

EMPLOYEE OCCUPATIONAL HEALTH SERVICE

1. REASON FOR ISSUE: To reissue Department of Veterans Affairs (VA) policy regarding the Employee Occupational Health Service.

2. SUMMARY OF CONTENTS/MAJOR CHANGES: This directive sets forth human resources policies regarding the Employee Occupational Health Service. The pages in this handbook replace the corresponding page numbers in VA Handbook 5019, dated March 27, 2015. Revised text is contained in [brackets]. These changes will be incorporated into the electronic version of VA Handbook 5019 that is maintained on the Office of Human Resources Management website. Significant changes include:

- a. Clarifies that hybrid title 38 positions that do not have medical standards for the occupation or physical standards for the individual position do not require a pre-placement physical exam and are not subject to the physical standards board process.
- b. Specifies that, under rare circumstances, facilities may arrange to have applicants who live outside of a normal commuting area of a VA or other Federal facility, undergo a pre-placement physical exam or medical evaluation using a private practitioner.
- c. Clarifies use of personal health information for directed or special physical examinations and the authorization to release medical information.
- d. Revises Motor Vehicle Operator criteria, to remove medical condition chart for volunteer drivers, drivers with and without CDL requirements and the Basic Life Support requirement for volunteer drivers.
- e. Removes the physical fitness standards and testing requirements for Police Officers criteria; clarifies annual examination requirements will include an annual psychological evaluation.
- f. Removes criteria for positions in Part II, Appendix A, and removes Appendix B Comparison of OPM vs. NFPA Medical Requirements for Firefighters.
- g. Adds the confidentiality protections for occupational health records and forms and clarifies disposition of the employee medical folder (EMF).

3. RESPONSIBLE OFFICE: The Worklife and Benefits Service (058), Office of the Deputy Assistant Secretary for Human Resources Management.

4. RELATED HANDBOOK: VA Handbook 5019, Employee Occupational Health Service.

5. RESCISSIONS: None.

Certified By:

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Acting Assistant Secretary for the
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**By Direction of the Secretary of
Veterans Affairs:**

/s/
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EMPLOYEE OCCUPATIONAL HEALTH SERVICE

PART I. GENERAL

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(3) Pre-placement evaluations and examinations of persons selected for appointment where required by VA, the Center[s] for Disease Control [and Prevention] [(CDC)] or the Office of Personnel Management (OPM).

(4) Work place evaluation, in collaboration with other health and safety professionals, to appraise and report environmental health hazards to management as an aid to preventing and controlling health risks.

(5) Administration, at the discretion of the responsible employee occupational health provider, of treatments and medications:

(a) Furnished by the employee and prescribed in writing by a personal physician as reasonably necessary to maintain the employee at work, or

(b) Prescribed by a physician providing medical care under Chapter 81 of title 5 U.S.C. as long as appropriate emergency medical equipment is available.

(6) Preventive services providing health education to encourage employees to maintain a healthy lifestyle, understand their risks for disease and become aware of appropriate preventive practice; providing health intervention programs to promote and maintain physical and mental fitness and to help prevent illness and disease; and provide specific disease screening examinations and immunizations, as authorized herein.

(7) Post-exposure examinations as mandated by applicable regulatory agencies and current evidence-based medical practice.

(8) Medical surveillance for employees who have a potential for occupational exposure to hazardous materials and communicable diseases.

(9) Cooperation with local public health agencies, physicians, and programs in providing measures that protect against diseases of public health significance.

d. VA will:

(1) Provide employee occupational health services, on a reimbursement basis (developed on the basis of exam complexity), to other Federal agencies and departments.

(2) Ensure that when VA contracts with other Federal agencies to provide employee occupational health services to their employees, that the contractor is provided with the current specific medical and job hazard information of the position and any other pertinent factors necessary to assess an employee's ability to perform the job.

(3) Ensure that arrangements are made for examinations[,] using VA medical facilities to the extent possible. [Other Federal facilities, fee basis or contract providers may be used] if a facility cannot provide mandated services for eligible VA employees. The scope of any examinations [conducted by non-VA entities] will be conducted consistent with VA criteria.

2. POLICY

a. It is the policy of VA to provide employee occupational health services for all VA employees consistent with the purpose and scope provided in paragraph 1.

b. VA facilities with 300 or more VA employees working in one location, where there is no existing employee occupational health service, will establish an Employee Occupational Health program unless satisfactory employee occupational health services can be furnished by participation in a nearby employee occupational health service which is serving other Federal employees.

c. Where it is determined that employee occupational health services are needed due to working conditions involving health risks for fewer than 300 VA employees in the same location, such occupational services shall be provided by establishment of an Employee Occupational Health program or by contract with private or public sources. VA will cooperate with other Federal agencies by providing or participating in employee occupational health services on a reimbursement basis for employees of more than one agency in a location.

d. Services provided to VA employees through contracting for employee occupational health services or through private providers shall meet VA standards. VA facilities shall ensure that evaluation criteria are established by contract for those employee occupational health services.

e. The confidential nature of personal health information shall be recognized and respected in accordance with the Privacy Act, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, Occupational Safety and Health Act (OSHA) standards regarding medical surveillance, and any other applicable laws and regulations.

f. VA employee medical files shall be separately and distinctly secured from all other medical records.

g. VA shall ensure that each facility Employee Occupational Health program has [adequate resources (space, equipment, supplies and employee occupational health staff)] and a designated Employee Occupational Health (EOH) Physician [to serve as the Agency Medical Officer (AMO) for the facility. The AMO is responsible for administering the Employee Occupational Health program.]

h. Only those persons who demonstrate that they are physically, cognitively and emotionally capable of performing the essential functions of their position [without risk to self or others] are to be employed and retained in VA. [] The procedures published in this handbook and the guidelines for determining physical fitness are designed to meet this policy objective. In all instances, VA must be in compliance with current American Disabilities Act (ADA) regulations regarding reasonable accommodation, including the ADA as amended.

i. A Physical Standards Board deliberation is required when there is a question of [] title 38 [and certain title 38 hybrid] employee[s'] ability to meet the essential functions of his/her position unless he/she is being evaluated for medical disability retirement.

j. Any disqualification, non-selection or pass over for a title 5 position of a preference eligible Veteran for medical reasons must be adjudicated by OPM before the position is filled. Employee Occupational Health will provide supporting medical information signed by a licensed physician or state licensed and certified practitioner to OPM as required.

k. Determinations of physical, mental and emotional fitness will be made without discrimination based on ethnicity, race, color, sex, religion, national origin, lawful political affiliation, membership or non-membership in a labor organization, marital status, non-qualifying disability, age or other irrelevant factors.

3. RESPONSIBILITIES

a. [The head of the facility will arrange for the implementation of the Employee Occupational Health program for each facility. This responsibility is divided into two segments – clinical and administrative. The dual nature of the program requires a coordinated effort between the designated Human Resources Management personnel and VA employee occupational health staff or any other health care personnel that may provide employee occupational health care services for VA employees. Employee occupational health services will be provided under the direction of a licensed physician with knowledge of occupational medicine practice.] []

b. The [VHA Employee Occupational Health Services] is responsible for the clinical content of this handbook. The [VHA Employee Occupational Health Services]:

(1) Provides programmatic advice and guidance to OHRM on clinical matters;

(2) Provides programmatic advice and guidance for all Veterans Health Administration (VHA) Employee Occupational Health staff.

(3) Is responsible for clinical program development and quality improvement, physical control of the employee medical file, and resolving conflicts on privacy related questions between Office of the General Counsel, Office of Information & Technology (Privacy Service) and VHA facility Human Resources.

(4) Is responsible for development of performance metrics and monitors, alignment with operations, and an annual occupational health report. []

[c.] The head of the station will arrange for facilities, equipment, supplies and personnel necessary for the implementation of the Employee Occupational Health Service as follows:

(1) **Stations Having a Medical Facility.** Assign a physician with knowledge in the practice of occupational health to act as the [AMO.] [I]t is preferable that the [AMO] be board certified or board eligible in Occupational Medicine. The [AMO] will be in charge of the Employee Occupational Health Service and responsible for providing employee occupational health services authorized by this handbook with administrative advice and assistance from the Human Resources Management Officer.

(2) **Stations Where a Medical Facility is Not Available.** Arrange for employee occupational health services through a nearby VA medical facility, in another Federal medical facility, or by [fee basis or] contract with an outside medical facility or physician. All contracts for employee occupational health services [are] subject to such administrative control as the facility head deems necessary. At these stations, the Human Resources Management Officer will be responsible to management for [working with contracting personnel to obtain contractual employee occupational health services.] Oversight of Employee Occupational Health Services within VHA is maintained by the [VHA Employee Occupational Health Services].

(3) **Stations Where an EOH Nurse is on Duty.** Facilities must develop written protocols and standing orders. The EOH nurse may render first aid for minor illnesses and injuries and give appropriate assistance in serious illnesses and injury within their scope of practice, written protocols and standing orders until a health care provider arrives.

(4) **All Facilities.** The Human Resources Management Officer will provide advice and assistance on the administrative aspects of the service and work collaboratively with the Employee Occupational Health Service staff. The Human Resources Management Officer will:

(a) Assist the head of the station in arranging for an Employee Occupational Health Service.

(b) [Coordinate with appropriate fiscal and supply personnel to identify EOH] funding options/requirements within their designated organization including fund control points. Collaborate with the [AMO and other appropriate personnel] where necessary in obtaining required space, equipment, supplies and staffing.

(c) Interpret for local management, the [AMO,] other employee occupational health staff and VA employees, the administrative provisions of VA directives and informational releases affecting the Employee Occupational Health Service.

(d) Give due consideration to findings and recommendations of the examining EOH provider before approving or recommending approval of any given employment action, as provided in other parts of this handbook.

(e) Collaborate with [EOH] staff to ensure that examinations are being scheduled and completed in a timely manner.

(f) Assist [with] EOH [] promotion, disease prevention [] [and] employee wellness, especially in the areas of display and distribution of promotion materials, the showing of films of or by health associations and others, and arrangements for participation in free, local civic health programs, including arrangements for lectures. []

4. COOPERATION WITH PUBLIC HEALTH AGENCIES. In the interest of protecting VA beneficiaries and employees, VA facilities will cooperate with national, state, county, and local public health agencies to protect against disease of public health significance.

5. TREATMENT

a. Nature and Extent of Non-Work Related Treatment

(1) [] If an employee suffers a minor [health problem] which interferes with their ability to perform their duties, treatment may be provided. Treatment will be limited to relief of discomfort enabling them to remain at work. These treatments are not intended to provide definitive health care or replace the employee's health care provider. The employee will be referred to their health care provider for any necessary follow-up or definitive care.

(2) When an employee develops symptoms of a serious [] illness, appropriate care to stabilize the employee will be provided. Suitable transportation to an appropriate hospital, clinic, or physician's office will be facilitated. In the event that transportation or hospitalization is required, the employee is responsible for associated costs.

(3) At the discretion of the responsible EOH health provider, treatments and medications prescribed in writing by a personal health provider and furnished in appropriately labeled containers by the employee may be administered to maintain the employee at work. Appropriate emergency equipment must be readily available [].

b. Nature and Extent of Work-Related Treatment

(1) Employees who claim a work-related injury shall elect the health care provider of their choice. [EOH] will provide definitive medical care when an employee who sustains a work-related traumatic injury elects [EOH] as the treatment provider.

(2) Employees who claim a work-related illness shall elect the health care provider of their choice. [EOH] can be that health care provider if the occupational illness claim is accepted (adjudicated) by the Department of Labor's Office of Workers' Compensation Programs and the employee elects [EOH] as the treatment provider.

c. Hospitalization of Employees. [If the facility has hospital facilities, an employee may be hospitalized under the following conditions:]

(1) [As a beneficiary of the Office of Workers' Compensation Program for a work-related illness or injury. Such hospital care may be authorized by VA Directive 5810, Managing Workers' Compensation Cases and Costs.].

(2) [As a beneficiary of VA if he or she is an entitled veteran of the Armed Forces.]

[(3) On an emergency basis under the provisions of 38 U.S.C. 611(b) and VA medical regulations and procedures issued pursuant thereto. Such hospital care is authorized as a humanitarian service in emergency cases but a charge will be made therefore. The billing for these charges shall be explained to the employee or his/her family, as circumstances indicate, at the time hospitalization is being considered or effected. (It should be noted; however, that some of the Federal Employees Health Benefits Insurance

carriers will not reimburse the employee or VA for such emergency hospitalization unless the carrier determines that the employee's condition required emergency hospitalization in a VA medical center.))

d. Charges for Treatment and Hospitalization

(1) **Work-Related Illness or Injury.** See [VA Directive 5810, Managing Workers' Compensation Cases], for instructions on [charges to be made to] the Office of Workers' Compensation Programs for outpatient treatment or hospitalization of VA employees whose condition is attributable to the performance of duty.

(2) **Non-Work Related Injury, Illness.** Treatment provided to employees who are not entitled Veterans of the armed forces [or beneficiaries of the Office of Workers' Compensation Programs] will be billed at the current humanitarian rate. The billing for this humanitarian care shall be explained to the employee.

NOTE: *Some Federal Employees Health Benefits Insurance carriers will not reimburse the employee or VA for such emergency hospitalization unless the carrier determines that the employee was not stable enough to be transported and employee's condition required emergency hospitalization in a VA medical facility.*

e. Bed Rest. Employees may be permitted to use available facilities for bed rest if their physical condition requires it as follows:

(1) Occasional periods of bed rest, not in excess of 1 hour in any 1 day, are permitted without loss of pay or charge to leave. Employees may be required to furnish satisfactory evidence of the need for bed rest.

(2) Regular bed rest for a period each day with charge to leave may be permitted for employees returning from extended sick leave, convalescing from an operation, or having another medical reason upon recommendation of the EOH provider or receipt of acceptable medical documentation from the employee's private provider.

6. [EMPLOYEE] HEALTH []AND [] WELLNESS

a. [The purpose of the VA employee health and wellness program is to focus on the overall health and well-being of VA employees by helping them to establish and maintain healthy lifestyles through educational tools and resources by increasing awareness on the benefits of health, wellness and physical activity in order to provide high-quality services to our Veterans and their families.] These services/programs encourage and enable employees to initiate and maintain healthy behavior changes. [] [M]aintaining a supportive physical and social environment is central to promoting healthy lifestyles for employees. Activities may [include] the following:

(1) **Exercise.** Physical exercise programs should address the three major elements: cardiovascular (fitness, aerobic) capacity that increases one's efficiency; strength training with implications for strength

increase and bone protection from increased bone mass; and flexibility through stretching, yoga, or other forms of exercise to improve flexibility.

(a) **Facility/Infrastructure.** Facilities may establish and operate physical fitness programs and facilities designed to promote and maintain employee health. Facilities may establish on-site fitness facilities, use the services of a private facility, or share a fitness facility with another Federal agency through an inter-agency agreement. Such arrangements are authorized by the Economy Act, 31 U.S.C. 1535. Note that physical activities may be offered without special facilities. In addition to providing programs and fitness facilities, facilities may encourage an active lifestyle by issuing policies that support flexible work schedules and/or create environments that encourage active and healthy lifestyles such as providing showers, locker rooms, bike racks, running maps, and healthy vending machine choices. Other exercise facilities may be provided through use of therapeutic pools or gyms initially constructed for patient care. Service agreements with Physical Medicine and Rehabilitation for use of gyms or therapeutic pools are necessary.

(b) **Individual Level Considerations.** Building exercise into each employee's daily pattern of living will provide the most robust approach to long-term exercise. Identifying willingness or interest in change represents a critical first step. The subsequent actions may involve purchasing small hand weights, providing stretching or yoga guidance and access, and identifying aerobic opportunities. Common solutions are walking, bicycling, or running to work; creating an exercise group at home (walking, bicycling, etc.); or creating such group activities in the workplace at lunch. [] Facilities may support [] activities such as bicycling by providing bicycle lockers or racks.

(2) Diet and Nutrition

(a) **Facility Level.** Working with food and nutrition services to ensure posted calories, low-fat and healthy foods, and other local resources such as diet counseling may be useful.

(b) **Individual Level.** Building diet assessment and changes in eating habits into each employee's daily pattern of living will provide the most successful approach to long-term control. Identifying willingness/interest in change represents a critical first step.

(3) **Tobacco Cessation.** Tobacco cessation programs are considered preventive in nature and are authorized under 5 U.S.C. 7901(c) (4), which provides Federal agencies with the authority to use appropriated funds to pay the costs of tobacco cessation programs. Tobacco cessation programs should include individual and group counseling and [a form] of pharmacologic therapy such as nicotine replacement therapy.

(4) **Stress Management.** This should be addressed at an organizational and individual level. Stress management at an individual level can involve a stress assessment tool that can be part of a health risk appraisal or a standalone tool. Many facilities have developed other local initiatives including meditation rooms, group yoga sessions, and mindfulness-based stress reduction classes. In general, meditation techniques have shown some benefit in reducing stress levels among employees at work. Employees presenting with psychosocial problems should be referred to facility Employee Assistance Program or their private provider.

7. DEFINITIONS

a. **Employee.** For the purposes of this handbook, any individual duly appointed into a Federal position in the Department of Veterans Affairs either in the excepted or competitive Service, or individuals identified as defined in Appendix I-A of this part.

b. **Employee Assistance Program (EAP).** A voluntary, work-based program that provides cost free and confidential assessment, short term counseling, referral, and follow up services to employees who have personal and/or work related problems that may affect attendance, work performance, and/or conduct such as substance abuse, biopsychosocial problems or life stresses.

c. **Employee Occupational Health Service.** The [EOH] promotes the creation of a safe and healthful working environment for VA employees. [EOH] provides a comprehensive, employee occupational health, safety and wellness program for VA employees supporting the values and mission of VA.

d. **Employee Occupational Health Provider.** A physician licensed to practice medicine and authorized by credentialing, training, and/or experience to provide employee occupational health services in the work environment. [This also includes] [] advanced practice registered nurses (APRNs) and physician assistants (PAs) []. Some practice elements, such as care provided under the Federal Employee Compensation Act (FECA) require physician co-signature.

[e. **Facility Agency Medical Officer.** A Facility Agency Medical Officer is an Employee Occupational Health physician who preferably is board certified or board eligible in occupational and environmental medicine. The AMO is responsible for uniformly and consistently applying medical decisions and policies for the EOH program at the facility.]

[f.] **Medical Evaluation.** Medical evaluations are conducted for pre-placement [of] those applicants who do not have medical [standards] or physical [requirements]. These evaluations include a health history, occupational history, immunization history and tuberculosis screening. These evaluations are completed in health care facilities not to determine suitability but rather to meet Center for Disease Control and Prevention (CDC) and The Joint Commission standards.

[g.] **Medical Examination.** Though stated in Federal regulations as a physical examination, this term reflects the need for an examination that looks at the physical as well as mental and emotional capabilities of an employee [and identification of condition(s) that might prevent them from performing the essential functions of the job without risk of injury to self or others]. []

[h.] **Medical Standards.** [Standards that are established for an entire occupation across the Federal Government by the Office of Personnel Management. Medical standards specify those] minimum requirements necessary for safe and efficient performance directly related to the actual requirements of the job. [VA may establish medical standards for positions for which VA employs 50 percent or more of Federal employees in the occupation. Medical standards for positions established by VA must be approved by the Office of Personnel Management (OPM) prior to implementation in accordance with 5 CFR 339.202]

PART I

[i.] **Medical Surveillance.** Those examinations scheduled and completed because of a position's potential for or actual exposure to hazardous or dangerous substances during one's employment, e.g., [] asbestos examinations, [and hearing conservation], etc. Medical surveillance examinations, for which Occupational Safety and Health Administration (OSHA) standards exist, must be offered to individuals, but individuals have the right to refuse such examinations [].

[j.] **Medical Surveillance Program.** A group of systematic evaluations put in place for positions with established, and often mandated, standards involving health and safety requirements for jobs using personal protective equipment (PPE), Exposure Levels, Permissible Exposure Levels (PEL), Time Weighted Average (TWA), or other designated monitoring criteria.

[k.] **Not Medically Qualified.** An individual's health condition, which may adversely affect job performance or safety to an unacceptable degree. If [an] EOH [] physician assistant or advanced practice registered nurse determines, based upon pre-determined physical criteria, that an individual is not medically qualified to perform the essential components of their job, [an] EOH physician must agree in writing with that determination. The existence of a direct relationship between the individual's health and the essential duties of the specific position to be filled should be the primary consideration for a VA examining EOH provider making this determination.

[l.] **Personal Protective Equipment (PPE).** Those pieces of equipment, clothing or devices used to limit one's exposure to hazards or dangerous substances during the course of employment. Examples: Clothing – shoes, safety glasses, non-latex gloves. Equipment – lead shielding, respirators. Devices – hearing protection.

[m.] **Physical Requirements.** Requirements established for individual positions in occupations that do not have Medical Standards as defined above. Physical requirements are those physical, mental and emotional capabilities and characteristics that are essential for successful job performance. Physical requirements must be clearly supported by the actual duties of the position and documented in the position description or functional statement, and supported by a study(ies) or evaluation(s) establishing physical requirement(s) is job-related to the occupation(s). An applicant or employee may not be disqualified arbitrarily on the basis of physical requirements or other criteria that do not relate specifically to performance of the duties of a specific position.]

[n.] **Reasonable Accommodations.** Job modifications made in the duties or functions of a job in order to accommodate a [qualified person with a] disability [that enables the employee to perform] the essential functions of the job, [unless the accommodation would place] an undue burden on others performing the same work or creat[e] [an undue burden] on the facility which might then impact on its ability to fulfill its mission. (See 29 CFR 1614.203 and VA Handbook 5975.1 concerning accommodation issues).

[o.] **Special Physical Examination.** A special examination [to determine fitness for duty is] requested through Human Resources Management based on documented deficiencies in job performance and reasonable suspicion that the deficiency is related to physical or mental impairment. [Special physical examinations may be ordered for employees who occupy a position with medical standards, physical requirements or subject to an established medical evaluation program (See 5 CFR. 339.301.) This includes annual physical examinations for motor vehicle operators, firefighters, police officers, and boiler plant operators.]

APPENDIX A. [ELIGIBILITY FOR SERVICES]

Category	Occupational Safety and Health Act: injury reporting under 29 CFR 1904	Federal Employee Compensation Act: compensation for injuries under 20 CFR 10	The Joint Commission and professional standards: example - tuberculosis program	Billing for services to other agencies: placement physical examinations and vaccinations	Billing to employee for non-occupational services
Students and trainees not on VA payroll	yes	DOL decision (can file but not formally eligible)	initial evaluation and documentation responsibility of academic affiliate, as per VA Form FL-10-341b, Trainee Qualification and Credentials Verification Letter (TQCVL)	per agreement	yes
Students and trainees on VA payroll	yes	yes	yes	per agreement	yes
Without Compensation Employees	yes	DOL decision - private sector agreements exclude workers compensation	yes	per agreement	yes
[]	[]	[]	[]	[]	[]
Contractors working under VA supervisors	yes	DOL decision	yes		yes
Contractors working on VA grounds under outside supervisors	yes	no	no, documentation as per contract and directive	not eligible	yes
Title 5 employees	yes	yes	yes		yes
Title 38 Employees	yes	yes	yes		yes
non-VA employees - other Federal agencies	no	no	no	per agreement	yes

PART I

APPENDIX A

Fee-basis employees	yes	DOL decision	yes	not eligible	yes
Locum tenens	yes	DOL decision	yes	not eligible	yes
[Volunteers]	[yes]	[DOL decision]	[yes]	[Per agreement]	[yes]

EMPLOYEE OCCUPATIONAL HEALTH SERVICE

PART II. EXAMINATIONS AND EVALUATIONS

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EMPLOYEE OCCUPATIONAL HEALTH SERVICE

PART II. EXAMINATIONS AND EVALUATIONS

1. PURPOSE OF MEDICAL, PSYCHIATRIC, AND PSYCHOLOGICAL EXAMINATIONS

a. It is VA's policy to ensure that applicants and employees are physically, cognitively and emotionally fit to perform the duties of the position to which they are assigned. The requirement for a pre-placement examination or evaluation applies to all full-time, part-time, and intermittent employees identified in paragraph 3 below. Within the limitations set forth in this handbook, VA facilities may use available resources to conduct examinations and evaluations without charge for the purpose of:

(1) Initial and subsequent official VA personnel actions.

(2) Assisting employees in health promotion and disease prevention.

(3) Safeguarding the health and safety of employees and others.

(4) Detecting unsafe working conditions or those which may pose health hazards.

(5) Detecting diseases, discussing any detected non-work related medical findings with the employee and recommending consultation with a personal health care provider.

(6) Determining whether the employee is medically able to return to work or resume regular duties without impairing his/her own health or the health of others after a period of injury or illness.

b. Employee occupational health examinations and evaluations must not interfere with the services provided to VA beneficiaries.

c. Employee occupational health examinations and evaluations must not interfere with the care and treatment provided by a personal health care provider.

2. CONDUCT OF THE EXAMINATION AND EVALUATIONS.

[a.] EOH providers, using VA equipment and facilities, will perform medical examinations and evaluations and review submitted information provided by other health care providers as set forth in this handbook. If such personnel and resources are not available at the facility and the examination or evaluation of employees is required, the facility director will have the necessary examinations, tests, or X-rays performed at the nearest VA facility or other Federal hospital or clinic where the resources are available, or on a fee basis or by contract with an outside medical facility or physician, whichever is more advantageous to the Government. Any required examination may be conducted at another VA facility with EOH services although the expectation is that individuals will be examined or evaluated at the parent facility. Applicants and employees will not be billed for required examinations and tests performed by VA.

[b. In rare circumstances facilities may arrange to have prospective applicants who live outside of a normal commuting area of a VA or other Federal facility, undergo a pre-placement physical exam using a private physician, physician assistant, or an advanced practice nurse. Such arrangements would be restricted to circumstances where the required use of VA or other Federal facilities, fee basis, or contract resources would place an undue burden on the prospective appointee and delay the hiring process.] [These pre-placement examinations completed by a private provider must be authorized by the facility Human Resources Officer, in coordination with EOH and in accordance with VA fiscal guidelines. Private practitioners will be provided and required to complete the OF-178. The OF 178 and all other pertinent information will be reviewed and approved by EOH prior to the candidate's appointment.]

[3. PAYMENT FOR EXAMINATIONS.]

[a. **Agency Responsibilities.** The agency is responsible for payment of all medical, psychological, and psychiatric examinations required or offered by the agency.

[b. **Applicant and Employee Responsibilities.** An applicant or employee is responsible for payment of medical examinations, testing, or documentation under the following circumstances:

(1) When the final medical determination by EOH finds the applicant or employee medically ineligible, the applicant or employee is responsible for payment of any further examination, testing, or documentation which they voluntarily elect to submit for consideration and further review;

(2) When the applicant or employee elects to provide requested information to the agency, relative to an identified medical or physical condition in question, or the agency needs medical documentation to render an informed management decision, the applicant or employee must pay all costs associated with obtaining the medical documentation;

(3) The applicant or employee must pay for a medical examination performed by his or her private licensed physician or practitioner where the purpose of the examination is to secure a change sought by the applicant or employee (e.g. change in duty status, reasonable accommodation).]

3. PRE-PLACEMENT PHYSICAL EXAMINATIONS AND EVALUATIONS

a. **Pre-Placement Examination.** [An applicant or employee may be required to have a pre-placement examination, subsequent to a tentative offer of employment or reemployment.] Prior to appointment, the responsible Human Resources Office will provide the Employee Occupational Health Service with OF-178, Certificate of Medical Examination or other approved form, which clearly identifies the physical, mental and cognitive requirements of the job in which the individual is being considered.

(1) [A] pre-placement physical examination to determine the physical, cognitive and emotional fitness of applicants for appointment in VA is required and shall be completed prior to appointment, for all full-time, part-time and intermittent positions in the following categories:

(a) Individuals appointed [in title 38 occupations under 38 U.S.C. 7401(1) or 7405. This includes] physicians, dentists, podiatrists, optometrists, nurses, nurse anesthetists, physician assistants, expanded-function dental auxiliaries, chiropractors, [] [and] graduate nurse technicians [];

(b) [Individuals appointed in title 38 hybrid positions under 38 U.S.C. 7401(3) or 7405 who have established medical standards (by the Office of Personnel Management or VA) for the occupation or if physical requirements are prescribed in the functional statement for the position];

(c) [Residents, interns and medical consultants appointed under 38 U.S.C. 7406. Examinations are not required for these employees if they furnish evidence of satisfactory physical condition as defined in the Training Qualification Letter. This is based on physical examination within the 12 months prior to appointment. However, a pre-placement evaluation is required to meet CDC and Joint Commission recommendations and standards if the individual will be working in a health care facility];

[(d)] All title 5 Wage Grade employees;

[(e)] [Title 5] employees in occupations with medical standards;

[(f)] [Title 5] employees in positions for which physical requirements have been established;

[]

(2) A pre-placement examination must be completed in advance of the proposed appointment date to permit the results to be fully evaluated. An examination is required in any conversion action from a status or position not requiring a physical examination to one requiring such procedures. A pre-placement examination is also required when an employee changes positions or duties that have different physical requirements or medical standards from their prior position. A physical examination is not required when a position change does not involve different physical requirements or medical standards.

(a) Physical examinations of applicants separated from the U.S. Armed Forces within 90 days of appointment may be substituted for a pre-placement physical exam if the components of the examination address the medical standards and physical requirements of the position.

PART II

(b) Pre-placement examinations are valid for 90 days. In the event that a candidate is not placed in the position within 90 days of the pre-placement examination, EOH staff will re-evaluate the applicant's ability to meet the physical requirements and or medical standards of the position.

[] (c) separate and rehired pre-placement exam or evaluation is required.

[(3)] The examination will be concerned with the physical, cognitive and emotional ability of the applicant to perform the essential functions of the proposed assignment satisfactorily. Laboratory and ancillary tests are authorized as required by Federal regulatory agencies and only tests which assist the EOH provider in determining whether or not the candidate meets the physical requirements and medical standards of the job may be performed. Tests for health promotion are not to be included in these examinations.

b. **Pre-Placement Evaluation.** [A pre-placement physical evaluation is required and shall be completed for VHA full time, part-time and intermittent positions not covered in subparagraph a above and for all other VA applicants who will be assigned to work in a VHA healthcare facility. A pre-placement evaluation must be completed prior to entry on duty. This must include an occupational history, immunization status and tuberculosis screening.]

(1) Physical evaluations of applicants separated from the U.S. Armed Forces within 90 days of appointment may be substituted for a pre-placement physical evaluation if the components of the evaluation address requirements above.

(2) Pre-placement evaluations are valid for 90 days. In the event that a candidate is not placed in the position within 90 days of the pre-placement evaluation, EOH staff will determine the need for further evaluation.

c. **Medical Clearance.** The EOH Provider shall notify Human Resource Management staff of the status of medical clearance. When the results of an EOH examination done by an EOH Advanced Practice Registered Nurse or Physician Assistant places into question the employee's ability to perform the essential elements of the job: [an] EOH physician will review the medical documentation for concurrence and signature before notifying Human Resource Management staff.

4. ANNUAL HEALTH PROMOTION EVALUATIONS

a. **General.** All employees, including residents employed by the VA, are encouraged to have an annual health promotion evaluation. The annual health promotion evaluation will be voluntary and at the request of the individual employee. These health promotion evaluations should be consistent with recommendations of the US Preventive Services Task Force and the CDC Community Guide to Preventive Services.

b. **Health Promotion Evaluation.** Each administration [] will determine how comprehensive the [health promotion] evaluation will be. The evaluation [should] follow current recommendations of the US Preventive Services Task Force and the CDC Community Guide to Preventive Services. A Health Risk Appraisal is an important part of a health promotion evaluation. **Employees will be informed in writing of any discrepancies or abnormalities identified in the evaluation;** and they will be encouraged to follow-up with treatment or corrective action with their private provider as soon as possible. EOH should consider having a list of community resources for employees that may not have a personal provider.

c. **Screening Tests.** As part of the health promotion evaluation, each employee may be offered screening tests which are consistent with current A and B recommendations of the US Preventive Services Task Force and the CDC community guide on preventive services. Although screening tests are encouraged as part of a comprehensive health promotion program, they may be offered independently.

d. **Place of Evaluation.** Employees who request VA to conduct a health promotion evaluation will normally be examined or tested at their duty station.

[e. Action on Evaluation Findings.

(1) The employee will be told prior to the evaluation that the results will be kept confidential unless conditions are discovered which are considered hazardous to the health and well-being of self and others. When such conditions are discovered, management will be informed in a way that respects medical privacy (HIPAA). The report will clarify that the individual poses a threat or hazard to others.

(2) The EOH provider will discuss the findings with the employee. Employees will be notified in writing of any abnormalities uncovered which they should bring to the attention of their private provider for follow-up or treatment.

(3) The report of the evaluations will be filed in the Employee Medical Folder (EMF).

f. Payment of Health Promotion Evaluation Costs. The cost of evaluations conducted under this program at a VA facility will be borne by the Department.]

5. SPECIAL PHYSICAL EXAMINATIONS

a. General. Special physical examinations may be authorized by the Secretary, Administration and Staff Office Heads, or designees, or facility directors for employees identified in [paragraph 3 above and those covered by] Appendix A [of this Part]. A special examination and employee authorization to release the ensuing reports are considered conditions of employment. A directed or special physical examination may be required to solve questions of physical, cognitive or emotional ability to perform the essential duties of a position satisfactorily. An examination may also be necessary to determine physical, cognitive and emotional fitness to resume duty after illness [or injury]. A special physical examination may only be ordered or offered when the inquiry is job-related and consistent with business necessity. An employee may not be subjected to a special physical examination for the [sole] purpose of [] ruling out a medical reason for misconduct, performance issues, or other behavior. Employees must sign an authorization to release information form prior to undergoing any directed or special physical examination and made aware that results of the examination may be shared with leadership or others with a need to know in an effort to continue the mission of the Department. Failure of the employee to submit to a directed or special physical examination or to sign the authorization form may result in disciplinary action, including removal from employment with the Department. [Employees may elect to provide management with additional health information from their health care provider(s), however facilities cannot require employees to provide copies of their own personal health information for directed or special physical examinations. Apart from the results of a directed or special physical examination, facilities may not use any employee personal health information, unless voluntarily provided by the employee, in any disciplinary or performance-based action against the employee.]

NOTE: *According to 29 CFR 1630 in order to establish that an examination is “job related” and “consistent with business necessity” there must be a reasonable belief, based on objective medical evidence, that the employee’s ability to perform essential job functions will be impaired by a medical condition, or there is a reasonable belief, based on objective medical evidence, that the employee poses a threat due to a medical condition.*

b. Special Physical Examination to Determine Fitness-for-Duty. [A Special Physical Examination is a medical examination that may be ordered or offered to determine an employee’s ability

to perform assigned duties. Special Physical examinations must be ordered or offered in writing in accordance with subparagraph f below.]

(1) **Agency Ordered [Special Physical] Examinations.** An employee may be ordered to undergo a special physical examination [] only when the employee occupies a position with established medical standards or physical requirements [(see paragraph 3 and Appendix II-A, of this Part) and the agency has a reasonable belief, based on objective evidence, that there is a question about an employee's continued capacity to meet the medical standards or physical requirements of a position.]

(2) **Agency Offered Fitness-for-Duty Examinations.** A[n] [] examination may be offered to any employee when additional information is needed to make an informed management decision. [Reasons for offering the examination must be documented. When an offer of an examination has been made and the offer has been accepted by the applicant or employee, the examination must be carried out and the results used in accordance with the authorities cited in 5 CFR 339.103 for compliance with the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973]. An

agency offered fitness-for-duty examination is appropriate in any of the following circumstances:

- (a) When a request is made by an employee for a particular employment benefit when requested for medical reasons, i.e. change in tour, change in duties, telework, etc, and there is insufficient medical evidence for management to act on such a request;
- (b) When an employee has made a request for a reasonable accommodation and there is insufficient medical evidence for management to act on such a request;
- (c) When an employee raises medical issues in response to identified performance or conduct issues and there is insufficient medical evidence for management to consider the employee's claim; or
- (d) Any other situation where management has a need for further medical information in order to make an informed management decision based on a legal need to know basis or legitimate business necessity.

c. Other Special Physical Examinations. An employee may be required to undergo a directed or special physical examination on a regular recurring basis or periodic basis after appointment in the following situations:

- (1) When an employee has applied for or is receiving continuation of pay and/or compensation as a result of an on-the-job injury or disease to determine medical limitations that may affect placement decisions;
- (2) When an employee is released from his or her competitive level classified position during a reduction-in-force (RIF) if the position to which the employee has reassignment rights has medical standards or physical requirements which are different from those required in the employee's current position;
- (3) When an employee occupies a position that is part of an established medical evaluation program under part IV of this Handbook.

d. Psychiatric [Examinations] and Psychological [] Assessments. Psychiatric [examinations] and psychological assessments diagnose or assess the mental health performance or conditions of an individual. Such examinations and assessments may be ordered for employees in positions that have established medical or physical standards that include a psychological requirement.

(1) Agency Ordered Psychiatric Examinations and Psychological Assessments. [Psychiatric] examination[s] [or] [psychological] assessment[s] [] must be conducted in accordance with accepted professional standards, by a licensed [] physician [certified in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Psychiatry and Neurology, or by a licensed psychologist or clinical neuropsychologist]. They may be used only to make legitimate inquiry into a person's [mental fitness as it directly relates to successfully performing the duties of the position without significant risk to the applicant or employee or others, and/or to the vulnerability of business operation and information systems to potential threats]. An employee may be ordered to undergo an [examination or] evaluation only in one of following circumstances:

(a) When the result of a current general medical exam as part of a special physical examination indicates no physical explanation for behaviors or actions [that may] affect the safe and efficient performance [of the applicant or employee, the safety of others, and/or the vulnerability of business operation and information systems to potential threats; or]

(b) When a psychiatric examination is specifically called for in a position having medical standards or subject to a properly established medical evaluation program; or

(c) When an employee has filed a claim for benefits under the Federal Workers' Compensation Program and the claim is related to a stress or psychological issue. In these instances the psychiatric examination may be ordered when the employee has provided insufficient medical evidence needed by the agency to properly determine the extent of medical impairment related to the claim of the employee.

(2) **Agency Offered Psychiatric Exams.** An employee may be offered a psychiatric or psychological examination or psychological assessment in any situation where management needs additional medical documentation to make an informed decision. These may include situations where an individual requests for medical reasons a change in duty status, assignment, working conditions, or any other benefit or special treatment (including reasonable accommodation or reemployment on the basis of full or partial recovery from a medical condition) or where the individual has a performance or conduct problem which may require agency action. The reasons for offering an examination must be documented.

NOTE: *If an employee occupies a position that has medical standards or physical requirements and is ordered to undergo fitness-for-duty or psychiatric examinations or psychological assessments then the agency must be able to articulate a reason that the employee's ability has come into question and articulate the reason to the employee when ordering the exam. If the employee's position does not have properly established medical standards or physical requirements or there is no basis to order the examination based on a "job related" or "business necessity" then there is no regulatory authority to order a fitness-for-duty, psychiatric examination, or psychological assessment.*

e. **Place of Examination.** The same instructions will apply as those set forth above in paragraph 2 of this part. At their own expense, employees may have tests and diagnostic procedures performed by other than a VA EOH provider and/or facility. The VA EOH provider will review all medical information provided by outside providers to ensure that the information submitted meets the established VA standards.

f. **Notice to Employee.** An employee will be given advance written notice of a special physical examination []. The letter ordering or offering a special physical examination to determine fitness-for-duty, psychiatric or psychological examination or assessment must be signed by the Facility Director, or equivalent, or the Human Resources Officer (if designated by the Facility Director). The notice will include:

(1) Reason for examination;

(2) Date, time and location of examination (include travel information, if appropriate);

(3) Right to submit physical examination results or other medical evidence obtained at the individual's own expense for consideration by the VA EOH provider and/or, if appropriate, by a Physical Standards Board (see part III of this handbook);

(4) The results of the examination may be shared with leadership or others with a need to know [in order to continue the mission of the Department. For Title 38 and Title 38 hybrid employees this may include sharing results of the clinical examination with the Physical Standards Board]; and

(5) Failure of the employee to sign the [Request For and Authorization to Release Medical Records or Health Information, Form VA 10-5345] constitutes refusal of a directed or special examination and may be grounds for disciplinary action [].

NOTE: *When a special physical examination is required in connection with a possible agency-initiated disability retirement, representation will be allowed as provided in OPM, CSRS, and FERS Handbook for Personnel and Payroll Offices, Chapter 60 (Disability Retirement).*

6. TRAVEL FOR MEDICAL EXAMINATIONS. When travel of an employee is required for mandated medical or psychiatric and psychological examinations and assessments, issuance of the necessary travel order is authorized. No travel for such examinations or assessments may be authorized for [job applicants]. If examinations or tests are authorized on a fee basis, they will, if feasible, be done in the local community and no travel may be authorized. If examination on a fee basis in another community is required, the field facility head, Network Director, Regional Director, Area Office Director, or administration or staff office head may approve such travel at Government expense.

7. MEDICAL ACTION ON REPORTS OF EXAMINATIONS AND EVALUATIONS

a. **Responsibilities.** The EOH provider will review reports of examinations and evaluations, x-rays, and other laboratory tests for employees or [applicants for appointment]. Employees will be informed in writing of any discrepancies or abnormalities identified; and they will be encouraged to follow-up with treatment or corrective action as soon as possible with their personal primary care provider. EOH should consider having a list of community resources for employees that may not have a personal provider. Where there is no designated EOH provider, the Human Resources Management Officer will be responsible for arranging for the medical examination, evaluation, and review of reports of examinations, X-ray, and laboratory tests. Such programs require oversight by a VA designated EOH physician.

b. **Report [of Findings] to Management.** All pre-placement physicals and special examinations performed by EOH [will be reported] ([by] formal report or approved form) to the Human Resources Management Officer for appropriate disposition. If a candidate or employee cannot perform the essential functions of the position, the EOH provider will inform Human Resources as to which essential functions of the job were not met. []

**APPENDIX A. MEDICAL CONDITIONS AND CRITERIA COVERING
MEDICAL EVALUATIONS FOR MOTOR VEHICLE OPERATORS, FIREFIGHTERS,
POLICE OFFICERS, AND BOILER PLANT OPERATORS**

Special examinations are required for motor vehicle operators, firefighters, police officers and boiler plant operators []. EOH providers shall complete OF 178, Certificate of Medical Examination, or equivalent form. A statement as to whether the candidate does or does not meet the essential functions of the job shall be sent to Human Resource Management. If the candidate does not meet the essential functions of the position, the EOH provider will notify Human Resources as to which essential functions of the job are not met. []

1. MOTOR VEHICLE OPERATORS

a. [All motor vehicle operators and incidental drivers shall undergo a standard pre-placement examination and periodic medical evaluation at least once every 4 years to ensure that employees who operate government owned or leased vehicles are medically able to do so without undue risk to themselves or others.] Categories of drivers covered include:

[(1) Individuals, including wage-grade drivers, title 5, title 38, and hybrid title 38 employees or volunteers who drive government owned or leased vehicles that do not require a commercial driver's license (CDL) nor who transport patients must be medically cleared according to 5 CFR 930.108 and the provisions of 5 CFR 339.104.

(2) Individuals, including wage-grade drivers, title 5, title 38, and hybrid title 38 employees or volunteers who drive government owned or leased vehicles that do require a commercial driver's license (CDL) must be medically cleared according to 49 CFR 391.41.

(3) Individuals, including wage-grade drivers, title 5, title 38, and hybrid title 38 employees or volunteers who transport patients shall be medically cleared utilizing the medical conditions and medical criteria established by the VHA Occupational Health Services.]

(4) Heavy equipment motor vehicle operators.

b. **Purpose/Scope.** The goal of the motor vehicle operator examination is to assure that motor vehicle operators can drive themselves and passengers safely, react to emergencies and, where appropriate, perform basic life support [(BLS)].

[(1) Volunteer drivers who drive vehicles for the Volunteer Transportation Network (VTN) are not required to perform BLS and basic cardiac life support.

(2) Volunteer drivers who drive vehicles for the Veterans Transportation Service (VTS) are required to be BLS certified, due to the level of assistance that may be required in transporting these patients.

(3) Employee drivers who transport patients are required to be BLS certified.]

c. **Critical Tasks and Responsibilities.** Critical tasks include safe driving, appropriate transportation of objects or patients, and basic cardiac life support.

d. **Critical Core Elements for Clearance.** [In order to ensure employee, public and patient safety, VA policy requires that all those who drive a vehicle for VA be medically evaluated. The level of evaluation will be based on legal and regulatory requirements (i.e. Commercial Driver License requirements), the size of vehicle, number of passengers, length of time on the road and other applicable job factors. As required by EEOC, medical conditions of the employee-driver will be evaluated on a case by case basis to determine, in the employee occupational health (EOH) provider's opinions, if the employee can safely perform the driving duties required of the job.]

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[] e. **Pre-placement Examinations.** All individuals shall undergo examination before they are permitted to drive.

f. **[Employee] Examinations.** Individuals under the age of 55 shall be examined every four years. Between the age of 55 and 65, employees shall be examined every two years. After the age of 65, employees shall be examined every year. When the EOH determines that the [employee] has conditions present that warrant more frequent examination, the [employee] will follow those recommendations. Prior to undergoing these examinations, the employee must sign an authorization to release information form and be made aware that results of the examination may be shared with Human Resources Management or others with a need to know. Failure to participate in these examinations or to sign the authorization form may result in disciplinary action, including removal from employment with the Department.

[]

2. FIREFIGHTERS

a. **Criteria.** [] Firefighters [and firefighter chiefs] must be able to meet the physical demands of the position. Medical and physical standards for firefighting are addressed both by OPM and the National Fire Protection Association (NFPA) in standards 1582 and 1583. [The elements required by the examination are completed by the EOH provider annually using the OF-178 form.]

b. **Purpose/Scope.** The goal of medical examinations for firefighters, including firefighter chiefs, is to assure that there are no medical contraindications to performing the essential functions of their job. The goals are to:

(1) Support ongoing physical fitness and the ability to perform the duties of a firefighter as identified by the training officer;

(2) Support the completion of firefighting tasks safely; and

(3) Decrease the risk of adverse medical events.

[]

[c.] **Critical Core Elements for Clearance.**

(1) **Initial/Pre-placement.** Firefighter [applicants] must demonstrate to the satisfaction of the EOH provider that they can perform the essential functions of the job []. [Examinations will address the functional requirements and environmental factors identified on the OF-178 form, Report of Medical Examination, or other approved form.] []

(2) **[Employees].** [Employees] must demonstrate to the satisfaction of the EOH provider that they can perform the essential functions of the job []. [Employees], on an annual basis, must meet medical evaluation criteria as outlined in NFPA Standard 1582, Chapters 7 and 8. [] Employees may not refuse

to participate in the annual examination. Prior to undergoing the annual examination, the employee must sign an authorization to release information form [(VA Form 10-5345)] and be made aware that results of the examination may be shared with Human Resources Management or others with a need to know. Failure to participate in the annual examination or to sign the authorization form may result in disciplinary action, including removal from employment with the Department.

3. POLICE OFFICERS

a. **Criteria.** [] [A]ll police officers, including police chiefs, shall undergo the standard pre-placement and annual medical examination and be evaluated specifically for cardiovascular fitness and psychological stability by EOH. []

b. **Purpose/Scope.** The goal of medical examinations for police officers is to assure that there are no medical contraindications to performing the essential functions of their job. The goals are to:

- (1) Decrease the risk of adverse medical events;
- (2) Support the completion of police officer tasks safely; and
- (3) Support physical fitness and ongoing ability to perform work as a police officer [].

c. **Critical Tasks and Responsibilities.** [Police officers must [meet the physical fitness standards and testing requirements as they are referred to in VA Directive and Handbook 0730, Appendix A.]

d. **Initial/Pre-placement Examinations.** [Police officer applicants must demonstrate to the satisfaction of the EOH provider that they can perform the essential functions of the job.] Examinations will address the functional requirements and environmental factors identified on the OF-178, Report of Medical Examination, or other approved form. Specific guidance includes:

(1) **Hearing Tests.** [] If the speech recognition in noise is abnormal, Human Resources [will] consider[] assigning the officer to duties that do not require speech recognition in noise. The officer may use hearing aide(s) to achieve adequate speech recognition which must be confirmed by testing with the hearing aid(s). [Generally, VA police officers are not authorized to wear hearing aids on duty. However, if hearing aid(s) is (are) required to achieve adequate speech recognition, the authority to use such aids while at work will be determined on a case by case basis.]

(2) **Psychological Evaluation.** At a minimum, the psychological evaluation [of police officer applicants] shall consist of a structured interview and standardized, objective psychological [evaluation]. Typically, at least two psychological [evaluations] will be administered. [] Both suitability and stability shall be assessed. []

(3) **Cardiovascular Evaluation.** [Applicants] shall be evaluated for risk factors for cardiac disease. [If there are two or more cardiovascular risk factors the EOH provider should consider ordering an ETT.]

[]

e. **Annual Examinations.** On an annual basis, police officers, including police chiefs, will undergo the standard medical evaluation, including cardiovascular evaluation, and psychological [evaluation] []. [Psychological testing will only be conducted when there are questions raised concerning the psychological fitness of the police officer during the psychological evaluation.] EOH providers should consider ordering an exercise tolerance test (ETT) if the individual has two or more cardiovascular risk factors. [] The ETT should be repeated every 5 years for those with significant risk factors but no established cardiovascular disease or for those who are asymptomatic after coronary artery bypass graft and; every 2 years for others with established cardiovascular disease (i.e. with well-controlled angina, status post myocardial infarction, angioplasty or stent). Employees [must complete an] annual examination. Prior to undergoing the annual examination, the employee must sign an authorization to release information form [(VA Form 10-5345)] and be made aware that results of the examination may be shared with Human Resources Management or others with a need to know [in an effort to continue the mission of the Department]. Failure to participate in the annual examination or to sign the authorization form [(VA Form 10-5345)] may result in disciplinary action, including removal from employment with the Department.

4. BOILER PLANT OPERATORS

a. **Criteria.** [] [B]oiler plant operators shall undergo pre-placement and annual medical evaluations to determine their ability to safely perform heavy work in a hot, noisy, and potentially confined or elevated environment. After a risk assessment of the job hazards, and potential exposure, appropriate medical surveillance such as respiratory protection, hearing conservation, heat stress, and asbestos should be performed.

b. **Purpose/Scope.** The goal of medical examinations for boiler plant operators is to assure that there are no medical contraindications to performing the essential functions of their job. []

(1) Assure the ability to perform the essential functions of boiler plant activities safely;

(2) Decrease the risks of work in isolated, hot, noisy, confined or elevated environments, and around hazardous materials; and

(3) Ensure physical fitness and ongoing ability to perform specialized boiler plant duties.

[]

[c.] **Annual Examinations.**

(1) All boiler plant operators must have annual physical examinations to ensure physical fitness to perform the assigned duties of the job. []

(2) Other testing and evaluations such as pulmonary function studies or laboratory testing may be necessary for participation in specific medical surveillance programs. The [employee] has the right to refuse to participate in a routine medical surveillance program, however, they may not refuse to participate in the annual boiler plant operator physical.

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(3) Prior to undergoing the annual examination, the employee must sign an authorization to release information form [(VA Form 10-5345)] and be made aware that results of the examination may be shared with Human Resources Management or others with a need to know [in an effort to continue the mission of the Department]. Failure to participate in the annual examination or to sign the authorization form [(VA Form 10-5345)] may result in disciplinary action, including removal from employment with the Department.

August 3, 2017

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EMPLOYEE OCCUPATIONAL HEALTH SERVICE**PART III. PHYSICAL STANDARDS BOARD[S]**

1. COVERAGE. The provisions of this part apply to [title 38] employees appointed under the authority of 38 U.S.C. [7401(1), 7405, and 7406, and title 38 hybrid employees appointed under 38 U.S.C. 7401(3) and 7405 who have medical standards or physical requirements (see paragraph 3, Part II of this handbook)].

2. RESPONSIBILITIES. Physical Standards Boards act for the Under Secretary for Health. The Boards are responsible for determining the physical, cognitive, and emotional fitness, and for recommending action based on examination findings. A Board's findings cannot be changed or modified except by the Board itself. A Board may recommend acceptance or rejection of [] [an] employee for [] continued employment for physical, cognitive, and/or emotional reasons.

3. APPROVAL. The Under Secretary for Health or designee will approve membership of Physical Standards Boards in Central Office. Health care facility directors or equivalent will approve membership of Boards at their respective facilities.

4. MEMBERSHIP. A Physical Standards Board will consist of a minimum of three physicians with appropriate professional expertise to make a fitness determination. However, when an unusual dental problem is under consideration, one physician will be replaced by a dentist. A physician will be chairperson. Persons in a position to prejudice the action of the Board may not serve as members of the Board conducting the review. The Human Resources Management Officer, or a designee, will be present to serve the Board as a technical advisor. Wherever the term "Physical Standards Board" is used in this handbook, it will refer to a Board with membership as described in this paragraph. [] All Board members must complete Privacy Act training for clinicians.

5. PROCESS FOR QUESTIONABLE PHYSICAL FITNESS

a. When the results of [a special physical] examination places into question the employee's ability to perform the essential elements of the job: the EOH physician will notify the Human Resources Management Officer[.] [Human Resources] will coordinate the convening of a Physical Standards Board for the facility director and the Chief of Staff for determination of the ability of the person to meet the requirements of the job. The Chief of Staff's Office will be permitted adequate opportunity for comment or recommendation on the findings of the Board. The Board will render its opinion as to whether or not the individual examined can perform the required essential functions of his/her job without hazard to VA beneficiaries, employees or self.

b. As part of health care operations, EOH may release the individual medical records to the Professional Standards Board for evaluating the abilities of a title 38 employee whether they were obtained for the purposes of evaluating the employee or if they were known to exist, when the records are needed to evaluate the provider's professional qualifications and performance (45 CFR 164.501,

164.506). Where the purpose is to assess an employee's physical qualifications or physical ability to perform, disclosure requires the employee's signed authorization to release information form.

NOTE: *Under 45 CFR 164.501, the definition of health care operations includes "reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities."*

c. After deliberations, the Physical Standards Board will prepare its findings on Board Action VA Form 10-2543. The Board will submit its report to the appropriate officials named in paragraphs 6 through 8 below, through channels, for necessary action. If the Board determines a person to be physically, cognitively and/or emotionally incapable of performing the duties of the assignment the following courses of action may be taken:

[]

[(1)] In some instances an individual who would not ordinarily be considered for continuing employment may be able to render valuable service to VA within that individual's physical limitations. The Board must be satisfied that the examinee can perform the required essential functions of a job reassignment with reasonable accommodation.

[(2)] [] [I]f the nature of the physical condition is one that may be corrected by medical treatment, sick leave, annual leave, and/or leave without pay may be granted, as appropriate.

[(3)] If retention of an employee is not considered to be in the best interest of VA, action will be taken to separate the employee for disability or disability retirement as appropriate. When effecting medical separations based on the recommendation of a Physical Standards Board all agency reasonable accommodation obligations and requirements must be adhered to prior to effecting the separation action. (For policies and procedures related to disability separations, see part VI of VA Handbook 5021. For agency reasonable accommodation obligations and requirements see VA Directive 5975.1)

d. All records generated as a result of the Physical Standards Board will be maintained in the appropriate system of records following disposition and related action with board review. [] If a major adverse action results based on the findings of a Physical Standards Board, a copy of the board action form should be kept in the evidence file maintained by the servicing Human Resources Office.

6. UNDER SECRETARY FOR HEALTH. The Under Secretary for Health, or designee, acts on findings of Physical Standards Boards and physical examination findings involving personnel employed in Central Office.

7. CHIEF PATIENT CARE SERVICES OFFICER. This individual acts on Physical Standards Board findings resulting from special examinations involving:

- a. [Title 38] [h]ealth care facility directors;
- b. Chiefs of staff at facilities having a director who is not a physician; and

c. Network Chief Medical Officers.

8. HEALTH CARE FACILITY DIRECTORS. These individuals act on Physical Standards Board findings when required for [employees except those in paragraph 7.]

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EMPLOYEE OCCUPATIONAL HEALTH SERVICE

**PART IV. HEALTH MAINTENANCE PROGRAMS,
EXAMINATIONS AND VACCINATIONS**

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EMPLOYEE OCCUPATIONAL HEALTH SERVICE

**PART IV. HEALTH MAINTENANCE PROGRAMS,
EXAMINATIONS AND VACCINATIONS**

1. HEALTH [MAINTENANCE PROGRAMS]

a. **Extent of Program.** VA provides health promotion evaluations on a voluntary basis for all employees as defined in Appendix I-A of this handbook in support of healthier Federal workers. Other aspects of the health promotion/disease prevention program are described in part 1, paragraph 6, of this handbook.

b. Purpose of the Evaluations

(1) The health promotion evaluations are a benefit offered to employees. The evaluations follow principles defined by the United States Preventive Services Task Force's Guide to Clinical Preventive Services and the CDC Community Guide to Preventive Services. These may include but are not limited to:

(a) Screening for tobacco usage, counseling, and over-the-counter nicotine replacement therapy;

1. VHA Directive 2010-041, Tobacco Cessation, dated September 16, 2010, [or subsequent issue] was implemented to support employees who are trying to stop usage of tobacco products.

2. Federal Employee Health Benefits (FEHB) as part of their prevention program also initiated coverage for tobacco cessation to benefit holders effective January 2011.

(b) Blood pressure screening;

(c) Fecal Occult BT, age 50 years and above;

(d) Screening for diabetes;

(e) Lipid profile;

(f) Acetylsalicylic acid (ASA) recommendations;

(g) Calculation of Body Mass Index (BMI) and or abdominal girth;

(h) Alcohol Use and Depression Screening;

(i) Health Risk Appraisal;

(2) The purpose of the periodic evaluations is to maintain all employees at their productive best. The frequency of these screening evaluations shall follow the most current United States Preventive Services Task Force's Guide to Clinical Preventive Services.

c. Action on Evaluation Findings

(1) The employee will be told prior to the evaluation that the results will be kept confidential unless conditions are discovered which are considered hazardous to the health and well-being of self and others. When such conditions are discovered, management will be informed in a way that respects medical privacy (HIPAA). The report will clarify that the individual poses a threat or hazard to others.

(2) The EOH provider will discuss the findings with the employee. Employees will be notified in writing of any abnormalities uncovered which they should bring to the attention of their private provider for follow-up or treatment.

(3) The report of the evaluations will be filed in the Employee Medical Folder (EMF).

d. Payment of Health Promotion Evaluation Costs. The cost of evaluations conducted under this program at a VA facility will be borne by the Department.

2. VACCINATIONS

a. [Each administration will determine, based on CDC recommendations, public safety, and occupational exposures to infectious diseases and applicable regulations which vaccinations will be offered to employees.] []

[]

b. **Adverse Vaccination Events.** When adverse vaccination events are identified, employees shall report the event to the EOH provider. The EOH provider shall complete a VA Adverse Drug Evaluation report, and for VHA, the event shall be captured in the Employee Occupational Health Record-keeping System. The employee may elect follow-up care from their primary care provider and may file a workers' compensation claim.

3. INFECTIOUS DISEASE MANAGEMENT

a. Tuberculosis Program

(1) **Coverage/ Scope.** This program includes all healthcare personnel as defined in Appendix I-A, who are assigned to work in a health care facility.

(2) Facilities will conduct a risk assessment to determine the level of risk for tuberculosis. They will implement the appropriate level of tuberculosis surveillance with appropriate tuberculosis screening frequencies based on CDC guidance.

(3) Tuberculosis Screening

(a) All covered employees shall have a pre-placement assessment for tuberculosis according to current CDC/American Thoracic Society (ATS) guidelines. A chest x-ray is not a substitute for tuberculin skin testing or a blood assay for tuberculosis in individuals with a negative history of tuberculosis disease or latent tuberculosis.

(b) Some categories of patients, such as Homeless Program (Outreach) employees may require annual tuberculosis screening and tuberculosis surveillance even if the hospital as a whole is deemed to be at low risk.

(c) The EOH provider shall review all available tests, and where applicable order a chest x-ray and review the results prior to commencement of duty.

(d) Pre-placement employees suspected of or found to have active tuberculosis will have their commencement of duty postponed until it is determined they are no longer infectious according to current CDC/ATS guidelines.

(e) Periodic tuberculosis surveillance will be conducted in accordance with current CDC recommendations. []

(4) **Exposure to Tuberculosis.** Employees exposed to patients or other employees with active tuberculosis will undergo [] [screening according to current CDC guidelines.]

(a) If an employee develops a positive skin test or positive blood assay test or a change in his/her clinical condition suggestive of tuberculosis, current CDC guidelines shall be followed to rule out infectious tuberculosis.

(b) If any employee is identified with a change in their tuberculosis status, further planning shall be conducted in collaboration with infection control, infectious disease, hospital epidemiology and local Public Health agencies.

(c) Such cases of conversion are to be included on the OSHA log.

(5) **Records.** All employee records pertaining to tuberculosis, including all chest x-rays, shall be retained with the employee's EMF for the duration of the employment plus 30 years following the OSHA mandates on medical record retention.

4. MEDICAL SURVEILLANCE

a. All employees with potential exposure to hazardous conditions based on a risk assessment identified by the facility industrial hygienist/safety officers shall be included in a medical surveillance program. Those designations will trigger medical surveillance requirements, as defined in the OSHA standards, the National Institute of Occupational Safety and Health (NIOSH) standards, professional practice guidelines, and other professional societies, such as American National Standards Institute.

b. The frequency and content of the medical surveillance evaluations depend on the specific agent.

c. Occupational Health Registered Nurses (RN) as other licensed healthcare professionals under the Respiratory Standard (29 CFR 1910.134b.10) may conduct respirator evaluations if it is within their scope of practice. They may clear workers for respirator fit testing if there are no positive responses on the questionnaire. If there are positive responses to questions 1- 8 of the questionnaire, and when there is sufficient information to reach a reasonable and prudent nursing judgment related to the worker's ability to safely use a respirator without health limitations, RNs may clear workers for respirator fit testing for filtering face piece respirators (such as the N-95). If there is not sufficient information to reach the necessary judgment of the worker's ability to safely use a respirator without limitations, the worker must be referred to a licensed independent practitioner (LIP) for further evaluation.

EMPLOYEE OCCUPATIONAL HEALTH SERVICE**PART V. RECORDS AND FORMS****1. HEALTH RECORDS**

a. As VA moves from a paper to an electronic record-keeping system, the numbered forms in use may be replaced by approved equivalent electronic forms and documentation may be accomplished in an electronic health record. For VHA this includes the Employee Occupational Health Record-keeping System (OHRS). []

b. [The confidentiality of occupational health records of employees are protected by the Privacy Act of 1974, Title 5 U.S.C. section 552a, the Federal Employee's Compensation Act (FECA), 5 U.S.C. Chapter 81 and Title 20 Code of Federal Regulations (CFR) Part 10 Subpart A, Privacy Procedures for Personnel Records in 5 CFR Parts 293 and 297, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, 45 CFR Parts 160 and 164, the Genetic Information Nondiscrimination Act (GINA), 29 CFR Parts 1630 and 1635, and the Americans With Disabilities Act (ADA). The records are maintained in Employee Medical File System of Records (OPM/GOVT-10) for Title 5 employees and the Employee Medical File System Records (08VA05) for Title 38 employees, which authorizes various routine use disclosures without employee's written release of information or authorization.]

[c. The employee medical file (EMF) will be maintained in accordance with Office of Personnel Management and VA procedures. Medical records will be retained in EOH where they are under the control of EOH staff under double lock protections or if an electronic health record with the same level of protection. Otherwise, records must be kept under double lock controlled by the HRM office or, if electronic health record with the same level of protection. If the EMF is an electronic health record, the EMF must be protected by restricted access procedures and audit trails according to VA policy].

(1) An EMF will be prepared by the Human Resources Management Office for each employee who enters on duty and forwarded to EOH. The EOH staff will record the dates and results of all medical examinations, tests and vaccinations, as well as all treatments for illnesses and injuries. EMFs related to confidential matters such as mental illness, sickle cell disease and HIV testing must be kept in a sealed confidential file or equivalent electronic format. [Occupational health records and personal health information must be kept separately in the employee medical folder].

(2) Employees and applicants have a right to review their Employee Medical Folder in compliance with the Privacy Act and [for records maintained in VHA facilities, the HIPAA Privacy Rule]. [Employees and applicants] may request copies of their Employee Medical Folder [using VA Form 10-5345a, Individual's Request For a Copy of Their Own Health Information.] A copy of the individual's medical folder will be provided within the specified time frame in compliance with Negotiated Agreements, as well as the Privacy Act and the HIPAA Privacy Rule, after receipt of [the VA Form 10-5345a] by the employee.

(3) All requests for and disclosures of health information must be documented following current VA requirements [and VHA policy].

(4) Employees have a right to ask for their health record to be modified. Amendments to the Employee Medical Folder will follow current VA, [VHA] and OPM requirements.

[d.] Employee occupational health is the designated custodian of record for the EMF. Human Resources' primary function is to assure appropriate restriction of access under the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

[e.] When employees transfer to another agency [] their permanent medical records will be transferred [through Human Resources] in accordance with [5 CFR 293.510 and 5 CFR 293.306]. The [employee's medical file must be transferred to the gaining agency at the same time as the employee's OPF]. The [EMF] will be screened to assure that permanent medical records, as prescribed in 5 CFR 293, subpart E are placed in a sealed envelope and included in the personnel folder prior to transfer.

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Other medical records will be retained per OSHA standards and disposed of in accordance with the applicable records control schedule. Employees may, upon written request, have copies of these temporary medical records sent to their gaining agency or personal physician.

[f.] If an employee transfers to another VA facility, [upon transfer the employee medical folder shall be sent to the gaining VA facility through Human Resources in accordance with 5 CFR 293.306] []. [The employee's medical file will be screened by EOH to ensure that permanent medical records, as prescribed in 5 CFR 293, subpart E are placed in a sealed envelope and included in the personnel folder prior to transfer. Other medical records will be retained per OSHA standards and disposed of in accordance with the applicable records control schedule. Employees may, upon written request, have copies of these temporary medical records sent to their gaining agency or personal physician.] Electronic access will be provided to the gaining facility for review prior to acceptance of a transfer if OHRS is utilized.

[g. When employees separate from Federal service, their permanent medical records will be forwarded to the National Personnel Records Center (NPRC) through Human Resources along with the Official Personnel Folder using the instructions in 5 CFR 293.307. The employee's medical file will be screened by EOH to ensure that permanent medical records, as prescribed in 5 CFR 293, subpart E are placed in a sealed envelope and included in the personnel folder prior to transfer. Other medical records will be retained per OSHA standards and disposed of in accordance with the applicable records control schedule. Employee medical folders must be retained by the losing agency for 30 working days after separation, and may be retained for an additional 60 days where administratively necessary].

2. FORMS

[a.] The responsible Human Resources Officer will provide the examining occupational health provider with the position description [or functional statement] and the essential functions of the job on the OF 178 or other approved form [for all pre-placement and special physical examinations]. If the examination is completed outside of EOH the completed form shall be returned to the EOH provider for review and concurrence. [If the special physical examination results in a question regarding the employee's fitness, the OF-178 will be referred to a Physical Standards Board for evaluation.]

[(1)] Physical examinations of applicants separated from the U.S. Armed Forces within 90 days of appointment are also acceptable if they address the criteria needed for the position for which they are being hired. Certified copies of such examinations are acceptable [and will be placed in the employee's EMF].

[(2)] VA Form 5-3831b, Report of Employee's Emergency Treatment, or equivalent, will be used when, in the opinion of the EOH provider, it is necessary to inform a supervisor concerning an employee's recommended duty status.

[(3)] VA Form 5-3831c, Daily Report of Employees' Injuries, or an equivalent electronic record may be used to inform the Safety Officer, the Human Resources Management Officer and Workers' Compensation Specialist of a work-related illness or injury.

[(4)] The Department of Labor form CA17, Duty Status Report, shall be used to inform an employee's supervisor about an employee's duty status for all work-related injuries and illnesses.

[]

EMPLOYEE OCCUPATIONAL HEALTH SERVICE**PART VI. MANAGEMENT OF WORK-RELATED INJURIES AND ILLNESSES**

1. PURPOSE. This part contains policy on the role of EOH providers in the management of work-related injuries and illnesses, if adjudicated by the Office of Workers' Compensation Program (OWCP). This section complements and supports VA Handbook 5810, the governing policy for Workers' Compensation matters in VA.

2. POLICY. It is the policy of VA that:

a. All VA employees are [entitled to apply for and receive benefits for which they are entitled under] the Federal Employee Compensation Act [(FECA)] [].

b. EOH staff work collaboratively with Safety Officers and Workers' Compensation [] [Program (WCP) personnel] to ensure [emergency diagnosis and first treatment when elected by the injured worker] [], proper documentation of on-the-job injuries and illnesses, [] and development of appropriate intervention strategies to prevent future events through safety investigations and Accident Review Boards (see VHA Handbook 7701).

c. [When the injured worker elects EOH as the provider of choice, EOH staff provide appropriate treatment and referral of injured workers; and implement early return-to-work strategies. []

d. EOH staff participate in case management of disputed claims or questionable medical reports [at the request of WCP personnel. WCP personnel must redact any Personally Identifiable Information (PII) before providing EOH with worker's compensation case file documentation.]

e. The EOH staff in collaboration with Safety Officers and/or Industrial Hygienists evaluate the workplace environment when an [injured worker] complains of an illness which may be related to his or her work environment, often after using appropriate clinical documentation strategies to link a disease to the workplace. This linkage serves only to document a link, to justify workplace interventions, and to protect patients and staff but does not justify clinical treatment without adjudication by the Department of Labor.

3. RESPONSIBILITIES

a. The [injured worker] is responsible for [submitting medical reports and duty status]. [It is strongly encouraged that medical documentation address all] 12 critical elements as required by 20 CFR 10.330. [When] VHA clinicians [are the treating provider] all 12 elements [must be addressed] in their reports.

b. EOH [may provide emergency diagnosis and first treatment to all VA employees. When the injured worker elects EOH as the provider of choice, EOH providers treat and follow-up on the medical conditions until the condition is resolved or the injured worker is approved by OWCP to change their provider of choice]. **NOTE:** *[Injured workers] have the right to elect their own treatment provider; however, where EOH services are provided in-house, such programs should strive to be providers of choice.*

c. The EOH provider shall evaluate staff with potential [occupational exposure resulting in disease or illness to ensure that a safe work environment exists] work-related illnesses to determine if a causal relationship exists and to collaborate with safety, industrial hygiene, and engineering services to mitigate the hazard, if possible, and with the treating physician to support treatment, where appropriate.

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NOTE: *Although [injured workers] may not be treated in EOHS for work-related illnesses until the case is accepted by the OWCP and the patient elects EOHS as the treating physician, EOH staff have the responsibility to ensure a safe work environment.*

d. The EOH provider [,when elected as an injured worker's provider of choice,] shall work closely with [WCP personnel] and the supervisor to coordinate the care of an injured [worker] with the goal of bringing the employee back to work.

[(1)] EOH providers recommend treatment plans, duty status (including any restrictions or time off) and assist supervisors in regard to restrictions when those are indicated. The EOH provider does not have the authority to send an [injured worker] home.

[(2)] The EOH provider will collaborate with the [injured worker's] supervisor in return to work clarifications defining what the injured [worker] is able to do, comparing that with elements of the job description, and clearing for specific elements or restrictions.

[e.] [WCP personnel provide] EOH with the [DOL] [F]orm CA16, Authorization for [*Medical Examination And/Or Treatment*], when an [injured worker] claims a [traumatic] injury [, elects EOH as the provider of choice, and the third visit is within seven days from the date of injury]. It is the responsibility of the EOH provider to complete the physician's portion [sign, date and return the DOL Form CA-16] [] to [WCP personnel] within 48 hours after [the] appointment with the injured [worker].

[f. When elected as the injured worker's provider of choice, the EOH provider participates in the billing process in collaboration with WCP personnel and the facility Medical Care Cost Recovery staff.]

[(1) The facility must register with Affiliated Computer Services, Inc. (ACS) so that EOH may bill DOL for services beyond the second visit.]

[(2) EOH must bill for services provided to the work-related injured worker beginning with the third visit.]

[]

NOTE: *The [Department of Labor, Office of Workers Compensation Programs] is the only organization that adjudicates a claim and is the final arbiter.*

4. PROVISION OF CARE

a. Occupational and environmental injuries and illnesses should be [evaluated] promptly. EOH providers are uniquely qualified to [evaluate] occupational illnesses and injuries because of their knowledge of the workplace. The EOH provider can objectively resolve issues about [the safety of the work environment]. [] When ancillary services are not available within VHA, or when the next appointment cannot be scheduled within the time frame requested by the clinic, the facility shall make consultation arrangements to send the [injured worker] to a local facility.

b. The role of the EOH provider is to establish the diagnosis, determine causal relationship, provide treatment, consult with specialists when necessary and determine when the [injured worker] is able to

return to work physically and mentally.

c. Advanced Practice Registered Nurses (APRN) and physician assistants (PA) may examine and treat [injured workers] within their scope of practice. The OWCP will not accept NPs or PAs as treatment providers without the co-signature of a physician. Therefore, all clinical notes shall be co-signed by the designated occupational health physician.

d. The EOH provider shall document duty status restrictions on [DOL] [F]orm CA-17, [*Duty Status Report*]. The injured [worker's] supervisor shall complete the left-hand side of this form with the actual activities which the [injured worker] does in his/her position. The treating physician completes the right-hand side of the document with the work capacity of the individual for each element.

e. The EOH provider shall complete a medical report for all OWCP cases treated in the facility EOH Service. This report shall include:

- (1) Dates of examination and treatment;
- (2) History given by the employee;
- (3) Physical findings;
- (4) Results of diagnostic tests;
- (5) Diagnosis;
- (6) Course of treatment;
- (7) A description of any other conditions found but not due to the claimed injury;
- (8) The treatment given or recommended for the claimed injury;
- (9) The physician's opinion, with medical reasons, as to causal relationship between the diagnosed condition(s) and the factors or conditions of the employment;
- (10) The extent of disability affecting the employee's ability to work due to the injury;
- (11) The prognosis for recovery; and
- (12) All other material findings.

f. If specialty services are required for the treatment of a work-related injury or illness and the services are not available at the facility, the EOH provider should send a consult to an outside provider rather than refer the injured worker to outside medical care.

g. Once the [injured worker] has elected EOH as the treating provider for the traumatic injury or illness any change requires written permission from the OWCP.

5. DEFINITIONS

a. **Traumatic Injury.** A traumatic injury, as defined by the OWCP, is a wound or other condition of the body caused by external force. It must be identifiable by date and time, member of body affected and it must be caused by a specific event or incident or series of events or incidents within a single day or work shift. These claims are filed on [DOL] Form CA-1, [*Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation*].

b. **Occupational Illness.** The OWCP defines an occupational illness or disease as a condition produced in the work environment over a period longer than one workday or shift. This may result from systemic infection, repeated stress or strain, exposure to toxins, poisons or fumes; or other continuing condition(s) of the work environment. Occupational Illness claims are filed on DOL [F]orm CA-2, [*Notice of Occupational Disease and Claim for Compensation*].

c. **Physician.** The FECA definition of a physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, osteopathic practitioners and chiropractors within the scope of their practice as defined by state law. Chiropractors are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist.

c. To provide immediate assistance to individuals who are experiencing violence, especially information on referrals to community resources. The VA is committed to making supportive resources available to employees who disclose incidents of DV/IPV, SA, and stalking through supervisors, designated persons in human resources offices, or other persons designated by the Department, building safety/security and the Employee Assistance Program (EAP).

d. To provide assistance to and/or take disciplinary action against employees who have committed acts of DV/IPV, SA or stalking in the workplace.

4. RESPONSIBILITIES. Preventing and responding to actual or potential incidents of DV/IPV, SA, or stalking in the workplace is a responsibility of every VA employee. **NOTE:** *38 CFR 1.204 requires any serious crime (e.g. homicide, armed robbery, rape, and aggravated assault) committed against a person on VA premises to be reported to the Office of the Inspector General (OIG).*

a. **Under Secretaries, Assistant Secretaries, Other Key Officials, Deputy Assistant Secretaries, and field facility Directors.** Under Secretaries, Assistant Secretaries, Other Key Officials, Deputy Assistant Secretaries, and field facility Directors are responsible for the implementation of this policy within the organizations over which they have jurisdiction. These officials will:

(1) Assign responsibility to a primary point of contact (POC) within their Administration, Staff Office or facility for policy implementation, monitoring, evaluating, and reporting on progress. The assigned POC will submit the Annual Review Report (see Appendix A) to the Worklife and Benefits Service (058) upon request via email to VACO.058.WL&B.OHRM@va.gov. The subject line for this report should be “Annual Review Report.” The Worklife and Benefits Service will consolidate the data and submit the VA report to the Office of Personnel Management (OPM).

(2) Establish a local DV/IPV, SA, and Stalking Incident Response Team to develop reporting procedures that provide an effective, confidential, and accessible way for employees to report incidents and concerns. Team members will be trained on addressing the needs of individuals experiencing DV/IPV, SA, and stalking. At a minimum, the team should include representatives from VA Police, human resources, occupational health, labor partners and EAP. Facilities shall develop plans that specify who should respond to incidents depending on the nature of the offense. To determine the threat level, team members may utilize the assessment tool in Appendix B.

b. **Managers and Supervisors.** Managers and supervisors will:

(1) Participate in training on DV/IPV, SA, and stalking. [The “Domestic Violence/Intimate Partner Violence (DV/IPV), Sexual Assault (SA), Stalking in the Workplace” TMS course# 3940800, offered in the Talent Management System (TMS) satisfies this requirement.]

(2) Maintain confidentiality and be responsive when an employee who is experiencing DV/IPV, SA, or stalking asks for help. Immediately contact the human resources staff, security, and/or the EAP for assistance;

(3) Be aware of physical or behavioral changes in employees, and consult the human resources staff, security, and/or EAP for advice. Do not attempt to diagnose the employee;

- (4) Work with the employee, human resources staff, the EAP, and security, as appropriate to assess the

(4) Do employees inside the building open the door to strangers who have “forgotten their IDs”?

(5) Do employees receive annual security training that incorporates discussions of workplace violence concerns?

(6) Do employees have round-the-clock-security, or could someone gain access to the building after hours?

14. TRAINING. Training for all VA personnel is an important part of responding to DV/IPV, SA, and stalking in the workplace. Every employee will be required to complete mandatory training in the Talent Management System (TMS) [titled “Domestic Violence/Intimate Partner Violence (DV/IPV), Sexual Assault (SA), Stalking in the Workplace” (TMS course #3940800)]. This training will emphasize identification of warning signs of potential violence in both the victim and perpetrator and how to intervene most effectively. Additionally, facilities are encouraged to offer site-specific training sessions. Training sessions conducted by local EAP, security, and employee relations staff are particularly helpful, enabling employees to get to know experts within their facility or site who can help them when potentially violent situations arise. Employees and supervisors seek assistance at a much earlier stage when they personally know who can provide assistance. Providing appropriate training assures employees that management will take threats seriously, encourages employees to report incidents, and demonstrates management’s commitment to dealing with reported incidents. The training will provide the following:

- a. An overview of the various aspects of DV/IPV, SA, and stalking;
- b. Impact, symptoms, and behaviors often associated with experiencing or using violence;
- c. Building security overview;
- d. Policies and procedures related to DV/IPV, SA, and stalking;
- e. Reporting requirements and processes;
- f. Departmental and local resources;
- g. Training to improve VA response and increase awareness of responding to DV/IPV, SA, and stalking;
- h. Skills in behaving compassionately and supportively towards employees who report incidents;
- i. Basic skills in handling crisis situations; and
- j. Basic emergency procedures.

NOTE: *Health professions trainees appointed under 38 U.S.C. 7405 or 7406 receive all training (on this topic and others) through the Mandatory Training for Trainees course.*

Stalking Resource Center, National Center for Victims of Crime

The mission is to enhance the ability of professionals, organizations, and systems to effectively respond to stalking. Provide training, technical assistance, and resource materials for professionals working with and responding to stalking.

Phone number: 202-467-8700

Fax number: 202-467-8701

Website: www.victimsofcrime.org/src

www.stalkingawarenessmonth.org

Email: src@ncvc.org

Government Online Resources

Federal Bureau of Investigation

Violence in the Workplace: Preventing It, Managing It

U.S. Department of Justice, Office of Justice Programs

Violence Against Women Office: Resources for Victims and Communities, Law and Regulations

U.S. Department of Labor, Occupational Safety & Health Administration (OSHA)

Workplace violence prevention information at www.osha.gov/SLTC/workplaceviolence/

Guidance for Agency-Specific Domestic Violence, Sexual Assault and Stalking Policies

<https://www.opm.gov/policy-data-oversight/worklife/news/2013/2/opm-guide-for-agency-specific-domestic-violence-sexual-assault-and-stalking-policies-released/>

[HR University Training Course

Domestic Violence, Sexual Assault, and Stalking in the Workplace

http://hru.gov/Course_Catalog.aspx?cid=231&mgr=false

Title VII of the Civil Rights Act of 1964

<http://www.eeoc.gov/laws/statutes/titlevii.cfm>

Executive Order 11246 – Office of Federal Contract Compliance Programs (OFCCP)

<http://www.dol.gov/ofccp/regs/compliance/fs11246>