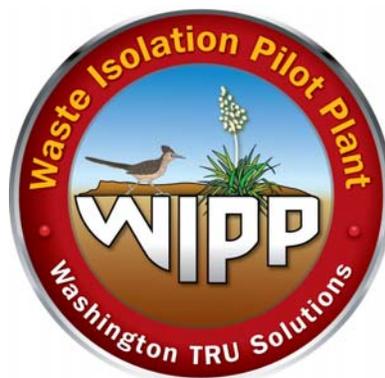


WP 15-HS.02  
Revision 5

Occupational Health Program

Cognizant Organization: Safety and Health

Approved by: Tom Ferguson



**WIPP Occupational Health Program  
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**ABBREVIATIONS AND ACRONYMS**

AAOHN American Association of Occupational Health Nurses  
ACLS Advanced Cardiac Life Support  
ALARA as low as reasonable achievable

| BLS Basic Life Support

CDC Center for Disease Control  
CFR *Code of Federal Regulations*

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

HIV human immunodeficiency virus

OC Office Coordinator  
OHE Occupational Health Examiner  
OHN Occupational Health Nurse  
OMD Occupational Medical Director  
| OSHA Occupational Safety and Health Act  
OTC over the counter

| **S&H** **Safety and Health**

WIPP Waste Isolation Pilot Plant  
WTS Washington TRU Solutions LLC

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**PREFACE**

The Washington TRU Solutions LLC (WTS) goal is to provide employee medical services required by law and 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 <sup>1</sup>**

The WIPP facility is owned and operated by the DOE and co-operated by its designated prime managing contractor, WTS. 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 interprets and implements the requirements of 10 CFR Part 851, per WP 15-GM.02, WTS 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.

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- Give support to DOE management and the Assistant Secretary of Environment, Safety, and Health, through their field offices, of suspected excesses of illnesses or injuries that require epidemiologic analyses to decide if the excesses are work-related.

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 WTS |  
| Occupational Health Services staff directing the WTS 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 are desired. The OMD will maintain current federal and state licensing requirements. Though WTS has employees and subcontractors in several states, based on characterization activities, the primary medical director is required to meet all New Mexico State licensing requirements as that is where the primary WTS 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.

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- | • 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.
- | • Give guidance and authorization to nurses and emergency services technicians for the exercise of professional judgment.
- | • Make periodic visits to work sites and facilities to become familiar with work environments, job tasks and hazards, and potential health hazards. Consults and communicates with Safety and Health (S&H), Operations, Environmental and other personnel on specific hazards as requested.
- | • Maintain current knowledge of the actual and potential work-related hazards (physical, chemical, biological, and ergonomic) specific to WTS work scope.
- | • Maintain current knowledge of employee job tasks, essential functions and hazard analysis of jobs.
- | • Maintain current knowledge of actual or potential work site exposures of workers.
- | • Assume other responsibilities and directives as listed in the contract.

**2.2 Occupational Health Nurses**

Occupational Health Nurses (OHNs) will be (1) graduates of an accredited school of nursing, (2) registered, and (3) legally qualified to practice nursing in the state of New Mexico. A bachelor of science degree in nursing is preferred. 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 as approved by the OMD.
- | • Overview health examination schedules per applicable regulatory drivers.
- | • Help management to identify and mitigate work site hazards.
- | • Coordinate with the subcontractors and provide to the OMD:
  - | - Employee job function analyses and job hazard information providing current information about actual or potential work-related site hazards

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- | (chemical, radiological, physical, biological, or ergonomic), including  
| essential job functions.
  
- | - Actual or potential work site exposures of each employee.
  
- | - Personnel actions resulting in a change of job functions, hazards, or  
| exposures.
  
- Opportunity to participate in worker team meetings.
  
- 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 OSHA and CDC guidelines.
  
- 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.
  
- Meet with Industrial Hygienists to give medical input and data on work-related injuries/illnesses, spirometry or hearing tests.
  
- Participate as an active leader in worker protection teams to identify work hazards and risks to employees.
  
- 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.

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- 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.
- Develop and maintain a proactive, visible, wellness program.
- 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.

### **2.3 Ancillary Staff**

Licensed Practical Nurses (LPNs) may provide routine medical services such as testing, vaccinations, and basic nursing care.

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

A qualified Office Coordinator is responsible for the day-to-day administrative functions of the medical clinic.

### **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. They 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.

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**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 monitored care program for review of work-related injured and ill employees.
- 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 all 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 or when an employee displays excessive absenteeism.
- Ensure that Health Services is notified of internal job transfers.
- 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 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 give medical services to the WIPP Project as needed. Two full-time WTS nurses are employed. Because the project employs about

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| 900 persons (including the DOE, WTS and its subcontractors), and there is a significant distance to community medical care, contract nurses may be employed. A medical office coordinator is employed at the site facility to handle the paperwork associated with medical surveillance requirements. Nurses work standard day shifts along with the majority of employees. Nurses work alternate Fridays to ensure maximum coverage. When nurses are not on duty, 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.
- Industrial Hygienists are included in the review process for procedures started by Health Services that could overlap departments. Health Services personnel may serve on safety committees.
- Besides interactions with other departments within the facility, Health Services strives to ensure a safe and healthy work site by ensuring that:
  - Periodic work site visits are made by the OMD and selected medical staff. These visits will be coordinated with S&H so the OMD may become knowledgeable and familiar with the work environment and hazards.
  - Health Services furnishes the OMD with information on potential physical, chemical, and biological hazards at the work site to expedite plans for worker protection programs, medical surveillance examinations, emergency plans, and staff training.

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- 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.
- The OMD, or designee, may participate as a member of health-related committees or delegations, as required.

**4.0 SUBCONTRACTORS**

In accordance with 10 CFR Part 851, per WP 15-GM.02, management of subcontractors in accordance with this requirement is done on a case-by-case basis as coordinated with WTS Occupational Health Services and may include direct participation by subcontractors in the WTS 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 WTS.

**5.0 EMPLOYEE HEALTH EVALUATIONS**

**5.1 Rationale**

Health evaluations are made by the OMD or designee. 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, based on regulatory drivers. 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

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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.

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.

Workers are informed of the purpose and nature of the medical evaluations and tests offered. The purpose, nature, and results of evaluations and tests are clearly communicated verbally and in writing to each worker provided testing; and the communication is documented in the worker's medical record.

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

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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. Any mandated surveillance program associated with the position will also trigger a physical examination by the OMD before beginning work.

| Lists of hazards, and expectations regarding preemployment evaluations, will be given  
| to subcontractors, and they may choose their own physician to provide those services.

| Current employees must be evaluated before a job transfer out of their area, or when  
| transferring into a medical surveillance program. 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/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  
| WTS 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. An audiologist reviews audiograms and makes recommendations for follow up.
- Respirator Fit, Initial - Newly hired/transferred employees who will require a respirator as part of their job will have an initial respirator fit physical, consisting of completion of Pre-Placement Questionnaire, spirometry, a WIPP basic physical, complete blood count, chest x-ray (if deemed necessary by the OMD) and practitioner review of Appendix C, OSHA Respirator Medical Evaluation Questionnaire, of Title 29 *Code of Federal Regulations* (CFR) §1910.134, "Respiratory Protection." If an employee responds "yes" to any of the

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questions in Sections 1-9, they must first see their private health care provider and obtain all records pertaining to their marked condition prior to the WIPP examination. The practitioner will not diagnose or treat any condition marked on the form, but will use the information supplied by the private health care provider to determine if an employee may safely wear a respirator.

- 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, a certified OHN will sign the medical clearance portion of the WIPP Respirator Protection Verification Record, which is 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. If problems are noted with the spirometry or questionnaire that indicate 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. A complete blood count will be performed every five years on employees in the respirator fit program.
- Confined Space - Identical to respirator fit surveillance program.
- Mine Rescue, Initial - This physical must be performed within 60 days prior to scheduled initial training. 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.
- Mine Rescue, Annual - Consists of WIPP basic physical, stress testing every five years, electrocardiogram, hearing testing, visual examination of eardrums, vision testing, HIV/hepatitis testing if requested by employee, 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.

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- 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.

### 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 examination 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, fit testing, and complete blood count (baseline and then every five years). See requirements for initial and annual listed above.
- 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, plus hearing testing 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

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evaluation will require the concurrence of Health Services management, the employee's manager and Human Resources management.

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

**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. The OHN is responsible for notifying the OSHA 300 log keeper of the return to work.

**5.3.5.2 Nonoccupational**

WTS management shall ensure that employees will not be allowed to return to work until they receive a health evaluation and written 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.

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- 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.

**5.3.6 Termination Health Evaluations**

| WTS 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 WTS 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, WTS does not offer voluntary periodic examinations to employees outside a medical surveillance program.

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**6.0 DIAGNOSIS AND TREATMENT OF INJURY OR DISEASE**

**6.1 Occupational Injury or Disease**

WTS 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 are used to determine if medical restrictions are necessary. If restrictions are necessary, Health Services must notify the worker and management, both when imposed and removed.

A WTS OHN will be the point of contact in ensuring that WTS 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 WTS 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.
- Determining if drug screening is required according to WP 15-HS.04, WTS Workplace Substance Abuse Plan.
- 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**

WIPP employees are encouraged to use the services of their private physician or medical facility for care of nonoccupational injuries or illnesses. However, due to the

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geographically remote location of the WIPP Project, the medical department may assist employees who become ill at work, or who have nonoccupational injuries or illnesses, provided the OHN determines that care will be for a short-term, self-limited condition and within the scope of practice and experience of the medical staff. While care of nonoccupational injury and illness is not considered a routine responsibility of Health Services, the objective is to return the worker to a state of health with minimal interruption of their work shift, and contribute to medical cost containment. Care for nonoccupational conditions may also help foster an atmosphere of trust for employees.

Employees may request administration of medications or treatments if doing so will enable the employee to continue work without the disruption of prolonged travel time. The employee must have their physician fill out and sign Attachment 4, Request for Administration of Medication or Treatment, before beginning the medication or treatment. Employees must provide their own supplies or medications. The employee will be informed that this service is a courtesy, not an obligation. The form will be kept on file in the employee's medical record.

WTS 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 pro active 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. A comprehensive software program specific to case management is in place and used routinely by OHNs.

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

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.

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**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 WTS-sponsored or -supported EAPs,  
| alcohol, and other substance abuse rehabilitation programs, and WTS-sponsored or -  
| supported 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, WTS Workplace Substance  
| Abuse Plan. The OHE will be informed that the employee has entered the EAP for  
| treatment by the manager of Human 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.

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### **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, OTC medications, first aid treatment, and health counseling. Results of these tests or interventions may be used to identify and manage causes of morbidity, and are reviewed by the medical services provider. The OHNs may be used in the community as a resource for school health fairs, community health fairs, and speakers for civic organizations. The nurses are ACLS and Trauma Nurse certified. WTS maintains gym facilities on site and in town for employee use, and sponsors limited gym memberships for employees whose job functions require fire fighting.

- WTS endeavors to include measures to identify and manage the principal preventable causes of premature morbidity and mortality affecting worker health and productivity. This includes programs to prevent and manage the causes of morbidity when evaluations demonstrate their cost effectiveness. This includes determinations based on information from health, disability, and other insurance plans (de-identified as necessary) in order to facilitate this process.
- The WTS wellness program as shared with subcontractors will consist primarily of educational materials as the subcontractors are working multiple locations across the country.

### **7.3 Bloodborne Pathogens**

WTS is committed to a pro active stance regarding employee exposure to potentially infectious materials. Details of the WTS bloodborne pathogen plan may be found in WP 15-HS.01, Bloodborne Pathogen Exposure Control Plan, which is reviewed regularly by a medical services provider.

## **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 WTS employee. 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

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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 Subpart E of Part 164, "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, the Health Services Office Coordinator (OC) 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 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, 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,"

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*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.

### **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
- Allergies (hard copy charts flagged with fluorescent orange labels and what allergen) and noted in electronic records
- Diabetes (hard copy charts flagged with fluorescent green labels) and noted in electronic records
- Medical surveillance/work hazards on computer 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.

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**8.6 Quality Records**

The use of this document generates the following quality records:

- WIPP Purchase Requisition
- Attachment 2, Health Services Pre-Placement Health Evaluation Questionnaire
- Attachment 3, Termination Health Status Review
- Attachment 4, Request for Administration of Medication or Treatment

**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 ultimate responsibility of WTS 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. Adequate lighting and climate control is available. 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 are 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.

**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

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- | • Cardiac defibrillation/pacing/monitoring/interpretive electrocardiogram equipment
- Suction equipment
- Pulmonary resuscitation equipment
- | • Equipment to monitor cholesterol, lipids, liver function, anemia, simple/  
| glycosolated glucose and simple urinalyses
- | • Small-volume nebulizer and supplies

The Skeen-Whitlock Clinic has:

- Cardiac defibrillation equipment
- Suction equipment, manual
- Pulmonary resuscitation equipment
- | • Equipment to monitor cholesterol, simple glucose, and simple urinalyses
- | • Small-volume nebulizer and supplies

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

### **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**

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

### **11.1 Self-Assessments**

- | • Annual surveys may be developed by the Quality Assurance (QA) Department for distribution to general employees, at Health Services request, to gauge employee satisfaction with medical services. Using the QA Department as an impartial developer ensures validity of questions and answers. Surveys address areas ranging from cleanliness of clinic, employee perception of medical staff competence, suggestions for improvement and any other areas that affect Health Services' credibility.
- | • Documentation of in-service training, on and off-site training, certifications, qualifications and certificates of continuing education are submitted to the OMD and Health Services manager for review as acquired.

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- Internal self-assessments are performed at intervals. These use the self-assessment checklist provided in the AAOHN *Guidelines for the Establishment of Occupational Health Services*.

**11.2 Staff Qualifications**

A central qualification file is kept for each licensed staff member. The qualification file has a copy of current licenses, certifications, recognitions, and continuing education. 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, ACLS, BLS, Trauma Nurse Core Curriculum, Radiological Worker, and MSHA Underground Miner.

**11.3 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 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.

**11.4 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.
- 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*).

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- | • Defibrillators will be checked periodically and documented in the logbook.
- | • Glucometers, eye wash stations, and oxygen bottles will be checked periodically and documented in the logbook.
- | • Cholestech LDXs and GDXs will be checked daily (or before the first use) with an optics verification cassette and documented in the logbook. Normal, low, and high controls will be run on each new lot of cassettes before patient use and documented in the logbook.
- 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.

**12.0 REFERENCES**

- | 10 CFR Part 851, "Worker Safety and Health Program"
- 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, Occupational Safety and Health Act of 1970
- Public Law 101-336, Americans with Disabilities Act of 1990
- DOE Order 440.1A, *Worker Protection Management for DOE Federal and Contractor Employees*
- EPA 43 *Federal Register* §4377, "Radiation Protection Guidance to Federal Agencies for Diagnostic X-Rays"
- 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

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| Cholestech GDx User Manual

WP 12-9, WIPP Emergency Management Program

WP 12-IS1810, Quantitative Fit Testing

| WP 15-HS.01, OSHA Bloodborne Pathogens Exposure Control Plan

WP 15-HS.04, WTS Workplace Substance Abuse Plan

WP 15-HS.05, Health Services Hearing Conservation Program



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Attachment 2 - Health Services Pre-Placement Health Evaluation Questionnaire

**PRE-PLACEMENT PROCESS INSTRUCTIONS FOR NEW HIRE CANDIDATES**

Washington TRU Solutions LLC  
Waste Isolation Pilot Plant  
Carlsbad, New Mexico

General Information

As part of the hiring and placement process, Washington TRU Solutions LLC (WTS) 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 WTS 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. This may include a stamped business reply envelope, Federal Express instructions or FAX instructions to Occupational Health Services.

If your packet does NOT contain these materials, notify WTS Health Services at (505) 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 WTS Health Services at (505) 234-8997.
  5. Sign the questionnaire. Your signature is mandatory.
  6. Return the questionnaire as requested within 48 hours to WTS 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 WTS, contact Health Services at (505) 234-8997.
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**Attachment 2 - Health Services Pre-Placement Health Evaluation Questionnaire**

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**

WTS 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.

WTS 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 WTS procedures for a drug free workplace, urine testing is performed to test for drugs of abuse. Generally, applicants are drug tested during the interview process and results are received before a job offer being made. 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. WTS 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 (505) 234-8997.

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Attachment 2 - Health Services Pre-Placement Health Evaluation Questionnaire

**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 Washington Group facility Yes  No

If yes, where and when? \_\_\_\_\_

Are you a Veteran? Yes  No

If yes, what service dates? \_\_\_\_\_

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**Attachment 2 - Health Services Pre-Placement Health Evaluation Questionnaire**

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.

<b>Section 1</b>	
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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.

- |            |           |   |
|------------|-----------|---|
| <b>Yes</b> | <b>No</b> | As a result of an injury/illness, or other medical causes, do you have any impairment of: |
|------------|-----------|---|
- 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?
  - 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?
  - 3. Speech that interferes with your ability to communicate by using your voice?
  - 4. Your sense of smell?
  - 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?
  - 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?
  - 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?
  - 8. Either shoulder or arm that limits normal range of motion, full use or strength of your upper extremities?
  - 9. Either hand (including fingers) or wrist that limits dexterity or your ability to maintain a strong grip or perform repetitive work?
  - 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?

<b>Section 2</b>	
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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.

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

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Attachment 2 - Health Services Pre-Placement Health Evaluation Questionnaire

<b>Section 3</b>	<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><b>Yes    No</b></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>
<b>Section 4</b>	<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><b>Yes    No    Have you ever:</b></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>
<b>Section 5</b>	<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 question even though they may not appear to be relevant to the job or to you.</p> <p><b>Yes    No    Do you NOW have, or have you EVER HAD:</b></p> <p><input type="checkbox"/>    <input type="checkbox"/>    1. Any form of cancer?</p> <p><input type="checkbox"/>    <input type="checkbox"/>    2. Any form of kidney disease?</p> <p><input type="checkbox"/>    <input type="checkbox"/>    3. Any form of liver disease (hepatitis, cirrhosis, etc.)?</p> <p><input type="checkbox"/>    <input type="checkbox"/>    4. Anemia, leukemia, Hodgkin's disease, or hemophilia?</p> <p><input type="checkbox"/>    <input type="checkbox"/>    5. Meningitis, encephalitis, brain tumor?</p> <p><input type="checkbox"/>    <input type="checkbox"/>    6. Any form of nervous system illness?</p> <p><input type="checkbox"/>    <input type="checkbox"/>    7. Any form of autoimmune disease (arthritis, multiple sclerosis, lupus, etc.)?</p>

## WIPP Occupational Health Program WP 15-HS.02, Rev. 5

### Attachment 2 - Health Services Pre-Placement Health Evaluation Questionnaire

<b>Section 5</b>		
<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?
<b>Section 6</b>		
<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>		
<b>Yes</b>	<b>No</b>	<p>Have you ever experienced a skin reaction or allergic reaction (including severe anaphylactic reaction) to:</p>
<input type="checkbox"/>	<input type="checkbox"/>	1. Inhalants (pollens, molds, animal dander, dust, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Foods (seafood, poultry, dairy products, fruits, nuts, cereals, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	3. Clothing materials (wool, silk, synthetics, dyes, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	4. Metals or jewelry?
<input type="checkbox"/>	<input type="checkbox"/>	5. Detergents or chemicals?

**WIPP Occupational Health Program  
WP 15-HS.02, Rev. 5**

Attachment 2 - Health Services Pre-Placement Health Evaluation Questionnaire

<b>Section 6</b>																	
<input type="checkbox"/>	<input type="checkbox"/>	6. Medications (penicillin, sulfa, cephalosporins, aspirin etc.)?															
<input type="checkbox"/>	<input type="checkbox"/>	7. Latex (gloves or other products)?															
<input type="checkbox"/>	<input type="checkbox"/>	8. Laboratory or other domestic animals?															
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you have any known allergies not addressed above?															
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you NOW have a skin disorder, dermatitis, or a chronic skin condition?															
<b>Section 7</b>																	
<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> <p><b>Yes No</b> Have you ever had a job that:</p>																	
<input type="checkbox"/>	<input type="checkbox"/>	1. Required you to wear respirator equipment?															
<input type="checkbox"/>	<input type="checkbox"/>	2. Required you to wear latex gloves?															
<input type="checkbox"/>	<input type="checkbox"/>	3. Required working with ionizing radiation or radioactive substances?															
<input type="checkbox"/>	<input type="checkbox"/>	4. Required working with asbestos, lead, or other materials considered hazardous?															
<input type="checkbox"/>	<input type="checkbox"/>	5. Exposed you to silica or other lung irritants (sandblasting, foundry work, mining, etc.)?															
<input type="checkbox"/>	<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"/>	<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?															
<b>Section 8</b>																	
<p>Please list any surgery and/or hospitalizations, as well as any chronic medical conditions not described in the previous questions.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Description</th> <th style="width: 30%;">Hospital</th> <th style="width: 35%;">Date</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Description	Hospital	Date	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Description	Hospital	Date															
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_____	_____	_____															

**WIPP Occupational Health Program  
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Attachment 2 - Health Services Pre-Placement Health Evaluation Questionnaire

<b>Section 9</b>	<p>Explain all YES answers given in previous sections.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; border-bottom: 1px solid black;">Question (Section and number)</th> <th style="border-bottom: 1px solid black;">Explanation</th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </tbody> </table>	Question (Section and number)	Explanation																		
Question (Section and number)	Explanation																				

<b>Section 10</b>	<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 WTS 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> _____  <div style="text-align: right; margin-left: 350px;"><i>(Print)</i></div></p> <p><i>Social Security Number:</i> _____</p> <p><i>Employee Signature:</i> _____  <div style="text-align: right; margin-left: 350px;"><i>(Mandatory)</i></div></p> <p><i>Date:</i> _____</p> <p>Note: In order to approve your pre-placement Health Evaluation, a WTS 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><b>DO NOT RETURN THIS HEALTH EVALUATION TO YOUR HIRING MANAGER OR HUMAN RESOURCES AS IT CONTAINS CONFIDENTIAL MEDICAL INFORMATION.</b></p>
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**WIPP Occupational Health Program  
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Attachment 3 - Termination Health Status Review

WIPP OCCUPATIONAL HEALTH SERVICES

WIPP Site Clinic 234-8793

Skeen Whitlock Clinic 234-7612

**WTS TERMINATION HEALTH STATUS REVIEW**

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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

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The purpose of this Termination Health Status Review is to provide employees and the WTS 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 DOE Order 440.1A, 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 WTS 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?

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Comments: \_\_\_\_\_

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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?

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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?

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Comments: \_\_\_\_\_

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

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Comments: \_\_\_\_\_

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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: \_\_\_\_\_

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Signature, Occupational Health Nurse Date

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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 - Request for Administration of Medication or Treatment

WIPP OCCUPATIONAL HEALTH SERVICES

WIPP SITE CLINIC 234-8793

SKEEN-WHITLOCK CLINIC 234-7612

REQUEST FOR ADMINISTRATION OF MEDICATION OR TREATMENT

I, \_\_\_\_\_, request that WIPP Health Services administer  
Physician

the following medication or treatment to \_\_\_\_\_.  
WIPP Employee

This is in relation to the diagnosis of \_\_\_\_\_.

Directions for treatment or medication. Please be very specific, including interventions for  
adverse reactions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By requesting this medication or treatment for my patient, I agree to be available to a WIPP Registered Nurse for consultation if required in regard to this order. I understand that WIPP is not obligated to perform this service and may terminate the medication or treatment with notice to the employee and myself, and that WIPP Registered Nurses may perform only those procedures within their scope of practice according to the New Mexico Nurse Practice Act.

\_\_\_\_\_  
Signature, Employee's Personal Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, WIPP Occupational Medical Director

\_\_\_\_\_  
Date

## WIPP Occupational Health Program WP 15-HS.02, Rev. 5

### Attachment 5 - Example WIPP Respirator Protection Verification Record

Working Copy

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Attachment 2 - WIPP Respirator Protection Verification Record

Waste Isolation Pilot Plant 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				
NAME: (Last name, First name, MI)	Badge #:	Extension #:	Company:	Department:
<b>STEP ONE - MEDICAL</b>				
Physical Exam Date or OSHA Req. Questionnaire:	Spirometry Date:	Respirator Approved: Yes _____ No _____	Medical Approval Verification:	Verification Date:
<b>STEP TWO - TRAINING</b>				
<b>Core Course</b>	<b>Trainer / Date</b>	<b>Practical Aspects</b>	<b>Trainer / Date</b>	
Initial		Half Facepiece, Air Purifying: _____		
Refresher		Full Face, Air Purifying: _____		
		Full Facepiece, SCBA: _____		
		PAPR: _____		
		Other: _____		
<b>STEP THREE - FIT-TEST</b>				
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™ Plus unit #:				

**NOTE: Steps must be completed in sequential order.**

Page 1 of 1

**WIPP Occupational Health Program  
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| Attachment 6 - Health Services Letter to WIPP Employees

To: **WIPP Employees Using WIPP Health Services**

From: **WIPP Health Services**

Subject: **Explanation of Services**



*Dear Employee,*

*Many services are provided by WIPP Health Services, including health surveillance, mandated physicals, routine wellness monitoring services, over the counter medications, counseling, first aid and emergency care. Many employees participate in medical surveillance and qualification programs, which have multiple components. Some employees may have questions regarding their physicals. Please read this letter so you have a clear understanding of what your surveillance or qualification program consists of and why and what WIPP provides. If you still have questions, please feel free to consult with an Occupational Health Nurse. Please note that all examinations are for screening purposes. If you have a condition or issue that may impact your ability to do your job, the company doctor or nurses will not diagnose or treat that condition. You, the employee, are responsible for maintaining your health by actively participating with your personal medical provider. In some cases, the company doctor will require you to see your own doctor before making a determination of your ability to perform your job. Any associated costs are your responsibility.*

**RESPIRATOR FIT** - This type of evaluation is the most common physical performed at WIPP. Anyone who is expected to wear a respirator as part of their job must be evaluated annually. The initial evaluation consists of a pulmonary function test (PFT), completion and evaluation of an OSHA Respirator Medical Evaluation Questionnaire, a WIPP basic physical, a complete blood count (CBC) and a chest x-ray if the doctor feels that is necessary. All employees will see a doctor for their physical the first year they require respiratory protection as part of their job. Health Services normally performs the PFT on-site prior to the employee seeing the doctor. In some cases, the PFT may be performed at the doctor's office. An initial CBC is done to establish a baseline for an employee. The basic physical performed at the doctor's office consists of a review of your history, a review of your basic physical fitness, your vital signs (blood pressure, pulse, respirations), and a medical examination of your eyes, ears, nose, throat, and body. The doctor may order a chest x-ray if you are a smoker or have a history of lung problems. After reviewing your PFT and the findings from the physical examination, the doctor will send a clearance form to Health Services. All of the findings go in to your permanent medical record maintained in Health Services. If you are cleared medically, you will be able to take required training and have a fit test, which completes your qualification to use a respirator.

**Annual requalification** is necessary under the directives of 29 CFR Part 1910, "Respiratory Protection Program." You will be notified by your training coordinator that you are due for your annual respiratory evaluation. Health Services tries to keep this in the same month each year. Your annual qualification is valid until the last day of the month at midnight. Therefore, your evaluation may be at any time during that month. Health Services strongly prefers that all evaluations be done within the first two weeks of a month so that problems can be dealt with before your qualification expires at the end of the month. Your annual evaluation consists of a PFT, completion of the OSHA questionnaire, and assessment by the nurse. If your lung function remains normal and no other problems are identified, the nurse will sign a respiratory tracking form, enabling you to continue with your annual requalification. The form allows you to take your refresher training and have a fit test performed to maintain your qualification status.

## WIPP Occupational Health Program WP 15-HS.02, Rev. 5

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### | Attachment 6 - Health Services Letter to WIPP Employees

**Please note:** After age 40, it is normal to lose about 45 ml of lung capacity a year, and we account for that. However, if you have an unexplained loss of lung function greater than 10 percent, you will be sent to the doctor. Usually this is associated with some kind of illness or a weight gain. *You will need to see your own medical care provider as soon as humanly possible, before we send you to the company doctor, so the company doctor has documentation that you are under treatment.* If we do not have a complete clearance by midnight of the last day of the month, **YOU WILL FALL OUT OF QUALS.** You cannot do your training or fit testing without medical clearance. Please do not put yourself in that position. You will have blood drawn for a CBC every five years so long as you require a respirator as part of your job.

**CONFINED SPACE** - The criteria for a confined space qualification are identical to the respirator fit qualifications already discussed. These are rarely done any longer.

**MINE RESCUE** - This type of physical is required as part of being on the Mine Rescue Team (MRT). MSHA regulations require the physical be performed within 60 days prior to scheduled initial training. Therefore, it is important that Health Services be notified as soon as a new member is approved. The initial MRT physical consists of a PFT, completion of an OSHA Respirator Medical Evaluation Questionnaire, a WIPP basic physical, a chest x-ray if necessary, baseline stress testing, an electrocardiogram, hearing testing, visualization of the eardrums, and a CBC. The new team member can request HIV and Hepatitis testing, as well, as part of the physical. Please notify Health Services if you want that so it can be included on the requisition. *Results of HIV/hepatitis testing is NOT relayed to Health Services.* You will be offered the hepatitis B series (consisting of three injections given at day zero, then one month later, and then six months after the first injection). If you choose not to take the series, you must sign a declination form, because you may be reasonably expected to be exposed to bodily fluids as part of this job. Health Services will administer a tetanus/diphtheria/pertussis (TDP) booster if you are not current. If you have had a TDP elsewhere, you must provide documentation. If you do not have documentation, Health Services will give a booster.

The annual MRT physical is essentially the same as the initial, with the exception of stress testing and a CBC. Stress testing and a CBC are done every five years, regardless of age. You will have your PFT and hearing test done at Health Services, and see the doctor on an annual basis. The company doctor must sign a special form that allows you to participate on the MRT. Since you will have to be respirator qualified as part of your MRT qualifications, you will fall under all the requirements listed above in the Respirator Fit qualifications, including falling out of quals if all components of your physical are not in place by the end of the month you are due.

**EMERGENCY RESPONDER** - Emergency Responder physicals are designed for Emergency Services Technicians (ESTs) or Emergency Response Team (ERT) members. The initial medical examination consists of a WIPP Basic Physical, hearing testing, visual examination of the eardrums, vision testing, color blindness screening, a CBC, a chemistry panel (because an emergency responder may be exposed to chemicals or other toxic substances, a baseline evaluation of your liver and kidneys is done at this time), a baseline electrocardiogram, baseline stress testing, a chest x-ray if required by the doctor, and HIV/hepatitis testing if requested. (HIV/hepatitis results are NOT reported to Health Services.) You must have a current TDP vaccine on record, and have either completed the Hepatitis B series (as outlined in the mine rescue physical, above) or signed a declination form for the same reason listed above in the mine rescue physical. Normally, you will do your PFT and hearing test at Health Services prior to your scheduled physical with the doctor. Since you will have to be respirator qualified as part of your emergency responder qualifications, you will fall under all the requirements listed above in the respirator fit qualifications, including falling out of qual if all components of your physical

## WIPP Occupational Health Program WP 15-HS.02, Rev. 5

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### | Attachment 6 - Health Services Letter to WIPP Employees

are not in place by the end of the month you are due. Annual emergency responder physicals differ from the initial only in the frequency of some tests. An annual electrocardiogram is required for all responders over age 40. Stress testing is performed every five years for all responders, regardless of age. ESTs require annual tuberculosis (TB) testing, which is done in Health Services. Since the results have to be read within 48 hours of administration, the EST should schedule the TB test so that they do not go off shift without having it read by a nurse.

**DEPARTMENT OF TRANSPORTATION (DOT)** - A DOT physical is mandated for employees that require a commercial drivers license as part of their job. Normally, this employee is a plant helper who drives a large truck or heavy equipment on public roads. The annual DOT physical consists of a WIPP basic physical, a hearing test, vision testing, color blindness screening, and drug/alcohol testing as part of a different pool than general employees. The physical must be completed and signed off by the company doctor before midnight of the last day of the month the physical is due. A special card must be signed by the doctor. One copy is maintained on file in your medical record and the employee must carry a copy. The employee must also carry a copy of the Transportation Physical Form with them.

**HOISTING** - A hoistman physical is required annually by MSHA. The physical consists of a WIPP basic physical, electrocardiogram, a chest x-ray if the doctor requires it, a hearing test, vision testing, and color blindness screening. The hearing test is normally performed in Health Services prior to seeing the doctor. A special hoisting card must be signed by the doctor. A copy is maintained in your medical record, and you must post a copy in your work area.

**SAMPLING TEAM** - Sampling team qualifications do not require anything outside the criteria for respirator fit qualification.

**OCCUPATIONAL HEARING CONSERVATION PROGRAM** - Many employees at WIPP are participants in a mandated hearing protection program. While WIPP is considered a quiet industry compared to many others, there are areas that meet the criteria for noise levels that could potentially cause hearing damage. The site Industrial Hygienist is responsible for determining areas of high noise. This is done by placing either stationary noise dosimeters in the area, or having representative employees wear personal sound dosimeters during the normal course of their work. If new work processes are noted, or you think you may be working in a loud environment that has not been mapped, please let Health Services know. Your manager will notify you that you are in the hearing conservation program, and will see that you are scheduled for hearing testing. New employees are given a baseline test, but not all employees end up in jobs that require annual testing. If you transfer to a new job, please check with Health Services to make sure your manager has either let us know you are no longer in the program, or will continue to be in the program. If you will no longer be in the program, Health Services will conduct a termination test. If you are in the program, you will have an annual hearing test. A test must be conducted in accordance with regulations, and includes you not being exposed to noise for at least 15 hours prior to the test. Most hearing tests are conducted in the morning (or early afternoon for alternate shifts) prior to beginning work so you are not exposed to loud noise. Please don't play music or the radio loudly in your car on the way to work before your test. The nurse will look in your ears before testing. Occasionally, ear wax will occlude the ear canal, and you will be given instructions for getting your ears cleaned. Ear cleaning is done at Health Services by appointment only, and usually means your hearing test will be rescheduled. On rare occasions, there may be a hearing loss that meets the criteria for an "unconfirmed standard threshold shift (STS)." This is usually due to congestion. Another test will be scheduled within 21 days to see if the hearing loss persists. It is extremely important that you keep the follow up appointment. Regulations are very strict about the time interval for retesting, and even a day or two can affect the outcome. The vast majority of retests shows a

## WIPP Occupational Health Program WP 15-HS.02, Rev. 5

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### | Attachment 6 - Health Services Letter to WIPP Employees

return to the baseline hearing values and no further action is required. Sometimes, the test shows the hearing loss persists, and becomes a confirmed STS. If that happens, all of your hearing tests and your work history at WIPP will be sent to the company doctor and an appointment will be made for you. The doctor will retest your hearing, look at the data supplied, and determine if you have a work related hearing loss. To be considered work related, documentation must show that you were exposed to noise levels above 90 dB for a time weighted average of eight hours. Industrial Safety says there are very few, if any, areas at WIPP that could cause a work related hearing loss. Hearing loss is most commonly related to hunting, lawn and garden work, playing music, or other noisy hobbies away from work. Any confirmed STS, work related or not, means Health Services will revise your baseline hearing values so that we don't have to go through the same process year after year.

We hope this helps you understand your physical. If you want further information on any of these categories, please see WP 15 HS.02, Occupational Health Program; WP 15-HS.05, Health Services Hearing Conservation Program; or WP 12-IH1004, Noise Surveys. Please feel free to discuss any questions or concerns you may have with the staff of Health Services!

