


FESHM 4290: OCCUPATIONAL MEDICINE

Revision History

Author	Description of Change	Revision Date
Mike Bonkalski	Added the following: -Link to EAP- http://wdrs.fnal.gov/eo/eap.html - on the web page under Medical Office Forms and Info - 3.0 RESPONSIBILITIES/Supervisors - “Supervisors may be responsible to transport an employee for additional medical care and/or drug and alcohol testing.” - 4.4.2 Return to work reviews - “The OMO will also verify for the HR Specialist if requested, whether documentation has been received that substantiates the occurrence of an illness” - 4.3.3 List of Surveillance programs Removed Snow Removal Added Crane Operator Added Immunizations/BBP for Daycare Entire Document - Changed Fermilab Medical Department changed to Occupational Medical Office	May 2016
Martha E. Michels	Removed all reference to non-occupational treatment. Changed Computing Division to Computing Sector.	May 2013
Timothy M. Miller	Name and contents were changed from “medical information practices” to “medical records.” Chapter reformatted according to new template. The Medical Department’s lead role in medical record management was clarified. References to external documents were added. Where ever reference is made to distributing medical records beyond employees and the Medical Department, the phrase “need-to-know basis” was added. Contents were updated to address requirements in Fermilab’s PII program as well as those in the Genetic Information Nondiscrimination Act of 2008 (GINA). A	February 2011

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	reference was added for the Medical Department’s new medical record computer security plan.	
Timothy M. Miller	Initial release of Chapter 4290 addresses topics not previously included in FESHM.	August 2011

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1.0 INTRODUCTION

The primary goal of occupational medicine is the prevention and management of injuries and illnesses that can arise in the course of employment. At Fermilab, this is accomplished by assuring that workers are sufficiently fit to carry out their assigned duties, monitoring the potential health impacts on workers exposed to particular hazards, managing work-related injuries and illnesses when they occur, and providing consultation to workers and managers.

The [Fermilab Wellness Office](#) in WDRS also offers a variety of recreation, fitness and wellness programs to encourage employees, users, visitors and contractors to live balanced and healthy lives.

This chapter describes the occupational medical services that are provided through the OMO.

2.0 DEFINITIONS

First aid – Immediate care given to someone experiencing an injury or sudden illness. First aid for employee occupational injuries and illnesses is addressed in section 5 of this chapter.

Emergency Medical Technician (EMT) - Emergency responders trained to provide immediate care for sick or injured people and transport them to medical facilities. Fermilab's Fire Department is staffed with Illinois State certified EMTs. Call 3131 in any emergency.

Environment, Safety and Health (ES&H) – The name adopted by DOE to describe the combined functions of environmental and occupational protection. At Fermilab, this includes the ESH&Q Section, as well as ES&H personnel within other D/S/Cs.

Long Term Disability (LTD) – An insurance program that pays a portion of an employee's salary after an extended period away from work due to a non-work disability. At Fermilab, LTD pays 60% of an employee's salary and can begin after six months of absence.

Occupational Medical Office (OMO) – The organization with primary responsibility for managing Fermilab's occupational medical program.

Occupational Medical Surveillance Group - employees participating in regularly-scheduled mandatory medical monitoring to assure their fitness to engage in a specific work activity (e.g., respirator usage) or to identify changes in their health status associated with exposure to a specific hazard (e.g., lead).

Oxygen deficiency hazard (ODH) - an operation which exposes personnel to an increased risk of fatality due to oxygen deficiency. Unlike confined spaces, ODH work spaces are generally designed for occupancy and provided with normal access and egress. In addition, the hazard is primarily limited

to oxygen deficiency which is well understood and controlled through quantitative risk assessment. See <http://esh-docdb.fnal.gov/cgi-bin/ShowDocument?docid=387> for additional information.

Personal health care provider – A health care provider, usually a physician, who assumes responsibility for the health care of an individual. OMO staff are not personal health care providers for members of the Fermilab community.

Personally-Identifiable Information (PII) - Information that can be used to distinguish or trace an individual's identity. For more information, see

<http://cd-docdb.fnal.gov/cgi-bin/ShowDocument?docid=2134>

Protected Personally-Identifiable Information – PII about a person that could cause them serious harm if misused by others. Harm would most likely occur through identity theft or other unauthorized use/misuse of this information. A detailed medical record is considered to be one type of protected PII.

Site Occupational Medical Director (SOMD) – The name adopted by DOE to describe the physician responsible for the overall direction and operation of the site occupational medical program. At Fermilab, the SOMD is the head of the Medical Department.

Work Activities Analysis Form (WAAF) - An online questionnaire used to communicate worker job functions and potential exposures to Medical Department personnel. This application includes a checklist that allows supervisors to identify the nature and frequency of potential workplace exposures.

Workforce Development and Resources Section (WDRS) – For more information see <http://wdrs.fnal.gov/index.html>.

3.0 RESPONSIBILITIES

3.1 Employees

- Baseline and annual medical surveillance program physical examinations will be completed by employees exposed to workplace hazards. Employees must schedule the appointment with OMO and notify their supervisor or manager of the appointment.
- If an employee accumulates more than three consecutive days or 24 hours of sick leave, their health status must be reviewed by OMO staff prior to their return to work.
- Before an employee may return to work following a period of absence due to an occupational injury/illness, they must first be evaluated by the OMO.
- Employees shall immediately report all injuries/illnesses to the OMO that could potentially be work-related.
- If transported by ambulance to a local hospital, the employee must clear through OMO before returning to work.

3.2 Supervisors

- Supervisors shall provide information regarding the details of temporary transfers (ie: an employee moves from one Division to another to support shutdown efforts) to medical professionals in the OMO.
- Employees may be exposed to hazards with medical surveillance requirements. Supervisors shall document this information in the WAAFs and ensure employees participate in the associated medical surveillance programs.
- Supervisors may be responsible to transport an employee for additional medical care and/or drug and alcohol testing.

3.3 Division Safety Officers (DSOs)

Division Safety Officers are responsible for designating employees within their Division/Section who participate in occupational medical surveillance programs. They are responsible for communicating the addition and removal of individuals to the OMO.

3.4 ESH&Q Personnel

ESH&Q personnel are encouraged to provide information regarding the details of temporary transfers to medical professionals in the OMO.

3.5 Occupational Medical Office (OMO)

This organization has primary responsibility for maintaining Fermilab's Occupational Medicine Program.

3.6 Computing Sector (CS)

This organization has primary responsibility for providing technical and administrative expertise in the design, operation and maintenance of secure electronic data management system(s) for Fermilab's occupational medical records.

3.7 Site Occupational Medicine Director (SOMD)

The site occupational medicine director in the ESH&Q Section has primary responsibility for assuring implementation of the Medical Department aspects of this chapter and the overall Occupational Medical Program.

4.0 OCCUPATIONAL MEDICAL SERVICES

4.1 Applicability

Fermilab's occupational medicine program is primarily limited to Fermilab employees (full-time, part-time and on-call). Medical surveillance may be provided to others doing work on site as a matter of expedience (cost, convenience or assurance). This is most often encountered as a pre-requisite for participating in Oxygen Deficiency Hazards operations (see [chapter 4240](#) in this manual).

When the Medical Department is closed, the Fire Department serves as their substitute for dealing with onsite injuries. This will help assure that injuries are promptly dealt with and properly documented. Therefore, anyone experiencing even non-serious work-related injuries should report to the Fire Department for evaluation just as they would report to the Medical Department during a normal workday.

REMEMBER - In any medical emergency, dial 3131 or 630-840-3131 from other than a lab extension.

4.2 Services

4.2.1. Employment status reviews

Hire –WDRS notifies the OMO whenever a job offer has been extended that requires occupational medical surveillance and also provides a copy of the associated job requisition. If this is the case, successful completion of this exam is a prerequisite for employment and is scheduled to occur as soon as possible.

Termination – The WDRS notifies the OMO whenever an employee is about to terminate employment. OMO staff review the employee’s medical chart to see whether there are occupational health issues that warrant a final interaction. A history of work injuries or participation in an occupational medical surveillance group would typically indicate that a final visit may be required.

4.2.2. Return to work reviews

Occupational Injury/Illness (OII) – Before an employee may return to work following a period of absence due to an occupational injury/illness, they must first be evaluated by the OMO. As with extended sick leave, the assessment will determine the employee’s level of fitness in one of three categories:

- Fit to perform all regularly-performed duties
- Specific work limitations are imposed
- Not well enough to perform any duties

In all cases subsequent to an occupational injury/illness, the employee’s supervisor will be formally notified regarding the results of the evaluation.

>3 days (24 hours) of sick leave (non-occupational) – If an employee accumulates more than 3 days (24 hours) of sick leave, their health status must be reviewed by OMO staff prior to their return to work. The assessment will determine the employee’s level of fitness based on the employee’s doctor’s note in one of three categories:

- Fit to perform all regularly-performed duties

- Specific work limitations are imposed
- Not well enough to perform any duties

In the case of limitations or total disability, the employee's supervisor will be formally notified.

The OMO will also verify for the HR Specialist if requested, whether documentation has been received that substantiates the occurrence of an illness

4.2.3. Impairment reviews

Employees may be observed behaving in a way that brings into question their ability to safely and/or effectively carry out the responsibilities of their assignment. If the behavior appears to be related to a health condition, medication or substance abuse, the OMO is available to assess the fitness of the employee to continue working.


4.3 Surveillance programs

4.3.1 Selection criteria - DSOs designate employees who are participating in occupational medical surveillance programs. They are responsible for communicating the addition and removal of individuals to the OMO.

4.3.2 Required medical monitoring – The content and frequency of monitoring varies with surveillance group. However, the organs/systems most likely to be adversely affected are the subjects of review. There is typically a baseline exam prior to participation, periodic exams during participation, and a final exam upon termination of employment.

4.3.3 List of surveillance programs

Hazard	Surveillance requirement
ODH	FESHM 4240
Hearing conservation	FESHM 4140
Respiratory protection	FESHM 4150
Laser	FESHM 4260
Lead	FESHM 4200
Firefighter	NFPA 1582
CDL	49 CFR 391.41
Grit blasting	29 CFR 1910.1000, 29 CFR 1926.55
Beryllium	FESHM 4190
Asbestos	FESHM 4180
Hazardous waste	29 CFR 1910.120(f)
Roads & Grounds	Physical job – best management practice
Daycare	Tuberculosis - 77 IAC 696.140(a)(5) / Immunizations / Blood Borne Pathogen

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Security guards	DOE requirement – medical clearance
Shutdown crews	Temporary transfers – best management practice
Vehicle Maintenance	49CFR 391.41
Mobile Crane Operator	FESHM 10140

4.4 Occupational Injury / Illness Management

4.4.1. Emergencies

The onsite phone number to obtain help in any emergency is 3131. The call should be placed from a safe location. Be prepared to clearly identify the location and stay on the line until the operator no longer needs your assistance. In medical emergencies, expect that an ambulance will respond to the scene.

4.4.2. Notification

Notification and investigation processes are described in [Chapter 3020](#) of this manual.

4.4.3. Evaluation

The SOMD (or designee) is responsible for evaluating the nature and extent of occupational injuries/illnesses. This is accomplished through direct examination or through the efforts of other medical/health professionals.

4.4.4. Treatment

Minor procedures to repair damaged tissues, minimize discomfort, speed recovery or prevent future medical conditions may be administered onsite under the direction of the SOMD. These can include some kinds of inoculation, bandaging, bracing, splinting, wound cleaning/flushing, foreign object removal, use of cold packs, suturing or medications. Procedures to treat (potentially) serious conditions, as well as those requiring specialized skills or equipment are dealt with by referral to offsite providers.

4.4.5. Workers' Compensation

Fermilab manages its workers' compensation program in accordance with the Illinois Workers' Compensation Act (820 ILCS 305).

All employees shall report all occupational injuries/illnesses to the OMO that could potentially be work-related. If a case is potentially compensable, you will be given instructions on how to proceed.

5.0 MEDICAL RECORDS

5.1 Privacy

Privacy of medical records is of great importance to Fermilab. OMO will retain all employee medical records as required.

Health Insurance Portability and Accountability Act (HIPAA) does not apply to the occupational health activities conducted by the OMO. Further, this exclusion extends to workers' compensation. In general, HIPAA does not apply to information created or received by Fermilab in its capacity as an employer.

Genetic Information Nondiscrimination Act (GINA) restricts the collection and use of genetic information by employers. According to this law, family medical history is one kind of genetic information.

5.1.1. Access of records

Employees may review their paper and electronic medical records that are maintained by the OMO and have the opportunity to add notations regarding perceived inaccuracies. A medical professional of the OMO will stand by to assist the employee in locating and understanding the desired information. Please contact the OMO by phone (X3232) to set up an appointment for this purpose. Employees can also request a copy of their medical records.

5.2 Collection and Use

The OMO adheres to the following practices for information contained in medical records.

Members of the OMO who have signed a confidentiality agreement are granted full access to these medical records. The confidentiality agreement states that signers are subject to discipline, up to and including termination, should they reveal medical record information beyond that described in this notice.

The workers' compensation law in Illinois allows for the transfer of information contained in medical records without the prior approval of the injured person. Because of this, members of the OMO may share workers' compensation records with organizations and persons involved in the associated processes (medical providers, insurers, lawyers). This includes information pertaining to workers' compensation cases, as well as information associated with potentially-related prior injuries and pre-existing medical conditions.

Members of the OMO are authorized to communicate occupational health or injury information to management representatives, ES&H personnel, and human resource personnel on a need-to-know basis.

Members of the OMO will release information contained in medical records as required by law or as specified in court orders or subpoenas.

The SOMD is authorized to share congregate and summary medical information that cannot be individually identifiable. This information is used to identify trends to focus health promotion programs and to address incipient health and safety problems.

5.3 Security

The OMO protects medical records from unauthorized use in the following ways.

5.3.1. Paper records

Records for active employees are kept within the OMO. They are protected by locked physical barrier(s) when not in use and are monitored by OMO employees during periods of use. Reasonable care is exercised during use to prevent inadvertent and/or unauthorized viewing. Records for inactive employees are stored in a secure offsite location in accordance with Department of Energy (DOE) requirements. These are to be destroyed 75 years after the last entry date.

5.3.2. Electronic records

Electronic medical records are maintained in accordance with the Director's Policy (<http://cd-docdb.fnal.gov/cgi-bin/ShowDocument?docid=2134>). The DOE retention policy for these records is 75 years.

6.0 REFERENCES

29 CFR 1910.120(f) Hazardous Waste Operations and Emergency Response, Medical Surveillance
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=9765

49 CFR 391.41 Physical Qualifications for Drivers
http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrruletext.aspx?rule_toc=760§ion=391.41§ion_toc=1781

Chapter 820 Illinois Combined Statutes, Act 305, Illinois Workers' Compensation Act
<http://www.state.il.us/agency/iic/act.pdf>

Fermilab Employee Drug and Alcohol Abuse and Testing Program Description (available from the OMO upon request)

NFPA 1582 – Standard on Comprehensive Occupational Medical Program for Fire Department

Title 77 Illinois Administrative Code, Chapter I, Subpart k, Part 690 – Control of Communicable Diseases Code

<http://www.ilga.gov/commission/jcar/admincode/077/07700690sections.html>

Medical professionals are required to report communicable diseases through the Illinois National Electronic Disease Surveillance System.

Chapter 325 Illinois Compiled Statutes, Children, Act 5, Abused and Neglected Child Reporting Act
<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1460&ChapterID=32>

Medical professionals are required to immediately report suspected cases of child abuse to the Department of Children and Family Services (217-524-2606).

10 CFR 851 - DOE Worker Safety and Health Program

<http://www.hss.doe.gov/healthsafety/wshp/rule851/851rule.pdf>

Section 8. (f) of Appendix A provides requirements for the maintenance of occupational medicine records.

American College of Occupational and Environmental Medicine – Code of Ethics

<http://www.acoem.org/codeofconduct.aspx>

Director’s Policy #38 - Personally Identifiable Information (PII)

http://www.fnal.gov/directorate/Directors_Policy/personally_identifiable_info.shtml

This policy addresses the management of electronic versions of protected PII. Detailed medical records are considered to be one type of protected PII.

DOE Administrative Records Schedule 1: Personnel Records

<http://energy.gov/cio/downloads/administrative-records-schedule-1-personnel-records-revision-3>

DOE Records Disposition Schedules provide the authority for the transfer and disposal of records created and maintained by the Department. Personnel records include those contained in medical folders. Section 19 includes non-occupational medical records and section 21.1 includes contractor employee medical records. Both are to be destroyed 75 years after the last entry date.

DOE Order 206.1 - Department of Energy Privacy Program.

<https://www.directives.doe.gov/directives/current-directives/206.1-BOrder/view>

This order provides direction regarding the privacy requirements in the Privacy Act of 1974, Section 208 of the E-Government Act of 2002, and Office of Management and Budget (OMB) directives. In particular, OMB directives include instructions for dealing with personally-identifiable information (PII).

DOE Order 243.1 - Records Management Program

<https://www.directives.doe.gov/directives/current-directives/243.1-BOrder/view>

The contractor requirements document specifies requirements for the maintenance of electronically-formatted records.

Family Medical Leave Act of 1993 (FMLA)

<http://www.dol.gov/whd/fmla/>

A law that provides certain employees with up to 12 workweeks of unpaid, job-protected leave a year and requires group health benefits be maintained during the leave. New military family leave entitlements (qualifying exigency leave -- 12 weeks, and military caregiver leave -- 26 weeks) were added in 2008.

Fermilab Records Management Program

<http://bss.fnal.gov/records/index.html>

Genetic Information Nondiscrimination Act of 2008 (GINA).

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

A law that prohibits health insurers from denying coverage or charging higher premiums to currently healthy individuals based on genetic predispositions to diseases. Employers are also prevented from using genetic information in making decisions about hiring, firing, job placement, or promotion.

Health Insurance Portability and Accountability Act of 1996 (HIPAA).

<http://www.hhs.gov/ocr/privacy/>

A law that helps to assure health insurance coverage after leaving a job, standardizes electronic transactions to help control health care costs, and imposes strict controls on how electronic data must be managed. HIPAA does not apply to persons involved in the management of workers' compensation cases and specifically permits medical providers to disclose relevant medical records in these circumstances (45 CFR 164.512 (l)).

Illinois Worker Compensation Act

<http://www.state.il.us/agency/iic/act.pdf>

Persons involved in the management of workers' compensation cases do not need to obtain employee permission in order to obtain relevant medical records (820 ILCS 305/8).