ISSUED

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WP 15-HS.02
Revision 15

Occupational Health Program

Cognizant Section: Health Services

Approved By: Andrea Kennedy

INFORMATION USE

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CHANGE HISTORY SUMMARY

REVISION NUMBER	DATE ISSUED	DESCRIPTION OF CHANGES
14	11/16/23	• Changes made were identified during the blue sheeting process during the SIMCO transition; therefore, only an editorial correction is needed. • Updated NWP to WIPP. • Updated reference WP 13-1.
15	01/20/26	• EAP provider changed from Magellan to Optum EWS. Change effective 1/1/26. • Update document template. • Update acronyms/abbreviations throughout. • Update records section per WP 15-RM.

ACRONYMS AND ABBREVIATIONS

AAOHN	American Association of Occupational Health Nurses
CFR	Code of Federal Regulations
CLIA	Clinical Laboratory Improvement Amendments
DOE	U.S. Department of Energy
EAP	Employee Assistance Program
HIPAA	Health Insurance Portability and Accountability Act
HR	Human Resources
HS	Health Services
MOC	Management and Operating Contractor
MSHA	Mine Safety and Health Administration
NP	Nurse Practitioner
OHE	Occupational Health Nurse
OMD	Occupational Medical Director
OSHA	Occupational Safety and Health Administration
WIPP	Waste Isolation Pilot Plant
WP	WIPP Procedure

1.0 INTRODUCTION

The Waste Isolation Pilot Plant (WIPP) Occupational Health Program meets the requirements of 10 Code of Federal Regulations (CFR) Part 851, Worker Safety and Health Program, per WIPP procedure (WP) 15-GM.02, Worker Safety and Health Program Description. This program is designed to assist management in assuring personnel can perform work safely, protecting personnel from health-related work hazards, and applying preventive medicine measures toward the optimal health of personnel through professional medical evaluation, treatment, and consultation.

The WIPP Occupational Health Program services:

- Ensure, to the extent possible, fitness for duty.
- Provide professional guidance in matters of health, wellness, and aid in protecting workers' health in the performance of their work.
- Provide medical care and rehabilitation of ill or injured workers.
- Identify infectious disease risks in the workplace and help communicate and implement appropriate interventions.
- Provide limited care for non-occupational injuries or illnesses to the extent necessary to prevent undue loss of time from work.

2.0 PURPOSE/SCOPE

The management and operating contractor (MOC) is required to establish and provide comprehensive occupational medicine services to workers employed at WIPP facilities who:

- Work on a U.S. Department of Energy (DOE) site for more than 30 days in a 12-month period; or
- Are enrolled for any length of time in a medical or exposure monitoring program required by 10 CFR Part 851 and/or any other applicable federal, state, or local regulation, or other obligation.

The WIPP Occupational Health Program is required to be under the oversight of the Occupational Medical Director (OMD), who is a graduate of a school of medicine or osteopathy and a New Mexico-licensed physician. The OMD reviews and approves the content of the various components of the WIPP Occupational Health Program.

The WIPP Occupational Health Program and medical evaluations conducted shall be in accordance with acceptable medical practices and all pertinent statutory and regulatory requirements, including the Americans with Disabilities Act of 1990.

3.0 DEFINITIONS

None

4.0 QUALIFICATIONS/RESPONSIBILITIES

4.1 Occupational Medical Director

- Shall be a physician who is a graduate of an accredited school of medicine or osteopathy. Board certification and experience in occupational health is desired.
- Shall maintain current federal and New Mexico State licensing requirements.

4.2 Nurse Practitioner

- Shall be a graduate of an approved nurse practitioner training program with licensing/certification as required by the state of New Mexico. Specific training and experience in an occupational health setting are desirable.
- Shall be responsible to, and collaborate with, the OMD.
- Shall be afforded opportunities for continuing medical education and required training, including periodic attendance at professional meetings.
- May also be the Health Services (HS) Manager.

4.3 Occupational Health Nurse

- Shall be a graduate of an accredited school of nursing, registered, and legally qualified to practice nursing in the state of New Mexico. Training and experience in occupational health nursing are desirable.
- Shall be responsible to, and work under, the supervision of the OMD and/or Nurse Practitioner (NP).
- Shall be afforded opportunities for continuing medical education and required training, including periodic attendance at professional meetings.
- AAOHN Board certification is encouraged.
- Nurses will achieve and maintain certification in audiometry, spirometry, breath alcohol testing, and drug screening. Staff certificates will be displayed in the clinic.
- May also be trained/certified in medical case management of injuries/illnesses.
- Unless otherwise directed by the OMD/designee, follow the most current edition of “Occupational Health Nursing Guidelines for Primary Clinical Conditions” in conjunction with internally established procedures and protocols, for evaluation and treatment of workers.

- May be assigned to serve as the HS Manager for day-to-day administration of the Occupational Health Program in the absence of the NP.

5.0 EMPLOYEE HEALTH EVALUATIONS

5.1 Comprehensive Occupational Medical Evaluation

"Comprehensive" in Section 8(a) of Title 10 CFR Part 851 refers to the range of services that is appropriate. All possible occupational medical services identified in the Rule are not necessary for all workers. The content of the occupational medical evaluation is at the discretion of the OMD.

- Comprehensive occupational medical evaluations shall be performed to provide initial and continuing assessment of the worker in order to:
  - Determine, in accordance with the American with Disabilities Act of 1990, whether the worker's physical and mental health are compatible with the safe, reliable performance of assigned job tasks;
  - Detect evidence of illness or injury and consult with Industrial Safety and Health professionals to investigate for any potential occupational relationship;
  - Provide an opportunity to positively impact risk factors which may otherwise result in premature morbidity or mortality (e.g., hypertension, smoking, elevated lipids) through implementing elements of a Wellness program that focus on prevention and early detection and treatment of illnesses/injuries; and
  - Maintain documentation (records) in accordance with all regulatory and WIPP requirements.
- A medical history shall be obtained and include information such as the worker's current health status, past medical history, occupational history, immunization history, smoking history and other lifestyle factors, allergies, and any medications prescribed.

Review of documents that provide an employee's current health status and essential job functions, without the employee being seen by medical staff may be sufficient for employees in an office non-hazardous work environment. A computerized questionnaire or paper form, such as EA15HS02-4-0, Health Evaluation Form will be used to collect this information.

5.2 Medical Surveillance and Qualification Programs

Special mandatory occupational examinations shall be performed for workers whose work assignments require special physical characteristics or possible exposure to hazardous materials. The scope and frequency of such examinations will be determined by the nature of the potential hazard, by

applicable regulations (e.g., DOE, MSHA and/or OSHA), and by the HS Manager or the OMD.

The recommendation for inclusion in a medical surveillance program is made by the Industrial Hygienist based on OSHA or other regulatory drivers, professional judgment, and consideration of work activities including the job frequency and duration, potential for worker exposure, and other factors.

Pre-placement health evaluations are required for all applicants, whether part-time or full-time to determine that individual's health status and to aid in suitable placement.

- These examinations will be performed before the placement of an applicant into a new job, but after a job offer.
- Medical evaluations will be performed prior to job transfer, and examinations will be performed, as needed. Mandatory history, physical, and laboratory evaluation will be appropriate to the job requirements.

5.2.1 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.

5.2.2 Return to Work

5.2.2.1 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. 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.

5.2.2.2 Non-Occupational

The MOC management shall ensure employees will not be allowed to return to work until they receive a health evaluation and clearance from HS. The employee must have written clearance from his/her personal physician stating he/she may return 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.
- An employee has been out of the workplace due to a Fitness for Duty issue.

The employee shall get relevant medical information from his/her private physician to assist HS 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 WIPP Health Services Provider if a disagreement exists regarding return-to-work suitability.

The MOC is committed to helping employees with a temporary impairment return-to-work as soon as feasible. Every effort will be made by HS to coordinate reasonable accommodations in a proactive and creative fashion. Health Services will act as lead while working with Human Resources (HR), management, the practitioner, the affected employee, and his/her health care provider.

5.2.2.3 Termination Health Evaluations

The MOC 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 (for MOC employees) 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 work scope.

EA15HS02-5-0, WIPP Separation 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. The review will include the employee's medical record and associated exposure information.

6.0 EMPLOYEE COUNSELING, HEALTH PROMOTION, AND PREVENTION

6.1 Employee Assistance Program

The EAP is contracted and managed by third-party administrators, Optum EWS at (800) 727-5615 or www.liveandworkwell.com with no input from HS 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 HS may or may not be involved. Employees are not required to report use of the EAP to the company.

If an employee is administratively referred to the EAP, the interaction between the EAP and HS 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 HR or HS for direction if the problems are related to a personal life event. If the problems are more serious and/or influence the employee's performance significantly, the manager and HR/HS may initiate a mandatory referral to EAP assistance through the fitness for duty process as described in 15-HS.07, Fitness for Duty.

An employee who self-identifies a substance abuse problem may be placed on leave while seeking treatment per WP 15-HS.07, Fitness for Duty. The HR Manager or designee will inform HS that the employee has entered the EAP for treatment. HS will conduct an evaluation of the employee and his/her treatment plan before return-to-work to ascertain if the employee is fit for duty. The final decision for work recommendations shall reside with the OMD, in consultation with the HR manager, if a disagreement exists regarding return-to-work suitability. Self-identification must be made prior to random testing selection.

6.2 Employee Health and Wellness Programs

Health Services offers a variety of services to WIPP workers 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, over-the-counter medications, first aid treatment, and health counseling. The MOC maintains gym facilities on site and in town for employee use.

6.3 Bloodborne Pathogens

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

7.0 FACILITIES AND EQUIPMENT

7.1 Facilities

Health Services has two locations. The main clinic is on the surface at the

WIPP site. The clinic adjoins the Emergency Services Technician/Firefighter area and the ambulance and rescue vehicle area to ease coordinated care.

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.

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.

7.2 Equipment

The HS Manager and/or OMD shall determine the selection of medical office and laboratory equipment.

The following minimum equipment should be included:

- Standard distant and near visual acuity eye charts and/or optical testers Standard color vision plates (Ishihara, Dvorine, or American Optical)
- Audiometer with a testing booth, both of which meet OSHA standards
- Electrocardiograph equipment
- Pulmonary function equipment
- Cardio-pulmonary resuscitation equipment
- Cardiac defibrillation and related monitoring equipment adequate for portable use.

7.3 Equipment Maintenance and Calibration

- Audiometer and Audiometric Equipment.
  - Calibration, electronic and biological, will be done per WP 15-HS.05, Health Services Hearing Conservation Program.
- Spirometer and Spirometry Equipment.
  - Calibration before the first testing of the day will be done following the manufacturer's directions. 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.

- Vaccine refrigerator temperature will be checked at least weekly and documented in a logbook or electronic data logger.
- Other equipment, as acquired, will be calibrated and maintained according to each manufacturer's specifications and requirements traceable to nationally recognized standards.

7.4 Pharmaceuticals

Pharmaceuticals will be distributed, stored, and disposed of following all state and federal laws. Employee use of medications will be documented in the employee's medical record.

7.5 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 CLIA Certificate of Waiver will be displayed.

8.0 MEDICAL RECORDS

8.1 Development and Maintenance of Medical Records

A basic requirement of HS is the maintenance of a complete medical record for each WIPP worker. Medical records shall be maintained to ensure complete, accurate, and current information. 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.

8.2 Confidentiality

Medical records and medical information are considered protected information under Health Insurance Portability and Accountability Act (HIPAA), 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, administrative, technical, and physical safeguards are in place to prevent intentional or unintentional use or disclosure of protected health information. The confidentiality of employee medical records, including written or electronic records, results of health examinations, and visits to the HS Clinics, will be rigidly observed by HS personnel per the Privacy Rule.

Such records will remain in the exclusive custody and control of HS. 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, Privacy Act of 1974, and 42 USC Part 7384, Energy Employees Occupational Illness Compensation Program Act of 2000.

8.3 Records

Records are confidential. Any records generated by this program are maintained per 15-RM, WIPP Records Management Program Plan, and may include medical records, both electronic and written, substance testing records, treatment plans and personnel records.

Performance of this procedure may generate the following records:

- 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, WIPP Separation Health Status Review
- EA15HS02-6-0, Request for Release of Confidential Medical Information
- Biomedical Safety Checks of Equipment
- Calibration Documentation of Equipment
- Electronic Health Records
- Vaccine Refrigerator Temperature Log

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.

10.0 REFERENCES

DOCUMENT NUMBER AND TITLE
10 CFR Part 851, Worker Safety and Health Program
10 CFR § 712.38, Maintenance of Medical Records
45 CFR § 160, Subpart A, General Provisions
45 CFR § 164, Subpart E, Privacy of Individually Identifiable Health Information
5 USC Part 552a, Privacy Act of 1974
42 USC Part 7384, Energy Employees Occupational Illness Compensation Program Act of 2000
42 USC § 12101, Americans with Disabilities Act of 1990
Public Law 91-596, Occupational Safety and Health Act of 1970
Public Law 104-191, Health Insurance Portability and Accountability Act of 1996
New Mexico Limited Clinic Drug Permit
Occupational Health Nursing Guidelines for Primary Clinical Conditions
DOE/WIPP-17-3573, Waste Isolation Pilot Plant Emergency Management Plan
WP 12-SA3130, Occupational Injuries and Illnesses
WP 13-1, Waste Isolation Pilot Plant Quality Assurance Program Description
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 15-RM, WIPP Records Management Program Plan
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, WIPP Separation Health Status Review
EA15HS02-6-0, Request for Release of Confidential Medical Information