

OCCUPATIONAL MEDICINE FIELD OPERATIONS MANUAL

NEHC6260 TM96-2

PUBLISHED BY

**NAVY ENVIRONMENTAL HEALTH CENTER
2510 WALMER AVENUE
NORFOLK, VIRGINIA 23513-2617**

APRIL 1996

CHAPTER 1

INTRODUCTION

Purpose

The purpose of this manual is to provide guidance and direction for conducting Navy Occupational Medicine Programs in a single source document.

Applicability

This manual is for use by all Navy medical personnel who provide occupational medicine services. It applies to all Navy military and civilian personnel. However, the limitations inherent to uniquely military operations will require flexibility in implementation of medical surveillance requirements for forces afloat.

Scope

This manual provides guidelines for standardizing Navy occupational medicine. It is intended to assist medical personnel in the development and day-to-day operation of local occupational medicine programs. It is also intended to assist type commands in the monitoring of occupational medicine programs under their cognizance. This manual is intended to complement and clarify, but not replace, applicable Navy instructions and well-established occupational health programs, such as radiation health and industrial hygiene, which are referenced in the appropriate sections.

Background

Section 19(a) of the Occupational Safety and Health Act of 1970 (OSHAct) requires heads of federal agencies to establish and maintain an occupational safety and health program which provides its employees the occupational safety and health standards and protection that the OSHAct affords civilian employees in the private sector. The Navy Occupational Safety and Health (NAVOSH) Program has adopted standards equal to, or more stringent than those promulgated by the Department of Labor, Occupational Safety and Health Administration (OSHA) for the private sector, with exceptions for (a) military unique equipment, systems and operations; (b) conditions governed by other statutory authorities; and (c) overseas, for conditions governed by international agreement.

Bureau of Medicine and Surgery policy is that all medical activity commands shall provide required occupational health services to supported activities, afloat and ashore, to ensure a safe and healthful work environment for all personnel. The goal of the occupational health program is to provide employees protection in the workplace. The main sources of the NAVOSH standards used in occupational health programs are the following:

1. OSHA standards. These are published in the Code of Federal Regulations and the Federal Register.
2. Department of Defense and Department of the Navy instructions. Where OSHA standards exist, NAVOSH standards are consistent with, or exceed OSHA standards. In cases where NAVOSH standards are not in conformance with the most recent OSHA standards, the latter are used as interim NAVOSH standards.
3. Alternate Department of Defense standards approved under Executive Order 12196.
4. Nationally recognized sources of occupational safety and health guidance, such as the American Conference of Governmental Industrial Hygienists (ACGIH) and the American National Standards Institute (ANSI).
5. Office of Personnel Management (OPM) which sets medical qualification requirements for federal civilian employees in certain positions.
6. Other federal agencies, such as the Department of Transportation, which may require physical examinations for personnel performing specific duties.

Note: The references cited in this manual were current at the time of publication. Appropriate changes in procedures must be made when those references are updated.

Objectives

This manual addresses the following objectives:

1. Provide guidance for personnel on their responsibilities as providers of occupational health care.
2. Standardize procedures for medical surveillance and job certification of employees.
3. Provide guidance for occupational health providers on the management of occupational injuries and illnesses.
4. Clarify occupational medicine reporting and recordkeeping requirements.
5. Provide guidance on training and certification requirements for providers of Navy occupational medicine services.
6. Provide a concise bibliography of occupational health resources, references and directives.

CHAPTER 2

OCCUPATIONAL HEALTH PRACTICE

References

- NAVMEDCOMINST 1300.1 C. *Suitability Processing for Overseas Assignment of Navy and Marine Corps Members and Their Accompanying Dependents*. 23 March 89.
- OCPMINST 12792.4. *Employee Health Promotion and Wellness Program*. 14 Feb 92.
- OPNAVINST 5100.23 series. *Navy Occupational Safety and Health Program Manual*.
- OPNAVINST 6100.2. *Health Promotion Program*. 25 Feb 92.
- SECNAVINST 6420.1 D. *Physical Requirements for Non-submarine Personnel Embarked in Submarines*. 7 April 86.
- Naval Aviation Engineering Support Unit Instruction 12339.1. *Navy Civilian Technical Specialist (NCTS) Physical Examination Requirements*. 13 Oct 94.

Introduction

The occupational health (OH) professional plays a critical role in the prevention of work-related injuries and illnesses, and in the promotion of healthy work practices and lifestyles in workers. The practice of occupational health involves a diverse mixture of clinical, epidemiologic, administrative and communicative skills. Medical personnel work closely with industrial hygienists, safety professionals, workers and management in workplace health and safety programs. The scope of practice is broad. An overview of OH practice elements is provided below. Many of these have been expanded into separate chapters or appendices in this manual.

<u>ELEMENTS</u>	<u>SEE ALSO</u>
Worksite evaluation	Chapter 3
Treatment of work-related injuries and illnesses	Chapter 6
Treatment of nonoccupational injuries and illnesses	Chapter 6
Preplacement examinations	Chapter 5
Medical surveillance	Chapter 5
Job certification examinations	Chapter 5
Fitness for duty examinations	Chapter 5
Epidemiology	Chapter 4
Education and training related to OH	Appendix C
Travel medicine	Appendix E

Health promotion
Consulting to management
Risk communication
Employee counseling/referral to employee
assistance programs (EAP)

Trend Analysis/Epidemiology

The primary goal of OH is the prevention of work-related injuries and illnesses. OH professionals use epidemiological tools to identify trends in the occurrence of injuries and illnesses in their worker population, and then communicate the results of trend analysis to safety, management, industrial hygiene and workers so that preventive efforts may be implemented. This is discussed further in Chapter 4.

Worksite Evaluations

OH professionals should become familiar with the worksites in their areas. Visits to the worksite are often invaluable when making recommendations regarding restricted duty or during a fitness for duty evaluation. Worksite evaluations are often necessary for the review of potential exposure related hazards. Team evaluations performed in concert with IH or safety professionals are strongly encouraged. See chapter 3 for details.

Preplacement examinations

OH clinics will be asked to examine applicants for certain positions. The use of preplacement examinations for certification programs and medical surveillance will be described in more detail in Chapter 5.

The Rehabilitation Act of 1973, as amended, includes sections that impact on preplacement examinations. Elements of this law are very similar to the Americans with Disabilities Act, which does not cover federal worksites. This will be discussed further in Chapter 5.

Medical Surveillance

Medical surveillance refers to the application of medical screening tests to individuals and groups of workers with chemical or physical exposures, for the purpose of identifying trends in the occurrence of occupational illnesses and injuries. To be effective, surveillance must be directly linked to preventive action. This requires the use of trend analysis and other epidemiological tools, which are described further in Chapter 4. Details on medical surveillance programs are included in Chapter 5.

Shore based OH clinics must provide medical surveillance services for operational forces including ships and fleet marine force (FMF) since operational forces frequently do not have the equipment and expertise to complete all medical surveillance

evaluations. Examples of services includes spirometry, x-ray, laboratory tests, audiology, and OH consultation.

Job Certification

Job certification examinations are medical evaluations required by law or instruction for certain occupations or for individuals performing specific work tasks. The examinations are directed at identifying underlying health conditions or limitations that may result in a medical or safety risk to the employee, co-workers or the public. Examples include examinations for respirator wearers and explosive handlers. Details of job certification programs are contained in chapter 5.

Fitness for Duty Examinations

The term "fitness for duty" was formerly used to describe medical examinations required or offered by management as described in 5 CFR 339.302. In the broad sense they include all the examinations performed by the OH clinic. A "fitness for duty" examination is probably most familiar to OH professionals in the setting where an employee was required to submit to a medical examination because there was a question about the employee's continued capacity to meet the physical or medical requirements of a position.

Worker fitness and risk evaluations are integral to all OH medical examinations performed. These include evaluations of a worker's ability to perform specific job tasks as well as risk to the worker from physical and chemical hazards. There are many issues involved with these determinations which are discussed further in Chapter 5.

Treatment of work-related injuries and illnesses

OH clinics have varying capacities to provide care for job related injuries and illnesses. Civilian employees are entitled to choose their provider, and although they may choose a private physician, the option to choose the OH clinic should always be available. OH clinics are ideal for care and treatment of work-related injuries and illnesses. Additionally, the OH clinic has the responsibility to oversee the workers' ability to return safely to work, regardless of whether the worker chooses a private physician or accepts the care of the OH clinic. There are many advantages to providing "in-house" injury care, including better trend analysis of workplace injuries as part of a prevention program, generally greater convenience for the employee, and reduced costs to the command and the government. Where available, "in-house" care may extend to treatment by Navy specialists such as orthopedic surgeons and ophthalmologists, or services such as physical therapy.

Active duty sick call and acute care departments, including shipboard medical departments and battalion aid stations are generally the sources of care for treatment of work-related

injuries in active duty personnel. OH professionals are a valuable source of consultation for trend analysis of work related injuries and illnesses, as well as evaluation and management of exposure related events. OH professionals need to maintain a close working relationship with other medical providers and provide training in the recognition of work-related conditions, and the follow-up of potential workplace hazards which may place other employees at risk. This includes obtaining assistance from industrial hygienists and safety officers.

Treatment of Nonoccupational Illnesses and Injuries

OH clinics should offer medical services to employees that reduce the time they need to spend away from work for nonoccupational illnesses/injuries and simple medical screening. In addition to reducing time off the job, these services are often more convenient for employees, and provide OH professionals with additional opportunities for health promotion initiatives. Examples of such services include dressing changes or suture removal after a nonoccupational injury, or blood pressure checks for individuals with hypertension. These services can often be coordinated with the employee's primary care provider.

Health Promotion

OH professionals have many opportunities to integrate health promotion into clinic practice. All contact with patients for injury care or medical screening are opportunities to review such areas as smoking cessation, weight reduction, hypertension control, nutrition and exercise. Abnormal results of spirometry performed as part of an OH examination often provide added support for recommendations to quit smoking. Laboratory tests may demonstrate abnormalities related to alcohol abuse, which should lead to counseling and referral.

The scope of health promotion initiatives sponsored/supported by a particular OH clinic will vary based on the size of the supported activity, the supported command's intrinsic health promotion assets, and the contribution of an MTF health promotion office, if available. However, per OPNAVINST 6100.2, all Naval activities shall establish a health promotion program incorporating at least the following seven elements: alcohol and drug abuse prevention; physical fitness and sports; tobacco use prevention and cessation; nutrition education and weight control; stress management and suicide prevention; hypertension screening, education and control; and back injury prevention.

Per OCPMINST 12792.4, civil service employees of Naval activities are authorized to participate in command health promotion initiatives, within the limitations outlined in OPNAVINST 6100.2 and other applicable directives. Accordingly, all OH clinics should support command health promotion initiatives to the greatest extent possible. OH personnel should work closely with their command health promotion officer in the delivery of these and other services. Potential examples of OH support include:

offering blood pressure screening, providing lectures on health-related topics, offering/assisting in cholesterol screening, and coordinating/offering smoking cessation classes.

Travel Medicine

In many cases, the OH clinic (particularly overseas) has the opportunity and resources to be best qualified to provide travel medicine consultations. These may include consultation concerning military or civilian personnel traveling on extended unit deployments, individual military or civilian personnel traveling by themselves or in small groups for assist visits, and personnel and their families on recreational travel to third world locations. Feedback from travelers in the above categories can be an excellent resource for future travelers and for providing information for Navy Environmental and Preventive Medicine Units to review.

Overseas medical screenings are described in NAVMEDCOMINST 1300.1 C. In addition, SECNAVINST 6420.10 requires workers who deploy aboard submarines to undergo periodic certification examinations. Naval Aviation Engineering Support Unit Instruction 12339.1 requires their technical specialists to undergo a similar certification process due to the likelihood of deployment aboard ships or to remote overseas locations. Travel medicine is discussed in detail in Appendix E.

Consultation to Management and Employees

OH professionals are the major source of assistance and information to commanding officers, supervisors, managers, safety professionals, human resource officers, unions and employees on health-related issues in the workplace. One major area of consultation is workers' compensation cost containment and injury prevention programs, which is described in detail in Chapter 6. OPNAVINST 5100.23D requires OH programs to provide medical review and management of workers' compensation cases. Other examples include placement of employees with limitations, interpretation of medical information from private physicians, ergonomics, risk communication to employees, evaluation of health hazards in the workplace, health promotion, environmental issues, disaster planning, and emergency response planning.

In order to provide the most valuable consultation, OH professionals must be familiar with the work tasks that employees perform. Frequent and routine visits to the worksite and meetings with managers and supervisors should be arranged. Safety managers will often assist in making these arrangements.

OH staff should participate in the quarterly occupational safety and health (OSH) policy council meetings and lost-time injury roundtables at supported commands. Many commands have quality management boards (QMBs) and process action teams (PATs) which focus on OSH related issues and can benefit greatly from the expertise of OH professionals (e.g., back-injury prevention QMB, PAT evaluating the impact of job transfers on OSH programs).

Risk Communication

OH professionals are routinely involved in communicating risk to individuals or groups of workers with exposure related health concerns, such as reproductive health concerns or asbestos exposure incidents. Almost all medical surveillance examinations include some element of risk communication. OH professionals are also involved in environmental/community health concerns, especially exposures related to hazardous waste sites, or at installations with superfund sites. Accordingly, formal courses in risk communication are strongly recommended for OH professionals.

Education and Training

OH professionals are an integral part of the occupational safety and health education of workers. Informal training is routinely performed during clinic encounters with workers. As such, OH professionals must be familiar with the hazards present in the work tasks they support so that they can answer health related questions from workers. OH professionals should also support formal training programs at the worksite such as programs for health promotion, bloodborne pathogens, and health effects of hazardous exposures.

OH professionals should also provide regular training in OH topics to other medical department personnel. A few examples include workplace hazards, treatment and tracking of work related injuries and illnesses, and regulatory and administrative requirements of OH programs.

Employee counseling/referral to employee assistance programs (EAP)

OH professionals are in a unique position to recognize employees with personal, family, or substance abuse problems. The points of contact for EAP for civilian employees and the mechanisms for referral should be identified. In addition, community resources for problems not handled by EAP should be identified. Referral sources for active duty personnel include the command Drug and Alcohol Program Advisor (DAPA) and Navy Family Services Centers.

Occupational Health Staffing

A large variety of medical department personnel are involved in the delivery of OH services. The staffing of individual clinics vary greatly depending on the size and complexity of the program. This can range from a large shipyard clinic with full-time physicians, occupational health nurses (OHNs), technicians, clerical staff, audiologists, optometrists and administrative staff, to a small shipboard medical department with an independent duty corpsman (IDC) or medical department representative. The ideal physician and nurse staffing of shore-based OH clinics is based on formulas in OPNAVINST 5100.23 series.

The roles of these various professionals vary greatly depending on the size and complexity of the OH program. All will be involved to some degree in the areas described under OH practice. Regardless of the size of the OH clinic, all clinics should designate an OH program manager. This individual is responsible for the overall OH program, including clinic or department operation, coordination of medical surveillance programs, interface with other OSH professionals such as safety and industrial hygiene, and establishing quality improvement (QI) and trending activities. For many shore clinics, the OHN serves in this capacity. Afloat or FMF medical departments will usually designate a preventive medicine technician (PMT), independent duty corpsman (IDC) or general duty corpsman to perform this function.

OH clinics may have full or part-time physicians. They may be residency trained, board-certified occupational medicine (OM) physicians, other medical specialties, general medical officers, flight surgeons, undersea medical officers or others. The use of nonphysician health care providers in the delivery of OH services is discussed in Appendix B.

All OH clinics should identify an OM specialist they can call for consultation. Many are located at large Naval hospitals, shipyard clinics, or the Navy Environmental Health Center (NAVENVIRHLTHCEN). Assistance in locating an OM specialist for consultation is available from NAVENVIRHLTHCEN.

CHAPTER 3

WORKSITE EVALUATION

Introduction

Routine onsite evaluation of the workplace by qualified occupational health professionals provides an essential element of any comprehensive occupational safety and health program. Per section 0802.2 of OPNAVINST 5100.23 series, an annual survey of each workplace is to be made by the cognizant industrial hygienist - i.e., the walk through survey for all potentially hazardous Navy work centers. The survey should contain a description of the work operations and work practices, a list of known hazardous materials, a list of potential physical and biological hazards, and a description of existing controls and their efficiency.

In addition, onsite workplace evaluation may be performed by occupational health (OH) nurses and/or physicians in a number of situations: in response to a specific employee's complaints or concerns, to investigate an apparent cluster of pattern of related complaints in two or more employees, or as part of a periodic worksite inspection schedule.

Worksite Visit Preparation

In preparation for a scheduled worksite visit, OH professionals should familiarize themselves with all relevant data. Such data may include, but should not necessarily be limited to:

1. Review of the most recent industrial hygiene (IH) survey report for the work center, and if applicable, the corresponding medical surveillance recommendations for the employees in the work space.
2. Results of physical, biological and chemical hazard assessment, such as noise dosimetry and airborne chemical sampling under the annual workplace monitoring plan.
3. Assessment of the presenting complaint(s) of the affected employees who have been evaluated in the cognizant OH clinic.
4. Reports of the periodic safety departmental inspections of the workplace, and injury/illness data for the work center's employees, particularly when clusters of similar illnesses/injuries or adverse trends in their number or severity has occurred in the worksite. The command occupational safety and health officer, per OPNAVINST 5100.23 series, is responsible for maintaining trend analysis reports.

Worksite Inspection

The inspection itself should be coordinated with the cognizant work center supervisor. While the scope of the evaluation is certainly dictated in part by the specific reason for the visit,

some general principles apply for most worksite evaluations by OH personnel.

1. An essential element of the evaluation is the assessment of work practices, identification of physical, biological and/or chemical hazards, and use of personal protective equipment (PPE). It is particularly helpful to have a summary of the recommended PPE from the most recent IH survey available at the time of the visit to ascertain whether the recommended protection is in use.
2. If a particular employee complaint is being investigated, the specific circumstances surrounding that complaint should be thoroughly evaluated.
3. Sufficient time for the site visit should be allotted for "oh by the way" which inevitably arise whenever the physician or nurse make a visit. If feasible, visits should be made without command representatives, thereby fostering a freer exchange between shop personnel and OH professionals.

Documentation of the Worksite Visit

Sufficiently thorough documentation of the visit is important. The following subject areas are from the format utilized at the National Naval Medical Center for site visit documentation, although many other formats could be utilized:

1. Operation/Worksite:
2. Point of Contact:
3. Findings/Discussion:
4. Recommendations:
5. Action:

Follow-up of the Worksite Visit

The specific nature of the appropriate follow-up for a worksite visit is, of course, dependent on the scope and reason for the evaluation. For example, if an employee complaint is the triggering event, a written report or debriefing session should be arranged to explain the results of the worksite evaluation to that individual. If the visit was part of an injury trend analysis, any identified safety/health hazards should be reported to the cognizant work center supervisor(s), the activity occupational safety and health officer and, if applicable, the industrial hygienist, for appropriate correction.

Regardless of the reason for the visit, a follow-up (at a minimum a phone call to the particular employee and supervisor) is a must. This protocol demonstrates command concern and instills a sense of well being in the employees and reinforces the availability and interest of the OH department. As a result of the site visits, future employee problems and concerns will be brought to medical attention prior to actual injury or illness. The information obtained can be utilized to alert appropriate OSH

personnel of potential areas of concern, in a manner which help protect employees from real or perceived risk of management reprisal for directly reporting workplace hazards to management.