

WP 15-HS.02
Revision 9

Occupational Health Program

Cognizant Department: Safety and Health

Approved by: Tom Ferguson



An AECOM-led partnership with B&W and AREVA

WIPP Occupational Health Program
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CHANGE HISTORY SUMMARY

REVISION NUMBER	DATE ISSUED	DESCRIPTION OF CHANGES
6	02/08/12	<p>Complete rewrite with some of the major changes being:</p> <ul style="list-style-type: none"> • Deleted LPN requirement to provide routine medical services. • Deleted requirement for Office Coordinator. • Added requirement to maintain medical records on employees for occupational injuries. • Deleted requirement for coding allergies, diabetes, and medical surveillance/work hazards. • Deleted steps on self-assessments.
7	01/08/13	<ul style="list-style-type: none"> • Editorial changes in accordance with MD 1.1. • Globally changed references to WP 15-HS.04 to references to WP 15-HS.07.
8	10/14/13	<ul style="list-style-type: none"> • Deleted in subsection 5.3.1 physical examination requirement. • Modified/clarified in subsection 5.3.2 initial respiratory fit test requirements. • Deleted in subsection 5.3.3 requirement for complete blood count in qualification examination. • Updated equipment list in section 10.2. • Replaced example form in attachment 1 with updated version.
9	02/09/16	<ul style="list-style-type: none"> • Updated Acronyms/Abbreviations list. • Updated in section 2.6, the number of nurses that are employed. • Deleted in section 5.2, verbiage regarding the purpose and nature of medical evaluations and tests offered. • Deleted in subsection 5.3.1, verbiage regarding lists of hazards and expectations regarding pre-employment evaluations. • Deleted in section 6.2, first two paragraphs regarding nonoccupational injuries and illnesses. • Deleted in section 7.2, verbiage regarding morbidity. • Added in section 10.2, AED to equipment list. • Deleted in section 10.2, pulmonary resuscitation equipment and small-volume nebulizer and supplies from equipment list. • Deleted in section 11.3, verbiage regarding Cholestech LDXs and GDGs. • Deleted Attachment 4, <i>Request for Administration of Medication or Treatment</i>, and Attachment 6, <i>Health Services Letter to WIPP Employees</i>.

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ABBREVIATIONS AND ACRONYMS

AAOHN	American Association of Occupational Health Nurses
ACLS	Advanced Cardiac Life Support
CDC	Center for Disease Control
CFR	Code of Federal Regulations
CLIA	Clinical Laboratory Improvement Amendments
DEA	U.S. Drug Enforcement Agency
DOE	U.S. Department of Energy
EAP	Employee Assistance Program
EMT	Emergency Medical Technician
EPA	U.S. Environmental Protection Agency
EST	Emergency Services Technician
HIPAA	Health Insurance Portability and Accountability Act
HIV	human immunodeficiency virus
MRO	Medical Review Officer
MSHA	Mine Safety and Health Administration
NWP	Nuclear Waste Partnership LLC
OHE	Occupational Health Examiner
OHN	Occupational Health Nurse
OMD	Occupational Medical Director
OSHA	Occupational Safety and Health Act/Administration
OTC	over the counter
PAPR	Powered Air Purifying Respirator
PFT	pulmonary function test
QA	Quality Assurance
S&H	Safety and Health
WIPP	Waste Isolation Pilot Plant

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PREFACE

The Nuclear Waste Partnership LLC (NWP) goal is to provide employee medical services consistent with company policy and that reflect good medical practices. The Waste Isolation Pilot Plant (WIPP) Occupational Health Program is based on U.S. Department of Energy (DOE), Title 10 Code of Federal Regulations (CFR) Part 851, "Worker Safety and Health Program." The objective of this program is to establish specific direction for an effective worker protection program that will reduce or prevent injuries, illnesses and accidental losses by giving workers a safe and healthful workplace.

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1.0 INTRODUCTION ¹

The WIPP facility is owned and operated by the DOE and managed by its designated prime managing contractor, NWP. Two clinics give health care. The main clinic is at the WIPP site, 32 miles southeast of Carlsbad, New Mexico. An as-needed satellite clinic serves employees at the Skeen-Whitlock Building in Carlsbad.

The WIPP Occupational Health Program gives information on the policies, objectives, and functions of the program. It meets the requirements of 10 CFR Part 851, per WP 15-GM.02, *Worker Safety and Health Program Description*, which states that contractors must establish and provide comprehensive occupational medicine services to employees who work on a DOE site for more than 30 days in a 12 month period and/or are enrolled for any length of time in a medical or exposure monitoring program. This program serves as a resource for WIPP Occupational Health Services (Health Services) to:

- Give readily accessible direction for Health Services' staff.
- Establish and maintain uniform health services practices.
- Describe responsibilities for administration and delivery of medical services.
- Protect employees from health hazards in their work environments.
- Ensure that workers are placed in jobs that can be done reliably and safely consistent with the Americans with Disabilities Act of 1990 (Public Law 101-336).
- Promote the early detection, treatment, and rehabilitation of employees who are ill, injured, or otherwise impaired.
- Give support to management in the medical, mental, and substance abuse aspects of personnel reliability and fitness for duty.
- Promote the maintenance of optimal physical and mental health of employees through health promotion and education.
- Give professional guidance and consultation to management on health-related issues.
- Give employees, as appropriate, medical evaluations, guidance, counseling, and referrals to specialists in support of physical and mental health.
- Protect the privacy of employees and the confidentiality of their medical records.
- Give support to DOE management when suspected excesses of illnesses that requires epidemiologic analyses to decide if the excesses are work-related.

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- The Occupational Health Program also is maintained under the guidelines of the following organizations:
 - New Mexico State Board of Pharmacy
 - American Association of Occupational Health Nurses (AAOHN), Atlanta, Georgia
 - American Board for Occupational Health Nurses, Mequon, Wisconsin
 - American College of Occupational and Environmental Medicine
 - U.S. Department of Health and Human Services, Public Health Services, Division of Occupational Medicine

2.0 HEALTH SERVICES ORGANIZATION AND RESPONSIBILITIES

"Occupational medical provider," as listed to meet the 10 CFR Part 851 requirements, may mean the physician subcontracted to provide services. In the case of review of corporate level Employee Assistance Programs (EAPs), the term may mean the NWP Occupational Health Services staff directing the NWP Occupational Medical Programs overall.

2.1 Occupational Medical Director

The Occupational Medical Director (OMD) shall be a physician who is a graduate of an accredited school of medicine. Experience in occupational health and board certification is desired. The OMD will maintain current federal and state licensing requirements. Though NWP has employees and subcontractors in several states, based on characterization activities, the medical director is required to meet all New Mexico State licensing requirements as that is where the primary NWP facility (the WIPP site) is located. The OMD performs the following:

- Conduct health examinations using current, sound, and acceptable medical practices.
- Provide initial and continuing assessments of employee health, as required.
- Provide the results of health evaluations to Health Services and management responsible for mitigating work site hazards.
- Provide acute care, evaluation, and treatment of work-related injury/illness.
- Inform Health Services of work restrictions and keep appropriate documentation.
- Review and approve the medical aspects of the Occupational Health Program. This includes appropriate medical protocols, wellness programs, monitored care, immunization programs, and bloodborne pathogens programs.

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- Provide authorization to nurses and emergency services technicians for the exercise of professional judgment as required by law.
- Consults and communicates with Safety and Health (S&H), Operations, Environmental and other personnel on specific hazards as requested.

2.2 Occupational Health Nurses

Occupational Health Nurses (OHNs) will be (1) graduates of an accredited school of nursing, (2) licensed, and (3) legally qualified to practice nursing in the state of New Mexico. A Board certification is encouraged. The OHN must possess a current knowledge of actual or potential work-related hazards. This includes physical, chemical, biological, and ergonomic hazards and the possible health risks to employees. Responsibilities of the OHN are as follows:

- Plan and implement the occupational medical service.
- Overview health examination schedules per applicable regulatory drivers.
- Help management to identify and mitigate work site hazards.
- Coordinate with the subcontractors and have available to the OMD:
 - Employee job function analyses and job hazard information providing current information about actual or potential work-related site hazards (chemical, radiological, physical, biological, or ergonomic), including essential job functions.
 - Actual or potential work site exposures of each employee upon request.
 - Access to the workplace for evaluation of job conditions, and issues related to worker's health.
- Personnel actions resulting in a change of job functions, hazards, or exposures.
- Information on and opportunity to participate in worker safety and health team meetings and committees.
- Develop and maintain a confidential medical record on each employee for whom medical services are provided.
- Maintain Advanced Cardiac Life Support (ACLS) certification and coordinate with Emergency Management to integrate duties and protocols.
- Maintain the immunization program for bloodborne pathogens, work specific immunizations, and bio hazardous waste programs, and ensure compliance with Occupational Safety and Health Act (OSHA) and Center for Disease Control (CDC) guidelines.

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- Determine and implement the general content of worker health evaluations, based on current pertinent regulations and ensure they are conducted under the direction of a licensed physician.
- Develop, implement and maintain monitored care programs to ensure early and safe return to work for injured or ill employees to reduce lost time and associated costs.
- Provide medical services following OMD-approved protocols.
- Ensure that equipment calibration is maintained by qualified personnel and documented.
- Conform to legal and ethical principles of occupational health nursing.
- Maintain open communications with the OMD, management, and employees.
- Develop signed medical protocols using New Mexico State Nurse Practice Act (Sections 61-3-1 to 61-3-30 NMSA 1978), AAOHN, and any other applicable recommendations.
- Recommend medical equipment and supplies, provide inventory control of supplies and maintain costs in a fiscally responsible manner.
- Maintain the Workers Compensation Program.
- Maintain certification and training to administer pulmonary function tests, breath alcohol testing and audiometric tests.
- Coordinate the immunization programs according to CDC recommendations.
- Coordinates/implements wellness activities as directed.
- Maintain the substance abuse testing program.
- Ensure that the EAP, or other substance abuse related programs, documentation is stored separately from an employee's general medical record and access to records is in compliance with the Privacy Act.
- Recognize and apply legal and ethical principles of the health profession and maintain confidentiality of records and services.
- Communicate results of health evaluations to management and safety and health protection specialists on a timely basis to facilitate the mitigation of work site hazards.

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2.3 Ancillary Staff

Emergency Medical Technicians (EMTs) may assist with routine patient care under the direction of a nurse if required.

2.4 Consultant Pharmacist

The consultant pharmacist will visit the facilities on a regularly scheduled basis, but not less than four times a year, including an annual inventory visit. The pharmacist will prepare a written report of all recommendations, visits, and activities, including dates of inspections, findings, and any other pertinent findings. These will be kept on file and available for inspection by state drug inspectors upon request. The consultant pharmacist's responsibilities are outlined in the "Pharmaceutical Procedure Manual" maintained in the "Guide to Standard Occupational Health Nursing Standards" maintained in the clinic. The consultant pharmacist will review the protocol on an annual basis.

2.5 Health Services Manager

Health Services is part of S&H and reports to the S&H manager. The Health Services manager's responsibilities are to:

- Create and maintain an occupational health program.
- Establish and maintain a contract for the OMD. Ensure that the physician responsible for the delivery of medical services meets the criteria specified in the contract.
- Establish and maintain a contract for a consultant pharmacist and ensure compliance with state and federal laws.
- Establish and maintain the services of a Medical Review Officer (MRO) if separate from the OMD.
- Ensure that Health Services professionals are licensed, registered, or certified by federal and state law.
- Integrate Health Services with other departments, as required.
- Ensure that this program is integrated with other programs and plans affecting worker safety and health.
- Be aware of cost-efficient practices, and budget and fiscal needs for Health Services.
- Ensure that Health Services is notified of employees absent for more than five consecutive days.
- Ensure that Health Services is notified of internal job transfers.

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- Give direction or approval for fit-for-duty examinations with concurrence from Human Resources as required.
- Ensure that Occupational Health Program records software is maintained in accordance with applicable Quality Assurance (QA) and DOE software requirements.

2.6 Professional Staffing Ratio

Due to the geographical location and isolation of the WIPP site, a full-time OMD is not feasible. A local physician is contracted to provide medical services to the WIPP Project as needed. Three full-time NWP nurses are employed. Because the project employs about 700 persons (including the DOE, NWP and its subcontractors), and there is a significant distance to community medical care, contract nurses may be employed. Nurses work standard day shifts along with the majority of employees. When nurses are not on duty, Emergency Services Technicians (ESTs) are available.

3.0 MAINTENANCE OF A HEALTHFUL WORK ENVIRONMENT

Occupational medical physicians, nurses and associated medical staff should maintain an ongoing familiarity and awareness of existing or potential work-related health hazards, employee job tasks, and work site environments.

Cooperation and coordination with radiological control and industrial hygiene professionals are essential to review processes and procedures with an emphasis on physical, biological, radiological, and chemical hazards present in the work site. Health Services interacts with associated departments in several ways:

- Occupational exposure to ionizing radiation is done by Dosimetry through in vitro and in vivo bioassay monitoring. Dosimetry maintains annual exposure data for participants.
- Health Services recognizes the need for a close professional relationship between occupational medical staff and S&H. A working relationship is established through joint efforts on work cycles related to temperature extremes, potential or actual chemical or radiological exposures, hearing conservation, respirator qualification, ergonomic evaluations and interventions, occupational injury/illness, risk assessments, and other aspects of professional interaction with WIPP Industrial Hygienists, technicians, and safety professionals.
- Health Services has developed a master binder of Job Function Analysis and Exposure Assessments jointly with Human Resources and S&H. Copies of any new job descriptions developed by Human Resources or Health Services are posted and provided to the OMD.

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4.0 SUBCONTRACTORS

In accordance with requirements of 10 CFR Part 851, per WP 15-GM.02, management of subcontractors in accordance with this requirement and coordinated with NWP Occupational Health Services and may include direct participation by subcontractors in the NWP occupational medicine program, participation in the host sites occupational medical program, or requirement for their company to meet the occupational medical requirements in 10 CFR Part 851 as part of their contract with NWP.

5.0 EMPLOYEE HEALTH EVALUATIONS

5.1 Rationale

Health evaluations are made by the OMD or licensed Nurse Practitioner or Physician Assistant which are overseen by the OMD. These evaluations follow current, sound and acceptable medical practices for the purpose of providing initial and ongoing assessment of employee fitness for duty and to:

- Determine whether the employee's physical and mental health are compatible with the safe and reliable performance of assigned job tasks according to the Americans with Disabilities Act of 1990.
- Detect evidence of injury or illness and determine if there may be an occupational relationship.
- Contribute to employee health maintenance by providing the opportunity for early detection, treatment and prevention of disease or injury.
- Create an opportunity for intervention by assessing risk factors that may cause premature morbidity or mortality such as hypertension, smoking, obesity, etc.
- Maintain documented records of the physical and mental health of employees.

5.2 Health Evaluation Content

The WIPP OMD is responsible for approving the health evaluation content in accordance with current sound and acceptable medical practices and all pertinent statutory and regulatory requirements, such as the Americans with Disabilities Act. Baseline evaluations are comprehensive and follow-up evaluations will be targeted as determined by employee exposure data, job task, hazard analysis information, or any other factors. Health evaluations are screening physical examinations. If the practitioner determines further diagnosis or care is required, any follow-up will be under the employee's personal insurance and co-payments. The practitioner will require documentation from the employee's health care provider that the employee has been treated prior to signing off for required medical surveillance.

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Minimum elements of a comprehensive evaluation are:

- Medical/Occupational history.
- Physical examination.
- Laboratory studies required by regulations.
- X-ray studies (if required by the OMD, the studies shall follow the recommendations and guidance found in U.S. Environmental Protection Agency [EPA] 43 Federal Register Part 4377, "Radiation Protection Guidance to Federal Agencies for Diagnostic X-Rays." All radiographs shall be interpreted by a qualified radiologist).
- Review and evaluation of findings.

The following health evaluations must be conducted when determined necessary by the OMD or Occupational Health site providers for the purpose of providing initial and continuing assessment of employee fitness for duty. All WIPP physicals are based on a system called "WIPP Basic Physical Plus." All physicals contain the core element of a medical and occupational history and a complete body exam to determine a baseline record of general health (Basic Physical). As specific tests or qualifications are added (such as pulmonary review, complete blood count, electrocardiogram, hearing testing, tuberculosis testing, vision screening, etc.) to comply with regulations or identified job hazards, they are added to the "Plus" section of the purchase requisition for medical services (see Attachment 1, *Sample Purchase Requisition for Medical Services*).

5.3 Classes of Health Evaluations

5.3.1 Pre-Placement or Transfer

Health Services uses Attachment 2, *Health Services Pre-Placement Health Evaluation Questionnaire*, to decide if a prospective employee needs a pre-placement physical examination, to establish a baseline record of physical condition, and/or to assure fitness for duty. The questionnaire obtains a comprehensive statement of health from the prospective employee AFTER a job offer has been extended, but before the performance of job duties. Questionnaire responses are compared against specific job task analyses to decide if the employee can do the job safely and reliably, consistent with the Americans with Disabilities Act of 1990. Health Services will evaluate factors such as special physical or psychological requirements of the job, potential hazardous exposures, medical surveillance mandated by OSHA and any other specific requirements for the position. Any answers that suggest the employee could not do a specific part of the job, for whatever reason, will trigger an actual physical examination by the OMD before starting work.

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Current employees must be evaluated before a job transfer to a job with new functions and hazards, or change in location that includes a change to another state or DOE site. (Does not apply to transfers between WIPP site and Carlsbad town facilities.) The content of a pre-placement medical examination is the responsibility of the OMD, and includes, but is not limited to:

- WIPP basic physical
- Review of Job Function Analysis and comparison to physical abilities according to the Americans with Disabilities Act of 1990
- Other testing, such as spirometry, blood work, chest x-ray, or electrocardiogram as required for concurrent qualification physicals

5.3.2 Medical Surveillance and Health Monitoring

Standards and requirements for special health evaluations and periodic, hazard based health monitoring for employees who work in jobs involving specific physical, chemical, radiological, or biological hazards will be according to applicable OSHA/Mine Safety and Health Act [MSHA]/DOE standards and according to the frequency required by the regulation. If an employee may be exposed to a potential hazard, not covered by current regulations, the OMD may determine appropriate monitoring if approved by the DOE Director, Office of Occupational Medicine and Medical Surveillance, EH-61/270 CC, U.S. Department of Energy, 19901 Germantown Road, Germantown, MD, 20874-1290. For subcontractors, exposure-related physicals may be provided by the subcontractor's physician in accordance with the following information, or by the host facility as coordinated by the NWP Occupational Health staff. The content of medical surveillance and health monitoring examinations includes, but is not limited to:

- Occupational Hearing Conservation Program - Consists of medical evaluations of audiograms, standard threshold shifts, and pathology noted during testing.
- Respirator Fit, Initial - Newly hired/transferred employees who will require a respirator as part of their job will respond to the questions in Appendix C, OSHA Respirator Medical Evaluation Questionnaire, of Title 29 CFR §1910.134, "Respiratory Protection." A spirometry test will be administered by Health Services. If there are no medical problems with either the questionnaire or the spirometry, an OHN will sign the medical clearance portion of the WIPP Respirator Protection Verification Record, attachment 2 of WP 12-IS1810, *Quantitative Fit Testing* (see Attachment 5, *Sample WIPP Respirator Verification Record*), so the employee may proceed with fit testing and training.
- Personnel required to wear an Air Purifying Respirator who do not pass a pulmonary function test (PFT) shall be provided with a Powered Air Purifying Respirator (PAPR) in accordance with OSHA 29 CFR 1910.134(e)(6)(ii) until such time that they can pass a PFT. PFT testing is not required for personnel whose only respirator use is a PAPR.

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- Respirator Fit, Annual - Annual respirator qualification will consist of answering Appendix C of 29 CFR §1910.134. Employees will be given time to complete the questionnaire at work. The questionnaire will be reviewed by an OHN. Spirometry testing will be administered by Health Services. If there are no medical problems with either the questionnaire or the spirometry, an OHN will sign the medical clearance portion of the WIPP Respirator Protection Verification Record, which is attachment 2 of WP 12-IS1810 (see attachment 5), so the employee may proceed with fit testing and training. If problems are noted with the spirometry or questionnaire that indicates further medical evaluation is required, the employee will be evaluated by the practitioner prior to wearing a respirator with the same conditions noted above regarding treatment.
- Mine Rescue, Initial - The WIPP basic physical includes a medical placement of the individual's general health and physical and psychological capacity to perform work and establish a baseline record of physical condition and assure fitness for duty. The physical consists of WIPP basic physical, baseline stress testing, electrocardiogram, hearing testing, visual examination of eardrums, vision testing, complete blood count, HIV (human immunodeficiency virus)/hepatitis baseline testing if requested by employee, chest x-ray if required by practitioner and all requirements for respirator fit surveillance program. Mine Rescue Team members must have completed, or been offered, Hepatitis B vaccine series. A current tetanus vaccination must be on record. The physician will certify medical fitness of the employee by documenting on the MSHA form 5000-3.
- Mine Rescue, Annual - Consists of WIPP basic physical, stress testing every five years, electrocardiogram, hearing testing, visual examination of eardrums, vision testing, color vision testing, and chest x-ray if required by practitioner and all requirements for respirator fit surveillance program.
- Emergency Responder, Initial - Consists of WIPP basic physical, plus hearing testing, visual examination of eardrums, vision testing, color blindness screening, HIV/hepatitis baseline testing if requested by employee, complete blood count, chemistry panel, baseline electrocardiogram, baseline stress testing, and chest x-ray if required by practitioner. The same criteria for the respirator fit surveillance program apply to this category of physical. Emergency Responders must complete, or have been offered, Hepatitis B vaccine series, and have a current tetanus vaccination on record.
- Emergency Responder, Annual - Consists of WIPP basic physical, plus hearing testing, visual examination of eardrums, vision testing, color blindness screening, HIV/hepatitis testing if requested by employee, complete blood count, electrocardiogram for employees age 40 and over, stress testing every five years, and chest x-ray if required by practitioner. The same criteria for respirator fit, Initial and Annual, apply to this category of physical. ESTs will have annual tuberculosis testing.

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5.3.3 Qualification Examinations

Medical examinations will be done on those employees who require medical qualification for specific job assignments. The content of various qualification examinations shall be approved by the OMD following applicable regulations and standards. Qualification examinations include:

- Confined Space - Consists of spirometry, OSHA Respirator Medical Evaluation Questionnaire, and fit testing. An initial physical will mirror the initial physical for Respirator Fit, and annual requirements.
- Respirator Fit - Consists of spirometry, OSHA Respirator Medical Evaluation Questionnaire, and fit testing.
- U.S. Department of Transportation - Consists of the WIPP basic physical, plus hearing testing, color blindness screening, and drug/alcohol testing as required.
- Emergency Responder - See section 5.3.2.
- Crane Operator - Consists of the WIPP basic physical, hearing and vision testing, color screening, and color blindness screening.
- Mine Rescue - See section 5.3.2.
- Sampling Team - Consists of respirator fit surveillance program qualifications. See section 5.3.2.
- Hoisting - Consists of WIPP basic physical, electrocardiogram, chest x-ray if deemed necessary by the physician, hearing testing, vision testing, and vision color testing.

5.3.4 Fitness for Duty

Employees will be evaluated for the presence of medical and/or psychological conditions or substance abuse that may reasonably impair their safe, reliable and trustworthy performance of assigned tasks. The practitioner has the responsibility for determining content of examination and fitness for duty. Referral to the practitioner for evaluation will require the concurrence of Health Services management, the employee's manager and Human Resources management.

WP 15-HS.04, *NWP Workplace Substance Abuse Plan*, outlines the substance abuse identification and rehabilitation plan as part of the WIPP commitment to a safe and healthy work environment.

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5.3.5 Return to Work

5.3.5.1 Occupational

All employees with occupationally related injuries or illnesses shall be evaluated by an occupational health examiner (OHE) before returning to work. Following a work-related injury/illness lasting three or more consecutive days (or an equivalent time period for those individuals on an alternate work schedule), a return to work evaluation will determine the individual's physical and psychological capacity to perform work and return to duty. The scope and content of the evaluation shall be determined by the OHE who has managed the case, based upon the nature and extent of the injury or disease, and shall be sufficient to ensure that the employee may return to work without undue health risk to self or others. The OHE's examination will evaluate the employee's injuries/illnesses to determine work-relatedness, the applicability of medical restrictions, and referral for definitive care as appropriate. Employees must obtain written clearance from Health Services before returning to work. If an employee returns to work without written clearance from an OHE, they may not remain in the workplace until Health Services has clearance.

5.3.5.2 Nonoccupational

NWP management shall ensure that employees will not be allowed to return to work until they receive a health evaluation and clearance from Health Services. The employee must have written clearance from their personal physician stating they may return to work and what restrictions, if any. If an employee returns to work without written clearance from their personal physician, they may not remain in the workplace unless documentation is received. An employee requires written clearance in the following situations:

- Any illness or injury causing absence from work for five consecutive workdays or more.
- Procedures or treatments that would negatively affect the employee's ability to perform safely and/or reliably, such as administration of pain medication or sedating medication.
- Hospitalization for any reason.
- Treatment based on a condition that may impact the employee's ability to perform their job in a safe manner (see Section 5.3.4, *Fitness for Duty*).

The employee shall get relevant medical information from their private physician to assist Health Services in determining if the employee is fit to return to work. Health Services will provide Job Function Analysis to private physicians as needed to help them determine if an employee is realistically ready to return to work. The final decision for health-related work recommendations shall reside with the OMD if a disagreement exists regarding return to work suitability.

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5.3.6 Termination Health Evaluations

NWP interprets the 10 CFR Part 851 requirements for a termination physical evaluation to be based on termination from the contract (for subcontractors) or DOE complex versus leaving a specific facility as our characterization activities personnel frequently move from site to site throughout the DOE complex while operating to the same contract or NWP work scope.

A health status evaluation shall be made available to all terminating employees to establish a record of physical condition. The review will include the employee's medical record and associated exposure information.

The OMD will determine the content of a termination health examination for employees with known occupational illness or injuries, or employees with documented or presumed exposures to hazardous substances as required by OSHA regulations.

All terminating employees shall complete a signed response of the following questions:

1. Have you had any medical treatment or health changes since your last physical?
2. To your knowledge, have you had any significant chemical, radiation, or physical (such as heat or noise) exposures since your last physical?
3. Do you have any complaints or concerns related to prior illnesses, injuries or exposures?
4. Do you have any current medical complaints?

Attachment 3, *Termination Health Status Review*, is used to ensure that terminating employees are aware of their rights to review their medical status and receive a physical to evaluate any occupational exposures they desire.

5.3.7 Voluntary Periodic Examinations

Currently, NWP does not offer voluntary periodic examinations to employees outside a medical surveillance program.

6.0 DIAGNOSIS AND TREATMENT OF INJURY OR DISEASE

6.1 Occupational Injury or Disease

NWP is committed to managing occupational injury or disease according to New Mexico State laws and regulations, and meeting the expectations of the DOE.

Diagnosis and treatment of occupational injury or disease will be prompt. Emphasis is placed on rehabilitation and return to work at the earliest time compatible with job safety and employee health. Occupationally ill or injured employees will be actively monitored to facilitate their earliest return to work to minimize lost time and associated costs. Employee Job Function Analysis is used to determine if medical restrictions are

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necessary. If restrictions are necessary, Health Services must notify the worker and management, both when imposed and removed.

A NWP OHN will be the point of contact in ensuring that NWP employees with an occupational injury or illness receive medical clearance from an OHE before returning to work, coordinating their care and release through an OHE and management according to section 5.3.5.1 of this program.

The S&H manager or designee shall be notified by the OHN immediately of any identified or suspected unhealthy or unsafe work situations detected by the occupational medical staff. The Health Services manager also shall be contacted as soon as possible by the OHN to inform him or her of any occupational injury or illness resulting in a visit to an OHE or emergency room.

The NWP nurse actually providing the first aid care will be responsible for:

- Determining the extent of treatment needed (first aid only, physician evaluation, emergency care) and providing that care.
- Ensuring accident/injury forms are filled out based on extent of treatment.
- Notifying a Safety representative if necessary.
- Notifying the manager of Health Services in writing, so that persons with "need to know" can be informed of injury/illness.
- Documenting/charting event.

6.2 Nonoccupational Injury and Illness

NWP is committed to helping employees with a temporary impairment return to work as soon as feasible. Following section 5.3.5.2, every effort will be made by Health Services to coordinate reasonable accommodations in a proactive and creative fashion. Health Services will act as lead while working with Human Resources, management, the practitioner, the affected employee and their personal physicians.

6.3 Monitored/Managed Care

Monitored/managed care of ill or injured employees by Health Services is critical in maximizing recovery, encouraging safe return to work, reducing lost time and containing medical costs.

NWP management is responsible for ensuring that Health Services is notified when an employee is off work for medical reasons.

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Medical clearance through Health Services is required to return to work when:

- An employee has been hospitalized for any reason.
- An employee was injured in an accident, whether on or off duty.
- An employee has been absent from work for three or more consecutive work days or seven consecutive calendar days.
- An employee has been out of the work place due to a Fitness for Duty issue.

7.0 EMPLOYEE COUNSELING, HEALTH PROMOTION, AND PREVENTION

7.1 Employee Assistance Program

Per WP 15-GM.02 (for 10 CFR Part 851), the Occupational Medical Staff may serve as the provider for review and approval of the NWP-sponsored EAPs, alcohol, and other substance abuse rehabilitation programs, and NWP-sponsored wellness programs. Because of the geographical isolation of the region, resources for local providers of employee assistance programs are limited. The EAP is contracted and managed by third-party administrators with no input from local Health Services or the OMD regarding the actual programmatic content. If an employee is using EAP services for nonoccupational issues or problems, it is confidential and Health Services may or may not be involved. Employees are not required to report use of the EAP to the company.

If absences from work exceed seven or more calendar days because of mental health issues, the employee may fall under Health Services' managed care, with consideration of confidentiality, as far as possible. The OHE will review return to work releases of employees, including medications and restrictions. The final decision for work recommendations shall reside with the OMD if a disagreement exists regarding return to work suitability.

If an employee is administratively referred to the EAP, the interaction between the EAP and Health Services will depend on the reason for referral. An employee who is referred because of emotional/personal/work problems will fall under different guidelines than one who has been referred because of self-identification of a substance abuse problem.

A manager may observe job performance problems or other indicators that an employee may benefit from EAP counseling. The manager may choose to refer the employee to Human Resources or Health Services for direction if the problems are minor or related to a personal life event. If the problems are more serious and influence the employee's performance significantly, the manager may refer the employee for EAP assistance through the fitness for duty process as described in Section 5.3.4, *Fitness for Duty*.

An employee who self-identifies a substance abuse problem will be placed on furlough while seeking treatment in accordance with WP 15-HS.04. The OHE will be informed that the employee has entered the EAP for treatment by the manager of Human

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Resources or designee. The OHE will conduct an evaluation of the employee and their treatment plan before return to work to ascertain that the employee is fit for duty. The final decision for work recommendations shall reside with the OMD, in consultation with the Human Resources manager, if a disagreement exists regarding return to work suitability.

7.2 Employee Health and Wellness Programs

Health Services offers a variety of services to WIPP employees with an emphasis on health promotion and prevention of disease. Services available may include health education, cholesterol screens, blood pressure monitoring, some immunizations, blood sugar testing, limited liver function testing, smoking cessation information, body fat analysis and weight management counseling, over the counter (OTC) medications, first aid treatment, and health counseling. The OHNs may be used in the community as a resource for school health fairs, community health fairs, and speakers for civic organizations. NWP maintains gym facilities on site and in town for employee use, and sponsors limited gym memberships for employees whose job functions require firefighting.

7.3 Bloodborne Pathogens

NWP is committed to a proactive stance regarding employee exposure to potentially infectious materials. Details of the NWP bloodborne pathogen plan may be found in WP 15-HS.01, *Bloodborne Pathogen Exposure Control Plan*.

8.0 MEDICAL RECORDS

8.1 Development and Maintenance of Medical Records and Medical Information

A basic requirement of Health Services is the maintenance of a complete medical record for each NWP employee. A record, containing any medical, health history, exposure history, and demographic data collected for the occupational medicine purposes must be developed and maintained for each employee for whom medical services are provided. This begins at the time of employment, extends throughout the length of employment and for 75 years thereafter. A written account is maintained of the health status of the employee to assist in health promotion and safe job placement.

Medical records will be maintained to ensure complete, accurate, and current information. All medical records and medical information are considered protected information under the Health Insurance Portability and Accountability Act (HIPAA), Standards for Individually Identifiable Health Information (also known as the "Privacy Rule") of 45 CFR Part 160, Subpart A, "General Provisions"; and 45 CFR Part 164, Subpart E, "Privacy of Individually Identifiable Health Information." In compliance with the Privacy Rule, medical records are kept under a double lock system with access only by nurses and the manager of Health Services on a need-to-know basis. Computers are in nonpublic areas. Computer-generated medical records are accessible only by Health Services personnel via the Occupational Health Management system. Occupational medical records are maintained in accordance with Executive Order

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13335, *Incentives for the Use of Health Information Technology*. The medical fax machine is located in a restricted access area and has a secure, dedicated phone line. All faxes, verifications and printouts are removed immediately from the machine. Entries on medical records, if handwritten, must be in ink and signed and dated by the person making the entry. Medical records entered in the computer program must include the name of the health care giver.

Medical records are considered legal documents. Summary data will be added to update the employee's medical record at the time of each scheduled health examination, or unscheduled health visit, to include:

- The current health status of the employee, the development or progress of any disease process, and the employee's sick leave or disability history, if applicable.
- Any hazardous or potentially hazardous physical, chemical, radiological, or biological agents at the employee's work site as reported by the employee and the employee's history of exposure to any physical, chemical, radiological, or biological agents, if applicable.
- The employee's injury event record, if applicable.
- Incidental visits to Health Services, including routine services such as blood pressure monitoring, Clinical Laboratory Improvement Amendments (CLIA) waived laboratory testing, OTC medications, etc.

8.2 Confidentiality

The confidential character of all employee medical records, including written or electronic records, results of health examinations and visits to the Health Services Clinics, will be rigidly observed by Health Services personnel in accordance with the Privacy Rule. Such records will remain in the exclusive custody and control of Health Services. Access to employee medical records will be granted only as permitted by company policy, state or federal laws or regulations. Any release of nonwork-related information will require a signed release of information from the employee, and will subsequently be documented in the employee's medical file. An authorization form signed by the employee may grant full or partial access the employee's personal health information. Release of work-related information will be limited to the extent that can be justified by the inquiring entities. (See "Privacy Rule, Medical Information Disclosure," Guide to Standard Occupational Health Nursing Standards.) Access to these records is provided in accordance with DOE regulations implementing the Privacy Act and the Energy Employees Occupational Illness Compensation Program Act.

Psychological records are maintained separately from medical records and in the custody of the designated mental health professional in accordance with 10 CFR §712.38, "Human Reliability Program, Medical Standards."

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8.3 Identification and Coding of Medical Records

Employee medical records will be properly identified with labels stating the name, date of birth, and social security number. Coding of records will show the following information:

- Current job title/work location on computerized records
- Job certifications/qualifications (such as hoisting, emergency response team, etc.) and work location on computerized records

8.4 Work Restriction Records

Appropriate work restrictions will be communicated to applicable management by the OHN, either by phone or e-mail. Documentation will be put in the medical record that the employee's manager was notified of pertinent restrictions, and lifting of restrictions. Work-related injury/illness restrictions will also be conveyed to S&H for OSHA record keeping.

8.5 Retention of Medical Records

Records will be retained on any disability or death related to an occupational injury or disease. State Workers Compensation record requirements will be met. Employee records are maintained indefinitely. Current employee records are maintained in the Health Services clinic on-site. Records for separated, deceased or retired employees are sealed individually, labeled with name and social security number and stored in locked files in Health Services storage. Medical records of terminated employees prior to 1998 are stored in Human Resources storage, or have been sent to long term storage following Human Resources policy. Electronic records of separated, deceased, or retired employees are maintained in the database and are not deleted.

8.6 Quality Records

The use of this document generates the following quality records:

- WIPP Purchase Requisition
- Attachment 2
- Attachment 3, if performed.

9.0 EMERGENCY AND DISASTER PREPAREDNESS

The WIPP Emergency Management Program (WP 12-9) contains detailed information concerning the emergency and disaster preparedness of the WIPP site. This document includes the medical portion of the emergency program. The program was developed by a collaboration of departments with potential participation in an emergency or disaster. Because of the immense complexities in regulatory drivers, directives and the

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ultimate responsibility of NWP to this document, the OMD serves as a reviewer/ approver, rather than a developer, of the plan.

10.0 OCCUPATIONAL MEDICAL FACILITIES AND EQUIPMENT

10.1 Facilities

Health Services has two locations. The main clinic is on the surface at the WIPP site. It has a reception area, offices, a screening and assessment room and a testing/acute care area. Facilities are adequate for privacy and comfort of employees for waiting, consultation, examination and emergency treatment. The clinic adjoins the EST area, and the ambulance and rescue vehicle area, to ease coordinated care. Decontamination for chemical and radiological exposures is not expected to be done in the clinic, since facilities designed for decontamination are available. However, a full shower and eyewash station is in the clinic in case of chemical exposure.

A satellite clinic is in Carlsbad, New Mexico, in the Skeen-Whitlock Building. It is designed primarily for first aid and wellness activities, and is not staffed on a full time basis

10.2 Equipment

The site clinic has, at a minimum:

- Audiometer with audiometric booth
- Pulmonary function testing equipment, which measures vital capacity, timed vital capacity (FEV-1) and maximum voluntary ventilation
- Cardiac defibrillation/pacing/monitoring/interpretive electrocardiogram equipment
- Pulmonary resuscitation equipment
- Equipment to monitor cholesterol, lipids, liver function, simple/ glycosolated glucose and simple urinalyses
- Small-volume nebulizer and supplies
- AED

The Skeen-Whitlock Clinic has:

- Equipment to monitor cholesterol, lipids, and simple glucose

In addition, there are ten fully automatic external defibrillators available in strategic areas throughout the site and Skeen Whitlock Building.

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10.3 Pharmaceuticals

Distributing, storing and disposing of pharmaceuticals follow applicable state and federal laws. All medications in clinics are stored in locking cabinets inside locking doors. Employee use of medications is documented in the employee's medical record.

11.0 QUALITY ASSURANCE/QUALITY IMPROVEMENT

NWP Health Services is dedicated to continuous improvement in care delivered to employees. To help this goal, Continuous Quality Improvement is practiced.

11.1 Staff Qualifications

A central qualification file is kept for each licensed staff member. The qualification file has a copy of current licenses, certifications, and recognitions. Periodic reviews are made by the manager of Health Services to ensure all staff retains qualifications and continuing education according to New Mexico law, AAOHN standards, and WIPP policy. Staff members are encouraged to join the AAOHN for professional enhancement.

OHNs are strongly encouraged to seek board certification.

OHNs and staff nurses will achieve and maintain certification in audiometry, spirometry, breath alcohol testing, drug screening, Radiological Worker, and MSHA Underground Miner.

11.2 Clinic Licensure/Certificates

- Current New Mexico State Board of Pharmacy Limited Clinic licensure will be maintained as applicable. Licenses will be displayed in the clinic.
- Current U.S. Drug Enforcement Agency (DEA) registration, as applicable, will be maintained and displayed.
- Current controlled substance registration will be maintained, as applicable. Registration certificates will be displayed.
- Current CLIA Certificate of Waiver will be displayed.

11.3 Equipment Maintenance and Calibration

- Audiometer and audiometric equipment
 - Audiometer will be tested and calibrated yearly by qualified technicians. Documentation will be maintained of calibrations.
 - Calibration, electronic and biological, will be done according to WP 15-HS.05, *Health Services Hearing Conservation Program*.

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- Spirometer and spirometry equipment
 - Calibration before the first testing of the day will be done following the manufacturer's directions, and recorded in the Spirometry Calibration Log according to protocol (see Guide to Standard Occupational Health Services Protocols).
- Defibrillators will be checked periodically per WP 15-HS.06, *Automatic External Defibrillator Program*.
- Annual biomedical safety checks will be done on all electronic medical equipment by qualified technicians. Records will be maintained of safety checks.
- Refrigerator temperature will be checked weekly and documented in the log book.
- Other equipment, as acquired, will be calibrated and maintained according to each manufacturer's specifications and requirements traceable to nationally recognized standards.

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REFERENCES	
DOCUMENT NUMBER AND TITLE	KEY STEP
10 CFR Part 851, "Worker Safety and Health Program"	1
10-CFR 712.38, "Human Reliability Program, Medical Standards"	
29 CFR §1910.134, "Respiratory Protection"	
45 CFR Part 160, Subpart A, "General Provisions"	
45 CFR Part 164, Subpart E, "Privacy of Individually Identifiable Health Information"	
Public Law 91-596, <i>Occupational Safety and Health Act of 1970</i>	
Public Law 101-336, <i>Americans with Disabilities Act of 1990</i>	
EPA 43 Federal Register §4377, " <i>Radiation Protection Guidance to Federal Agencies for Diagnostic X-Rays</i> "	
New Mexico State Nurse Practice Act (Sections 61-3-1- to 61-3-30 NMSA 1978)	
New Mexico Limited Clinic Drug Permit	
Cholestech LDX User Manual	
Cholestech GDX User Manual	
WP 12-9, <i>WIPP Emergency Management Program</i>	
12-IH1004, <i>Noise Surveys</i>	
WP 12-IS1810, <i>Quantitative Fit Testing</i>	
WP 15-GM.02, <i>Worker Safety and Health Program Description</i>	
WP 15-HS.01, <i>OSHA Bloodborne Pathogens Exposure Control Plan</i>	
WP 15-HS.04, <i>NWP Workplace Substance Abuse Plan</i>	
WP 15-HS.05, <i>Health Services Hearing Conservation Program</i>	
WP 15-HS.06, <i>Automatic External Defibrillator Program</i>	

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Attachment 1 – Example Purchase Requisition for Medical Services

Nuclear Waste Partnership

Charge # _____

Serial # **Nº 1993**

Requisitioned by _____

Supplier _____

WIPP Basic Physical:

- Complete Exam of Body Systems
- Medical History
- Chest X-Ray (if deemed necessary)

TOTAL CHARGES

PLUS:

- CBC
- Urinalysis
- Ear/Hearing Evaluation
- PFT
- Drug Test
- Fitness for Duty
- Rabies Antibody Titre
- Hep B Antibody Titre
- Chemistry Profile
- EKG
- Hearing Test
- Vision Test
- Breath Alcohol Test
- Functional Capacity Analysis
- Consultation
- Mets

Employee _____

SS# _____ DOB _____

Job Title _____ Department _____

Type Of Physical:

- Pre-Employment DOT RF Hoist
- Emergency Responder _____
- Other _____

DATE	TIME	APPOINTMENT TYPE	LOCATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Attachment 2 – Pre-Placement Process Instruction for New Hire Candidates

PRE-PLACEMENT PROCESS INSTRUCTION FOR NEW HIRE CANDIDATES

Nuclear Waste Partnership LLC
Waste Isolation Pilot Plant
Carlsbad, New Mexico

General Information

As part of the hiring and placement process, Nuclear Waste Partnership LLC (NWP) requires that you complete the enclosed post-job offer, pre-placement health questionnaire to ensure that you are placed in a position that will not adversely affect your health and safety, or the health and safety of others. Part of the process includes a urine drug test. The drug test is usually performed as part of the interview process. However, if more than 45 days have passed since your interview, it will be repeated. Please read all documents carefully and follow all instructions. Your questionnaire responses and your drug test results are confidential and will be reviewed only by a NWP Health Care Professional.

In addition to this instruction sheet, this packet should contain:

1. A Pre-Placement Health Questionnaire
2. Instructions for returning the completed questionnaire. FAX to Occupational Health Services using a secure fax number at (575) 234-8930.

If your packet does NOT contain these materials, notify NWP Health Services at (575) 234-8997 immediately.

Instructions

3. Read the introduction for the Health Questionnaire very carefully.
4. Complete the questionnaire. Read all instructions contained in the questionnaire and answer all questions even though they may not seem to apply to you or the job for which you are being hired. If you have any questions regarding the questionnaire, please contact NWP Health Services at (575) 234-8997.
5. Sign the questionnaire. Your signature is mandatory.
6. Return the questionnaire as requested within 48 hours to NWP Health Services as directed in your specific instructions. Do not return the questionnaire to your hiring manager or Human Resources.
7. If a repeat drug test is required, follow all instructions from Health Services regarding scheduling the test.
8. If there are any changes in your health status between completion of this pre-placement process and your start date at NWP, contact Health Services at (575) 234-8997.

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Following the above instructions in a timely manner will ensure a smooth hiring and placement process. Failure to comply with any of the above will delay the hiring process.

PRE-PLACEMENT HEALTH QUESTIONNAIRE

NWP strives to control potential workplace hazards and to ensure that each employee is working in a job assignment that is safe and consistent with his or her physical and mental abilities.

NWP requires that you complete this confidential post-job offer, pre-placement health questionnaire to ensure you are placed in a position that will not adversely affect your health or safety or the health or safety of others. Some questions and answers may be used in a general way for ongoing health promotion or health maintenance. All questions must be answered, even though they may not appear to be relevant to you or the position in which you will be working.

Drug Free Workplace

Consistent with NWP procedures for a drug free workplace, urine testing is performed to test for drugs of abuse. In some cases, drug testing may have to be repeated. This does not imply any suspicion of drug use. Please follow instructions you have been given for complying with the drug test. Your pre-placement process cannot be completed until a Health Services professional has reviewed the results of the urine drug test and the pre-placement questionnaire. NWP performs regular random drug testing of employees.

Medical Surveillance

Some jobs require additional medical information and annual surveillance. Health Services or your supervisor will notify you if the position for which you are being hired involves a potential workplace hazard that may fall under regulatory requirements. Normally, each department has a training coordinator who tracks required training and physicals and will arrange annual surveillance examinations where specific medical evaluations will be performed.

Americans with Disabilities Act

If you require job accommodation for medical reasons, it is your responsibility to make a written request to the Human Resources department and provide any necessary documentation to Health Services.

If you have any questions concerning the above information, please contact your hiring manager or Health Services at (575) 234-8997.

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HEALTH EVALUATION QUESTIONNAIRE

Please complete the information below before completing the questionnaire.
Failure to answer all questions or to complete the questionnaire will delay the hiring process.

Medical History: To be completed by prospective employee (Please print clearly)

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____ Sex M F

Home Address _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Work Telephone: () _____

In case of emergency contact: _____

Name: _____ Relationship: _____

Home Telephone: () _____ Work Telephone: () _____

Address: _____

Personal Physician: _____ Telephone: () _____

Job Title: _____ Department: _____

Manager: _____

Have you had a previous medical examination at any AECOM Group Facility? Yes No

If yes, where and when? _____

Are you a Veteran? Yes No

If yes, what service dates? _____

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Mark each question YES or NO. Each Yes answer requires an explanation in Section 9. Each comment should be given the appropriate question number and fully explained.

Section 1

The questions in this section are related to work activities that require certain physical capabilities to perform the job safely, or are related to potential workplace exposures. Answer all questions even though the activity may not appear relevant to the job or to you.

- | Yes | No | As a result of an injury/illness, or other medical causes, do you have any impairment of: |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Uncorrected vision in either eye that interferes with your ability to read, see at a distance, see close up, distinguish colors, or see in dim light? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Hearing that interferes with your ability to understand spoken words, or requires you to wear a hearing aid or to avoid exposure to excessive noise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Speech that interferes with your ability to communicate by using your voice? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Your sense of smell? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Your neck that limits motions of your neck or interferes with your ability to hold your head or neck in a fixed position for periods of time? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The upper back that interferes with your ability to raise your arms, twist your shoulders, carry heavy objects, or sit/stand for long periods of time? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. The lower back that limits your ability to bend, twist, or to lift/carry heavy objects, or to sit/stand for long periods of time? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Either shoulder or arm that limits normal range of motion, full use or strength of your upper extremities? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Either hand (including fingers) or wrist that limits dexterity or your ability to maintain a strong grip or perform repetitive work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Either foot or leg that limits your ability to stand, walk, bend, climb stairs, work on ladders or scaffolding, or walk on uneven surfaces? |

Section 2

The questions in this section relate to work activities that involve motorized vehicles, driving company vehicles, operating moving machinery, working at heights, or in confined spaces, or working alone. Answer all questions even though the activity may not appear to be relevant to the job or to you.

- | Yes | No | As a result of injury/illness or other medical cause, do you have any impairment that: |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Affects your sense of balance? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Causes you to faint, have seizures, or otherwise become unconscious? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Makes it dangerous for you to work at heights or around moving machinery? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Prohibits you from operating a moving vehicle or motor vehicle? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Prohibits you from working alone or in isolated or confined spaces? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Limits your ability to perform strenuous physical activity? |

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Section 3	<p>The questions in this section are related to work activities or potential workplace exposures that may significantly increase the work of the heart and lungs. Also, dust, chemicals and allergens in the air and on work surfaces can irritate the lungs of those with a history of sensitivity or allergic conditions. Some individuals may not tolerate wearing protective respirator equipment. Answer all questions even though the activity may not appear to be relevant to the job or to you.</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> 1. Have you ever had rheumatic fever, a heart murmur, angina, a heart attack, heart surgery, heart disease, heart failure, or high blood pressure?</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. Have you ever had asthma, chronic bronchitis, chronic obstructive lung disease, or emphysema?</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. Do you experience shortness of breath, wheezing, frequent episodes of coughing or chest pain during the normal course of your daily activities.</p>
Section 4	<p>The questions in this section are related to potential noise exposures in the workplace. Answer all questions even though they may not appear to be relevant to the job or to you.</p> <p>Yes No Have you ever:</p> <p><input type="checkbox"/> <input type="checkbox"/> 1. Worked in a job that was noisy, made your ears ring, or made it hard for you to hear?</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. Had a hearing test or work hearing protection because of noise?</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. Been told by a doctor to limit your work activities because of exposure to noise?</p> <p><input type="checkbox"/> <input type="checkbox"/> 4. Do you NOW have, or have you EVER experienced hearing loss?</p>

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Section 5		
<p>The questions in this section are related to your past and present medical history and your occupational history, as some workplace exposures may pose a health hazard to individuals with certain medical conditions or injuries. Certain medications and other substances can impair job performance and lead to unsafe work behavior. Answer all questions even though they may not appear to be relevant to the job or to you.</p>		
Yes	No	Do you NOW have, or have you EVER HAD:
<input type="checkbox"/>	<input type="checkbox"/>	1. Any form of cancer?
<input type="checkbox"/>	<input type="checkbox"/>	2. Any form of kidney disease?
<input type="checkbox"/>	<input type="checkbox"/>	3. Any form of liver disease (hepatitis, cirrhosis, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	4. Anemia, leukemia, Hodgkin's disease, or hemophilia?
<input type="checkbox"/>	<input type="checkbox"/>	5. Meningitis, encephalitis, brain tumor?
<input type="checkbox"/>	<input type="checkbox"/>	6. Any form of nervous system illness?
<input type="checkbox"/>	<input type="checkbox"/>	7. Any form of autoimmune disease (arthritis, multiple sclerosis, lupus, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	8. Medical treatment with steroids or other immunosuppressive agents on a long-term basis?
<input type="checkbox"/>	<input type="checkbox"/>	9. Any occupational injury or illness?
<input type="checkbox"/>	<input type="checkbox"/>	10. Work restrictions from any type of work for medical reasons?
<input type="checkbox"/>	<input type="checkbox"/>	11. Any condition which might require special consideration for job placement?
<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever been told you have a permanent disability?
<input type="checkbox"/>	<input type="checkbox"/>	13. Are you pregnant at this time?
<input type="checkbox"/>	<input type="checkbox"/>	14. At this time, are you taking any prescribed or over the counter medications (including vitamins, herbal supplements, nutritional supplements)?
<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever smoked any form of tobacco products?
<input type="checkbox"/>	<input type="checkbox"/>	16. Do you currently smoke or use ANY form of tobacco product?
<input type="checkbox"/>	<input type="checkbox"/>	17. Are you currently being treated for a mental illness or are you in counseling?
<input type="checkbox"/>	<input type="checkbox"/>	18. Do you have a chronic mental condition (depression, anxiety disorder, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	19. Do you have a chronic medical condition (diabetes, thyroid condition, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	20. In the past 12 months, have you been seen or treated by a health professional for any signs or symptoms of illness, or any other medical condition?
<input type="checkbox"/>	<input type="checkbox"/>	21. Do you now, or have you ever had a problem related to drug abuse, or are you being treated for any form of drug dependency?
<input type="checkbox"/>	<input type="checkbox"/>	22. Do you now have or have you ever had a drinking problem or are you under treatment for alcoholism?
<input type="checkbox"/>	<input type="checkbox"/>	23. Do you have any condition that might prevent you from working overtime, doing shift work, or performing all functions of your job?

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Attachment 2 – Pre-Placement Process Instruction for New Hire Candidates

Section 6	
<p>The questions in this section are related to work activities that require certain exposures and contacts with chemicals, products or materials. Answer all questions even though the activity may not appear relevant to the job or to you.</p>	
Yes	<p style="margin-left: 20px;">Have you ever experienced a skin reaction or allergic reaction (including severe anaphylactic reaction) to:</p>
No	
<input type="checkbox"/>	1. Inhalants (pollens, molds, animal dander, dust, etc.)?
<input type="checkbox"/>	2. Foods (seafood, poultry, dairy products, fruits, nuts, cereals, etc.)?
<input type="checkbox"/>	3. Clothing materials (wool, silk, synthetics, dyes, etc.)?
<input type="checkbox"/>	4. Metals or jewelry?
<input type="checkbox"/>	5. Detergents or chemicals?
<input type="checkbox"/>	6. Medications (penicillin, sulfa, cephalosporins, aspirin etc.)?
<input type="checkbox"/>	7. Latex (gloves or other products)?
<input type="checkbox"/>	8. Laboratory or other domestic animals?
<input type="checkbox"/>	9. Do you have any known allergies not addressed above?
<input type="checkbox"/>	10. Do you NOW have a skin disorder, dermatitis, or a chronic skin condition?
Section 7	
<p>The questions in this section are related to your previous work history. Answer all questions even though the activity may not appear relevant to the job or to you.</p>	
Yes	Have you ever had a job that:
No	
<input type="checkbox"/>	1. Required you to wear respirator equipment?
<input type="checkbox"/>	2. Required you to wear latex gloves?
<input type="checkbox"/>	3. Required working with ionizing radiation or radioactive substances?
<input type="checkbox"/>	4. Required working with asbestos, lead, or other materials considered hazardous?
<input type="checkbox"/>	5. Exposed you to silica or other lung irritants (sandblasting, foundry work, mining, etc.)?
<input type="checkbox"/>	6. Have you ever left a job or changed your occupations because of exposure to noise, chemicals, biological agents, or radiation?
<input type="checkbox"/>	7. Have you ever been told by a doctor or health care professional to limit your work activities because of workplace exposures?

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Section 8		
Please list any surgery and/or hospitalizations, as well as any chronic medical conditions not described in the previous questions.		
Description	Hospital	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Section 9		
Explain all Yes answers given in previous sections.		
Question (Section and number)	Explanation	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Section 10		
<p>I hereby certify that all the information on this document is correct and complete to the best of my knowledge. I understand that deliberately giving false statements may be a cause for disciplinary action up to and including termination. I agree to submit to any necessary tests that may be part of this evaluation. I authorize the release of all past medical results and tests related to this evaluation process to NWP Occupational Health Services. I understand that this will be treated as highly confidential information that will not be shared with my hiring manager.</p> <p><i>Employee Name:</i> _____</p> <p align="right"><i>(Print)</i></p> <p><i>Social Security Number:</i> _____</p> <p><i>Employee Signature:</i> _____</p> <p align="right"><i>(Mandatory)</i></p> <p><i>Date:</i> _____</p>		
<p>Note: In order to approve your pre-placemen Health Evaluation, a NWP Health Care Professional must review the information you provide in this document. The information will remain confidential and be included in your medical record.</p> <p>DO NOT RETURN THIS HEALTH EVALUATION TO YOUR HIRING MANAGER OR HUMAN RESOURCES AS IT CONTAINS CONFIDENTIAL MEDICAL INFORMATION.</p>		

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Attachment 3 – Termination Health Status Review

WIPP OCCUPATIONAL HEALTH SERVICES

NWP TERMINATION HEALTH STATUS REVIEW

Employee's Name (Last, First, MI)

Social Security Number

Date of Last Physical Examination _____

Has a physical examination been done in the last year? _____ Yes _____ No

The purpose of this Termination Health Status Review is to provide employees and the NWP with an opportunity to identify and document any issues associated with exposures or possible exposures in the workplace that could potentially affect the employee's health. In accordance with 10 CFR 851, terminating employees are offered an opportunity to review their medical records generated during their tenure with the WIPP Project. Terminating employees may also choose to have a termination physical with the Occupational Medical Director.

As a terminating NWP employee, please read and answer the following questions. If you have any comments, please include them.

1. Have you had any work-related medical treatment or health changes since your last physical examination?

Comments: _____

2. To your knowledge, have you had any significant work-related chemical, radiation, or physical (such as temperature extremes or noise) exposures since your last physical?

Comments: _____

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Attachment 3 – Termination Health Status Review

3. Do you have any complaints or concerns related to prior work-related illnesses, injuries or exposures?

Comments: _____

4. Do you have any current work-related medical complaints?

Comments: _____

I (please circle) CHOOSE/DO NOT CHOOSE to review my medical records with the OMD.

I (please circle) CHOOSE/DO NOT CHOOSE to have a termination physical with the OMD.

Appointment location, date, and time: _____

Signature, Occupational Health Nurse Date

Signature, Employee Date

OMD, if the above named employee has chosen to review their medical records and/or receive a Termination Physical Examination, please attach results to this form for inclusion in the employee medical record.

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Attachment 4 – Example WIPP Respirator Protection Verification Record

Working Copy

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Attachment 2 – WIPP Respiratory Protection Verification Record

WIPP Respirator Protection Program Physical Exam/Training/Fit Testing Verification Record				
EST <input type="checkbox"/> ERT <input type="checkbox"/> MRT <input type="checkbox"/> FLIRT <input type="checkbox"/> Security <input type="checkbox"/> Sampling Team <input type="checkbox"/> Other <input type="checkbox"/> _____				
PERSONAL INFORMATION - Please Print Legibly				
NAME: Last name, First name, MI nickname - common name				
Badge #:	Extension #	Mail stop #	Company:	Department:
MEDICAL - PREREQUISITE				
Physical Exam Date or OSHA Req. Questionnaire:	Spirometry Date	Respirator Approved: Yes No	Corrective Lens required: Yes No	Medical Approval Verification:
TRAINING - REQUIREMENTS				
SAF -630 <input type="checkbox"/> Initial <input type="checkbox"/> Refresher <hr style="width: 80%; margin-left: 0;"/> <p align="center">Trainer / Date</p>		SAF-631 Half Facepiece, Air Purifying: _____ Full Face, Air Purifying: _____ Full Facepiece, SCBA: _____ PAPR: _____ Other: _____ <p align="right">Trainer / Date</p>		
FIT TEST				
Fit Test Prerequisite: Clean Shaven, No Smoking, No Dipping, and No Eating 30 Minutes Prior to Fit Test				
Respirator Manufacturer:				
Respirator Model:				
Respirator Size:				
Overall Fit Factor:				
Comfort Rating (1 = very comfortable, to 3 = tolerable, to 5 = intolerable):				
Fit Test acceptable: Yes / No				
Date Tested:				
Tester:				
Portacount™ Pro unit #:				

- Issue WIPP Permit for Respirator Usage card _____
- Notify Technical Training of satisfactory fit test _____
- Enter data into database _____
- File record _____