

Labor category: Laborer

Click here to locate a labor category by alias or description, if you cannot find the labor category you are looking for in the list above.

Secondary filters to apply to lists of related items (from Savannah River):

Toxic substance:

Health effect (set of toxics): Pulmonary disease, chronic obstructive

Process:

Site: Savannah River  
Labor Category: Laborer

DETAILS	SiteJobAlias Limited Service Employee Laborer (WEP)
REFERENCES	DOL Lib Num DOL-07-00342 Title Non-Exempt Job Titles DOL Lib Num DOL-06-02724 Title SRS Facility Data (no original document number)
RECORD HISTORY	Modified Feb 27, 2008
RELATED ITEMS IN SITE EXPOSURE MATRIX	
Secondary filters applied -- Health effect: Pulmonary disease, chronic obstructive	
HAZARDOUS CHEMICALS POTENTIALLY ENCOUNTERED BY LABOR CATEGORY	<input checked="" type="checkbox"/> Cement CAS 65997-15-1 Aliases Portland cement; Cement dust; Concrete, Mortar, Grout Category Other Materials <input checked="" type="checkbox"/> Coal ash CAS 68131-74-8 Aliases Coal fly ash, Fly ash, Flyash, Boiler ash, Coal ash by-product, Burned lignite, Bottom ash Category Dusts and Fibers
AREAS IN WHICH THIS LABOR CATEGORY WAS	none listed

59 min. to session timeout

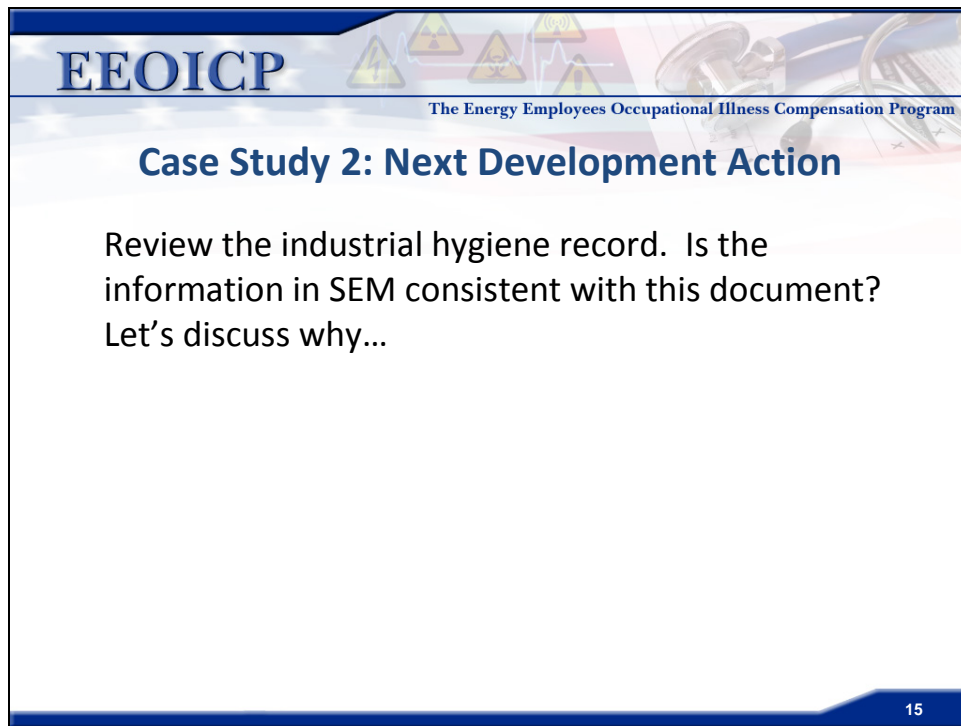
Page 4 Sec 1 1/5 At 8:27 Ln 24 Col 34 REC LTRK EXT OVR

Start 5 Microsoft ... 3 Microsoft ... ECMS\_B 11 Exposure 2 Microsoft P... ECMS\_E U.S. DOL EEOICP 5:54 PM

These are the known potential exposures related to COPD for the employee's labor category.

How would this search differ if we had established the construction worker was employed by a subcontractor?

## Case Study 2: Next Development Action (Continued)



# EEOICP

## The Energy Employees Occupational Illness Compensation Program

### Case Study 2: Next Development Action

Review the industrial hygiene record. Is the information in SEM consistent with this document?  
Let's discuss why...

15

## Your Notes

[illegible]

## Industrial Hygienist Report (Page 1)

Name: Harold James H.

SSN: 000000000

Employment Periods:	Employment at SRS	08/07/51 to 06/03/54 05/24/56 to 09/24/58 01/22/62 to 05/04/62 06/25/62 to 05/24/63 12/02/63 to 01/24/64 04/01/64 to 11/20/64 01/15/65 to 02/19/65 03/31/65 to 07/16/65 11/14/66 to 03/15/68 11/13/68 to 03/31/89
---------------------	-------------------	--

Employer(s)	Dupont Savannah River Site
-------------	----------------------------

Job Title(s)	Construction Laborer Janitor Operations Laborer Patrolman Power Operator
--------------	--

Records of Personal or Representative Monitoring For Chemicals	No Records Found
--	------------------

### **Construction Laborer** (approx. 7.5 years)

- A Construction Laborer generally performed the following tasks.
- Cover roofs with roofing material, using knives, nails, and staples
- Fasten composition shingles/sheets with asphalt, cement, or nails
- Apply asphalt or tar and gravel to roof using mops or pouring materials onto roof base
- Punch holes in slate, tile, terra cotta, or wooden shingles using punch and hammer
- Clean industrial buildings
- Empty trash and garbage containers as well as sweep work areas
- Perform cleanup work in lead and asbestos work areas
- Perform D&D work (e.g. tile removal)
- Perform manual excavations
- Operate the ice house

The tasks and associated materials that may have posed a potential health hazard are listed below.

## Industrial Hygienist Report (Page 2)

**Asbestos:** there was potential for exposure for asbestos fibers while conducting clean up activities during asbestos insulation, floor tile, and transite installation and removal. In later years, all asbestos products were bagged and covered with plastic prior to removal by Laborers.

**Refractory Ceramic Fibers (RCF):** RCF-containing materials have been encountered during clean up of work areas

**Lead:** Lead-containing materials may have been encountered during clean-up of work areas.

**Solvents:** There was a possibility that products containing organic solvents may have been used during cleaning preparation. Information indicating specific solvents was not provided.

**Silica and Metals:** There was potential for exposure to silica dust during cleaning activities involving cement work or the sandblasting facility. Based on the types of materials and coatings being blasted, other contaminants that may have been generated include nickel, chromium, manganese, and lead.

**Asphalt and Tar:** these materials were used for applying roofing products such as gravel. Generally, they were applied using mops or pouring them onto the roof base. Asphalt contains paraffinic and aromatic hydrocarbons and heterocyclic compounds containing sulfur. Volatile tar constituents include naphthalene, benzene, toluene, phenol, creosol, pyridine, and benzo(a)pyrene.

Beryllium has been identified as surface contamination on equipment and building system components with in 711-9N, a shop within the Central Shops area. Reference: ESH-OSH-2002-00014

### **Janitor** (approx. 1.33 years)

A janitor generally performed the following tasks.

- Cleans offices and restrooms
- Clean floors
- Pick and empty office waste

The task and associated material that may have posed a potential chronic health hazard are listed below.

The only known potential chronic health hazard identified was the infrequent use of aerosol pesticides, such as Hot Shot.

### **Laborer** (approx. 5.75 years or less)

A laborer could have performed the following tasks.

## Industrial Hygienist Report (Page 3)

- Road maintenance activities
- Cement handling
- Painting
- Boiler cleaning
- Grass cutting

The tasks and associated materials that may have posed a potential chronic health hazard are listed below.

**Road Maintenance:** Asphalt was used to repair pot holes and construct pads for equipment and walkways. An asphalt emulsion (tackifier) was sprayed on surfaces when applying hot asphalt with shovels. Asphalt is a mixture of paraffinic and aromatic hydrocarbons, and heterocyclic compounds containing sulfur.

**Cement:** Dry cement was added to holes to affix poles.

**Bentonite (Kaolin):** Bentonite was mixed with water into a slurry and pumped into the ground.

**Coal Dust:** Contact with coal dust may have occurred during cleaning of power facility boilers.

**Paint Products:** Various paint products were handled including water based and oil based paints. Over the years, paints typically contained ketones, aromatics (including benzene), and epoxys.

**Herbicides:** Herbicides (for example, Karmex) were mixed with diesel fuel and water then applied to grass by spraying.

**Note:** Wipe sampling for the presence of beryllium in the Powerhouses was conducted recently. The wipe samples were positive for beryllium.

### **Patrolman (approx. 10 years)**

A Patrolman (Dupont area) generally performed the following tasks.

- Vehicle and personnel inspections in order to verify security access and control
- Facility security inspections (i.e. safes locked down, doors locked)

The tasks and associated materials that may have posed a potential chronic health hazard are listed below.

**Lead:** There was a low potential for exposure to lead as a result of fire arm discharges, generally during training and qualification rounds. Monitoring in recent years for Wackenhut Services personnel indicated more recent exposures were well below the action level.

**Solvents:** Solvents were likely components of products used to clean fire arms. The specific products/components were not provided.



## Industrial Hygienist Report (Page 4)

### **Power Operator 484-D (approx. 11 months)**

A Power Operator generally performed the following tasks.

- Perform rounds and surveillance
- Manipulate valves and controls
- Operate the turbogenerators and turbine auxiliaries
- Operate the boilers including: coal feeders, chemical feeder, and deslagging the boilers
- Operate the ash handling system
- Operate air compressors, dryers, and fans
- Operate electrical switchgear
- Operate chemical feeders, chlorinators, precipitators, ion exchangers, pumps, and filters
- Unloads acid, caustic, and diesel fuel
- Serve on fire brigade

The tasks and associated materials that may pose a potential chronic health hazard are listed below.

Coal dust: There was potential for exposure to asbestos due to the amount of material in the building. The power operators did not perform asbestos removal.

Asbestos: There was potential for exposure to asbestos due to the amount of material in the building. The power operators did not perform asbestos removal.

Diesel Fuel: There was a low potential for exposure to diesel fuel when transferring the material from a tanker truck to a tank.

Incidental Exposure: In the rare event of a fire in the facility, if the employee was a member of the fire brigade, there was a potential for inhalation of smoke and combustion gases.

Note: Wipe sampling for the presence of beryllium in the Powerhouses was conducted recently. The wipe samples were positive for beryllium.

### **Power Operator Reactor Areas (approx 3.75 years)**

A Power Operator generally performed the following tasks:

- Performs rounds and surveillance
- Manipulates valves and controls
- Operate the turbogenerators and turbine auxiliaries
- Operate the boilers including: stoker feeder, chemical feeder, raking ashes from the grate, and deslagging the boilers

## Industrial Hygienist Report (Page 5)

- Operate the ash basin and ash handling system
- Operate air compressors, dryers, diesel engines, emergency diesel generators, diesel oil transfer equipment, and HVAC equipment
- Operate electrical switchgear
- Operate chemical feeders, chlorinators, precipitators, ion exchangers, pumps, and filters
- Unload acid, caustic and diesel fuel
- Operate the pump house and other water supply buildings
- Serve on the brigade

The tasks and associated materials that may have posed a potential chronic health hazard are listed below.

Coal dust: There was potential for exposure to asbestos due to the amount of material in the building. The power operators did not perform asbestos removal.

Asbestos: There was potential for exposure to asbestos due to the amount of material in the building. The power operators did not perform asbestos removal.

Diesel Fuel: There was a small potential for exposure to diesel fuel when transferring the material from a tanker truck to a tank. This task was not performed on a frequent basis.

Incidental Exposure: In the rare event of a fire in the facility, if the employee was a member of the fire brigade, there was a potential for inhalation of smoke and combustion gases.

Note: Wipe sampling for the presence of beryllium in the Powerhouses was conducted recently. The wipe samples were positive for beryllium.

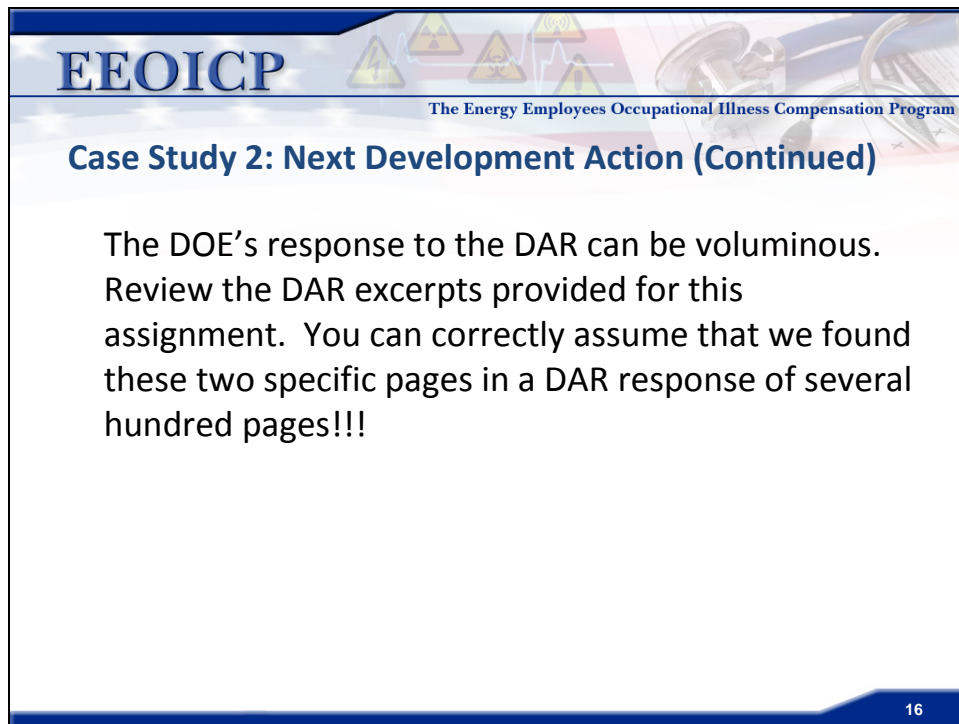
### NOTE:

Many of these facilities contained asbestos insulation as well as asbestos-containing transite panels. While the material was maintained in good condition, there was potential for incidental exposure.

### Information reviewed

Personnel files  
Health Physics files  
Chemical monitoring databases  
Personnel Environmental Record System (PERS) files  
S-11-T data sheets  
29 C.F.R. 1910.1000  
*Threshold Limit Values and Biological Exposure Indices Occupational Diseases, A Guide to Their Recognition, U.S.*  
*Department of Health, Education, and Welfare*  
*Hawley's Condensed Chemical Dictionary*  
*Dangerous Properties of Industrial Chemical*  
*Casarett and Doull's Toxicology*

## Case Study 2: Next Development Action (Continued)



# EEOICP

The Energy Employees Occupational Illness Compensation Program

## Case Study 2: Next Development Action (Continued)

The DOE's response to the DAR can be voluminous. Review the DAR excerpts provided for this assignment. You can correctly assume that we found these two specific pages in a DAR response of several hundred pages!!!

16

## Your Notes

[illegible]






HISTORY, DIAGNOSIS AND TREATMENT		DATE	TREATED BY
		FOR	RETREAT
2-1-21	902		
2-3-21	845		
<p>Actual: looks good - Rd and applied.  Retreat: seen by Mr. Board. Stated removed per  order Mr. Board. B.C.D.  Retreat: seen by Mr. Pyra. Well fixed hole.  Very wet. Describe good steel cleaning.  Sag. Left hand @ base of metal finger. When  healing. Left metal good. No h. i. work.  Intercepted &amp; instructed to return for acc.  cleaning if he is eager to do work for acc.  "Call department". Insurance job &amp; steel ship  are left. Job it is done. Rep. P. W. Williams  retained. Spent 0.500 IN in C. W. Board and location  SP 100/70 P.60.</p>		2-11	W. Williams C. Williams
11-12-80	NO		
2-5-82	940		
CODEB			
2-5-86	Aug 53		
3-5-86	148	to client	
3-5-86	120/40	to MD = CLK	
CODED			
<p>Aug: He went to Dr. Board on 3-3-86  Dr. to Aug 10. He has well go level  Reduce smoking  184 P Bone loss of melanoid  4-30-86 8:50pm Aug 10. Spiga location to C. Board immediately above  mail in mailbox.  When was working 184 P Bone loss - Moving  a lot into a telephone. Pushing up their cells under seat.  gave out paintings on outside of road caught this thumb  immediately above nail protruding finger edge wound -  location in back with width of nail (across top) and nail  2 smaller locations extending lengthwise meeting again  1 1/2" at nail thumb about nail. " "</p>		2-3	W. Williams C. Williams
2-5			
2-11			
2-18-71			
<p>"ASHES"</p>		2-11	W. Williams C. Williams

# DOE Injury Report

## INJURY REPORT

E.I. DU PONT DE NEMOURS & COMPANY  
SAVANNAH RIVER PLANT - AIKEN, SOUTH CAROLINA 29801

EMPLOYEE'S NAME Harold James H.		PAYROLL NUMBER 000001	
DEPARTMENT Power	DIVISION	SUPERVISION J.S. McCormack	HOME AREA & BLDG 184P
<input type="checkbox"/> OFF PLANT    DAYS LOST:		080253	
<input checked="" type="checkbox"/> ON PLANT: <b>P Area</b>		010658	
INJURY OCCURRED DATE: <u>4/30/86</u> TIME: <u>7:15 PM</u>		INJURY REPORTED DATE: <u>4/30/86</u> TIME: <u>8:15 AM</u>	
INJURY DESCRIPTION <i>Jagged laceration to left thumb immediately above thumbnail.</i>			
TREATMENT <i>Cleaned with betadine scrub; steri-strips applied; telfia and tube gauze applied.</i>			
MEDICAL ATTENDANT 		MEDICAL DISTRIBUTION GREEN - AREA SAFETY OFFICE WHITE, GOLDENROD, PINK - FOREMAN	
WHERE DID INJURY OCCUR (BE SPECIFIC - IN OR NEAR WHAT BUILDING WHEN APPLICABLE)  184-P - #1 B/R. ASH HOPPER <span style="float: right;">883.0</span> DESCRIBE WHAT OCCURRED (CONTINUE ON BACK IF NECESSARY) Banged left thumbnail above thumbnail while breaking up clinkers in #1 B/R Ash Hopper. Thumb was caught between bar and door. He had gloves on.			
WHAT SAFETY INSTRUCTIONS DID INJURED RECEIVE? To be very cautious when breaking up clinkers. Be alert to pinch points.			
WHAT ACTION HAS BEEN TAKEN TO PREVENT SIMILAR INJURIES? A standardized tool with hand guards will be used. DPSOP 210 will be revised.			
REVIEWED BY 		DATE  05-01-76	
SUPERINTENDANT 		SUPERINTENDANT DISTRIBUTION WHITE - CENTRAL SAFETY OFFICE GOLDENROD - AREA SAFETY OFFICE PINK - FOREMAN'S FILE BLUE - MEDICAL REFERENCE	

Case Study 2 – Question

EEOICP

The Energy Employees Occupational Illness Compensation Program

Case Study 2 - Question

Should this case go to the DMC? Why or why not?

17

Your Answers

---

---

---

---

---

---

---

---

---

---

---

## Case Study 2 – More Questions

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

**Case Study 2 – Questions (Continued)**

1. Does SEM confirm that the claimed illness can occur as a result of occupational exposure?
2. Was the claimed condition covered by one of the administrative bulletins that required limited development?
3. Is the claimed condition the only condition that needs to be evaluated? Why or why not?

18

### *Your Answers*

---

---

---

---

---

---

---

---

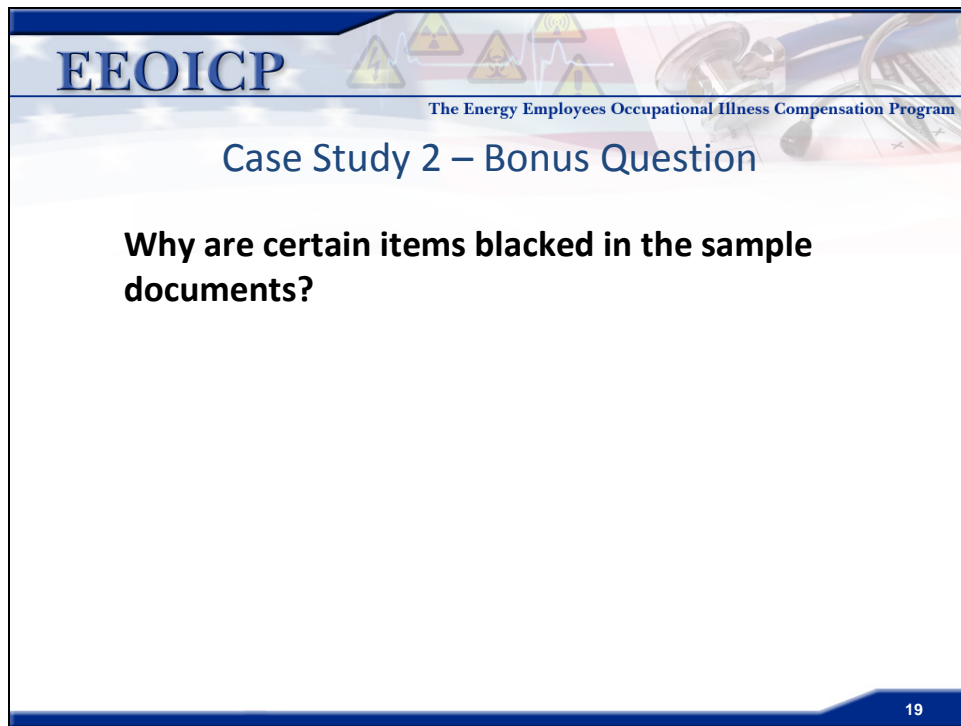
---

---

---

---

## Case Study 2 – Bonus Question



# EEOICP

The Energy Employees Occupational Illness Compensation Program

## Case Study 2 – Bonus Question

**Why are certain items blacked in the sample documents?**

19

## Your Answers

[illegible]

## Case Study 2 – Answers

The background of the slide features a collage of images related to occupational health and safety. On the left, there are several yellow triangular warning signs with black radiation symbols. In the center, a white heart rate monitor line is visible against a light blue background. On the right, a silver stethoscope is shown, resting on a surface. The overall theme is medical and occupational safety.

# EEOICP

The Energy Employees Occupational Illness Compensation Program

## Case Study 2 - Answers

**Should this case go to the DMC? Why or why not?**

***This claim should not go to the DMC for the employee's heart disease since there is no causal link between his claimed medical condition and any occupational toxic exposure while he was employed with the Dept. of Energy.***

20

## Your Notes

[illegible]

## Case Study 2 – More Answers

# EEOICP

## The Energy Employees Occupational Illness Compensation Program

### Case Study 2 – More Answers (Continued)

- Does SEM confirm that the claimed illness can occur as a result of occupational exposure?  
**No.**
- Was the claimed condition covered by one of the administrative bulletins that required limited development?  
**Yes, Bulletins 06-10/06-14, which were rescinded by Bulletin 08/38.**
- Is the claimed condition the only condition that needs to be evaluated? Why or why not?  
**No, the death certificate reflects that COPD was a significant condition that contributed to the death of the employee. COPD is a condition that could obviously be attributable to DOE work related exposures.**

## Your Notes

[illegible]

## Case Study 2 – Bonus Question Answer

# EEOICP

The Energy Employees Occupational Illness Compensation Program

## Case Study 2 – Bonus Question Answer

**Why are certain items blacked in the sample documents?**

*Personally identifiable information was blacked out to prevent the release of this information from inappropriate disclosure to third parties. The protection of this information is of paramount concern to the program*

22

## Your Notes

[illegible]

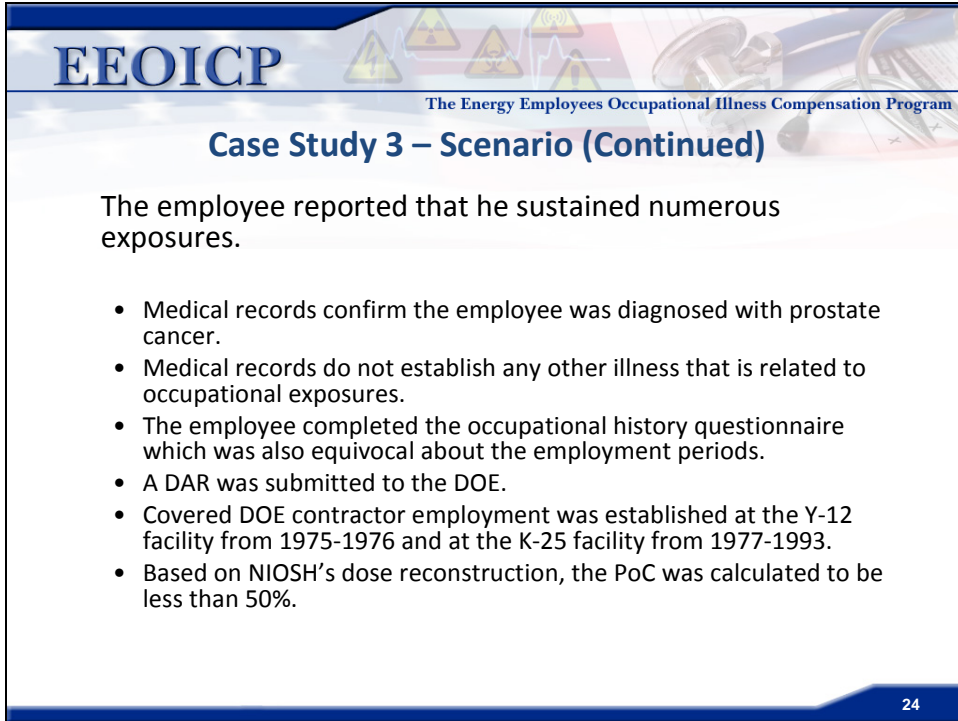


## Case Study 3 – Prostate Cancer Scenario

## Your Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Case Study 3 - Discussion



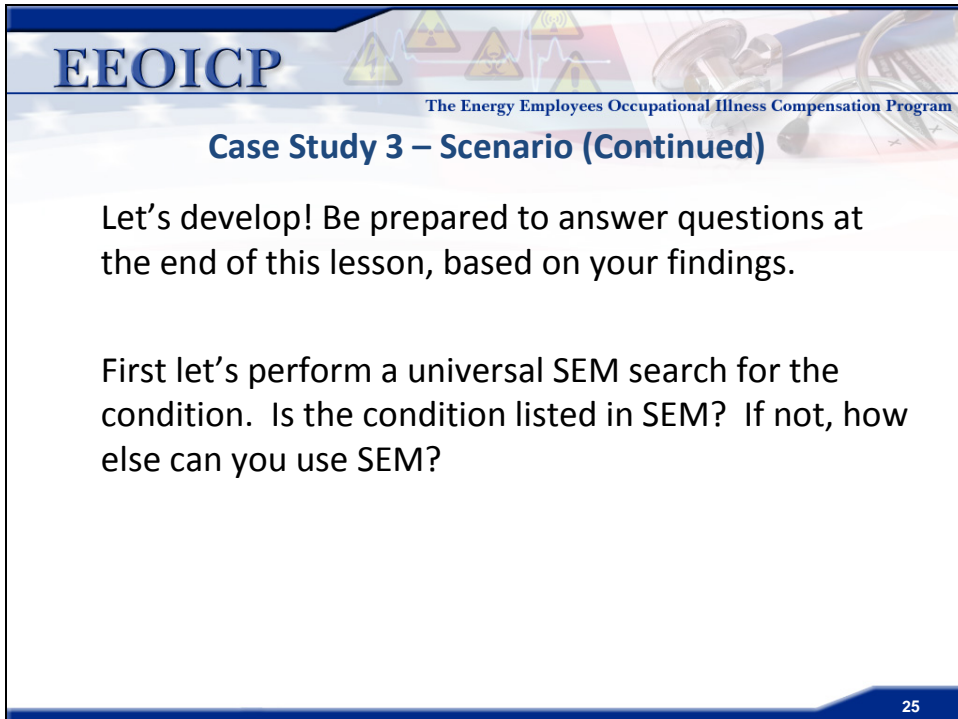
**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

### Case Study 3 – Scenario (Continued)

The employee reported that he sustained numerous exposures.

- Medical records confirm the employee was diagnosed with prostate cancer.
- Medical records do not establish any other illness that is related to occupational exposures.
- The employee completed the occupational history questionnaire which was also equivocal about the employment periods.
- A DAR was submitted to the DOE.
- Covered DOE contractor employment was established at the Y-12 facility from 1975-1976 and at the K-25 facility from 1977-1993.
- Based on NIOSH's dose reconstruction, the PoC was calculated to be less than 50%.

24



**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

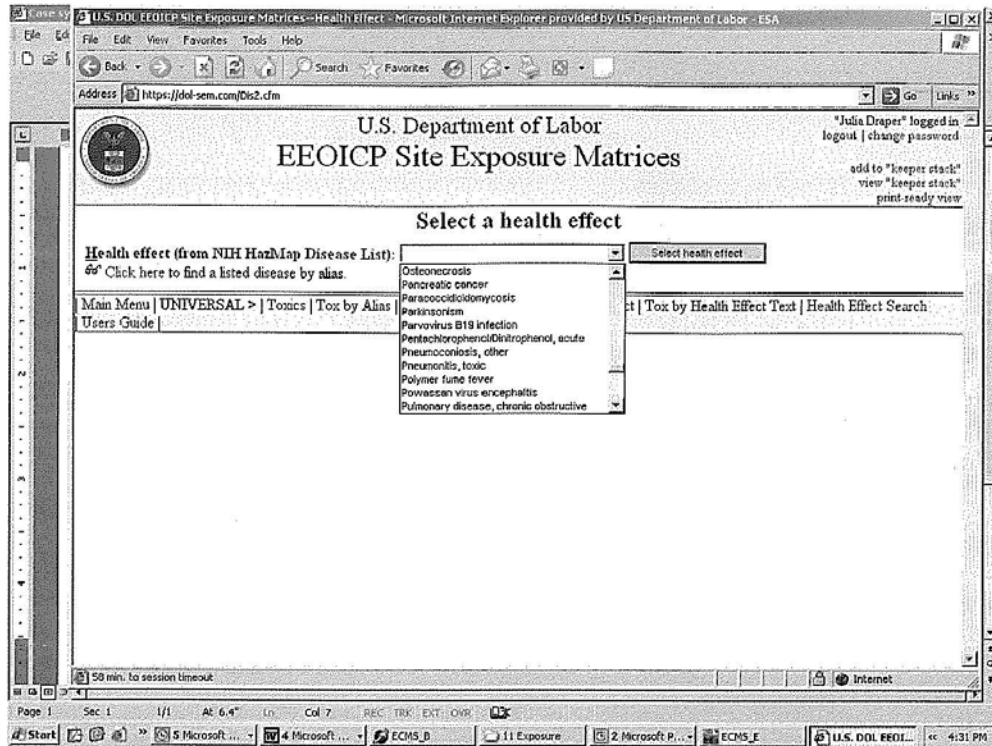
### Case Study 3 – Scenario (Continued)

Let's develop! Be prepared to answer questions at the end of this lesson, based on your findings.

First let's perform a universal SEM search for the condition. Is the condition listed in SEM? If not, how else can you use SEM?

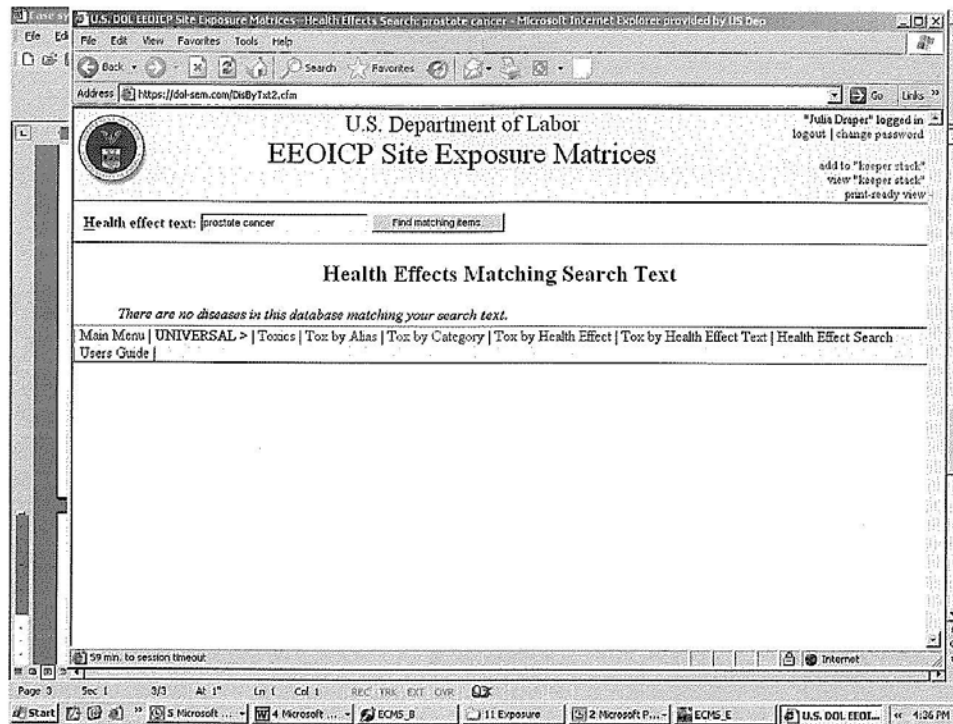
25

## SEM Search (Page 1)



Notice that the condition "prostate cancer" is not a choice.

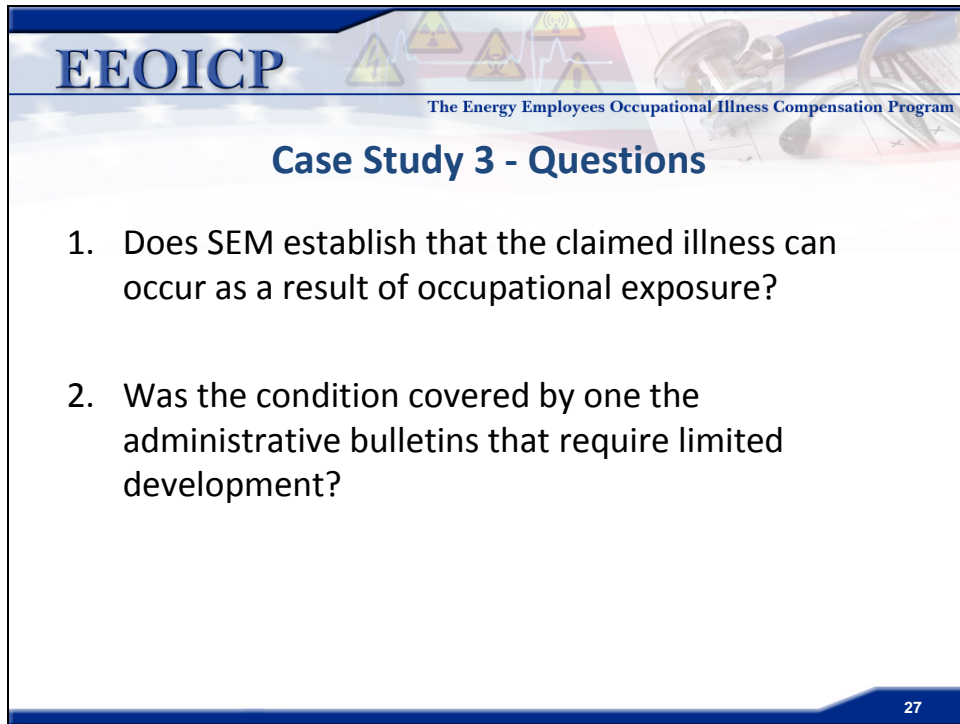
## SEM Search (Page 2)



This screen demonstrates using the “alias” query.

Correct spelling is essential when using the “alias” query; garbage in/garbage out!

## Case Study 3 - Questions



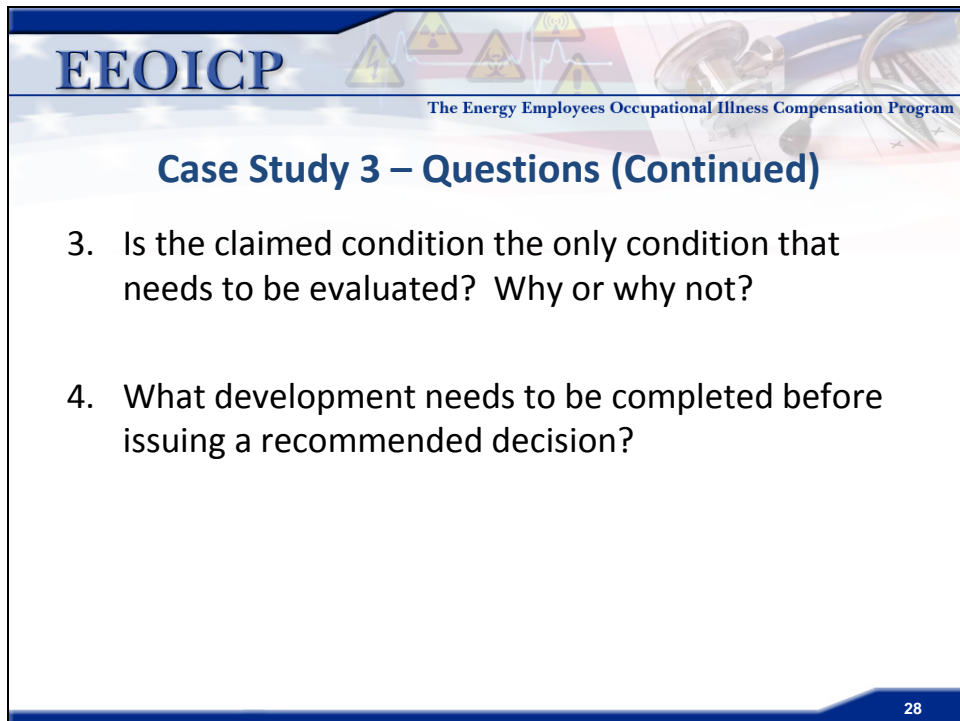
The slide features a header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The background includes a collage of hazard symbols, a medical stethoscope, and a DNA helix. The title "Case Study 3 - Questions" is centered in a blue font. Below the title, two questions are listed in a numbered format.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

**Case Study 3 - Questions**

1. Does SEM establish that the claimed illness can occur as a result of occupational exposure?
2. Was the condition covered by one the administrative bulletins that require limited development?

27



This slide continues the presentation with the same header and background as slide 27. The title "Case Study 3 – Questions (Continued)" is centered in a blue font. Below the title, two more questions are listed in a numbered format.

**EEOICP**  
The Energy Employees Occupational Illness Compensation Program

**Case Study 3 – Questions (Continued)**

3. Is the claimed condition the only condition that needs to be evaluated? Why or why not?
4. What development needs to be completed before issuing a recommended decision?

28

### Case Study 3 – Bonus Question

A collage of images related to occupational safety and health. It features several yellow triangular radiation warning symbols with black borders and black text. A blue stethoscope is visible on the right side. In the background, there is a medical monitor displaying a red line graph, possibly an ECG. The overall theme is medical and safety-related.

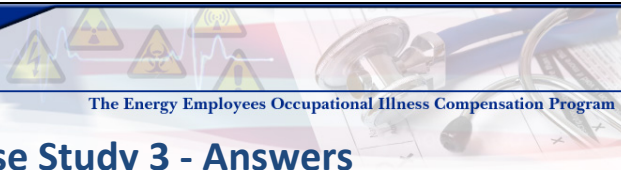

## Your Answers

[illegible]

## Your Answers

[illegible]

## Case Study 3 – Answers

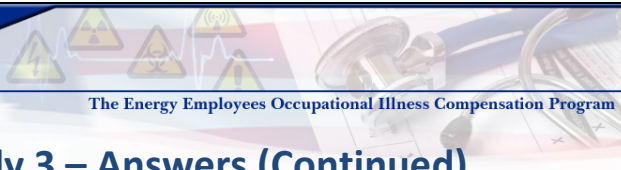



The Energy Employees Occupational Illness Compensation Program

### Case Study 3 - Answers

1. Does SEM establish that the claimed illness can occur as a result of occupational exposure?  
  
***No, we even confirmed this through the use of the alias query.***
2. Was the condition covered by one the administrative bulletins that require limited development?  
  
***Yes, Bulletins 06-10/ 06-14. Bulletin 06-10 provided the initial guidance. Bulletin 06-14 updated the list of conditions addressed by Bulletin 06-10. However these bulletins were rescinded by Bulletin 08-38.***

30



The Energy Employees Occupational Illness Compensation Program

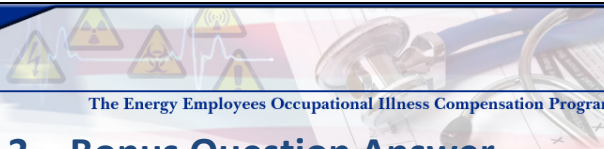

### Case Study 3 – Answers (Continued)

3. Is the claimed condition the only condition that needs to be evaluated? Why or why not?  
  
***Yes, medical evidence does not establish any other condition that could obviously be attributable to DOE work related exposures.***
4. What development needs to be completed before issuing a recommended decision?  
  
***When the DEEOIC cannot establish that work related exposures during covered DOE employment were a significant factor in causing, contributing to, or aggravating the claimed illness, the burden to establish this relationship shifts to the employee. Therefore, a toxic exposure development letter needs to be sent to the employee.***

31



## Case Study 3 – Bonus Question Answer



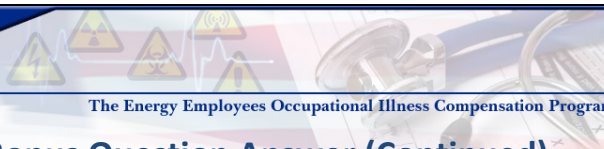

The Energy Employees Occupational Illness Compensation Program

### Case Study 3 – Bonus Question Answer

We established that prostate cancer was not a condition caused by DOE work related exposures. Why then was the DAR ordered?

*For an SEC cancer, once the record establishes the aggregate 250 workdays within the required timeframes at an SEC facility, no additional employment verification is necessary. However, when the SEC criteria is not met (either the claimed cancer is not a specified cancer under the Act, or employment is not at an SEC facility or during an SEC time period), it is important to establish as much employment as possible.*

32



The Energy Employees Occupational Illness Compensation Program

### Case Study 3 – Bonus Question Answer (Continued)

We established that prostate cancer was not a condition caused by DOE work related exposures. Why then was the DAR ordered?

*Remember, for some DOE facilities, employment verification and record retrieval are handled by two different entities. This issue is made even more difficult when subcontractor employment is involved as the employment verification group frequently does not have information for subcontractor employees.*

*It is not uncommon that we find that the employee often worked more than he claimed or at facilities he did not report. Therefore, it is recommended that the DAR be obtained when employment verification is an issue.*

*Additionally, DAR responses frequently contain additional medical evidence. Had the employee's medicals records identified an obvious work-related condition that the employee did not claim, the CE would want to evaluate whether to invite a new claim.*

33

*Your Notes*

# Evaluation Form

We value your opinion. Please rate the following:

	Poor	Fair	Good	Excellent
Organization of subject matter				
Explanation of key concepts				
Presenter's knowledge of subject				
Presentation was clear and understandable				
Appropriate pace for training				
Relevance of training material				
Correct level of detail				
Exercise content was appropriate				
Examples were clear and helpful				
Which topics were most beneficial to you?				
Which topics were least beneficial to you?				

Other comments or suggestions for improvement:

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_