

Risk Communication

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Steve's Talking Points

- BHSC risk communication team promotion of FAQs
- Slightly different perspective: Tank Vapor issues
 - clear discussion of toxicity vs. hazard vs. exposure vs. risk
 - risk tolerance of stakeholders
- cost benefit analysis of controls strategy versus discovery and research project
- framing risk acceptance

Be Worker Progression to Diagnosis & FAQ

1. Be Exposed Worker

2. Non-smoker status confirmed

FAQ: Does smoking mask signs of lymphocytosis?

FAQ: How does smoking affect the progression of CBD?

3. Symptoms appear: Dermatitis, cough, SOB on exertion, chest pain, URIs, night sweats, bronchitis, pneumonia

4. One Abnormal BeLPT

FAQ: Does the SI determine disease severity/prognosis?

5. Approved for medical monitoring benefits under EEOICPA

6. Confirmed abnormal BeLPT

FAQ: Is there any clinical justification for continued BeLPTs?

7. CPET with abnormal gas exchange

FAQ: Are the above findings consistent with CBD?

8. Spirometry – findings of obstruction

FAQ: Are the above findings consistent with CBD?

9. Asthma-like symptoms with corticosteroid treatment

FAQ: Are the above findings consistent with CBD?

10. Positive B Read

FAQ: Are the above findings consistent with CBD?

11. CT Scan – findings: parenchymal nodules, ground glass, honeycombing, fibrosis

FAQ: Are the above findings consistent with CBD?

12. Lavage – findings: lymphocytosis, alveolitis, positive BaLLPT

FAQ: Are the above findings consistent with CBD?

FAQ: Are Be-exposed workers at increased risk of serious complications from diagnostic bronchoscopy?

13. Biopsy – Pathological review of the RLL Trans Bx

FAQ: Is biopsy indicated in the event that prior testing demonstrates a probable diagnosis of CBD?

FAQ: Is one specimen from the RLL adequate for a Dx of CBD?

14. Diagnosis

FAQ: Can a probable diagnosis of CBD be made without granuloma findings through Trans-bronchial biopsy of the RLL?