

UNITED STATES DEPARTMENT OF LABOR

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ADVISORY BOARD ON TOXIC SUBSTANCES AND WORKER HEALTH

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SUBCOMMITTEE ON THE SITE EXPOSURE MATRICES (AREA #1)

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SUMMARY MINUTES

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TUESDAY,
MARCH 21, 2017

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The Subcommittee met telephonically at 1:00 p.m. Eastern Time, Laura S. Welch, Chair, presiding.

MEMBERS

SCIENTIFIC COMMUNITY:

JOHN M. DEMENT

MEDICAL COMMUNITY:

LAURA S. WELCH, Chair
STEVEN MARKOWITZ

CLAIMANT COMMUNITY:

DURONDA M. POPE

OTHER ADVISORY BOARD MEMBERS PRESENT

FAYE VLIENER

DESIGNATED FEDERAL OFFICIAL:

CARRIE RHOADS

Call to order and roll call

Ms. Rhoads called the meeting to order at 1:03 p.m. and conducted roll call. Laura Welch, John Dement, Steven Markowitz, Duronda Pope, and Faye Vlieger were present.

Discussion of draft recommendations for OHQ (Occupational Health Questionnaire)

On the last conference call the committee decided that the OHQ revisions made by Paragon, the DOL contractor, did not seem to be an improvement. It has been difficult to develop a list of tasks for production workers. The committee walked through the recommendations for improvements to the OHQ.

The current version of the OHQ has a list of hazards, exposures, and materials. The recommendation is that this list be maintained on a future version of the OHQ and that it also be expanded to include the BTMed hazards, exposures, and materials. It would be too cumbersome and unhelpful to include a list of tasks, and instead it would be more helpful to ask workers to describe what they did on the questionnaire and the frequency with which they had specific exposures. Assumptions will need to be made about the intensity of exposures. The industrial hygienist (IH) should be able to understand the intensity of the exposure by looking at the tasks.

The committee also recommended that the flow of questions on the questionnaire be more logical. Another recommendation is to add vapors, dust, gas, and fumes to the OHQ to help with causation for COPD.

It would be nice if the claims examiner (CE) had a simple algorithm with which he could make a decision about COPD based on a series of questions answered by the claimant.

Any new questionnaire needs to be tested. Member Vlieger said that the labor categories for construction workers are not consistent. Member Vlieger suggested that DOL do a demonstration of the SEM (Site Exposure Matrix) at the upcoming board meeting. Member Pope said that RCTs (radiological control technicians) were exposed to many things, and breaking their exposures down by task may be difficult and leave out important exposures.

Discussion on draft recommendations for a presumption on COPD

The committee recommended that a range of specific agents be presumed to cause COPD. A lot of the case-controlled studies assessed COPD based primarily on worker jobs and tasks.

Member Markowitz said that the compensation process might be vulnerable if a worker is prompted to answer "yes" to the vapors, gas, dust, and fumes (VGDF) question without any supporting evidence.

It's important to note that one can't assume that certain exposures have been eliminated simply because the exposures took place in recent years.

With regard to the five-year exposure presumption, the problem comes with aggravation. A worker may have only worked at a DOE site for a small amount of time but have continued to have been exposed to toxic substances over the course of his career at other jobs. The DOL only counts exposures at DOE sites, but these workers probably had continuous exposure throughout their careers. The OHQ does ask about the total employment history of a claimant and what substances claimants were exposed to in non-DOE employment. The CMCs (contract medical consultants) need to be aware that a claim can be accepted as a result of an aggravated condition. The CMCs should be given primers in their referrals to explain what the compensation program standards are. For example, there could be a brochure that goes with each claim to help the CMCs.

The committee can ask DOL how strict their policy on considering non-DOE exposures is and whether or not the 5-year threshold can be lowered to 2-years. COPD is a condition that can be aggravated, and all the players in the claims process need to think more about aggravation and contribution instead of just about cause.

Approach to exposure assessment at sites without a SEM

Member Vlieger said that the SEM should contain labor categories across sites. Exposure information should flow across sites, as well. Some documents that are at the individual site libraries contain information that are not in the SEM.

If a worker has a labor category, but no SEM, perhaps the IH could receive information on that labor category from other SEM sites. This is similar to what is done with radiation dose and coworker data. Member Markowitz noted that many of the board's activities are geared towards moving away from the SEM through improving the questionnaire, interviews, presumptions, etc.

Additional recommendations from IOM that should again be recommended to DOL

Member Markowitz said that the DOL needs to enhance its scientific capacity. That includes assembling all of the current relevant scientific data. Chair Welch said there might need to be an outside assessment of SEM and Haz-Map. Member Markowitz said that he would

draft the additional recommendation and send it to Chair Welch.

DQL is apparently moving forward with the IOM recommendations presented at the October board meeting. There will be a progress update in April at the next board meeting.

The subcommittee meeting was adjourned at 2:37 p.m.

I hereby certify that, to the best of my knowledge, the foregoing minutes are an accurate summary of the meeting.

Submitted by:



Laura S. Welch, MD
Chair, Subcommittee on the Site Exposure Matrices (Area #1)
Advisory Board on Toxic Substances and Worker Health
Date: 4/14/2017