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OFFICE OF OCCUPATIONAL MEDICINE

FY 1993 ANNUAL REPORT

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US DEPARTMENT OF ENERGY

MASTER

ASSISTANT SECRETARY FOR ENVIRONMENT, SAFETY AND HEALTH
WASHINGTON, D.C. 20585

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OFFICE OF OCCUPATIONAL MEDICINE

FISCAL YEAR 1993 ANNUAL REPORT

MISSION:

The Office of Occupational Medicine (EH-43) ensures that all Department of Energy (DOE) contractor employees receive quality occupational medical services that meet Federal, State, and local laws. To this end, EH-43 develops policies, standards, and guidelines; provides technical assistance; conducts research; and performs assessments of individual occupational medical programs. EH-43 serves as a leader in occupational medicine by developing and fostering employee medical surveillance and preventive health intervention.

DIRECTOR'S JOURNAL

The role of occupational medicine is more pronounced in American industry today than in previous years. There are documented benefits (i.e., higher productivity due to less lost work days) for companies employing safety and health initiatives. It is because of these benefits that American management developed a stronger interest in occupational medicine. Similarly, occupational medicine should assume a greater role within the DOE contractor universe. Contractors shall soon realize the

positive impact safety and health programs have on cost reduction and cost containment.

I am pleased to announce a very successful year for the DOE Office of Occupational Medicine (EH-43). We met many of our goals mentioned in last year's report. To date, we have assessed every DOE site at least once, many twice. With the information collected during these visits, EH-43 is developing a solid understanding of the occupational medical program activities at each site and will be better able to monitor progress. Our occupational medical program assessments are more proactive, looking for excellence in programs rather than just deficiencies. The assessment staff provided more specific technical assistance than in the past, especially in the area of compliance. In addition, the cardiovascular medical guidelines are near completion and the personnel assurance, firefighters, and protective force personnel medical guidelines are ready for the concurrence process.

A major achievement for the Office of Health is the design of a DOE Health Surveillance Program. Through the leadership of the Deputy Assistant Secretary of Health, Dr. Harry J. Pettengill, Office of Health (EH-40), the Office of Industrial Hygiene and Health Physics (EH-41), the Office of Epidemiology and Health Surveillance (EH-42), and EH-43 are working as a team in planning and developing a state-of-the-art Health Surveillance Program. EH-43 is developing the clinical surveillance aspect of the Health Surveillance Program.

EH-43 has been assigned several new programs this past year: the Marshall Islands Medical Surveillance Program, implementation of the National Defense Authorization Act for Fiscal Year 1993, and DOE's Beryllium Program.

The Beryllium Program was a recently assigned responsibility, with EH-43 assuming direction of the program this fall. Responsibility for the medical aspects of the Marshall Islands Medical Surveillance Program and for implementing the National Defense Authorization Act for Fiscal Year 1993 was received earlier in the year. You can read about our progress in these programs later in this report.

Finally, to promote well-qualified leadership in the field of occupational medicine at DOE, EH-43 recently initiated a residency externship program to begin in the fall of 1993. The extern program familiarizes occupational medicine residents and occupational nurse masters degree candidates with both field and Headquarters perspectives of occupational medicine programs and assessments at the Department. A panel chose our first extern, Clara Sue Ross, M.D., J.D., Chief Resident, Occupational Residency Program, University of Cincinnati. We plan to have four externs for next year, two doctors and two nurses.

EH-43 is looking forward to this upcoming year. Our new programs and assignments are challenging. The staff is delighted to be working with DOE and DOE contractors in developing exemplary occupational medicine programs throughout the Department.

PROGRAMS DIVISION EH-431

MISSION:

TO DEVELOP GUIDANCE AND MANAGE HEALTH SERVICES RESEARCH PROJECTS TO ENSURE THAT DOE CONTRACTOR EMPLOYEES RECEIVE QUALITY, APPROPRIATE OCCUPATIONAL HEALTH CARE.

METHODS:

1. Develop Orders, regulations, standards, and guidelines related to the practice of occupational medicine.
2. Provide support and technical assistance to the Site Occupational Medical Directors, Secretarial Officers, and Operations Officers in the areas of occupational medicine and preventive health care.
3. Conduct research and develop and implement pilot projects relating to the application of new occupational medicine technologies.

SPECIFIC ACTIVITIES

CLINICAL SURVEILLANCE

The objective of the clinical surveillance program is to enable the physician to protect, monitor and, where possible, improve the health of the workers. Secondary objectives are:

- o Assure that surveillance protocols are appropriate;
- o Monitor the effectiveness of worker protection and provide feedback to industrial hygiene and to management;
- o Identify potential hazards;
- o Provide for proactive preventive intervention for potential health problems; and

- o Provide clinical information necessary for epidemiology studies.

The data collected for this program contains basic medical history data, physical examination data, test data (pulmonary function, audiometry, laboratory data, etc.), injury and illness data, medications, exposure and hazard data. Completed project milestones are listed below.

- o EH-43 signed an Interagency Agreement with Veterans Affairs to support development and programming of a clinical surveillance program.
- o Working with the Site Occupational Medical Directors, EH-43 developed the minimum data set for a clinical surveillance program.
- o EH-43 selected four pilot sites for the program: Rocky Flats, Morgantown Energy Technology Center (METC), Brookhaven National Laboratory, and AlliedSignal at Kansas City.
- o EH-43 selected the hardware and software for the Headquarters data base.
- o Currently, AlliedSignal is preparing the data dictionary for the program.

NATIONAL DEFENSE AUTHORIZATION ACT OF 1993

Section 3162 of the National Defense Authorization Act for Fiscal Year 1993 (the Act) mandates the Secretary of Energy to establish and implement a program for the identification and ongoing medical surveillance of current and former DOE and DOE contractor/subcontractor employees who are subject to significant health risks as a result to their exposure to hazardous or radioactive substances during their DOE employment. This comprehensive program will require the close collaboration of a number of DOE Offices, including EH-41 and EH-42. The program will be built upon the Clinical Surveillance Program, which was initiated prior to the passage of the Act. EH-40 has a number of initiatives underway to improve medical monitoring of current and former DOE workers exposed to hazardous materials.

The Act requires DOE to execute a Memorandum of Understanding (MOU) with the Department of Health and Human Services (DHHS). The draft MOU outlines the development of regulations to implement the surveillance program. The two Departments have been reviewing the draft MOU for some time and it is expected to be signed by both Secretaries in the next few months.

EH-43 will work closely with DHHS to produce the proposed rule which should be ready for public notice and comment in fiscal year (FY) 1994. EH-43 has already begun drafting the rule. It is hoped that the final rule will be published in FY 1995.

EH-43 is working closely with the DOE Office of Environmental Restoration and Waste Management (EM), the office responsible for the cleanup of DOE sites. The Office of Environment, Safety and Health and EM have agreed to sponsor a number of jointly funded meetings related to implementation of the surveillance program.

MARSHALL ISLANDS MEDICAL PROGRAM

The DOE Marshall Islands Medical Program is in its 38th year of providing medical care for the radiation-exposed populations of Rongelap and Utrik atolls. This population (currently 150 persons) is considered at increased risk for malignant disease due to their radiation exposure. Because of this, the DOE Medical Program conducts cancer-oriented annual health evaluations of the exposed population.

This past year the Medical Program conducted two missions, with physicians in the following specialties participating: internal medicine, hematology, obstetrics/gynecology, endocrinology, oncology, pathology, and infectious disease.

DRAFT ORDER FOR DESIGNATED PHYSICIANS

The role of the designated physician is expanding. To prevent the necessity of referring to numerous orders to determine requirements and responsibilities of the designated physician, EH-43 developed a draft order for designated physicians. This draft order defines the appropriate process, responsibilities, and reporting requirements for the designated physician. The draft order will begin the concurrence process soon.

MEDICAL GUIDELINES FOR FIREFIGHTER AND PROTECTIVE FORCE PERSONNEL

An EH-43 Working Group developed medical guidelines to ensure consistency in the quality medical services delivered to firefighters by DOE contractor site occupational medical programs. These guidelines comply with

the National Fire Protection Association's National Fire Code and the Americans with Disabilities Act (ADA).

Another EH-43 Working Group developed medical guidelines for the evaluation of protective force personnel. These guidelines are interpretive guidance for the medical requirements of 10 CFR 1046 and DOE 5632.7, Protective Forces, and comply with the ADA.

Both guidelines have been informally reviewed by field personnel and are now ready to begin the concurrence process. The Firefighters and Protective Force Personnel Working Group includes: Jim Bisker, EH-31.1, DOE; Joe Bloom, SAIC; William Burr, M.D., Ph.D., ORISE; Richie L. Carnie, SA-132, DOE; William J. Desmond, SA-121, DOE; Dick Grill, EM-331, DOE; William Knight, Hanford Fire Department; Lisa Koches, Booz-Allen & Hamilton; Diane Kraft-Pazon, EM-23, DOE; Susan L. Lockey, ORISE; Catherine McNamara, AD-40, DOE; Dale Minner, M.D., ORISE; John J. Serocki, EM-23, DOE; John Spickard, M.D., LLNL; Shanon Steele, SAIC; and Agatha Francis, EH-43, DOE, group facilitator.

EMPLOYEE ASSISTANCE PROGRAMS

The draft guidance document for DOE Employee Assistance Programs (EAP) Standards and Guidelines is currently under revision. This document focuses on the medical and behavioral aspects of the DOE contractor medical program and the role of the DOE Office of Contractor Human Resource Program (PR-15).

In April 1993, PR-15, in conjunction with EH-43, held the annual EAP conference, focusing on how EAPs would survive during a time of DOE contractor organizational down-sizing and on how to assist employees with concerns of job retention. Pre-conference training included various techniques and strategies in short-term counseling models.

EH-43 is identifying occupational medicine discussion topics for the newly formed EAP Special Interest Group within the DOE Employee Assistance Professionals Association (EAPA). The EAPA group will have a meeting at the Fall 1993 EAPA Annual Conference.

The EAP Working Group includes: Frank Brooks, D.V.M., ORISE; Larry Clevenger, M.D., M.P.H., SNL; Regina Dolan, PR-15, DOE; Bernard Farrow, Ph.D., REECO; Kathleen Handron, LBNL; Daniel Lowe, Ph.D., HEHF; Robert McKinnie, Assured Health Systems; Francis Menlove, Ph.D., LNL; Marilyn Perkins Balcome, Ph.D., ORISE; and Ken Matthews, EH-43, DOE, group

facilitator.

PERSONNEL ASSURANCE PROGRAM

A draft order for the DOE Personnel Assurance Program (PAP) medical requirements will soon be available for comment. This draft order establishes the roles, functions, and expectations of the medical evaluations required under DOE 5610.11, Nuclear Explosive Safety, for DOE and DOE contractor employees.

The draft order directs the identification of any physical, mental, emotional, or behavioral characteristics or conditions of an individual that present or are likely to present an unacceptable impairment in judgement or reliability of the individual in performing assigned duties safely.

The PAP working Group includes: Robert Allen, Ph.D., LLNL; John Bovey, Ph.D., Pantex; William Burr, M.D., Ph.D., ORISE; William Byrne, Ph.D., ORISE; Gerald Eisele, Ph.D., ORISE; Agatha Francis, EH-43, DOE; Lynn Gebrowsky, SA-122, DOE; Edwin R. Hanson, DOE; Harry Hess, Ph.D., Nevada; Gail Holden, EG&G; Harvey Merriouns, Ph.D., LLNL; Dale Minner, M.D., ORISE; Al Palmer, Ph.D., ORISE; Arlene Price, Ph.D., SNL-A; Frank Tikalsky, Ph.D., LANL; Michael Ward, Pantex; Major Douglas Zimmerman, DP-20.1, DOE; and Ken Matthews, EH-43, DOE, group facilitator.

CARDIOVASCULAR TESTING MEDICAL GUIDELINES

The guidance for determining which contractor employees should receive cardiovascular testing is near completion. Currently, EH-43 is developing a risk/benefit analysis to be used in justifying the added expense of cardiovascular testing. Once the risk/benefit analysis is completed, the guidelines will be ready for the concurrence process.

Members of the Cardiovascular Working Group include: Roger Chappelka, M.D., ORISE; Tom Chester, M.D., SCSC; Paul Creighton, M.D., INEL; Carol Curtis, M.D., ORISE; Thomas Henn, M.D., HEHF; Dale Minner, M.D., ORISE; John H. Spickard, M.D., LLNL; and Authur van der Harten, M.D., formerly of REECO.

DOE MEDICAL COMPUTING SEMINAR

In February, EH-43, as part of its continuing education effort, sponsored a

seminar dealing with medical computing within DOE. The following DOE sites presented the status of medical computing in their occupational medical program: ANL, BNL, Chem-Nuclear GeoTech Corporation, EG&G Mound, METC, ORNL, Piketown, SNL-A and Savannah River. One of the highlights of the meeting was a the presentation of Jeff Corzatt, J.D., Office of General Counsel, Department of Veterans Affairs. He discussed the effect of the Privacy Act on access to medical record information and the Federal requirements dealing with computerization of medical records. A number of computer vendors also displayed and demonstrated their products.

ASSESSMENT DIVISION EH-43.2

MISSION:

TO ENSURE THAT APPROPRIATE OCCUPATIONAL HEALTH CARE IS PROVIDED TO DOE CONTRACTOR EMPLOYEES.

METHODS:

1. Conduct oversight assessments of all DOE contractor occupational medical programs to ensure compliance with DOE Orders; Federal, State, and local laws; and acceptable medical practice standards.
2. Provide technical assistance to individual DOE contractor occupational medical programs.
3. Document and analyze findings through assessment and technical assistance.
4. Approve DOE contractor occupational medicine program corrective action plans following appraisals.
5. Provide follow-up assessments for DOE contractor occupational medical programs to ensure implementation of corrective action plans.

SPECIFIC ACTIVITIES

OCCUPATIONAL MEDICAL PROGRAM ASSESSMENTS

In fiscal year 1993, EH-43 assessment teams identified a number of findings. Most findings are deficiencies in the areas of employee health examinations, maintenance of healthful work environment, and medical records. The most frequently occurring findings are listed below.

Employee Health Examination:

- o Job task analyses are not provided to the medical examiner;

- o Job transfer information is not provided to the Site Occupational Medical Director (SOMD) by the contractor management;
- o Job transfer evaluations are not completed by the medical departments;
- o The medical examiner does not review the employee's occupational and exposure data prior to the employee's health examination; and
- o Termination physicals are not routinely offered.

Maintenance of a Healthful Work Environment:

- o Information on hazards in the work place is not provided to the SOMD;
- o A summary of an employee's occupational exposure is not provided to the medical examiner;
- o SOMDs or their designees are not making regularly scheduled worksite visits; and
- o SOMDs or their designees are not attending Environment, Safety and Health-related committee meetings.

Medical Records:

- o Medical records are not secured from unauthorized access;
- o Medical records are not stored or scheduled properly;
- o The contents of medical records are disorganized. Information concerning occupational exposures, medical history, and allergy information is not readily available to the medical reviewer.

In fiscal year 1993, EH-43 assessment teams identified a number of areas of excellence. Listed below are a few of the outstanding programs observed.

- o Written Quality Assurance Programs are more prevalent at DOE contractor occupational medical programs. For example, occupational medical departments are implementing quality improvement initiatives into their medical activities. Examples of these initiatives include medical chart reviews and improved x-ray equipment calibration and maintenance.

- o Wellness activities are more formalized, with an increased number of facilities designating wellness coordinators who are responsible for program implementation and effectiveness.
- o Monitored care, especially in the area of worker compensation cases, is improving. Many sites are increasing the communication between the injured or ill employees and the company. It is evident that a number of employers are making a special effort to ensure that employees unable to work due to an illness or injury are returned to work as soon as medically indicated.
- o Certification of health professionals is increasing. Sites have been offering ongoing continuing education and an increased number of nurses are becoming certified in occupational health nursing.

OCCUPATIONAL MEDICINE SURVEY

EH-43 conducted a survey of all DOE contractor sites in FY 1993. This survey provides DOE with information on the range of medical examinations, treatment, and behavioral and psychological services provided to DOE and DOE contractor employees.

Results from this survey are expected in the next few months and will be published in a directory entitled "Department of Energy Occupational Medical Program Services." Copies of the directory will be provided to each contractor occupational medical program, survey participant, and operations office manager.

FOOD AND DRUG ADMINISTRATION (FDA) CONTRACT

The Food and Drug Administration (FDA) continues to conduct radiation health surveys at those DOE contractor facilities using diagnostic radiographic equipment. The 1992 summary report identified two prevalent findings:

- o Inadequate preventive maintenance and record keeping; and
- o Insufficient protocols for ensuring proper x-ray film processing.

The FDA Center for Devices and Radiological Health (CDRH) believes these findings are prevalent because the DOE contractor occupational medicine facilities do not have adequate radiation health Quality Assurance Programs.

To assist the sites in eliminating these deficiencies, EH-43 is providing each site with a manual entitled "A Basic Quality Assurance Program for Small Diagnostic Radiology Facilities" and a sensitometer and densitometer. These instruments will help ensure that the film processor is operating optimally.

Additional information on the use and care of the sensitometer and densitometer has been forwarded to those contractors using diagnostic radiographic equipment. DOE contractors may request technical assistance on equipment operation, maintenance and quality assurance from CDRH.

WELLNESS PROGRAM

DOE 5480.8A requires DOE sites Occupational Medicine Programs to provide wellness programs for their employees.

EH-43 developed its first "Wellness Turnkey Module" to provide technical assistance to DOE Site Occupational Medical Programs who want or need it.

This module focused on hypertension screening in the workplace. It contained information and materials necessary to develop and evaluate a wellness program, including cost effective wellness program justifications, generic marketing tools, suggested vender/community resources, and a program evaluation tool.

CONTRACTOR OCCUPATIONAL MEDICINE PROGRAM PROFILE

This past year EH-43 revised and updated the survey guide sent to the DOE contractors occupational medical programs prior to an occupational medical assessment. The new document, renamed "The Contractor Occupational Medicine Program Profile" (COMPP), will be in use by the fall of 1993.

To increase efficiency, the COMPP follows the sequence of DOE 5480.8A. Every DOE contractor occupational medical department will complete the COMPP once. For future appraisals, the COMPP is structured to allow previous information to be updated or changed as necessary, without requiring the contractor to rewrite the entire profile.

The COMPPs will be systematically fed into a data base, supplying EH-43 with more effective and accurate methods of compiling and assessing data from the occupational medical reviews. In addition, this data base will give

EH-43 quick demographic information and analysis capabilities.

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