



Goddard Procedural Requirements (GPR)

DIRECTIVE NO. GPR 1800.6 **APPROVED BY Signature:** Original Signed By
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EXPIRATION DATE: May 26, 2016 **TITLE:** Director, Management Operations Directorate

COMPLIANCE IS MANDATORY

Responsible Office: Code 250/Safety and Environmental Division

Title: Occupational Health, Medicine and Employee Assistance Programs

PREFACE

P.1 PURPOSE

This directive establishes the relevant policies, procedures, and responsibilities for the implementation and management of the Occupational Health, Medicine and Employee Assistance Programs at Goddard Space Flight Center (GSFC).

P.2 APPLICABILITY

This directive is applicable to all GSFC personnel, facilities, and activities, including all permanent and temporary sites. For this document, the term GSFC shall encompass GSFC, Greenbelt, MD; Wallops Flight Facility (WFF), Wallops Island, VA; Goddard Institute for Space Studies (GISS), New York, NY; and Independent Verification and Validation (IV&V), Fairmont, WV.

P.3 AUTHORITY

- a. NPD 1800.2, NASA Occupational Health Program
- b. NPD 1820.1, NASA Environmental Health Program

P.4 REFERENCES

- a. 5 USC 552a, the Privacy Act of 1974, as amended
- b. 29 USC 668 Section 19, Occupational Safety and Health Act
- c. Public Law 104-191, Health Insurance Portability and Accountability Act (HIPAA)
- d. 29 CFR 1960, Subpart D, Inspection and Abatement
- e. 29 CFR 1630.2, Reasonable Accommodation
- f. 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records
- g. NPD 1382.17, NASA Privacy Policy
- h. NPD 1830.1, NASA Employee Assistance Program
- i. NPR 1800.1, NASA Occupational Health Program Procedures
- j. NPR 1810.1A, Health Services for International Travel or Assignment
- k. GPR 8621.1, Reporting of Mishaps, Incidents, and Close Calls
- l. NASA Occupational Health Program Guidelines for Implementing a Center Automatic External Defibrillator Program, 2002

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- m. American College of Occupational and Environmental Medicine
- n. American Association of Occupational Health Nurses
- o. GSFC Form 17-26 Exit Clearance Record
- p. GSFC Form 17-26W Exit Clearance Record/Wallops Flight Facility

P.5 CANCELLATION

GPR 1800.2, Occupational Health Program
 GPR 1800.4, Occupational Medicine and Employee Assistance Programs

P.6 SAFETY

None.

P.7 TRAINING

Occupational Health personnel shall possess basic knowledge, credentials, licensing and skills relevant to their designated health professional position in accordance with NPR 1800.1. The GSFC Industrial Hygienist Office (IHO) shall work with Office of Human Capital Management (OHCM) and the Safety Office to provide occupational health training, (e.g., respiratory protection, hazard communications, chemical hygiene, asbestos awareness) to all employees who require it. OHCM shall keep training records in accordance with GSFC requirements.

P.8 RECORDS

Record Title	Record Custodian	Retention
Environmental Health Data	Health Unit	NRRS 1/132A2 - Destroy when 2 years old.
Employee Medical Folder	Health Unit	NRRS 1/127A1(b) - 30 days after separation, transfer to National Personnel Records Center (NPRC), St. Louis, MO. NPRC will destroy 75 years after birth date, 60 years after date of the earliest document in the folder if the date of birth cannot be ascertained, or 30 years after latest separation, whichever is later.
Transferred Employee Medical Records	Health Unit	NRRS 1/127A1(a) - Upon transfer, ship entire medical record, including x-rays, to medical office of new assignment.

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Non-Occupational Health Record Files (Civil Servants)	Health Unit	NRRS 1/127B1 - Destroy 6 years after date of last entry.
Non-Occupational Health Record Files (Contractors)	Health Unit	NRRS 1/127B2 - Destroy 8 years after individual's employment onsite is terminated.
Employee Assistance Program Management Referral	EAP Counselor	NRRS 1/127C1 – Destroy 5 years after last date in file, or upon termination of employee.
Employee Assistance Program Voluntary	EAP Counselor	NRRS 1/127C2 – Destroy 2 years after last date in file, or upon termination of employee.

*NRRS– NASA Records Retention Schedules ([NPR 1441.1](#))

P.9 METRICS

The Occupational Health Working Group (OHWG) shall determine metrics. The OHWG shall review them at least annually and make any required changes to ensure the metrics monitor the “health” of the programs under the auspices of the OHWG. The metrics will be briefed to the Goddard Safety Council at the request of the Council or at least annually. The number of physicals will be tracked each month.

P.10 DEFINITIONS

- a. Accommodation – Reasonable accommodation as described in 29 CFR 1630.2. The responsibility of management and line management that involves defining essential job functions and flexibility of movement within labor agreements.
- b. Arduous or Hazardous Positions – Positions that are dangerous or physically demanding to such a degree that an employee’s medical condition is necessarily an important consideration in determining ability to perform the required duties of that position, both safely and efficiently.
- c. Emergency – An injury or illness of a serious nature, developing suddenly and unexpectedly, and demanding immediate action.
- d. Medical Condition – Health impairment that results from injury or disease.
- e. Medical Documentation or Documentation of a Medical Condition – A statement from a licensed physician or other appropriate practitioner that provides information the Agency considers necessary to enable it to make an employment decision. To be acceptable, the statement must be on the practitioner’s letter head, signed and dated. The diagnosis of clinical impression must be justified according to

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established diagnostic criteria and the conclusions and recommendations must be consistent with generally accepted professional standards. The determination that the diagnosis meets these criteria is made by or in coordination with a physician or, if appropriate, a practitioner of the same discipline as the one who issued the statement. Acceptable documentation includes the following information:

- (1) The history of the medical conditions, including references to findings from previous examinations, treatment, and responses to treatment;
- (2) Clinical findings from the most recent medical evaluation, including any of the following that have been obtained: Findings of physical examination; results of laboratory tests; x rays; electrocardiograms (EKGs) and other special evaluations or diagnostic procedures; and, in the case of psychiatric evaluation or psychological assessment, the findings of a mental status examination and the results of psychological tests, if appropriate;
- (3) Diagnosis, including the current clinical status;
- (4) Prognosis, including plans for future treatment and an estimate of the expected date of full or partial recovery;
- (5) An explanation of the impact of the medical condition on overall health and activities, including the basis for any conclusion that restrictions or accommodations are or are not warranted;
- (6) An explanation of the medical basis for any conclusion that indicates the likelihood that the individual is or is not expected to suffer sudden or subtle incapacitation by carrying out, with or without accommodation, the tasks or duties of a specific position; and
- (7) Narrative explanation of the medical basis for any conclusion that the medical condition has or has not become static or well stabilized.

f. Medical Evaluation Program – A program of recurring medical examinations or tests established by NPR 1800.1, to safeguard the health of employees whose work may subject them or others to significant health or safety risks due to occupational or environmental exposure or demands.

g. Medical Removal –To remove an employee from his/her current task or workplace environment when it has been determined that, due to one or more medical conditions specific to that employee, a hazard exists.

h. Medical Standard – A written description as set forth in NPR 1800.1 of the medical requirements, including certification and/or surveillance for a particular task, exposure or occupation.

i. Medical Surveillance – The systematic collection and analysis of health and biologic data gathered from employees to determine the presence of job-related illness. The focus of analysis can be large populations of employees, an individual employee, or even a specific organ system of the employee. A complete medical surveillance program includes the following: documentation of job requirements, hazards and exposures; identification of subject employees; application of information gathering tools (questionnaires, specific screening procedures, complete physical examinations, biologic monitoring); assistance in design and implementation of safety interventions; and measurement of effectiveness. The Occupational Safety and Health Act mandates medical surveillance for a number of occupational risks.

j. Occupational Medicine – The medical specialty devoted to the maintenance and improvement of the health of employees with emphasis on the prevention, diagnosis, treatment, and care of illnesses and

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injuries caused or aggravated by the work environment. This includes studies directed toward a better understanding of the causes and mechanisms of injuries and illnesses, and thus to prevention and care as related to the employee population.

k. Practitioner – A person providing health services who is certified by a national organization and licensed by a state to provide the service in question, including but not limited to physicians, physician assistants, nurses, nurse practitioners and physical therapists

l. Screening – Application of standardized testing tools for detecting disease or body dysfunction before an individual would normally seek medical care. Screening tests are administered to healthy populations, but who may be at high risk for the targeted condition.

m. Similar Exposure Group – A grouping of GSFC employees who have similar exposures to risks or stressors that may require medical surveillance.

P.11 ACRONYMS

AED	Automated External Defibrillator
EAP	Employee Assistance Program
EKG	Electrocardiogram
EMTG	Emergency Management Task Group
GSFC	Goddard Space Flight Center
HIPAA	Health Insurance Portability and Accountability Act
IH	Industrial Hygienist
IHO	Industrial Hygiene Office
MRO	Medical Review Officer
OHE	Occupational Health Examination
OHO	Occupational Health Office
OHCM	Office of Human Capital Management
NPRC	National Personnel Records Center
OHWG	Occupational Health Working Group
OSHA	Occupational Safety and Health Administration
S&E	Safety and Environmental Division
WAR	Workplace Assessment Report
WFF	Wallops Flight Facility

PROCEDURES

In this document, a requirement is identified by “shall,” a good practice by “should,” permission by “may” or “can,” expectation by “will,” and descriptive material by “is.”

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1. ROLES AND RESPONSIBILITIES

1.1 Director of Management Operations

The Director of Management Operations shall:

- a. Monitor execution and cost of the Center Occupational Health Program through routine meetings with representatives of the Safety and Environmental (S&E) Division;
- b. Ensure availability of appropriate funds to execute the Occupational Health Program;
- c. Ensure that timely and safe transport to offsite occupational health services is available;
- d. Establish and/or maintain a mutual aid agreement with the surrounding community; and
- e. Facilitate corrective actions in the best interest of GSFC and NASA.

1.2 Office of Human Capital Management (OHCM)

The OHCM shall:

- a. Include a description of physical demands in all job descriptions;
- b. Review employee suitability for jobs they are expected to perform;
- c. Work with supervisors to provide employees with reasonable accommodations due to medical necessity and/or physical capability;
- d. Notify the health units of employment actions in job series identified as having medical certification and/or surveillance requirements, and communicate that need to the employees and their supervisors; and
- e. Ensure that civil service employees complete GSFC Form 17-26 or GSFC Form 17-26W, Exit Clearance Record, prior to termination of employment. GSFC Forms 17-26 and 17-26W require an exit medical clearance from the S&E Division Health Unit (Greenbelt or Wallops) if the employee is a member of the Hearing Conservation Program or indicates workplace exposure to asbestos, arsenic, beryllium, cadmium, ethylene oxide, formaldehyde, methylene chloride, or other toxic chemical with an Occupational Safety and Health Administration (OSHA) expanded health standard.

1.3 Division Chiefs

Division Chiefs or levels higher than supervisors shall:

- a. Ensure that training necessary to reduce workplace hazards is available for all employees;
- b. In conjunction with the OHWG, ensure that medical surveillance evaluation completion rates are 100 percent;
- c. Ensure medical restrictions are enforced with high priority at a division level;
- d. Ensure appropriate portions of this directive, relating to contractor personnel, are reflected in contracts; and
- e. Review summaries of reports of exposure, accidents, near misses and work-related injuries/illness and ensure that sufficient resources are available to accomplish corrective actions. Support workplace supervisors in implementing corrective actions.

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1.4 Chief of the Safety and Environmental (S&E) Division

The Chief of S&E shall:

- a. Provide management oversight and implement the occupational health programs (Occupational Medicine, Fitness, Employee Assistance Program (EAP)) in accordance with NPR 1800.1 and NPD 1830.1;
- b. Develop and implement methods (support agreements, contracts, etc.) to augment the occupational health program where required or when necessary personnel are not assigned;
- c. Appoint a Medical Director for GSFC who will oversee both Greenbelt and Wallops;
- d. Establish and/or maintain the OHWG;
 - (1) Appoint permanent members to the OHWG. The permanent members should be representatives from radiation safety, industrial hygiene and occupational medicine. Other specialists may be called to meet transient needs and local business practices. These consulting members may include personnel from OHCM, Safety, Security, and Office of Chief Counsel, as well as workplace supervisors, union representatives, and contracting officers. Team membership is at the discretion of the Chief, S&E, to most effectively manage Center or remote site-unique problems.
 - (2) Chair or appoint a chairperson for the OHWG.
- e. Represent the OHWG to the Director of Management Operations;
- f. Establish and maintain an industrial hygiene program for the Center;
- g. Establish, implement, and monitor the GSFC Occupational Medicine Program including annual assessments and peer review;
- h. Ensure the appropriate funds needed to execute the Occupational Medicine Program.

1.5 GSFC Medical Director

The GSFC Medical Director shall:

- a. Oversee the development, documentation and implementation of all Occupational Health Programs (Occupational Medicine, Fitness, EAP) at GSFC (Greenbelt and Wallops) in accordance with NPR 1800.1 and NPD 1830.1 and which meet OSHA requirements;
- b. Ensure that Occupational Medicine Program polices and guidelines are updated and current;
- c. Ensure the provision of the medical services delineated in NPR 1800.1, NASA Occupational Health Program, or medical services deemed “industry standard” by the American College of Occupational and Environmental Medicine, including surveillance, treatment, placement of work restrictions as appropriate, response to and documentation of all employee health or medical concerns/complaints, and provision of consultation for analysis and remediation of potential workplace health issues.
- d. Through OHWG representation, ensure that medical standards are appropriate for each employee;
- e. Ensure that liaison is maintained with health authorities and medical practitioners in the surrounding communities to facilitate referrals and/or transfers of patients from the Center to community hospitals and exchange of information of public health concern;

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- f. Ensure that consultation is provided for supervisors regarding appropriate accommodations for employees with temporary or permanent physical or psychological work limitations, especially employees returning to work after illness or injury;
- g. Ensure the collection of data from clinical programs. The data shall be reviewed for epidemiological significance, and then be utilized for determining where interventions are needed, and the interventions subsequently coordinated with the authorized NASA occupational health offices;
- h. Oversee the maintenance of medical documentation as detailed in NPR 1800.1. Ensure the required retention schedule is followed (see section P.8) for employee medical folders or records and non-occupational health record files. Confidentiality will be maintained in accordance with Office of Personnel Management Regulations, the NASA Privacy Act Regulations (NPD 1382.17), and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Upon receipt of a signed waiver request presented by an employee, or upon receipt of a notarized designation of an employee for a third party to receive access to the employee's medical record, access will be permitted and/or a copy of the record furnished to the employee or third party;
- i. Oversee the submission of medical reports and data as requested by the Office of Chief Health and Medical Officer, NASA Headquarters, with employee's consent;
- j. Ensure that if a potential hazardous occupational exposure is detected during a health examination, the Industrial Hygienist (IH) is notified of the possible exposure and properly investigates;
- k. Ensure that medical evaluation and management of medical restrictions are written, implemented, and meet OSHA requirements;
- l. Participate in the design and implementation of GSFC (including Wallops) emergency response programs;
- m. Serve on the Center's Safety Council and Emergency Management Task Group (EMTG).
- n. Ensure that the Center has a plan in place to provide timely and safe transport to medical services for injured personnel;
- o. In the case of an emergency involving a minor, ensure that consent of parent(s) or legal guardian is obtained;
- p. Serve as the Medical Review Officer (MRO) for the Goddard drug free work place program; and
- q. Implement and oversee the Automated External Defibrillator (AED) Program and serve as the AED Program Director.

1.6 Supervisors

Supervisors shall:

- a. Provide training as necessary to reduce workplace hazards to all employees (e.g., hazard communications, chemical hygiene, asbestos awareness, etc.);
- b. Ensure that all employees are aware of potential health exposures in their work environment or job-related function;
- c. Ensure employees requiring medical surveillance are seen at the health unit at required times, including any or all of the following: Prior to beginning work, periodically during work, termination of the identified potentially hazardous work, and termination of employment;
- d. Report any job-related illness or injury in accordance with GPR 8621.1, Reporting of Mishaps, Incidents, and Close Calls;

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- e. Ensure that employees are able to perform essential job functions without harm to themselves or others;
- f. Notify the Health Unit and the IHO when it is possible that employees or their co-workers may have been exposed to occupational environmental stressors, such as infectious diseases, toxic substances, or physical hazards;
- g. Ensure that civil service employees report to the Health Unit before returning to work after an illness lasting 5 or more days or any occupational injury;
- h. In consultation with Medical Director and OHCM, review medical restrictions of employees and appropriate accommodations;
- i. Ensure complete process hazard analyses, job safety analyses, or task safety analyses are available in the workplace files;
- j. Distribute Workplace Assessment Reports (WARs) to employees, post on workplace Safety Bulletin board, and replace when obsolete;
- k. Inform the Health Unit or IHO of worker's concerns;
- l. Obtain consultation and vaccination in a timely manner prior to international travel in accordance with NPR 1810.1A, Health Services for International Travel or Assignment;
- m. Take periodic training provided by the EAP regarding procedures for referring employees to the EAP and to recommend those referrals as appropriate;
- n. Ensure that civil service employees complete GSFC Form 17-26 or GSFC Form 17-26W, Exit Clearance Record, prior to termination of employment. GSFC Forms 17-26 and 17-26W require an exit medical clearance from the S&E Division Health Unit (Greenbelt or Wallops) if the employee is a member of the Hearing Conservation Program or indicates workplace exposure to asbestos, arsenic, beryllium, cadmium, ethylene oxide, formaldehyde, methylene chloride, or other toxic chemical with an OSHA expanded health standard.

1.7 Center Industrial Hygienist (IH)

The Center IH shall:

- a. Ensure that the IH Program directive is written and in place;
- b. Execute the IH-developed Process-based Surveillance Process;
- c. Ensure IHO participation in the OHWG;
- d. Provide consultation on occupational health hazard risk assessment and risk management (recognition, evaluation, and control);
- e. Review plans, programs, designs and protocols from researchers, laboratory employees, and Center support organizations to anticipate and prevent occupational hazards and to highlight occupational health requirements;
- f. Assist supervisors in developing risk management measures in order to facilitate the incorporation of risk management into their operations;
- g. Manage occupational health information according to NPD 1382.17, NASA Privacy Policy, and Health Insurance Portability and Accountability Act of 1996 (HIPAA) and ensure the required retention schedule is followed in accordance with section P.8 for environmental health data or reports;
- h. Provide occupational health-related training, such as respiratory protection;

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- i. Investigate all suspected occupational illnesses;
- j. Collect environmental health data to coordinate with the GSFC Medical Director to provide epidemiology services to the OHWG;
- k. Function as the Respiratory Protection Program Manager;
- l. In conjunction with Center audiology support, function as the GSFC Hearing Conservation Officer;
- m. Develop a master list of all workplaces included in the IH area of responsibility;
- n. Develop a master surveillance schedule based on the workplace categorization, available resources, and surveillance frequency requirement determined by IH personnel;
- o. Perform activity assessments according to the master schedule using 29 CFR 1960, Subpart D, Inspection and Abatement, as a guide for performing the assessment;
- p. Periodically assess adherence to the routine surveillance plan and adjust as needed;
- q. Prioritize special evaluations;
- r. Perform special surveillance projects in priority order.

1.8 Workers Compensation Office

The Workers Compensation Office shall:

- a. Provide trend data on workers compensation claims to assist the OHWG in determining prioritization of occupational health resources;
- b. Attend OHWG meetings; and
- c. Prepare, process and monitor employee claims.

1.9 Employees

Employees shall:

- a. Maintain awareness of current potential work-related health exposures;
- b. Participate in required training, related to potential work-related health exposures;
- c. Notify their supervisor and the Health Unit of any job-related illness, injury, or possible exposure to workplace stressors, such as infectious diseases, toxic substances, or physical hazards;
- d. Obtain consultation and vaccination in a timely manner prior to international travel in accordance with NPR 1810.1A, Health Services for International Travel or Assignment;
- e. Provide input to the safety analyses applicable to their work area;
- f. Communicate all occupational health concerns to the responsible office (e.g., IHO, Occupational Health Office (OHO)) through their supervisor or other appropriate channel.
- g. Coordinate with the Health Unit in order to acquire the appropriate examinations;
- h. Provide the specific written authorization for release of information required when treatment warrants or additional consultation is requested;
- h. Notify supervisor of any need for reasonable accommodation; and
- i. Complete GSFC Form 17-26 or GSFC Form 17-26W, Exit Clearance Record, prior to termination of employment. GSFC Forms 17-26 and 17-26W require an exit medical clearance from the S&E Division Health Unit (Greenbelt or Wallops) if the employee is a member of the Hearing Conservation Program or indicates workplace exposure to asbestos, arsenic, beryllium, cadmium,

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ethylene oxide, formaldehyde, methylene chloride, or other toxic chemical with an OSHA expanded health standard.

1.10 Occupational Health Working Group (OHWG)

The OHWG shall:

- a. Implement the local occupational health program under the auspices of the Chief, S&E;
- b. Determine, recommend and document medical surveillance for all similar exposure groups using authoritative references such as OSHA and American College of Occupational and Environmental Medicine;
- c. Implement procedures to update requirements when changes occur;
- d. Implement appropriate procedures for reporting and investigation of suspected OH occurrences;
- e. Design, implement and assess measures to improve the local occupational health program. Improvement areas include but are not limited to
 - (1) Measures to complete occupational examinations and decrease occupational injury and illness rates;
 - (2) Measures to improve overall program efficiency;
 - (3) Methods to decrease compensation costs; and
 - (4) Methods to improve cost and performance. These measures will be tailored to the needs of each working group member.
- f. Discuss identified training shortfalls, including adverse occurrences that may represent training deficiencies, and develop effective strategies to address them;
- g. Determine, recommend, and document training, documentation, and notification requirements for medically significant hazards;
- h. Identify and implement opportunities to improve worker health, enhance mission effectiveness, including decreased costs and increased performance, and otherwise meet customer needs; and
- i. Establish, document, and communicate occupational health requirements to supervisors.

1.11 Contractors

Contractors shall comply with the occupational health clauses in their contracts.

2. MEDICAL SURVEILLANCE PROGRAM

2.1 Purpose

The purpose of medical surveillance is to ensure that GSFC operations do not adversely affect the health of workers; meet specific regulatory requirements for medical monitoring; and provide adequate personal protective measures and/or equipment. These examinations fall into four basic types: pre-placement, periodic, termination of exposure, and termination of employment.

- a. **Pre-placement (or Baseline) Occupational Health Examination (OHE).** These examinations are performed as required by applicable regulations before placement of an employee in a specific job to

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assess (from a medical standpoint) if the worker will be able to perform the job capably and safely, to determine if the worker meets any established medical standards, and to obtain baseline measurements for future comparison. These medical examinations shall be done before commencement of work.

- (1) This exam shall be accomplished prior to exposure for all workers permanently or temporarily assigned to work areas that require medical monitoring for 30 or more days per year unless more stringent requirements exist. For example, respirator wearers must receive a baseline medical evaluation from an occupational health practitioner regardless of anticipated duration of work.
- (2) To accommodate supervisor needs and mission requirements for transitory assignments to other processes, multiple baseline exams may be accomplished at the same time.
- (3) Any conditions that may predispose workers to Occupational Health Occurrences must be documented in the medical record. Only after the employer has addressed reasonable accommodation will those conditions constituting a direct threat to the worker's personal safety or the safety of others be considered disqualifying factors.

- b. Periodic or Post Incident OHE.** Periodic OHEs are accomplished as required by applicable regulations to detect evidence of exposure and/or to identify physiologic or pathologic changes.
- c. Termination of Exposure OHE.** An evaluation accomplished upon termination of exposure or transfer to another workplace as required by applicable regulations and Goddard Procedural Requirements. Normally, this OHE will be the same as the periodic evaluation.
- d. Termination of Employment OHE.** These evaluations are accomplished as required by applicable regulations to characterize worker health at termination of employment (separation, retirement, transfer, job change).

2.2 Defining Occupational Health Examination Requirements

The Medical Director defines all OHE requirements at the OHWG.

- a. Examination content and frequency are based on an understanding of the job demands, exposures to the workers, the medical effects of specific exposures, the impact of specific medical conditions on job performance and safety, and legal and regulatory requirements.
- b. Protocols may include employee health promotion and personnel programs.
- c. OHWG must be aware of collective bargaining agreements and support agreements that entitle specific employee groups to health benefit programs or other medical benefits.
- d. If examinations are deemed inappropriate or of little value, document the decision rationale.
- e. Determine regulatory requirements for examinations.

3. MEDICAL DIAGNOSIS AND TREATMENT SERVICES

3.1 General

- a. Medical services shall be provided to all civil service personnel at GSFC for the prompt and adequate initial treatment of minor occupational and non-occupational illnesses and injuries. It is

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not within the scope of the program to treat extensively non-occupational injury or illness, which is the province of the employee's private physician;

- b. At the request of an employee's private physician and under his/her prescription, the Health Unit may administer medicines, change dressings, and provide available therapy in the interest of keeping the employee on the job. Although supervised by physicians, many services may be performed by nurses. The follow-up of emergency treatment falls within this service;
- c. The medical staff will give appropriate treatment to the injured or ill personnel;
- d. All procedures, policies, protocols, and guidelines shall be in accordance with acceptable practices by one of the following:
 - (1) OSHA regulations;
 - (2) American Association of Occupational Health Nurses; and
 - (3) American College of Occupational and Environmental Medicine.
- e. Except for emergency services as provided herein, contractors will not be furnished with routine medical service as defined in NPR 1800.1, unless approved by NASA.
- f. **Work-Related Medical Care**
 - (1) If the illness or injury is job related, the person will be:
 - a. Sent back to work after appropriate treatment is rendered;
 - b. Sent to the hospital (usually the nearest state-accredited local hospital);
 - c. Sent to a company-designated physician or facility if the patient is a contractor; or referred to the Office of Worker's Compensation Program's approved doctor for further treatment.
 - (2) A written plan shall be provided to detail the proper procedures for restricting and accommodating employees from work for medical reasons; and
 - (3) GSFC civil service employees scheduled for international travel are offered general and destination-specific health and safety consultation, travel kit, and required or recommended vaccinations as detailed in NPR 1810.1A, Health Services for International Travel or Assignment.
- g. **Non-Work Related Medical Care**
 - (1) If the illness or injury is not job related, the person will be:
 - a. Sent back to work after appropriate treatment is rendered;
 - b. Sent to a hospital (usually the nearest state-accredited local hospital); or
 - c. Referred to his/her private physician.
 - (2) Diseases or abnormal conditions found shall be referred to the employee's private physician.

3.2 Emergency Medical Care

- a. When an employee is injured or becomes ill, he may report or be transported to the Health Unit for emergency treatment. If transportation of an injured or ill employee is required, transportation by a private or government vehicle may be used as the patient's condition warrants;
- b. All employees shall have timely and safe transport to offsite health services;
- c. Emergency treatment is also available to other persons, including contractors and visitors to GFSC, who are injured or become ill, regardless of the cause. The intent is to save life, relieve suffering, and minimize disability;
- d. At locations where NASA provides Emergency Medical Service Providers, they shall be trained and available at all times, under the supervision of the appropriate Medical Director; and

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- e. An Automated External Defibrillator (AED) Program shall be established in accordance with program policies and guidelines defined by the NASA Occupational Health Program (i.e., the “NASA Occupational Health Program Guidelines for Implementing a Center Automatic External Defibrillator Program”). The AED Program shall be implemented in accordance with NPR 1800.1 and comply with applicable Federal laws.

4. EMPLOYEE ASSISTANCE PROGRAM (EAP)

4.1 Policy

- a. GSFC will establish and operate an EAP to benefit the broad range of employees and other personnel that work to accomplish the GSFC mission. This program is being implemented in accordance with NASA policy as outlined in NPD 1830.1. All employee records generated under this program will be safeguarded according to the Privacy Act of 1974. In addition, those records pertaining to alcohol and drug abuse diagnosis, treatment, etc., shall be safeguarded according to 42 CFR Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records;
- b. Case records are kept confidential and handled in compliance with all applicable Federal and state laws (i.e., 42 CFR Part 2 and the Health Insurance Portability and Accountability Act (HIPAA)); management referral and voluntary case files follow the retention schedule in section P.8. The exceptions to confidentiality are provided to the client in writing (a signed copy of “The Statement of Understanding & Consent to EAP Services” form) as well as verbally in the initial session; and
- c. Exceptions to Confidentiality: It is a requirement of HIPAA and 42 CFR Part 2, Confidentiality Law that we release information without consent under certain circumstances. These circumstances are described to the client in the following way:
 - (1) You say or do something that seriously threatens your health and safety, such as intent to harm yourself;
 - (2) You say or do something that seriously threatens the health or safety of someone else;
 - (3) There is reason to suspect abuse or neglect of children or other vulnerable persons;
 - (4) Disclosure is compelled by order of a court of competent jurisdiction; and
 - (5) You present a clear and present danger to the safety and security of your community, your workplace, your nation.

DIRECTIVE NO. GPR 1800.6
EFFECTIVE DATE: May 26, 2009
EXPIRATION DATE: May 26, 2016

CHANGE HISTORY LOG

Revision	Effective Date	Description of Changes
Baseline	02/22/05	Initial Release
A		Combine GPR 1800.2 and 1800.4
	03/12/14	Administratively extended for 1 year.
	02/13/15	Administratively extended for 1 year.