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APPENDIX

A. Employee Assistance Program	App. A-1
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HEALTH SERVICES

1. SCOPE

This chapter contains a statement of program objectives and scope; provisions for pre-employment 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 chapter apply to all employees of the VA, including employees of the Veterans Canteen Service appointed under 38 U.S.C. ch. 75.

2. REFERENCES

- a. Section 7901 of Title 5, United States Code authorizes health services in the Federal Service.
- b. Executive Order 421, dated February 28, 1905, provides for the ordering of employees, when necessary, tests for pulmonary tuberculosis.
- c. VHA Supplement to MP-5, part II, chapter 10 establishes examination requirements for physicians, dentists and nurses in the Veterans Health Administration and the instructions for making those examinations.
- d. M-2, part XI, chapter 2, contains instructions for conducting physical examinations of and laboratory tests for employees subject to radiation exposure (X-ray, isotopes, etc.).
- e. M-2, part IV includes instructions for conducting the tuberculosis case-finding and tuberculin-testing program for employees.
- f. A White House press release of June 21, 1965 published the "Statement by the President to the Cabinet on New Guidelines for Federal Health Service Programs."
- g. Bureau of the Budget Circular A-72, dated June 18, 1965, is on the subject of "Federal Employees Occupational Health Service Programs."
- h. Bureau of the Budget Circular A-68, dated August 28, 1964, is on the subject of "Establishment of central supporting service facilities in headquarters and field office locations."
- i. Chapter 81 of Title 5, United States Code, authorizes treatment for work injuries and disease. It is implemented by the Department of Labor regulations and regulations of the Employees' Compensation Appeals Board.

3. Policy

- a. It is the policy of the VA to provide a health services program for all VA employees consistent with the purpose and scope contained in paragraph 4. 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 VA employees working in one location and there are no existing health services, arrangements shall be made to establish a VA health unit unless satisfactory health services can be furnished by participation in a nearby health unit which is serving other Federal employees.

c. Establishment of individual health units will be limited to locations where there are 300 or more Federal employees working in the same locality, building, or adjacent buildings, but this will not affect units already functioning. Where it is determined that health services are necessary due to working conditions involving health risks for fewer than 300 employees in the same locality, such services shall be provided by contract with private or public sources or by establishment of a health service unit, whichever is deemed to be more feasible. The VA will cooperate with other Federal agencies by providing or participating in health unit services on a reimbursement basis for employees of more than one agency in a locality.

d. An employee will be expected to notify his supervisor of his intention to seek medical treatment in a health unit. When this is not feasible, the employee may report directly to the 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 will render every practicable assistance.

e. The confidential nature of medical conditions shall be recognized and respected.

4. PURPOSE AND SCOPE OF THE HEALTH SERVICES PROGRAM

a. Occupational health services will be limited to:

(1) Emergency diagnosis and first treatment of injury or illness that become necessary during working hours and that are within the competency of the professional staff and facilities of the health service unit, whether or not such injury was sustained by the employee while in the performance of duty or whether or not such illness was caused by his employment. In cases where the necessary emergency treatment is outside the competency of the health service staff and facilities, conveyance of the employee to a nearby physician or suitable community medical facility may be provided at the request of, or on behalf of, the employee.

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

(3) Such in-service examinations of employees as authorized herein.

(4) Administration, in the discretion of the responsible health service unit physician, of treatments and medications (a) furnished by the employee and prescribed in writing by his 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 59 U.S.C.

(5) Preventive services within the competence of the staff: (a) to appraise and report work environment health hazards to management as an aid in preventing and controlling health risks; (b) to provide health education to encourage employees to maintain personal health; and (c) to provide specific disease screening examinations and immunizations, as authorized herein or

determined by the head of the station to be necessary.

(6) Referral, upon their request, of employees to private physicians, dentists, and other community health resources.

b. The VA will:

(1) Provide examinations for employees subject to radiation exposure (see par. 2d above), and for pulmonary tuberculosis (see par. 2e above), and for other communicable diseases.

(2) Cooperate with local public health agencies, physicians and programs in providing measures which protect against diseases of public health significance.

(3) Share its facilities, on a reimbursement basis, with other Federal agencies and departments in providing health services to Federal employees.

(4) Participate, where practicable, on a reimbursement basis in central health services furnished by another agency to employees of more than one agency under the provisions of Bureau of the Budget Circular A-68, dated August 28, 1964.

(5) When the VA contracts to operate a central health unit to serve employees of other agencies or when it participates in such a unit operated by another agency, scope of the health maintenance examinations provided in the unit for VA employees will be the same as for employees of the other participating agencies. However, the criteria for selecting VA employees to participate in the examinations will be the same as those for such examinations provided in a regular VA health unit. When the scope of the health maintenance examinations provided VA employees in a central health unit is below the VA criteria for such examinations, the station head will arrange for further examination as necessary.

(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.

5. PROGRAM RESPONSIBILITY

a. The head of the facility has the overall responsibility for the health services program. This responsibility is divided into two segments—medical and administrative. The dual nature of the program requires a coordinated effort between the Human Resources Management office and the VA medical staff or any other medical staff which may provide health services for VA employees. Health services will be provided under the direction of a licensed physician, and registered professional nurses will provide nursing services.

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

(1) For Each Installation Having a Medical Facility. Assign a qualified physician to act as employee health physician. The employee health physician will be in charge of the health unit

and responsible for providing 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 employee 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 employee 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 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 department head deems necessary. At these stations the Human Resources Management Officer will be responsible to management for administrative supervision of the pro-gram to see that health services are being provided according to the terms agreed upon.

(4) At Installations Where a Nurse is on Duty in a Health Unit. Arrange for the nurse to render service for minor illnesses and injuries that do not require the services of a physician and to give appropriate assistance in serious illness or injury until a physician or ambulance arrives.

(5) For all Installations. Arrange for the Human Resources Management Officer to render advice and assistance on the administrative aspects of the program and to work closely with the employee health physician. The Human Resources Management Officer will:

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

(b) Give due consideration to findings and recommendations of the examining physician before approving or recommending approval of any given employment action, as provided in the Federal Personnel Manual and other chapters of this manual.

(c) Review procedures for scheduling recurring examinations with the employee health physician to determine periodically that examinations are being scheduled as required by VA directives. When necessary assist the employee health physician 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 employee health physician or the head of the installation.

(e) Assist the employee health physician in the employee health improvement 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 stations where there is no designated employee health physician.

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

(g) Recommend health services funding requirements where necessary.

(h) Collaborate with the employee health physician where necessary in obtaining required equipment and medical supplies.

(i) See that the employee health physician is provided a copy of: this chapter of the manual; FPM chapters 339 and 930, appendix A; FPM Supp. 339-31; VA Directive 810; MP-5, part II, chapter 10 and supplement; and all changes to these publications.

6. COOPERATION WITH PUBLIC HEALTH AGENCIES

VA installations will cooperate with local, county and State 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 the VA will assist in maintaining a high level of protection against epidemics of smallpox, typhoid, diphtheria, poliomyelitis and influenza as a minimum. This will include the use of VA space, equipment, personnel, and the use and administration of vaccines, protective or prophylactic drugs and agents without charge. This is in the interest of protecting VA beneficiaries against epidemics of these diseases.

7. TREATMENT

a. Nature and Extent of Outpatient Treatment

(1) Routine. When an employee suffers a minor illness or injury, which interferes with his ability to perform his duties, treatment will consist of appropriate measures which will relieve his discomfort and enable him to remain at work. If the installation has dental facilities, treatment maybe given for minor dental conditions. These treatments are not intended to provide definitive medical or dental care. The employee will be referred to his or her private physician or dentist for any needed definitive care.

(2) Special. When an employee suffers serious illness or injury. A physician or ambulance will be called. Needed first aid will be rendered while waiting arrival of professional assistance or suitable transportation to an appropriate hospital, clinic, or physician's office as indicated.

(3) Work-Caused Illness or Injury. 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 Bureau of Employees' Compensation and the VA.

(4) Veterans. An employee who is an entitled veteran may be furnished outpatient treatment for a disease or injury incurred or aggravated in the armed services as provided in VA medical regulations and procedures.

(5) Treatments or Medications at Request of Private Physician. An employee may be given treatments or medications for illnesses or conditions for which he is under the care of a private physician. The treatments must be prescribed in writing by his personal physician as being reasonably necessary to maintain the employee at work and the employee must furnish the medications. The employee health physician must approve administration of the treatments. A nurse, or when necessary a physician, and the needed equipment and facilities must be available. Except in very unusual circumstances, injections will be limited to subcutaneous or intramuscular procedures.

b. 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 (normally 1 hour) 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 employee health physician or receipt of an acceptable medical request from the employee's private physician.

c. Hospitalization of Employees. If the station has hospital facilities, an employee may be hospitalized under the following conditions:

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

(2) As a beneficiary of the 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 therefor. The billing for these charges shall be explained to the employee or his 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 the VA for such emergency hospitalization unless the *carrier* determines that the employee's condition required emergency hospitalization in a VA medical center.)

d. Charges for Treatment and Hospitalization

(1) Work-Caused Illness or Injury. See VA Directive 810 on Injury Compensation 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.

8. HEALTH IMPROVEMENT

a. Health improvement is encouraged among employees 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; by participation in local civic health programs.

b. Depending upon the facilities available, employees may also be permitted to visit the health unit to obtain counsel in personal health problems.

9. PURPOSE OF MEDICAL EXAMINATIONS

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

- (1) Initial and subsequent official VA personnel transactions.
- (2) Assisting employees in maintaining and improving their health.
- (3) Safeguarding the health and safety of others.
- (4) Detecting any unhealthful working conditions.
- (5) Detecting diseases in their incipiency and referring the employee to a private physician for treatment.
- (6) Determining, after a period of illness, whether the employee is able to resume regular duties without impairing his or her own health or the health of others.
- (7) Determining the employee's physical fitness for continued employment.

b. Employee health examinations must not interfere with the care and treatment of VA beneficiaries. Employee health examinations must be scheduled accordingly. Pre-employment examinations, recurring examinations to identify communicable diseases, and treatment of minor injuries or illnesses to keep the employee on duty, must be given due priority in the interest of VA beneficiaries.

10. PLACE OF EXAMINATIONS

Salaried VA personnel using VA equipment will normally make examinations. If such personnel and equipment are not available at the station and the examination of employees is required, the station 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 station.

11. TRAVEL FOR MEDICAL EXAMINATIONS

When travel of an employee is required for 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 usually 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 station head, VISN Director, Regional Director, Area Office Director, or administration or staff office head may approve such travel at Government expense.

12. MEDICAL ACTION ON REPORTS OF EXAMINATIONS

The employee health physician will review reports of examinations, X-rays, and other laboratory tests. He or she will be responsible for the medical action or recommendations and any follow-up required in the proper medical disposition of all cases. When the duties of the employee health physician and the tuberculosis control officer are assigned to separate physicians, these officials will maintain close liaison in regard to their respective activities in employees health and tuberculosis control. Where there is no designated employee health physician, the Human Resources Management Officer will be responsible for arranging for 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.

13. ANNUAL EXAMINATIONS FOR PHYSICIANS, DENTISTS AND NURSES

Annual examinations are conducted for full-time physicians, dentists and nurses appointed under title 38, United States Code as provided in VHA Supplement to part II, chapter 10, of this manual. These employees are therefore not included in the Employee Health Maintenance Program provided in paragraph 14 below.

14. EMPLOYEE HEALTH MAINTENANCE PROGRAM

a. **Extent of Program.** Excluding physicians, dentists, and nurses in the Veterans Health Administration, the VA provides biennial medical examinations 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 retains prior approval authority.
- (3) Field positions for which the administration head retains prior approval authority when approved by the department head for all such positions in the department.

b. **Purpose of the Examinations.** The examinations are held to enable employees who do not have regular physical examination to find out whether they have any disorders or suspicious symptoms which should be brought to the attention of their private physician.

c. **Benefits.** While the program benefits employees, its greatest advantages accrue to management by maintaining personnel at their productive best.

d. **Scope of Examinations.** Scope of the examination shall be as described in VHA Supplement to MP-5, part II, chapter 10 for the annual examinations for physicians, dentists, and nurses.

e. **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 fellow employees and others. *When such conditions are discovered, management will be informed.* The report of the examination will be filed in the examining unit or health unit. The findings shall be discussed with the employee by the examining physician (or by the employee health physician as appropriate) or with the employee's physician [with the written consent of the employee.] If conditions requiring treatment are detected, the examining physician (or the employee health physician as appropriate) shall recommend treatment at the employee's expense. At the request and on written authorization of the employee, the examining physician (or the employee health physician as appropriate) shall send a copy of the examination report, a summary of findings, or any pertinent information from the report to the employee's personal physician.

f. **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 (par. 14) will be in accordance with procedures established by the VA Controller.

15. 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 employee health physician to risk exposure to contracting tuberculosis in the course of their assigned duties.

(1) Covered employees shall have a pre-employment tuberculin test or one prior to assignment to duties where they may be exposed to tuberculosis. Employees manifesting positive tuberculin reactions shall have chest X-ray and sputum examination to rule out active infectious tuberculosis.

(2) However, if an employee is known to have had infectious tuberculosis in an active disease phase prior to entry on duty with the VA, no tuberculin testing will be carried out; instead, a chest X-ray on an annual or more frequent basis, as determined by the employee health physician, shall be mandatory.

(3) The employee health physician shall review all available records and X-rays if an employee is known to have active infectious tuberculosis prior to entry on duty with the VA, and shall ensure that the employee is on appropriate chemotherapy if needed.

b. **Exposure to Tuberculosis.** Employees who have been meaningfully exposed to the risk of contracting tuberculosis shall undergo tuberculin testing at their request or that of the employee health physician.

(1) Any of these employees whose tuberculin reaction converts from negative to positive shall have a chest X-ray at the time of discovery of the conversion, and as frequently thereafter the employee health physician shall deem as necessary.

(2) Such an employee shall be offered appropriate chemoprophylactic therapy for up to 1 year. At the discretion of the employee health physician, chest X-rays may be repeated on the completion of the course of chemoprophylaxis.

(3) Employees who decline chemoprophylaxis shall undergo a chest X-ray examination every 3 months for 1 year and every 6 months for the next 2 years.

(4) If the employee health physician 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 duty. The employee health physician 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 recommended 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 employees medical records for the duration of VA employment.]

e. **Medical Disposition.** If any reactivations or new cases of pulmonary 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.

16. OTHER EXAMINATIONS, TESTS, AND VACCINATIONS

The health measures are authorized to determine on a regular basis: eligibility for continued employment, to detect and control illness from radiation or any other employment condition, or to control communicable diseases other than tuberculosis for the purpose of preventing possible spread of disease to patients and employees. The categories of employees involved, the examinations, tests, and vaccinations to be given and their minimum frequency are contained in figure 2. Food handlers, barbers, beauticians and employees exposed to radiation 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 and domiciliaries whose duties involve the handling, storage, preparation, cooking, and serving of foods. The term food handler includes the following persons:

a. Nursing assistants.

b. Persons engaged in dairy activities and those handling milk, cream, butter, and other foods in broken packages.

- c. Nurses (except those assigned to duties not involving direct service to patients).
- d. Dietitians, cooks, bakers, and meat cutters.
- e. Food service workers.
- f. Employees of the Veterans Canteen Service engaged in the handling, storage, preparation, cooking, or serving of foods.
- g. Patients assigned to dietetic activities as an incentive or occupational therapy project.

17. HEALTH PROGRAMS RECORDS

a. VA Form 5-3831, Daily Record of Employees' Emergency Treatment, will be maintained in each health unit. Persons who visit the 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.

b. Generally, VA Form 5-3831a, Employee 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 employee 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.

c. VA Form 5-3831b, Report of Employee's Emergency Treatment, will be used when in the opinion of the employee health physician it is necessary to inform a supervisor concerning an employee's physical condition, or to report regular bed rest.

d. VA Form S-3831c, Daily Report of Employees' Injuries, will be used to inform the safety and fire protection officer and the Human Resources Management Officer of work-caused illness or injury.

e. Only the initial and separation copies of the results of the employee's recurring tests and vaccinations will be filed except when the employee health physician determines there has been a significant change in the employee's condition since the last examination or test. In such cases the copy of the form reflecting the change will be retained.

f. 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 MP-5, Pt. I, ch. 293)

g. When an employee transfers to another agency or separates from the Federal service, his or her permanent medical records will be transferred in accordance with the provisions of MP-S, part I, chapter 293, paragraph 6g. The employee's medical records will be screened to assure that permanent medical records, as prescribed by 5 CFR Part 339 (pre-employment, fitness-for-duty, and disability examinations), are placed in a sealed envelope and included in the official personnel folder prior to transfer. Other temporary medical records will be retained and disposed of in accordance with the applicable records control schedule. An employee may, upon written

request, have copies of these temporary medical records sent to his or her gaining agency or personal physician. If an employee moves to another VA station, all medical records will be transferred to the new facility

Type of Examination	For Whom	Requirements
Tuberculin Test	<ol style="list-style-type: none"> <li data-bbox="467 275 987 422">1. Full- and part-time employees, Volunteers, trainees, Central Office Employees assigned to field facilities Who are not known to be positive Reactors. <li data-bbox="467 449 987 512">2. Employees meaningfully exposed to tuberculosis. 	<p data-bbox="1084 275 1495 401">Preemployment or prior to assignment to duties where they may be exposed to tuberculosis. Prior to separation if possible.</p> <p data-bbox="1084 449 1495 512">See paragraph 15b of this chapter.</p>
Chest X-ray	<ol style="list-style-type: none"> <li data-bbox="467 583 1003 695">1. Employees known to have had infectious tuberculosis in an active disease phase prior to entry on duty with the VA.* <li data-bbox="467 743 1003 873">2. New employees with a history of positive tuberculin reactions, or whose tuberculin reactions are discovered to be positive on pre-employment examination.* <li data-bbox="467 900 1003 957">3. Employees whose tuberculin reaction converts from negative to positive. 	<ol style="list-style-type: none"> <li data-bbox="1084 583 1495 695">1. Mandatory annual or more frequent X-rays as determined by the employee health physician. <li data-bbox="1084 764 1495 873">2. Pre-employment X-rays with subsequent X-rays as determined by the employee health physician <li data-bbox="1084 900 1495 957">3. Chest X-ray at time of discovery of conversion. <p data-bbox="1130 989 1495 1056">See paragraph 15b of this chapter.</p>

**X-ray will not be required for persons who have been X-rayed by a VA or outside radiologist within 6 months provided the X-rays or an interpretation acceptable to the employee health physician are furnished by the employee.*

Figure 1. Examinations and Tests Relating to Tuberculosis

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 employee health physician 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	Preemployment 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 10.06 of VHA Supplement , MP-5, part II, chapter 10.
	Employees covered by the Health Maintenance Program	Biennially
	Appointees and other employees	As required by the <u>Office of Human Resources Management</u> and VA instructions to determine eligibility for appointment or fitness for duty.

Figure 1. Other Examinations, Tests, and Vaccinations

<u>Kinds</u> of Examinations, Tests and Vaccinations	For Whom	Requirements
Physical fitness inquiry	Motor vehicle operators and incidental operators	SF 47 for operators and incidental operators at 3-year intervals followed by physical examination, if necessary.
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 qt 1-year intervals. *

*A. Instructions for the Employee Health Physician

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.

Figure 2. - Continued: Other Examinations, Tests, and Vaccinations

EMPLOYEE ASSISTANCE PROGRAM

1. PURPOSE

a. This appendix sets forth Department of Veterans Affairs (VA) personnel 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 appendix, in addition providing instructions for administering the required alcohol and drug abuse pro-gram, provides guidance to assist in establishing and managing the recommended broader Employee Assistance Program.

2. 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. FPM Chapter 792 and FPM Supplements 792-1 and 792-2
- e. MP-5, Chapter 291, Appendix I
- f. MP-1, Part II, Chapter 21
- g. Title 21, U.S.C. 1101
- h. Title 42 U.S.C., 290dd-3 and 290ee-3
- i. 42 CFR, Part 2

3. ALCOHOLISM, DRUG ABUSE, AND BIOPSYCHOSOCIAL PROBLEMS

a. Alcoholism, as a national health problem, costs the Nation billions of dollars annually, and adversely affects the socio-economic 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. FPM Supplement 792-2, subchapter 6-3, should be consulted for discussion on the inclusion of family members, when appropriate, in the umbrella coverage of an employee assistance program.

4. DEFINITIONS

The following definitions serve to place alcoholism, drug abuse, and biopsychosocial problems in perspective:

a. **Alcoholism.** A chronic disease or behavior characterized by repeated excessive drinking which interferes with the individual's health, interpersonal relations, economic functioning, or standing in the community. Alcoholism may take several years to reach the chronic phase and, if untreated, may be fatal. 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. **Alcoholic.** An individual who has the illness of alcoholism. The person's drinking is out of control and is self-destructive in many different ways. The term "recovering alcoholic" describes the person who has undergone rehabilitation and whose disease has been arrested through abstinence.

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

d. **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.

e. **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.

5. POLICY

It is the policy of the VA:

- a. To recognize alcoholism and drug abuse as treatable health problems.
- b. To afford reasonable accommodation, as appropriate, to employees suffering from the handicapping 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 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 5h 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 and MP-5, part I, chapter 630.
- 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.

6. PROGRAM RESPONSIBILITIES

a. The Deputy Assistant Secretary for Human Resources Management, 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 Human Resources Management, 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 evaluate the program periodically (at least annually) for reports to management on results and effectiveness. Upon request, data gathered from the annual report to OPM will be furnished to the labor organization when the coordinator is an employee of a Human Resources Management office, counseling capability should be maintained elsewhere at the facility. 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, provide a firm choice 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 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.** Then 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.

c. 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. 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 two 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.

(1) 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 or District 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 a Health 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 health unit personnel 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) Immediately refer the employee to designated personnel for counseling in this program.

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

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

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 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. Coordinators and Counselors are provided basic information for identifying and using appropriate community services in FPM Chapter 792.

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 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. 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. Since case law in the area of reasonable accommodation is evolving, management officials contemplating taking corrective actions in these circumstances should deal closely with the local Human Resources Management Officer.

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. 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.

(5) Except as applied to disciplinary or separation actions, official personnel folders shall not include information concerning employee alcohol or drug abuse problems.

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. A supervisory training guide, entitled "Drug and Alcohol Abuse, Unit XI," TG-05-28-1 1, is available for use in developing supervisory training programs. 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 reaffirmed.

e. **Community Resources.** Coordinators and Counselors should establish 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 personnel management functions presents a means for determining management's effectiveness in dealing fairly and appropriately with employees and affording fair and appropriate treatment.

g. **Confidentiality.** Employee participation in large part 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.

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 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 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

The Office of Personnel Management (OPM) requires each agency to submit a report on the Employee Assistance Program by January 15 of each year. Instructions for completing the report, OPM Form 1210, Federal Employee Assistance Programs (Department-wide Totals) Annual Report, are issued annually by OPM. MP-5, part I, chapter 291, appendix I contains general instructions and requirements.