

SUBJECT: Occupational Health

1. **PURPOSE:** To define methods of implementation and the scope of the occupational health program. This policy applies to all medical center employees plus volunteers serving under the Veterans Affairs Voluntary Service (VAVS) program. Employees are defined to include students, resident physicians, contract staff, and WOC (without compensation) employees who are physically on site at the Minneapolis VA Medical Center and affiliated sites.

2. **POLICY:** It is the policy of our medical center to provide a health services program for our employees and volunteers as stated in the VHA handbook 5019, Occupational Health Services. The health services program will consist of the following:
 - Emergency diagnosis and first treatment of non-work related injury or illness;
 - Diagnosis and short-term treatment of work-related injury;
 - Emergency treatment of illnesses that are potentially work-related, to be defined by Department of Labor, and unrelated causally to work;
 - Pre-placement examinations where required;
 - Periodic and surveillance examinations and tests as appropriate; and
 - Referral, upon request, of employees to non-VA physicians, dentists, and other community health resources.

3. **PROCEDURES:**
 - A. **Emergency Diagnosis and First Treatment of Injury or Illness.** Employees suffering from a minor illness or injury, which interferes with their ability to perform duties, may seek appropriate treatment at the Occupational Health Section.¹ Treatment will consist of appropriate measures to relieve the discomfort and enable employees to remain at work. These treatments, however, are not intended to provide definitive medical or dental care. Employees will be referred to their private physician or dentist for any needed definitive care unless the injury or illness is work-caused (as defined in the Office of Workers' Compensation Program).
 1. **Notification of Supervisors.** Before seeking treatment at the Occupational Health Section, employees must notify their supervisor of their intention to be treated. In emergency cases, employees may report directly to Occupational Health. The immediate supervisor will be notified as soon as possible by the receiving treatment team. Employees are not required to divulge the nature of their illness to their supervisor.
 2. **Requesting Professional Services from VA Staff.** Employees may not request professional services from physicians or staff in the medical center except as authorized by the Occupational Health Section staff.
 3. **Hospitalization.** Employees may be hospitalized under any one of the following conditions.
 - As a beneficiary of the VA if they are entitled veterans of the armed forces.
 - On an emergency basis. This care is authorized as a humanitarian service, but a charge will be made at current government rates. *Note:* Some of the federal employee insurance carriers will not reimburse the employee or the VA for such a hospitalization unless the carrier determines the employee's condition required emergency hospitalization at the VA Medical Center.

¹ If the occupational health physician (or Urgent Care on off-tours) identifies clinical reasons to perform a reasonable suspicion determination, s/he will contact the employee's supervisor to execute the procedure set forth in Attachment A.

4. Location and Hours. The Occupational Health Office is located on (1V-108) and operates from 7:30 am until 4:00 pm on weekdays. Employees requiring the services of Occupational Health Section at other times must report to the Administrative Officer of the Day (AOD) in the Urgent Care Area.
- B. Pre-employment and Periodic Examinations and Tests. Certain examinations and tests, e.g., required vaccinations, annual physicals and surveillance for at-risk groups, will be provided to employees. Provision of such services will be as determined by Human Resources, the Occupational Health Section and applicable standards.
 - C. Who Provides Care? Employees may initially elect to receive care for work-related injuries or illnesses from either the Occupational Health Section or their private physician. Occupational Health staff may refer further specialist care to other VAMC clinics or recommend further evaluation through the employee's private physician.
 - D. Procedures If An Employee Is Suspected of Being Under the Influence of Alcohol or Other Drugs. See Attachment A.
 - E. Impaired Providers.
 - The Occupational Health Program and Employee Assistance Program are available to assist in identifying rehabilitation options for providers suffering from a potentially impairing condition (e.g., chemical dependency, psychiatric illness).
 - Some symptoms indicating that a provider may be chemically dependent include motor or behavioral impairment, improper clinical judgment or performance of job duties, and the smell of alcohol or slurred speech accompanied by uncoordinated motor skills. Contact Occupational Health Service for guidance.
 - VA regulations address how such cases are referred, monitored, and evaluated.
 - All providers must meet VA licensure requirements.
 - Maintaining confidentiality of the impaired provider will be upheld except as limited by law, ethical obligation, or when the safety of patients is threatened. Also, see Section F, below.
 - F. Providers Who Are Being Monitored by A State Health Professional Service Program. The Minnesota Health Professional Service Program (HPSP) assists licensed personnel who suffer from impairments that could affect their ability to practice. Many other states have similar programs. VA employees participating in these programs are subject to the notification, work-site monitor, and drug testing requirements set forth below. Failure to comply with any of these requirements may result in disciplinary action, up to and including termination.
 - **Notification Requirements**—All nurses participating in this program must report their HPSP participation to the Nurse Executive. All other providers participating in HPSP must report this to the Chief of Staff.
 - **Work-Site Monitors**—Work-Site monitors for this program must be approved in advance by the Nurse Executive (for all nurses) or the Chief of Staff (for all other professions). The work site monitor will be designated in consultation with the occupational health physician.
 - **Drug Testing**—The Minneapolis Veterans Affairs Medical Center is the designated drug testing site for all employees participating in the HPSP program for which drug testing is required. All drug tests will be read and reported to HPSP by the VA occupational health physician.

G. Employee Medical Records. Employee medical records are comprised of all medical documentation generated in association with the evaluation and treatment of an employee by the occupational health physician/provider or other consulting VHA providers. Medical documentation can be on paper or in electronic form. All employee medical records are Office of Personnel Management (OPM) system of records governed by OPM regulations and subject to the Privacy Act of 1974 (5 USC 552a).

- Paper-generated medical records will be maintained in the employee medical records folders and kept in a secure file cabinet.
- Access to electronically-generated medical records will be restricted to authorized personnel. Access restrictions shall be accomplished by utilization of “business rules” assigned to a user class in the Computerized Patient Record System (CPRS) and procedures employed by the facility Information Security Officer for restricted records.
- Occupational Health is the custodian of employee medical records and has physical custody of all employee medical record folders. Occupational health staff are responsible for maintaining the confidentiality of employee medical records. Contents of an employee’s medical record must not be disclosed to any party, unless the employee signs a proper release of medical information form. The only exception is when specific contents of the medical record are required by medical center personnel to carry out official business. Only an occupational health provider can determine if release of employee medical information to other medical center staff is appropriate. If a dispute concerning the appropriateness of the release arises between the occupational health provider and the requesting medical center staff, the matter will be referred to the facility Privacy Act Officer for adjudication. If disputes cannot be resolved at that level, they will be referred to the national Privacy Act Officer and the Occupational Health Program, VACO (136).
- When requested to do so by the employee in writing, occupational health staff will copy specific medical information contained in the employee medical record necessary for appropriate medical follow-up by the employee’s healthcare provider or information needed to show proof of immunization or current Mantoux testing. Examples of this documentation include, but are not limited to, laboratory testing results associated with a pre-placement.

4. **RESPONSIBILITIES:**

- ***Occupational Health Physician***—has clinical oversight and responsibility for the program. The occupational health physician will ensure that appropriate medical center policies governing the program are consistent with VHA policy and directives. The occupational health physician is responsible for making determinations regarding medical clearances. This responsibility may be delegated to the occupational health provider(s), except in cases where the denial of medical clearance could result in the removal from a specific occupation or termination of employment. The occupational health physician will review all relevant medical documentation and determine if medical clearance will be given or denied.
- ***Occupational Health Providers***—the physician, physician assistant or advanced practice registered nurse assigned to Occupational Health Clinic will act as the occupational health provider. The occupational health provider is responsible for providing medical services to employees, volunteers and others as outlined in this policy and within the authorized scope of services.
- ***Occupational Health Nurse***—is responsible for rendering service for minor illnesses and injuries, following standing orders, for appropriate immunization and employee health records and for health promotion, including screening and education.

- **All Supervisors**—are responsible for informing employees that health services are available to them. They must also insure their employees comply with the requirements of this program. If an employee is suspected of being under the influence of alcohol or other drugs, the supervisor, service chief, PSL director or designee (and AOD on off-tours) must comply with the procedure set forth in Attachment A. Any employee suspected of having a physical or mental illness that interferes with their ability to perform their job function should be referred to employee health for evaluation.
 - **Employees**—are responsible for the following:
 - Following the procedures outlined in this policy when obtaining Occupational Health Section services, and fully complying with required examinations and tests. Failure to do so may adversely affect employment at the medical center.
 - Employees who are involved in food service or direct patient care and have health problems (such as a rash, open wound, or diarrhea) should report to Occupational Health for evaluation in accordance with the medical center infection control policy.
 - Needle stick injuries or other blood borne pathogens are considered to be medical emergencies. Employees sustaining such injuries or exposures are to report to Occupational Health (or Urgent Care after hours) within one hour of the incident.
 - Employees sustaining job-related injuries or illnesses are to report injuries to their supervisor as soon as possible following the injury or as soon as they become aware that an illness may have been caused by employment.
 - **Human Resources**—is responsible for initial orientation and ongoing education regarding occupational health policies/procedures for supervisors and employees. Training should include recognition of any illness or condition, which might interfere with the employees' ability to perform their job function.
5. **REFERENCES:** 5. U.S.C. 7901; 5. U.S.C. 7904; The Guide to Processing Personnel Actions; VA Directive 5383 dated April 11, 1997; VA Handbook 5383.1 and 2 dated April 11, 1997; VA Handbook 5019 Occupational Health Services; VA Handbook 5005 Part II, Chapter 1, Section B Drug Free Workplace Program and VA Handbook 5011, Part III, Chapters 2 & 3 Authorized Absence.
 6. **RESCISSION:** HR-10D, Employee Health Service and all attachments, dated April 3, 2009
 7. **FOLLOW-UP RESPONSIBILITY:** Occupational Health Section.

/S/

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Attachment A. Procedure for Reasonable Suspicion Determinations

Attachment A, Procedure for Reasonable Suspicion Determinations

PROCEDURE FOR REASONABLE SUSPICION DETERMINATIONS

1. Purpose. To outline procedures to use if an on-duty employee is suspected of being under the influence of alcohol or other drugs.
2. Definition Of Reasonable Suspicion Determination. A process utilized to determine if an on-duty employee is under the influence of alcohol or other drugs.
3. Criteria For Reasonable Suspicion Determination. Supervisors must determine the need for this based on specific immediate evidence that may reasonably be interpreted to indicate the employee is under the influence of alcohol or mood altering drugs, (e.g., physical appearance, body odor, behavior/conduct, or speech). This determination:
 - must be based on first-hand observations by supervisors and not be based on third-party observations alone;
 - may be made by a single supervisor, however corroboration by at least one other supervisor is recommended; and
 - should be documented in writing. Copies should be sent to Occupational Health Section and Human Resources.
4. When A Supervisor Has Established The Need For Reasonable Suspicion Determination. When a supervisor has determined the criteria outlined above have been met, the supervisor must recommend to his/her service chief, PSL director or designee (or to the AOD on off-tours) that the steps outlined below be executed. Once approval is obtained from this source the supervisor should then:
 - a) Meet with the employee, preferably in the presence of another witness, and inform the employee that:
 - union representation will be requested (as applicable); and
 - a reasonable Suspicion Determination has been made; and
 - a fitness for duty evaluation with testing for alcohol and mood altering drugs is required.The consequences of failure to cooperate with the evaluation and testing should also be explained.
 - b) Remove the employee from duty.
 - c) Arrange for the employee's duties to be otherwise performed.
 - d) Contact Occupational Health Section during regular hours (Urgent Care off-tour) and inform them that a Reasonable Suspicion Determination is being requested.
 - e) Accompany the employee to Occupational Health (Urgent Care on off-tour) and communicate, verbally or in writing, the circumstances prompting the Reasonable Suspicion Determination.

Attachment A, Procedure for Reasonable Suspicion Determinations

5. When An Employee Is Brought To Employee Health (Urgent Care Off-Tour) For A Reasonable Suspicion Determination. A nurse or physician in Employee Health or Urgent Care will then:
 - a) Explain that testing for alcohol and drugs are required in Reasonable Suspicion Determinations.
 - b) Document the reasons for refusal to submit to testing if the employee refuses.
 - c) Collect the blood and urine specimens in keeping with employment-related alcohol and federal drug-testing procedures, complete the appropriate forms including chain-of-custody documentation, and transport the specimens with the documents to the VA Toxicology Laboratory.

6. After Collection Of The Specimens Or Refusal To Test. The physician will then:
 - a) Evaluate the following:
 - estimated quantity of alcohol or other drugs consumed;
 - the estimated time of ingestion;
 - consent or refusal to submit to alcohol/drug screening;
 - the presence or absence of the odor of alcohol, the presence or absence of signs and symptoms of intoxication;
 - other relevant considerations (e.g., prescribed and over-the-counter medications); and
 - The existence of medical conditions such as diabetes mellitus and seizure disorders which might affect the employee's fitness for duty.
 - b) Determine if the employee's condition compromises his/her ability to properly and safely perform his/her duties.
 - c) Record the relevant history, assessment and recommendations on an Employee Health note title in CPRS and complete a Workability Form indicating the employee's Fitness for Duty, (i.e. the employee's ability to resume his/her duties). Forward documentation to Occupational Health.
 - d) Communicate this information to the employee and the employee's supervisor.
 - e) Arrange for a follow up appointment in Occupational Health to discuss the alcohol and drug testing results.

7. If the examining physician has determined the employee is unable to return to duty by virtue of impairment or illness. The physician should then:
 - Explain the decision to the employee and discuss referral to Employee Assistance Program and/or the employee's health care provider.
 - Confer with the supervisor to arrange for transportation of the employee from the medical center to another medical facility or the employee's home.
 - Arrange a next workday follow up appointment in Occupational Health.

8. VA Toxicology Laboratory Procedures. The VA lab will:
 - a) Receive the urine and blood specimens submitted for psychoactive substance testing. Specimens will be sent for immediate testing for clinical determination:
 - Drug and alcohol urine testing
 - Blood alcohol levelAdditional specimens under chain-of-custody will be sent for legal determination:
 - Drug and alcohol urine testing
 - Blood alcohol level

Attachment A, Procedure for Reasonable Suspicion Determinations

- b) Follow standard protocol for both clinical determination testing and chain-of-custody testing.
9. Follow Up On Test Results. The occupational health physician will:
- Receive all urine and blood test results and see the employee when he/she returns for follow up.
 - Discuss positive results with the employee to exclude the possibility of a false positive and to determine if there is medically acceptable explanation for a true positive.
 - Report verified positive results to the Director of Human Resources.
10. Back-Up For After-Hours Physician Coverage. Whenever Reasonable Suspicion Determination testing is being requested, the on-call occupational health physician should be contacted by pager or telephone. The on-call physician will explain the process for urine and blood specimen collection, documentation and transportation requirements, the Fitness for Duty evaluation, and follow-up procedures for the employee. They may be contacted via pager number 612-660-7450.
11. Training. The occupational health nurse and physicians will ensure that Urgent Care managers and staff who are responsible for Reasonable Suspicion Determination evaluation and testing have the necessary training, instruction and collection materials, and on-call back-up support. Human Resources will ensure that supervisory training address the contents of this policy.
12. Employee Confidentiality. In keeping with applicable VA policies and procedures, employee confidentiality will be respected and preserved throughout this process.