

C-6. Medical Surveillance

I. Purpose

The purpose of the medical surveillance of employees at the NCI-Frederick is to preserve health and prevent work related disease. The medical surveillance program will assess and monitor the employee's health to identify if an employee is more vulnerable to occupational illness or injury and to evaluate if appropriate accommodation, PPE, or work restrictions can reduce vulnerability and optimize health. The employee's health status will be assessed to assure that there is no hazard to fellow employees and to provide protective vaccines to protect the employee in the work environment. Additionally, the medical surveillance will monitor the health of employees identified as potentially exposed to chemical, biological or physical hazards in the work environment; to evaluate employee health data and identify specific instances of illness or health trends suggesting adverse workplace exposures; and to comply with Federal and State regulations and guidelines.

II. Responsibilities

A. Occupational Health Services (OHS)

1. Perform preplacement/post offer health assessments on designated employees, in accordance with American Disability Act (ADA), Occupational Safety and Health Agency (OSHA), and other Federal and State guidelines. This evaluation is specific for any medical standards related to their job position (for example: animal handlers).
2. Performs periodic work related examinations and surveillance annually and in compliance with Federal and State OSHA requirements.
3. Performs termination examinations to individuals who are removed from the medical surveillance or leaving employment. The examination documents the employee's health at the time of termination and reflects an assessment of the chemical, physical or ergonomic hazards for which the employee was under medical surveillance based on their exposure risk assessment during their employment.

4. Performs medical surveillance programs such as hearing conservation, asbestos, ionizing radiation, respiratory protection or blood borne pathogen programs in compliance with Federal and State OSHA requirements.
5. Assess and treat each work related injury or illness
6. Recommend any work limitations on the employee or upon the use of personal protective equipment such as clothing, gloves and glove liners, or respirators.

B. Environmental Health and Safety (EHS)

1. Identify employee population to be enrolled in medical surveillance programs, with assistance from managers/supervisors.
2. Enroll the employee into the appropriate and required surveillance programs such as hearing conservation, asbestos, ionizing radiation, respiratory protection or blood borne pathogen programs.
3. Ensure the development and delivery of employee safety education and training.
4. Support the accident investigation process in conjunction with EHS and supervisors.

C. Managers/Supervisors

1. Assist EHS to identify essential job functions, to determine potential exposures to chemical, physical, and biological hazards.
2. Complete the Medical Surveillance Enrollment Form when the employee is hired and annually thereafter.
3. Ensure that designated employees participate in the medical surveillance program.
4. Ensure that employees attend required training related to medical surveillance programs.

5. Ensure that employees report all work related injuries and illnesses.
6. Investigate all work-related injuries and illnesses and file accident report with OHS.

D. Employees

1. Participate in medical surveillance.
2. Immediately report all work-related injuries and illnesses to their supervisor and OHS.
3. Report to OHS any injury, illness, or condition (e.g. surgery, major illness, medications, pregnancy, immune suppression) which may increase potential risk of exposure.

III. Employees Covered

- A. Designated full time and part time employees working at NCI-Frederick.
- B. Surveillance programs are offered to all employees in identified risk groups:
 1. Employees working with blood or body fluids, HIV, hepatitis, vaccinia, rabies, or other human pathogens.
 2. Employees who have direct occupational contact with research animals, their viable tissues, body fluids, wastes, or their living quarters.
 3. Employees exposed to hazardous substances or health hazards (chemicals, carcinogens, lead, asbestos, particulates, radiation, and other physical hazards) at or above the permissible exposure limit or, if there is no permissible exposure limit, above the published exposure level (e.g., American Conference of Industrial Hygienists (ACGIH), National Institute for Occupational Safety and Health (NIOSH)) and without regard to the use of respirators or other personal protective equipment.
 4. Employees with exposure to substances identified in 29 CFR 1910.1000-1910.1500 of OSHA Standards for General Industry for which health surveillance programs are required.

5. Employees required to wear respirators or as screening for allergies. (Refer to C-10 Respiratory Protection Program□)
6. Employees whose noise exposures equal or exceed an 8-hour time-weighted average of 85 decibels.
7. Employees who are members of a hazardous materials response team.
8. Employees who are injured or develop signs and symptoms indicative of possible overexposure to hazardous substances or health hazards.
9. Employees who travel internationally to locations where immunizations and preventive medications are recommended or required.

IV. Frequency of Medical Examinations

- A. All designated employees receive a preplacement/post offer evaluation prior to assignment. The exam will establish the employee's baseline health status and assessment of the employee's functional capacity to perform specific work related tasks based on the personnel requisition form or other appropriate documents that are submitted by the supervisor and Human Resources/Personnel. The exam would identify any medical conditions that would prohibit wearing PPE or a condition that would require work restrictions or limitations that would necessitate reasonable accommodations.
- B. Periodic work related surveillance examinations are incorporated into the annual health screening evaluation and in compliance with Federal and State OSHA requirements. The frequency and scope of these examinations depend upon the nature of the employee's work and the possible consequences of occupational exposure.
- C. Termination examinations are offered to individuals on removal from medical surveillance or leaving employment. The examination reflects the health status at the termination of chemical, physical or ergonomic hazards for which the employee was under medical surveillance based on their exposure risk assessment during employment.

- D. Performs examination and counseling for international travel to locations where immunizations and preventive medications are recommended or required.
 - E. For employees who are injured or experience an overt exposure, an examination will occur as soon as possible following the emergency incident or development of signs and symptoms.
- V. Medical Examination Content
- A. Examinations and tests offered:
 - 1. Physical examination.
 - 2. Tests - visual acuity, color perception, pulmonary function (spirometry), respirator fit testing, audiometric testing, tuberculin skin testing, chest x-ray, EKG and/or other procedures as indicated and directed by the examiner.
 - 3. Laboratory examinations - blood chemistry, CBC, urinalysis, and biological monitoring, as indicated.
 - 4. Vaccinations - Tetanus, diphtheria and pertussis, Hepatitis B, Influenza as indicated.
 - B. Past and present medical history, organ systems review, past and present occupational history, personal and environmental stressors.
- VI. Examining Health Care Provider
- A. A licensed, certified nurse practitioner provides and directs the comprehensive examination with the assistance of the registered nurse for the monitoring evaluations.
 - B. Tests and examinations may be performed by a registered nurse trained and/or certified in testing procedures utilized in the occupational health field. Audiometric examinations may be performed by a technician certified by the Council of Accreditation in Occupational Hearing Conservation.

- C. Laboratory examinations and x-rays are performed by accredited facilities.
- D. Vaccinations will be given by trained OHS clinical staff.
- E. A licensed physician, who is board-certified or knowledgeable in occupational medicine, is retained as a consultant Medical Director to provide collaboration with the nurse practitioners.

VII. Examination Costs

- 1. There will be no cost to employees for screening tests or examinations required for this program.
- 2. Examinations will be performed during employee's working hours without loss of pay to the employee.

VIII. Information to be provided by the Health Care Provider

A. Information to be provided to the employee

- 1. Detected medical conditions that would interfere with the employee's health on the job.
- 2. Detected medical conditions that would interfere with the employee's fitness for duty.
- 3. Conditions the employee might have that require further examination or treatment, regardless of whether they are occupationally related.
- 4. A comparison of the current exam with the baseline and previous examination results to determine if an abnormal or significant deviation exists.

B. Information to be provided by OHS to the employer (Human Resources/ Personnel and supervisor)

- 1. Statement that a preplacement/post offer examination has been completed.
- 2. Written final opinion on individual's fitness for duty.

3. Recommendations of work restrictions for the employee or upon the use of personal protective equipment such as clothing or respirators.
4. Recommend possible accommodations to be made to comply with ADA.

IX. Occupational Injuries and Illnesses

- A. Assessment, evaluation, and treatment for occupational injuries and illnesses are provided by OHS staff with referral as indicated.
- B. OHS collects, reviews, and monitors all accident reports.
- C. A log of OSHA-reportable occupational illnesses and injuries is maintained in OHS and reviewed for trend analysis.
- D. Employees are returned to work through OHS with written information about work restrictions and recommendations for accommodations.

X. Recordkeeping and Data Management

- A. Records are maintained and retained as described in Section E-1 Records Management and Section A-2 Occupational Health Services.
- B. The minimum information required in the employee electronic medical record includes:
 1. Name and birth date of the employee;
 2. Health care provider written opinions, recommended limitations, and results of examinations and tests;
 3. Any employee medical complaint related to exposure to hazardous substances;
 4. EHS will provide a copy of MSEF into the electronic medical record.

C. Access to Medical Records

1. Company access to detailed medical records will be restricted to the Medical Director and the OHS staff. Management, supervisors and administrative personnel will be given only summaries of general physical condition as it affects the employee's ability to work. All OHS maintained records are kept in locked and restricted files.
2. Employees will have full access to their own medical files and will be given a copy within 15 days of a written request.
3. Additional allowed access
 - a. Employee's legal representative (if the employee is deceased or legally incapacitated);
 - b. Designated representatives of the employee; written permission, signed by the employee, must be presented to obtain medical records;
 - c. Representatives of the Assistant Secretary of Labor; written permission, signed by the employee must be present to obtain medical records.

XI. References

NCI-FCRDC Bloodborne Pathogen Exposure Control Plan, current version

29 CFR 1910.1000 - 1910.1500 - Occupational Safety and Health Standards