



**Energy Facility Contractors Group (EFCOG)
Integrated Safety Management (ISM) Working Group
Occupational Safety and Health Subgroup**

Occupational Medicine Task Group

April 25, 2006

Meeting Minutes

Avian Flu Impact at LBNL

Peter Lichty predicted a likely series of events and/or impacts on LBNL based on the assumption that migratory birds carrying the avian flu virus will enter the continental United States this Fall. Three areas of need were identified: education of workers about the virus, home preparations, and infection control; Lab business operations planning for the presence of infected birds, limited disease cluster outbreaks among humans, pandemic disease and resultant Lab shutdown planning; identification of a 'skeleton crew' to keep the Lab operational during a 4 to 8 week shutdown. Projected supplies needed, such as respirators, alcohol hand disinfectant, etc. were described. Difficulties in getting senior management attention to this topic were discussed.

Influenza Pandemic Preparation at Hanford:

1. Participation with Community Planning group and coordination/integration with district health office.
2. Coordination with Site EP (DOE) staff including medical guidance.
3. Outreach to Site contractors and their employees
4. Development of presentations that are used consistently, including a Risk Communication focus.
5. Development and distribution of an Employer Toolkit for Site contractors and provided to the Community planning group for distribution to local businesses.
6. Ongoing "surveillance" and review of pertinent information from federal and state information sources and direction.

Loren Lewis

Deployment of EFCOG Assets in Case of RAD/NUC Mass Casualty Event:

Patrick Lowry, MD, MPH REAC/TS

In case of a Rad/Nuc mass casualty event, there will be a need for medical/health teams (MD, RN) experienced in radiation medicine to advise and assist local physicians and health workers in patient care and public health matters. EFCOG physicians and nurses represent a major radiation medicine resource that could respond to such an emergencies. This presentation proposed that the Occupational Medicine (OM) units of the various DOE facilities support such a



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deployment, with REAC/TS acting as coordinator and organizer for such a deployment. It was proposed that the RAP team volunteer model, in which DOE re-imburses Energy Facilities Contractors Group (EFCOG) contractors for the cost of exercises, deployment, travel, equipment and training, etc be used. This proposal was discussed at some length and accepted with general enthusiasm. The EFCOG OM group approved REAC/TS approaching/negotiating with DOE/NNSA NA 40-42 and other relevant divisions of DOE to this end. Contract person at REAC/TS for status of this effort is:

Patrick C. Lowry MD, MPH. P. O.
Box 117, MS 39, Oak Ridge, TN 37831, Tel: 865 576-3131, Email:
lowryp@ornl.gov.

Electronic Medical Record Presentations

The presentation on Medical Record Keeping had several objectives including: determining desirable and useful functions of an Occupational Health software system; where to find these systems; and how to compare the functions and costs of the systems. A comprehensive list of functions was included and there were five software packages that were compared with one another against this list. The initial costs including training and set up were compared as were future maintenance, upgrade, and support costs. Members looking for systems were encouraged to utilize the information shared and compare other occupational health software against the list.

Deborah McCoy

Electronic Medical Record

My Presentation was the Electronic Medical Record that we have developed and recently implemented at ORAU.

Main points included the process we went through to assess our needs and make a determination as to what would meet our situation and also be compatible with other types of DOE data bases and yet maintain complete confidentiality. An important point is that every DOE facility may differ. The presentation offered an example of a smaller facility that is intimately involved with the day to day health and safety needs of many different types of employees, and the efforts to develop a system that would be compatible, confidential and affordable. We have a busy occupational health office that coordinates the occupational health needs of all of our employees. At ORAU/ORISE, we have several distinguished scientists and physicians, who oversee or support various health related departments through out DOE and other federal agencies. However, we have a contracted off site medical provider that actually does the medical physicals for our employees. We also have employees at several out of state sites and we have the challenge of monitoring their occupational health needs. Our clinic also manages all of our



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worker's comp cases, first aid cases, FMLA and responds to minor medical issues and wellness promotions. The data base was developed here by our own ISD staff to accommodate the needs that we identified. We utilized preexisting data bases for the demographics on each employee so that this work would not have to be repeated. Our new data base has only been up and running a few months and we are still refining it. This is easy to do since our staff were the creators. We will be beginning the next phase which is scanning in the pertinent information in contained in the employees medical charts. The presentation was designed to aid others who are searching for the best type of data base that will meet their particular situations.

Sally Gadola, M.Ed., BSN, RN, COHN-S

Occupational Health Nurse Specialist

Oak Ridge Associated Universities

Phone: 865-241-2124

Fax: 865-576-4013

Sally.Gadola@orau.org

Joseph Falco, M.D., M.P.H. White Paper: **A Critical Look at the DART Rate as a Safety Performance Measure at Office of Science Laboratories**

Dr. Falco presented highlights of a proposed white paper from the Occupational Medical Task Force examining the DOE DART and Total Recordable Case (TRC) rates as safety performance measures for Office of Science Labor. From the Occupational Medicine perspective, an overemphasis on these indices as safety performance measures (with linked contractor incentives), is having deleterious effects. These include delayed employee reporting of occupational illnesses and injuries, and pressures on site medical departments not to impose restricted duty or provide medical care beyond first aid. Alternative indices of DOE contractor safety performance were presented and discussed. Drs. Lichty and Falco will further revise and condense the white paper and distribute it to the Occupational Medicine group to consider endorsing.

National Supplemental Screening Program

Public Law 102-484 (1992) charged DOE with conducting a program for ongoing identification and medical examination for former DOE workers who may be subject to health risks based upon their employment. To date, the suspected work-related findings have been primarily lung-related conditions:

- **Beryllium sensitization**- 2% of workers screened
- **CBD**- approximately 0.6% of workers screened
- **Asbestos and/or** silicosis-approximately 10% of workers screened
- **Lung Cancer**-0.7% of workers screened



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In 2005, the Former Worker Program was expanded to serve all former workers from all DOE sites in close proximity to their **residence** through

- Multiple site-specific projects
- National Supplemental Screening Program

DOE Medical Evaluation Protocol

- The protocol was developed by occupational physicians for DOE.
- Website: http://www.eh.doe.gov/formerworkermed/med_protocol.pdf

For information, questions or concerns about any of the Former Worker Programs, contact:

John R. McInerney, M.D.
National Supplemental Screening Program
Oak Ridge Associated Universities
9950 West 80th Avenue, Suite 17
Arvada, CO 80005-3914
(303) 423-9585
Toll Free: (866) 812-6703
Fax: (303) 421-0777
john.mcinerney@orau.org

James Seward, MD

***10 CFR 851 Implementation Discussion:** The group discussed the issues and concerns related to the new Federal Rule and reviewed a draft model implementation plan submitted by Dr. Seward.

***Occupational Medicine Challenges.** The group discussed and benchmarked a wide range of occupational medicine challenges that confront OM physicians at the DOE contractor sites. Sample issues included"

- OM response to 'zero injury' campaigns and to reactions from managers that the clinics are not being aggressive enough in reducing OSHA cases/lost days
- Management of Human Reliability Program reporting regarding OTC herbals and other alternative treatments
- Demonstration of cost effectiveness of OM programs
- Unusual injury scenarios

Participants agreed that some of these issues would be excellent topics for more extended discussions at the next meeting.