

ISSUED

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WP 15-HS.02
Revision 12

Occupational Health Program

Cognizant Department: Health Services

Approved by: Andrea Kennedy



**WIPP Occupational Health Program
WP 15-HS.02, Rev. 12**

TABLE OF CONTENTS

CHANGE HISTORY SUMMARY 4

ABBREVIATIONS AND ACRONYMS 5

PREFACE 6

1.0 INTRODUCTION 7

2.0 HEALTH SERVICES ORGANIZATION AND RESPONSIBILITIES 8

 2.1 Occupational Medical Director 8

 2.2 Occupational Health Nurses 9

 2.3 Ancillary Staff 11

 2.4 Consultant Pharmacist 11

 2.5 Health Services Manager 11

 2.6 Professional Staffing Ratio 12

3.0 MAINTENANCE OF A HEALTHFUL WORK ENVIRONMENT 12

4.0 SUBCONTRACTORS 13

5.0 EMPLOYEE HEALTH EVALUATIONS 13

 5.1 Rationale 13

 5.2 Health Evaluation Content 14

 5.3 Classes of Health Evaluations 15

 5.3.1 Pre-Placement or Transfer 15

 5.3.2 Medical Surveillance and Health Monitoring 16

 5.3.3 Qualification Examinations 17

 5.3.4 Fitness for Duty 18

 5.3.5 Return to Work 18

 5.3.6 Termination Health Evaluations 19

 5.3.7 Voluntary Periodic Examinations 20

6.0 DIAGNOSIS AND TREATMENT OF INJURY OR DISEASE 20

 6.1 Occupational Injury or Disease 20

 6.2 Non-occupational Injury and Illness 21

 6.3 Monitored/Managed Care 21

7.0 EMPLOYEE COUNSELING, HEALTH PROMOTION, AND PREVENTION 22

 7.1 Employee Assistance Program 22

 7.2 Employee Health and Wellness Programs 23

 7.3 Bloodborne Pathogens 23

8.0 MEDICAL RECORDS 24

 8.1 Development and Maintenance of Medical Records and Medical Information 24

 8.2 Confidentiality 25

**WIPP Occupational Health Program
WP 15-HS.02, Rev. 12**

8.3	Identification and Coding of Medical Records.....	25
8.4	Work Restriction Records	25
8.5	Retention of Medical Records.....	26
8.6	Quality Records	26
9.0	EMERGENCY AND DISASTER PREPAREDNESS.....	26
10.0	OCCUPATIONAL MEDICAL FACILITIES AND EQUIPMENT.....	27
10.1	Facilities.....	27
10.2	Equipment.....	27
10.3	Pharmaceuticals	28
11.0	QUALITY ASSURANCE/QUALITY IMPROVEMENT	28
11.1	Staff Qualifications	28
11.2	Clinic Licensure/Certificates.....	28
11.3	Equipment Maintenance and Calibration	28
	REFERENCES.....	30
	Attachment 1 – Example Purchase Requisition for Medical Services	31

**WIPP Occupational Health Program
WP 15-HS.02, Rev. 12**

CHANGE HISTORY SUMMARY

REVISION NUMBER	DATE ISSUED	DESCRIPTION OF CHANGES
10	06/19/18	<ul style="list-style-type: none"> • Added verbiage regarding availability for OTC medications on backshift.
11	03/28/19	<ul style="list-style-type: none"> • Added reference to new EAs: EA15HS02-1-0, Job Function Analysis, and EA15HS02-2-0, Provider's Release to Return to Work Form. • Removed Attachment 4, Example WIPP Respirator Protection Verification Record.
12	01/05/21	<ul style="list-style-type: none"> • Deleted attachments 2 and 3 from procedure. • Created new EAs: EA15HS02-3-0, Pre-Placement Process Instruction for New Hire Candidates, EA15HS02-4-0, Health Evaluation Questionnaire, EA15HS02-5-0, NWP Termination Health Status Review, and EA15HS02-6-0, Request for Release of Confidential Medical Information. • Updated Abbreviations and Acronyms. • Updated Sections 2.1 and 2.4. • Updated to Section 3.0. • Updated Sections 5.3.1, 5.3.4, 5.3.5, and 5.3.6. • Updated Sections 6.1 and 6.3. • Updated Sections 8.2 and 8.6. • Updated Section 10.3. • Updated Sections 11.1, 11.2, and 11.3. • Updated References.

**WIPP Occupational Health Program
WP 15-HS.02, Rev. 12**

ABBREVIATIONS AND ACRONYMS

AAOHN	American Association of Occupational Health Nurses
ACLS	Advanced Cardiac Life Support
AED	Automatic External Defibrillator
CDC	Center for Disease Control
CFR	Code of Federal Regulations
CLIA	Clinical Laboratory Improvement Amendments
DEA	U.S. Drug Enforcement Agency
DOE	U.S. Department of Energy
EAP	Employee Assistance Program
EMT	Emergency Medical Technician
EPA	U.S. Environmental Protection Agency
EST	Emergency Services Technician
FEV	Forced Expiratory Volume
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
MRO	Medical Review Officer
MSHA	Mine Safety and Health Administration
NWP	Nuclear Waste Partnership LLC
OHE	Occupational Health Examiner
OHN	Occupational Health Nurse
OMD	Occupational Medical Director
OSHA	Occupational Safety and Health Act/Administration
OTC	over-the-counter
PAPR	powered air purifying respirator
PFT	pulmonary function test
QA	Quality Assurance
S&H	Safety and Health
WIPP	Waste Isolation Pilot Plant

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

PREFACE

The NWP goal is to provide employee medical services consistent with company policy and that reflect good medical practices. The WIPP Occupational Health Program is based on 10 CFR Part 851, Worker Safety and Health Program. The objective of this program is to establish specific direction for an effective worker protection program that will reduce or prevent injuries, illnesses, and accidental losses by giving workers a safe and healthful workplace.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

1.0 INTRODUCTION

The WIPP facility is owned and operated by DOE and managed by its designated prime managing contractor, NWP. Two clinics give health care. The main clinic is at the WIPP site, 33 miles southeast of Carlsbad, New Mexico. An as-needed satellite clinic serves employees at the Skeen-Whitlock Building in Carlsbad.

The WIPP Occupational Health Program gives information on the policies, objectives, and functions of the program. It meets the requirements of 10 CFR Part 851, Worker Safety and Health Program, per WP 15-GM.02, Worker Safety and Health Program Description, which states that contractors must establish and provide comprehensive occupational medicine services to employees who work on a DOE site for more than 30 days in a 12-month period and/or are enrolled for any length of time in a medical or exposure monitoring program. This program serves as a resource for WIPP Occupational Health Services (Health Services) to:

- Give readily accessible direction for Health Services' staff.
- Establish and maintain uniform health services practices.
- Describe responsibilities for administration and delivery of medical services.
- Protect employees from health hazards in the work environments.
- Ensure workers are placed in jobs that can be done reliably and safely, consistent with the Americans with Disabilities Act of 1990 (Public Law 101-336).
- Promote early detection, treatment, and rehabilitation of employees who are ill, injured, or otherwise impaired.
- Give support to management in the medical, mental, and substance abuse aspects of personnel reliability and fitness for duty.
- Promote maintenance of optimal physical and mental health of employees through health promotion and education.
- Give professional guidance and consultation to management on health-related issues.
- Give employees, as appropriate, medical evaluations, guidance, counseling, and referrals to specialists in support of physical and mental health.
- Protect the privacy of employees and the confidentiality of their medical records.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

- Give support to DOE management when suspected excesses of illnesses require epidemiologic analyses to decide if the excesses are work-related.

The Occupational Health Program is also maintained under the guidelines of the following organizations:

- New Mexico State Board of Pharmacy
- AAOHN, Atlanta, Georgia
- American Board for Occupational Health Nurses, Mequon, Wisconsin
- American College of Occupational and Environmental Medicine
- U.S. Department of Health and Human Services, Public Health Services, Division of Occupational Medicine

2.0 HEALTH SERVICES ORGANIZATION AND RESPONSIBILITIES

"Occupational medical provider," as listed to meet the 10 CFR Part 851, Worker Safety and Health Program, requirements, may mean the physician subcontracted to provide services. In the case of review of corporate level EAPs, the term may mean the NWP Occupational Health Services staff directing the NWP Occupational Medical Programs overall.

2.1 Occupational Medical Director

The OMD shall be a physician who is a graduate of an accredited school of medicine. Board certification and experience in occupational health is desired. The OMD will maintain current federal and state licensing requirements. Though NWP has employees and subcontractors in several states, based on characterization activities, the medical director is required to meet all New Mexico State licensing requirements. Responsibilities of the OMD are as follows:

- Conduct health examinations using current, sound, and acceptable medical practices.
- Provide initial and continuing assessments of employee health, as required.
- Provide results of health evaluations to Health Services and management responsible for mitigating worksite hazards.
- Provide acute care, evaluation, and treatment of work-related injury/illness.
- Inform Health Services of work restrictions and keep appropriate documentation.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

- Review and approve medical aspects of the Occupational Health Program. This includes appropriate medical protocols, wellness programs, monitored care, immunization programs, and bloodborne pathogens programs.
- Provide authorization to nurses and emergency service technicians for the exercise of professional judgment, as required by law.
- Consult and communicate with Safety & Industrial Health, Operations, Environmental, and other personnel on specific hazards as requested.

2.2 Occupational Health Nurses

OHNs will be (1) graduates of an accredited school of nursing, (2) licensed, and (3) legally qualified to practice nursing in the state of New Mexico. A Board certification is encouraged. The OHN must possess a current knowledge of actual and potential work-related hazards. This includes physical, chemical, radiological, biological, and ergonomic hazards, and the possible health risks to employees. Responsibilities of the OHN are as follows:

- Plan and implement the occupational medical service.
- Overview health examination schedules per applicable regulatory drivers.
- Help management to identify and mitigate worksite hazards.
- Coordinate with subcontractors and have available to the OMD:
 - Employee job function analyses and job hazard information providing current information about actual and potential work-related site hazards (chemical, radiological, physical, biological, or ergonomic), including essential job functions.
 - Actual and potential worksite exposures of each employee upon request.
 - Access to the workplace for evaluation of job conditions and issues related to worker's health.
 - Personnel actions resulting in a change of job functions, hazards, or exposures.
 - Information on, and opportunity to, participate in worker safety and health team meetings and committees.
- Develop and maintain a confidential medical record on each employee for whom medical services are provided.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

- Maintain ACLS certification and coordinate with Emergency Management to integrate duties and protocols.
- Maintain the immunization program for bloodborne pathogens, work-specific immunizations, and bio hazardous waste programs, and ensure compliance with OSHA and CDC guidelines.
- Determine and implement the general content of worker health evaluations based on current pertinent regulations, and ensure they are conducted under the direction of a licensed physician.
- Develop, implement, and maintain monitored care programs to ensure early and safe return to work for injured or ill employees to reduce lost time and associated costs.
- Provide medical services following OMD-approved protocols.
- Ensure equipment calibration is maintained by qualified personnel and documented.
- Conform to legal and ethical principles of occupational health nursing.
- Maintain open communications with the OMD, management, and employees.
- Develop signed medical protocols using New Mexico State Nurse Practice Act (Sections 61-3-1 to 61-3-30 NMSA 1978), AAOHN, and any other applicable recommendations.
- Recommend medical equipment and supplies, provide inventory control of supplies, and maintain costs in a fiscally responsible manner.
- Maintain Workers Compensation Program.
- Maintain certification and training to administer PFTs, breath alcohol testing, and audiometric tests.
- Coordinate immunization programs according to CDC recommendations.
- Coordinate/implement wellness activities, as directed.
- Maintain substance abuse testing program.
- Ensure the EAP or other substance abuse related programs' documentation is stored separately from an employee's general medical record and access to records is in compliance with 5 USC Part 552a, the Privacy Act of 1974.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

- Recognize and apply legal and ethical principles of the health profession and maintain confidentiality of records and services.
- Communicate results of health evaluations to management and to S&H protection specialists on a timely basis to facilitate the mitigation of worksite hazards.

2.3 Ancillary Staff

EMTs may assist with routine patient care under the direction of a nurse, if required.

2.4 Consultant Pharmacist

The consultant pharmacist will visit the facilities on a regularly scheduled basis but not less than four times a year, including an annual inventory visit. The pharmacist will prepare a written report of recommendations, visits, and activities, including dates of inspections, findings, and any other pertinent findings. These will be kept on file and available for inspection by state drug inspectors upon request.

2.5 Health Services Manager

Health Services is part of S&H and reports to the S&H manager. Responsibilities of the Health Services manager are as follows:

- Create and maintain an occupational health program.
- Establish and maintain a contract for the OMD. Ensure the physician responsible for delivery of medical services meets the criteria specified in the contract.
- Establish and maintain a contract for a consultant pharmacist and ensure compliance with state and federal laws.
- Establish and maintain services of a MRO if separate from the OMD.
- Ensure Health Services professionals are licensed, registered, or certified by federal and state law.
- Integrate Health Services with other departments, as required.
- Ensure this program is integrated with other programs and plans affecting worker safety and health.
- Be aware of cost-efficient practices and budget and fiscal needs for Health Services.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

- Ensure Health Services is notified of employees absent for more than five consecutive days.
- Ensure Health Services is notified of internal job transfers.
- Give direction or approval for fit-for-duty examinations with concurrence from Human Resources, as required.
- Ensure Occupational Health Program records software is maintained per applicable QA and DOE software requirements.

2.6 Professional Staffing Ratio

Due to geographical location and isolation of the WIPP site, a full-time OMD is not feasible. A local physician is contracted to provide medical services to the WIPP Project, as needed. Three full-time NWP nurses are employed. Because the project employs about 700 people, including DOE, NWP, and its subcontractors, and there is a significant distance to community medical care, contract nurses may be employed. Nurses work standard day shifts along with the majority of employees. When nurses are not on duty, ESTs are available.

3.0 MAINTENANCE OF A HEALTHFUL WORK ENVIRONMENT

Occupational medical physicians, nurses, and associated medical staff should maintain an ongoing familiarity and awareness of existing and potential work-related health hazards, employee job tasks, and worksite environments.

Cooperation and coordination with radiological control and industrial hygiene professionals are essential to review processes and procedures with an emphasis on physical, biological, radiological, and chemical hazards present in the worksite. Health Services interacts with associated departments in several ways:

- Monitoring for occupational exposure to ionizing radiation is done by Dosimetry through in vitro and in vivo bioassay testing. Dosimetry maintains annual exposure data for participants.
- Health Services recognizes the need for a close professional relationship between occupational medical staff and S&H. A working relationship is established through joint efforts on work cycles related to temperature extremes, potential or actual chemical or radiological exposures, hearing conservation, respirator qualification, ergonomic evaluations and interventions, occupational injury/illness, risk assessments, and other aspects of professional interaction with WIPP Industrial Hygienists, technicians, and safety professionals.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

- Health Services has developed a master binder of EA15HS02-1-0, Job Function Analysis, and Exposure Assessments jointly with Human Resources and S&H. Copies of new job descriptions developed by Human Resources or Health Services are posted and provided to the OMD.

4.0 SUBCONTRACTORS

Per the requirements of 10 CFR Part 851, Worker Safety and Health Program; WP 15-GM.02, Worker Safety and Health Program Description; and in coordination with NWP Occupational Health Services, management of subcontractors may include direct participation by subcontractors in the NWP occupational medicine program, participation in the host sites occupational medical program, or require their company to meet the occupational medical requirements in 10 CFR Part 851 as part of their contract with NWP.

5.0 EMPLOYEE HEALTH EVALUATIONS

5.1 Rationale

Health evaluations are made by the OMD, by the licensed Nurse Practitioner, or by the Physician Assistant overseen by the OMD. These evaluations follow current, sound, and acceptable medical practices for the purpose of providing initial and ongoing assessment of employee fitness for duty and to:

- Determine whether the employee's physical and mental health are compatible with the safe and reliable performance of assigned job tasks according to Public Law 101-336, the Americans with Disabilities Act of 1990.
- Detect evidence of injury or illness and determine if there may be an occupational relationship.
- Contribute to employee health maintenance by providing the opportunity for early detection, treatment, and prevention of disease or injury.
- Create an opportunity for intervention by assessing risk factors that may cause premature morbidity or mortality such as hypertension, smoking, and obesity.
- Maintain documented records of the physical and mental health of employees.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

5.2 Health Evaluation Content

The WIPP OMD is responsible for approving the health evaluation content per current, sound, and acceptable medical practices and pertinent statutory and regulatory requirements, such as the Americans with Disabilities Act of 1990. Baseline evaluations are comprehensive, and follow-up evaluations will be targeted as determined by employee exposure data, job task, hazard analysis information, or any other factors. Health evaluations are screening physical examinations. If the practitioner determines further diagnosis or care is required, any follow-up will be under the employee's personal insurance and co-payments. The practitioner will require documentation from the employee's health care provider that the employee has been treated prior to signing off for required medical surveillance.

Minimum elements of a comprehensive evaluation are:

- Medical/occupational history.
- Physical examination.
- Laboratory studies required by regulations.
- X-ray studies. If required by the OMD, the studies shall follow the recommendations and guidance found in U.S. EPA 43 Federal Register Part 4377, Radiation Protection Guidance to Federal Agencies for Diagnostic X-Rays. All radiographs shall be interpreted by a qualified radiologist.
- Review and evaluation of findings.

The following health evaluations must be conducted when determined necessary by the OMD or Occupational Health site providers for the purpose of providing initial and continuing assessment of employee fitness for duty. WIPP physicals are based on a system called WIPP Basic Physical Plus. Physicals contain the core element of a medical and occupational history and a complete body exam to determine a baseline record of general health (Basic Physical). As specific tests or qualifications are added (e.g., pulmonary review, complete blood count, electrocardiogram, hearing testing, tuberculosis testing, vision screening) to comply with regulations or identified job hazards, they are added to the Plus section of the purchase requisition for medical services (see Attachment 1, Example Purchase Requisition for Medical Services).

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

5.3 Classes of Health Evaluations

5.3.1 Pre-Placement or Transfer

Health Services uses EA15HS02-3-0, Pre-Placement Process Instruction for New Hire Candidates, and EA15HS02-4-0, Health Evaluation Questionnaire, to decide if a prospective employee needs a pre-placement physical examination, to establish a baseline record of physical condition, and to assure fitness for duty. The questionnaire obtains a comprehensive statement of health from the prospective employee after a job offer has been extended but before the performance of job duties. Questionnaire responses are compared against specific job task analyses to decide if the employee can do the job safely and reliably, consistent with the Americans with Disabilities Act of 1990. Health Services will evaluate factors such as special physical or psychological requirements of the job, potential hazardous exposures, medical surveillance mandated by OSHA, and any other specific requirements for the position. Any answers that suggest the employee could not do a specific part of the job, for whatever reason, will trigger an actual physical examination by the OMD before starting work.

Current employees must be evaluated before a job transfer to a job with new functions and hazards or a change in location that includes a change to another state or DOE site. (Does not apply to transfers between WIPP site and Carlsbad town facilities.) The content of a pre-placement medical examination is the responsibility of the OMD and includes, but is not limited to:

- WIPP basic physical.
- Review of EA15HS02-1-0, Job Function Analysis, and comparison to physical abilities according to the Americans with Disabilities Act of 1990.
- Other testing, such as spirometry, blood work, chest X-ray, or electrocardiogram as required for concurrent qualification physicals.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

5.3.2 Medical Surveillance and Health Monitoring

Standards and requirements for special health evaluations and periodic, hazard-based health monitoring for employees who work in jobs involving specific physical, chemical, radiological, or biological hazards will be according to applicable OSHA/MSHA/DOE standards and according to the frequency required by the regulation. If an employee may be exposed to a potential hazard not covered by current regulations, the OMD may determine appropriate monitoring if approved by the DOE Director, Office of Occupational Medicine and Medical Surveillance, EH-61/270 CC, U.S. Department of Energy, 19901 Germantown Road, Germantown, MD, 20874-1290. For subcontractors, exposure-related physicals may be provided by the subcontractor's physician per the following information or by the host facility as coordinated by the NWP Occupational Health staff. The content of medical surveillance and health monitoring examinations includes, but is not limited to:

- Occupational Hearing Conservation Program - Consists of medical evaluations of audiograms, standard threshold shifts, and pathology noted during testing.
- Respirator Fit, Initial - Newly hired/transferred employees who will require a respirator as part of their job will respond to the questions in Appendix C, OSHA Respirator Medical Evaluation Questionnaire, of 29 CFR Part 1910.134, Respiratory Protection. A spirometry test will be administered by Health Services. If there are no medical problems identified with either the questionnaire or the spirometry, an OHN will sign the medical clearance portion of EA12IS1810-1-0, WIPP Respirator Protection Verification Record, so the employee may proceed with fit testing and training.
- Personnel required to wear an air purifying respirator who do not pass a PFT shall be provided with a PAPR per OSHA 29 CFR Part 1910.134(e)(6)(ii) until such time that they can pass a PFT. PFT testing is not required for personnel whose only respirator use is a PAPR.
- Respirator Fit, Annual - Annual respirator qualification will consist of answering Appendix C of 29 CFR Part 1910.134. Employees will be given time to complete the questionnaire at work. The questionnaire will be reviewed by an OHN. Spirometry testing will be administered by Health Services. If there are no medical problems identified with either the questionnaire or the spirometry, an OHN will sign the medical clearance portion of EA12IS1810-1-0, WIPP Respiratory Protection Physical Exam, Training, and Fit Testing Verification Record, so the employee may proceed with fit testing and training. If problems are noted with the spirometry or the questionnaire indicates further medical evaluation is required, the employee will be evaluated by the practitioner prior to wearing a respirator with the same conditions noted above regarding treatment.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

- Mine Rescue, Initial - The WIPP basic physical includes a medical placement of the individual's general health and physical and psychological capacity to perform work; establishes a baseline record of physical condition; and assures fitness for duty. The physical consists of WIPP basic physical, baseline stress testing, electrocardiogram, hearing testing, visual examination of eardrums, vision testing, complete blood count, HIV/hepatitis baseline testing if requested by employee, chest X-ray if required by practitioner, and fulfills requirements for respirator fit surveillance program. Mine Rescue Team members must have completed, or been offered, Hepatitis B vaccine series. A current tetanus vaccination must be on record. The physician will certify medical fitness of the employee by documenting on the MSHA Form 5000-3.
- Mine Rescue, Annual - Consists of WIPP basic physical, stress testing every five years, electrocardiogram, hearing testing, visual examination of eardrums, vision testing, color vision testing, chest X-ray if required by practitioner, and fulfills requirements for respirator fit surveillance program.
- Emergency Responder, Initial - Consists of WIPP basic physical, plus hearing testing, visual examination of eardrums, vision testing, color blindness screening, HIV/hepatitis baseline testing if requested by employee, complete blood count, chemistry panel, baseline electrocardiogram, baseline stress testing, and chest X-ray if required by practitioner. The same criteria for the respirator fit surveillance program apply to this category of physical. Emergency Responders must complete, or have been offered, Hepatitis B vaccine series, and have a current tetanus vaccination on record.
- Emergency Responder, Annual - Consists of WIPP basic physical, plus hearing testing, visual examination of eardrums, vision testing, color blindness screening, HIV/hepatitis testing if requested by employee, complete blood count, electrocardiogram for employees age 40 and over, stress testing every five years, and chest X-ray if required by practitioner. The same criteria for respirator fit, Initial and Annual, apply to this category of physical. ESTs will have annual tuberculosis testing.

5.3.3 Qualification Examinations

Medical examinations will be done on those employees who require medical qualification for specific job assignments. The content of various qualification examinations shall be approved by the OMD following applicable regulations and standards. Qualification examinations include:

- Confined Space - Consists of spirometry, OSHA Respirator Medical Evaluation Questionnaire, and fit testing. An initial physical will mirror the initial physical for Respirator Fit and annual requirements.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

- Respirator Fit - Consists of spirometry, OSHA Respirator Medical Evaluation Questionnaire, and fit testing.
- U.S. Department of Transportation - Consists of the WIPP basic physical, plus hearing testing, color blindness screening, and drug/alcohol testing as required.
- Emergency Responder - See Section 5.3.2, Medical Surveillance and Health Monitoring.
- Crane Operator - Consists of the WIPP basic physical, hearing and vision testing, color screening, and color blindness screening.
- Mine Rescue - See Section 5.3.2.
- Sampling Team - Consists of respirator fit surveillance program qualifications. See Section 5.3.2.
- Hoisting - Consists of WIPP basic physical, electrocardiogram, chest X-ray if deemed necessary by the physician, hearing testing, vision testing, and vision color testing.

5.3.4 Fitness for Duty

Employees will be evaluated for the presence of medical and/or psychological conditions or substance abuse that may reasonably impair their safe, reliable, and trustworthy performance of assigned tasks.

WP 15-HS.07, Fitness for Duty, outlines the substance abuse identification and rehabilitation plan as part of the WIPP commitment to a safe and healthy work environment.

5.3.5 Return to Work

5.3.5.1 Occupational

WP 12-SA3130, Occupational Injuries and Illnesses, outlines the care of occupational illness/injury and rehabilitation plan as part of the WIPP commitment to a safe and healthy work environment.

5.3.5.2 Non-occupational

NWP management shall ensure employees will not be allowed to return to work until they receive a health evaluation and clearance from Health Services. The employee must have written clearance from his/her personal physician stating he/she may return

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

to work and duration of specific restrictions, if any. EA15HS02-2-0, Provider's Release to Return to Work Form, will be completed and will determine the individual's physical and psychological capacity to perform work and return to duty. If an employee returns to work without written clearance from his/her personal physician, he/she may not remain in the workplace unless documentation is received.

An employee requires written clearance in the following situations:

- Any illness or injury causing absence from work for five or more consecutive workdays.
- Procedures or treatments that would negatively affect the employee's ability to perform safely and reliably, such as administration of pain medication or sedating medication.
- Hospitalization for any reason.
- Treatment based on a condition that may impact the employee's ability to perform his/her job in a safe manner (see Section 5.3.4, Fitness for Duty).

The employee shall get relevant medical information from his/her private physician to assist Health Services in determining if the employee is fit to return to work. Health Services will provide EA15HS02-1-0, Job Function Analysis, to private physicians as needed to help them determine if an employee is realistically ready to return to work. The final decision for health-related work recommendations shall reside with the OMD if a disagreement exists regarding return-to-work suitability.

5.3.6 Termination Health Evaluations

NWP interprets the 10 CFR Part 851, Worker Safety and Health Program, requirements for a termination physical evaluation to be based on termination from the contract (for subcontractors) or DOE complex versus leaving a specific facility, as our characterization activities personnel frequently move from site to site throughout the DOE complex while operating to the same contract or NWP work scope.

A health status evaluation shall be made available to terminating employees to establish a record of physical condition. The review will include the employee's medical record and associated exposure information.

The OMD will determine the content of a termination health examination for employees with known occupational illness or injuries, or documented or presumed exposures to hazardous substances as required by OSHA regulations.

Terminating employees shall complete a signed response of the following questions:

1. Have you had any medical treatment or health changes since your last physical?

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

2. To your knowledge, have you had any significant chemical, radiation, or physical (such as heat or noise) exposures since your last physical?
3. Do you have any complaints or concerns related to prior illnesses, injuries, or exposures?
4. Do you have any current medical complaints?

EA15HS02-5-0, NWP Termination Health Status Review, is used to ensure terminating employees are aware of their rights to review their medical status and receive a physical to evaluate any occupational exposures, as desired.

5.3.7 Voluntary Periodic Examinations

Currently, NWP does not offer voluntary periodic examinations to employees outside a medical surveillance program.

6.0 DIAGNOSIS AND TREATMENT OF INJURY OR DISEASE

6.1 Occupational Injury or Disease

NWP is committed to managing occupational injury or disease per New Mexico state laws and regulations and meeting the expectations of the DOE.

Diagnosis and treatment of occupational injury or disease will be prompt. Emphasis is placed on rehabilitation and return-to-work at the earliest time compatible with job safety and employee health. Occupationally ill or injured employees will be actively monitored to facilitate their earliest return-to-work to minimize lost time and associated costs. EA15HS02-1-0, Job Function Analysis, is used to determine if medical restrictions are necessary. If restrictions are necessary, Health Services must notify the worker and management, both when imposed and removed.

A NWP OHN will be the point of contact in ensuring that NWP employees with an occupational injury or illness receive medical clearance from an OHE before returning to work, coordinating their care and release through an OHE and management according to WP 12-SA3130, Occupational Injuries and Illnesses.

The S&H manager or designee shall be immediately notified by the OHN of any occupational injury or illness. The Health Services manager shall also be contacted, as soon as possible, by the OHN to inform him or her of any occupational injury or illness.

The NWP nurse actually providing the first aid care will be responsible to:

- Determine the extent of treatment needed (first aid only, physician evaluation, emergency care), and provide that care.
- Ensure accident/injury forms are filled out based on extent of treatment.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

- Notify a Safety representative.
- Notify the manager of Health Services in writing so that persons with need to know can be informed of injury/illness.
- Document/chart event.

6.2 Non-occupational Injury and Illness

NWP is committed to helping employees with a temporary impairment return-to-work as soon as feasible. Following Section 5.3.5.2, Non-occupational Return-To-Work, every effort will be made by Health Services to coordinate reasonable accommodations in a proactive and creative fashion. Health Services will act as lead while working with Human Resources, management, the practitioner, the affected employee, and his/her personal physicians.

6.3 Monitored/Managed Care

Monitored/managed care of ill or injured employees by Health Services is critical in maximizing recovery, encouraging safe return-to-work, reducing lost time, and containing medical costs.

NWP management is responsible for ensuring Health Services is notified when an employee is off work for medical reasons.

Medical clearance through Health Services is required to return to work when:

- An employee has been hospitalized for any reason.
- An employee was injured in an accident, whether on or off duty.
- An employee has been absent from work for five or more consecutive work days or seven consecutive calendar days.
- An employee has been out of the work place due to a Fitness for Duty issue.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

7.0 EMPLOYEE COUNSELING, HEALTH PROMOTION, AND PREVENTION

7.1 Employee Assistance Program

Per WP 15-GM.02, Worker Safety and Health Program Description, (and 10 CFR Part 851, Worker Safety and Health Program), the Occupational Medical Staff may serve as the provider for review and approval of the NWP-sponsored EAPs, alcohol and other substance abuse rehabilitation programs, and NWP-sponsored wellness programs. Because of the geographical isolation of the region, resources for local providers of EAPs are limited. The EAP is contracted and managed by third-party administrators with no input from local Health Services or the OMD regarding the actual programmatic content. If an employee is using EAP services for non-occupational issues or problems, it is confidential, and Health Services may or may not be involved. Employees are not required to report use of the EAP to the company.

If absences from work exceed seven or more calendar days because of mental health issues, the employee may fall under Health Services' managed care, with consideration of confidentiality, as far as possible. The OHE will review EA15HS02-2-0, Provider's Release to Return to Work Form, for employees, including medications and restrictions. The final decision for work recommendations shall reside with the OMD if a disagreement exists regarding return-to-work suitability.

If an employee is administratively referred to the EAP, the interaction between the EAP and Health Services will depend on the reason for referral. An employee who is referred because of emotional/personal/work problems will fall under different guidelines than one who has been referred because of self-identification of a substance abuse problem.

A manager may observe job performance problems or other indicators that an employee may benefit from EAP counseling. The manager may choose to refer the employee to Human Resources or Health Services for direction if the problems are minor or related to a personal life event. If the problems are more serious and influence the employee's performance significantly, the manager may refer the employee for EAP assistance through the fitness for duty process as described in Section 5.3.4, Fitness for Duty.

An employee who self-identifies a substance abuse problem will be placed on furlough while seeking treatment per WP 15-HS.07, Fitness for Duty. The OHE will be informed the employee has entered the EAP for treatment by the manager of Human Resources or designee. The OHE will conduct an evaluation of the employee and his/her treatment plan before return-to-work to ascertain the employee is fit for duty. The final decision for work recommendations shall reside with the OMD, in consultation with the Human Resources manager, if a disagreement exists regarding return-to-work suitability.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

7.2 Employee Health and Wellness Programs

Health Services offers a variety of services to WIPP employees with an emphasis on health promotion and prevention of disease. Services available may include health education, cholesterol screens, blood pressure monitoring, some immunizations, blood sugar testing, limited liver function testing, smoking cessation information, body fat analysis and weight management counseling, OTC medications, first aid treatment, and health counseling. The OHNs may be used in the community as a resource for school health fairs, community health fairs, and speakers for civic organizations. NWP maintains gym facilities on site and in town for employee use and sponsors limited gym memberships for employees whose job functions require firefighting.

In order to provide services for back shift and after-hour employees, two locked medication boxes are obtained and stocked with OTC medications. Firefighters will keep one medication box underground and one at their work area available to employees on an as-needed basis. The medication boxes will be stocked by Health Services. Firefighters will have a sign-in sheet located in the locked boxes with employee's name, medication provided, reason, and amount provided.

7.3 Bloodborne Pathogens

NWP is committed to a proactive stance regarding employee exposure to potentially infectious materials. Details of the NWP bloodborne pathogen plan may be found in WP 15-HS.01, OSHA Bloodborne Pathogens Exposure Control Plan.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

8.0 MEDICAL RECORDS

8.1 Development and Maintenance of Medical Records and Medical Information

A basic requirement of Health Services is the maintenance of a complete medical record for each NWP employee. A record, containing any medical or health history, exposure history, and demographic data collected for the occupational medicine purposes must be developed and maintained for each employee for whom medical services are provided. This begins at the time of employment and extends throughout the length of employment and for 75 years thereafter. A written account is maintained of the health status of the employee to assist in health promotion and safe job placement.

Medical records will be maintained to ensure complete, accurate, and current information. Medical records and medical information are considered protected information under HIPAA for Individually Identifiable Health Information, also known as the Privacy Rule of 45 CFR Part 160, Subpart A, General Provisions, and 45 CFR Part 164, Subpart E, Privacy of Individually Identifiable Health Information. In compliance with the Privacy Rule, medical records are kept under a double-lock system with access only by nurses and the manager of Health Services on a need-to-know basis. Computers are in nonpublic areas. Computer-generated medical records are accessible only by Health Services personnel via the Occupational Health Management system. Occupational medical records are maintained per Executive Order 13335, Incentives for the Use of Health Information Technology. The medical fax machine is located in a restricted access area and has a secure, dedicated phone line. Faxes, verifications, and printouts are removed immediately from the machine. Entries on medical records, if handwritten, must be in ink and signed and dated by the person making the entry. Medical records entered in the computer program must include the name of the health care giver.

Medical records are considered legal documents. Summary data will be added to update the employee's medical record at the time of each scheduled health examination, or unscheduled health visit, to include:

- Current health status of employee, development or progress of any disease process, and employee's sick leave or disability history, if applicable.
- Hazardous or potentially hazardous physical, chemical, radiological, or biological agents at employee's worksite as reported by employee and employee's history of exposure to physical, chemical, radiological, or biological agents, if applicable.
- Employee's injury event record, if applicable.
- Incidental visits to Health Services, including routine services such as blood pressure monitoring, CLIA waived laboratory testing, and dispensing OTC medications.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

8.2 Confidentiality

The confidential character of employee medical records, including written or electronic records, results of health examinations, and visits to the Health Services Clinics, will be rigidly observed by Health Services personnel per the Privacy Rule. Such records will remain in the exclusive custody and control of Health Services. Access to employee medical records will be granted only as permitted by company policy and state or federal laws or regulations. Any release of non work-related information will require a signed EA15HS02-6-0, Request for Release of Confidential Medical Information, from the employee and will subsequently be documented in the employee's medical file. An authorization form signed by the employee may grant full or partial access to the employee's personal health information. Release of work-related information will be limited to the extent that is needed for the direct care of the worker. Access to these records is provided per DOE regulations implementing 5 USC Part 552a, the Privacy Act of 1974, and 42 USC Part 7384, the Energy Employees Occupational Illness Compensation Program Act.

Psychological records are maintained separately from medical records and in the custody of the designated mental health professional per 10 CFR Part 712.38, Maintenance of Medical Records.

8.3 Identification and Coding of Medical Records

Employee medical records will be properly identified with labels stating the name, date of birth, and social security number. Coding of records will show the following information:

- Current job title/work location on computerized records.
- Job certifications/qualifications (e.g., hoisting, emergency response team) and work location on computerized records.

8.4 Work Restriction Records

Appropriate work restrictions will be communicated to applicable management by the OHN, either by phone or e-mail. Documentation will be put in the medical record that the employee's manager was notified of pertinent restrictions and lifting of restrictions. Work-related injury/illness restrictions will also be conveyed to S&H for OSHA record keeping.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

8.5 Retention of Medical Records

Records will be retained on any disability or death related to an occupational injury or disease. State Workers Compensation record requirements will be met. Employee records are maintained indefinitely. Current employee records are maintained in the Health Services clinic on-site. Records for separated, deceased, or retired employees are sealed individually, labeled with name and social security number, and stored in locked files in Health Services storage. Medical records of terminated employees prior to 1998 are stored in Human Resources storage or have been sent to long-term storage following Human Resources policy. Electronic records of separated, deceased, or retired employees are maintained in the database and are not deleted.

8.6 Quality Records

The use of this document generates the following quality records:

- Attachment 1, Example WIPP Purchase Requisition
- EA15HS02-2-0, Provider's Release to Return to Work Form
- EA15HS02-3-0, Pre-Placement Process Instruction for New Hire Candidates
- EA15HS02-4-0, Health Evaluation Questionnaire
- EA15HS02-5-0, NWP Termination Health Status Review, if performed
- EA15HS02-6-0, Request for Release of Confidential Medical Information

9.0 EMERGENCY AND DISASTER PREPAREDNESS

DOE/WIPP-17-3573, Waste Isolation Pilot Plant Emergency Management Plan, contains detailed information concerning the emergency and disaster preparedness of the WIPP site. This document includes the medical portion of the emergency program. The program was developed by a collaboration of departments with potential participation in an emergency or disaster. Because of the immense complexities in regulatory drivers, directives, and the ultimate responsibility of NWP to this document, the OMD serves as a reviewer/approver, rather than a developer of the plan.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

10.0 OCCUPATIONAL MEDICAL FACILITIES AND EQUIPMENT

10.1 Facilities

Health Services has two locations. The main clinic is on the surface at the WIPP site. It has a reception area, offices, a screening and assessment room, and a testing/acute care area. Facilities are adequate for privacy and comfort of employees for waiting, consultation, examination, and emergency treatment. The clinic adjoins the EST area and the ambulance and rescue vehicle area to ease coordinated care.

Decontamination for chemical and radiological exposures is not expected to be done in the clinic since facilities designed for decontamination are available. However, a full shower and eyewash station is in the clinic in case of chemical exposure.

A satellite clinic is in Carlsbad, New Mexico in the Skeen-Whitlock Building. It is designed primarily for first aid and wellness activities and is not staffed on a full-time basis.

10.2 Equipment

The site clinic has, at a minimum:

- Audiometer with audiometric booth.
- PFT equipment which measures vital capacity, timed vital capacity (FEV-1), and maximum voluntary ventilation.
- Cardiac defibrillation/pacing/monitoring/interpretive electrocardiogram equipment.
- Pulmonary resuscitation equipment.
- Equipment to monitor cholesterol, lipids, liver function, simple/glycosylated glucose, and simple urinalyses.
- Small-volume nebulizer and supplies.
- AED.

The Skeen-Whitlock Clinic has:

- Equipment to monitor cholesterol, lipids, and simple glucose.

In addition, there are 10 fully automatic external defibrillators available in strategic areas throughout the site and Skeen-Whitlock Building.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

10.3 Pharmaceuticals

In distributing, storing, and disposing of pharmaceuticals, NWP Health Services will follow applicable state and federal laws. Medications in clinics are stored in locking cabinets inside locking doors. Employee use of medications is documented in the employee's medical record.

11.0 QUALITY ASSURANCE/QUALITY IMPROVEMENT

NWP Health Services is dedicated to continuous improvement in care delivered to employees. To help this goal, Continuous Quality Improvement is practiced.

11.1 Staff Qualifications

A central qualification file is kept for each licensed staff member. The qualification file has a copy of current licenses, certifications, and recognitions. Periodic reviews are made by the manager of Health Services to ensure staff retains qualifications and continuing education according to New Mexico law, AAOHN standards, and WIPP policy. Staff members are encouraged to join the AAOHN for professional enhancement.

OHNs are strongly encouraged to seek board certification.

OHNs and staff nurses will achieve and maintain certification in audiometry, spirometry, breath alcohol testing, drug screening. Staff certificates will be displayed in the clinic.

11.2 Clinic Licensure/Certificates

- Current New Mexico State Board of Pharmacy Limited Clinic licensure will be maintained, as applicable. Licenses will be displayed in the clinic.
- Current DEA registration, as applicable, will be maintained and displayed.
- Current controlled substance registration will be maintained and displayed, as applicable.
- Current CLIA Certificate of Waiver will be displayed.

11.3 Equipment Maintenance and Calibration

- Audiometer and Audiometric Equipment.
 - Audiometer will be tested and calibrated yearly by qualified technicians. Documentation will be maintained of calibrations.
 - Calibration, electronic and biological, will be done per WP 15-HS.05, Health Services Hearing Conservation Program.

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

- Spirometer and Spirometry Equipment.
 - Calibration before the first testing of the day will be done following the manufacturer's directions and recorded in the Spirometry Calibration Log. Documentation will be maintained of calibrations.
- Defibrillators will be checked periodically per WP 15-HS.06, Automatic External Defibrillator Program.
- Annual biomedical safety checks will be done on electronic medical equipment by qualified technicians. Records will be maintained of safety checks.
- Refrigerator temperature will be checked weekly and documented in the log book.
- Other equipment, as acquired, will be calibrated and maintained according to each manufacturer's specifications and requirements traceable to nationally recognized standards.

**WIPP Occupational Health Program
WP 15-HS.02, Rev. 12**

REFERENCES
DOCUMENT NUMBER AND TITLE
10 CFR §851, Worker Safety and Health Program
10 CFR §712.38, Maintenance of Medical Records
29 CFR §1910.134, Respiratory Protection
45 CFR §160, Subpart A, General Provisions
45 CFR §164, Subpart E, Privacy of Individually Identifiable Health Information
5 USC §552a, Privacy Act of 1974
42 USC §7384, Energy Employees Occupational Illness Compensation Program Act of 2000
Public Law 91-596, Occupational Safety and Health Act of 1970
Public Law 101-336, Americans with Disabilities Act of 1990
EPA 43 Federal Register §4377, Radiation Protection Guidance to Federal Agencies for Diagnostic X-Rays
Executive Order 13335, Incentives for the Use of Health Information Technology
New Mexico State Nurse Practice Act (Sections 61-3-1- to 61-3-30 NMSA 1978)
New Mexico Limited Clinic Drug Permit
Cholestech LDX User Manual
Cholestech GDX User Manual
MSHA Form 5000-3
DOE/WIPP-17-3573, Waste Isolation Pilot Plant Emergency Management Plan
WP 15-GM.02, Worker Safety and Health Program Description
WP 15-HS.01, OSHA Bloodborne Pathogens Exposure Control Plan
WP 15-HS.05, Health Services Hearing Conservation Program
WP 15-HS.06, Automatic External Defibrillator Program
WP 15-HS.07, Fitness for Duty
WP 12-IH1004, Noise Surveys
WP 12-IS1810, Quantitative Fit Testing
WP 12-SA3130, Occupational Injuries and Illnesses
EA12IS1810-1-0, WIPP Respiratory Protection Program Physical Exam, Training, and Fit Testing Verification Record
EA15HS02-1-0, Job Function Analysis
EA15HS02-2-0, Provider's Release to Return to Work Form
EA15HS02-3-0, Pre-Placement Process Instruction for New Hire Candidates
EA15HS02-4-0, Health Evaluation Questionnaire
EA15HS02-5-0, NWP Termination Health Status Review
EA15HS02-6-0, Request for Release of Confidential Medical Information

WIPP Occupational Health Program
WP 15-HS.02, Rev. 12

Attachment 1 – Example Purchase Requisition for Medical Services

Nuclear Waste Partnership

Charge # _____ Serial # **Nº 1993**

Requisitioned by _____

Supplier _____

WIPP Basic Physical:

____ Complete Exam of Body Systems

____ Medical History

____ Chest X-Ray (if deemed necessary)

TOTAL CHARGES
[]

PLUS:

____ CBC	____ Chemistry Profile
____ Urinalysis	____ EKG
____ Ear/Hearing Evaluation	____ Hearing Test
____ PFT	____ Vision Test
____ Drug Test	____ Breath Alcohol Test
____ Fitness for Duty	____ Functional Capacity Analysis
____ Rabies Antibody Titre	____ Consultation
____ Hep B Antibody Titre	____ Mets

Employee _____

SS# _____ DOB _____

Job Title _____ Department _____

Type Of Physical:

____ Pre-Employment ____ DOT ____ RF ____ Hoist

____ Emergency Responder _____

____ Other _____

DATE	TIME	APPOINTMENT TYPE	LOCATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Copies: White, Green & Canary - Physician: Pink - Employee: Golden Rod - Health Service

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