

OCCUPATIONAL HEALTH SERVICES

- 1. REASON FOR ISSUE:** To issue Department of Veterans Affairs (VA) policy regarding occupational health services.
- 2. SUMMARY OF CONTENTS/MAJOR CHANGES:** This directive sets forth policies previously contained in numerous other issuances. No substantive changes have been made.
- 3. RESPONSIBLE OFFICE:** The Human Resources Management Worklife and Benefits Service (058), Office of the Deputy Assistant Secretary for Human Resources and Labor Relations.
- 4. RELATED HANDBOOK:** VA Handbook 5019, "Occupational Health Services."
- 5. RESCISSIONS:** Refer to the Transmittal Sheet for VA Directive 5001, "General Introduction and Administration."

CERTIFIED BY:

**BY DIRECTION OF THE SECRETARY
OF VETERANS AFFAIRS:**

John A. Gauss
Assistant Secretary for
Information and Technology

Jacob Lozada, Ph.D.
Assistant Secretary for Human
Resources and Administration

OCCUPATIONAL HEALTH SERVICES

1. PURPOSE. This directive contains policy on the occupational health program of the Department of Veterans Affairs (VA), the use of physical standards boards for title 38 employees and the availability of the Employee Assistance Program for all employees.

2. POLICY. It is VA policy to ensure that all selected applicants and employed personnel are physically, mentally and emotionally fit to perform the duties of the position to which assigned. It is also the policy of VA to assist employees through the Employee Assistance Program for biopsychosocial problems which affect employee performance and/or conduct as well as problems related solely to alcohol or drug abuse.

3. RESPONSIBILITIES. Statements of responsibility for the various programs contained within this directive may be found in each of the separate parts of VA Handbook 5019.

4. REFERENCES

- a. X-118 C – OPM Job Qualifications System For Trades and Labor Occupations
- b. OPM Operating Manual 339-31, Reviewing and Acting On Medical Information
- c. OPM Operating Manual on Qualification Standards For General Schedule Positions
- d. 5 CFR, parts 300, 307, 332, 333, 335, 337, 338, 339, 353 and 930
- e. 29 CFR 1613.704
- f. 5 U.S.C., chapters 11, 21, 23, 31, 33, 35 and 51
- g. 38 U.S.C., chapters 73 and 74

OCCUPATIONAL HEALTH SERVICES

- 1. REASON FOR ISSUE:** To issue Department of Veterans Affairs (VA) procedures regarding occupational health services.
- 2. SUMMARY OF CONTENTS/MAJOR CHANGES:** This handbook sets forth mandatory procedures previously contained in numerous other issuances. No substantive changes have been made.
- 3. RESPONSIBLE OFFICE:** The Human Resources Management Worklife and Benefits Service (058), Office of the Deputy Assistant Secretary for Human Resources and Labor Relations.
- 4. RELATED DIRECTIVE:** VA Directive 5019, "Occupational Health Services."
- 5. RESCISSIONS:** Refer to the Transmittal Sheet for VA Handbook 5001, "General Introduction and Administration."

CERTIFIED BY:

**BY DIRECTION OF THE SECRETARY
OF VETERANS AFFAIRS:**

John A. Gauss
Assistant Secretary for
Information and Technology

Jacob Lozada, Ph.D.
Assistant Secretary for Human
Resources and Administration

OCCUPATIONAL HEALTH SERVICES

CONTENTS

PART I. GENERAL

PART II. EXAMINATIONS AND EVALUATIONS

PART III. PHYSICAL STANDARDS BOARD

PART IV. OTHER PROGRAMS, EXAMINATIONS, AND VACCINATIONS

PART V. RECORDS AND FORMS

PART VI. EMPLOYEE ASSISTANCE PROGRAM (EAP)

OCCUPATIONAL HEALTH SERVICES

PART I. GENERAL

CONTENTS

PARAGRAPH	PAGE
1. <u>PURPOSE</u>	I-1
2. <u>POLICY</u>	I-2
3. <u>RESPONSIBILITIES</u>	I-3
4. <u>COOPERATION WITH PUBLIC HEALTH AGENCIES</u>	I-5
5. <u>TREATMENT</u>	I-5
6. <u>HEALTH ENHANCEMENT PROGRAM</u>	I-7
7. <u>DEFINITIONS</u>	I-7

PART I. GENERAL

1. PURPOSE

a. This handbook contains a statement of program objectives and scope, provisions for pre-placement and periodic physical examinations of employees, emergency outpatient and hospital treatment of employees, protection of employees from communicable disease, maintenance of healthful working environment, and preventive health measures. The provisions of this handbook apply to all employees of VA, including employees of the Veterans Canteen Service appointed under 38 U.S.C., chapter 78.

b. Occupational health services will be limited to:

(1) Emergency diagnosis and first aid treatment of an injury or illness that becomes necessary during working hours and that are within the competency of the professional staff and facilities of the occupational health service unit, whether or not such illness was caused by employment. Health care managers need to ensure that a determination is made as to whether or not the employee is to be billed for the VA health care received. Local policy may define emergency and treatment of non-work related conditions and tracking of infectious diseases among the employee population. In cases where the necessary emergency treatment is outside the competency and resources or scope of practice of the health service staff and facilities, conveyance of the employee to his/her physician or suitable community medical facility may be provided at the request of, or on behalf of, the employee.

(2) Pre-placement examinations of persons selected for appointment where required by VA or the Office of Personnel Management's instructions.

(3) Such in-service occupational examinations of employees as authorized herein, or to appraise and report work environment health hazards to management as an aid in preventing and controlling health risks.

(4) Administration, at the discretion of the responsible occupational health service unit physician or occupational healthcare provider of treatments and medications: (a) furnished by the employee and prescribed in writing by a personal physician as reasonably necessary to maintain the employee at work, or (b) prescribed by a physician providing medical care under chapter 81 of title 5 U.S.C.

(5) Preventive services within the competence of the staff and facility resources to provide health education to encourage employees to maintain personal health; and to provide specific disease screening examinations and immunizations, as authorized herein or determined by the head of the medical center to be necessary.

(6) Referral, upon their request, of employees to community health resources that may be identified.

c. VA will:

(1) Provide post-exposure examinations as mandated by applicable regulatory agencies.

- (2) Provide medical surveillance for employees exposed to hazardous materials and communicable diseases (such as asbestos or tuberculosis).
- (3) Cooperate with local public health agencies, physicians and programs in providing measures that protect against diseases of public health significance.
- (4) Participate, where practicable, on a reimbursement basis in central health services furnished by another agency to employees of more than one agency.
- (5) When VA contracts to operate a central occupational health unit to serve employees of other agencies, the occupational health unit will be supplied the specific medical information about the duties of the position and any other pertinent factors necessary to assess an employee's ability to perform the job.
- (6) If the contract for operation of a central health unit provides for an insufficient number of health maintenance examinations for all VA employees eligible for them, arrangements will be made for the examinations elsewhere, using VA medical facilities to the extent possible. The scope of any such examinations will be determined on VA criteria for such examinations.

d. VA may share its facilities, on a reimbursement basis (developed on the basis of exam complexity), with other Federal agencies and departments in providing health services to Federal employees

2. POLICY

- a. It is the policy of VA to provide an occupational health services program for all VA employees consistent with the purpose and scope contained in paragraph 1. The services of VA medical employees in hospitals and clinics will be utilized for this purpose to the extent feasible.
- b. Where there are 300 or more Federal employees working in one location and there are no existing health services, arrangements shall be made to establish a VA occupational health unit unless satisfactory occupational health services can be furnished by participation in a nearby occupational health unit which is serving other Federal employees.
- c. Establishment of individual occupational health units will be limited to locations where there are 300 or more Federal employees working in the same location, building, or adjacent buildings, but this will not affect occupational health units already functioning. Where it is determined that occupational health services are necessary due to working conditions involving health risks for fewer than 300 employees in the same location, such occupational services shall be provided by contract with private or public sources or by establishment of an occupational health service unit, whichever is deemed to be more feasible. VA will cooperate with other Federal agencies by providing or participating in occupational health unit services on a reimbursement basis for employees of more than one agency in a location.
- d. Employees will notify their supervisor of their intention to seek medical treatment in an occupational health unit. When this is not feasible, the employee may report directly to the occupational

health unit or person authorized to render emergency care. If the nature of the illness or injury is such that the employee is unable to seek medical care, other employees may render practicable assistance. Facilities will have written procedures on how to address medical emergencies occurring to employees.

e. The confidential nature of medical conditions shall be recognized and respected. Employee medical records maintained by VA must be separately and distinctly secured from any other medial records.

f. Only those persons who are physically and mentally capable of satisfactorily performing the duties of their assignments are to be employed and retained in VA. The procedures published in this handbook and the guidelines for determining physical fitness are designed to meet this policy objective.

g. The physical examination program is established to achieve safe, productive employment. Medical evaluations determine whether applicants and employees are physically and mentally qualified to perform the duties of the position. Such evaluations also provide information as to whether employees are performing the essential functions of the position and safely rendering appropriate care to our deserving veteran patients.

h. The Occupational Health Physician is responsible for administering the Occupational Health program. The ultimate responsibility for determining whether the person concerned is physically and mentally capable of performing the required duties rests upon the occupational health physician. This responsibility may be delegated to other occupational health professionals, such as physician assistants, nurse practitioners, and advanced practice registered nurses under the institutional supervision of a designated occupational physician. No employee appointed under title 38 will be determined physically or mentally incapable of performing duties satisfactorily without benefit of a Physical Standards Board deliberation unless the employee is being evaluated for medical disability retirement. Determinations of physical and mental fitness will be made without discrimination based on ethnicity, race, color, sex, religion, national origin, lawful political affiliation, membership or non-membership in a labor organization, marital status, non-qualifying disability, age or other irrelevant factors.

3. RESPONSIBILITIES

a. The head of the facility will arrange for the implementation of the occupational health services program for each facility. This responsibility is divided into two segments - clinical and administrative. The dual nature of the program requires a coordinated effort between the designated Human Resources Management personnel and VA occupational medical staff or any other medical staff that may provide occupational healthcare services for VA employees. Occupational health services will be provided under the direction of a licensed physician.

b. The head of the installation will arrange for facilities and personnel necessary for the implementation of the occupational health services program as follows:

(1) **For Each Installation Having a Medical Facility.** Assign a qualified physician to act as the Occupational Health Physician. The Occupational Health Physician and/or occupational healthcare provider will be in charge of the occupational health unit and responsible for providing occupational health services authorized by this chapter under line medical supervision, with administrative advice and

assistance from the Human Resources Management Officer. Except as provided in subparagraph (2) below, the Occupational Health Physician will also act as the tuberculosis control officer.

(2) **For Each Installation Having a Medical Facility and a Tuberculosis Staff.** Assign a qualified physician to act as tuberculosis control officer. This physician may also be the Occupational Health Physician. The tuberculosis control officer will be responsible for the installation's professional measures directed toward the detection and control of tuberculosis among employees.

(3) **At Installations Where a Medical Facility is Not Available Within the Organization.** Arrange for occupational health services including tuberculosis control by any means available such as use of a rating board physician, use of a nearby VA medical facility or other Federal medical facility, or by contract with an outside medical facility or physician. All contracts for medical services can be subject to such administrative control as the Administration Head deems necessary. At these facilities the Human Resources Management Officer will be responsible to management for obtaining appropriate contractual medical services. These programs require oversight by a central VA designated medical officer.

(4) **At Installations Where a Nurse is on Duty in a Health Unit.** The nurse may render first aid for minor illnesses and injuries and give appropriate assistance in serious illnesses and injury until a physician or health care provider arrives.

(5) **For All Installations.** The Human Resources Management Officer will render advice and assistance on the administrative aspects of the program and to work closely with the Occupational Health Physician or Occupational Healthcare Provider. The Human Resources Management Officer will:

(a) Interpret for local management, the Occupational Health Physician, other occupational health unit personnel, and employees, the administrative provisions of VA directives and informational releases on the occupational health services program.

(b) Give due consideration to findings and recommendations of the Examining Occupational Physician/Occupational Healthcare Provider before approving or recommending approval of any given employment action, as provided in other parts of this handbook.

(c) Review procedures for scheduling recurring examinations with the Occupational Health Physician/Occupational Healthcare Provider to determine periodically the examinations are being scheduled as required by VA directives. When necessary, assist the Occupational Health Physician/Occupational Healthcare Provider in special arrangements for employees to report for required examinations in those cases where they fail to report in response to routine scheduling procedures.

(d) Resolve questions on maintenance of health unit records when requested by the Occupational Health Physician/Occupational Healthcare Provider or the head of the installation.

(e) Assist the Occupational Health Physician/Occupational Healthcare Provider in the occupational health enhancement program, especially in the areas of display and distribution of promotion materials, the showing of films of or by health associations and others, and arrangements for participation in free, local civic health programs, including arrangements for lectures. Perform these functions for management at those facilities where there is no designated Occupational Health Physician/Occupational Healthcare Provider.

(f) Assist the head of the installation in arranging for occupational health services where necessary.

(g) Recommend occupational health services funding options/requirements within their designated organization. Collaborate with the Occupational Health Physician or Occupational [Healthcare] Provider where necessary in obtaining required equipment and medical supplies.

4. COOPERATION WITH PUBLIC HEALTH AGENCIES. VA installations will cooperate with local, county, state and national public health agencies, appropriate medical societies or associations, physicians and programs in providing measures, which protect against disease of public health significance. Through vaccinations and immunizations of employees, VA will assist in maintaining a high level of protection against epidemics of communicable disease such as influenza. This will include the use of VA space, equipment, personnel, and the use and administration of vaccines, prophylactic drugs and agents without charge as resources allow. This is in the interest of protecting VA beneficiaries against epidemics of any communicable disease.

5. TREATMENT

a. Nature and Extent of Non-Work Related Treatment

(1) It is an expectation that all employees will have a private personal physician or healthcare provider. If an employee suffers a minor illness or injury, which interferes with their ability to perform their duties, treatment may be rendered. Treatment will be limited to relieve their discomfort and enable them to remain at work, and in an emergency, appropriate care to stabilize and transport the employee will be rendered. If the installation has dental facilities, emergency treatment may be given for minor dental conditions. These treatments are not intended to provide definitive medical or dental care or replace the employee's primary care provider. The employee will be referred to their private physician or dentist for any necessary follow-up or definitive care.

(2) When an employee suffers serious injury [], needed first aid will be rendered and suitable transportation to an appropriate hospital, clinic, or physician's office arranged per employee consent as indicated. In the event transportation or hospitalization is required, the employee will be responsible for associated costs.

(3) At the request of a private physician, an employee may be given treatments or medications for illnesses or conditions for which he/she is under the care of that private physician. The treatments must

be prescribed in writing by the employee's personal physician as being reasonably necessary to maintain the employee at work, and the employee must furnish the appropriately labeled medications. The Occupational Health Physician/Occupational Healthcare Provider must approve administration of the treatments and facility resources must be available.

b. **Nature and Extent of Work-Related Treatment.** Employees who claim a work-related injury or illness at a VA facility may choose to have care through occupational health services or their provider of choice. An employee who suffers a work-caused illness or injury will be given definitive medical care for the work caused condition under the regulations and instructions of the Office of Workers' Compensation and VA.

c. **Bed Rest.** Employees may be permitted to use available facilities for bed rest, if their physical condition requires it as follows:

(1) Occasional periods of bed rest, not in excess of 1 hour in any 1 day, are permitted without loss of pay or charge to leave.

(2) Regular bed rest for a period each day with charge to leave may be permitted employees returning from extended sick leave, convalescing from an operation, or having other medical reason upon recommendation of the Occupational Health Physician/Occupational Healthcare Provider or receipt of acceptable medical documentation from the employee's private physician.

d. **Hospitalization of Employees.** If the facility has hospital facilities, an employee may be hospitalized under the following conditions:

(1) As a beneficiary of the Office of Workers' Compensation for a work-caused illness or injury.

(2) As a beneficiary of VA if he is an entitled veteran of the armed forces.

(3) On an emergency basis under the provisions of 38 U.S.C. 611(b) and VA medical regulations and procedures issued pursuant thereto. Such hospital care is authorized as a humanitarian service in emergency cases but a charge will be made therefore. The billing for these charges shall be explained to the employee or his/her family, as circumstances indicate, at the time hospitalization is being considered or effected. (It should be noted; however, that some of the Federal Employees Health Benefits Insurance carriers will not reimburse the employee or VA for such emergency hospitalization unless the *carrier* determines that the employee's condition required emergency hospitalization in a VA medical center.)

e. **Charges for Treatment and Hospitalization**

(1) **Work-Caused Illness or Injury.** See VA Directive 5810, Managing Workers' Compensation Cases, for instructions on charges to be made to the Office of Workers' Compensation Programs for outpatient treatment or hospitalization of VA employees whose condition is attributable to the performance of duty.

(2) **Emergency Hospitalization.** Hospitalization provided employees who are not entitled veterans of the armed forces or beneficiaries of the Office of Workers' Compensation Programs will be charged at current Government rates.

6. HEALTH ENHANCEMENT PROGRAM

a. Health enhancement is encouraged among employees. Occupational Health Services will assist employees as resources are available through educational and training methods leading toward the development of health consciousness in employees; by providing and maintaining a healthful working environment; by display and distribution of informational materials; and will encourage employee participation in local civic health programs.

b. Depending upon the facility's resources available, employees may also be permitted to visit the occupational health unit to obtain counsel in personal health problems, and will be provided information on the facility designated Employee Assistance Program (EAP) or inquire as appropriate within the facility for community health resources.

7. DEFINITIONS

a. **Employee Assistance Program (EAP).** Services rendered to employees in need of assistance with substance abuse, biopsychosocial problems or life stresses.

b. **Fitness for Duty / For Cause Evaluation.** A special examination requested through Human Resources Management based on documented deficiencies in job performance and reasonable suspicion that this is related to physical impairment.

c. **Modified (Light) Duty.** Work that has been modified to meet physical restrictions of an employee for a specific limited time duration. This is used primarily in Workers' Compensation injuries. A Position Description should specify in as much as or feasible the physical and/or mental capabilities required, e.g. lift __ pounds, repetitive motions of certain body parts, squatting or bending, scheduling or environmental demands, or other restrictions which must be considered (also, see Restricted Duty Assignments below).

d. **Mandated Evaluation.** Examinations mandated by Federal Agencies having jurisdiction and authority over those occupations, e.g. tuberculosis screening for healthcare workers, Department of Transportation (DOT) examinations for drivers of large commercial vehicles, etc.

e. **Medical Evaluation.** Though often stated in Federal regulations as a physical examination, this term reflects the need for an examination that looks at the physical as well as mental findings of an employee as they pertain to that employee's ability to perform the essential functions of that job.

- f. **Medically Qualified or Not Medically Qualified.** The existence of a direct relationship between the condition and the essential duties of the specific position to be filled should be primary consideration for a VA Examining Occupational Healthcare Provider making this determination. Conditions that may adversely affect job performance or safety to an unacceptable degree should be closely examined as well.
- g. **Medical Standards.** Those minimum requirements necessary for safe and efficient performance directly related to the actual requirements of the job.
- h. **Medical Surveillance.** Those examinations scheduled and completed because of a job's potential for or actual exposure to hazardous or dangerous substances during ones employment, e.g., TB testing, asbestos examinations, radiation monitoring, etc.
- i. **Medical Surveillance Program.** A group of systematic evaluations put in place for positions with established and often mandated standards involving health and safety requirements for these jobs using personal protective equipment (PPE), Exposure Levels (PEL – Permissible Exposure Levels, TWA – Time Weighted Average, etc.) or other designated monitoring criteria.
- j. **Occupational Health Services (OHS).** This should replace employee health or personnel health wherever it appears in VA regulations. This requires an interdisciplinary approach involving issues that impact on workplace efficiency, health, safety and productivity. It includes Industrial Hygiene, Safety, Infection Control, Workers' Compensation, and Human Resources Management issues as they may affect employees and their employee's ability to fulfill their essential job functions in view of the mission of the facility.
- k. **Occupational Healthcare Provider (OHP).** A physician licensed to practice medicine and authorized by credentialing and/or experience to provide occupational health services in the work environment. Under some Federal legislation this definition has been expanded to include certified Occupational Health Nurses (OHNs), Nurse Practitioners (NPs), or Physician Assistant's (PAs) who deliver occupational healthcare under the supervision of a physician.
- l. **Modified Duty Assignments.** Those modifications requested via an individual or healthcare provider on a job assignment based upon physical/mental limitations found from the examination. These requested restrictions are designed to protect the health and safety of the affected employee or others. These assignments may involve physical activities, environmental aspects of an assignment (e.g., exposure to dust or fumes), scheduling (e.g., no shift work for an unstable diabetic), travel equipment usage (e.g., respirators, ladder climbing, driving), communication abilities (e.g., unable to speak), sensory impairments (e.g., visual deficits, lack of color discrimination, loss of temperature discrimination), etc. (See 29 CFR 1614.203 concerning related issues.)
- m. **Personal Protective Equipment (PPE).** Those pieces of equipment, clothing or devices used to limit ones exposure to hazards or dangerous substances during the course of employment. Examples: Clothing – shoes, safety glasses, non-latex gloves. Equipment – lead shielding, respirators. Devices – hearing conservation devices.

n. **Reasonable Accommodations.** Job modifications which can be made in the duties or functions of a job without taking away from the essential functions of the job, placing an undue burden on others performing the same work or creating a monitoring burden on the facility which might then impact on its ability to fulfill its mission. (See 29 CFR 1614.203 concerning accommodation issues.)

OCCUPATIONAL HEALTH SERVICES

PART II. EXAMINATIONS AND EVALUATIONS

CONTENTS

PARAGRAPH	PAGE
1. <u>PURPOSE OF MEDICAL EXAMINATIONS</u>	II-1
2. <u>CONDUCT OF THE EXAMINATION</u>	II-1
3. <u>PRE-PLACEMENT PHYSICAL EXAMINATIONS</u>	II-1
4. <u>ANNUAL [MEDICAL EVALUATIONS]</u>	II-2
5. <u>SPECIAL PHYSICAL EXAMINATIONS</u>	II-3
6. <u>TRAVEL FOR MEDICAL EVALUATIONS</u>	II-4
7. <u>MEDICAL ACTION ON REPORTS OF EXAMINATIONS</u>	II-4
APPENDIX	
II-A. <u>GUIDE FOR DETERMINING PHYSICAL FITNESS OF EMPLOYEES IN THE VETERANS HEALTH ADMINISTRATION</u>	II-A-1

PART II. EXAMINATIONS AND EVALUATIONS

1. PURPOSE OF MEDICAL EXAMINATIONS

a. Within the limitations set forth in this handbook, VA installations may use available medical facilities to conduct examinations without charge for the purpose of:

- (1) Initial and subsequent official VA personnel transactions, e.g., pre-placement, annual, fitness for duty, drug-screening, etc.
- (2) Assisting employees in maintaining and enhancing their health.
- (3) Safeguarding the health and safety of employees and others.
- (4) Detecting any unsafe working conditions or those which may pose health hazards.
- (5) Detecting diseases in their incipency, discussing any detected non-work related medical findings with the employee and recommending consultation with a private physician for treatment.
- (6) Determining, after a period of illness/injury, whether the employee is able to return to work or resume regular duties without impairing his/her own health or the health of others.
- (7) Determining the employee's fitness for continued employment.

b. Occupational health examinations must not interfere with the care and treatment of VA beneficiaries. Occupational health examinations must be scheduled accordingly.

2. CONDUCT OF THE EXAMINATION. Occupational Healthcare Providers using VA equipment and facilities will perform medical evaluations and review submitted information as set forth in this handbook. If such personnel and equipment are not available at the facility and the examination of employees is required, the facility head will have the necessary examinations, tests, or X-rays performed at the nearest VA installation or other Federal hospital or clinic where facilities are available, or on a fee basis or by contract with an outside medical facility or physician, whichever is more advantageous to the Government. At the discretion of local management, any required examination may be conducted at another VA facility. No charge will be made for examinations and tests performed by VA, irrespective of whether the applicant is selected or rejected.

3. PRE-PLACEMENT PHYSICAL EXAMINATION

a. **General.** A pre-placement physical examination is required for all full-time, part-time and intermittent employees identified below. A pre-placement examination should be completed well in advance of the proposed appointment date to permit the results to be fully evaluated and a decision made by the Occupational Health Physician or Occupational Healthcare Provider about qualifications prior to entry on duty. An examination is required in any conversion action from a status or position not

requiring a physical examination to one requiring such procedures. A pre-placement physical examination shall be completed prior to appointment to determine the physical and mental fitness for candidates for appointment in VA. Terminal physical examinations of applicants separated from the U.S. Armed Forces within 90 days of appointment may be substituted for a pre-employment physical exam. The requirement for a pre-placement physical exam applies to all [of the following] full-time, part-time, and intermittent [employees:] physicians[;] dentists[;] podiatrist[;] optometrists[;] nurses[;] nurse anesthetists[;] physician assistants[;] expanded-function dental auxiliaries[;] chiropractors[;] residents[;] interns[;] graduate nurse technicians[;] medical consultants[] (unless otherwise specified)[;] certified or registered respiratory therapists[;] occupational therapists[;] licensed physical therapists[;] licensed practical or vocational nurses[;] and pharmacists[;] audiologists; speech pathologists; audiologists-speech pathologists; biomedical engineers; blind rehabilitation specialists; blind rehabilitation outpatient specialists; dietitians; medical instrument technicians; medical records administrators or specialists; medical records technicians; medical technologists; dental assistants/aids; dental hygienists; nuclear medicine technologists; occupational therapy assistants/aids; kinesiotherapists (corrective therapists); orthotists/prosthetists; pharmacy technicians/aids; physical therapy assistants/aids; prosthetic representatives; psychologists; diagnostic radiologic technicians/technologists; therapeutic radiologic technicians/technologists; and social workers] appointed under 38 U.S.C., chapter 73 or 74[; a]ll title 5 Wage Grade employees[;] General Schedule employees in occupations with medical standards, General Schedule employees in positions for which physical requirements have been established and General Schedule employees holding positions that provide direct patient care (e.g., nursing assistants, health technicians, [] medical machine technicians, etc.). It is not required of residents, interns[,] and consultants who furnish evidence of satisfactory physical condition based on a physical examination within the past 12 months prior to appointment. The term “employee” as used in this chapter, will include all of the above categories of employees unless otherwise specified. The term “nurse” as used throughout this chapter will include registered nurses, nurse practitioners, advanced practice nurses, nurse anesthetists, and graduate nurse technicians unless otherwise stated.

b. **Scope of the Examination.** The examination will be concerned with the mental and physical ability of the applicant to satisfactorily perform the duties of the proposed assignment and will include requisite laboratory and other screening as required by Federal regulatory agencies. All of the above reports must be completed within 90 days of appointment except in the case of certain residents and interns. (See sub-paragraph a [].) Elective health screening tests may be offered based upon available facility resources.

4. ANNUAL MEDICAL EVALUATION[S]

a. **General.** Full-time employees identified in paragraph 3a, [including] residents, are encouraged to have an annual [medical evaluation. This also applies to Title 5 and Wage Grade employees in medical surveillance or respiratory protection programs.] The annual [medical evaluation] will be voluntary at the request of the individual employee. The [medical evaluation] will take place annually as nearly as practicable during the anniversary month of initial appointment in VA. At this time, the full-time employee will be given a statement to indicate [on it] that the employee does or does not choose to [undergo such an evaluation]. This statement will [then] be filed [in] the [e]mployee’s Medical Folder. The results of such [evaluation] will be given to the employee to discuss with their personal primary care provider. [This also applies to Title 5 and Wage Grade employees in medical surveillance or respiratory protection programs. These medical evaluations will be provided as required by internal

VHA or external guidelines, e.g., Occupational Safety and Health Administration (OSHA) and American National Standards Institute (ANSI).]

b. **[Medical Evaluation].** The Examining Occupational Healthcare Provider will use discretion in determining how comprehensive the [medical evaluation] will be. Special tests and diagnostic procedures may be ordered as appropriate based upon the [evaluation's] findings. Employees will be informed of any discrepancies or abnormalities shown in the [evaluation;] and they will be encouraged to follow-up with treatment or corrective action as soon as possible with their personal primary care provider.

c. **Screening Tests.** Each full-time employee who elects not to have an annual [medical evaluation], and each part-time and intermittent employee, [] may choose to undergo screening tests as are available at the medical facility. The screening tests may consist of blood tests, urinalysis, and an EKG. Other special tests and diagnostic procedures as available and believed indicated by the local professional staff may be performed. Employees will be informed of any discrepancies or abnormalities shown in the screening tests[;] and they will be encouraged to follow-up with treatment or corrective action with their personal health care provider as soon as possible.

d. **Place of Examination.** Employees [identified in paragraph 3a] who request VA to conduct [a medical evaluation] or screening test will normally be examined or tested at their duty station, if the capability exists. However, at the discretion of local management, or at the request of the employee and approval of local management, the [medical evaluation] and tests may be conducted at another VA health care facility.

5. SPECIAL PHYSICAL EXAMINATION[S]

a. **General.** Special physical examinations may be authorized by the Secretary, Administration and Staff Office Heads, or designees, or facility directors for employees identified in paragraph 3a [under their jurisdiction]. A special examination may be required to solve questions of physical or mental ability to properly perform the duties of a position. An examination may also be necessary to determine physical and mental fitness to resume duty after illness.

b. **Place of Examination.** The same instructions will apply as those set forth above in paragraph 4d. At their own expense, employees may have tests and diagnostic procedures performed by other than a VA Occupational Healthcare Provider and/or facility. The VA Occupational Healthcare Provider will accept the results for review. Authorized absence for this purpose may be granted as provided in current regulations.

c. **Notice to Employee.** Except under unusual circumstances, e.g., when an immediate determination must be made as to an employee's mental or physical fitness to remain on duty, an employee will be given advance written notice of a special physical examination, such as fitness for duty. The notice will include:

- (1) Reason for examination;

(2) Date, time and location of examination (include travel information, if appropriate); and

(3) Right to submit physical examination results or other medical evidence obtained at the individual's own expense for consideration by the VA Occupational Healthcare Provider and/or, if appropriate, by a Physical Standards Board. (See part III of this handbook).

NOTE: *When a special physical examination is required in connection with a possible agency-initiated disability retirement, representation will be allowed as provided in OPM [] CSRS and FERS Handbook [for Personnel and Payroll Offices], chapter 60 (Disability Retirement).*

6. TRAVEL FOR MEDICAL EXAMINATION. When travel of an employee is required for mandated medical examinations, issuance of the necessary travel order is authorized. No travel for medical examinations may be authorized for prospective appointees. If examinations or tests are authorized on a fee basis, they will, if feasible, be done in the local community and no travel may be authorized. If examination on a fee basis in another community is required, the field facility head, Network Director, Regional Director, Area Office Director, or administration or staff office head may approve such travel at Government expense.

7. MEDICAL ACTION ON REPORTS OF EXAMINATIONS

a. **Responsibilities.** The occupational healthcare provider will review reports of examinations, x-rays, and other laboratory tests for employees or prospective employees. He or she will be responsible for the medical action or recommendation and any follow-up required in the proper medical disposition of all cases. When the duties of the occupational healthcare provider and the tuberculosis control officer are assigned to separate physicians or occupational healthcare providers, these officials will maintain close liaison in regard to their respective activities in Occupational Health and TB control. Where there is no designated Occupational Health Physician/Occupational Healthcare Provider, the Human Resources Management Officer will be responsible for arranging for the review of reports of examinations, X-ray, and laboratory tests by a physician where necessary, and for any follow-up required in the medical disposition of the case. Such programs require oversight by a VA designated medical officer.

b. **Routine Findings.** Physical examinations performed or reviewed by the VA Occupational Healthcare Provider in which the findings are within acceptable limits will require no further action.

c. **Non-Routine Findings.** Refer to paragraph 5a of part III of this handbook for action on findings of a questionable nature.

d. **Report of Findings.** See paragraph 2 of part V of this handbook.

APPENDIX A.
GUIDE FOR DETERMINING PHYSICAL FITNESS OF EMPLOYEES IN
THE VETERANS HEALTH ADMINISTRATION

1. SCOPE. This appendix contains the guides for use in conducting and evaluating the physical examinations prescribed in this handbook.

2. GENERAL

a. Physical and mental status of individuals should enable them to perform all their duties under normal and emergent conditions. No applicant will be accepted with disabilities which could be expected to lead to a disability separation prior to a reasonable period of VA service.

b. The term “incapacitated” as used in this appendix means “unable to satisfactorily perform the required duties because of physical or psychiatric reasons.” These reasons may be caused by disease or congenital abnormality. They may result also from recurring episodes of a disease or abnormality which are of sufficient frequency or severity to prevent the person concerned from performing the required duties with expected regularity.

c. Forms and/or reports which must be used in the physical examination program are found in Part V of this handbook. In addition, a nurse applicant classified as food handler will be given the examinations, tests and vaccinations as specified in Part IV, paragraph 3b of this handbook.

d. Preemployment, annual and special physical examinations should be thorough and comprehensive. They should be conducted and evaluated in keeping with the practice of preventive medicine, and with a view to meeting the objectives of subparagraph a above. Special tests and diagnostic steps will be used when indicated.

e. The evaluation of an individual’s ability to perform efficiently and without hazard to self or others will encompass a composite consideration of physical, mental, and emotional ability as related to realistic requirements for the duties and responsibilities to be assumed. When contemplating career probational appointments, professional standards boards and selecting officials should recognize that this type of appointment should be used only to provide a career service of highly qualified personnel who are able to meet the physical, mental, and emotional demands of the position.

3. HEIGHT AND WEIGHT. A marked variation from normally accepted height and weight requirements should be considered carefully.

4. HEAD. Deformities of the skull, neurologic signs, extensive nevi, scars or skin lesions will be noted.

5. EYES. Poor vision and chronic eye conditions may be incapacitating. Examples of incapacitating conditions are extreme exophthalmos, chronic keratitis, chronic ulceration of the cornea, glaucoma, trachoma, chronic uveitis, retinis pigmentosa, myopia, progressive, and malignancies.

**PART II
APPENDIX A**

6. EARS. Examination should be made for auditory acuity and for presence of diseases. In some cases hearing loss may be incapacitating. Examples of incapacitating conditions are severe uncorrectable hearing loss, chronic suppurative otitis media, perforated eardrum and chronic suppuration and chronic Meniere's syndrome.

7. NOSE, THROAT, MOUTH AND ACCESSORY SINUSES. Chronic abnormalities of the nose, throat, mouth and accessory sinuses should be noted. The following may be incapacitating: chronic infections of the nasal accessory sinuses, severe hay fever, destructive syphilitic processes, laryngeal paralysis and neoplastic diseases.

8. DENTAL REQUIREMENTS. Dental and maxillofacial conditions of a markedly disabling degree may be incapacitating.

9. CHEST AND LUNGS (and Tuberculosis of Other Organs)

a. An applicant or employee will not be placed on duty or continued in a duty status if the individual has infectious tuberculosis.

b. An employee who has satisfactorily completed or is undergoing a carefully supervised period of treatment for tuberculosis may be considered for return to duty when the disease is no longer infectious.

c. Other conditions which may be considered disqualifying will include pulmonary emphysema, pulmonary fibrosis, and absence of lungs or lobes if severe impairment of ventilatory or respiratory gas exchange is demonstrable through examination and pulmonary function studies.

d. Pulmonary neoplasms are considered incapacitating unless there is reasonable evidence of cure.

10. CARDIOVASCULAR SYSTEM. Examples of incapacitating conditions are symptomatic angina pectoris; persistent congestive heart failure; symptomatic vascular disease of the brain, kidneys, or other viscera; recent myocardial infarction; valvular heart disease; congenital heart diseases; aneurysm of a major blood vessel and occlusive arterial disease; persistent hypertension (i.e., b.p. consistently over 140/90).

11. DIGESTIVE SYSTEM. Disease of the digestive organs (i.e., esophagus, stomach, liver, gall bladder, small intestine, pancreas, colon and rectum) which are or may become incapacitating should be investigated. These include: chronic peptic ulcer of stomach or duodenum, chronic pancreatitis, hepatic cirrhosis, chronic inflammation of the liver, Crohn's Disease, ulcerative colitis, mesenteric or celiac insufficiency, and malignancy of a digestive organ.

12. GENITOURINARY SYSTEM

a. A routine and microscopic urinalysis should be completed for each examinee.

b. Incapacitating conditions of the genitourinary tract include: prostatic, renal or bladder malignancies, and chronic renal disease of a vascular, infectious, or hypertensive origin.

13. VENEREAL DISEASES

a. An applicant who has doubtful or positive serologic findings without a history of previous syphilitic disease should present proof of a negative FTA-ABS test.

b. An applicant with a history of latent syphilis may be accepted if evidence of all of the following is submitted:

(1) An adequate course of treatment.

(2) A normal spinal fluid taken immediately prior to or subsequent to the start of treatment and repeated not less than 6 months after the completion of treatment.

(3) No clinical evidence of syphilis.

(4) A negative FTA-ABS test.

14. THE SKIN. Severe chronic skin disorders may be incapacitating. Sensitivity to contact with commonly used medical or cleansing preparations may be cause for rejection.

15. ORTHOPEDIC REQUIREMENTS

a. Incapacitating orthopedic injuries, diseases, or anomalies should be explored.

b. The loss of one arm, one arm and one leg, one or both legs, by applicants who have serviceable prostheses, is not considered incapacitating if such a person can comply with the physical demands of the position being sought.

16. ENDOCRINE AND METABOLIC DISEASES

a. An applicant with a permanent endocrine or metabolic disorder which cannot be regulated with adequate replacement therapy should not be accepted.

b. Examples of incapacitating conditions in the category are uncorrectable or inadequately regulated toxic goiter, Addison's disease, neoplasms of endocrine glands, severe diabetes mellitus, etc.

17. HEMATOPOIETIC SYSTEM. Blood dyscrasias of a progressive or incapacitating nature may be leukemias, lymphomas, Hodgkin's disease, undiagnosed anemias.

18. OBSTETRIC AND GYNECOLOGICAL CONDITIONS

a. Pelvic examinations should be done when indicated.

b. As a general rule, pregnancy should not disqualify an applicant unless it is the opinion of the examining physician that the applicant's condition will prevent the performance of all the duties of the position.

c. When an employee desires to return to active service after the termination of a pregnancy, a medical certificate will be submitted from the private physician stating that the employee is physically able to resume the duties of the assignment. At the discretion of the VA examining physician, further examinations or tests may be made.

d. Disabling menopausal syndromes may be cause for rejection.

19. PSYCHIATRIC CONDITIONS. Objective evidence of active drug abuse, including alcohol, or marked personality disorder is disqualifying. The presence of symptoms or a history of treatment for psychosis or psychoneurosis indicates the necessity for a most careful evaluation of mental health but is not in itself necessarily a cause for rejection or separation. Despite the presence of a psychosis or psychoneurosis, an applicant may be acceptable when the examiner is reasonably certain the applicant can be a productive and cooperative member of a medical group. Demonstrated ability to get along with other people is especially important.

OCCUPATIONAL HEALTH SERVICES
PART III. PHYSICAL STANDARDS BOARD

CONTENTS

PARAGRAPH	PAGE
1. <u>COVERAGE</u>	III-1
2. <u>RESPONSIBILITIES</u>	III-1
3. <u>APPROVAL</u>	III-1
4. <u>MEMBERSHIP</u>	III-1
5. <u>FINDING QUESTIONABLE PHYSICAL FITNESS</u>	III-1
6. <u>THE UNDER SECRETARY FOR HEALTH</u>	III-2
7. <u>THE CHIEF PATIENT CARE SERVICES OFFICER</u>	III-2
8. <u>HEALTH CARE FACILITY DIRECTORS</u>	III-2

PART III. PHYSICAL STANDARDS BOARD

1. COVERAGE. The provisions of this part apply to [the following employees appointed under the authority of 38 U.S.C. ch. 73 and 74:] physicians[;] dentists[;] podiatrists[;] optometrists[;] nurses[;] physician assistants[;] expanded-function dental auxiliaries[;] chiropractors[;] residents[;] interns[;] certified or registered respiratory therapists[;] licensed physical therapists[;] licensed practical or vocational nurses[;] occupational therapists[;] pharmacists[;] audiologists; speech pathologists; audiologists-speech pathologists; biomedical engineers; blind rehabilitation specialists; blind rehabilitation outpatient specialists; dietitians, medical instrument technicians; medical records administrators or specialists; medical records technicians; medical technologists; dental assistants/aids; dental hygienists; nuclear medicine technologists; occupational therapy assistants/aids; kinesiotherapists (corrective therapists); orthotists/prosthetists; pharmacy technicians/aids; physical therapy assistants/aids; prosthetic representatives; psychologists; diagnostic radiologic technicians/technologists; therapeutic radiologic technicians/technologists; and social workers.] The above categories of individuals are included in the term “employee” as used in this part unless otherwise specified.

2. RESPONSIBILITIES. Physical Standards Boards act for the Under Secretary for Health. They are responsible for determining the physical and mental fitness, and for recommending action based on examination findings. A board’s findings cannot be changed or modified except by the board itself. A board may recommend acceptance or rejection of a person for physical or mental reasons.

3. APPROVAL. Physical Standards Boards are established in Central Office, medical centers, medical and regional office centers, and domiciliary, independent outpatient clinics, [nursing home care units (NHCUs)] and at regional offices with outpatient clinics. The Under Secretary for Health or designee will approve membership of Physical Standards Boards in Central Office. Healthcare facility directors will approve membership of boards at [their respective] facilities.

4. MEMBERSHIP. A Physical Standards Board will consist of a minimum of three physicians. However, when an unusual dental problem is under consideration, or when a dentist’s ability to function is involved, one physician will be replaced by a dentist. A physician will be chairperson. Persons in a position to prejudice the action of the board may not serve as members of the board conducting the review. The Human Resources Management Officer, or a designee, will be present to serve the board as a technical advisor. Wherever the term “Physical Standards Board” is used in this handbook, it will refer to a board with membership as described in this subparagraph. A Physical Standards Board may have the same membership as the local physician Professional Standards Board or members may be designated for this purpose by the health care facility Director. Boards may be conducted at other VA healthcare facilities in accordance with the provisions of part II, paragraph 3d of this handbook.

5. FINDING QUESTIONABLE PHYSICAL FITNESS

a. All cases of a questionable nature which have not been resolved or have been resolved unfavorably by consultation will be referred by the VA Examining Occupational Healthcare Provider to the Physical Standards Board for determination of physical fitness. Such referral will be made through the office of the Chief of Staff, or equivalent office, to permit opportunity for comment or recommendation in light of

staff needs. The board will render its opinion as to whether or not the individual examined can perform the required service satisfactorily without hazard to VA beneficiaries, employees or self.

b. The Physical Standards Board will prepare its findings on VA Form 10-2543, Board Action. In some instances an individual who would not ordinarily be considered for employment may be able to render valuable service to VA within that individual's physical limitations. The board must be satisfied that the examinee can satisfactorily do the job in terms of the individual's physical condition without hazard to self or others.

c. The Physical Standards Board will submit its report to the appropriate officials named in paragraphs 6 through 8 below, through channels, for necessary action. If the board determines a person to be physically and/or mentally incapable of performing the duties of the assignment the following courses of action may be taken:

(1) Applicants may be accepted or rejected for appointment[s;] and such decisions are not subject to review.

(2) In the case of employees, if the nature of the physical condition is one that may be corrected by remedial treatment, sick leave [] and annual leave[,] or leave without pay may be granted [as appropriate].

(3) If retention of an employee is not considered to be in the best interest of VA, action will be taken to separate the employee for disability or disability retirement as appropriate. (For policies and procedures related to disability separations, see part VI of VA Handbook 5021).

6. THE UNDER SECRETARY FOR HEALTH. The Under Secretary for Health, or designee acts on findings of Physical Standards Boards and physical examination findings involving personnel employed in Central Office.

7. THE CHIEF PATIENT CARE SERVICES OFFICER. This individual acts on Physical Standards Board findings resulting from special examinations involving:

- a. Health care facility directors;
- b. Chiefs of staff at facilities having a director who is not a physician; and
- c. Clinic directors in regional offices and independent outpatient clinics.

8. HEALTH CARE FACILITY DIRECTORS. These individuals act on Physical Standard Board Findings when required for:

- a. Pre-placement physical examinations.
- b. Annual and special physical examinations required of employees except those in paragraph 7 [].

OCCUPATIONAL HEALTH SERVICES

PART IV. HEALTH MAINTENANCE PROGRAMS,
EXAMINATIONS AND VACCINATIONS

CONTENTS

PARAGRAPH	PAGE
1. <u>OCCUPATIONAL HEALTH MAINTENANCE PROGRAM</u>	IV-1
2. <u>TUBERCULIN TESTING PROGRAM</u>	IV-1
3. <u>OTHER EXAMINATIONS, TESTS AND VACCINATIONS</u>	IV-3
[APPENDICES]	
IV-A. <u>EXAMINATIONS, TESTS AND VACCINATIONS</u>	IV-A-1
[IV-B. <u>MEDICAL CONDITIONS AND CRITERIA COVERING MEDICAL EVALUATIONS FOR MOTOR VEHICLE OPERATORS AND INCIDENTAL OPERATORS IN THE VETERANS HEALTH ADMINISTRATION WHO TRANSPORT PATIENTS</u>	IV-B-1]

**PART IV. HEALTH MAINTENANCE PROGRAMS,
EXAMINATIONS AND VACCINATIONS****1. OCCUPATIONAL HEALTH MAINTENANCE PROGRAM**

a. **Extent of Program.** Excluding employees identified in paragraph 3a of part II of this handbook, VA provides medical examinations every two years on a voluntary basis for employees age 40 and above who are incumbents of the following positions:

(1) GS-14 and above in Central Office.

(2) Field positions for which the Secretary, Under Secretary or Network Director retains prior approval authority.

(3) Field positions for which the Administration or Staff Office Head retains prior approval authority when approved by the Administration or Staff Office Head.

b. **Purpose of the Examinations.** The examinations are a benefit offered these employees. Employees should be notified of any disorders or suspicious symptoms uncovered which they should bring to the attention of their private physician. The purpose of the periodic examination is to maintain key personnel at their productive best.

c. **Action on Examination Findings.** The employee will be told prior to the examination that the results and report of the examination will be kept confidential unless conditions are discovered which are considered to be a hazard to the health and well-being of self and others. When such conditions are discovered, management will be informed. The report of the examination will be filed in the Employee Medical Folder (EMF). The findings shall be discussed with the employee by the examining Occupational Health Physician/Occupational Healthcare Provider or the employee's physician with the written consent of the employee. If conditions requiring treatment are detected, the examining Occupational Health Physician or designee shall recommend follow-up or treatment at the employee's expense. The Occupational Health Provider shall provide to the employee a copy of the examination report, a summary of findings, or any pertinent information to the employee, which the employee may provide to his/her personal physician.

d. **Payment of Health Maintenance Examination Costs.** The cost of examinations conducted under this program will be borne by the Department or other activity concerned, except that the Office of Human Resources Management will bear the expense for all Central Office employees who are paid from the General Operating Expenses Appropriation. Reimbursement for examinations conducted for employees under the Health Maintenance Program provided in this paragraph will be in accordance with procedures established by the VA Chief Financial Officer.

2. TUBERCULIN TESTING PROGRAM

a. **Coverage.** This program includes all full- and part-time employees, volunteers, trainees, and Central Office employees assigned to field facilities who are considered by the Occupational Health Physician/Occupational Healthcare Provider to be at risk for exposure to tuberculosis in the course of their assigned duties.

(1) Covered employees shall have a pre-placement tuberculin test or one prior to assignment to duties where they may be exposed to tuberculosis as recommended by the Center for Disease Control (CDC) (two-step skin testing). Employees manifesting positive tuberculin reactions shall be examined per current CDC guidelines.

(2) However, if an employee is known to have had infectious tuberculosis in an active disease phase prior to entry on duty with VA, no tuberculin testing will be carried out; instead, current CDC guidelines will be followed.

(3) The Occupational Health Physician/Occupational Healthcare Provider shall review all available records and X-rays if an employee is known to have active infectious tuberculosis prior to entry on duty with VA, and shall ensure that the employee is not infectious.

b. Exposure to Tuberculosis. Employees who have been exposed to tuberculosis shall undergo tuberculin testing per current CDC guidelines.

(1) Any of these employees whose tuberculin reaction converts from negative to positive shall be followed by current CDC guidelines to rule out infectious TB.

(2) Such an employee shall be offered appropriate chemoprophylactic therapy as defined by current CDC guidelines. At the discretion of the Occupational Health Provider other exams and consultation may be undertaken as indicated.

(3) If the Occupational Health Physician/Occupational Healthcare Provider determines that any employee mentioned in subparagraph (1) above has developed infectious tuberculosis with active disease, such employee shall undergo appropriate chemotherapy before returning to work. The Occupational Health Physician/Occupational Healthcare Provider shall also notify the appropriate public health authorities of the case and arrange for such contact examinations as may be necessary in the facility.

c. Separation. A tuberculin test prior to separation is offered for all covered employees including Central Office employees, unless the employee is known to be tuberculin positive.

d. Records. All employee records pertaining to tuberculosis, including all X-rays, shall be retained with the Employee's Medical Folder for the duration of VA employment plus 30 years (Occupational Safety and Health Administration (OSHA) mandate).

e. Medical Disposition. If any reactivations or new cases of active tuberculosis among employees are discovered, the tuberculosis control officer shall take all indicated medical and public health steps to insure adequate disposition of the case and protection of co-workers.

3. OTHER EXAMINATIONS, TESTS, AND VACCINATIONS

a. Medical surveillance measures are authorized on a regular basis to:

(1) Detect and control illness from radiation or any other potentially hazardous employment condition,

(2) Control communicable diseases other than tuberculosis for the purpose of preventing possible spread of disease to others, and

(3) Comply with personal protective equipment needs and other requirements for mandated examinations in covered positions.

b. Food handlers, barbers, beauticians and employees exposed to radiation, hazardous materials or infectious disease require special attention because their duties require unusual proximity to patients or danger of contracting or transmitting illness or disease. Food handlers are persons working in medical centers, domiciliaries and nursing home care units whose duties involve the handling, storage, preparation, cooking, and/or serving food. The term food handler may include the following:

(1) Nursing Aids/Assistants and Health Technicians.

(2) Persons engaged in dairy activities and those handling milk, cream, butter, and other food in broken packages.

(3) RNs and LPNs (except those assigned to duties not involving direct service to patients).

(4) Dietitians, Cooks, Bakers, and Meat Cutters.

(5) Food Service Workers.

(6) Employees of the Veterans Canteen Service engaged in the handling, storage, preparation, cooking, or serving food.

(7) Patients and volunteers assigned to dietetic activities such as a work-incentive or other occupational therapy project.

APPENDIX A. EXAMINATIONS, TESTS AND VACCINATIONS

NOTE: *The examinations, tests and vaccinations contained in this appendix may not be current protocol and new standards will be issued in the future.*

1. EXAMINATIONS AND TESTS RELATING TO TUBERCULOSIS

Type of Examination	For Whom	Requirements
Tuberculin Test	<ol style="list-style-type: none"> 1. Full- and part-time employees, Volunteers, trainees, Central Office employees assigned to field facilities who are not know to be positive reactors. 2. Employees meaningfully exposed to tuberculosis. 	<p>Pre-employment or prior to assignment to duties where they may be exposed to tuberculosis. Prior to separation if possible</p> <p>See paragraph 2b, part II of this handbook.</p>
Chest X-Ray	<ol style="list-style-type: none"> 1. Employees known to have had infectious tuberculosis in an active disease phase prior to entry on duty with VA.* 2. New employees with a history of positive tuberculin reactions, or whose tuberculin reactions are discovered to be positive on pre-placement examination.* 3. Employees whose tuberculin reaction converts from negative to positive. 	<ol style="list-style-type: none"> 1. Mandatory annual or more frequent X-rays as determined by the Employee Health Physician or Provider. 2. Pre-placement X-rays with subsequent X-rays as determined by the Occupational Health Physician or Provider. 3. Chest X-ray at time of discovery of conversion. See paragraph 2b, of this handbook.

*X-ray will not be required for persons who have been X-rayed by a VA or outside radiologist within the past 6 months, provided the X-rays or an interpretation of the resulting outside report is acceptable to the Occupational Health Care Physician or Provider.

2. OTHER EXAMINATIONS, TESTS, AND VACCINATIONS

Kinds of Examinations, Tests and Vaccinations	For Whom	Requirements
Tetanus immunizations	Local Determination	Should be offered routinely at time of appointment or any time when local circumstances warrant. Ordinarily, this would apply only to employees engaged in activities which might lead to injury, such as engineering and dietetic personnel.
Other immunization procedures, including typhoid, diphtheria, poliomyelitis, influenza, etc.	Local Determination	When determined by head of installation to be administratively and medically advisable to maintain essential services. In cooperation with public health agencies in maintaining a high level of protection against epidemics.
Such laboratory examination as the employee health physician may consider necessary to identify communicable diseases	Food Handlers, Barbers, and Beauticians	Examine prior to assignment to duty. Thereafter at discretion of the Chief of Staff. Food handlers who give history of recent gastrointestinal illness, infectious disease and infections of exposed surfaces of the skin, etc., will be referred to the Occupational Health Physician or Provider, or other Medical Officer by the Division or Service Chief concerned for appropriate examinations and tests before being permitted to perform further food handling duties.
Blood Count	Employees exposed to radiation	Pre-employment blood count. May be repeated periodically or as needed when over-exposure is suspected. (See M-2, pt. XI, par. 2.06 b and c.)
General Physical	Food Handlers, Barbers, and Beauticians	Prior to assignment to duty, a physical examination. Repeated as discretion of the Chief of Staff.
	Employees exposed to radiation	Annual physical examination for employees periodically exposed to radiation. (See M-2, pt. XI, par. 2.06 d)
	Full-time Physicians, Dentists, Nurses, and Nurse Anesthetists	See paragraph 3, part II of this handbook.
	Employees covered by the Health Maintenance Program	Biennially

Kinds of Examinations, Tests and Vaccinations	For Whom	Requirements
	Appointees and other employees	As required by the <u>Office of Personnel Management</u> and VA instructions to determine eligibility for appointment or fitness for duty.
[*Medical evaluation]	Motor Vehicle Operators and incidental operators.	[Completion of Optional Form 345 (OF 345), Physical Fitness Inquiry for Motor Vehicle Operators,] for operators and incidental operators at [4]-year intervals followed by [a medical] examination, if necessary. [For Motor Vehicle Operators and incidental operators in the Veterans Health Administration who transport patients, see appendix B, part IV, of this handbook.]
*Urine tests	Employees at drug treatment centers.	At regular intervals at the discretion of the employee health physician.
Audiological examinations	Boiler and Utility Plant employees.	Prior to assignment to duty and repeated at 1-year intervals.

*A. Instructions for the Occupational Healthcare Physician or Provider:

1. All of the proposed urine tests will be coordinated with the Chief of Drug Dependence Treatment Center.
2. All positive tests are to be corroborated by at least one other test with another testing device or by another laboratory.
3. Care should be exercised to discriminate between medically prescribed and illicit drugs.

*B. **Special Information: Findings** obtained from the proposed tests will be kept confidential and will only be used for employment fitness purposes, as opposed to criminal proceedings.

NOTE: See VA Directive 5383 and VA Handbooks 5383, 5383.1, and 5383.2 for VA Drug-Free Workplace policies.

[*C. Medical Evaluation: Individual facilities must determine how employees know when they are due for an evaluation in Occupational Health by identifying who - supervisors, human resources, or the transportation coordinator - is responsible for notifying an employee that the must complete an OF 345. Facilities should also develop procedures to ensure employees turn in the OF 345 to Occupational Health and are given appointments in Occupational Health.

**APPENDIX B. MEDICAL CONDITIONS AND CRITERIA COVERING
MEDICAL EVALUATIONS FOR MOTOR VEHICLE OPERATORS AND INCIDENTAL
OPERATORS IN THE VETERANS HEALTH ADMINISTRATION
WHO TRANSPORT PATIENTS**

NOTE: The provisions of this appendix are to be used in addition to the requirement for completion of Optional Form 345 (OF 345) described in appendix A, this part, for the conduct of medical evaluations of Motor Vehicle Operators and incidental operators who transport patients. A medical evaluation for these employees is to be conducted initially and every 4 years thereafter, or following an accident event and at the discretion of the Occupational Health provider. After age 65, medical evaluations shall be conducted biennially, and after age 70, annually for these employees.

1. Determining whether an employee should drive for VA is based on available information to include private medical documentation. This decision may be changed on receipt of additional information concerning the employee's health status.
2. Incidental operators include individuals such as Recreation Therapists, Recreation Therapy Assistants, Social Workers, Nursing Assistants, Domiciliary Assistants, and others who transport patients as an incidental duty. In accordance with the provisions of title 5 CFR 339.205, the position description and/or functional statement of employees who transport patients as an incidental duty must be annotated to reflect the reason for, and frequency of, the medical evaluation requirement and a copy provided to the employee.
3. Occupational Health may decide to permit an employee with a long-standing safe driving record to continue driving until any additional needed information is available if:
 - a. The employee does not fail any of the standards listed below, and
 - b. The employee does not pass certain standards because additional information is needed pertaining to a remote medical event.
4. Driving clearance will be temporarily suspended if all information required to make a final determination is not received within 60 days of any such request.
5. Occupational Health clinicians should be aware of standard resources including a Web site dedicated to transportation medicine (<http://home.att.net/~NataH/>) and published guidance from the American Medical Association and the National Highway Transportation Safety Administration.
6. The following are the medical conditions and criteria that Occupational Health clinicians must consider when deciding if an employee is medically qualified to transport patients.

NOTE: *Follow-up physical examination, testing, or other appropriate action, including denial of driving duties, may be indicated. Documentation that each of these medical conditions and criteria has been assessed must be included in the employee medical file.*

PART IV
APPENDIX B

Medical Condition	Medical Criteria.
Vision	Visual acuity and visual field testing must be completed on all drivers.
Hearing Loss	Must be able to successfully pass a voice discrimination or “whisper” test. If there is a question of hearing loss, an audiometric test may be ordered. Hearing loss must be no greater than an average of 40dB at 500, 1000, and 2000 Hz in the better ear with or without hearing aides.
Diabetes	Employees with a clinical diagnosis of insulin-dependent diabetes mellitus must have a hemoglobin A1C of less than 8 and have no symptoms of dizziness or fatigue that might suggest the presence of hypo- or hyperglycemic episodes during the past six months .
Substance Abuse	Employees with a history of substance abuse must provide documentation of being followed in a treatment program and provide documentation of abstinence for 1 year.
Epilepsy	Employees must have no history or clinical diagnosis of epilepsy requiring treatment in the last three years. Isolated seizures in the distant past do not necessarily represent a disqualifying condition.
Range of motion of head and neck	Range of motion in the neck must be greater than 45 degrees of rotation to both right and left.
Hypertension	Blood pressure no greater than 160 over 95 without evidence of acute hypertensive effects or hypertension-related symptoms.
Syncope	Syncope, except when postural hypotension is the cause, must be absent.
Ischemia	Employees may have no clinical diagnosis of active cardiovascular disease as defined by symptoms (angina), a history of myocardial infarction within the last year, or other evidence such as non-invasive diagnostic testing documenting cardiovascular disease. Note: The later testing is not a requirement but may be conducted in individuals who appear at high risk for acute cardiovascular events.
Ventricular Arrhythmias	Employees may have no current clinical diagnosis of ventricular arrhythmias, excluding random premature ventricular contractions.
Pacemaker	Every six months the employee must provide documentation that his or her pacemaker is functioning adequately.

Medical Condition	Medical Criteria
Check for an implantable cardioverter defibrillator (ICD)	Employees with an IDC cannot be cleared to transport patients.
Heart Block	Employees may have no current clinical diagnosis of a complete heart block or new bundle branch block.
Aortic Stenosis	Employees with this condition must provide documentation of an evaluation by a cardiologist documenting valve area. Asymptomatic employees with moderately severe stenosis require clinical judgment for clearance. Those with symptoms, declining ventricular function, or who are in need of valve replacement (ARV) cannot be medically cleared.
Ejection Fraction	If there is evidence of heart disease, consider the employee’s ability to assist passengers in and out of vehicles.
Chronic Obstructive Pulmonary Disorder (COPD)	A clinical diagnosis of moderate to severe COPD with a FEV1 of less than 40 percent is considered a disqualifying condition.
Use of containerized oxygen	Use of containerized oxygen is a disqualifying condition.
Narcolepsy and/or sleep apnea	In the presence of narcolepsy and sleep apnea, the employee must provide documentation of adequate treatment as confirmed by a sleep study.
Neuromuscular Impairments	The employee must be able to coordinate all four extremities and have no evidence of nystagmus. Amputees should be evaluated on an individual basis to determine if they can safely transport patients.
Stroke	A clinical diagnosis of a cerebral vascular accident is considered a disqualifying condition, as is the presence of transient ischemic attacks in the presence of an underlying disorder that remains active. Completed distant strokes resulting from AV malformations or aneurysms do not automatically disqualify from transporting patients.
Meniere’s Disease	Unstable or active Meniere’s disease is considered a disqualifying condition.
Intra-Atrial conduction delay (IACD)	A clinical diagnosis of IACD is considered a disqualifying condition.]

OCCUPATIONAL HEALTH SERVICES

PART V. RECORDS AND FORMS

CONTENTS

PARAGRAPH	PAGE
1. <u>HEALTH RECORDS</u>	V-1
2. <u>PROCESSING FORMS</u>	V-2

PART V. RECORDS AND FORMS**1. HEALTH RECORDS**

a. As VA moves from a paper to an electronic record-keeping system, the numbered forms below may be replaced by approved equivalent electronic forms.

(1) VA Form 5-3831, Daily Record of Employees' Emergency Treatment, will be maintained in each occupational health unit. Persons who visit the occupational health unit for any type of medical examination or treatment will sign in and out on this form and indicate the reason for the visit. If the nature of the illness is confidential, the reason for the visit may be omitted from VA Form 5-3831.

(2) Generally, VA Form 5-3831a, Occupational Health Record, will be prepared by the Human Resources Management Office for each employee who enters on duty and forwarded to the health unit for maintenance and use. Upon specific approval of the head of the installation, VA Form 5-3831a may be prepared at the time of the employee's first visit to the health unit. The Occupational Health Physician or designee will record the dates and results of all medical examination, tests and vaccinations, as well as a record of all treatments for illnesses and injuries, on this form. Employee files related to confidential matters (mental illness and HIV testing) must be kept in a sealed confidential file.

(3) VA Form 5-3831b, Report of Employee's Emergency Treatment, will be used when in the opinion of the Occupational Healthcare Provider it is necessary to inform a Supervisor concerning an employee's physical condition, or to report regular bed rest.

(4) VA Form 5-3831c, Daily Report of Employees' Injuries, may be used to inform the safety and fire protection officer, the Human Resources Management Officer or OWCP Specialist, of work-caused illness or injury.

b. Employees have a right to review their Employee Medical File/occupational health files in compliance with the Freedom of Information Act (FOIA) and request copies of the file. A copy of the employee's medical file will be provided within the specified time frame in compliance with Negotiated Agreements and the FOIA after receipt of an appropriate signed release of information request by the employee.

c. Maintenance of medical examinations and other miscellaneous medical records will be in accordance with Office of Personnel Management and VA procedures. (See 5 CFR, part 339, and part II of VA Handbook 5025, Legal.) The Human Resources Management Officer is the custodian of the Employee Medical Folder (EMF). To facilitate the practicality of the EMF, records of medical examinations and other miscellaneous medical records will be retained in the Occupational Health Unit when it is under the control of a physician or other Occupational Health Care Provider who is under a physician's supervision. Otherwise, EMFs will be kept in a separate locked area controlled by the Human Resources Management Office.

d. When employees transfer to another agency or separate from the Federal service, their permanent medical records will be transferred in accordance with the provisions of VA Handbook 5025, part II.

The employee's medical folder will be screened to assure that permanent medical records, as prescribed by 5 CFR, part 339 (pre-placement, fitness-for-duty, and disability examinations), are placed in a sealed envelope and included in the personnel folder prior to transfer. Other temporary medical records will be retained and disposed of in accordance with the applicable records control schedule. Employees may, upon written request, have copies of these temporary medical records sent to their gaining agency or personal physician. If an employee moves/transfers to another VA facility, all occupational health medical records will be transferred to the new facility for examination prior to his/her placement by the gaining agency to assure his/her ability to comply with any mandated requirements for the position.

2. PROCESSING FORMS

a. Pre-placement Examinations

(1) SF 88, Report of Medical Examinations, and related forms will be completed in original only by the VA Examining Occupational Healthcare Provider.

(2) Terminal physical examinations of applicants separated from the U.S. Armed Forces within 90 days of appointment are also acceptable. Certified copies or photostats of such examinations may be substituted for SF 88.

(3) A copy of the above reports with supporting application forms and board action will accompany any appointment action that requires that prior approval of Central Office.

b. Annual Physical Examinations

(1) VA Form 5-4688, Report of Medical Examinations, for annual physical examinations will be completed by the VA Examining Healthcare Provider in original only. After final action, it will be filed in accordance with the provisions of part V, paragraph 1 of this handbook.

(2) The procedures for scheduling these examinations is covered in part II, paragraph 3a of this handbook and MP-6, Part V, supplement No. 1.5.

c. Special Physical Examinations. SF 88, Report of Medical Examination, will be completed by the VA Examining Occupational Healthcare Provider. The same distribution of forms will be made for this examination as is made for the annual physical examination.

OCCUPATIONAL HEALTH SERVICES

PART VI. EMPLOYEE ASSISTANCE PROGRAM (EAP)

CONTENTS

PARAGRAPH	PAGE
1. <u>PURPOSE</u>	VI-1
2. <u>POLICY</u>	VI-1
3. <u>RESPONSIBILITIES</u>	VI-2
4. <u>REFERENCES AND AUTHORITIES</u>	VI-5
5. <u>DEFINITIONS</u>	VI-6
6. <u>ALCOHOLISM, DRUG ABUSE, AND BIOPSYCHOSOCIAL PROBLEMS</u>	VI-6
7. <u>COMMUNITY AND OTHER RESOURCES</u>	VI-6
8. <u>RELATIONSHIP TO CORRECTIVE ACTIONS</u>	VI-7
9. <u>TREATMENT COSTS</u>	VI-7
10. <u>EMPLOYEE ASSISTANCE PROGRAM RECORDS</u>	VI-7
11. <u>PROGRAM EVALUATION</u>	VI-8
12. <u>EDUCATION AND TRAINING</u>	VI-9
13. <u>ALTERNATIVES TO IN-HOUSE COUNSELING</u>	VI-10
14. <u>REPORTING REQUIREMENTS</u>	VI-10

PART VI. EMPLOYEE ASSISTANCE PROGRAM (EAP)**1. PURPOSE**

a. This part sets forth Department of Veterans Affairs (VA) human resources policy and uniform instructions for programs authorized by sections 523 and 527 of the Public Health Service Act (42 U.S.C. 290dd-3 and 290ee-3), which is implemented by 42 CFR, part 2, and by 5 U.S.C. 7904, which is implemented by 5 CFR, part 792. As part of the Department's health services program, VA will deal constructively with alcohol and drug abuse problems in the employment setting.

b. A program designed for the appropriate prevention, treatment and rehabilitation of employees with alcohol or drug abuse problems is mandatory. However, a broader Employee Assistance Program (EAP), encompassing biopsychosocial problems which affect employee performance and/or conduct, is more responsive to both employee and management needs than a program related solely to problems related to alcohol or drug abuse.

c. Accordingly, this part, in addition to providing instructions for administering the required alcohol and drug abuse program, provides guidance to assist in establishing and managing the recommended broader Employee Assistance Program.

2. POLICY. It is the policy of VA:

a. To recognize alcoholism and drug abuse as treatable health problems.

b. To afford reasonable accommodation, as appropriate, to employees suffering from the disabling conditions of alcohol or other drug abuse by an offer of rehabilitative assistance. EAP services may be made available to immediate family members as needed in assisting the employee.

c. To limit its concern with employees' personal problems only to the extent that they may affect job performance, the efficiency of the service, or be related to activity contrary to law as stated in subparagraph 2h below.

d. To assure that no employee will have job security or promotion opportunities jeopardized by a request for counseling or referral assistance, except as limited by title II, section 210(c)(2) of Public Law 91-616 relating to sensitive positions or section 413(c)(2) of Public Law 92-255 relating to sensitive positions.

e. To guarantee that the confidential nature of medical records of employees with alcohol and/or drug abuse problems will be protected in accordance with sections 523 and 527 of the Public Health Services Act, 42 U.S.C. 290dd-3 and 290ee-3, which is implemented by 42 CFR, part 2. The counseling records of employees' biopsychosocial problems will be protected in the same manner to ensure confidentiality and will be maintained and disposed of in accordance with applicable VA records control schedules and the General Records Schedule 1.

f. To grant up to 1 hour (or more as necessitated by travel time or unusual circumstances) of excused absence for each counseling session, up to a maximum of 8 total hours, during the assessment/referral phase of rehabilitation. Absences during duty hours for rehabilitation or treatment must be charged to the appropriate leave category in accordance with law and leave regulations, 5 CFR, part 630, and VA Directive and Handbook 5011, Hours of Duty and Leave.

g. To fulfill the labor relations obligations involved in the implementation and revision of local programs to assist employees with alcoholism, drug abuse, biopsychosocial problems.

h. To assure that the Department does not condone employee drug activity, which is contrary to law. When management has good reason to believe criminal conduct is directed toward or is potentially harmful to the person or property of others, management's first obligation is to those persons or properties, and then to the employee(s) involved.

i. To encourage employees who suspect they may have an alcoholism, drug abuse, or biopsychosocial problem, even in the early stage, to voluntarily seek counseling and information on a confidential basis by contacting the individual(s) designated to provide such services.

3. RESPONSIBILITIES

a. The Deputy Assistant Secretary for Human Resources Management [and Labor Relations], or designee, as the EAP Administrator shall:

(1) Assume the lead role in the development, implementation, and evaluation of the Department EAP;

(2) Assist EAP coordinators in establishing field facility EAPs; and

(3) Advise field facilities on the submission of annual statistical reports, and prepare consolidated reports on Department EAP activity.

b. Administration Heads, Assistant Secretaries, Deputy Assistant Secretaries, and Other Key Officials will be responsible for administering and assuring the implementation of the provisions of this program for employees under their respective jurisdictions. At a minimum, it is required to establish a program covering alcohol and drug abuse. Offices are encouraged to offer a broader, expanded program.

c. Program coordinators will be designated by facility directors and will be responsible for coordinating local operations of the program. In Central Office a Program Coordinator, who will be designated by the Deputy Assistant Secretary for Human Resources Management [and Labor Relations] will serve in a similar capacity. Responsibilities will include assisting in the implementation of the program, arranging for supervisory training, developing and maintaining counseling capability, and establishing liaison with community resources. They also will track EAP activities for any reporting requirement, which may be established. Program coordinators also may serve as counselors. Counselors will not use information gained from counseling sessions to advise management officials as to any actions to take against an employee. Coordinators who provide EAP services to other facilities will ensure that employees receive information on the program.

d. Supervisors are responsible for recognizing when employees become deficient in job performance and/or conduct. Supervisors have the additional responsibility for bringing such matters to the attention of employees, and for providing them with opportunities to correct their problems, regardless of their origin. Generally, early intervention will be most helpful in returning employees to productivity, and may even be a life-saving measure. Therefore, supervisors should:

(1) Be observant of work and/or behavior changes of assigned employees and ultimately refer the employee for counseling if the case appears to involve the abuse of alcohol or drugs, or other personal problems which may be impacting negatively on performance, attendance or other job-related factors.

(2) Document specific instances of unacceptable work performance, behavior, or attendance.

(3) Advise medical and/or counseling staff of the employee's problem by describing behavior without attempting to diagnose or draw conclusions, which is a medical and/or counseling responsibility.

(4) Interview the employee by focusing on poor work performance and/or conduct and providing information about Employee Assistance Program services if such performance is caused by a personal or health problem.

(5) In those cases where the employee refuses help and performance or conduct continues to be unsatisfactory, a firm choice (although no longer a requirement) may be provided between accepting Department assistance through counseling or professional diagnosis of the problem, and cooperation in treatment if indicated, or accepting consequences provided for unsatisfactory performance and/or conduct.

(6) Refrain from discussing the possibility of a drug or alcohol problem with an employee, except:

(a) **When an Employee Does Not Appear to be in Full Control of Faculties.** The supervisor should inquire about the employee's physical condition, relay information on the case to the medical staff, and refer the employee to the appropriate medical service for diagnosis and emergency treatment, and ultimately refer the employee to the Employee Assistance Program.

(b) **When an Employee is Apparently Involved in Illegal Activities Related to Drugs.** Sections 523 and 527 of the Public Health Service Act do not charge agencies or their personnel with responsibility for seeking out information on illegal employee activity for the purpose of reporting it to law enforcement authorities. Supervisors should be careful not to elicit or entertain from the employee any specificity or detail about the nature of any illegal activity or conduct involved. However, when management has good reason to believe an employee is involved in criminal conduct directed toward or potentially harmful to the person or property of others - such as selling drugs or stealing to support a drug habit-supervisors have an obligation first to those persons or properties, and then to the employee. They may therefore first report the facts known to law enforcement authorities; these reports should be made through a management level at which the exercise of discretion is normally expected, and through which reports of other types of criminal activity are generally made.

e. When the EAP is an in-house program, EAP counseling staff will be designated by facility directors and will be responsible for advising supervisors and employees of the intent and procedures of this policy. In Central Office counseling staff will be identified by Administration Heads, Assistant Secretaries, Other Key Officials and Deputy Assistant Secretaries and recommendations forwarded, as requested, to the Deputy Assistant Secretary for Human Resources Management [and Labor Relations]. To the maximum extent possible, individuals who perform clinical rather than administrative duties should be designated for collateral duties as a counselor such as social workers and psychologists. See paragraph 13 for alternative methods of providing counseling services. Counselors will keep abreast of policy changes, periodically update counseling skills, and continually collaborate with the coordinator to identify appropriate community education, treatment and rehabilitation resources. Counselors will also assist the coordinator and other responsible program officials in the preparation and presentation of program related training.

(1) Counselors have the following primary responsibilities when consulted by a supervisor:

(a) Assist the supervisor in developing an approach within the framework of the program, and if necessary, coordinate this approach with other counselors; and

(b) Maintain confidentiality regarding the employee's problem and any resultant diagnosis.

(2) When consulted by an employee, whether voluntarily or by management referral, counselors should:

(a) Thoroughly advise the employee of the intent, procedures, and confidentiality of the program. No counselor is bound to accept as a client an individual who persists in illegal activities. Therefore, if information is disclosed on planned illegal activity against others, or specificity and detail of past illegal activities, the counselor should consult the Regional Counsel (Office of General Counsel designee for Central Office) regarding appropriate steps. The counselor, as appropriate, should advise the employee that continued disclosure will result in termination of counseling services.

(b) Where an employee has a conduct or performance problem, recommend that the employee sign a written consent to disclose to the supervisor information that the employee is seeking assistance. The form must be signed voluntarily. Inform the employee that without the release of information to the supervisor, the supervisor may initiate or proceed with an adverse action when an opportunity for rehabilitation may be more appropriate. The only information that may be disclosed to the supervisor is that which is specifically authorized by the employee.

(c) Restrict counseling services to matters relating to problem identification, referral for treatment rehabilitation, or other assistance to an appropriate community or other professional resource, and follow-up to aid an employee in achieving an effective readjustment to his or her job during and after treatment. Such counseling services should be short-term since treatment and rehabilitation at government expense generally is prohibited. However, employees who are veterans may be entitled to treatment under applicable laws and regulations.

(3) The counselor will maintain the same confidential role when dealing with cases where management has taken actions to correct an observable performance or conduct problem.

f. When there is an Employee Occupational Health Services Unit available, in addition to providing emergency care treatment, the Employee Health Unit will be responsible for providing medical consultation to coordinators, counselors, supervisors, and employees concerning employee health problems. This consultation will be most helpful in offering effective guidance to employees if Occupational Health Care Provider(s) are fully informed of program policies and the responsibilities and capabilities of the counseling staff.

g. Counselors and other VA employees who are not named as EAP counselors must comply with the following if employees ask for assistance in a matter which is appropriately addressed by the EAP:

(1) Supervisors are required to immediately refer the employee to designated personnel for counseling in this program.

(2) Counselors are to adhere to the confidentiality requirements of this policy which includes protection of the employee's identity and;

(3) Counselors may release drug-related information about any employee only upon written consent, and only in accordance with legal and regulatory provisions.

4. REFERENCES AND AUTHORITIES

- a. Title 5 U.S.C., chapter 73, subchapter VI.
- b. Title 5 U.S.C., chapter 79.
- c. 5 CFR, part 792.
- d. OPM Operating Manuals 792-1 and 792-2.
- e. MP-1, Part II, Chapter 21.
- f. Title 21 U.S.C. 1101.
- g. Title 42 U.S.C., 290dd-3 and 290ee-3.
- h. 42 CFR, part 2.
- i. 29 CFR 1614.203.
- j. VA Handbook 5025, Legal, part II.

5. DEFINITIONS. The following definitions serve to place alcoholism, drug abuse, and

biopsychosocial problems in perspective:

a. **Alcoholism.** For the purpose of this policy, alcoholism is defined as a health problem in which the employee's job performance and/or conduct are impaired as a direct consequence of the abusive use of alcohol.

b. **Problem Drinker.** To management, a problem drinker is any employee whose use of alcohol frequently affects his or her work adversely.

c. **Drug Abuse.** A health problem characterized by the use of a drug in a manner or to a degree which interferes with the individual's health, interpersonal relations, economic functioning or standing in the community. For the purpose of this policy, drug abuse is defined as a health problem in which the employee's job performance and/or conduct are impaired as a direct consequence of the use of drugs.

d. **Biopsychosocial.** A term encompassing an individual's physical, mental, and social status. For the purpose of this policy, biopsychosocial may include physical, emotional, financial, marital, family, legal or vocational problems that are adversely affecting the employee's job performance and/or conduct.

6. ALCOHOLISM, DRUG ABUSE, AND BIOPSYCHOSOCIAL PROBLEMS

a. Alcoholism, as a national health problem, costs the Nation billions of dollars annually, and adversely affects the socioeconomic framework of our daily lives. It is important to VA because of our concern for employees and their families as human beings and because of the resultant costs of absenteeism, accidents and reduced work efficiency.

b. Drug abuse is prevalent in the United States and afflicts all areas of the Nation. Drug abuse seriously impairs individual, family and community health and well being. The success of Federal drug abuse programs and activities require recognition that education, treatment, rehabilitation, research, training and law enforcement efforts are interrelated.

c. It is recognized that stressful biopsychosocial problems such as physical, personal, emotional, financial, marital, familial, legal and job problems may negatively affect the job performance and conduct of an employee. It is also recognized that family members suffering from any or a combination of the above problems can adversely affect an employee's performance and conduct. These conditions may well impact on the employee's work effectiveness and social interaction in the same manner as an alcohol or drug related problem. A review of 5 CFR 792.101 should be assessed for considering the inclusion of family members, when appropriate, in the umbrella coverage of an employee assistance program.

7. COMMUNITY AND OTHER RESOURCES. A key element in an effective Employee Assistance Program is the full availability of, and liaison with community resources. It is essential for Coordinators or Counselors to identify and establish working relationships with community resources that deal with education, treatment, and rehabilitation. Such organizations typically include mental health centers, medical clinics, family service centers, financial management counselors, housing, legal aid, vocational training, education facilities, self-help groups, and numerous local organizations that deal with alcohol

and drug treatment and rehabilitation. Program coordinators and counselors will maintain current information on available community resources. They also should utilize the technical assistance and advice of other VA medical and professional employees to the extent feasible.

8. RELATIONSHIP TO CORRECTIVE ACTIONS

a. The Employee Assistance Program is not intended to shield the employee from a corrective action. Instead, the purpose of the EAP is to assist employees in identifying personal problems that may adversely affect job performance or conduct and to refer employees to appropriate treatment facilities. A successful program assists the employee in overcoming a personal problem so that performance and/or conduct improves and corrective action, such as disciplinary, adverse or other performance-based actions, becomes unnecessary.

b. Depending on the circumstances, it may be appropriate to offer assistance to an employee to help correct the performance and/or conduct problem as an alternative to the corrective action or at the same time the action is initiated. A corrective action may be warranted where there is an overt act of serious misconduct as a result of problem drinking, drug abuse or an emotional problem. Alcohol and drug abuses constitute handicapping conditions under the Rehabilitation Act of 1973; therefore, reasonable accommodation will be considered before effecting a disciplinary or adverse action. However, use of illegal drugs will exclude employees from coverage under the Rehabilitation Act. An employee's claim of substance abuse, or other problems discussed in this appendix in some situations may prevent management officials from taking corrective actions. Both judicial and administrative appellate tribunals have imposed certain restrictions on management that must be considered when such actions are contemplated. Because case law in the area of reasonable accommodation is evolving, management officials contemplating taking corrective actions with these circumstances should deal closely with their local Human Resources Management Office.

c. Information obtained through the program may be disclosed or used only as permitted by law and regulation and may not otherwise be disclosed or used in any administrative proceeding. Thus, information obtained through an unauthorized disclosure cannot be used to support a disciplinary action.

9. TREATMENT COSTS. As with other illnesses, an employee is responsible for the costs of treatment and rehabilitation for alcohol and drug related or emotional behavior problems. In many instances, an employee's Federal Employees' Health Benefits Plan will cover costs in full or in part. Coordinators and counselors must know the costs for the various services and rehabilitation programs, the coverage for plans under the Federal Employees' Health Benefits Plan, and the employee's ability to pay for the health benefits plan and/or treatment and rehabilitation costs. Employees who are veterans may be entitled to treatment under applicable laws and regulations. This information is important in the development of referral options for treatment and rehabilitation programs.

10. EMPLOYEE ASSISTANCE PROGRAM RECORDS

a. **Confidentiality.** All records maintained in connection with the performance of employee counseling services are subject to the confidentiality regulations in sections 523 and 527 of the Public Health Service Act. In addition, persons responsible for counseling and records maintenance functions are subject to these provisions and the stated penalties for violations.

b. **Records Maintenance.** Employee Assistance Program records are maintained under the authority of 5 U.S.C. 7361, 7362, 7901, and 7904, 42 U.S.C. 290dd-3 and 290ee-3. The records are covered by the Privacy Act of 1974, 5 U.S.C. 552a, and the VA system of records titled "VA Employee Counseling Service Program Records - VA" (68VA05). Included in the notice for that system of records are policies and practices for storing, retrieving, accessing, retaining, and disposing of records. The Employee Assistance Program records are subject to the following requirements:

(1) Records shall be maintained on any VA employee who has been counseled for abuse of alcohol or drugs or personal or emotional health problems.

(2) The records are of employee visits to an Employee Assistance Program Counselor, and should reflect whether initial contact was through self-referral or supervisory referral.

(3) The records are used to document the nature of the employee's problem, progress, and when necessary, referral of the employee to community or private resources for treatment or rehabilitation.

(4) Records are to be maintained in file folders by employee name, in locked file cabinets, with access limited to the Employee Assistance Counselor or Coordinator, as appropriate.

(5) Except as applied to disciplinary or separation actions, personnel folders shall not include information concerning employee alcohol or drug abuse problems, nor should the Employee Medical Folder (EMF) contain this information.

11. PROGRAM EVALUATION

a. **Policy Statement.** A clear concise policy statement issued by top management is a vital step in implementing a successful program.

b. **Program Coordinator.** A person should be designated with sufficient authority and official time to effectively implement policies and programs. The coordinator should identify counseling needs and insure that personnel with appropriate skills are designated to serve as counselors.

c. **Training and Education.** A key to program success is the development of supervisory skills in documenting deteriorating work performance and/or conduct. Also, when appropriate, counselors and medical personnel should be offered the opportunity to receive specialized training in the alcoholism and drug abuse field. Counseling staff should be informed of program requirements and procedures at time of selection and periodically thereafter.

d. **Policy Visibility.** To be most effective, policy statements, including identification of counseling staff, should be announced to all managers and supervisors, union officials, and employees. In addition, program availability and goals and objectives should be periodically reviewed and reaffirmed.

e. **Community Resources.** Coordinators and Counselors should establish and maintain contact with community resources, and maintain comprehensive listings of resources, which deal with information, education, treatment, and rehabilitation of alcohol, drug abuse, and emotional and behavioral problems.

f. **Program Interrelationships.** Examining the interrelationships between the Employee Assistance Program and other Human Resources Management functions presents a means for determining management's effectiveness in dealing and affording fair and appropriate treatment with employees.

g. **Confidentiality.** Employee participation in large, depends on trust, which must be fostered through safeguarding personal information and adhering to legal and regulatory confidentiality requirements.

h. **Records Management.** Counseling staff must maintain adequate records to meet statistical reporting requirements. Disclosure of EAP records must comply with 42 U.S.C. 290dd-3 and 290ee-3 and the Privacy Act of 1974. (Also see parts II and III of VA Handbook 5025.)

12. EDUCATION AND TRAINING

a. In order to ensure implementation and administration of an effective program, a continuing, multifaceted training effort should be planned and carried out. The focal point of this effort must be a policy statement which clearly and concisely sets forth program responsibilities, counseling availability, and top management support.

b. At a minimum, training efforts must identify and deal with the varied participation and responsibilities of these key groups:

(1) Top management support for program goals must be fostered through familiarization with legal and regulatory requirements.

(2) Supervisors must be equipped to carry out their critical program roles of identifying work performance and/or conduct deficiencies. Referrals to the EAP should be made when employees' personal problems may be contributing to the deficiencies. Supervisory training should also stress the necessity to maintain confidentiality, to cooperate with counseling personnel and to refrain from attempting to medically diagnose or discuss an employee's problem. While basic training programs for a new supervisor should include these elements, all supervisors should be periodically provided training designed to meet the above requirements.

(3) Coordinators' awareness of program requirements and revisions should be frequently updated in order to ensure effective program management.

(4) Counselors' skills should be continuously upgraded through training opportunities designed for their specific program functions. Training, in addition to dealing with diagnostic, counseling and referral capabilities should provide Counselors with legal and regulatory information required to maintain program records and confidentiality.

(5) Employees should be familiarized with program goals and availability at the time of initial employment. In addition, periodic programs, which are designed to publicize this policy, including the voluntary referral mechanism, should be accomplished at all employment locations.

(6) To assure the cooperation and support of labor organizations, and to maintain open lines of communication with union leaders, union representatives will be included in briefing sessions and other training and orientation programs that will provide a mutual understanding of policy, referral procedure, and other elements of the EAP program.

13. ALTERNATIVES TO IN-HOUSE COUNSELING. OMB Circular A-120 established the policy and guidelines that VA follows in determining the appropriate use of consulting services, which include EAP counseling services. In accordance with title 5 U.S.C. 7361, it is the policy of VA to utilize the talents and resourcefulness of its own personnel to provide EAP services and to rely upon advisory and assistance service contracts only when in-house capabilities do not exist or when such services are not readily available at a nearby VA facility.

14. REPORTING REQUIREMENTS. It is strongly recommended that facilities track EAP activities for any reporting requirements which may be established.