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CP3-HS-4002 FRev. 2A	TITLE: Implementation of the Occupational Medicine Program	Page 1 of 19

DOCUMENT CATEGORY: ☒ Administrative ☐ Technical

LEVEL OF USE: ☒ Information Level ☐ Reference Level ☐ Continuous Use

FUNCTIONAL AREA: Health, Safety, Support, & Quality (HSS&Q) **SUBJECT MATTER AREA:** Occupational Medicine	**SUBJECT MATTER EXPERT**: Darla Bowen, Occupational Medicine Coordinator
NUCLEAR SAFETY REVIEW DOCUMENTATION:	**APPROVED BY/DATE** (signature on file): Rich Rhoads, Safety & Health Program Manager 2/20/2020
REQUIRED REVIEW DATE: (or expiration date for temporary change) : 3/6/22	**EFFECTIVE DATE**: 2/27/2020

REVISION/CHANGE LOG

Revision/Change Letter	Description of Changes	Pages Affected	Date of Revision/Change
FR0	Bluesheeted procedure issued prior to FRNP transition.	All	10/20/2017
FR1	Bluesheet recovery. Issue non-bluesheeted version. No intent changes made.	All	12/06/2017
FR2	Revision to incorporate Incident/Accident Reporting and correct changes in Organization	All	03/6/2019
FR2A	Reference Change only. Replace reference to forms CP3-HS-4002-F01 through F06 with CP3-TR-0104-F01.	9, 17	2/20/2020

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1.0 PURPOSE AND SCOPE

1.1 Purpose

This procedure implements the Paducah Gaseous Diffusion Plant (PGDP) Deactivation and Remediation (D&R) Contractor Occupational Medicine Program (OMP) described in CP2-HS-2000, *Worker Safety and Health Plan*. This document implements all elements of the OMP. The program is designed to:

- Identify work-related or worksite hazards and possible health risks to employees
- Assure individuals are medically qualified to perform assigned work tasks, for example, fit for duty as defined in Appendix A, *Acronyms/Definitions*
- Minimize occupational injuries or illnesses by providing a place of employment free from recognized hazards
- Provide initial treatment of non-life threatening occupational injuries or illnesses experienced due to work activities
- Provide reasonable accommodations for occupational and/or non-occupational injuries or illnesses to the extent necessary to prevent loss of time from work
- Provide counseling, health education, and/or wellness programs aimed at maintaining the highest level of worker health

This procedure describes those OMP elements relating to:

- PGDP D&R Contractor organization actions and responsibilities for program implementation
- Site Occupational Medicine Director (SOMD) actions and responsibilities
- The PGDP D&R Contractor contracted Medical Services Provider (MSP) organization's role and responsibilities to administer the program
- PGDP D&R Contractor personnel who may become subject to monitoring due to potential job hazards or are included in a regulatory-required medical or exposure-monitoring program
- PGDP D&R Contractor personnel OMP health evaluations and/or screens
- Reporting of medical evaluation results
- Medical restriction events
- Control of and request for medical information and records
- Compliance with of Occupational Safety and Health Administration (OSHA) and the United States Department of Energy (DOE) recordkeeping regulations

1.2 Scope

This procedure applies to PGDP D&R Contractor personnel performing work at the Paducah site and ensures implementation of requirements of Title 10 Code of Federal Regulations (CFR) § 851, *Worker Safety and Health Program*; 10 CFR § 1046, *Medical, Physical Readiness, Training, and Access Authorization Standards for Protective Force Personnel,* 29 CFR § 1910, *Occupational Safety and Health Standards*; 29 CFR § 1926, S*afety and Health Standards for Construction*; and CP2-HS-2000, *Worker Safety and Health Program (WSHP)*.

This procedure is applicable to personnel who will or have worked at PGDP D&R Contractor facilities or work areas for more than 30 days within any 12-month period, or are enrolled in an OSHA or other regulatory required medical surveillance or exposure control program.

Subcontractors will be required to follow CP3-HS-4002, *Implementation of the Occupational Medicine Program* **or** provide occupational medicine services to their employees in accordance with 10 CFR § 851 and applicable OSHA regulations through the health and safety requirements of their subcontract. Coordination with the PGDP D&R Contractor on OMP issues occurs when appropriate to ensure that important safety data is shared.

The PGDP D&R Contractor Health, Safety, Support & Quality (HSS&Q) organization has organizational ownership and maintenance responsibility for this procedure. The approval authority for this document is the Safety & Health Program Manager.

2.0 REFERENCES

2.1 Use References

- 10 CFR § 712.38(b)(2), *Maintenance of Medical Records*
- 10 CFR § 1046, *Medical Physical Readiness, Training, and Access Authorization Standards for Protective Force Personnel*
- 29 CFR § 1904, *Recording and Reporting Occupational Injuries and Illness*
- CP1-HR-0101, *Americans with Disabilities Act Policy*
- CP2-HS-2000*, Worker Safety and Health Program*
- CP2-HS-4004, *Medical, Physical Readiness, Training and Access Authorization Standards for Protective Force Personnel for the Paducah Gaseous Diffusion Plant, Paducah, KY*
- CP3-HR-0101, *Return to Work*
- DOE Guide (G) 440.1-1B, *Worker Safety and Health Program for DOE (Including the National Nuclear Security Administration) Federal and Contractor Employees*
- DOE Order (O) 231.1B, *Environment, Safety and Health Reporting*
- Energy Employees Occupational Illness Compensation Program Act (EEOICPA)
- Executive Order 13335, *Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator*
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)

2.2 Source References

- CP3-EP-1012, *Off-Site Emergency Response Assistance*
- CP3-OP-2024, *Initial Incident/Event Reporting*

3.0 COMMITMENTS

This procedure has been developed to implement applicable requirements from the following:

- 10 CFR § 851, *Worker Safety and Health Program*
- 10 CFR § 1046, *Medical, Physical Readiness, Training, and Access Authorization Standards for Protective Force Personnel*
- 29 CFR § 1910, *Occupational Safety and Health Standards*
- 29 CFR § 1926, *Safety and Health Regulations for Construction*

4.0 RESPONSIBILITIES

4.1 Occupational Medicine Program Manager (OMPM)/Occupational Medicine Coordinator (OMC)

4.1.1 Ensures the MSP is provided with information, by either electronic or hard copy, to aid in the development of the OMP, as required.

4.1.2 Manages the OSHA/Computerized Accident/Incident Reporting System (CAIRS) as it relates to PGDP D&R Contractor and conducts quarterly reviews.

4.1.3 Maintains OSHA recordkeeping for PGDP D&R Contractor employees in accordance with 29 CFR § 1904, *Recording and Reporting Occupational Injuries and Illness*.

4.1.4 Assists the DOE Portsmouth/Paducah Project Office (PPPO) with scheduled assessments and CAIRS input.

4.1.5 Conducts an annual management assessment on recordkeeping.

4.2 Medical Services Provider (MSP)

4.2.1 Plans and implements OMP activities identified in this procedure and maintain requisite records and requirements referenced in the WSHP.

4.2.2 Plans and implements a Protective Force (PF) OMP in compliance with the requirements of 10 CFR § 1046 and CP2-HS-4004, *Medical, Physical Readiness, Training and Access Authorization Standards for Protective Force Personnel for the Paducah Gaseous Diffusion Plant*.

4.2.3 Ensures MSP nurses, physician assistants, medical assistants, or technicians providing medical services are licensed, registered or certified as required by federal or Kentucky law.

4.2.4 Communicates, verbally and in writing, health evaluation results in accordance with what is allowed under the HIPAA laws.

4.2.5 Provides employee requested records.

4.2.6 Evaluates injured and/or ill employees in accordance with established medical protocol.

4.2.7 Maintains all occupational medical records in accordance with Executive Order 13335, *Incentives for the Use of Health Information Technology*.

4.3 Site Occupational Medicine Director (SOMD)

4.3.1 Is a graduate of a school of medicine or osteopathy and licensed to practice in the Commonwealth of Kentucky.

4.3.2 Evaluates worker injuries and/or illnesses and provides necessary documentation in relation to work-related illness and worker restrictions.

4.3.3 Serves as the Physical Protection Medical Director (PPMD).

4.3.4 Serves as the Designated Physician (DP) or appoints a designated physician in accordance with 10 CFR § 1046.

4.4 D&R Contractor Supervisor

4.4.1 Evaluates conditions for mitigation of work site hazards with assistance from safety representatives.

4.4.2 Ensures workers receive prompt medical attention and report injury and/or illness to Plant Shift Superintendent (PSS).

4.4.3 Abides by the MSP release for the worker to return to work.

4.5 Human Resources (HR)/Contract Technical Representative (CTR)

4.5.1 Ensures employee health evaluations are completed as required under this OMP.

4.5.2 Implements CP3-HR-0101, *Return to Work*, as applicable.

4.5.3 Maintains regular contact with worker during lost time from work.

4.6 Training

Ensures medical surveillance qualifications are available in the Training database.

4.7 Employee

4.7.1 Reports all injuries and/or illnesses to their supervisor in a timely manner.

4.7.2 Contacts Health Services for instructions on how to attain personal medical records.

4.7.3 Requests plant site emergency medical services, as needed.

4.7.4 Maintains regular contact with HR/CTR during time away for an injury and/or illness.

4.7.5 Per CP3-HR-0101, reports any absence due to a workplace injury or illness to HR/CTR to discuss options.

4.7.6 Reports to Health Services when returning to work from an injury and/or illness.

4.8 Paramedic/Firefighter/Emergency Medical Technician (EMT)

4.8.1 Responds to emergency calls site wide.

4.8.2 Transports personnel requiring medical evaluation and/or attention to the on-site medical facility.

4.8.3 Transports personnel requiring emergency treatment beyond the capabilities of the on-site medical facility to a local hospital.

4.8.4 Ensures emergency radiological and/or chemical decontamination is performed.

4.8.5 Provides support for site employees to the local hospitals, as necessary.

4.9 Plant Shift Superintendent (PSS)

Determines reporting requirements for issues according to CP3-OP-2024, *Initial Incident/Event Reporting.*

5.0 GENERAL INFORMATION

NOTE:
Medical surveillance requirements for those employees who are required to work in locations OSHA has deemed to require medical monitoring will be made available in the training database.

5.1 Individuals who are assigned to the following position(s) with performance responsibilities will be trained as required by the Training Position Description for the position:

- Occupational Medicine Program Manager
- Occupational Medicine Coordinator
- D&R Contractor Supervisor
- Human Resources
- Contract Technical Representative

5.2 Individual and organizational performer responsibilities (of a general job description nature) **NOT** specifically listed above have **NO** training requirements attributed by this procedure.

5.3 **If** it is a non-emergent situation, **then** the D&R Contractor Supervisor is responsible for getting the employee to the site medical facility.

5.4 **If** it is an emergent situation, **then** emergency services will be provided by the Paramedic in conjunction with the Emergency Response and/or Fire Department. These services may include situations which pose an immediate risk to health and life of a D&R Contractor employee.

5.5 Fitness for Duty (FFD) is a key element of the OMP. FFD means employees must report to work rested, hydrated, nourished, and healthy. FFD applies to all employees.

- FFD encompasses the employee's general health and physical capacity to perform work.
- In order to ensure all FFD requirements are being met, it is required that employees report all work-related and non-work-related injuries and illnesses to his and/or her supervisor.
- **If**, at any time, there is a concern regarding an employee's FFD, **then** HR/ CTR and Human Resources and the Occupational Medicine organization shall be notified.
- During all pre-shift briefings, supervisors should observe work team members' general FFD to verify, based on observations, that all team members are fit and ready to perform assigned tasks.

- Any questionable observations shall be reported to the responsible manager or project manager and/or HR/CTR and Occupational Medicine.
- Any time there is a question of FFD; documented medical clearance should be obtained from the MSP prior to the employee returning to work.

6.0 INSTRUCTIONS

6.1 Implementation of the OMP

OMPM/OMC

6.1.1 Ensure the MSP is provided with the following information, by either electronic or hard copy, to aid in the development of the OMP, as required:

- Current information about actual or potential work-related site hazards whether chemical, radiological, physical, ergonomic, etc.,
- Employee job-task and hazard analysis,
- Employee actual or potential work-site exposure data, including summary of Industrial Hygiene personal sample data,
- Employee position descriptions, including essential job functions,
- Personnel actions resulting in a change of job functions, hazards, or exposures,
- Access to Safety Data Sheets (SDS) or to the electronic SDS database for hazardous materials used in the workplace, and
- Information from health, disability and/or other insurance plans/benefits offered by PGDP D&R Contractor to employees.

MSP/SOMD

6.1.2 Plan and implement OMP activities identified in this procedure and maintain requisite records and requirements referenced in the WSHP.

6.1.3 Implement responsibilities including, but are **not** limited to, the following tasks and activities:

- Comply with 10 CFR§ 851, *Worker Safety and Health Program, Occupational Medicine Requirements*.
- Plan and implement a PF OMP in compliance with the requirements of 10 CFR § 1046, *Medical, Physical Readiness, Training, and Access Authorization Standards for Protective Force Personnel* and CP2-HS-4004.
- Facilitate compliance with various OSHA standards found in 29 CFR § 1910, 29 CFR § 1926, and other regulations that either require medical qualification examinations or medical monitoring.
- The SOMD must be a graduate of a school of medicine or osteopathy and be licensed to practice in the Commonwealth of Kentucky.
- Ensure the PPMD and DP qualifications are met per 10 CFR § 1046.

- Use all resources available, including but **not** limited to, a compilation of hazards and exposures associated with work activities, to assist with the development of medial qualification and monitoring requirements.
- Establish content of the health evaluation and inform the workers, verbally and in writing, of the purpose, nature, and frequency of medical tests offered.
- Conduct placement evaluations as described in the CP2-HS-2000, *Worker Safety and Health Plan*.
- MSP nurses, physician assistants, medical assistants, or technicians providing medical services must be licensed, registered or certified as required by federal or Kentucky law.

6.1.4 Provide PGDP D&R Contractor written verification of an employee's FFD based upon a medical assessment and evaluation of job duties and hazards pertaining to his and/or her assigned tasks.

6.1.5 Plan, implement, **and** manage occupational medical services provided to PGDP D&R Contractor employees.

6.1.6 Periodically review **and** observe workplace activities where work is being performed to become familiar with work activities.

6.1.7 Participate on safety committees or worker protection teams to help maintain a safe and healthful workplace.

6.1.8 Periodically review the emergency response and disaster preparedness plans.

6.1.9 Ensure immunization programs, such as blood-borne pathogens, conform to OSHA regulations for those employees who may be at risk for exposure.

6.1.10 Communicate, on a timely basis, the results of health evaluations to the PGDP D&R Contractor designee to facilitate the mitigation of work site hazards.

6.1.11 Review the medical and behavioral aspects of employee counseling and health promotional programs, such as Employee Assistance Programs, other substance abuse programs, or wellness programs for adequacy.

6.2 Job Function Evaluation

D&R Contractor Supervisors

NOTE:
Mitigation may include a combination of engineered, administrative, or protective equipment controls and requirements.

6.2.1 Evaluate conditions for mitigation of work site hazards.

- With the assistance of safety representatives, evaluate each job function, as necessary, to identify work exposures, potential hazards, and duties performed using CP3-TR-0104-F01, *Employee Requisition/Staff Optimization Determination.* Chg A

6.2.2 **If** there is a change in conditions, **then** provide details of the changes to the OMC.

MSP

6.2.3 Utilize the employee's medical history questionnaire, job description, job duties, and other pertinent documents to determine the extent of medical evaluation needed to determine worker's fitness to perform assigned duties.

6.3 Employee Health Evaluations

Employee

NOTE:
Any interaction between a site employee and the OMP is protected under HIPAA.

6.3.1 Should report any injury or illness to the site MSP that causes an absence of more than 40 hours from work, even if it is not work-related.

6.3.2 Should disclose to OMP any temporary or permanent medical condition or medication that may impair performance at work and be evaluated for FFD.

HR/CTR/OMC

NOTE:
A return to work evaluation is performed to determine the individual's physical and/or psychological capacity to perform assigned work tasks.

6.3.3 Ensure the following employee health evaluations are completed as required under this OMP:

- At the time of initial employment,
- Transfer to a job with new functions and hazards that require a medical evaluation to establish a baseline record of physical condition to perform the work and assure FFD,
- **When** an employee has been absent because of an injury or illness for more than 5 consecutive workdays (or an equivalent time period for those individuals on an alternative work schedule), or if the employee has a history of excessive absenteeism,
- Monitor ill and/or injured workers to facilitate their rehabilitation and safe return to work and to minimize lost time and its associated costs,
- At the time of separation from employment, an individual shall be offered a general health evaluation to establish a post-employment record of physical condition,
- Diagnostic examinations to evaluate employee injury or illness to determine if work related, any recommended medical restrictions, and referral for definitive care, as necessitated,
- After a work-related injury or illness,
- Verification of FFD, at the discretion of the management and/or HR/CTR, and
- Post-accident drug and alcohol screen.

MSP

NOTE:

Other documents used by the MSP to determine the employee's FFD may include functional job descriptions, job hazard analyses, etc.

6.3.4 Perform employee health evaluations or tests in accordance with established medical protocol, any stated regulatory requirements, and terms and conditions of the MSP's subcontract with PGDP D&R Contractor.

6.3.5 Include measures to identify and manage the principal preventable causes of premature morbidity and mortality affecting worker health and productivity.

6.3.6 Document assessment for chemical, physical, biological, and safety workplace hazards using recognized exposure assessment and testing methodologies and using accredited and certified laboratories.

6.3.7 Review the employee medical questionnaire and discuss any areas of concern with the employee.

6.3.8 **If** the employee's health evaluation identifies a pre-existing medical condition or non-occupational related injury/illness that may require further testing or treatment, **then** request that the employee obtain testing or treatment from their personal physician unless testing is already identified as part of an OSHA medical surveillance requirement essential for the employee's job function.

6.3.9 Perform periodic, hazard-based medical monitoring or qualification based-FFD evaluations required by regulations or standards at the frequency required.

D&R Contractor Supervisor

6.3.10 May request an employee submit to OMP for a FFD evaluation.

6.4 Reporting Employee Health Evaluation Results

NOTE:

Extreme care should be taken by all levels of management to communicate only those details of the injury and/or accident as related to the workplace. Personal medical conditions that may have been aggravated by the workplace injury, or may have contributed to the workplace injury, are considered confidential, and protected by HIPAA laws.

MSP

6.4.1 Communicate, verbally and in writing, health evaluation results, including FFD statements, to the employee.

6.4.2 Place evaluation documentation in the worker's medical record, maintained by the MSP for the PGDP D&R Contractor.

6.4.3 Communicate medical information to the OMPM/OMC, including FFD, in accordance with what is allowed under the HIPAA.

6.4.4 **If** during the evaluation a previously unidentified potential hazard or exposure is identified, **then** communicate this information to the OMPM/OMC for investigation, corrective action and/or remediation.

Training

6.4.5 Ensure medical surveillance qualifications are available in the Training database for those employees who are required to work in locations OSHA has deemed to require medical surveillance.

6.5 Employee Medical Records Request

Employee

6.5.1 Contact Health Services for instructions on how to obtain your medical records.

MSP

6.5.2 Maintain confidentiality of employee's medical records in accordance with applicable state and federal laws and regulations.

6.5.3 Upon receipt of the employee's request, provide a copy of the requested record(s) and/or send a copy of the requested record(s) to the employee's designated physician or representative.

6.5.4 **If** there are mitigating factors that make it difficult for the MSP to provide the requested medical record(s) in a timely manner, **then** notify the employee verbally, and in writing, of the delay and estimated time frame when the employee's record(s) can be provided.

6.6 Medical Restrictions

NOTE:

Line management may consult the MSP, HR/CTR or Safety & Health (S&H) personnel with any questions regarding the employee's restriction(s), if any American's with Disabilities Act (ADA) accommodations may be necessary per CP1-HR-0101, *American's with Disabilities Act Policy*, and/or duration of any restrictions or ADA accommodations.

MSP

6.6.1 **If** it is determined an employee must be placed on a medical restriction, **then** clearly define the restriction(s) in writing to the OMPM/OMC who will make the restrictions known to the appropriate contractor personnel.

D&R Contractor Supervisor

6.6.2 **If** an employee's non-occupational injury and/or illness evaluation determines he and/or she needs medical restrictions and the supervisor **CANNOT** accommodate those medical restrictions, **then** refer employee to HR/CTR for determination of alternate work duty or other follow-up action.

6.6.3 **If** the employee's management determines that accommodations are **NOT** available to comply with the employee's restriction(s) and/or alternate work duty is **NOT** available for the employee to perform, **then** notify HR/CTR that viable work is **NOT** available for the employee to perform.

HR/CTR

6.6.4 Assume responsibility for determination of follow-on action in accordance with CP3-HR-0101, *Return to Work*.

MSP

6.6.5 **If** during a new hire's pre-employment medical evaluation the employee is determined **NOT** to be FFD for the job function hired, **then** notify HR/CTR so they can assume responsibility for follow-up actions regarding the individual's employment.

6.7 Emergency Services

NOTE:

For emergency events requiring response outside of the DOE reservation, or for events where off-site assistance is needed on-site, then emergency support will be provided per CP3-EP-1012, *Off-Site Emergency Response Assistance*.

Employee

6.7.1 Request plant site emergency medical services by performing one of the following:

- Fire Alarm Pull Box (Caution – **NOT** for reporting a hazardous materials release)
- PSS Emergency Phone—333 (Bell) or 555 (PAX)
- Radio—Turn knob to position 16; Call for Alpha 1. State "Emergency Traffic, Emergency Traffic"
- PSS Office—6211, State "This is an Emergency"
- From a cell phone (270) 441-6333
- Notify facility manager, Local Emergency Director (LED), or Warden

Paramedic/Firefighter/EMT

6.7.2 Responds to emergency calls site wide.

6.7.3 Makes telephone or radio contact with medical facility in accordance with established medical protocol.

6.7.4 Transports personnel requiring medical evaluation and/or attention to the on-site medical facility.

6.7.5 **If** personnel is in a life-threatening state that is beyond treatment available at the on-site medical facility, **then** transport personnel requiring immediate emergency treatment to a local hospital.

6.7.6 Ensure Emergency radiological and/or chemical decontamination is performed under the direction of the Radiation Protection Manager and/or S&H Program Manager (or designees) and in cooperation with attending Paramedic(s).

6.7.7 Provide support for site employees at the local hospitals as necessary.

6.8 Injury/Illness Case Management

NOTE:

For an injury and/or illness requiring emergency response, personnel shall refer to Section 6.7, *Emergency Services*.

An injured employee is **NOT** allowed to transport himself/herself to an offsite medical facility, transportation shall be arranged by the employee's supervisor. **If** the supervisor is **NOT** available, **then** the PSS will be contacted to arrange for transportation.

D&R Contractor Supervisor

6.8.1 Ensure workers receive prompt medical attention.

6.8.2 Accompany the worker to the medical facility (site facility or local hospital.)

6.8.3 Report the injury and/or illness event to the PSS.

6.8.4 Provide the MSP information pertinent to the employee's activities/duties, so the MSP can evaluate the worker's ability to return to work with or without restrictions.

PSS

6.8.5 **If** the injury/illness is work-related, **then** determine the requirement for reporting issues, according to CP3-OP-2024, *Initial Incident/Event Reporting*, to ensure the injury/illness event is investigated. The intent of the investigation is to identify the cause of the incident so that similar incidents may be prevented.

OMPM/OMC

6.8.6 Ensure workers receive necessary medical examination/attention.

6.8.7 If a represented employee is brought to medical due to an injury/illness, then notify USW representative.

6.8.8 Interview worker as soon as medical examination has concluded to get specifics of injury/illness. Take notes of interview on CP3-HS-4002-F06, *Occupational Medicine Incident Notes*, to submit to PSS with any photos taken when giving a status update.

6.8.9 If there is a cut, abrasion, or bruising, then take photos of the injured area unless it is in a discrete area on the employee's body.

6.8.10 If there is a physical factor contributing to the injury, then take photos of the scene of injury as soon as possible.

6.8.11 Report status of the injury/illness to the PSS.

6.8.12 Follow up with the OMP for categorization of the injury/illness.

6.8.13 Report injury and categorization to the customer.

MSP

6.8.14 Evaluate the injured/ill employee in accordance with established medical protocol.

6.8.15 Communicate to the employee, verbally and in writing, evaluation results and recommendations.

6.8.16 **If** it is determined that the employee needs to be placed on restriction, **then** clearly define the restrictions in writing. All restrictions and recommendations must be documented, and a copy of the clinic's Report of Injury/Illness must be immediately provided to the OMC and HR/CTR. Restrictions will be handled according to Section 6.6 of this procedure.

D&R Contractor Supervisor

6.8.17 **When** the SOMD releases the worker to return to work, either in a full duty or restricted duty capacity, **then** return the employee back to the workplace in a timely manner.

6.8.18 **If** the employee is unable to return to work, **then** ensure the employee has transportation to his/her residence or local hospital.

HR/CTR

6.8.19 **If** the employee is losing time from work, **then** maintain regular contact with the worker to stay familiar with the employee's condition and needs.

6.9 SOMD Consultation

NOTE:
At the discretion of site management, the company may request that the SOMD perform an independent review of injury and/or illness cases.

SOMD

6.9.1 Evaluate the treating physician recommendations for worker injury and/or illness events that are severe enough, or have the potential to result in an OSHA recordable injury.

6.9.2 Evaluate the treating physician's diagnosis, prescriptions, and other injury and/or illness information.

6.9.3 Provide site management with documentation of the evaluation of the treating physician's recommendations and subsequent worker restrictions.

6.10 CAIRS Administration

OMC

6.10.1 Review investigative reports, narratives, and associated documents for proper classification and consolidation into the DOE CAIRS (in accordance with DOE O 231.1B Chg. 1, *Environment, Safety and Health Reporting*) and OSHA 300 Log.

6.10.2 Notify the DOE Facility Representative(s) in a timely manner of any OSHA or CAIRS reportable conditions.

6.10.3 Maintain OSHA recordkeeping and reporting for employees in accordance with 29 CFR § 1904, *Recording and Reporting Occupational Injuries and Illness Requirements*.

6.10.4 Update the occupational injury and illness case files, CAIRS, and associated OSHA 300 Log as new information becomes available from post-accident and/or incident investigations. See Section 6.8 *Injury/Illness Case Management,* Step 6.8.5

6.10.5 Assist DOE PPPO representatives with scheduled assessments and surveillances to verify accuracy of injury/illness classification and CAIRS input.

6.10.6 Maintain case files on all PGDP D&R Contractor occupational injuries/illnesses, and update files as new information is obtained or as the case progresses to closure.

6.10.7 Obtain and record total work hours for PGDP D&R Contractor operations (including subcontractors) and input electronically into the DOE CAIRS on a monthly/quarterly basis.

6.10.8 Coordinate with MSP as necessary.

6.10.9 Prepare and maintain copies of the approved annual OSHA 300A, *Summary of Work-Related Injuries and Illnesses*, for posting on facility bulletin boards as required by OSHA 29 CFR § 1904.

6.10.10 Submit new reports (DOE Form 5484.3, *Individual Accident/Incident Report*) into CAIRS in accordance with compliance regulations.

6.10.11 Update CAIRS according to Requirements of DOE O 231.1B Chg. 1, *Environment, Safety and Health Reporting*.

6.10.12 Upon request from a PGDP D&R Contractor employee, former employee, and/or authorized representative provide limited access to the OSHA 300 log that contains applicable documentation.

6.10.13 Conduct an annual management assessment to evaluate the recordkeeping and reporting program and to verify that the information recorded is thorough and accurate.

6.10.14 Conduct a quarterly review of the DOE CAIRS injury and/or illness information for PGDP D&R Contractor and subcontractor assigned accounts to verify the information recorded is complete and accurate (including any days away or restricted days), in accordance with DOE O 231.1B Chg. 1.

6.11 Medical Records

MSP

6.11.1 Develop and maintain a record containing any medical, health history, exposure history, and demographic data collected for occupational medicine purposes for each employee for whom medical services are provided.

6.11.2 Maintain all occupational medical records in accordance with Executive Order 13335, *Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator*.

6.11.3 Keep employee medical and employee assistance program records confidential, protect employee medical and employee assistance program records from unauthorized access, and store under conditions that ensure long-term preservation.

6.11.4 Maintain psychological records separately from medical records and in the custody of the designated psychologist in accordance with 10 CFR § 712.38(b) (2), *Maintenance of Medical Records*.

6.11.5 Provide access to these records in accordance with DOE regulations implementing the Privacy Act and the Energy Employees Occupational Illness Compensation Program Act.

7.0 RECORDS

7.1 Records Generated

The following records may be generated by this procedure:

- Text Deleted
- Text Deleted
- Text Deleted
- Text Deleted
- Text Deleted
- CP3-HS-4002-F06, *Occupational Medicine Incident/Accident Notes*
- DOE F 5484.3, *Individual Accident/Incident Report*
- OSHA Form 300, *Log of Work-Related Injuries and Illnesse*s
- OSHA Form 300A, *Summary of Work-Related Injuries and Illnesses*

Chg A

Forms are to be completed in accordance with CP3-OP-0024, *Forms Control*.

7.2 Records Disposition

The records are to be maintained in accordance with CP3-RD-0010, *Records Management Process*.

Appendix A – Acronyms/Definitions

ACRONYMS

CAIRS - Computerized Accident/Incident Reporting System

CFR - Code of Federal Regulations

CTR - Contract Technical Representative

D&R – Deactivation and Remediation

DOE - United States Department of Energy

DP - Designated Physician

EEOICPA - Energy Employees Occupational Illness Compensation Program Act

EMT – Firefighter / Emergency Medical Technician

FFD - Fit for Duty / Fitness for Duty

G - Guide

HIPAA - Health Insurance Portability and Accountability Act of 1996

HR - Human Resources

HSS&Q -Health, Safety, Support, & Quality

LED – Local Emergency Director

MSP - Medical Services Provider

O - Order

OMC – Occupational Medicine Coordinator

OMPM - Occupational Medicine Program Manager

OMP - Occupational Medicine Program

OSHA - Occupational Safety and Health Administration

PF - Protective Force

PGDP – Paducah Gaseous Diffusion Plant

PPMD - Physical Protection Medical Director

PPPO - Portsmouth/Paducah Project Office

PSS - Plant Shift Superintendent

Appendix A – Acronyms/Definitions Continued

S&H - Safety and Health

SDS - Safety Data Sheet

SOMD - Site Occupational Medicine Director

WSHP - Worker Safety and Health Program

DEFINITIONS

Designated Physician - DPs are responsible for the conduct of medical examinations, evaluations, and medical certification of Security Officers and Security Police Officers. Additionally, DPs are responsible for making an annual determination whether to approve an individual's participation in physical readiness training program and determine the individual's ability to perform the physical readiness and Protective Force qualification tests without undue risk.

Emergency - For the purposes of this procedure emergency services will be provided by the Paramedic in conjunction with the Fire Department. These services may include situations which pose an immediate risk to health and life of a PGDP D&R Contractor employee. Most emergencies require urgent intervention to prevent a worsening of the situation.

Fit For Duty - For purposes of this procedure shall be an inclusive term which refers to a worker's ability to safely perform their assigned duties.

Physical Protection Medical Director - The PPMD is the physician programmatically responsible for the overall direction and operation of site medical programs supporting the Protective Force requirements of this part. The PPMD is responsible for the programmatic oversight of all site DPs.