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	Safety OCCUPATIONAL HEALTH PROGRAM	
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CESO

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1. Purpose. This regulation prescribes policies, outlines responsibilities, and provides procedures for the development and execution of the U.S. Army Corps of Engineers (USACE) Occupational Health (OH) Program. This document supersedes USACE Engineering Regulation (ER) 385-1-40, dated 28 July 1980.
2. Applicability. This regulation applies to all USACE elements, including Headquarters USACE (HQUSACE), Major Subordinate Commands (MSCs), Districts, Laboratories, Centers, and Field Operating Activities (FOAs).
3. Distribution. Approved for public release; distribution is unlimited. This document will be effective six months after the date of publication.
4. References.
 - a. Public Law 91-596, Occupational Safety and Health Act of 1970 (OSH Act), 29 December 1970, as amended through 1 January 2004
 - b. Public Law 91-579, Privacy Act of 1974, 21 October 1986
 - c. Public Law 103-3, Federal Employees' Compensation Act of 1993 (FECA), 5 February 1993
 - d. Public Law 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA), 21 August 1996
 - e. U.S. Department of Defense Instruction (DoDI) 6055.05. Occupational and Environmental Health (OEH), 11 November 2008
 - f. DoDI 6055.05-M, Occupational Medical Examinations and Surveillance Manual, 2 May 2007, Change 1, 16 September 2008
 - g. U.S. Army Regulation (AR) 40-5, Preventive Medicine, 25 May 2007

h. AR 40-66, Medical Record Administration and Healthcare Documentation, 17 June 2008

i. AR 600-63, Army Health Promotion, 7 May 2007

j. U.S. Army Pamphlet (DA Pam) 40-11, Preventive Medicine, 22 July 2005

k. U.S. Army Corps of Engineers Manual (EM) 385-1-1, Safety and Health Requirements Manual, 15 September 2008

5. Definitions and Acronyms. See Appendix A.

6. Policy. It is USACE policy to:

a. Assure that USACE personnel are physically and psychologically capable of performing required job tasks.

b. Assure that job tasks do not adversely affect the physical and psychological well-being of USACE employees.

c. Assure the USACE OH Program is in compliance with applicable policies, regulations, standards, and criteria provided by Federal agencies, to include the Occupational Safety and Health Administration (OSHA), the U.S. Environmental Protection Agency (EPA), the US Office of Personnel Management (OPM), the U.S. Department of Transportation (DOT), the U.S. Coast Guard (USCG), the U.S. Nuclear Regulatory Commission (NRC), the Department of Defense (DoD), the Department of the Army (DA), and USACE.

d. Reduce and minimize the manpower and economic losses caused by illness and injury among USACE employees.

7. Discussion. This regulation is written to provide direction and guidance to each USACE Command on the implementation of a comprehensive occupational health program. Occupational health services shall be provided by qualified health professionals as defined in this document. The intent is to prevent work related injuries and illness, by early intervention and correction. The program shall include medical tests for workplace hazards; medical evaluations based on the physical requirements of the job; immunizations or prophylactic medication for job related biological exposures; and medical support for civil and military deployment/redeployment. In coordination with the Civilian Personnel Advisory Center (CPAC), the occupational health program should support pre- placement, periodic, and position change or termination employment physicals, medical evaluations to provide required information related to a Federal Employees Workers Compensation (FECA) claims, and health promotion or wellness programs.

8. Responsibilities.

a. Chief of Engineers. The Chief of Engineers shall provide an Occupational Health Program for USACE employees in compliance with the Occupational Safety and Health Act of 1970 (as amended), DoD Instruction (DoDI) 6055.05, and Army Regulation (AR) 40-5.

b. Chief, HQUSACE Safety and Occupational Health Office (CESO). The Chief, CESO shall:

(1) Provide implementing program documents and specific guidance on OH program elements.

(2) Designate a person as the USACE Occupational Health Program Manager (OHPM). This person must have extensive knowledge of the principles of occupational health and associated employee medical requirements.

c. USACE Occupational Health Program Manager. The USACE OHPM shall:

(1) Ensure appropriate occupational health criteria are incorporated in USACE regulations, manual, and pamphlets, as well as other policy, programmatic, and technical documents generated at HQUSACE.

(2) Obtain the services of, and coordinate with, a qualified Occupational Health Physician (OHP) [see Appendix A] who serves as the medical advisor to HQUSACE.

(3) Develop and issue occupational health policies and program guidance consistent with the requirements of Federal, DoD, DA, and USACE regulations and the best practices offered by various consensus organizations.

(4) Represent the interests of HQUSACE as the primary OH liaison and point-of-contact with other agencies, including OSHA, EPA, DOT, NRC, DoD, DA, U.S. Army Public Health Command (USAPHC) (Formerly U.S. Army Center for Health Promotion and Preventive Medicine), other Federal and the private sector organizations to keep abreast of occupational health matters and ensure USACE Commands are informed of new and updated criteria and requirements affecting the USACE.

(5) Coordinate a centralized medical screening process for USACE civilian employees responding to civil disasters.

(6) Provide coordination on OH issues for USACE civilian employees deploying in response to emergency, contingency, and natural disaster missions.

d. Director, HQUSACE Human Resources, shall provide policy and guidance to USACE managers and supervisors to ensure all newly hired and current employees are physically capable of performing required job tasks; and information on how to appropriately manage employees with medically-related work restrictions.

e. Director, Office of Homeland Security shall provide:

(1) CESO with information regarding civil and potential chemical, biological, radiological, nuclear, and high-yield explosives disasters, including the location and extent of the disaster.

(2) Funding for the appropriate medical screening, vaccinations, and prophylaxis measures implemented for USACE employees responding to civil disasters.

f. Civilian Personnel Advisory Centers (CPACs) servicing USACE Commands are responsible for the following actions, subject to Equal Employment Opportunity Commission (EEOC) guidelines, U.S. Office of Personnel Management (OPM) regulations, and DA regulations and guidelines. Each supporting CPAC shall:

(1) Coordinate with the local Command Safety and Occupational Health Office (SOHO), OHPM, and Medical Record Custodian (MRC), as needed, to obtain supporting data for Office of Worker's Compensation Program claims.

(2) Coordinate with the local Command OHPM to arrange for pre-placement physicals, periodic and position change or termination physicals, and government evaluations of job related injuries or illnesses. The partnership shall include sharing of critical information in a secure manner to protect the individual's privacy, protection of the worker for undue harm, and meeting the requirements of the HIPAA.

(3) Coordinate with the local Command to provide services as noted in AR 600-63, Army Health Promotion.

(4) Provide Office of Workers' Compensation Programs (OWCP) data analyses to the FECA Working Group at each level of the Command.

g. Commanders at all levels shall:

(1) Provide a written Occupational Health Program for USACE employees within the Command in compliance with the Occupational Safety and Health Act of 1970 (as amended), DoDI 6055.05, DoDI 6055.05-M, AR 40-5, DA Pam 40-11, and this regulation.

(2) Designate a person as the local Occupational Health Program Manager (OHPM). This person should have extensive knowledge of the principles of occupational health and associated employee medical requirements. This position should be assigned to the Command Safety and Occupational Health Office. In most Commands, this person may be assigned other responsibilities, but in Commands with 200-300 individuals in the occupational health program, this should be a full time position. This position or the responsibilities for this position cannot be contracted to a local medical provider.

(3) Designate a person as the Medical Records Custodian (MRC) for the Command. This person should have extensive knowledge of the medical recordkeeping requirements contained in AR 40-66, be medically trained (for example, a nurse or trained medical records technician), and shall be responsible for maintaining the medical records for the Command in compliance with AR 40-66. The MRC can be contracted, but if it is contracted, the local OHPM shall have access to the complete medical records as the Command representative.

(4) Provide adequate funding to support the OH Program for the Command.

h. Safety and Occupational Health Office (SOHO) at all USACE Commands shall:

(1) Conduct workplace assessments and provide results of those assessments to the local OHPM.

(2) Provide results of exposure sampling to the local OHPM for inclusion in the Civilian Employee Medical Record (CEMR).

(3) Notify the local OHPM of identified potential employee exposures to chemical, biological, or physical hazards which may require medical monitoring (i.e. heavy metals, bloodborne pathogens, chemical warfare agents, etc.).

(4) Notify the local OHPM of accidents, incidents, and other exposures which may have resulted in employee exposure to chemicals or other health hazards.

i. Occupational Health Program Managers (OHPM) at all USACE Commands shall:

(1) Establish goals and objectives for the OH Program in the Command.

(2) Identify employees who meet the requirements for participation in the medical surveillance programs as required in federal, state, DoD, and DA regulations (see Appendix B of this regulation), through the employee's Position Hazard Analysis (PHA), and by industrial hygiene evaluations. The names, suggested medical exams/tests, and PHA shall be provided the OHP.

(3) Coordinate OH medical services in the Command.

(4) Ensure that all medical clearances are signed by the OHP after review of all medical tests, screenings, and exams.

(5) Notify managers/supervisors and employees of the medical clearance status of the individual employees.

(6) Provide or ensure the OHP or OHN provides any medical tests/exams/screening results to the employee with a verbal explanation of the meaning of the results.

(7) Coordinate with the OH medical services provider and SOHO to furnish requested supporting data for OWCP claims. The sharing of information should be in compliance with the requirements of HIPAA and the Privacy Act.

(8) Conduct worksite visits to review the accuracy and appropriateness of the PHA.

(9) Provide training on occupational health tests/exams/screenings; occupational health programs; and workplace hazards as requested.

j. Medical Records Custodian (MRC) shall:

(1) Maintain CEMR in accordance with HIPPA, the Privacy Act, and AR 40-66.

(2) Upon the reassignment of an employee to another federal organization, transfer the CEMR to the medical records custodian at the gaining organization.

(3) Upon separation of an employee, coordinate with CPAC to retire or transfer the CEMR to the National Personnel Records Center IAW AR 25-400-2.

(4) Maintain certifications in the training requirements of HIPAA and the Privacy Act.

k. Managers and supervisors shall:

(1) Provide the local OHPM a Standard Form (SF) 78, Part B, or Office of Personnel Management Official Form 178, for each employee, identifying the employee's duty description, functional requirements, and environmental factors. This input shall be based on the PHA.

(2) Allow employees sufficient duty time for completing paperwork and attending necessary medical appointments.

(3) Provide the required job fitness standards, personal protective equipment, and documented health hazard exposures on request for personnel actions and job descriptions.

(4) Coordinate with OHP and CPAC on light duty for employees who are eligible for light duty.

(5) Follow the specific recommendations of the OHP for pregnant employees.

(6) Follow the recommendations of the OHP for individuals with significant hearing threshold shifts or other injuries or illnesses that require accommodations at the work site.

(7) Document in the PHA and/or hazard task analysis the chemical, biological, radiological, or physical hazard exposures to the employee, any health or safety training requirements, and any protective equipment provided for the task. Provide a copy of the PHA/or hazard task analysis to the local OHPM and OHP.

(8) Report any employee complaints which identify symptoms of a chemical, biological, radiological, or physical agent to which the employee may be exposed. This information should be provided to the SOHO, the OHPM, and OHP.

I. Individual employees shall:

(1) Complete SF78, Part A or Office of Personnel Management Official Form 178, with appropriate personal information and forward to the manager/supervisor.

(2) Use Personal Protective Equipment (PPE) as required.

(3) Follow established protocols to minimize risk.

(4) Report to all occupational health appointments.

(5) Report any injury or illness that is thought to be related to the job to the supervisor.

9. Occupational Health Program Elements. The OH program shall be implemented according to the instructions and guidance published in DA Pam 40-11, Chapter 5. Occupational health programs, services, and capabilities will be established and provided for the specific areas listed below. If a particular program is inappropriate for the Command, a statement declaring why the program is not in place shall be added to the Occupational Health Program document.

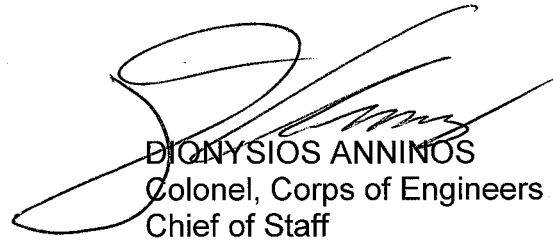
- a. Medical surveillance examinations and screening.
- b. Pre-placement, periodic, and position change or termination Medical Exams or Tests.
- c. Health hazard education.
- d. Surety programs.
- e. Reproductive hazards.
- f. Bloodborne pathogens.
- g. Hearing conservation.
- h. Vision conservation.
- i. Workplace epidemiological investigations.
- j. Ergonomics.
- k. Radiation exposure and medical surveillance.
- l. Personal protective equipment.
- m. Respiratory protection medical clearance.
- n. Asbestos exposure surveillance.
- o. Occupational illness and injury prevention and mitigation.
- p. Work-related immunizations and prophylactic medication.
- q. Recordkeeping and reporting.
- r. Worksite visits and health training.
- s. Workers' Compensation Program support.

t. Support to Deployment Immunizations/Vaccines and Physicals.

u. Support to the Wellness or Health Promotion Program.

FOR THE COMMANDER:

3 Appendices
(See Table of Context)



DIONYSIOS ANNINOS
Colonel, Corps of Engineers
Chief of Staff

APPENDIX A

Definitions and Acronyms

A-1. Definitions.

PHA – As described in EM 385-1-1 Section 1, the PHA is a detailed list of the various components of the employee's work, including a description of each task, an analysis of the inherent hazards of performing the task, and a list of the control measures applied to protect the worker from the hazards.

Occupational Health Services Provider - A government or corporate entity providing OH professional services by Occupational Health Physicians, Occupational Health Nurses, Physician's Assistants, Practical Nurses, Audiologist, and others engaged in the practice of OH.

Occupational Health Nurse – A person who, by virtue of education, specialized training, and experience, has acquired competence in occupational health nursing and is currently certified or board eligible by the American Board of Occupational Health Nurses or is a licensed registered nurse with a minimum of two years occupational health background. For a Federal civilian employee, this would be a nurse who meets the requirements of the Office of Personnel Management's standard for the Occupational Health Nurse GS-610 series.

Qualified Occupational Health Physician - A licensed and Board Eligible/Board Certified Doctor of Medicine or Osteopathy who, by virtue of education, specialized training, and experience, has acquired a minimum of five (5) years and be knowledgeable of regulations and resources relating to occupational medicine such as OSHA, NIOSH, DoD, DA and Occupational Medicine Practice Guidelines (ACOEM).

A-2. Acronyms.

ABPM	American Board of Preventive Medicine
ACOEM	American College of Occupational and Environmental Medicine
ANSI	American National Standard Institute
AR	US Army Regulation
CBRNE	Chemical, biological, radiological, nuclear, and high-yield explosives
CEMR	Civilian Employee Medical Record
CESO	HQUSACE Safety and Occupational Health Office
CFR	Code of Federal Register
COHN	Certified Occupational Health Nurse
COHN-S	Certified Occupational Health Nurse - Specialist
CPAC	Civilian Personnel Advisory Center
DA	Department of the Army

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DA Pam	Department of the Army Pamphlet
DoD	US Department of Defense
DoDI	DoD Instruction
DOT	US Department of Transportation
EEOC	Equal Employment Opportunity Commission
ELF	Extremely Low Frequency Radiation
EM	USACE Engineering Manual
EPA	US Environmental Protection Agency
ER	USACE Regulation
FECA	Federal Employees' Compensation Act of 1993
FOA	Field Operating Activity
HCP	Health Care Provider
HIPAA	Health Insurance Portability and Accountability Act of 1996
HQUSACE	Headquarters, US Army Corps of Engineers
IAW	In Accordance With
IR	Infrared Radiation
MRC	Medical Records Custodian
MSC	Major Subordinate Command
NRC	US Nuclear Regulatory Commission
OH	Occupational Health
OHN	Occupational Health Nurse
OHP	Occupational Health Physician
OHPM	Occupational Health Program Manager
OPM	US Office of Personnel Management
OSHA	Occupational Safety and Health Administration
OSH Act	Occupational Safety and Health Act of 1970, as amended
OWCP	Office of Workers' Compensation Programs
PEL	Permissible Exposure Level
PHA	Position Hazard Analysis
PPE	Personal Protective Equipment
PRT	Planning and Response Team
RF	Radio Frequency Radiation
SF	Standard Form
SOHO	Safety and Occupational Health Office
STS	Significant Threshold Shift
TB MED	Technical Bulletin Medical
TLV	Threshold Limit Value, American Conference of Governmental Industrial Hygiene
TWA	Time Weighted Average
Ug/dl	Microgram per deciliter
USACE	US Army Corps of Engineers
USCG	US Coast Guard
USAPHC	US Army Public Health Command
UV	Ultra Violet Radiation

APPENDIX B

Medical Surveillance Programs

B-1. General. This appendix provides guidance for pre, periodic and position change or termination medical exams and/or screening. Specific medical tests, exams, or screenings shall be completed based on the individual job tasks as documented in the PHA.

a. Medical tests, exams, or screenings required by federal regulation are listed in paragraph B-2. These medical tests, exams, or screenings shall be completed if the employee meets the criteria stated in the reference regulations or statute. The regulations and statutes should be consulted for the most current requirements. Federal regulations change, so this may not be a complete list.

b. Medical tests, exams, or screenings listed in paragraph B-3 are based on hazards commonly seen in the USACE. This is not a complete list, but is provided as a guide for the local OHPM and supervisor/manager. The job titles may not be reflective of the job tasks. The position hazard analysis for the each position should be consulted and used to determine the actual medical tests, exams, or screenings required.

c. All physical exams should include at a minimum blood pressure screening and intake medical and occupational history.

d. Some USACE employees will not be required to participate in any of these programs, while other employees may be required to participate in several different programs. In some cases, a USACE employee's occupational exposure from a previous Federal job may require program participation throughout the remainder of his/her Federal career.

e. As is required in EM 385-1-1, Section 1, each USACE supervisor shall complete the PHA to identify the physical, chemical, and biological hazards to which the employees are exposed. This information along with any industrial hygiene sampling, is used by the OHPM to recommend medical tests/exams/screenings. Any questions or concerns regarding the type of medical procedures should be taken first to the OHPM and OHP for a decision and/or discussion. Any disputes will be resolved by the Command Occupational Health Consultant through CESO.

f. If an individual is exhibiting known symptoms from a specific exposure in the workplace, medical testing should be completed regardless of the levels monitored

by the industrial hygienist. The exception to this policy is if the individual exhibits hearing loss but does not have a documented exposure to noise, then audiograms are not required.

g. If industrial hygiene sampling indicates that over 30 days a year the employee has an exposure over one half of the Occupational Safety and Health Administration Permissible Exposure Limit (PEL) or the American Conference of Governmental Industrial Hygienists Threshold Limit Value (TLV) or a value set by Department of Defense for a specific chemical, then medical tests, or screens for the specific chemicals are required. If there is no documented exposure data available, then the OHPM and OHP will be required to make a risk decision based on type of exposure, length of exposure, and any engineering controls or personal protection equipment used during the operation.

h. Medical requirements to support military contingency operations are established by the theater Command Surgeon. These requirements can be found at the USACE Deployment Center website (<http://www.tam.usace.army.mil/UDC/INDEX.ASP>). The requirements change periodically and the website should be consulted frequently for the most current requirements. The exams are approved by an authorized occupational health physician at the USACE Deployment Center or the Surgeon's Office for the theater Command.

i. Medical screening is required in support of deployment to civil emergencies and shall be completed in ENGLink by the employee. The medical screen shall be reviewed and approved by the Headquarters Occupational Health Consultant.

B-2. Federal Mandated Medical Exams/Tests/Screens.

a. Hazardous Waste Worker. (Referred to as "HAZWOPER", "HTRW" or "HAZWASTE.")

(1) Authority: 29 CFR 1910.120(f); 29 CFR 1926.65

(2) Who should be included in the program? IAW 29 CFR 1910.120(f), as it applies to the operations identified in 29 CFR 1910.120(a)(1), the HAZWOPER medical surveillance program shall be instituted for the following employees:

(a) All employees who are or may be exposed to hazardous substances or health hazards at or above the established permissible exposure limit for these substances, without regard to the use of respirators, for 30 days or more a year;

(b) All employees who wear or could potentially wear a respirator for 30 days or more a year or as required by 29 CFR 1910.134 [OSHA Respiratory Standard];

(c) All employees who wear or could potentially wear non-breathable protective clothing for 30 days or more a year;

(d) All employees who are injured, become ill, or develop signs or symptoms due to possible overexposure involving hazardous substances or health hazards from an emergency response or hazardous waste operation; and

(e) Members of hazardous materials emergency response teams.

(3) What medical exams are required when? The medical exam shall be annually for individuals with documented over-exposure to a chemical, biological, or radiological PEL or TLV for 30 days or more a year. The medical exams shall be biennial for those employees who have the potential for over-exposure to a chemical, biological, or radiological permissible exposure limit or threshold limit value for more than 30 days a year. The content of the medical exam shall assess medical concerns related to the site specific chemical, biological, or radiological hazard and the employee's capability to wearing the required personal protective equipment in extreme weather conditions. Many of the employees who work on HTRW sites, will work on many different sites with different types of exposures over a given year. The OHPM in conjunction with the OHP or OHN will be required to make a judgment on the specific medical tests/exams/screenings required based on the exposure history in a given year.

b. Pesticide Applicator.

(1) Authority: 33 CFR 274 et seq.; DODI 4150.7-M; 7 USC 136 et seq. (FIFRA); 40 CFR 171.3; DA Pam 40-11; TB Med 590

(2) Who should be included in the program? Any USACE employee who applies organophosphate pesticides at USACE workplaces and facilities shall be included. Not all employees who apply pesticides will require medical surveillance. However, identifying the entirety of the employees first will enable the local OHPM to identify the personnel who will require medical surveillance based on the types of pesticides applied. Some states may require licensure and medical testing for employees applying pesticides. State regulation should be reviewed where appropriate.

(3) What medical exams are required when? Pesticide workers who are exposed to organophosphate pesticides require cholinesterase red blood count blood test before the pesticide application season begins as a baseline and repeated within 2 weeks after the end of the application season. If the cholinesterase levels drop, further testing should be completed at the discretion of the OHPM and OHP.

c. Asbestos Worker.

(1) Authority: 29 CFR 1910.1001(l); 29 CFR 1926.58; 51 FR 22747; DA Pam 40-11; TB Med 513; DoDI 6055.05-M.

(2) Who should be included in the program? IAW 29 CFR 1910.1001(l), the medical surveillance program includes all employees who were, are, or will be exposed to airborne concentrations of fibers of asbestos at or above the TWA and/or excursion limit.

(3) What medical exams are required when?

(a) Pre-placement medical exam, for employees who have a potential for exposure over the OSHA PEL of 0.1 fiber/cc, shall include a medical and work history; a complete physical examination of all systems with emphasis on the respiratory system, the cardiovascular system and digestive tract; completion of the respiratory disease standardized questionnaire in Appendix D to 29 CFR 1910.1001, Part 1; a chest roentgenogram (posterior-anterior 14 x 17 inches or digital); pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV(1.0)); and any additional tests deemed appropriate by the examining physician. Interpretation and classification of chest roentgenogram shall be conducted in accordance with Appendix E 29 CFR 1910.1001

(b) Annual physical for employees who have a documented exposure over the OSHA PEL of 0.1 fiber/cc, shall be equivalent to the pre-placement medical exam, except the frequency of the chest roentgenogram. A chest roentgenogram shall be conducted every 5, 2 or 1 years depending on employee's age and the numbers of years since exposure (see Table B-1).

Table B-1, Frequency for X-Rays based on Age and Years Since Exposure

Years Since Exposure	Age of Employee		
	15-35 Years Old	35-45 Years Old	Older than 45
0 to 10	X-Ray Every 5 Years	X-Ray Every 5 Years	X-Ray Every 5 Years
+10	X-Ray Every 5 Years	X-Ray Every 2 Years	X-Ray Every Year

(c) Though there is no legal requirement for medical monitoring after an employee is no longer exposed, USACE employees who have had a previous asbestos exposure shall be offered an exam equivalent to the annual exam every five years.

d. Diver.

(1) Authority: 29 CFR 1910 Subpart T (Commercial Diving Operations), Section 421(f)(2) and Appendix A; DA Pam 40-11

(2) Who should be included in the program? All divers and standby divers shall receive medical exams.

(3) What medical exams are required when? The medical requirements for USACE divers are in ER 385-1-86, the latest edition. Divers are required to obtain medical evaluation annually.

e. Crane Operator.

(1) Authority: 29 CFR 1910.179 and 180; 29 CFR 1926.550; USACE EM 385-1-1, Appendix G; ANSI B30.5; DA Pam 40-11

(2) Who should be included in the program? Employees whose duties include the operation of cranes and derricks, as defined in 29 CFR 1910.179, 1910.180, and 1926.550. The 2008 version of EM 385-1-1 classifies cranes and crane operators into four classes, based on type and capacity of the crane. All crane operators shall be medically capable of operating their equipment safely.

(3) What medical exams are required when? The medical requirements for crane operators are in EM 385-1-1, latest edition. Crane operators are required to obtain medical evaluation biennial.

f. Commercial Driver License Holder.

(1) Authority: 49 CFR 391.41

(2) Who should be included in the program? All employees who are required to qualify for a commercial driver's license by their position description or duties shall be medically evaluated.

(3) What medical exams are required when? The requirements vary based on the frequency the employee is required to drive a commercial vehicle and the individual state where the employee is licensed. The state requirements shall be followed if more stringent than the requirements below.

(a) Regardless of the amount of driving required by the job description, a pre-placement physical is required for any employee who is required to hold a commercial driver's license. The pre-placement physical shall include: the skill performance evaluation certificate pursuant to 391.49 as stated below:

<http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrruletext.aspx?reg=r49CFR391.49>;

- Employee has no hand or finger which interferes with pretension or power grasping;
- Employee has no arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a skill performance evaluation certificate pursuant to §391.49;
- Employee has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;
- Employee has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
- Employee has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and drive a commercial motor vehicle safely; has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a commercial motor vehicle safely;
- Employee has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his/her ability to control and operate a commercial motor vehicle safely;
- Employee has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle;
- Employee has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to drive a commercial motor vehicle safely;
- Employee has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or

without corrective lenses, field of vision of at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;

- Employee first perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.

(b) If an employee drives a commercial motor vehicle at least once a week, then they shall receive an annual physical as described in the pre-placement physical and participate in the drug testing program.

(c) If the employee occasionally is required to drive a commercial vehicle (less than once a week but more than 3 times a year), then they shall receive annual medical screening to include an updated medical history, vision screening, and audiogram and participate in the drug testing program.

(d) If the employee holds a commercial motor vehicle license but drives less than 3 times a year, they shall obtain a biennial medical screening to include an updated medical history, vision screening, and audiogram and participate in the drug testing program.

g. Coast Guard Licenses Holders - Platforms, Tugs, or Commercial Watercraft Pilots or Captains.

(1) Authority: 46 CFR Part 10

(2) Who should be included in the program? All employees who are required to maintain a USCG license as identified in the DOT regulation 46 CFR Part 10 are required to have physical as defined by the USCG.

(3) What medical exams are required when?

(a) The required pre-placement physical is the Merchant Mariner Physical Examination Report as defined in CG 719K (http://www.uscg.mil/stcw/download-docs/form_cg-719k_rev0304.pdf). The exam shall be completed and signed by the OHP. The physical shall include vision test, audiogram, medical history, and hands on physical. The acceptance criteria are noted on the USCG form. The employee is also required to be part of a drug testing program.

(b) The employee shall receive annual screening to confirm the continued state of good health. Screen shall include a review of the CG 719K with the nurse, audiogram, and vision screen.

(c) The employee shall receive a complete physical, the same as the pre-placement physical, every five years.

h. Employees Exposed to Noise.

(1) Authority: 29 CFR 1910.95; DoDI 6055.12; AR 40-5; DA Pam 40-11; DA Pam 40-501

(2) Who should be included in the program? Employees currently exposed to:

(a) Sound-pressure levels equal to or exceeding 85 dBA steady-state (continuous) expressed as a Time Weighted Average (exposure averaged over the eight or ten hour work day),

(b) Sound-pressure levels exceeding 140 dBA impulse (impact), or

(c) Potential ototoxic chemicals identified in DA Pam 40-501, Table 3-2. There is not a requirement by 29 CFR 1910.95 to include these individuals in the hearing conservation program, but is provided as guidance by USACE.

(d) If the Command does not have noise sampling data to document a noise exposure, then every attempt should be made to obtain some noise exposure data. All employees with an undocumented but suspected noise exposure shall be included in the hearing conservation program.

(3) What medical exams are required when? All audiometric exams and hearing related medical exams shall be completed meeting the requirements in 1910.95 and its appendixes. The following exams are required:

(a) A pre-placement baseline audiogram.

(b) Annual audiogram.

(c) If the annual audiogram shows that an employee has suffered a significant threshold shift, DODI 6055.12 requires two 14-hour noise-free follow-up tests be administered to confirm that the decrease in hearing is permanent. A Significant Threshold Shift (STS) shall include a change in hearing threshold relative to the current baseline audiogram of an average of 10 decibels (dB) or more at 2000,

3000, and 4000 Hz, either ear. Age corrections will not be applied. The former 15 dB criteria at 1000, 2000, 3000, or 4000 Hz are retained as an early warning flag only with no requirements for follow-up testing or referrals.

(d) If the second and third audiograms confirm a STS, the employee shall be evaluated by an audiologist, otolaryngologist, or a physician to determine if any further tests are required and if the hearing loss is work-related. If the second audiogram does not confirm the STS, a third does not need to be performed. If the third audiogram does not confirm the first and second, the STS is not considered confirmed.

(e) If an employee is changing positions or leaving the federal service an audiogram shall be completed before leaving the position with noise hazard . The position change or termination audiogram shall meet the requirements of the OWCP (<http://biotech.law.lsu.edu/blaw/dodd/corres/html2/i605512x.htm#ce14>).

i. Employee Exposed to Lead (Pb).

(1) Authority: 29 CFR 1910.1025; AR 40-5; DA Pam 40-11

(2) Who should be included in the program? "All employees who are or may be exposed above the action level for more than 30 days per year." "'Action level' means employee exposure, without regard to the use of respirators, to an airborne concentration of lead of 30 micrograms per cubic meter of air (30 ug/m³) averaged over an 8-hour period." This exposure should be documented by industrial hygiene sampling.

(3) What medical exams/tests are required when?

(a) Pre-placement medical exams and tests, for an employee who it is anticipated may be exposed above the action level for more than 30 days per year, shall include: a complete blood count with morphology of red blood cells, Blood Urea Nitrogen (BUN), and creatinine, total blood lead and zinc protoporphyrin (ZPP), microscopic urinalysis, and a physical exam with emphasis on central and peripheral nervous systems, the cardiovascular system, and the abdomen.

(b) After exposure is identified by air sampling, the employee shall obtain a blood test every two months for six months and then every 6 months. The blood test shall include a whole blood lead and zinc protoporphyrin test. The frequency will increase if the blood lead is over 40 ug/dl of whole blood (see 1910.1025 j). In addition the employee shall receive an annual physical exam meeting the requirements of the pre-placement exam.

(c) A change position or termination exam shall meet the requirements of pre-placement exam and whole blood lead and zinc protoporphyrin tests shall be provided if the employee leaves federal service or changes positions to a position in which the employee will not be exposed to lead.

j. Employee with Potential Bloodborne Pathogen Exposure.

(1) Authority: 29 CFR 1910.1030; AR 40-5; DA Pam 40-11

(2) Who should be included in the program? Employees who have an:

(a) Occupational exposure, defined as "reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.", or

(b) Exposure incident, defined as "a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties."

(c) As a general rule, consider whether the employee is reasonably expected to render first aid to co-workers or members of the public in the workplace. This may include rangers (EP 1130-2-550), drill/survey/maintenance field crew members and others who have medical responder as part of their position description.

(3) What tests should be given when? As part of the pre-employment physical, the employee shall be educated on the hazards of Hepatitis B and shall be offered a Hepatitis B and C titer, offered the Hepatitis B vaccination series if indicated and medically followed according to current CDC Post Exposure Guidelines. After there has been a documented work related exposure to blood or body fluids that are potentially contaminated, the employee shall receive a Hepatitis B and C titer and be offered the Hepatitis B vaccination if the titer is negative.

k. Respirator User.

(1) Authority: 29 CFR 1910.134; AR 11-34; DA Pam 40-11; TB Med 502

(2) Who should be included in the program?

(a) Employees who are required to wear respirators in the workplace (29 CFR 1910.134(c)(1)). The term "respirator" includes the use of P100 and N95 filtering face pieces, but does not include "surgical masks" which may be similar in appearance.

(b) Employees who choose to voluntarily wear respirators under the provisions of 29 CFR 1910.134(c)(2) are offered training on the use and protection of the respirator, provided a copy of Appendix D of the respirator standard, and are screened one time for specific medical conditions as stated in the standard. Employees who choose to voluntarily wear respirators are not required to be in the respiratory program or to receive annual medical evaluations.

(3) What tests should be given when?

(a) Though not required by 1910.134, the USACE shall provide a pre-placement history and targeted physical for anyone required to wear a respirator. The physical shall include a pulmonary function test, evaluation of the cardiovascular and respiratory system, and any tests required by the OHP.

(b) Periodic medical clearances shall be administered as required by EM 385-1-1, Section 5.G.

I. Employees Exposed to Chromium VI.

(1) Authority: 29 CFR 1910.1026; 29 CFR 1926.1126; AR 40-5; DA Pam 40-11

(2) Who should be included in the program? Employees who:

(a) Have a potential to be occupationally exposed to chromium (VI) at or above the action level of 2.5 ug/m³ for 30 or more days a year;

(b) Are experiencing signs or symptoms of the adverse health effects associated with chromium VI exposure; or

(c) Are exposed to chromium (VI) during an emergency.

(3) What tests should be given when?

(a) The employee shall receive a pre-employment physical before being hired or before being assigned work with potential chromium VI exposure. The physical shall include a medical and occupational history, with emphasis on previous exposure to chromium (VI), respiratory system dysfunction, asthma, dermatitis, skin ulceration, or nasal septum perforation; and smoking, and a medical examination of the skin and respiratory tract.

(b) The employee shall receive an annual physical exam meeting the requirements of the pre-placement exam. If there are symptoms or concerns the OHP may recommend more frequent physicals.

(c) A change of position exam which meets the requirements of pre-placement exam shall be provided if the employee leaves federal service or changes positions to a position in which the employee will not be exposed to chromium VI.

B-3. Recommended Medical Exams/Tests/Screens.

a. General: The medical exams/tests/screens noted in the paragraphs below are based on common position hazards in the USACE and are provided as guidance. All medical exams/tests/screens shall be based on the specific PHA and industrial hygiene sampling. Some of the medical exams/tests/screens discussed below are required by USACE, DA or DOD regulation, but not required by federal regulations or laws. This is not a complete list.

b. Employees Exposed to Vision Hazards or Requiring Visual Acuity.

(1) Authority: AR 40-5; DA Pam 40-506; TB Med 524

(2) Who should be included in the program? Employees who are in jobs that required a specific visual acuity, such as a crane operator, commercial drivers, etc. and employees who are exposed to flying objects, projectiles, or splash hazards should receive vision exams.

(3) What tests should be given when?

(a) If visual acuity is required, a vision exam meeting the requirements of the position should be provided at the times specified for that position. For example, crane operators should receive a biennial exam.

(b) If the employee is exposed to flying objects, projectiles, chemical splash, or specific lasers should have a pre-placement vision screen to document their baseline vision and a follow-up if there is an eye injury based on work related incidence.

c. (Non-ionizing) Radiation Worker.

(1) Authority: DA Pam 40-11; TB Med 523, TB Med 524; DoDI 6055.05-M

(2) Who should be included in the program? Employees who are occupationally exposed to non-ionizing electromagnetic or laser radiation sources above the exposure values in the referenced TB Meds and the Threshold Limit Values (TLV) from the American Conference of Governmental Industrial Hygienists (ACGIH), latest version, should receive medical surveillance. Table 2 and 3 of the Electromagnetic Radiation

and Fields in the TLV Booklet from ACGIH, identifies ultraviolet (UV), visible (light), infrared (IR), radiofrequency (RF), extremely low frequency (ELF), static electric fields, and static magnetic fields.

(3) What tests should be given when? Employees should receive a pre-placement vision screen by an orthopter. This exam should be repeated at a minimum of every two years or if there is a change in vision and before changing positions to a position without exposure or leaving federal service.

d. Lock Operator.

(1) Authority: DA Pam 40-11

(2) Who should be included in the program? Employees assigned to duties as Lock Operator should receive medical screening.

(3) What tests should be given when? Employees should receive a pre-placement screening which focuses on the overall mental and physical health of the individual; an audiogram; vision screen; and any physical requirements for the job, such as their ability to lift 50 lbs, to stand 8-10 hours/day, and to work outside in differing weather conditions. The frequency and nature of the follow-up exams is dependent on the individual tasks in the PHA. At a minimum the employee should have a biennial interview with a health care provider focusing on overall health and fitness. A lock operator is also to be part of the drug testing program.

e. Powerhouse Worker.

(1) Authority: DA Pam 40-11

(2) Who should be included in the program? Each job in a Powerhouse is different and has different exposures. The medical surveillance shall be based on the hazards identified in the individual PHA, not on the job title. The risk, frequency, and nature of the hazard will differ between powerhouses. Generally, powerhouse employees may be exposed to noise hazards, confined space hazards, high electrical voltage hazards, microwave hazards, and oils, greases, and cleaners found in a maintenance shop. In most powerhouses the employees requiring medical surveillance would not include administrative staff or Powerhouse Operators whose duties do not require routine entrance into the mechanical/electrical working spaces of the power plant.

(3) What tests should be given when? The medical tests shall be dependent on the exposure and protective equipment required, which varies from powerhouse to powerhouse. At a minimum, employees should receive pre-placement and a position change or termination physical which would include an audiogram, vision corrected to

20/20, evaluation of the worker's ability to climb ladders, walk on uneven surfaces, wear arc flash suits, medical history (no uncontrolled diabetes, epilepsy, uncontrolled cardiovascular problems, uncontrolled high or low blood pressure, mental, emotional, or nervous conditions), and a hands on physical. Based on the hazards in the PHA, the physical may also include tests for specific chemicals or hazards. Annual physicals would not be required unless there is a documented or suspected hazard exposure that has a requirement for specific medical tests.

f. Welder.

(1) Authority: 29 CFR 1910.134; DA Pam 40-11

(2) Who should be included in the program? USACE employees whose duties involve welding, cutting, brazing, or similar operations should receive some medical exam/screen. Employees who work in confined spaces with welders or are considered a welder helper should also receive some medical exam/screen.

(3) What tests should be given when? It is important to evaluate the job tasks before making the determination on the medical exams for welders. The tests required for an arc welder would be different from the test required for an oxy-acetylene welder. The frequency of welding would determine if the employee could have accumulated a body burden for specific chemicals. The following are provided as a guideline for determining medical tests/screens/exams for welders or welder helpers.

(a) Arc/TIG/MIG Welder. Pre-placement and position change or termination physical should include a vision exam, pulmonary function test, heavy metals blood and urine tests, as appropriate, (lead, magnesium, cadmium, arsenic, and chromium), and liver function tests. The annual exam would be dependent on the review of the PHA, industrial hygiene sampling, and identified chemical hazards or metal exposures.

(b) Oxy/Acetylene Welder. Pre-placement and position change or termination physicals should include a vision exam to document injury, and pulmonary function test and heavy metals blood and urine tests, as appropriate (lead, magnesium, cadmium, arsenic, and chromium). The annual exam should include a vision exam and a pulmonary function test. The blood and urine tests should only be completed annually if industrial hygiene sampling indicates an over exposure to hazard more than 30 days a year.

g. Painter.

(1) Authority: 29 CFR 1910.134; DA Pam 40-11

(2) Who should be included in the program? Employees whose duties involve spray painting with a spray gun or in a confined space or painting of protective coatings

with highly toxic paint or finishes. Due to the skin absorption of many of the chemicals used, the medical tests and exams should be based on a good industrial hygiene evaluation of the process and evaluation in the PHA. Individuals who brush paint in open areas and/or with latex paint do not require medical surveillance.

(3) What tests should be given when? The specific tests should be based on the chemicals in the paint, thinners, and cleaners utilized by the employee. The pre-placement physical should establish a baseline liver function test, pulmonary function test, audiogram, and any specific chemicals or metals that the employee could be exposed to in the future. If the industrial hygiene evaluation does not identify specific chemicals that absorb through the skin or an inhalation hazard, then the annual exam would follow the respirator standard requirements. If the industrial hygiene evaluation identifies overexposures to specific organic chemicals or metals, the physical and medical tests and the frequency of those tests should be recommended by the OHPM and OHP and based on the exposures identified.

h. Arbovirus Exposure.

(1) Authority: DA Pam 40-11, ER/EP 1130-2-550

(2) Who should be included in the program? Employees who have documented (e.g., CA-1, CA-2, etc.) an injury or illness in the workplace involving potential exposure to an arthropod-borne virus (arbovirus), usually from the bite of an infected mosquito, tick, biting fly, or other arthropod.

(3) What tests should be given when? Employees, who have a demonstrated arbovirus exposure as demonstrated by an obvious insect bite and the onset of symptoms, should be offered diagnostic testing according to standard medical practice. These tests would be based on where the individual encountered the insect bite and the symptoms and should be requested by the OHP. If the test indicates the employee has contracted the disease, then the employee is provided the appropriate medication or is provided the documentation to provide with the Federal Employees Compensation Act forms and encouraged to seek medical care from their personal physician.

APPENDIX C

Draft Occupational Health Statement of Work
Occupational Health Physician Services
Scope of Work

C-1. Qualifications. Medical doctor shall be licensed within in the respective state, have been professionally employed in the Practice of Medicine for a minimum of five (5) years and be knowledgeable of regulations and resources relating to occupational medicine such as OSHA, NIOSH, DoD, DA and Occupational Medicine Practice Guidelines (ACOEM).

C-2. Submittals.

a. Medical doctor provide proof of licensure 10 working days prior to award and any changes in licensure should be provided in writing within 5 working days of the official notification to the provider.

b. Name and documentation of agreement of a medical doctor who shall furnish contracted services in the event an emergency arises, or during the physician's vacation, precluding him/her from providing requirements herein.

c. (optional) Location the Contractor will provide the contracted medical services and a list of staff position titles and names available at that clinic.

C-3. Period of Performance. The period of performance shall begin at the notice to proceed, which will be no sooner than 30 days after contract award. Expected contract award date is _____.

C-4. Scope of Work.

a. General.

(1) Contractor shall perform onsite services _____per week for ___ hours. He/she shall generally be available to the Corps of Engineers Safety and Occupational Health Office Monday through Friday from 7:30 AM until 4:00 PM via telephone for consultation on an hourly rate at 15 min billing increments.

(2) Contractor serves as Medical Officer, giving guidance in form of written protocols for medical services including the use of over-the-counter and prescription medications in _____(the Occupational Health Unit and field offices).

(3) Contractor shall provide medical consultation by telephone with on-site USACE _____ (Occupational Health Program Manager or Occupational Health Nurse) as required.

(4) Contractor shall provide preventive services within the competence of the professional staff:

(a) To appraise and report work environment health hazards to departmental management as an aid in preventing and controlling health risk,

(b) To provide health education to encourage employees to maintain personal health, and

(c) To provide specific disease screening examination and immunizations, as the department or agency head determines to be necessary.

(5) Any medical examinations, tests or procedures shall be accomplished in a fully functional, staffed clinic on-site, or at a facility within a ten-mile radius of the U.S. Army Corps of Engineers (USACE) Office located at _____. Upon completion of exam, original forms shall be provided to the Occupational Health Medical Records Custodians.

(6) The contractor shall render review of field physician's medical reports as needed.

(7) (This paragraph may not be applicable in all districts.) The contractor shall render guidance to field nurses in the course of emergency response duties and provide standing orders as needed.

(8) As a quality assurance procedure, the contractor should expect that the records of performance will be reviewed by a Board Certified Occupational Health Physician representing the USACE. This review will be completed as part of the contract quality assurance at anytime during the contract.

b. Description of Medical Care.

(1) Contractor shall provide the "hands-on" physicals for Government employees. Review of the examination and test results with the employee after the examination will be done by the physician. Referrals are made to the person's primary care physician. The types of physical examinations are as follows:

(a) Specific medical surveillance examination based on work related exposure shall be done _____(on site and remote locations).

(b) Medical examination to determine if an employee meets the qualifications of the job shall be done _____ (on site and remote locations).

(c) Pre-employment examination shall be done _____ (on site and remote locations).

(d) Medical examinations to determine if an employee is able to return to work following an injury shall be done _____ (on site and remote locations).

(e) Other examinations as necessary shall be done _____ (on site and remote locations).

(f) (option) Examinations as describe by Theater Command Surgeon directives to determine if an employee is able to deploy shall be done _____ (on site and remote locations). The physician shall provide doctor notes and interpretations of test results to the Theater Command Surgeon who shall determine if the employee is deployable.

(2) General physical assessment to include:

(a) A review of the medical history;

(b) An Evaluation of eyes, nose, mouth, ears, thyroid, heart, lungs, abdomen, reflexes, generalized skin condition, circulation, spine, back, and hernias;

(c) A review with the employee the results of the exam and medical tests;

(d) A review of the following types of medical tests: laboratory work to include CBC, PSA & TSH and specific tests based on the work place exposures, urinalysis, vision screening, electrocardiogram, audiogram, periodic chest X-rays, pulmonary function tests, and specific toxicological tests based on work exposure.

(e) Any health education as having been identified in the medical tests.