

DIVISION OF OCCUPATIONAL MEDICINE (DOM) PROGRAM PROCESSES	Identifier: LWP-14500	
	Revision: 0	
	Effective Date: 09/26/05	Page: 1 of 11

Laboratory-wide	Laboratory-wide Procedure	USE TYPE 3	Change Number: 501817
-----------------	---------------------------	-------------------	-----------------------

Manual: 14B – Safety and Health – Occupational Medical and Industrial Hygiene

1. PURPOSE

The Division of Occupational Medicine (DOM) is a comprehensive medical program using an occupational paradigm. Occupational medicine, as a discipline of preventive medicine, has as its purposes: (1) preventing occupational injuries and illnesses, and (2) educating the workforce in methods of optimizing their physical and mental health.

2. SCOPE AND APPLICABILITY

This procedure provides standard practices for the following situations:

- A. medical emergency, illness, or injury
- B. returning to work
- C. concerns regarding an employee's *Ability to Work* (see def.)
- D. drug screening
- E. new hires
- F. terminations
- G. operations requiring DOM support.
- H. employee access to medical records

This procedure applies to all individuals, including direct hire temporary employees and direct hire Force Account employees, who perform work at the INL/ICP.

NOTE: *Company policy GDE-10 Employee Handbook, Ability to Work, prohibits retaliation or retribution resulting from compliance with this procedure.*

3. PREREQUISITES

None

DIVISION OF OCCUPATIONAL MEDICINE (DOM) PROGRAM PROCESSES	Identifier: LWP-14500	
	Revision: 0	
	Effective Date: 09/26/05	Page: 2 of 11

4. INSTRUCTIONS

4.1 Medical Emergency, Illness, or Injury

- 4.1.1 Immediate Line Manager/Supervisor: In the event of any apparent *medical emergency* (see def.), notify the DOM immediately through the Fire Department or Warning Communications Center.
- 4.1.1.1 If at the Site, call 777 or the CFA Medical Facility at 526-2356 at any time.
- 4.1.1.2 If in town, call 9-911 anytime, then notify the WCB Medical Facility at 526-1596 during normal business hours.
- 4.1.2 Ensure that all on-the-job employee injuries and work related illnesses are reported to the DOM during the work shift in which they occur.
- 4.1.3 Employee: Report to your supervisor any illness or injury that may be related to your work or work conditions, then visit your nearest DOM Medical Facility (616-WCB or CFA 1612) or Medical Dispensary (TAN, RTC, MFC or INTEC) as soon as possible, but in no case later than the end of the work shift in which the illness or injury occurs.

4.2 Return to Work

4.2.1 Nonoccupational Injuries or Illnesses

- 4.2.1.1 Employee: If you have missed 40 consecutive work hours for nonoccupational injury or illness reasons, or developed a medical condition which may place yourself or others at risk, or you are concerned about the ability to work safely because of a medical condition, then contact the INL DOM (see Appendix A) and schedule a return-to-work/medical evaluation before returning to work.
- 4.2.1.2 Immediate Line Manager/Supervisor: If an employee has been absent from work for 40 or more consecutive work hours due to a nonoccupational injury or illness, or whenever there is concern about an employee's ability to perform their job safely, then refer the employee to the DOM for a return-to-work / medical evaluation before allowing them to return to work.

DIVISION OF OCCUPATIONAL MEDICINE (DOM) PROGRAM PROCESSES	Identifier: LWP-14500	
	Revision: 0	
	Effective Date: 09/26/05	Page: 3 of 11

4.2.2 Occupational Injuries or Illnesses

4.2.2.1 Employee: If you have missed any work as a result of a possible occupational injury or illness, then contact the INL DOM (see Appendix A) for a return-to-work / medical evaluation before returning to work.

4.2.2.2 Immediate Line Manager/Supervisor: If an employee has been absent from work for any unscheduled length of time due to a possible occupational injury or illness, refer the employee to the DOM for a return-to-work / medical evaluation before allowing them to return to work.

4.3 Ability to Work

4.3.1 Employee: Notify immediate supervisor or manager of the following:

- A. work restrictions that have been imposed by the DOM or other defined medical program (for sub-contractor employees) resulting from any medical or physical condition
- B. medication being taken that may impact the safety of workers (including yourself) or the public.

4.3.2 Immediate Line Manager/Supervisor: If the following conditions occur, ensure that work is properly accommodated or refer the employee to the appropriate medical care facility for health evaluation:

- A. an employee exhibits a behavior or condition that appears to be health related and appears to have a potential impact on safety
- B. an employee requests a medical evaluation due to potential impact on work assignments, safety, or health.

NOTE: *Confidentiality of medical information related to any medical evaluation for personal illness will be preserved by DOM. Only work restrictions imposed by the DOM will be reported to the manager. Managers may not request diagnostic information.*

4.3.3 Managers, Supervisors, or other Employees: If an employee's behavior or condition creates a hazard to health or safety, take whatever steps are reasonably necessary to correct the situation, including stopping work in accordance with LWP-14002, Stop Work Authority.

DIVISION OF OCCUPATIONAL MEDICINE (DOM) PROGRAM PROCESSES	Identifier: LWP-14500	
	Revision: 0	
	Effective Date: 09/26/05	Page: 4 of 11

4.3.4 Home Org. Manager, coordinated with Matrix Manager: Notify DOM using Form 340.02-, Job Function Evaluation Form, of job task requirements relative to *essential* (see def.) and *secondary* (see def.) functions of the job for all new hires, prior to scheduling mandatory physicals, and whenever an employee changes job categories.

NOTE: *The information provided on this form is used by the DOM to determine the specific medical requirements of the position, in compliance with the Americans with Disabilities Act. This form is also used to advise the DOM of the need for specific Medical Qualification and/or Medical Surveillance examinations (must be validated by IH).*

4.3.5 Read and apply ability-to-work advice given by the DOM through electronic mail notifications arising out of physical examinations or medical evaluations of employees. Forward (electronically) Forms 5860 (Injury/Illness Evaluation) / 5850 (Medical Examination Report) to the appropriate level of line management as necessary to ensure application and notification of certifications and surveillances.

NOTE: *The employee will also be given a hard copy of the notification to provide to his or her immediate supervisor following examination(s).*

4.3.6 Respond within the required time to DOM notifications of mandatory employee examinations, and complete necessary forms as identified in the notification.

4.4 Drug Testing

4.4.1 DOM: Notify the responsible manager of employees who are required to undergo drug testing per mandatory requirements and perform required collection, testing, and reporting per those requirements.

4.4.1.1 Time stamp drug screen notification letter at the time an employee undergoing drug screen testing presents to a DOM facility, and direct employee to return it to their manager.

4.4.2 Home Org. Manager, coordinated with Matrix Manager: When notified of a mandatory drug test, ensure the employee is tested within the required time frame.

4.4.2.1 Ensure that the selected employee does not receive any advance notification of the drug test before being directed to report to the nearest DOM facility.

DIVISION OF OCCUPATIONAL MEDICINE (DOM) PROGRAM PROCESSES	Identifier: LWP-14500	
	Revision: 0	
	Effective Date: 09/26/05	Page: 5 of 11

- 4.4.2.2 Ensure that the employee is instructed in person to report immediately to the nearest DOM facility – do NOT recommend (s)he drink fluids prior to presenting to the testing facility.
- 4.4.2.3 Ensure that the employee reports to a DOM facility for specimen collection/testing within one hour of notification by:
 - 4.4.2.3.1 Writing the date and time of notification on the notification letter and signing the letter.
 - 4.4.2.3.2 Directing the employee to take the notification letter with them to the DOM facility and to return it to notifying manager, after it has been time stamped by DOM personnel.
 - 4.4.2.3.3 Comparing the documented time employee was sent to the DOM facility with the documented time of employee arrival at the DOM facility, to verify the one hour time frame was not exceeded.
 - 4.4.2.3.4 If the one hour time frame was exceeded, manager will notify the Director of the INL Division of Occupational Medicine, or designee, on 526-0404.
- 4.4.2.4 Ensure the employee understands that failure to report to a DOM facility within one hour of notification will be considered a POSITIVE drug screen and appropriate actions will be taken.

4.5 New Employee

- 4.5.1 Human Resources: Submit a list to DOM of new employees as they are hired.
 - 4.5.1.1 Facilitate submittal of 340.02 forms to DOM on every new employee.
 - 4.5.1.2 Ensure 340.07 forms are submitted to DOM on every temporary new employee.
- 4.5.2 Home Org. Manager, coordinated with Matrix Manager:
 - 4.5.2.1 Submit a 340.02 form to DOM for each new employee so DOM can schedule the employee for a mandatory pre-placement physical examination (see Section 4.3.4).

DIVISION OF OCCUPATIONAL MEDICINE (DOM) PROGRAM PROCESSES	Identifier: LWP-14500	
	Revision: 0	
	Effective Date: 09/26/05	Page: 6 of 11

4.5.2.2 Maintain on file the documentation of the presence or absence of medical restrictions, certifications, and surveillances, as identified on electronic Forms IDFA 5850 / 5860.

4.5.2.3 For temporary new employees, ensure that Form 340.02 and Form 340.07, Pre-Placement Medical Questionnaire, are submitted / have been received by the DOM.

4.5.3 DOM: Perform scheduled examinations to applicable standards indicated by Form 340.02.

4.5.3.1 For Full-time new hire employees:

4.5.3.1.1 Contact each new employee's manager to ensure submission of a 340.02 form in preparation for scheduling a pre-placement physical examination.

4.5.3.1.2 Schedule the exam upon receipt of the form.

4.5.3.2 For Temporary new hire employees:

4.5.3.2.1 On receipt of Form 340.02 with certifications indicated, and 340.07, perform complete physical examination to applicable standards as indicated on Form 340.02.

4.5.3.2.2 On receipt of Forms 340.02 and 340.07 without any certification/surveillance indicated, ensure physician review of forms. If medical concerns are identified, schedule the individual for a medical evaluation and imposition of medical restrictions as appropriate.

4.5.3.3 Notify responsible manager of employee's restrictions via electronic Form 5860.

DIVISION OF OCCUPATIONAL MEDICINE (DOM) PROGRAM PROCESSES	Identifier: LWP-14500	
	Revision: 0	
	Effective Date: 09/26/05	Page: 7 of 11

4.6 Termination

4.6.1 Home Org. Manager, coordinated with Matrix Manager: Refer a terminating employee to DOM for a termination medical evaluation to ensure that post-exposure medical surveillance examinations are performed as required (for example, hearing protection and laser operations).

4.7 Operations Requiring DOM Support

4.7.1 Responsible Manager: If an operation is being planned that may obligate the DOM to provide additional support or services, then submit all plans to the DOM Medical Director for review and approval as early as possible.

4.7.2 Collaborate with the INL/ICP Medical Director in all emergency plans and operations to ensure compatibility with the emergency plans and operations of the other INL/ICP contractors.

4.8 Employee Access to His/Her Medical Records

4.8.1 Responsible Manager shall inform their employees when first entering into employment, and at least annually thereafter, of the following:

- A. the existence, location, and availability of any employee medical record
- B. the person or organization responsible for maintaining and providing access to medical records
- C. each employee's right of access to their records

4.8.2 INL Division of Occupational Medicine shall be responsible for ensuring:

- A. employee medical records are maintained indefinitely
- B. access to medical records upon written request by the employee or designated representative

NOTE: *The initial copy of these records is provided without cost to the employee or designated representative.*

- C. the representative requesting employee medical records has written consent of the employee

DIVISION OF OCCUPATIONAL MEDICINE (DOM) PROGRAM PROCESSES	Identifier: LWP-14500	
	Revision: 0	
	Effective Date: 09/26/05	Page: 8 of 11

- D. prompt access to employee medical records, and to any analyses using these records, to representatives of the U.S. Department of Energy upon request.
- E. transfer of medical records to the U.S. Department of Energy per 29 CFR 1910.1020 if the INL were ever to cease doing business for whatever reason.

5. RECORDS

Record Description	Uniform File Code	Disposition Authority	Retention Period
Form 340.02 Employee Job Function Evaluation	2401	A1-19	Destroy 75 years after date of last entry.
Form IDFA 5860 Injury/Illness Evaluation Report	2401	A1-19	Destroy 75 years after date of last entry.
Form IDFA 5850 Medical Examination Report	2401	A1-19	Destroy 75 years after date of last entry.
Form 340.07 Pre-Placement Medical Questionnaire	2401	A1-19	Destroy 75 years after date of last entry.

DEFINITIONS

Ability to Work. An employee's capacity to perform his or her assigned duties without hindrance from abnormal medical conditions or emotional states.

Acronyms:

CFA: Central Facilities Area

INTEC: Idaho Nuclear Technology & Engineering Center

MFC: Materials & Fuels Complex (formerly ANL-W)

RTC: Reactor Technologies Complex (formerly TRA)

TAN: Test Area North

WCB: Willow Creek Building

Defined Medical Program. The Division of Occupational Medicine is the defined medical program for INL/ICP employees. For subcontractor employees it is the medical program defined by their employer.

DIVISION OF OCCUPATIONAL MEDICINE (DOM) PROGRAM PROCESSES	Identifier: LWP-14500	
	Revision: 0	
	Effective Date: 09/26/05	Page: 9 of 11

Designated representative. A person appointed by an employee to represent that employee in matters regarding the employee’s relationship with the INL when the employee is unable to do so.

Employee medical record. A documented history concerning an employee’s health status, which is made or maintained by a physician, nurse, or other health care personnel or technician within the INL Division of Occupational Medicine.

Essential Job Functions. Core duties which the employee must be able to fulfill, with or without accommodation, required by the job position.

Secondary Job Functions. All other functions that are not core duties of the job position, and for which an accommodation is (always) possible.

Medical Emergency. A condition which requires immediate attention or evaluation by medical professionals.

7. REFERENCES

DOE Order 440.1A, “Worker Protection Management for DOE Federal and Contractor Employees”, Section 19, “Occupational Medical”

10 CFR 1008.17, “Conditions of Disclosure”

29 CFR 1910.1020, “Access to Employee Exposure and Medical Records”

8. APPENDICES

Appendix A, DOM Facilities and Points of Contact.

Appendix B. Procedure Basis

DIVISION OF OCCUPATIONAL MEDICINE (DOM) PROGRAM PROCESSES	Identifier: LWP-14500	
	Revision: 0	
	Effective Date: 09/26/05	Page: 10 of 11

APPENDIX A**DOM Facilities and Points of Contact****INL DOM Facilities for Employees**

FACILITY	LOCATION	PHONE	MS#	E-MAIL	HOURS OF COVERAGE
CFA	CF-1612	6-2356	4128	CFAMED	Clinical: Mon.-Thurs., 7:00 a.m. - 5:30 p.m. Emergency: 24 hours/day 365 days/year
Idaho Falls	WCB S1	6-1596	3125	WCBMED	Mon. – Thurs., 7:00 a.m. – 5:30 p.m. Every Other Friday on schedule consistent with 9x80 workers: -7:00 a.m. – 3:30 p.m.
INTEC	INTEC-645	6-3236	5214	CPPMED	Mon.-Thurs., 7:00 a.m. - 5:30 p.m.
MFC	MFC-774	3-7219	6000	MFCMED	Mon.-Fri., 8:00 a.m. – 4:30 p.m.
RTC	RTC-667	3-4311	7108	RTCMED	Mon. & Wed., 7:00 a.m. - 5:30 p.m.
TAN	TAN-1615	6-6263	9203	TANMED	Mon.-Thurs., 7:00 a.m. - 5:30 p.m.

INL DOM Points of Contact:

FOR:		TELEPHONE
ADMINISTRATION: Medical Director:		526-0404
DRUG SCREEN TESTING: Medical Review Officer (MRO): Substance Abuse Professional (SAP):		526-0404 526-0218
EMPLOYEE ASSISTANCE PROGRAM (EAP)		526-0218
HEALTH PROMOTION / WELLNESS		526-6929
WORKERS' COMPENSATION		526-2692

DIVISION OF OCCUPATIONAL MEDICINE (DOM) PROGRAM PROCESSES	Identifier: LWP-14500
	Revision: 0
	Effective Date: 09/26/05 Page: 11 of 11

APPENDIX B

Step	Basis	Source	Citation
All	Organization shall provide a comprehensive medical program that provides education to the workforce and protects against occupational injuries and illnesses	DOE Order 440.1A	Section 19
4.8	Access to medical records and conditions of disclosure	10 CFA1008	.17
4.8.2B	Access to Medical records upon request	29 CFR 1919	.1029