

**Resolution Form**  
**DOE-0342 Chronic Beryllium Disease Prevention Program**

**ID Number:** 0342-29 **Title/Subject:** BeMSP Updates for Revision 11

**Initiated by:** Echo Smasne **Company:** BeCAP/HPMC OMS **Date:** 10/18/12 **Phone #:** 372-0015

**Affected Document Number / Revision:**  
CBDPP DOE-0342, Rev 1

**Issue / Concern / Affected Step(s):**  
New SOMC and additions from Medical Evaluations product team

**Discussion:**  
Through the BeCAP process, the Medical Evaluations team made "best-in-class" revisions to the Beryllium Medical Support Plan (BeMSP).

In addition to minor editorial changes, the following sections were added for better clarification: 2.2.2 Records Review, 2.2.3 Alternate Physician Determination and 2.2.4 Multiple Physicians Review processes.

A section was rearranged due to the clarification as stated above (2.2.2 is now 2.2.6).

**Resolution:**  
Replace BeMSP (Rev 10) with the new attached revised BeMSP (Rev 11)

**Resolution Type:**  
Clarification:  Document Change:

**Resolution Completion Plan / Summary:**  
The changes identified in this Resolution Form will become effective immediately. The changes contained in this Resolution Form and the attached BeMSP will be incorporated into DOE-0342 rev. 2.

**Web Site Posting Instructions:**  
Post this Resolution Form and the attached revised BeMSP (Rev. 11) upon approval in the *Approved and in Effect* bin.

**Removal from Web Site Instructions:**  
Store Resolution Form and the attached revised BeMSP (Rev. 11) in the *Historical Archive* bin.

**Configuration Control:**  
Major:  Minor:  Initials: Committee Chair: SAS  
Significant:  Not Significant:  Initials: DOE RL: PG DOE-ORP mm

**Signatures:**

Accepted	Committee Chair	<u>Scott Seydel</u>	Date	<u>10/18/12</u>
Concurrence/Approved	DOE-RL	<u>Pete J. Garcia Jr.</u>	Date	<u>10/18/2012</u>
Concurrence/Approved	DOE-ORP	<u>[Signature]</u>	Date	<u>18 OCT 12</u>

# HPMC OCCUPATIONAL MEDICAL SERVICES

## Beryllium Medical Support Plan

<b>OMS-CS-135A1</b>	<b>Effective:</b>	
	<b>Supersedes:</b>	8/25/10
	<b>Revision #:</b>	11
	<b>Old #:</b>	AMH-MP-MP120
<input checked="" type="checkbox"/> <b>Approved By:</b>	<b>Signature</b>	<b>Date</b>
Principal Manager, Douglas Kollasch	<i>DJ Kollasch</i>	<i>10/15/2012</i>
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# Beryllium Medical Support Plan

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## 1 Introduction

### 1.1 Purpose

This plan defines roles and responsibilities of the Site Occupational Medical Contractor (SOMC) for the medical elements of the Chronic Beryllium Disease Prevention Programs (CBDPP).

### 1.2 Applicability

This plan is applicable to all current Hanford workers provided services under the U.S. Department of Energy (DOE) Occupational Medical Services Contract at Hanford No. DE-EM 0002043, including those with past or present, current or potential, exposure to beryllium at any DOE site.

### 1.3 Implementation

Effective upon publication

### 1.4 Definitions

Generally, the same definitions used in 10 CFR 850 (The Rule) are used in and apply to this Medical Support Plan (MSP).

The SOMC uses “Beryllium-associated worker” as defined in §850.3, as the governing definition of current workers who have in the past, or currently have the potential for exposure to beryllium. At Hanford, a subset of this broad-based definition has been developed to further classify workers according to their health status or job requirements. These definitions are described below:

- *Beryllium affected worker* - are those who are affected (medically) by beryllium exposure, e.g. beryllium sensitization, chronic beryllium disease (CBD), or a medical condition otherwise associated with beryllium exposure.
- *Beryllium worker* - A Hanford Site-specific term that refers to a current worker who has been designated in the Hanford Site Employee Job Task Analysis (EJTA) System by his/her manager to be available to perform work that is anticipated to involve exposure to airborne beryllium at or above the employer designated action levels. It is a subset of “Beryllium-Associated Worker” as discussed in 10 CFR 850.3.

In addition, other terms used in the MSP are:

- *Employee Job Task Analysis (EJTA)* - The Hanford Site database to which worker-specific input is provided by the employee, the manager, and the company Industrial Hygienist (IH), that defines the work activities, hazards, and exposures (physical, chemical, biological) to which the worker may be subjected or exposed.

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### 2 Project Definition

The SOMC provides medical surveillance as defined in the Hanford Site CBDPP and provides support to Site contractors in meeting the requirements of 10 CFR 850 for beryllium as the SOMC to DOE. The SOMC's Medical Director is the designated Site Occupational Medical Director (SOMD) and is responsible for administering the beryllium medical surveillance program. A qualified physician will be appointed the SOMC's medical beryllium manager by the SOMD.

The Beryllium Case Manager assists in coordinating contractor procedures as described in the individual contractor appendices with the medical surveillance program. The SOMC coordinates the self-identification process to identify workers who may have been exposed to beryllium.

The SOMC administers the beryllium surveillance programs using information provided by the DOE contractor which includes:

- A list of beryllium-associated workers
- A baseline and updated inventory of beryllium-listed facilities
- Hazard assessments and personal air monitoring (exposure) data including tasks and activities
- Types of personal protective equipment used

#### 2.1 Beryllium Program Surveillance Programs

The SOMC provides two beryllium medical surveillance programs. In addition one service is provided for exposure as described in section 2.1.3. The surveillance programs incorporate the required elements of the exams specified by 10 CFR 850.

##### 2.1.1 Beryllium Worker Program

This program provides medical surveillance for current beryllium workers. Their employer enrolls participants through the EJTA process. The program consists of a baseline evaluation followed by annual periodic evaluations.

##### 2.1.2 Beryllium Voluntary Program

This program provides periodic medical surveillance for those who may have been exposed to beryllium at any DOE site in the past. Enrollment and related testing, including the Beryllium Lymphocyte Proliferation Test (BeLPT), are voluntary. Participants are identified through one or more of the following processes:

- Completing the Hanford Site Beryllium Questionnaire
- Completing the DOE Historic Health Exposure Questionnaire
- Contacting the Beryllium Case Manager
- Recommendation from their employer
- Recommendation from an SOMC licensed medical staff member
- Self-identification

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Workers are offered enrollment when they are removed as a beryllium worker by their EJTA. Workers may elect to remain enrolled in a beryllium program for the duration of their eligible Hanford employment. If an employee declines further participation, he/she may request participation again at any time. The examination consists of periodic evaluations every three years or as medically indicated.

### 2.1.3 Exposure to Beryllium

This exposure and unusual event exam is for workers who have been occupationally exposed to beryllium in an emergency/acute situation. Based on the results of the examination, the worker is placed in a beryllium surveillance program and is offered referrals to Behavioral Health Services and the Beryllium Case Manager.

## 2.2 Medical Evaluations

The SOMC licensed medical providers perform beryllium evaluations based on medical protocols. Medical evaluations will be conducted in accordance with, but not be limited to, 10 CFR 850.34(b). When appropriate, at no cost to the worker, an external provider, who has experience and knowledge in diagnosing and treating beryllium related medical conditions, may be consulted as an extension of the medical surveillance program.

### 2.2.1 Review of Initial (Baseline) Medical Evaluation

The SOMC acts on behalf of the responsible employer in performing initial and periodic beryllium medical surveillance evaluations and consultations. For beryllium-associated workers enrolled in a beryllium medical surveillance program, the SOMC also facilitates the additional options for further review.

### 2.2.2 Records Review

The SOMC follows medical criteria to determine when further evaluations are needed and offers medical referral. If a worker is not offered a medical referral, but feels they need further beryllium evaluation, he/she may request the SOMC to facilitate a records review with a nationally recognized beryllium disease diagnostic facility. The SOMC will provide the medical records and ask for an opinion as to whether or not referral is appropriate. The SOMC will abide by the recommendation of the external organization.

### 2.2.3 Alternate Physician Determination

The worker may choose to have an Alternate Physician Determination in lieu of Multiple Physician Review. The requirements for Alternate Physician Determination are defined in 10 CFR 850.34(d).

The responsible employer [SOMC on behalf of the contractor] and the beryllium-associated worker or the worker's designated representative may agree upon the use of any alternate form of physician determination in lieu of the Multiple Physician Review process, so long as the alternative is expeditious and at least as protective of the worker.

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### 2.2.4 Multiple Physician Review

The requirements for Multiple Physician Review are defined in 10 CFR 850.34(c).

The responsible employer [Contractor/SOMC] must establish a Multiple Physician Review process for beryllium-associated workers that allows for the review of initial medical findings, determinations, or recommendations from any medical evaluation conducted pursuant to paragraph (b) of this section.

1. If the responsible employer [SOMC to act on behalf of the contractor] selects the initial physician [SOMC and Outside Expert] to conduct any medical examination or consultation provided to a beryllium-associated worker, the worker may designate a second physician to:
  - a. Review any findings, determinations, or recommendations of the initial physician [SOMC and Outside Expert]; and
  - b. Conduct such examinations, consultations and laboratory tests, as the second physician deems necessary to facilitate this review.
2. The responsible employer [SOMC to act on behalf of the contractor] must promptly notify a beryllium-associated worker in writing of the right to seek a second medical opinion after the initial physician [SOMC and Outside Expert] provided by the responsible employer [SOMC/Contractor] conducts a medical examination or consultation.

### 2.2.5 Multiple Physician Review Process

Note: At any time throughout the Multiple Physician Review process, a worker may contact a Beryllium Health Advocate for assistance.

1. The Multiple Physician Review process starts with the responsible employer [SOMC acting on behalf of the contractor], notifying a worker in writing of the initial physician medical findings, determinations, or recommendations and the right to seek Multiple Physician Review. The worker then receives the written notice which explains the process and coordination for receipt of beryllium related findings, determinations and recommendations.
2. The worker must notify the responsible employer [SOMC] in writing of his/her intent to seek Multiple Physician Review within 30 days of receiving the written notice from SOMC or receipt of the initial physician's written opinion, whichever is later.
3. The SOMC may offer and provide assistance upon the worker's request in selecting a 2nd physician.
4. If the worker does not accept the SOMC offer of assistance, then when the worker notifies the SOMC of his/her intent to seek Multiple Physician Review, he/she must also select and schedule an appointment with a second physician. If the worker does accept the SOMC offer of assistance, then the SOMC will facilitate and assist the worker in

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selecting and scheduling an appointment with the second physician after receiving notice of the worker's intent to seek Multiple Physician Review.\*\*

5. The worker must attend the appointment with his/her selected second physician. The second physician will review the worker's records, perform a physical exam, conduct testing and anything else determined necessary by the second physician.
6. The second physician issues findings, determinations and recommendations to the worker and the SOMD. The worker and the SOMC will work together to obtain this information.
7. If the findings, determinations, or recommendations of the second physician concur with the initial physician, the process has ended. If the findings, determinations, or recommendations of the second physician differ from those of the initial physician, then proceed to step 8.
8. The worker, responsible employer [SOMC] and the second physician make efforts to resolve any disagreement.
9. If the responsible employer [SOMC], the worker and the second physician resolve the disagreement then the process has ended. If the disagreement is not resolved, proceed to step 10.
10. The responsible employer [SOMC], the worker and the second physician designate a third physician.
11. The third physician reviews any findings, determinations, or recommendations of the other two physicians [SOMC/Outside Expert and second physician selected earlier in the process]; and conducts such examinations, consultations, laboratory tests, and consultations with the other two physicians [SOMC/Outside Expert and second physician selected earlier in the process], as the third physician deems necessary to resolve the disagreement among them.
12. The third physician issues ( the worker and SOMD receive) findings, determinations, and recommendations of the third physician.
13. The SOMD must act consistently with the third physician's findings, determinations, and recommendations regardless if the third physician agrees with the other two physicians or not. However, if the worker disagrees with the third physician's findings, determinations, and recommendations, he/she may work with the SOMD to reach an agreement consistent with the recommendations of at least one of the other two physicians [SOMC/Outside Expert and second physician selected earlier in the process].

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14. If the worker and SOMD can reach an agreement consistent with the recommendations of at least one of the other two physicians [SOMC/Outside Expert and second physician selected earlier in the process], then the process ends. If the worker and SOMD cannot reach an agreement consistent with the recommendations of at least one of the other two physicians, then the SOMD must act consistently with the third physician's findings, determinations, and recommendations thus ending the process.

**\*\*Note:** It is important to note that 10 CFR 850.34(c) states that the responsible employer [SOMC for medical and Contractor for travel] may condition its participation in, and payment for, Multiple Physician Review upon the beryllium-associated worker informing the responsible employer and initiating steps to make an appointment with a second physician within 30 days after receipt of the notice to the right to seek Multiple Physician Review, or receipt of the initial physician's written opinion, whichever is later.

### 2.2.6 Other Referrals (Beryllium-related Medical Issues)

After the definitive diagnosis is made, beryllium-affected workers may require additional medical evaluation and/or testing. The SOMC coordinates medical referrals as needed or requested by any worker enrolled in a SOMC beryllium medical surveillance program. The process is consistent with already established medical referral processes used by the SOMC and the Hanford Site contractors. These referrals are based on medical necessity and appropriateness for the purpose of determining a medical diagnosis and are considered as an extension of the medical surveillance process. They may be arranged in conjunction with or separate from the previously discussed multiple physician review process.

## 2.3 Reporting

### 2.3.1 Reporting to the Responsible Employer

As required by 10 CFR 850.34(e), the SOMD will provide the responsible employer with a written, signed medical opinion (excluding non-affected workers under 2.1.2 Beryllium Voluntary Program). This report is provided within 10 working days of receiving all beryllium related results for that particular examination. Included in the report are:

- Medical diagnoses that are relevant to occupational exposure to beryllium or secondary effects of, or complications relating to, chronic beryllium disease that compromises the worker's ability to function in the workplace.
- A notification that all recommendations and test results have been communicated to the worker

The report will not include any specific records, findings or diagnoses that are not related to the medical conditions that may be affected by beryllium exposure.

### 2.3.2 Reporting to the Worker

The beryllium-associated worker meets with the SOMC examining provider to verbally review the results of all medical tests or procedures with an explanation of any abnormal findings, and receives a written medical opinion from the examining provider explaining beryllium-related

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results, any positive findings and medical recommendations. The beryllium worker receives a copy of the written medical opinion letter that is sent to the employer. All reports are provided to the worker within 10 working days of receiving all beryllium-related results for that particular examination.

When a worker is determined to be beryllium affected, the Beryllium Case Manager, if desired by the employee, will coordinate a meeting among the SOMC staff, the worker, and IH or Safety personnel as appropriate. All available information will be reviewed in an attempt to determine where past exposures may have occurred and discuss future protective measures and accommodations if indicated.

### 2.3.3 Medical Removal Protection Benefits

10 CFR 850 and interpretive guidance from DOE Headquarters provide two separate pathways for initiation of medical removal benefits.

- (1) A written medical opinion from the SOMD that an individual should be removed from further exposure to beryllium.
- (2) A written medical opinion that secondary effects of, or complications relating to, chronic beryllium disease compromise the worker's ability to function in the workplace.

The SOMD will provide the responsible employer a written medical opinion with diagnosis of the worker as sensitized, CBD or a temporary restriction pending further evaluation. If the worker is a Beryllium worker, and there is a potential health risk associated with further exposure to beryllium, an immediate phone notification will be made to the employee and manager informing him/her of the employee status and recommend immediate implementation of the applicable parts of the CBDPP. The DOE approved CBDPP contains the necessary procedures and control levels to prevent future exposures to affected workers. If the diagnosis is temporary, it will be so specified in the medical opinion and a follow-up opinion will be made available once the diagnosis is either determined to be present or ruled out.

If, as a result of a medical evaluation(s) performed in accordance with 10 CFR 850.34, it is determined that an individual has either secondary effects of or complications relating to chronic beryllium disease that compromise the worker's ability to function in the workplace, the SOMD will provide this information in a written medical opinion. Where a contractor determines independent of a medical evaluation an affected worker is no longer able to perform the essential job functions for medical reasons, the contractor may request a work suitability evaluation and a written medical opinion. The contractor may then use the medical opinion to implement 10 CFR 850.35 as interpreted by DOE Interpretation D04-12-002, and specified in the contractor's CBDPP.

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### 2.4 Medical Consent (§850.36)

The SOMC uses 10 CFR 850, Appendix A, “Chronic Beryllium Disease Prevention Program Informed Consent Form” to obtain consent of the worker scheduled for beryllium medical surveillance. The medical consent is obtained at the time of the medical evaluation (See Section 6.1 – CBDPP Informed Consent Form Sample).

The SOMC develops and maintains the “Beryllium Information Booklet” which is a summary of the medical surveillance program and information on program testing and examinations. The SOMC makes the “Beryllium Information Booklet” available on the SOMC website. One week before the first medical evaluation or procedure (or upon worker’s request), the employer provides (or has provided) each worker with the “Beryllium Information Booklet.” The booklet includes:

- Medical testing included in the monitoring program
- Explanation and risks of tests and examinations
- Type of data collected in the medical monitoring and epidemiology programs
- Where the data is kept and how it is used
- How confidential data is protected

### 2.5 Counseling (§850.37)

As part of the medical counseling process (§850.37(f) (3)), the medical provider furnishes information to the worker regarding the risks of exposure to beryllium and refers them to the CBDPP. This counseling and consultation, as well as the employee's acknowledgement of the same, is documented on the Beryllium Program Overview form. The contractor will provide additional counseling to meet the non-medical counseling requirements.

Counseling includes an explanation of the provisions and procedures of the medical surveillance program (§850.37(f) (1)), information about follow-up medical diagnostic evaluation and treatment options (§850.37(f) (2)), and the risk of continued beryllium exposure for sensitized workers and those with CBD (§850.37(f) (7)). The SOMC provides psychological counseling to sensitized workers and workers with CBD through the Employee Assistance Program (§850.37(f) (3)).

### 2.6 Recordkeeping (§850.39)

Records may be released for appropriate official purposes of DOE, National Institute for Occupational Safety and Health (NIOSH), Occupational Safety and Health Administration (OSHA), state health department, or Congress. Medical information without personal identifiers such as name, social security number, address, or phone number or other information that could be used to identify particular workers is provided to certain individuals such as DOE officials responsible for CBDPP, scientists and researchers working under DOE agreements, and the Oakridge Institute for Science and Education (ORISE).

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The SOMC works cooperatively with Site contractors to analyze medical, job, and exposure data in order to identify workers or groups of workers potentially at risk for beryllium sensitization or CBD and working conditions that may contribute to that risk. The SOMC maintains a database of beryllium-associated workers including workers with previous exposure to beryllium (self-identified or identified by employer) and current beryllium workers (identified through the EJTA).

As the Beryllium Site Coordinator, the SOMC maintains the Hanford Beryllium Registry and submits encrypted information semi-annually to the DOE Office of Epidemiological Surveillance Studies within the Office of Environment, Safety and Health or designee, i.e., ORISE, to be included in the national beryllium registry. Personal identifiers are removed from any transmitted information.

### 3 Project Schedule

This program has been continuously used since inception of Occupational Health Services Contract No. DE-AC06-04RL14383, and is updated with new guidance, direction, and medical standards and considerations.

### 4 Roles and Responsibilities

#### 4.1 Site Occupational Medical Contractor (SOMC)

The SOMC provides medical surveillance as defined in this MSP, which is provided as an attachment to the Hanford Site CBPDD and as a support to Site contractors in meeting the requirements of 10 CFR 850. The SOMC will administer a Memorandum of Agreement with each contractor that utilizes its services to clearly define roles and responsibilities pertaining to 10 CFR 850 and 851.

The SOMD is responsible for administering and determining the provisions of the medical surveillance program.

The SOMC Beryllium Case Manager assists in coordinating contractor procedures as described in the individual contractor appendices with the medical surveillance program. The SOMC coordinates the self-identification process to identify workers who may have been exposed to beryllium in the past.

#### 4.2 Contractor

As the responsible employer, contractors have responsibility for determining all reasonable accommodations. They also have full discretion and responsibility for offering, considering, and providing medical removal plan benefits and all related elements, as specified in 10 CFR 850, including interpretation of 10 CFR 850 provided by DOE. Contractors supply the following to the SOMC:

- A list of beryllium-associated workers
- A baseline inventory of beryllium listed facilities

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- Hazard assessment and exposure monitoring data, including past and current related duties of beryllium-associated workers as they pertain to beryllium exposure
- Records of beryllium exposure
- Types of personal protective equipment used
- A description of personal protective and respiratory protective equipment used in the past, present, or anticipated for future use

### 4.3 Department of Energy (DOE)

DOE provides oversight and direction of the SOMC medical programs. They also have approval over any Memorandum of Agreement between the SOMC and the Hanford Site prime contractors.

## 5 References

- 10 CFR 850, 1999.
- Occupational Medical Services Contract at Hanford No. DE-EM 0002043
- DOE Technical Standard: Beryllium Associated Worker Registry Data Collection and Management Guidance, DOE-STD-1187-2005, May 2005.
- DOE Interpretation D04-12-002

## Beryllium Medical Support Plan

### 6 Sample Forms and Letters

#### 6.1 Sample – Informed Consent Form

# HPMC OCCUPATIONAL MEDICAL SERVICES

<b>CHRONIC BERYLLIUM DISEASE PREVENTION PROGRAM INFORMED CONSENT FORM</b>
<p>I, _____, have carefully read and understand the attached information about the BeLPT and other medical tests. I have had the opportunity to ask any questions that I may have concerning these tests and my questions have been answered to my satisfaction.</p> <p>I understand that the tests are confidential, but not anonymous. I understand that if the results of any test suggest a health problem, the examining physician will discuss the matter with me, whether or not the result is related to my work with beryllium. I understand that my employer will be notified of my diagnosis only if I have a beryllium sensitization or Chronic Beryllium Disease (CBD). My employer will not receive the results or diagnoses of any health condition not related to beryllium exposure.</p> <p>I understand that, if the results of one or more of these tests indicate that I have a health problem related to beryllium, additional examinations will be recommended. If additional tests indicate I do have a beryllium sensitization or CBD, the Site Occupational Medical Director may recommend that I be removed from working with beryllium.</p> <p>If I agree to be removed, I understand that I may be transferred to another job for which I am qualified (or for which I can be trained for in a short period) and where my beryllium exposure will be as low as possible, but in no case above the action level. I will maintain my total normal earnings, seniority, and other benefits for up to two years if I agree to be permanently removed.</p> <p>I understand that if I apply for another job or for insurance, I may be requested to release my medical records to a future employer or an insurance company. I understand that the site occupational medical contractor will maintain all medical information relative to the tests performed on me in segregated medical files separate from my personnel files, treated as confidential medical records, and used or disclosed only as provided by the Americans with Disability Act, the Privacy Act of 1974, or as required by a court order or under the law.</p> <p>I understand that the results of my medical tests for beryllium will be included in the Beryllium Registry maintained by DOE, and that a unique identifier will be used to maintain the confidentiality of my medical information. Personal identifiers will not be included in any reports generated from the DOE Beryllium Registry. I understand that the results of my tests and examinations may be published in reports or presented at meetings, but that I will not be identified.</p> <p>Are you taking any of the following medications: oral steroid pills like prednisone or Medrol Dosepak, cancer or chemotherapy drugs, immunosuppressant medications like Enbrel, Remicade, Imuran or daily nonsteroidal anti-inflammatory medications like Naprosyn/naproxen, ibuprofen, Motrin, Celebrex? YES _____ NO _____</p> <p>I consent to having the following medical evaluations if determined by the examiner to be needed (Initial):</p> <p>_____ Physical examination concentrating on my lungs and breathing</p> <p>_____ Chest x-ray</p> <p>_____ Spirometry (breathing test)</p> <p>_____ BeLPT (blood test called the beryllium-induced lymphocyte proliferation test)</p> <p>_____ Other tests(s) (Specify): _____</p>
<p><b>Beryllium Voluntary Program</b> -: I understand that this program is voluntary and I am free to withdraw at any time from all or any part of the medical surveillance program. I consent to the tests indicated above.</p> <p>Patient Signature : _____ Date: _____</p>
<p><b>Beryllium Worker Program</b>: In order to continue to perform this work I agree to participate fully in the requirements of the medical surveillance program including the tests indicated above.</p> <p>Patient Signature : _____ Date: _____</p>
<p><i>I have explained and discussed any questions that the employee expressed concerning the BeLPT, physical examination, and other medical testing as well as the implications of those tests.</i></p> <p>Print Name of SOMD or his/her Delegate: _____</p> <p>Signature : _____ Date: _____</p>

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## 6.2 Sample – Statement of Patient Rights Form

# HPMC OCCUPATIONAL MEDICAL SERVICES

### STATEMENT OF PATIENT RIGHTS RELATING TO BERYLLIUM RESULTS

HPMC Occupational Medical Services (SOMC) has informed me that I have borderline and/or positive test result(s) from the beryllium lymphocyte proliferation test (BeLPT).

As a result of multiple borderline or positive test results from the BeLPT:

- I have the right to be protected from ongoing significant exposure to beryllium.
- If I am concerned about a risk at any time for exposure above the levels indicated in the site-wide CBDPP, I am encouraged to discuss my concern with my employer's management, safety professionals, or HPMC OMS medical providers.
- I have discussed with the physician, physician assistant or Beryllium Case Manager my right to have current industrial hygiene monitoring data provided by my employer when I am asked or required to enter posted or suspected beryllium buildings.
- I understand that as a beryllium-associated worker (current worker who is exposed through beryllium work, or has had past or potential past exposure to beryllium at a DOE facility), my employer provides the opportunity under HPMC OMS' Medical Surveillance Program for me to seek 2nd and 3<sup>rd</sup> medical opinions (Multiple Physician Review) upon my request. I understand requests for Multiple Physician Review must be made to my employer in writing within 30 days following receipt of my results.

I am aware of my right to file an application for benefits for occupational disease with the following agencies:

- State Workers' Compensation  
Workers must file for worker's compensation within 2 years from the date a physician gives them written notice of the existence of an occupational disease. Contact your company's workers' compensation office for additional information.
- Energy Employees Occupational Illness Compensation Program Act (EEOICPA)  
Workers who have had one positive BeLPT result may be eligible for medical benefits that include ongoing medical surveillance and medical treatment. Contact the EEOICPA resource center for additional information.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HPMC OMS Staff Signature

\_\_\_\_\_  
Date

BC-8800-741 (04/11)