

<b>Contact Person</b>	<a href="#">Carol Streit</a>	<b>Revision</b>	2
<b>Document</b>	Plan 48201.002	<b>Effective Date</b>	10/01/12
		<b>Review Date</b>	10/01/13

## Occupational Medicine Program Plan

The Ames Laboratory Occupational Medicine Program Plan documents the primary policies, practices, and organizational structure of the Occupational Medicine Office. The Occupational Medicine Program fulfills the requirements in 10 CFR Part 851, *Worker Safety and Health Program*. Additional information is documented in the Occupational Medicine Desk Reference (OMDR).

### 1.0 APPROVAL RECORD

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The official approval record for this document is maintained in the Training & Records Management Office, 151 TASF.

### 2.0 REVISION/REVIEW INFORMATION

The revision description for this document is available from and maintained by the author.

### 3.0 Occupational Medicine Program

The Occupational Medicine (OM) Program provides occupational medicine services necessary for the promotion of a healthful work environment and worker protection to Ames Laboratory employees. Occupational Medicine services are also provided to members of the Iowa State University (ISU) community under terms of an annual agreement with the University. Only ISU employees exposed to workplace hazards are eligible for OM services.

An ISU agreement for occupational medicine services is prepared annually and signed by representatives of Ames Laboratory and ISU. This agreement addresses the cost sharing between ISU and Ames Laboratory and details the occupational medicine services that OM will provide for ISU employees. The total cost of occupational medicine services is pro-rated between Ames Laboratory and ISU on the basis of patient contacts during a fiscal year. The ratio is determined on an annual basis of the ISU fiscal year, July 1 to June 30. A separate memo is completed each year and agreed to by both parties. An estimate of the total annual cost for occupational medicine services provided to ISU will be included in this memo based on the ratio of patient contacts and the projected budget costs for operation during the succeeding year.

The Ames Laboratory Occupational Medicine Office and the staff physician report to the Manager, Environment, Safety, Health & Assurance (ESH&A), who reports to the Ames Laboratory Deputy Director. The Medical Administrator directs and manages the administrative functions of OM to include oversight of all facets of operation, fiscal responsibility, and day-to-

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day management of staff according to DOE, university, state, and federal regulations. The staff physician is responsible for providing health care services to Ames Laboratory and ISU employees, including medical surveillance examinations, wellness services, care and treatment of work-related injuries and illnesses and for providing supervision and guidance to the nursing staff. The Supervisor of Nursing Services directs the nursing care and individual health education of Ames Laboratory and ISU employees. The nurse provides nursing care and acts as a program support person. The secretary performs secretarial work for the professional staff and the Office Assistant completes clerical duties, as needed.

Occupational Medicine at the Ames Laboratory provides a wide range of clinical services which may include medical examinations, treatment of minor work-related injuries/illnesses, medical testing, laboratory testing, immunizations, wellness and health promotion programs, return-to-work evaluations, worker compensation programs, fitness for duty, and coordination and referral of Employee Assistance Program services.

Internal coordination and communication among Occupational Medicine personnel is accomplished through active participation on various committees. Occupational Medicine conducts staff meetings to communicate key information, which also provides a forum to raise issues and concerns.

Occupational Medicine staff participates with personnel from Environment, Safety, Health & Assurance (ESH&A) on site wide ESH&A teams. The teams exist to support the specific safety and health needs of laboratory organizations such as emergency response, OSHA CAIRS, and integrated safety management. Qualified OM staff is prepared to assist in the delivery of medical services, if needed, in the event of emergencies.

All Ames Laboratory employees who may be exposed to workplace hazards must complete a Hazard Inventory form at the beginning of their employment. Current employees must update their Hazard Inventory form to make sure it is up to date. This form is reviewed and signed by their supervisor and is then submitted to ESH&A.

OM staff and representatives from ESH&A periodically participate in "Site Visits" to different research areas at the Ames Laboratory through the Ames Laboratory Readiness Review Process. One of the purposes of the site visit is to develop a working rapport with the group being visited while being briefed as to potential hazards in their site's working environment. Ergonomic reviews may be made by the nurse and a member from ESH&A to assist personnel in revisions in their working environments. These reviews may be performed to prevent injuries caused by repetitive work motions.

The Energy Employees' Occupational Illness Compensation Program Act (EEOICPA) is coordinated through Occupational Medicine. Staff members process EEOICPA benefit claims for former workers. Each claimant may file a Part B, Part E, or NIOSH claim. Special Exposure Cohorts (SECs) have been established for classes of former workers at the Ames Laboratory.

Several reports are written to inform upper management of departmental operations. Such issues as departmental compliance, self assessment, operational statistics, work-related injuries and illnesses, training, Employee Assistance Program (EAP), medical surveillance, site-visit program, wellness, and others are transmitted in monthly reports.

Departmental policies and procedures may be found in the Occupational Medicine Desk

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Reference (OMDR) located in Occupational Medicine, G11 TASF.

### **3.1 Occupational Medicine Mission**

#### **3.1.1 Mission Statement**

The Occupational Medicine Program is provided for the purpose of protecting employees' health. The protection of the health of the employee is accomplished by:

- Hazard identification and tracking.
- Worksite visits and/or hazard site surveys.
- Appropriate exposure monitoring and hazard communication.
- Preventive activities such as training and screening.
- Appropriate baseline and age/hazard/health status periodic evaluation to assure necessary health surveillance appropriate to the individual employee.
- Appropriate diagnosis and treatment of work related illnesses and injuries; and of non-occupational illness and injury.
- Monitoring of the workforce and workplace for new or changing hazards.
- Recording and reporting data on employee health.
- Providing patient comfort and confidentiality.
- Assisting in appropriate referral for care outside the scope of the Occupational Medicine facility.
- Arranging for and/or providing employee assistance for the troubled employee.
- Providing ongoing health education and wellness programs.
- Ensuring that non-occupational illnesses and/or disabilities are compatible with safe work status.

#### **3.1.2 Bill of Rights of Examinees**

Occupational Medicine recognizes the basic human rights of patients. Each worker subjected to a medical evaluation or test has a right:

- To be told the purpose and scope of the evaluation test;
- To be told for whom the physician works;
- To be provided informed consent for all procedures;
- To be told how examination results will be conveyed to management;
- To be told about confidentiality protections;
- To be told how to obtain access to medical information in the employee's file; and
- To be referred for medical follow up, if necessary.

### **3.2 Policies and Procedures**

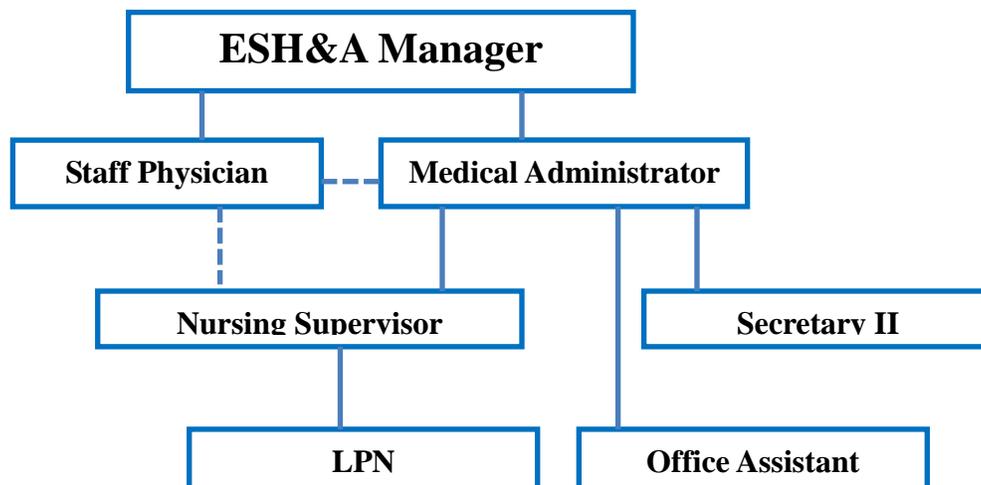
#### **3.2.1 Occupational Medicine Staff Responsibilities**

The organizational chart is intended to place the Medical Administrator in a leadership position to ensure that the delivery of patient and healthcare service programs are consistent with DOE, university, state, and federal regulations. The Medical Administrator directs and manages the administrative functions of Occupational Medicine to include oversight of all facets of operation, fiscal responsibility and day-to-day management of staff.

A general description summary of the duties and responsibilities of each job category follow:

- Overall program oversight, i.e., budget, ISU/AL contract, and performance of all levels of the program will be the responsibility of the Ames Laboratory ESH&A Manager and Deputy Director.
- The staff physician will be responsible for providing health care services to include medical surveillance examinations, wellness services, care and treatment of work-related injuries and illnesses and for providing supervision and guidance to the nursing staff. The staff physician's formal supervisor will be the ESH&A manager while day-to-day oversight will be provided by the Medical Administrator.
- The Medical Administrator will delegate clearly to the employees all duties and responsibilities within the scope of their qualified professional skills. The Medical Administrator will report to the ESH&A Manager.
- The Nursing Supervisor will provide primary nursing care under the direction and supervision of the staff physician. The Nursing Supervisor will delegate professional duties to all nursing personnel and will plan and direct the wellness programs, including training classes for various safety programs and university preventive medicine programs. The Nursing Supervisor's supervisor will be the Medical Administrator.
- Nursing staff will provide services to patients and the department, as described in their job description, under the supervision of the Nursing Supervisor.
- The Secretary will provide departmental secretarial duties as described in the Secretary's job description, under the supervision of the Medical Administrator.
- Provisions for duties and tasks to be performed by any hourly or clerical staff will be provided by the Medical Administrator.

### 3.2.2 Organization Chart



### 3.2.3 Patient Scheduling Protocol

The following addresses operating procedures and scheduling with the intent of allowing for increased efficiency and flexibility:

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- The first half hour of the morning between 8:00 – 8:30 a.m. should be used mainly for laboratory work.
- Examinations should be scheduled in the morning starting at 8:30 a.m. and the latest appointment should be scheduled no later than 11:00 a.m. There may be exceptions.
- Laboratory work should be drawn prior to examinations, if possible. This will allow the health care professional's time to review the laboratory reports with the patient at the time of their examination. Scheduling of the laboratory work should be made before 10:00 a.m., when possible.
- Examinations should be scheduled in the afternoon starting at 1:30 p.m. and the latest appointment should be scheduled no later than 4:00 p.m. There may be exceptions.

### 3.2.4 Confidentiality Policy

The confidentiality of all patient information shall be observed at all times by all members of the Occupational Medicine staff. Disclosure of information from an employee's health records shall not be made without the written consent of the employee, except as permitted by state and federal regulation. Such records shall remain in the exclusive custody and control of Occupational Medicine.

Computerized or microfilmed medical records and information shall remain under the custody and control of the Medical Administrator.

The office design shall be set up, in such a manner, to promote patient confidentiality. Situations should not occur that would allow other employees or patients to overhear patient conversations or information concerning patients.

Patient information that is faxed to a physician requires the use of a cover sheet with a confidentiality statement.

### 3.2.5 Protection of Personally Identifiable Information

Occupational Medicine recognizes the importance of protecting Personally Identifiable Information (PII), which is defined as information about an individual, maintained by an agency, which can be used to distinguish or trace an individual's identity. It should be noted that PII is a subset of a more broadly defined category of information often referred to as sensitive information.

Occupational Medicine will protect all PII on patients. This will include the following:

- The use of screensavers on computers.
- The reduction of the use of PII on all Occupational Medicine forms.
- Locked storage of all patient medical records when not in use.
- Control of all medical records to prevent possible unauthorized access.

### 3.2.6 Parking Protocol

When parking is needed for Occupational Medicine Department contacts, the following options may be used:

- Patients with medical emergencies or those with short visits may park in the Occupational Medicine patient parking (one slot) on the east side of TASF.

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- Sales representatives, departmental contacts and patients can also park in the designated Ames Lab Visitor parking. Plant Protection (G34 TASF) will issue visitor parking permits.

### 3.3 Medical Services

Ames Lab employees may be treated by Occupational Medicine for minor and urgent non-occupational injuries or illnesses which facilitate staying at the workplace. If laboratory tests, x-rays, physical therapy, etc. are ordered for the employee, charges associated with these test will be billed to the employee or the employee's personal insurance. Employees with chronic illnesses or employees with illnesses which Occupational Medicine is not equipped to provide standard care will be advised to seek treatment from a private physician.

ISU employees may be treated for work-related illnesses and injuries. Employees with non-occupational illnesses and injuries will be advised to seek treatment from their personal physician. In the absence of knowing that an injury or illness is work-related, the employee may be seen and treatment will be determined on a case-by-case basis. Similarly, acute illnesses which could be negatively impacted by a known hazard will be seen on a case-by-case basis. All employees with non-work related concerns should be screened by the Occupational Medicine nurses who may then assist the employee in obtaining an appointment with a private physician.

Students requesting to be seen for non-occupational injuries or illnesses will be referred to Student Health Services for treatment. Student employees (Ames Lab or ISU) who have work-related injuries and illnesses may be treated by Occupational Medicine.

#### 3.3.1 Policy Concerning Work-Related Injuries When the Medical Department is Closed

Occupational Medicine hours are from 8 a.m. to 11:50 a.m. and 1 p.m. to 5 p.m., Monday through Friday. The office is closed on all weekends and University holidays. During the University's Thanksgiving break, Christmas break, and the summer session, Occupational Medicine will follow the University's schedule for summer hours of operation. When Occupational Medicine is closed, a sign will be posted notifying any employee (Ames Laboratory and ISU) with a work-related injury to report to Plant Protection, G34 TASF.

If Occupational Medicine is closed, employees are to go to Occupational Medicine at McFarland Clinic. If the injury occurs after 5:00 p.m., before 8:00 a.m., or on a weekend or holiday, employees should go to an emergency room or to their own physician. If the injury/illness is work-related and is treated at another location (i.e., ER, personal physician) the injury/illness must be reported to Occupational Medicine the next workday.

Employees should dial "911" in emergency cases that need immediate attention. Employees may use the phone at Plant Protection, G34 TASF to make these calls.

#### 3.3.2 Informed Consent Protocol

When an Ames Laboratory employee is seen in Occupational Medicine for medical tests or procedures an Informed Consent form will be completed by the employee. The

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purpose and nature of medical tests and their results will be clearly communicated verbally and in writing to each employee offered testing. This communication will be documented in the employee's medical chart by the signature of the health care professional and the employee.

### 3.3.3 Sick Leave

A search will be performed in the Ames Laboratory computer database, COGNOS, to determine if an employee has been absent for five or more consecutive days. The employee shall report to Occupational Medicine if the absence exceeds five days or at the request of the employee, the employee's manager or Occupational Medicine. Occupational Medicine will determine if any restrictions or special conditions exist which affect the employee's return to work.

### 3.3.4 Work Site Visits

The Occupational Medicine professional staff will make regular visits to Ames Laboratory and ISU work-sites to become familiar with employee job tasks, work-site environments, and existing or potential health hazards. Staff members are encouraged to participate in this activity.

Ames Laboratory work-site visits will be scheduled and coordinated through the Readiness Review process. After the work-site visit, the Readiness Review Comment Form will be routed to all Occupational Medicine staff. This form will provide information on the current research activities that were reviewed and the existing or potential health hazards. ISU work-site visits will be scheduled through departmental supervisors.

## 3.4 Emergency Guidelines for Pandemic Avian Influenza

### Overview of influenza virus symptoms

Influenza viruses are spread from person to person primarily through respiratory droplet transmission (e.g., when an infected person coughs or sneezes in close proximity, normally 3 feet or less, to an uninfected person). The virus may also be spread through contact with infectious respiratory secretions on the hands of an infected person or by touching objects or surfaces contaminated with the virus. The typical incubation period for seasonal influenza is 1 – 4 days, with an average of 2 days. Adults can be infectious from the day before symptoms begin through approximately 5 – 7 days after illness onset. Children can be infectious for >10 days after the onset of symptoms. Severely immunocompromised persons can be infectious for weeks or months.

### Current criteria for returning to work

Workers who have become ill with avian influenza should stay at home until all of the following criteria are met:

- At least five days have passed since the symptoms of illness began; AND
- Fever has resolved and has not been present for at least 24 hours; AND
- Cough is improving (decreasing in frequency and amount of secretions with no associated chest discomfort or shortness of breath)

Upon returning to the work environment, employees should continue to follow cough etiquette and hand washing protocols.

### Criteria for Pandemic Avian Influenza

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Experts do not know whether the mode of transmission, incubation period, or contagious period of pandemic strains of the avian influenza virus will be similar to those of seasonal influenza (recurring yearly). Because of this, employers must be vigilant for specific recommendations from Public Health during an avian influenza pandemic regarding management of illness in the workplace, including when it is safe for workers to return to the work environment after illness with influenza. Occupational Medicine will use the ISU Pandemic Influenza Plan as a reference.

### 3.4.1 Pandemic Avian Influenza Protocol

Occupational Medicine protocol for patient care during an avian influenza pandemic:

- Intensify employee education.
- Encourage telephone triage.
- All occupational medicine staff with patient contact will wear appropriate protection equipment as recommended by the CDC to include gloves and N95 masks.
- Employees with flu symptoms will be asked to use the back door, G22 TASF. They will be escorted to an exam room, G23 TASF for triage. If rooms are full, patients will be asked to sit in the back hall outside the door until a room becomes available.
- The nurse will use disposable thermometers and wipe down other equipment that is used with disinfectant wipes.
- When the patient leaves the clinic they will be asked to leave from the back door, G22 TASF.

### 3.5 Disaster Recovery Plan for Computers

#### Introduction

This disaster recovery plan covers the computers in Occupational Medicine. In this plan, system means either a computer system or a stand alone work station.

#### Emergency Response

An emergency is defined as any problem other than simple repair of the system. Should the computer need repair, the person discovering the problem will contact the Assistant Computer Protection manager (ACPM) for the department.

If the appropriate ACPM cannot be contacted then the OM staff should contact the Computer Protection Program Manager (CPPM) at 4-7955. The ACPM or CPPM will then contact the appropriate personnel: Property Management 4-1780 should the system be damaged beyond repair and need replacement, or Information Systems 4-8348 if it is suspected that the system has been infected by a “virus” or some other malicious code.

#### Back-up Operations

Data back-ups are the responsibility of the data owner. The owner is responsible for determination of what data should be backed-up and how often, with the goal of complete restoration of all computer data, operation systems and applications within a reasonable amount of time. The frequency of data back-up should be according to the value of the data, the frequency with which it changes, and the difficulty of replacing it.

### 3.6 Health Examinations

#### “A” Hazards

Ames Lab and ISU employees with “A” hazards will receive annual medical surveillance

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examinations. “A” hazards include all OSHA regulated hazards as well as any other hazard that is determined to be of significant interest to merit annual monitoring (e.g., animal caretaker at ISU). The “A” hazards are listed on the Hazard Inventory Form (Form 46601.021).

### **Other Hazards**

Ames Lab and ISU employees with all other hazards may have health examinations as determined by the staff physician.

### **No Hazards**

Health exams may be completed on Ames Lab and ISU employees who currently do not have known hazards but who in the past had documented hazards while employed at ISU. This is to ensure appropriate long-term screening of those inactive hazards.

Ames Lab employees are offered voluntary health examinations as part of a wellness program. Employees are offered an examination every three years up to age 45. At 45, these examinations are offered annually.

### **Insurance and Miscellaneous Exams**

Ames Lab employees or ISU employees, in the Occupational Medical Program, may have insurance or miscellaneous exam forms completed with data obtained from their screening exams. Employees are encouraged to have these exams done at the time of their recall examination.

### **Exit Examinations**

Occupational Medicine recommends that Ames Lab and ISU employees with “A” hazards receive an exit medical surveillance examination during their last month of employment.

## **3.6.1 Health Examination Protocol**

Employee health examinations shall be given to provide initial and continuing assessment of the employee in order to:

- 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.
- Detect evidence of illness or injury and determine if there appears to be an occupational relationship.
- Contribute to employee health maintenance by providing the opportunity for early detection, treatment, and prevention of disease or injury.
- Provide an opportunity to assess risk factors which will cause premature morbidity or mortality (e.g., hypertension, smoking, elevated lipids).
- Maintain documented records of the physical and health experience of employees.

Physical examinations, laboratory testing and other health examinations will be offered to all Ames Laboratory employees. ISU employees exposed to regulated occupational hazards are required to complete the necessary evaluations and examinations. Other services may be offered.

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## Baseline Examinations:

### Baseline physical examinations could include the following:

- Completion of appropriate forms.
- Pertinent baseline blood and urine test.
- Vision and hearing tests.
- Pulmonary function tests.
- Workplace history and hazard evaluations and hazard evaluations.
- Physical examinations.
- Needed immunizations and/or referral for special exams/tests.
- Baseline electrocardiograms after age 40.
- Other pertinent baseline information or tests as determined by hazards, age, medical history, or health status.

Examinations done at the Thielen Student Health Center, or by the individual's personal physician may satisfy part or all of these requirements if completed within three months of employment and approved by the staff physician.

### Periodic Examinations:

Recall or periodic exams will involve a review of interval medical history from the period since the baseline or last recall exam. Unless otherwise requested by the employee, the extent of the exam done and tests ordered will be based on the following priorities:

- Occupational hazards and recommended medical surveillance for those hazards (appropriate tests and exam emphasis).
- The age and health status of the employee as determined from baseline, past recall, or pertinent interval history.
- Other preventive services and interventions as indicated from the above and as noted in the preventive services protocols.
- Other pertinent or requested tests or exams, if indicated or approved by the staff physician.

### Frequency of periodic exams will be determined by the following:

- Applicable regulations (OSHA or other federal or state laws governing specific work hazards) may require annual or more frequent than annual tests or exams.
- Annual beginning at age 45. (Content determined as above.)
- If employees do not meet any of the criteria listed above, recall frequency will be based on age and health status. Unless changed to annual by past or new change in health status, all employees 44 and under will be recalled every three years.

### Re-examination of Specific Problems:

Employees with existing or developing health problems may be re-examined or referred to the employee's personal physician.

### Termination Health Evaluations:

A health status review shall be made available for all terminating Ames Laboratory

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employees. Based upon the information obtained, a health examination (the content to be determined by the staff physician) 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 one year has elapsed since the last examination. This should include a review of the medical record, associated exposure information, and a completed Employee Termination Questionnaire.

#### **Laser Eye Examinations:**

All employees using laser systems of Class 3b or 4 must have a special ophthalmologic examination prior to beginning work and again at the time of their separation from the Ames Laboratory. These examinations will be completed by Occupational Medicine. Any abnormal results will result in a referral to an outside ophthalmologist. Refer to the OMDR for specific guidelines.

#### **Special Examinations:**

Any employee who feels they have been exposed to anything potentially harmful to their health in the course of their employment may be evaluated in Occupational Medicine. Any special tests will be determined on an individual basis.

### **3.6.2 Medical Restrictions and Evaluations**

#### **3.6.2.1 Job Transfer Examinations**

A job transfer examination will be completed on all employees that have job transfers to new jobs that involve changes in job hazards. The employee's supervisor will complete a new hazard inventory form on the employee reflecting the changes in job hazards. The hazard inventory form will be evaluated by ESH&A and forwarded to OM.

The job transfer examination will be similar to a new employee examination in that its objective will be to determine, at the time of the proposed job change, that the employee will be as physically and emotionally fit to perform in the new position as in the one being vacated. Employees will be examined as soon as a transfer is being considered. This will ensure that workers are capable of performing in that new job, without harm to themselves or coworkers and without jeopardizing company equipment or property.

A review of the medical record will be completed, job hazards will be evaluated, and appropriate tests will be completed. Approval will be granted or not granted depending on the results of the examination.

#### **3.6.2.2 Medical Restrictions**

Occupational Medicine will monitor ill and injured workers to facilitate their rehabilitation and safe return to work and to minimize lost time and its associated costs. An employee will be placed under medical restrictions when health evaluations indicate that the worker should not perform certain job tasks. Refer to the OMDR for further documentation. Participation by OM, ESH&A, injured employees, and supervisors will provide an effective return to work program. Providing case management techniques along with early return to work programs are essential components of a comprehensive effort to manage the incidence and cost of injuries and illnesses.

#### **3.6.2.3 Preventing Premature Morbidity and Mortality**

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Occupational Medicine will develop measures to identify and manage the principal preventable causes of premature morbidity and mortality affecting worker health and productivity. Wellness programs will be developed to prevent and manage these causes of morbidity when evaluations demonstrate their cost effectiveness. Information will be made available to Occupational Medicine concerning health, disability, and other insurance plans in order to facilitate this process, as needed.

Information concerning height, weight, blood pressure, cholesterol, etc. will be reviewed and tracked during medical evaluations. Patient teaching will be conducted to inform employees of wellness programs that can prevent premature morbidity and mortality. Wellness programs will be developed for population-wide strategies designed to improve the health of the Ames Laboratory employees.

The ultimate goal will be to improve lifestyles and habits to prevent disease or the progression of disease. Interaction by Occupational Medicine will provide a great opportunity to keep Ames Laboratory employees healthy and to prevent lifelong chronic problems that contribute to a decrease in function of activities of daily living. The focus will be on key prevention interventions that can be targeted to promote health maintenance.

### 3.6.2.4 Return to Work Evaluations

Employees returning to work after a work-related injury or illness or an absence due to any injury or illness lasting five or more consecutive workdays will be evaluated by OM. The employee will receive a return to work evaluation for those absences that are determined to be work-related and that affect the individual's physical and psychological capacity to perform work and return to duty. Refer to the OMDR for further documentation.

### 3.6.3 Department of Public Safety Medical Examination

Besides the normal entry medical examination, the Iowa Law Enforcement Academy requires the following:

- That the candidates have uncorrected vision of not less than 20/100 in each eye, correctable to 20/20 in each eye.
- That the candidates have normal color vision. Passing any of the following color vision tests indicates that the applicant has color vision abilities consistent with the occupational demands of law enforcement: Pseudoisochromatic plates tests such as but not limited to, Tokyo Medical College, Ishihara, Standard Pseudoisochromatic Plates, Dvorine, American Optical HRR Plates, American Optical and Panel tests such as: Farnsworth Dichotomous D-15 Test or any other test designed and documented to identify extreme anomalous trichromatic, dichromatic or monochromatic color vision: Individuals with extreme anomalous trichromatism or monochromasy color vision, as determined through testing, are not eligible to be hired as law enforcement officers in the State of Iowa. (Requires identification of 14 out of 18 plates.)
- That the candidates have normal hearing in each ear. Hearing is considered normal when tested by an audiometer, hearing sensitivity thresholds are within 25db measured at 1000 Hz and 3000 Hz, averaged together.

### 3.6.4 Guideline for Baseline and Recall EKG

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- Baseline EKG for all over 40 years old.
- Baseline EKG for all with history of cardiovascular disease.
- Repeat at an appropriate interval referable to the condition evaluated as determined by the staff physician.

### 3.6.5 Laboratory Tests Ordered by Personal Physician

Occupational Medicine will provide laboratory services for employees, who at the request of their personal physician order specific laboratory tests that are not part of their medical surveillance examination. Requests must be made in writing to Occupational Medicine by the employee's personal physician. Occupational Medicine will draw the blood specimen and send it to our outside laboratory for analysis.

The cost of the laboratory test will be covered by the employee's insurance. Occupational Medicine will only cover the cost of laboratory tests that are part of a required medical surveillance examination. If testing is performed, a copy will be sent to the ordering physician and Occupational Medicine strongly recommends that the employee discuss the results with their personal physician.

## 4.0 REFERENCES

- 10 CFR 851, Worker Safety and Health Program
- Ames Laboratory Occupational Medicine Department – Occupational Medicine Desk Reference (OMDR)
- Ames Laboratory Integrated Safety Management System (ISMS) and Worker Safety and Health Program Description (Plan 10200.016)