



**U.S. Department of Justice**  
Federal Bureau of Prisons

**PROGRAM STATEMENT**

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## **Employee Health Care**

/s/

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### **1. PURPOSE AND SCOPE**

To delineate the scope of health care services that Bureau employees will receive.

**Program Objectives.** The expected results of this program are:

- To determine medical suitability of applicants for hazardous and non-hazardous duty positions.
- To prevent the introduction of infectious diseases and to promote a healthy workforce through physical screening of applicants.
- To provide employees with a safe and healthy work environment. This will be accomplished through testing and vaccinations as appropriate, for tuberculosis, hepatitis B, and influenza.
- Employees will be provided medical care and counseling for workplace exposures to bloodborne pathogens and communicable diseases.

### **2. SCOPE OF SERVICES FOR HEALTH CARE PROVIDED TO BUREAU EMPLOYEES**

The Medical Director and Assistant Director, Health Services Division, have administrative oversight for all health care provided to Bureau employees.

Services identified in this Program Statement (PS) will be provided routinely to employees.

Emergency first aid will be provided to employees. Routine health care will not be provided, which includes dispensing medications for non-emergent situations. Medications and institution supplies will not be dispensed to employees except in emergencies. This includes off-site Special Operations Response Team (SORT) exercises.

### 3. MEDICAL EXAMINATIONS AND MEDICAL CLEARANCES

#### a. **Pre-Employment Physical Examination for Hazardous Duty Law Enforcement**

**Positions.** Each applicant must have a physical examination/history as part of the application process once a conditional offer of employment has been extended to the applicant. (Refer to the Program Statements **Human Resource Management Manual**, **Drug Free Workplace**, and **Physical and Medical Standards for Newly Hired Correctional Employees.**) Components of the examination include:

- Physical and mental health history and examination.
- Visual acuity and color vision testing.
- Audiogram conducted in accordance with Occupational Safety and Health Administration (OSHA) standards.
- Vaccination history (i.e., hepatitis A and B, diphtheria-tetanus, varicella, measles-mumps-rubella (MMR)).
- Pre-employment urinalysis for drug testing will be done on each applicant in accordance with the drug free workplace program.
- An assessment, based on information provided by the applicant, to determine his/her ability to meet the physical standards requirement as outlined in the Program Statement **Physical and Medical Standards for Newly Hired Correctional Employees.**

If a health care provider other than a physician conducts the examination, it must be reviewed and countersigned by a physician.

All applicants for non-law enforcement positions (Central Office, Regional Office, Community Corrections Office, Training Centers) will complete a medical screening using the Medical History Report (Employees/Applicants)(BP-A0630) form for review by licensed medical personnel.

b. **Enter On Duty Requirements.** All new employees, law enforcement and non-law enforcement, will be screened for tuberculosis (TB). The preferred screening method is the two-step baseline testing method. This method should be used for the initial screening of employees who have not been tested in the preceding 12 months.

A tuberculin skin test (TST) will not be performed on employees with a reported positive skin test. A symptom assessment for active disease will be completed. An employee with identified conversion will be referred to his/her personal physician for follow-up evaluation.

c. **Medical Clearance for Introduction to Correctional Techniques (ICT).** A cursory screening by the Clinical Director (CD) or qualified health care provider for any acute medical conditions is required before the applicant attends Introduction to Correctional Techniques (ICT) at the Federal Law Enforcement Training Center (FLETC), Glynco, Georgia. (Refer to the Program Statement **Physical and Medical Standards for Newly Hired Correctional Employees**, Section: Medical Screening.)

d. **Fitness for Duty Examination.** An employee who occupies a position with medical or physical requirements may be subject to a Fitness for Duty Examination whenever there is a direct question about his/her ability to meet the position's medical or physical requirements (see 5CFR339). The cost of the examination and any related travel expense, if incurred, will be borne by the agency consistent with the Federal Travel Regulation set by the Office of Personnel Management (OPM).

The examination will be conducted in compliance with 5 CFR 339.301-306 (1997).

Mental health evaluations must be preceded by a medical examination to exclude organic causes.

A licensed physician or other Bureau-designated qualified health care provider will conduct the examination. The examiner will not be a Bureau employee.

The employee will be allowed the opportunity to present medical documentation from his/her private physician.

e. **Commercial Driver's License (CDL).** Employees requiring a CDL as a prerequisite to performing assigned duties must have a physician-provided medical examination in compliance with 49 CFR 383-391. The physician will not be a BOP employee. The cost of the examination will be borne by the agency.

f. **Special Operations Response Team (SORT).** A licensed physician must provide SORT physical examinations and medical clearance. The examining healthcare provider recommends placement on the SORT team based on the results of this examination. Results of the examination are documented on the Report of Medical Examination form (SF-88). The examination will be completed before formal SORT tryouts and will include the following:

- History and physical examination (including height, weight, and vital signs).
- Visual acuity test.
- Baseline audiogram.

An annual audiogram and visual acuity assessment will be done if more than 12 months has passed since the last examination, or if clinically indicated. The results of the examination will indicate whether the employee is physically able to participate in SORT activities. It will be documented in a pass/fail format.

#### 4. **PREVENTIVE/MAINTENANCE HEALTH CARE SERVICES**

a. **Hearing Conservation Program.** This program will include procedures contained in 29 CFR 1910.95. Consistent with the regulation, noise level surveys will be conducted in areas where work activities can reasonably be expected to regularly or intermittently exceed the actionable noise level defined in the regulation, and in areas specifically addressed in relevant ACA standards. If a change in production, process, equipment, or controls occurs that could impact the noise level, the noise level survey will be repeated. Noise assessments and hearing

conservation programs, including audiometric testing, training, protective equipment, and record maintenance, are per OSHA Occupational Noise Exposure Regulation, 29 CFR 1910, Subpart G. The results of the noise level surveys will be provided to the Union, upon request, but not more than once annually (or when there is a change in production, process, equipment, or controls that resulted in a shift above or below the actionable noise level.

b. **Tuberculosis (TB) Screening.** Each employee will be offered an annual Tuberculin Skin Test (TST) unless he/she has a previously documented positive test that was given by intradermal injection.

The employer will pay for the employee's health care provider, who will evaluate and treat any employee with newly-recognized positive TST results or employee test conversions (i.e., staff have documented proper negative test(s)). This evaluation should include a clinical examination and a chest radiograph.

The number of test conversions will be reported in the institution Improving Organizational Performance (IOP) Committee and the Governing Body. Membership on committees and notification of relevant information will be provided to the Union consistent with the Master Agreement and policy.

Employees diagnosed with latent TB should be evaluated for and treated with preventive therapy if indicated and in accordance with state and CDC guidelines.

If the history, clinical examination, or chest radiograph is compatible with active TB, additional tests will be performed.

If symptoms compatible with TB are present, and/or the chest x-ray reveals evidence of pulmonary TB, the employee will be referred to his/her personal provider for evaluation and care. A medical clearance certificate will be required from the employee's healthcare provider prior to his/her return to duty. The recommendations will be consistent with the employee's contagious disease health status and any potential risks of transmitting a contagious disease to others, per CDC guidelines.

If it is determined that staff may have been exposed to active pulmonary TB, a contact investigation will be conducted according to CDC guidelines. The investigation and evaluation will be in collaboration with the local health department. The Central Office Health Services Division will be notified. Once the contact investigation has been initiated, the Warden or designee notifies the Union and staff.

#### (1) **Workplace Restrictions**

(a) **Active TB:** If active tuberculosis is diagnosed, documentation from the treating physician will be required, consistent with current CDC guidelines, before the employee returns to work.

Employees who have TB at sites other than the lung or larynx, who have been determined by their treating physician to be free of contagion, do not need to be excluded from the workplace.

(b) **Latent TB:** Employees who have latent TB infection will not be restricted from their usual work activities.

(2) **Routine and Follow-up Chest Radiographs.** Employees with positive skin test results should have an agency-directed chest radiograph as part of the initial evaluation of the skin test. If negative, repeat chest radiographs are not needed unless symptoms develop that could be attributed to TB.

c. **Hepatitis Vaccination.** The hepatitis B vaccine and vaccination series will be offered to employees as defined in each institution's Exposure Control Plan and in compliance with 29 CFR 1910.1030.

Local procedures for providing hepatitis B vaccine and the vaccination series will be identified in the institution Exposure Control Plan.

If vaccine administration is deemed appropriate and the individual consents, the physician or health care professional will also review and complete the form Hepatitis B Vaccine Consent – Employees (BP-A0849), available on Sallyport.

Employees who decline the vaccination will sign the declination section of the BP-A0849.

Vaccinations will be administered according to current CDC guidelines.

Employees will be offered post-vaccination serologic testing. If adequate antibody protection is not achieved, re-vaccination will be offered in accordance with current CDC guidelines.

Employees who decline vaccination may request and obtain the vaccination at a later date.

d. **Influenza Vaccination.** All employees will be offered an annual seasonal influenza vaccination. Vaccinations for other pandemic illnesses will be offered based on CDC recommendations. Any identified priority groups will have the opportunity to receive the vaccine as it becomes available. Any remaining available vaccine will be offered to all staff.

## 5. INFECTIOUS DISEASE

Employees will follow all standard precautions. Management will make notification to employees while abiding by HIPAA regulations regarding the presence of airborne infectious materials in the workplace.

a. **Preventive Measures.** Medications (e.g., INH therapy for latent TB, anti-retroviral prophylactic medication for HIV exposure) and related diagnostic tests following an

occupational exposure to an infectious disease will be provided at no cost to the employee. A Central Office project code has been established to manage these expenditures.

Employees' medical insurance will not be used to reimburse medical costs for an occupational exposure.

**b. Non-Occupational Exposure to Infectious Disease (i.e., varicella, measles, mumps).**

Employees who become aware they have been exposed to or have acquired an infectious disease that could be transmitted, under normal working conditions, to others at the workplace must notify their supervisor. The diseases that will be reported are those that can be spread through the air or by physical contact with others or common surfaces. (Nothing in the provision requires the reporting of diseases typically spread through sexual contact.) The supervisor should contact the Clinical Director or Infectious Disease Coordinator.

The Bureau may require an authorization from the employee's health care provider stating that he/she is no longer contagious prior to his/her return to work or making any accommodation required to return to work.

At the Warden's request, the CD may make written recommendations regarding duty assignment. The recommendations will be consistent with the employee's contagious disease health status and any potential risks of transmitting a contagious disease to others.

**c. Occupational Exposure To Bloodborne Pathogens.** An exposure incident is defined by CDC guidelines and OSHA Regulation 29 CFR 1910.1030 while in the performance of an employee's duties.

Exposure to bloodborne pathogens includes, but is not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

All procedures regarding exposure to bloodborne pathogens will be in compliance with 29 CFR 1910.1030 and delineated in the institution Exposure Control Plan.

A potential exposure to a bloodborne pathogen is considered a medical emergency and requires immediate notification to the CD or physician on-call, who will make an exposure determination as defined in the OSHA regulation on bloodborne pathogen using PEPline (888-448-4911; when available) for guidance.

Emergency treatment will be provided to employees following exposure to infectious diseases according to CDC guidelines.

Each institution will define, in the institution Exposure Control Plan, the local procedure for providing medical care following a bloodborne pathogen incident.

If the employee experiences ill effects from the treatment, he/she must notify his/her direct supervisor and Safety Office to initiate a claim through the OWCP process.

Medical care and counseling will be in accordance with 29 CFR 1910.1030 and CDC guidelines. (Refer to Section 9 of this Program Statement for managing U.S. Public Health Service [USPHS] officers.)

Notification procedures following an HIV exposure incident will be in accordance with state and Federal requirements.

Written informed consent from the employee is required whenever medication is provided to an employee on site following a bloodborne exposure incident.

Documentation of a bloodborne exposure incident will:

- Ensure that the post-exposure medical evaluation and treatment is documented in the employee's health record.
- Include, at a minimum, the information required by 29 CFR 1910.1030.

Employee health records will:

- Be kept confidential.
- Not be disclosed or reported to any person within or outside the workplace except as required by OSHA Standard 1910.1030, or as may be required by law.
- Be maintained in accordance with OSHA Standard 29 CFR 1910.1030.

#### **d. Occupational Exposure to Other Infectious Disease**

(1) **Tuberculosis.** Under the supervision of the CD or designated physician a Contact Investigation will be conducted. All employee contacts will be interviewed for symptoms of active TB disease.

Employees will be counseled by the CD or clinician designee about the medical conditions that increase the risk of TB and advised that if such conditions exist, staff should consult their personal physicians.

TSTs will be offered to all previously skin test negative, or skin test unknown, contacts as a baseline unless staff were tested in the previous 1-3 months. The TST should again be offered 8-12 weeks from the last contact with the source case to assess any transmission of a new TB infection.

TST is not indicated for staff contacts with a previously measured positive TST. Symptom screening will be conducted to rule out active disease.

Employee contacts with a TST measurement of 5 millimeters or greater will be referred to their personal physicians for further medical evaluation and treatment.

If active tuberculosis is diagnosed, documentation from the treating physician will be required, consistent with current CDC guidelines, before returning to work.

(2) **Varicella (Chicken Pox) or Herpes Zoster.** Employees who experience a direct occupational exposure to a case of chicken pox or herpes zoster are to be managed in accordance with the following guidelines:

- Employees who are pregnant or have reason to believe they may be pregnant, regardless of the self-reported history of previous chicken pox, will be encouraged to meet with their personal health care providers for further evaluation, treatment, and consultation.
- Any identified case of varicella (chicken pox) among staff or inmates should be immediately communicated to all staff. This communication will instruct staff who have not had varicella to notify the Infectious Disease Coordinator (IDC) or the Clinical Director (CD), who will provide information about recommended preventive measures.
- Susceptible employees who have been exposed to an active case of chicken pox will be reassigned to a position or duty status that protects staff and inmates, preventing further transmission of the infection.

(3) **Methicillin Resistant Staphylococcus Aureus (MRSA).** Any staff member who acquires MRSA while performing his/her duties will be referred to his/her private health care provider. He/she must notify his/her direct supervisor and Safety Office to initiate a claim through the OWCP process

## 6. OTHER HEALTH CARE SERVICES

a. **Respirator clearance** will be in compliance with 29 CFR 1910.134 and the Program Statement **Occupational Safety, Environmental Compliance, and Fire Protection.**

b. **Lead Exposure.** OSHA standards 29 CFR 1926.62 and 29 CFR 1910.1025 and the Program Statement **Occupational Safety, Environmental Compliance, and Fire Protection** will be followed in instances where an employee is exposed to lead.

c. **Asbestos Exposure.** OSHA Standard 29 CFR 1926.1101 and 29 CFR 1910.1001 and the Program Statement **Occupational Safety, Environmental Compliance, and Fire Protection** will be followed at all institutions that have employees who may be exposed.

d. **First Aid Care Services.** Bureau qualified health care providers will provide emergency first aid services for injuries sustained on-duty.

Reimbursement for outside care resulting from on-duty injuries; i.e., use of force or SORT injuries, will be managed according to the Program Statement **Workers' Compensation Program.**

Employees will receive only emergency first aid for non-occupational-related illnesses.

5. **Mental Health.** Employees who are concerned that they or a family member may have an alcohol, drug, or emotional problem are encouraged to seek confidential assistance, referral, and other information voluntarily from the Employee Assistance Program. (For proper reporting requirements refer to the Master Agreement.)

## 7. **EMPLOYEE HEALTH RECORD**

a. **Employee Health Record Maintenance.** Health records for Bureau employees will be maintained in the required blue folder available from the General Services Administration. Consistent with 5 CFR 293, all employees' records will be retained in the Health Services Unit (HSU) under the CD's overall control. The Health Services Administrator (HSA) is responsible for daily records management. These records include, but are not limited to:

- BP-A0630 (Medical History Report [Employees/Applicants]).
- BP-A0631 (Post Conditional Offer of Employment and Employee Physical Exam).
- Pre-employment medical reports.
- Other reports obtained from the employee.
- Occupational information.

Disposition instructions are found in the BOP Records and Information Disposition Schedule (RIDS) area on Sallyport.

### b. **Employee Health Record Chart Order**

#### **Left Side**

Chronological/Progress  
Notes  
Laboratory Reports  
Radiology Reports  
Respiratory Therapy

#### **Right Side**

Immunization Record  
History and Physical  
Medical Fitness Reports  
Consent/Refusal Forms  
Consultations  
Audiometry Exam  
Vision Screen  
ECG/EEG  
Accident Reports  
Employee Information  
Handouts  
Outside Correspondence  
Release of Information

c. **Security and Confidentiality.** Employee health records will be maintained in a locked cabinet in the HSU. Health records will not be retained in the official personnel folder while the individual is employed, except when the employee is transferred, and all employment records are mailed to the receiving institution.

Local procedures will be established to provide health care staff access to employee health records in response to a medical emergency. When the health record is maintained in a location that is not where the employee physically works (Complexes, temporary duty assignments, etc.), procedures will include provisions to obtain access to the information, if feasible. Otherwise access will be limited to “routine uses:” filing of loose reports and the documenting of medical information (physicals, TB skin tests, vaccinations, etc.) by appropriate, designated staff.

d. **Employee Request for Record.** Employees may request copies of their employee health records by submitting a written request to the HSA. Items should not be released without verification of identity.

e. **Other Requests for Record.** Other requests for records will be in accordance with 5 CFR 297.204.

f. **Disposition of Health Records for Employees Separated From the Agency.** Employee health records that become inactive due to an employee’s retirement, separation, or termination will be forwarded to the institution Employee Services Management for proper disposition. Medical certificates and any other examination health records used to determine an employee’s job fitness are permanent records and must be placed in a sealed envelope and attached to the right side of the official personnel folder.

g. **Disposition of Radiographic Files.** Radiographic Files on employees who have terminated employment will be placed in an inactive file. Inactive files will be maintained in a separate secure area and kept for five years. During the sixth year, they will be sent for silver recovery and destruction.

## 8. COSTS

Any costs related to the health care services identified in this Program Statement will be charged to the Accounting Classification Code established for employee health care.

No obligations will be established in the inmate health care (i.e., B1, B2) accounting codes.

## 9. U.S. PUBLIC HEALTH SERVICE OFFICERS

U.S. Public Health Service (PHS) Commissioned Officers should refer to the Commissioned Corps Personnel Manual for established policy and procedures covering the provision of health care services for active duty commissioned officers.

The Bureau will provide only first aid care services to PHS officers on-site.

First aid care services are inclusive of any immediate medical treatment following an occupational exposure to a bloodborne pathogen (i.e., hepatitis B or C, HIV).

Following first aid care, PHS officers will receive follow-up treatment by a Military Treatment Facilitator or primary care provider, whichever is appropriate.

PHS officers will also be included in any follow-up contact investigations for possible exposure to an infectious disease.

PHS officers do not qualify for Workers' Compensation benefits. However, when a traumatic injury occurs while a PHS officer is performing his/her duties, the Safety Manager will record the incident in the OSHA 300 Log.

## **10. CONTRACTORS**

Contractors are required to submit a vaccination history, or evidence of immunity, for varicella, hepatitis, and rubella in addition to documented results of a TST.

Each institution Exposure Control Plan will include procedures for managing an occupational exposure for any person providing services via a contract, volunteers, or visitors.

The contract language will address procedures and responsibilities of both parties regarding managing an occupational exposure.

Bureau Health Services staff will only provide emergency first aid to contractors while awaiting emergency medical services (EMS) transport to a community emergency department if necessary.

## **11. VISITORS AND VOLUNTEERS**

Bureau health care providers will only provide emergency first aid to visitors and volunteers while awaiting emergency medical services (EMS) transport to a community emergency department if necessary.

## **12. AGENCY ACA ACCREDITATION PROVISIONS**

- American Correctional Association Standards for Adult Correctional Institutions, 4th Edition: 4-4062, 4-4067, 4-4386, 4-4387.
- American Correctional Association Performance Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-4D-06, 4-ALDF-4D-07, 4-ALDF-7B-04.
- American Correctional Association Standards for Administration of Correctional Agencies, 2<sup>nd</sup> Edition: 2-CO-1C-19, 2-CO-1C-23.

## REFERENCES

### *Program Statements*

- P1600.09 Occupational Safety, Environmental Compliance, and Fire Protection (10/31/2007)
- P1601.04 Workers' Compensation Program (9/11/2002)
- P3000.03 Human Resource Management Manual (12/19/2007)
- P3735.04 Drug Free Workplace (6/30/1997)
- P3792.07 Employee Assistance Program (12/30/2006)
- P3906.16 Employee Development Manual (3/21/1997)
- P3906.19 Physical and Medical Standards for Newly Hired Correctional Employees (9/25/2003)
- P5500.11 Correctional Services Manual (10/10/2003)
- P6090.03 Health Information Management (7/31/2012)
- P6190.03 Infectious Disease Management (6/28/2005)

### *Operations Memorandum*

- 005-2013 Guidelines for Medical Management of Staff Exposure to Bloodborne Pathogens (8/30/2013)

- 5 CFR 293 Employee Medical File System Records
- 5 CFR 339 Medical Qualification Determinations
- 29 CFR 1910.95-1910.134 (OSHA Regulations)
- 29 CFR 1910.1020-1910.1030 (OSHA Regulations)
- 29 CFR 1926.62-1926.1101 (OSHA Regulations)

Claims for Compensation Under the Federal Employees' Compensation Act (FECA) (Title 20 CFR Parts 10 and 25)

49 CFR Parts 383 and 391 Drivers of Commercial Motor Vehicles: Qualifications and Commercial Drivers License Requirements

U.S. Public Health Service Commissioned Corps Personnel Manual

### *BOP Forms*

- BP-A0630 Medical History Report (Employees/Applicants)
- BP-A0631 Post Conditional Offer of Employment and Employee Physical Exam
- BP-A0849 Hepatitis B Vaccine Consent – Employees

### *Records Retention Requirements*

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) system on Sallyport.