

OCCUPATIONAL HEALTH SERVICES

1. REASON FOR ISSUE: To issue revised Department of Veterans Affairs (VA) procedures regarding medical evaluation and medical criteria policies for motor vehicle operators and incidental operators.

2. SUMMARY OF CONTENTS/MAJOR CHANGES: This handbook contains mandatory VA procedures on occupational health services. The pages in this issuance replace the corresponding page numbers in VA Handbook 5019, Part IV. These changes will be incorporated into the electronic version of VA Handbook 5019 that is maintained on the [Office of Human Resources Management Web site](#). Significant changes include:

a. The establishment of medical conditions and criteria for the conduct of medical evaluations for motor vehicle operators and incidental operators in the Veterans Health Administration who transport patients, and

b. A revision to the requirement for the frequency of medical evaluations for motor vehicle operators and incidental operators from 3 to 4-year intervals followed by a physical examination, if necessary, to conform with provisions of 5 CFR Part 930 Subpart A – Motor Vehicle Operators, and to align the frequency of such inquiries of VA employees who may be working at older ages with those established for volunteer drivers as set forth in Veterans Health Administration Directive 2004-040, Clearance of Volunteers for Driving Assignments (http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1130).

3. RESPONSIBLE OFFICE: The Recruitment and Placement Policy Service (059), Office of the Deputy Assistant Secretary for Human Resources Management.

4. RELATED DIRECTIVE: VA Directive 5019, Occupational Health Services.

5. RESCISSIONS: None.

CERTIFIED BY:

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

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OCCUPATIONAL HEALTH SERVICES

PART IV. HEALTH MAINTENANCE PROGRAMS,
EXAMINATIONS AND VACCINATIONS

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| Kinds of Examinations, Tests and Vaccinations | For Whom | Requirements |
|---|--|--|
| | Appointees and other employees | As required by the Office of Personnel Management 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] evaluation, 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 Operators | 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.] |