

## Idaho National Laboratory

<b>10 CFR 851 OCCUPATIONAL MEDICINE REQUIREMENTS</b>	Identifier:	RD-1001
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Subcontractors	Program Requirements Document	<b>USE TYPE 3</b>	eCR Number: 608927
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Manual: INL Subcontractor Requirements

Entire document changed

## 1. PURPOSE

This document provides the minimum occupational medicine requirements as outlined in 10 CFR Part 851, “Worker Safety and Health Program,” for subcontractors to perform work at the Idaho National Laboratory (INL).

## 2. APPLICABILITY

This document applies to subcontractors and their lower tier subcontractors as specified in their contract with the contractor. The prime subcontractor is responsible for compliance with all requirements of 10CFR851. Occupational medicine requirements are applicable to subcontractor workers who:

- work on a DOE site for more than 30 days in a 12-month period, or
- are enrolled for any length of time in a medical or exposure monitoring program required by 10 CFR 851 and/or any other applicable federal, state or local regulations or other obligation, [10 CFR 851, Appendix A, 8 (a) (1) & (2)].

This document provides occupational medical requirements for two types of subcontracted worker:

Subcontracted staff augmented workers performing work directly for the contractor, under the work directions of the contractor and,

Subcontractor and /or lower tier subcontractor workers performing work as directed in the subcontract documents. The subcontractor provides work management directions as defined in the Subcontractor Requirements Manual, RD-2000 *Work Coordination and Hazard Control*.

**NOTE 1:** *Requirements in section 3.1 apply to subcontracted staff augmented workers, working directly for the contractor.*

**NOTE 2:** *Requirements in section 3.2 apply to subcontractors providing work management directions as defined in the Subcontractor Requirements Manual, RD-2000 “Work Coordination and Hazard Control”*

**NOTE 3:** Whether the subcontractor utilizes INL OMP services or obtains their own OMP services, the subcontractor remains responsible for compliance with 10 CFR 851 requirements

**NOTE 4:** All Subcontract employees will be required to have the following two forms completed and submitted prior to work on site or provide evidence

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of pre-entrance medical evaluations and enrollment into the subcontractors preferred OMP to the SWO.

**Form 340.33 Comprehensive Medical Questionnaire.** This form is completed by the subcontractor employee. This form is a privacy form, contains sensitive information, and needs to be dispositioned per the instructions provided on the form.

**Form 340.02S Subcontractor Job Function Evaluation.** This form is completed by each INL POC for Staff Aug subcontract employees. All service and construction subcontract employees, the form is to be completed by the Subcontract Employer.

**NOTE 5:** **Submission of these forms will be used by the INL OMP to provide pre-entrance medical evaluations to determine what further medical appointments may be necessary. This medical evaluation is the minimum requirement necessary for fitness for duty to be able to perform work on the INL. These pre-entrance medical evaluations are for standard job tasks and will not satisfy medical requirements that pertain to certification and surveillance programs as required by OSHA 29 CFR 1926 and 1910. (See RD-1003). Subcontractors that have employees that need to meet certification and surveillance requirements will continue to obtain these services from their own OMP as they did prior to 10 CFR 851. Combined, the INL pre-entrance evaluation plus the medical evaluations associated with certifications and surveillances constitute the fitness for duty evaluations under for those requiring certifications and surveillances under 10 CFR 851.**

**NOTE 6:** **In the event of a site work related injury or personal medical problem that arises in the work place, INL OMP will only provide initial emergency treatment to subcontractor employees and then refer the individual for offsite medical care.**

### 3. **REQUIREMENTS** (This section applies to Staff Augmented Subcontract Employees)

3.1 Staff augmentation workers performing work directly for the contractor

3.1.1 Workers will participate in the INL's Occupational Medicine Program (OMP) services for compliance with 10 CFR 851 when they:

3.1.1.1 Work on a DOE site for more than 30 days in a 12-month period, and/or

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- 3.1.1.2 are enrolled in a medical or exposure monitoring program required by 10 CFR 851 and/or any other applicable federal, state or local regulations. [10 CFR 851, Appendix A, 8 (a) (1) & (2)]
- 3.1.2 Contractor Point of Contact (POC) must provide INL OMP access to hazard information by promoting communication, coordination, and sharing among operating and environment, safety, and health protection organizations [10 CFR 851, Appendix A, 8 (d)].
- 3.1.3 Contractor POC must provide INL OMP access to pertinent information by submitting BEA Form 340.02S to the Subcontracted Work Office (SWO) to initiate a medical placement evaluation as follows: [10 CFR 851, Appendix A, 8 (d) (1)]
- 3.1.3.1 Current information about actual or potential work-related site hazards (chemical, radiological, physical, biological, or ergonomic) [10 CFR 851, Appendix A, 8 (d) (1) (i)]
- 3.1.3.2 Employee job-task and hazard analysis information, including essential job functions [10 CFR 851, Appendix A, 8 (d) (1) (ii)]
- 3.1.3.3 Actual or potential work place exposures, of each employee [10 CFR 851, Appendix A, 8 (d) (iii)]
- 3.1.3.4 Personnel actions resulting in a change of job functions, hazards, or exposures [10 CFR 851, Appendix A, 8 (d) (iv)].
- 3.1.4 INL OMP will communicate in a timely manner, the results of health evaluations to the worker's contractor POC to facilitate the mitigation of unrecognized hazards present at the work site. Such instances are usually single events, such as an unusual medical monitoring result, but could also be an unusual pattern of findings in a group [10 CFR 851, Appendix A, 8 (i)]
- 3.1.5 The worker shall notify the contractor POC of an absence due to any injury or illness lasting 40 or more work hours. INL OMP will perform a return to work evaluation to determine the worker's physical and psychological capacity to perform work and return to duty [10 CFR 851, Appendix A, 8 (d) (2)].

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- 3.1.6 The purpose, nature, and results of medical evaluations and tests will be clearly communicated by INL OMP verbally and in writing to the worker evaluated or tested [10 CFR 851, Appendix A, 8 (g) (1) (i)].
- 3.1.7 The communication will be documented by INL OMP in the worker's medical record [10 CFR 851, Appendix A, 8 (g) (1) (ii)].
- 3.1.8 The following health evaluations will be conducted when determined necessary by INL OMP for the purpose of providing initial and continuing assessment of employee fitness for duty:
- 3.1.8.1 A medical placement evaluation of the worker's general health and physical and psychological capacity to perform work to establish a baseline record of physical condition and fitness for duty at the time of employment entrance or transfer to a job with new functions and hazards [10 CFR 851 Appendix A, 8 (g) (2) (i)]
- 3.1.8.2 Periodic, hazard-based fitness for monitoring or qualification-based fitness for duty evaluations required by regulations and standards, or as recommended by INL OMP, will be provided on the frequency required [10 CFR 851, Appendix A, 8 (g) (2) (ii)]
- 3.1.8.3 Initial emergency treatment for an injury. The diagnostic examination will evaluate worker's injuries and illnesses to determine work-relatedness, and referral to the subcontractors OMP as appropriate [10 CFR 851, Appendix A, 8 (g) (2) (iii)]
- 3.1.8.3.1 IF a subcontracted worker is referred offsite by INL OMP for treatment and follow up of a work related condition, the worker's compensation case management and coordination and medical follow up will be the responsibility of the subcontracted worker's company.
- 3.1.8.3.2 The subcontractors physician will monitor occupationally ill and injured workers to facilitate their rehabilitation and safe return to work and to minimize lost time and its associated costs This includes facilitating the requirements of section 3.1.8.4[10 CFR 851, Appendix A, 8 (h)].

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3.1.8.4 After a work-related injury or illness or an absence due to any injury or illness lasting 40 or more work hours, the subcontractor's physician shall provide a return to work evaluation to determine the worker's physical and psychological capacity to perform work and return to duty. A notification from the subcontractors physician shall be provided to INL OMP for review and concurrence. [10 CFR 851, Appendix A, 8 (g) (2) (iv)]

3.1.8.5 At the time of separation from employment while working on the INL, a general termination health evaluation to establish a record of physical condition will be offered upon request by the worker to the contractor POC, If the worker elects to receive an evaluation, the evaluation must be completed within 3 weeks of termination, or as scheduled by INL OMP if INL OMP cannot schedule the evaluation within the initial 3 week window.[10 CFR 851, Appendix A, 8 (g) (2) (v)].

3.1.11 INL OMP will place an individual under medical restrictions when health evaluations indicate that the worker should not perform certain job tasks, and shall notify the worker and the contractor POC when employee work restrictions are imposed or removed [10 CFR 851, Appendix A, 8 (h) (1)]

3.1.12 INL OMP will develop and maintain records containing any medical, health history, exposure history, and demographic data collected for occupational medicine purposes by the INL for each worker for whom medical services are provided [10 CFR 851, Appendix A, 8 (f)].

3.1.13 Additional INL OMP medical and behavioral aspects of worker counseling and health promotional programs to include; wellness and alcohol and other substance abuse rehabilitation program will be made available on the INL internet web site. Access to employee assistance program will be available only by referral from INL OMP. [10 CFR 851, Appendix A, 8 (k) (1), (2) & (3)]

### **3. REQUIREMENTS (This section applies to Service and Construction Subcontract Employees Working Under the Direction of Subcontractors)**

**NOTE 1: Those subcontractors that have employees enrolled in certification and surveillance programs as required by 29 CFR 1926 and 1910, must be able to provide evidence of enrollment upon request.**

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- 3.2 The subcontractor provides work management directions as defined in the Subcontractor Requirements Manual, RD-2000 Work Coordination and Hazard Control. At the time of award of the subcontract, the subcontractor shall identify to the SWO if they will participate in the INL OMP services or if they will obtain their own approved OMP service. Subcontractors are responsible for compliance with all requirements of 10 CFR 851, whether using their own OMP service, or utilizing INL's OMP service.
- 3.2.1 If the subcontractor elects to utilize the INL OMP, subcontract workers must participate in the INL's OMP services, as specified below:  
[10 CFR 851, Appendix A, 8 (a) (1) & (2)]
- 3.2.1.1 Subcontractors must provide INL OMP access to pertinent information using BEA Forms 340.02 S (**Subcontractor Job Function Evaluation**) and 340.33 (**Comprehensive Medical Questionnaire**) which are available as electronic forms on the INL internet.
- 3.2.1.2 The completed 340.02 S shall be submitted to the contractor Subcontracted Work Office (SWO) as directed by the instructions provided in the form. **The 340.33 shall be completed and submitted to the SWO as directed through instructions provided in the form.** The forms are used to initiate a medical evaluation and document information to INL OMP for: [10 CFR 851, Appendix A, 8 (d) (1)]
- 3.2.1.2.1 Actual or potential work-related site hazards (chemical, radiological, physical, biological, or ergonomic [10 CFR 851, Appendix A, 8 (d) (1) (i)]
- 3.2.1.2.2 Employee job-task and hazard analysis information, including essential job functions [10 CFR 851, Appendix A, 8 (d) (1) (ii)]
- 3.2.1.2.3 Actual or potential work place exposures, of each employee [10 CFR 851, Appendix A, 8 (d) (1) (iii)]
- 3.2.1.2.4 Personnel actions resulting in a change of job functions, hazards, or exposures. [10 CFR 851, Appendix A, 8 (d) (1) (iv)]

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- 3.2.1.3 The medical placement evaluations, as determined necessary by INL OMP, are used to establish a baseline record of the worker's general health, physical condition, psychological capacity and fitness for duty to perform work (as defined in Note 5, section 2) at the time of employment entrance or transfer to a job with new functions and hazards. [10 CFR 851 Appendix A, 8 (g) (2) (i)]
- 3.2.1.4 The contractor POC shall communicate in a timely manner, the results of INL OMP health evaluations to the subcontractor's management to facilitate the mitigation of unrecognized hazards present at the work site. Such instances are usually single events, such as an unusual medical monitoring result, but could also be an unusual pattern of findings in a group. [10 CFR 851, Appendix A, 8 (i)]
- 3.2.1.5 INL OMP will clearly communicate verbally and in writing to the worker the purpose, nature, and results of medical evaluations and tests and the communication will be documented in the worker's medical record [10 CFR 851, Appendix A, 8 (g) (1) (i) & (ii)].
- 3.2.1.6 Subcontractors shall ensure workers are reevaluated by INL OMP as a result of any change in a workers status that affects the worker's current medical evaluation or transfer to a job with new functions and associated hazards. [10 CFR 851, Appendix A, 8 (d) (1) (iv)]
- 3.2.1.7 Subcontractors shall notify the contractor SWO of a worker's absence due to any injury or illness lasting 40 or more work hours. The subcontractor's OMP will perform a return to work evaluation to determine the worker's physical and psychological capacity to perform work and return to duty. A notification from the subcontractors OMP shall be provided to the contractor SWO with any restrictions applicable to the employees return to work. [10 CFR 851, Appendix A, 8 (d) (2) & 8 (g) (2) (iv)]

When a subcontracted worker is referred offsite by INL OMP for treatment and follow up of a work related condition, the worker's compensation case management, coordination, and medical follow up will be the responsibility of the subcontracted worker's company and the subcontractors OMP.

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- 3.2.1.8 Access to subcontractor information on, and the opportunity to participate in, worker safety and health meetings and committees shall be made available to INL OMP. [10 CFR 851, Appendix A, 8 (d) (3)]
- 3.2.1.9 Access to subcontractor controlled work areas shall be made available to INL OMP to evaluate worksite conditions and issues related to workers' health. The contractor's POC shall notify the subcontractor when work area visits are scheduled. [10 CFR 851, Appendix A, 8 (d) (4)]
- 3.2.1.10 Subcontractors must allow INL OMP to participate in worker protection teams to build and maintain necessary partnerships among workers, representatives, managers, and safety and health protection specialists in establishing and maintaining a safe and healthful workplace, [10 CFR 851, Appendix A, 8 (e) (2)].
- 3.2.1.11 Subcontractors must provide INL OMP access to hazard information by promoting communication, coordination, and sharing among operating and environment, safety, and health protection organizations [10 CFR 851, Appendix A, 8 (d)].
- 3.2.1.12 Initial emergency treatment for an injury. The diagnostic examination will evaluate worker's injuries and illnesses to determine work-relatedness, and referral to the subcontractors OMP as appropriate [10 CFR 851, Appendix A, 8 (g) (2) (iii)]
- 3.2.1.13 IF a subcontracted worker is referred offsite by INL OMP for treatment and follow up of a work related condition, the worker's compensation case management and coordination and medical follow up will be the responsibility of the subcontracted worker's company.
- 3.2.1.14 The subcontractors physician will monitor occupationally ill and injured workers to facilitate their rehabilitation and safe return to work and to minimize lost time and its associated costs This includes facilitating the requirements of section 3.1.8.4[10 CFR 851, Appendix A, 8 (h)].

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3.2.1.15 Additional INL OMP medical and behavioral aspects of worker counseling and health promotional programs to include; wellness and alcohol and other substance abuse rehabilitation program will be made available on the INL internet web site. Access to employee assistance program will be available by referral from INL OMP.[10 CFR 851, Appendix A, 8 (k) (1), (2) and (3)].

3.2.1.16 At the time of separation from the subcontractor's employment while working on an INL contract, a general termination health evaluation to establish a record of physical condition is available upon request by the worker by contacting the contractor POC. If the worker elects to receive an evaluation, the evaluation must be completed within 3 weeks of termination, or as scheduled by INL OMP if INL OMP cannot schedule the evaluation within the initial 3 week window [10 CFR 851, Appendix A, 8 (g) (2) (v)].

3.2.1.17 The INL OMP shall develop and maintain records containing any medical, health history, exposure history, and demographic data related to services provided by the INL OMP for occupational medicine purposes for each worker for whom medical services are provided [10 CFR 851, Appendix A, 8 (f)].

**3.2.2 Subcontractors must establish and provide comprehensive occupational medicine services to workers who are enrolled for any length of time in a medical or exposure monitoring program required by 10 CFR 851 and or any other applicable federal, state or local regulations such as: respirator user, asbestos worker, DOT driver, cadmium worker, HazWoper worker, mobile crane operator or other medical fitness for duty monitoring program. [10 CFR 851, Appendix A, 8 (a) (1) & (2)]**

3.2.2.1 If the subcontractor uses their own OMP provider, the staff shall:

3.2.2.1.1 Be of the subcontractor's choice and shall be under the direction of a graduate of a school of medicine or osteopathy who is licensed for the practice of medicine in the State of Idaho. This individual is responsible for directing the Occupational Medicine services that are provided [10 CFR 851, Appendix A, 8 (b)]

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- 3.2.2.1.2 Occupational medical physicians, occupational health nurses, physician's assistants, nurse practitioners, psychologists, employee assistance counselors, and other occupational health personnel providing occupational medicine services are licensed, registered, or certified as required by Federal or Idaho state law. [10 CFR 851, Appendix A, 8 (c)].
- 3.2.2.1.3 Plan and implement the occupational medicine services for the subcontractor's workers. [10 CFR 851, Appendix A, 8 (e) (1)]
- 3.2.2.1.4 Be allowed to participate in worker protection teams to build and maintain necessary partnerships among workers, representatives, managers, and safety and health protection specialists in establishing and maintaining a safe and healthful workplace, [10 CFR 851, Appendix A, 8 (e) (2)].
- 3.2.2.2 Subcontractors must provide their OMP access to hazard information by promoting communication, coordination, and sharing among operating and environment, safety, and health protection organizations [10 CFR 851, Appendix A, 8 (d)].
- 3.2.2.3 Subcontractors must provide their OMP access to pertinent information as follows: [10 CFR 851, Appendix A, 8 (d) (1)]
- 3.2.2.3.1 Current information about actual or potential work-related site hazards (chemical, radiological, physical, biological, or ergonomic) [10 CFR 851, Appendix A, 8 (d) (1) (i)]
- 3.2.2.3.2 Employee job-task and hazard analysis information, including essential job functions [10 CFR 851, Appendix A, 8 (d) (1) (ii)]

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- 3.2.2.3.3 Actual or potential work place exposures, of each employee [10 CFR 851, Appendix A, 8 (d) (iii)]
- 3.2.2.3.4 Personnel actions resulting in a change of job functions, hazards, or exposures [10 CFR 851, Appendix A, 8 (d) (iv)].
- 3.2.2.4 Subcontractors must notify their OMP when an employee has been absent because of an injury or illness for a period greater than 40 consecutive work hours. [10 CFR 851, Appendix A, 8 (d) (2)]
- When a subcontracted worker is referred offsite by INL OMP for treatment and follow up of a work related condition, the worker's compensation case management, coordination, and medical follow up will be the responsibility of the subcontracted worker's company and their OMP.
- 3.2.2.5 Subcontractors must notify their OMP regarding information on, and the opportunity to participate in, worker safety and health meetings and committees [10 CFR 851, Appendix A, 8 (d) (3)].
- 3.2.2.6 Subcontractors must provide their OMP access to the workplace for evaluation of job conditions and workers' health issues [10 CFR 851, Appendix A, 8 (d) (4)]
- NOTE 4:** *If the subcontractor's OMP needs access to the work areas at the INL, the subcontractor shall notify the contractor POC and coordinate arrangements to have them escorted to the job site.*
- 3.2.2.7 Subcontractor's OMP must communicate, or have staff communicate, in a timely manner, the results of health evaluations to the subcontractor's management and safety and health staff to facilitate the mitigation of unrecognized hazards present at the work site. Such instances are usually single events, such as an unusual medical monitoring result, but could also be an unusual pattern of findings in a group [10 CFR 851, Appendix A, 8 (i)]
- 3.2.2.8 Subcontractor's OMP will determine the content of worker health evaluations, which must be conducted under the direction of a licensed physician, in accordance with

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current sound and acceptable medical practices and all pertinent statutory and regulatory requirements, such as the Americans with Disabilities Act [10 CFR 851, Appendix A, 8 (g)].

- 3.2.2.9 Subcontractor's OMP will clearly communicate verbally and in writing to the worker the purpose, nature, and results of medical evaluations and tests and the communication must be documented in the worker's medical record [10 CFR 851, Appendix A, 8 (g) (1) (i) & (ii)].
- 3.2.2.10 The following health evaluations must be conducted when determined necessary by the subcontractor's OMP for the purpose of providing initial and continuing assessment of worker fitness for duty:
- 3.2.2.10.1 A medical placement evaluation of the worker's general health and physical and psychological capacity to perform work to establish a baseline record of physical condition and fitness for duty at the time of employment entrance or transfer to a job with new functions and hazards [10 CFR 851 Appendix A, 8 (g) (2) (i)]
- 3.2.2.10.2 Periodic, hazard-based fitness for monitoring or qualification-based fitness for duty evaluations required by regulations and standards, or as recommended by OMP, will be provided on the frequency required [10 CFR 851, Appendix A, 8 (g) (2) (ii)]
- 3.2.2.10.3 Diagnostic examinations will evaluate employee's injuries and illnesses to determine work-relatedness, the applicability of medical restrictions, and referral for definitive care, as appropriate [10 CFR 851, Appendix A, 8 (g) (2) (iii)]
- 3.2.2.10.4 After a work-related injury or illness or an absence due to any injury or illness lasting 40 or more work hours, a return to work evaluation will determine the individual's physical and psychological capacity to perform work and return to duty. Prior to the subcontractor employee returning to work a

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notification from the subcontractors OMP shall be provided to the contractor SWO. [10 CFR 851, Appendix A, 8 (g) (2) (iv)]

- 3.2.2.11 The subcontractor's OMP will monitor occupationally ill and injured workers to facilitate their rehabilitation and safe return to work and to minimize lost time and its associated costs [10 CFR 851, Appendix A, 8 (h)].
- 3.2.2.12 The subcontractor's OMP shall place an individual under medical restrictions when health evaluations indicate that the worker should not perform certain job tasks, and shall notify the worker and the subcontractor when employee work restrictions are imposed or removed. [10 CFR 851, Appendix A, 8 (h) (1)]
- 3.2.2.13 The subcontractor's OMP must include measures to identify and manage the principal preventable causes of premature morbidity and mortality affecting worker health and productivity [10 CFR 851, Appendix A, 8 (j)]
- 3.2.2.14 Subcontractors must include programs to prevent and manage these causes of morbidity when evaluations demonstrate their cost effectiveness [10 CFR 851, Appendix A, 8 (j) (1)]
- 3.2.2.15 Subcontractors must make available to their OMP the appropriate access to information from health, disability, and other insurance plans (de-identified as necessary) in order to facility this process [10 CFR 851, Appendix A, 8 (j) (2)]
- 3.2.2.16 The subcontractor, at the time of separation from the subcontractor's employment while working on an INL contract, shall make available upon request by the worker, a general termination health evaluation provided by the subcontractor's OMP to establish a record of physical condition. [10 CFR 851, Appendix A, 8 (g) (2) (v)]
- 3.2.2.17 The subcontractor's OMP shall develop, maintain and provide access to records:
- 3.2.2.17.1 Containing any medical, health history, exposure history, and demographic data collected for occupational medicine purposes for each worker for whom medical

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services are provided [10 CFR 851, Appendix A, 8 (f)].

- 3.2.2.17.2 Maintained in accordance with Executive Order 13335, Incentives for the Use of Health Information Technology [10 CFR 851, Appendix A, 8 (f)].
- 3.2.2.17.3 Medical, psychological, and employee assistance program records must be kept confidential, protected from unauthorized access, and stored under conditions that ensure their long-term preservation [10 CFR 851, Appendix A, 8 (f) (1)].
- 3.2.2.17.4 Psychological records must be maintained separately from medical records and in the custody of the designated psychologist in accordance with 10 CFR 712.38 (b) (2), [10 CFR 851, Appendix A, 8 (f) (1)].
- 3.2.2.17.5 Access to these records must be provided in accordance with DOE regulations implementing the Privacy Act, and Energy Employees Occupational Illness Compensation Program Act, [10 CFR 851, Appendix 8 (f) (2)].

3.2.3 INL's OMP has established a program to identify and manage the principle preventable causes of premature morbidity and mortality affecting worker health and productivity for INL employees. This is possible because INL's OMP has access to BEA employee health care information and is able to watch for increases in causes or trends and compares them to national averages. Given the remote location of the INL it is assumed that the demographics are similar for BEA employees and subcontractor employees who work for BEA at the INL. Therefore, INL OMP will make the necessary notifications of any concerns or increased trends applicable to morbidity and mortality to subcontractors for their evaluation and further actions if necessary, as may be required by the rule [10 CFR 851, Appendix A, 8 (j), 8(j) (1), and 8(j) (2) ]

Additional INL OMP medical and behavioral aspects of worker counseling and health promotional programs to include; wellness and alcohol and other substance abuse rehabilitation program will be made available on the INL internet web site. Access to employee assistance

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program will be available by referral from INL OMP. [10 CFR 851,  
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#### **4. DEFINITIONS**

Definitions for terms used throughout the INL Subcontractor Requirements Manual, refer to LST-27.

#### **5. REFERENCES**

10 CFR 851, “Worker Safety and Health Program”

10 CFR 712.38 “Maintenance of Medical Records”

“Americans with Disabilities Act”

Energy Employees Occupational Illness Compensation Program Act

Executive Order 13335, “Incentives for the Use of Health Information Technology”

Privacy Act

#### **6. APPENDICES**

None