

U.S. Department of Energy
Washington, D.C.

ORDER

DOE 5480.8A

6-26-92

SUBJECT: CONTRACTOR OCCUPATIONAL MEDICAL PROGRAM

1. PURPOSE. To establish the occupational medical program requirements for the Department of Energy (DOE).
2. CANCELLATION. DOE 5480.8, CONTRACTOR OCCUPATIONAL MEDICAL PROGRAM, of 5-22-81.
3. SCOPE. Except as excluded at paragraph 5 below, the provisions of this Order apply to all DOE Elements.
4. APPLICATION TO CONTRACTS. Except as excluded at paragraph 5 below, the provisions of this Order are to be applied to covered contractors and they will apply to the extent implemented under a contract or other agreement. A covered contractor is a seller of supplies or services awarded a procurement contract or a subcontract which contains or should contain the clause, "Safety and Health (Government-Owned or -Leased Facility)" (DEAR 970.5204-2) as prescribed at DEAR 923.7002, 952.233-71, and 970.2303-2 or another clause whereby DOE elects to exercise its authority to enforce occupational safety and health standards.
5. EXCLUSION. The Naval Nuclear Propulsion Program is exempt from the provisions of this Order (see Paragraph 12e, RESPONSIBILITIES AND AUTHORITIES).
6. REFERENCES.
 - a. DOE 1300.3, POLICY ON THE PROTECTION OF HUMAN SUBJECTS, of 8-23-90, which provides for the protection of human subjects through required evaluation of the risk, ethics, and the rights of participants for any proposed research involving human subjects.
 - b. DOE 1324.2A, RECORDS DISPOSITION, of 9-13-88, which assigns responsibilities and authorities and prescribes policies, procedures, standards, and guidelines for the orderly disposition of records.

DISTRIBUTION:
All Departmental Elements

INITIATED BY:
Assistant Secretary for
Environment, Safety and Health

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- c. DOE **1800.1A**, PRIVACY ACT, of 8-31-84, and Title 5 **U.S.C.**, Section **552A**, which protects the privacy of certain information contained in Government records.
- d. DOE **5483.1A**, OCCUPATIONAL SAFETY AND HEALTH PROGRAM FOR DOE CONTRACTOR EMPLOYEES AT GOVERNMENT-OWNED CONTRACTOR-OPERATED FACILITIES, of 6-22-83, which requires DOE contractors to be consistent with the safety and health standards **of** the Occupational Safety and Health Administration (**OSHA**).
- e. DOE 5480.10, CONTRACTOR **INDUSTRIAL** HYGIENE PROGRAM, of 6-26-85, which establishes the industrial hygiene requirements for DOE.
- f. DOE 5484.1, ENVIRONMENTAL PROTECTION, SAFETY, AND HEALTH PROTECTION INFORMATION REPORTING REQUIREMENTS, of 2-24-81, which establishes procedures for the reporting of information having environmental protection, safety, or health protection significance.
- g. DOE 5500.16, EMERGENCY MANAGEMENT SYSTEM, of 4-30-91, which establishes policy and requirements for an Emergency Management System that provides for the development, coordination, and direction of Departmental planning, preparedness, and readiness assurance for response to operational, energy, and continuity of Government emergencies involving or requiring Departmental assistance.
- h. DOE 5610.3, PROGRAM TO PREVENT ACCIDENTAL OR UNAUTHORIZED NUCLEAR EXPLOSIVE DETONATION, of 12-18-80, which establishes the Personnel Assurance Program for sensitive security positions.
- i. DOE 5631.6, PERSONNEL SECURITY ASSURANCE PROGRAM, of 1-19-89, which establishes a program to improve security reliability of DOE and DOE contractor employees.
- j. DOE **6430.1A**, GENERAL DESIGN CRITERIA, of 4-6-89, which provides general design criteria for use in the acquisition of DOE facilities and establishes responsibilities and authorities for the development and maintenance of these criteria.
- k. Volume 43 **FR** 4377, "Radiation Protection Guidance to Federal Agencies for Diagnostic X-Rays," of 2-1-78.
- 1. Americans with Disabilities Act of 1990.

- m. Title 29 **CFR1910**, General **Industry** Standards, Occupational Safety and Health Administration, and 29 **CFR** 1926, Construction Industry Standards, Occupational Safety and Health Administration.

7. **DEFINITIONS.**

- a. **Contractor Medical Department.** The occupational medical program or occupational medical department established by the contractor as required by this Order.
- b. **Dedicated Medical Computer System.** A computer system under the control of the occupational medical department designed to receive, collect and store occupational medical information.
- c. **Employee Assistance Program (EAP).** A program offering employees counseling, treatment, rehabilitation, and referral services for a wide range of medical, drug, alcohol, stress, and mental health problems, as well as for legal, financial, or job or career development problems.
- d. **Fitness for Duty.** The determination that the physical and mental health of an individual is consistent with the performance of assigned duties in a safe and reliable manner.
- e. **Full-time Occupational Physician.** A physician providing full-time occupational medical services.
- f. **Guidance.** Information to assist in achieving the program policies and objectives.
- g. **Health and Safety Group.** The contractor organizations which are concerned with health and safety programs.
- h. **Job Task Analysis.** A statement outlining the physical and mental requirements and the potential exposures and hazards of a specific job.
- i. **Monitored Care.** The monitoring of the quality of medical care of employees who have extended absences from work due to illness or injury for the purpose of facilitating their rehabilitation, recovery, and early return to work.
- j. **Minimum Requirements and Standards.** The program content necessary to satisfy the policies and objectives of this directive.

- k. Occupational Health Examiner (OHE). Physicians or nurse practitioners, physician assistants, or other appropriately licensed allied health professionals who provide health care under the direction of a licensed physician.
 - l. Occupational Health Nurse. A registered nurse providing occupational health nursing services under the direction of a licensed physician.
 - m. Occupational Medical Program. A program to assist in the maintenance and protection of optimal health through the skills of occupational medicine, psychology, and nursing; and to maintain a close interface with allied health disciplines, including industrial hygiene, health physics, and safety.
 - n. Occupational Medicine. Those specialty branches of the professions of medicine, nursing, and psychology which deal with the health protection and health maintenance of employees with special reference to job hazards, job stresses, and work environment **hazards**.
 - o. Part-time Occupational Physician. A physician providing occupational medical services on a less than full-time basis.
 - p. Site Occupational Medical Director. The physician responsible for the overall direction and operation of the site occupational medical program.
8. POLICY. It is the policy of DOE to protect and enhance the physical and mental health of all DOE contractor employees and to promote public health.
9. OBJECTIVES. The objectives of the DOE Contractor Occupational Medical Program are to:
- a. Assist contractor management in protecting employees from health hazards in their work environments;
 - b. Assist contractor management in assuring the placement of employees in work that can be performed in a reliable and safe manner consistent with the requirements of the Americans with Disabilities Act of 1990;

- c. Provide support to contractor management in the **medical**, mental, and substance abuse aspects of personnel reliability and fitness for duty;
- d. Assure the early detection, treatment, and rehabilitation of **employees** who **are** ill, injured, or otherwise impaired;
- e. Apply preventive **medical** measures toward the maintenance of the optimal physical and mental health of employees through health promotion **and education**;
- f. Provide **professional guidance** and consultation to contractor management on all health-related issues;
- g. Provide employees, as appropriate, with professional medical evaluation, guidance, counseling, and referrals to specialists in support of optimal physical and mental health;
- h. Protect the privacy of employees and the confidentiality of their medical records; and
- i. Provide support to DOE and contractor management and the Division of Epidemiology and Health **Surveillance/Office** of Health by the collection and analysis, when requested, of employee health data for the purpose of early detection and prevention of occupational and nonoccupational illnesses and injuries, thereby reducing morbidity and mortality.

10. CONTRACTOR OCCUPATIONAL MEDICAL PROGRAM RETIREMENTS.

- a. Implementation of an **onsite** occupational medical program shall be the responsibility of the Site Occupational Medical Director. The occupational medical director for each contractor site shall develop a written occupational medical plan detailing the methods and procedures used to implement the minimum requirements of this Order which are set out in paragraph 11.
- b. A contractor can meet its obligations under this Order if it arranges to have occupational medical services provided for its employees by:
 - (1) an **onsite** medical program;
 - (2) a DOE contractor providing DOE-approved occupational medical services; or

- (3) a private physician or medical group capable of providing occupational medical services as set forth in this Order.

11. CONTRACTOR OCCUPATIONAL MEDICAL PROGRAM IMPLEMENTATION.

- a. Maintenance of a Healthful Work Environment. The interaction of employees with their environment is one of the primary concerns of the occupational physician. This requires close cooperation and coordination with industrial hygiene, health physics, and safety professionals. However, the term "environment" is a broader concept, and is not limited to the physical and chemical exposures of the individual worker. **If** the worker's total environment is to be productive and safe, psychological and cultural factors cannot be ignored and must be understood.
 - (1) Occupational physicians and selected medical staff shall make regular visits to **worksites** and facilities so as to become familiar with employee job tasks, **worksite** environments, and existing or potential health hazards. Such visits should be coordinated with industrial hygiene, health physics, and safety personnel and management, and should include a review of materials, processes, and procedures used with emphasis on physical, chemical, and biological hazards. The information obtained from these visits may form the basis for recommendations to management for corrective action or preventive measures. The frequency of **worksite** visits should be determined by the Site Occupational Medical Director, taking into account such factors as the size of the workforce, and number and types of operations. Other factors should include the nature and amounts of physical, chemical, or biological agents used; the accident and incident rate; and the occupational illness and disability rate. Appropriate medical staff should conduct familiarization visits at selected **worksites** at least monthly.
 - (2) Contractor management shall furnish the Site Occupational Medical Director with information on potential, physical, chemical, and biological hazards in the **worksite**.
 - (3) Prior to the performance of a periodic health examination, the contractor management shall provide to the OHE a summary of potential exposures to hazardous agents or tasks and any

worksite exposures in excess of OSHA/DOE permissible exposure limits pertaining to the employee to be examined.

(4) Contractor management should afford the Site Occupational Medical Director or designee the opportunity to participate in new materials and process review committees, safety committees, and other health-related meetings.

b. Employee Health Examinations.

- (1) Rationale for Employee Examinations. Employee health examinations shall be given to provide initial and continuing assessment of the employee in order to:
 - (a) Determine whether the employee's physical and mental health are compatible with the safe and reliable performance of assigned job tasks in accordance with the Americans with Disabilities Act of 1990;
 - (b) Detect evidence of illness or injury and determine if there appears to be an occupational relationship;
 - (c) Contribute to employee health maintenance by providing the opportunity for early detection, treatment, and prevention of disease or injury;
 - (d) Provide an opportunity to assess risk factors which will cause premature morbidity or mortality (e.g., hypertension, smoking, elevated lipids); and
 - (e) Maintain documented records of the physical and mental health experience of employees.
- (2) Comprehensive Health Examination Content. The comprehensive health examination shall be conducted by an OHE under the direction of a licensed physician, using whatever ancillary assistance is needed in accordance with current, sound, and acceptable medical practices. The minimum content is described for the preplacement or other required comprehensive examinations. Additions may be needed, as determined by the Site Medical Director, considering the purpose(s) of the examination, health hazards of current and former employment, and personal health-risk factors.

- (a) Medical History. The medical history **shall** include information concerning the employee's current illness or health status, review of **systems**, past medical history, occupational history, review of a current job task analysis, family history, immunization history, smoking and other lifestyle factors, allergy history, travel history, and history of mental or emotional disorders.
- (b) Physical Examination. The physical examination **shall** include an evaluation of head, neck, eyes, ears, nose, throat, mouth, heart, lungs, abdomen, **genitourinary** system, vascular and lymphatic systems, skin, **musculoskeletal** system, a brief neurological examination, and a measurement of height, weight, pulse and blood pressure. A digital rectal and prostate examination **shall** be offered to males age 40 and above. Both a pelvic and breast examination shall be offered to females. It may include mammography, a pap smear, sigmoidoscopy, and tonometry over 34 years of age to conform to good preventive medicine practices. When the resources and capability will not permit the performance of these specialized examinations, the employee is to be advised as to their value and urged to obtain them from a personal physician.
- (c) Laboratory Studies. The basic laboratory work shall include:
- 1 Vision testing (to include near, distant, color vision, depth perception, and horizontal peripheral field of vision);
 - 2 Complete blood count and blood chemistry profile;
 - 3 Urinalysis and serology when indicated;
 - 4 An **audiogram** as a baseline, then every 3-5 years unless exposed to noise at or above 85 decibels, then annually;
 - 5 A pulmonary function test as a baseline, then every 3-5 years unless exposed to pulmonary irritants, a history of pulmonary disease, or when OHE deems it necessary;

6 An electrocardiogram as a baseline, then annually for over age 50, a history of heart disease, or when OHE deems it necessary; and

7 Other laboratory tests required by OSHA/DOE shall be obtained.

(d) Guidelines for Use of X-rays. The recommendations and guidance contained in 43 FR 4377, of 2-1-78, should be considered. All radiographs shall be interpreted by a qualified radiologist or as specified by OSHA/DOE.

(e) Review and Evaluation of Examination. The OHE shall discuss the results of the examination with the employee. The OHE shall provide health counseling and advice, especially as related to risk factors that may cause premature morbidity or mortality. Employees shall be encouraged to have private physicians and should be referred to private physicians for any necessary definitive care or followup treatment, and for any necessary additional diagnostic studies that are beyond the scope of the occupational health examination. The health interests of employees are best served by close communication and cooperation between private and occupational health physicians.

(3) Classes of Health Examinations/Evaluations.

(a) Preplacement Evaluations.

1 A medical evaluation of an individual shall be conducted after the job offer, but prior to the performance of job duties, and in the case of an employee, prior to a job transfer. The health status and fitness for duty of the individual shall be determined, thereby assuring that assigned duties can be performed in a safe and reliable manner and consistent with the Americans with Disabilities Act of 1990.

2 Contractor management shall provide to the Site Occupational Medical Director a job task analysis pertaining to the applicant/employee to enable the medical examiner to assess the individual as required in 11b(3) (a)1.

- 3** The scope of the initial **preplacement** evaluation shall be a comprehensive examination as outlined in paragraph **11b(2)**. The Site Occupational Medical Director shall determine additional examination content, considering such factors as special physical or mental requirements of the job, potential hazardous exposures, or medical surveillance requirements mandated by the Occupational Safety and Health Act, 29 **CFR** 1910 or 29 **CFR** 1926.
- 4** Those contractor operations requiring large numbers of **preplacement** evaluations may defer the comprehensive evaluation of individuals not assigned to hazardous work or potentially hazardous exposures after a review of the individual's medical history. The evaluation shall be performed within 6 months of the hire date.
- 5** The occupational medical department **shall** be informed of all job transfers. The Occupational Medical Director or designee should determine whether a medical evaluation is necessary.

(b) Medical Surveillance Examinations and Health Monitoring.

Standards and requirements for special health examinations and health monitoring of employees who work in jobs involving specific physical, chemical, or biological hazards **shall** be in accordance with applicable **OSHA/DOE** standards. When employees are exposed to potential hazards not covered by regulations, appropriate special examinations may be required as determined by the Site Medical Director and approved by the DOE Medical Director, Office of Health.

(c) Qualification Examinations.

- 1** Examinations **shall** be conducted to qualify employees for specific job assignments for which specific medical qualification standards exist (e.g., drivers, pilots, protective force personnel, and respirator wearers).
- 2** Special medical evaluations shall be performed in response to contractor management's request to determine employee fitness for duty.

- (d) Voluntary Periodic Examinations. Voluntary periodic examinations shall be offered; however, it should be recognized that specific work hazards or statutory requirements as outlined in **11b(3), 11b, and 11c** may dictate more frequent health examinations to maintain an effective occupational medical program. A fundamental purpose of these examinations is to provide employees with the periodic assessment of their health. Accordingly, relevant components of the comprehensive examination, paragraph **11b(2)**, may be included, as well as other preventive health measures such as health-risk appraisals or **wellness** counseling as authorized by the Site Medical Director.

1 Employees age 50 and over shall be offered a biennial health examination. Content shall be based upon guidelines established by the Site Medical Director, considering work assignment and individual risk factors.

2 Employees age 40-49 shall be offered a health examination every 3 years.

3 Employees under age 40 shall be offered a health examination every 5 years.

- (e) Return-to-Work Health Evaluations.

1 Occupational Injury or Illness. All employees with occupationally-related injuries or illnesses shall be evaluated before returning to work. The scope and content of this evaluation shall be determined by the OHE, based upon the nature and extent of the injury or disease, and shall be sufficient to ensure that the employee may return to work without undue health risk to self or others. Written clearance from the occupational medical department shall be required before such an employee may return to work.

2 Nonoccupational Injury or Illness. Contractor management, in the following situations, shall ensure that employees will not be allowed to return to work until they receive a health evaluation and written clearance from the occupational medical department. Situations warranting evaluation and clearance include

nonoccupational-related illnesses or injuries causing absence from work for 5 consecutive workdays or more, procedures or treatments that would affect negatively the employee's ability to perform in a safe and reliable manner, and hospitalization. The employee shall provide relevant medical information from their private physician to assist in this determination. The final decision for health-related work recommendations shall reside with the Site Medical Director if a disagreement exists regarding return-to-work suitability.

- (f) Termination Health Evaluations. A health status review shall be made available for all terminating employees. Based upon the information obtained, a health examination (the content to be determined by the Site Occupational Medical Director) shall be conducted, whenever possible, on employees with known occupational illnesses or injuries, documented or presumed exposures required by OSHA regulations, or when more than 1 year has elapsed since the last examination. This should include a review of the medical record, associated exposure information, and a signed response by the employee to each of the following questions:

- 1 Have there been recent occupational illnesses or injuries not previously reported?
- 2 Have you ever been informed of an exposure to radiation or toxic materials above permissible limits?
- 3 Do you have any complaints or concerns related to prior illnesses, injuries, or exposures?
- 4 Do you have any current medical complaints?

c. Diagnosis and Treatment of Injury or Disease.

(1) Occupational Injury or Disease.

- (a) The management of occupational injury or disease shall be in accordance with the laws and regulations of the State in which the facility is located.

- (b) Diagnosis and treatment of occupational injury or disease shall be prompt with emphasis placed on **rehabilitation** and return to work at the earliest time compatible with job **safety** and employee health.
 - (c) Contractor management has the responsibility **to** establish procedures to ensure that all employees **with** occupational injuries or illnesses receive written clearance from the occupational medical department before being permitted **to** return to work.
 - (d) The responsible **firstline** management and health and safety **groups** (health physics, industrial hygiene, or safety) **shall** be given notification of unhealthy work situations detected by the occupational medical staff.
- (2) Nonoccupational Injury and Illness. Employees **shall** be encouraged to utilize the services of a private physician or medical facility, where these are available, for care of nonoccupational injuries or illnesses or. However, the medical department **shall** assist employees who become ill at work. Care should be available for what may be judged a short-term, self-limited condition. Such a policy will contribute to containment of medical costs and encourage an atmosphere of **trust** for employees. The objective is to return the worker to a state **of** health in the shortest possible time consistent with modern medical therapy. Long-term treatment of nonoccupational injury and illness is not considered to be a routine responsibility **of** an occupational medical program. NOTE: In emergencies, employees shall be given the necessary care required until referred to a private physician or facility.
- (3) Monitored Care. Monitored care of ill or injured employees by occupational medical physicians is highly desirable to maximize recovery and safe return to work and to minimize lost time and associated costs. Contractor management has the responsibility to advise the occupational medical department when an employee has **been** absent because of an illness or injury for more than **5** consecutive workdays, or has experienced excessive absenteeism. Worker's compensation cases should be monitored when appropriate **through frequent** return visits and **physician-to-physician** communication with private physicians where applicable. The **goal** is to assist the employees in their recovery and to facilitate their return to duty at the earliest practicable time.

Reasonable accommodations or restrictions may be a part of this rehabilitation process and need to be closely coordinated with the human resources department and line management.

- (4) Health Care Cost Management. Contractor management of occupational and nonoccupational health care requires knowledge of costs to provide recommendations for cost-effective health care.
- (a) When requested, contractor management should provide to the Site Occupational Medical Director information regarding **lost-time** data, worker's compensation case costs, medical and surgical costs by common diagnosis, and inpatient versus outpatient costs.
- (b) The Site Occupational Medical Director should be a resource to contractor benefits personnel in managing health care costs and providing advice on the quality and availability of community health care resources.

d. Employee Counseling and Health Promotion.

(1) EAP and Wellness Program.

- (a) The Site Occupational Medical Director shall review and approve the medical aspects which include physical and mental health, stress and emotional/behavioral problems of all contractor-sponsored or supported EAP, as well as alcohol and other substance abuse rehabilitation programs. Program evaluation accountability shall include treatment processes, records, referrals, treatment outcomes, **followup (aftercare)** programs), and staffing.
- (b) The Site Occupational Medical Director shall review, approve and coordinate all contractor-sponsored or supported **wellness** programs as essential components of a preventive medicine program. Health counseling **should** be available to all employees. Program evaluation and accountability shall address the training/education opportunities provided, lesson plans, class evaluation records, and referral/counseling sessions.

(2) Immuni zati on Program.

- (a) Tetanus/Diphtheria immunization shall be available for **all** employees, consistent with Centers for Disease Control (**CDC**) guidelines.
- (b) Employees involved in foreign travel **shall** be advised to obtain the immunizations recommended by **CDC** and the Public **Health** Service of the U.S. Department of Health and Human Services.
- (c) In the interest of saving lost time off the job, elective care, such as serial desensitizations for allergy, may be given at the discretion of the Site Occupational Medical Director with the written advice and consent of the employee's private physician.
- (d) Using **CDC** guidelines, influenza vaccine **shall** be offered to **all** employees.
- (e) Hepatitis B vaccine shall be offered according to **CDC** guidelines.
- (f) The Site Occupational Medical Director shall ensure that immunization programs for bloodborne pathogens and **biohazardous** waste conform to OSHA regulations and **CDC** guidelines for those employees at risk to these forms of exposure.

(3) Fitness for Continued Duty Assignment. The occupational medical department has the responsibility to make fitness-for-duty **determinations** on employees for all conditions that may influence **performance** or work suitability.

- (a) A substance abuse (drug and alcohol) identification and rehabilitation program is an integral part of a comprehensive fitness-for-duty program. Any testing provided shall be in accordance with acceptable practices and applicable regulations. The **goal** is to promote a safe and healthy work environment and to rehabilitate employees **involved** with substance abuse.
- (b) Employees shall be evaluated for the presence of medical conditions that may be reasonably expected to impair

employee's safe, reliable, and trustworthy performance of assigned tasks and, thereby, affect the acceptability of an employee for a specific job assignment.

- (c) Occupational medical personnel shall consider the job duties of any employee seeking medical care to determine if the health condition is job related. In addition, an evaluation should be made of the employee's **fitness-to-perform** job duties safely and reliably.

e. Requirements for Medical Records.

- (1) Records Maintenance. The maintenance of complete medical records developed by the medical department for each employee from the time of the first examination or treatment is a basic requirement. A personal health record **shall** be maintained for each employee identifying name, date of birth, and social **security** number. The contractor **may** use additional identification systems as desired.
- (2) Confidentiality.
- (a) The confidentiality of an employee medical records, **including** the results of health examinations, shall be **observed by** all members of the occupational medical staff. Such **records** shall remain in the exclusive custody and control of the occupational medical department. Disclosure of information from an employee's health records shall not be made without written consent, except as permitted by law or Federal regulation.
- (b) Computerized or microfilmed medical records and information shall remain under the custody and control of the Site Occupational Medical Director with disclosure as defined in paragraph 11e(2)(a) above.
- (3) Access to Employee Medical Records. Access to employee medical records shall be in accordance with: (a) The Privacy Act as codified in 10 **CFR1008.17(b)(1)**; and (b) "Access to Exposure and Medical Records" as codified in 29 **CFR 1910.20 (OSHA Standard)**.

- (4) Identification of Medical Records. It shall be the responsibility of contractor management to provide the Site Occupational **Medical** Director with information to enable the coding or flagging of records to reflect current job titles, specific job certifications or limitations, assigned work areas, and work hazards.
- (5) Work Restriction Registry. The **Medical** Director will advise contractor management of appropriate **work** restrictions. Contractor management should maintain a central work restriction registry.
- (6) Retention of **Medical** Records. All employee health records shall be retained in accordance with DOE **1324.2A**. However, inactive records may be retired to low-cost storage in an onsite records holding area or a Federal Records Center. To protect the confidentiality of the records, the shipping cartons shall be sealed and the transfer documents shall note that access to the records is limited to personnel **of** the Contractor Medical Department. If resources are available, the files may be microfilmed **and** the paper records destroyed.

f. Emergency and Disaster Preparedness.

- (1) Integrated Emergency and Disaster Preparedness Planning. The Site Occupational Medical Director is responsible for the development **of** the medical portion of the site emergency and disaster **plan**. This input shall be closely integrated with, and made a part of, the overall site emergency and disaster preparedness plan in accordance with DOE **5500.1B**. It will require coordination and cooperation with management, emergency preparedness coordinators, safety, health physics, the industrial hygiene, fire and rescue units, security organizations, and **offsite** medical facilities.
- (2) Integration with Community **Emergency** and Disaster Plans. The occupational medical portion of the site emergency and disaster **plan** shall **also** be integrated with surrounding community emergency and disaster plans to the extent consistent with the development of a mutual aid and assistance capability.

(3) Preplanning Requirements.

- (a) The medical portion of the site emergency and disaster response capability shall be adequate to meet the type and severity of accidents and trauma dictated by the character and history of plant operations and conditions.
- (b) Preplanning and prearrangements are key factors vital to the effectiveness of the medical portion of the site emergency and disaster plan and shall provide the following:
- 1 **Onsite** capabilities for medical aid and triage, and personnel decontamination by trained, qualified personnel which shall include **onsite** capability for cardiopulmonary resuscitation, cardiac defibrillation and advanced cardiac life support;
 - 2 Services of health physicists and industrial hygienists to evaluate any associated radiological or chemical hazards affecting the environment, the casualties, or the general public, and to assist rescue and medical personnel;
 - 3 Arrangements for hospital care shall include the capability to evaluate and treat injuries resulting from exposure to radiation and/or toxic materials, including internal and external contamination, as appropriate;
 - 4 Services of medical specialists and consultants;
 - 5 Services of rescue squads, ambulances (ambulance personnel shall meet the U.S. Department of Transportation guides or State requirements), and helicopters, as needed, with capability for handling radioactively contaminated casualties;
 - 6 Medical aid coverage during evacuation operations from facilities and the site; and

7 Communication links between medical aid and triage teams, fire and rescue units, hospitals and hospital teams, local and State police, and DOE Emergency Operating Center.

9" Organizational and Staffing Guidelines for Contractor Occupational Medical Programs.

(1) Site Occupational Medical Director.

- (a) **Shall** be a physician who is a graduate of an accredited school of medicine or osteopathy and who meets the licensing requirements applicable to **the** locations in which **the** physician works. Board certification in occupational medicine is preferred.
- (b) **Shall** report directly to the Contractor Site Manager, appropriate Laboratory Director, or another management level with sufficient authority to ensure program effectiveness.
- (c) **Shall** participate in health and environmental issues at **the** policy-making levels.
- (d) Shall be responsible for the development, interpretation, implementation, and administration of the occupational medical program.
- (e) **Should** have opportunities for continuing medical education, attendance at national occupational medical meetings (including DOE-sponsored meetings and health seminars), and access to medical journals. The physician should also be afforded the opportunity for membership in professional organizations.

(2) Occupational Medical Physicians.

- (a) **Shall** be graduates of accredited schools of medicine or osteopathy and meet the licensing requirements applicable **to** locations in which they work. Training and experience in occupational medicine are preferred.
- (b) Shall be directly responsible to the Site Occupational Medical Director or designee.

- (c) Should have opportunities for continuing medical education, attendance at national occupational medical meetings (including DOE-sponsored meetings and health seminars), and access to medical journals. They should **also** be afforded the opportunity for membership in professional organizations as approved by the Site Occupational Medical Director.
- (3) **Occupational Health Nurses.**
- (a) Shall be graduates of accredited schools of nursing, registered, and legally qualified to practice nursing where employed. Training and experience in occupational health nursing are desirable.
 - (b) Shall be directly responsible to the Site Occupational Medical Director or designee.
 - (c) Should be afforded opportunities for continuing nursing education, including attendance at professional meetings, and access to nursing journals as approved by the Site Medical Director. They should also be afforded the opportunity for membership in professional organizations as approved by the Site Occupational Medical Director.
- (4) **Clinical Psychologists.**
- (a) Shall be graduates of accredited schools of clinical psychology and hold a valid license **as** required in the State where they work. A Doctor of Philosophy or a Doctor of Psychology degree with training and experience in clinical occupational assessment and treatment is highly desirable.
 - (b) Shall be directly responsible to the Site Occupational Medical Director or designee.
 - (c) Should be afforded opportunities, as determined by the Site Medical Director, for continuing psychological education related to services provided on the site, including use of psychological evaluation. Psychologists employed **fulltime** shall be afforded opportunities for membership and participation in professional associations.

(5) Counselors (i. e., Substance Abuse, Mental Health).

- (a) Shall have the training appropriate to their specialty and be certified or licensed as required by the State in which the facility operates.
- (b) Shall be responsible to the Site Occupational Medical Director or designee.
- (c) Counselors employed **fulltime** should be afforded opportunities for continuing education, membership, and **participation** in professional associations as approved by the Site Occupational Medical Director.

(6) Physician Assistants.

- (a) Shall be: **1** graduates of physician assistant programs accredited by the American Medical Association Committee on Allied Health Education and Accreditation; **2** certified by the National Commission on Certification of Physician Assistants; **3** and licensed/certified as required by State law. **Specific** training in an occupational medical specialty or experience in an occupational setting is **desirable**.
- (b) **Shall** be responsible to, and work under, the **supervision of** the Site Occupational Medical Director or designee.
- (c) Should be afforded opportunities for continuing medical education, including attendance at professional meetings and access to medical journals, as well as organizational memberships as determined by the Site Occupational Medical Director.

(7) Nurse Practitioners.

- (a) Shall be graduates of an approved nurse practitioner training program with licensing/certification as required by State law. Specific training and experience in occupational health nursing are desirable.
- (b) **Shall** be responsible to the Site Occupational Medical Director or designee.

- (C) Should be afforded opportunities for continuing medical **educat** " on, including attendance at professional meetings and access to journals, as well as organizational memberships as determined by the Site Occupational Medical Director.

(8) Other Occupational Health Personnel.

- (a) Shall have the appropriate training and be certified or licensed as required by the State in which the facility operates.
- (b) Shall be responsible **to** the Site Occupational Medical Director or designee.

(9) Professional Staffing.

- (a) General. The proper ratio of physicians and nurses to the employee population is related to many factors, including the following:
- 1 Size of employee population;
 - 2 Geographical distribution and location of employees;
 - 3 Shifts worked;
 - 4 Rate of employee turnover;
 - 5 Age and sex distribution of the employee population;
 - 6 Extent of occupational hazards and associated medical surveillance requirements;
 - 7 Types and complexities of job tasks and operations performed;
 - 8 Total number of all health examinations required;
 - 9 Degree of isolation of **worksites** from community and other medical services; and

10 Degree of employee utilization of occupational health services.

(b) Minimum Physician Staffing. For sites with employee populations greater than 2,500, the Medical Director shall not be included in meeting the physician staffing requirement.

1 At least 1 part-time physician for **employee populations between 300 and 1,000;**

2 One full-time physician for employee populations over 1,000 and under 1,500;

3 One full-time and 1 half-time physicians for **employee populations over 1,500 but under 2,000;**

4 Two full-time and 1 half-time physicians for **employee populations over 2,000 but under 2,500;** and

5 An additional physician for each additional increase of 1,000 to 1,500 employees.

(c) Minimum Nurse Staffing.

1 One part-time nurse for up to 100 employees;

2 One full-time nurse for employee populations over 100 and up to 300;

3 Two full-time nurses for employee populations over 300 and up to 1,000;

4 Three full-time nurses for the first 1,000 employees;

5 One additional full-time nurse for each additional 1,000 employees up to 5,000; and

6 One additional full-time nurse for each additional 2,000 employees over 5,000.

(d) Minimum Requirements for Worksites not Covered by a Physician or Nurse. At **worksites** with employee populations not warranting a full-time nurse or physician (i.e., less

than 100 employees), management shall ensure at least one employee on duty is trained and currently qualified in first aid and cardiopulmonary resuscitation.

- (e) **Ancillary Staffing.** The number and qualifications of physician assistants, nurse practitioners, and other ancillary medical personnel shall be determined by the Site Occupational Medical Director as required to support the occupational medical program. Utilization of these personnel may partially offset the prescribed staffing levels of physicians and nurses.
 - (f) **Psychological Staffing.** The Site Occupational Medical Director shall establish consulting relationships with psychiatrists or psychologists as required by the demands of the program. At sites with 2,000 or more employees, 1 full-time equivalent clinical psychologist and/or psychiatrist is suggested. The option of contracting for the services of a part-time clinical psychologist or psychiatrist for facilities with fewer than 2,000 employees or to supplement existing services is acceptable.
- h. **Occupational Medical Facilities and Equipment.**
- (1) **Occupational Medical Facilities.** General design criteria for occupational medical facilities are contained in DOE 6430.1A. Specifically, these facilities:
 - (a) Shall be located in areas readily accessible to employees and to transportation. Accessibility of the occupational medical department is a key factor in employee utilization of medical services and is very important to the overall effectiveness of the program.
 - (b) Shall be sufficiently spacious, well lighted, and **ventilated** with appropriate climate control.
 - (c) Shall include waiting, consultation, examining and emergency treatment areas, toilet, and shower or tub facilities adequate to ensure privacy and comfort.
 - (d) Shall have necessary medical and laboratory equipment with adequate decontamination facilities.

- (e) **Shall** include a rest or recovery room, dressing rooms, and facilities for the laboratory and radiological examinations performed in the department.
- (f) Shall include ambulance services and equipment that meet applicable State or Federal regulations. It is not necessary to assign responsibility for ambulance and rescue personnel, operations, and equipment to the Site Occupational Medical Director.
- (g) **Shall** have access to medical information through a library **and/or** computerized information systems.
- (h) **Dispensing**, storing and disposing of pharmaceuticals shall be in accordance with appropriate Federal, State and local law.

(2) **Equipment.**

- (a) The Site Occupational Medical Director shall ensure that the medical department equipment is adequate in terms of present-day accepted standards of medical practice and that it is maintained in good working order and is properly calibrated.
- (b) The selection of specific kinds and brands of medical office **and** laboratory equipment **shall** be determined by the Site Occupational Medical **Director**. Preference should be given to devices that can provide direct input to computerized **data** systems. The following minimum items should be included:
 - 1** Standard distant and near visual acuity eye charts or optical testers;
 - 2** Standard color vision plates (**Ishihara, Dvorine, or American Optical**);
 - 3** Audiometer with a testing booth which meets OSHA standards;
 - 4** Electrocardiograph equipment;
 - 5** Pulmonary function equipment;

- 6 Cardiac defibrillation and related monitoring equipment adequate for portable use;
 - 7 Suction equipment;
 - 8 Pulmonary resuscitation equipment;
 - 9 Adequate equipment for monitoring, handling, and decontamination of radioactively contaminated or chemically contaminated casualties;
 - 10 Physiotherapy equipment as needed; and
 - 11 Emergency power supply.
- i. Quality Assurance. Each Site Medical Director shall develop a written quality plan. Personnel, equipment, procedures, and documentation will be considered, using applicable standards and accepted practice.

12. RESPONSIBILITIES AND AUTHORITIES.

- a. Assistant Secretary for Environment, Safety and Health (EH-1) shall:
 - (1) Advise the Secretary on occupational health;
 - (2) Develop and promulgate relevant Departmental policies; and
 - (3) Ensure conformance with applicable laws and regulations.
- b. Deputy Assistant Secretary for Health (EH-40) shall:
 - (1) Develop and recommend policies and standards;
 - (2) Maintain a health surveillance system; and
 - (3) Ensure implementation of all aspects of Departmental occupational health programs.
- c. Director, Office of Occupational Medicine (EH-43) shall:
 - (1) Develop policies and standards related to occupational medicine;

- (2) Provide assessment and oversight of contractor occupational **medical** programs to ensure implementation of standards and policies;
 - (3) Ensure the development of effective preventative medical and health maintenance programs;
 - (4) Establish and manage applied research in areas relevant to this Order;
 - (5) Provide for and assist in training activities associated with this Order; and
 - (6) Provide advice and guidance on all aspects of the occupational medical program for all elements of **DOE** and contractors.
- d. Program Secretarial Officers shall receive and review occupational medical appraisal reports for facilities under their program responsibility with the exception of an exemption for the Director of the Naval Nuclear Propulsion Program.
- e. Director of the Naval Nuclear Propulsion Program through Executive Order 12344, statutorily prescribed by Public Law 98-525 (42 U.S. C. 7158, Note), establishes the responsibilities and authorities of **the** Director of the Naval Nuclear Propulsion Program (who is also the Deputy Assistant Secretary for Naval Reactors within the Department] for **all** facilities and activities that comprise the Program, a joint Navy-DOE organization. These executive and legislative actions establish that the Director is responsible for all matters pertaining to naval nuclear propulsion, including direction and oversight of environment, safety, and health matters for all program facilities and activities. Accordingly, the provisions of this Order do not apply to the **Naval** Nuclear Propulsion Program.
- f. Heads of Departmental Elements (the senior ranking DOE official at a DOE office location) shall include **in** a procurement request package, for each procurement requiring the application of this Order, the following:
- (1) Identification of the Order;
 - (2) Identification of the specific requirements with which a contractor or other awardee is to comply, or, if this is not practicable, identification of the specific paragraphs or **other**

portions of this Order with which a contractor or other awardee is to comply;

- (3) Requirements for the flowdown of provisions of this Order to any subcontract or **subaward**;

For application to awarded management and operating contracts, Heads of Departmental Elements may set forth this information in a written communication to the contracting officer rather than in a procurement request package.

9" Managers of DOE Field Offices and Energy Technology Centers shall:

- (1) Review policies and standards of this Order and ensure contractor implementation;
- (2) Receive and review occupational medical appraisals of sites under the jurisdiction of the field office or center; and
- (3) Implement recommendations.

BY ORDER OF THE SECRETARY OF ENERGY:



DOLORES L. ROZZI
Director of Administration
and Human Resource Management