



**Effective March 7, 2016**  
**(See latest Revisions in Red)**

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# **PURPOSE**

The purpose of these guidelines is to clearly express the County's expectations regarding medical history taking, physical examinations, work fitness assessments, medical referral assessments, and various communications. It is meant to supplement the information contained in the Statement of Work (SOW). If there is any conflict between these two documents, the SOW takes precedence.

It is the intent of these guidelines to ensure that the services provided by the County's Contractors represent the best practices in the field of Occupational Medicine. However, it is acknowledged that in many areas of Occupational Medicine, best practices are not well-defined, and that several alternate approaches may be equally appropriate. For this reason, the Occupational Health Program (OHP) welcomes comments from its Contractors, and intends to update these guidelines as often as necessary to improve their clarity, and consistency with best practices.

# **GENERAL GUIDELINES**

## **Taking an Adequate Medical History:**

An adequate history is the critical foundation of any work fitness or medical referral assessment. Therefore, the County will expect the examiner to obtain a history with sufficient detail to facilitate both assessments. This will require that the Examiner do the following:

- 1) **Ensure that there is a clear response to every question** on the applicable medical questionnaire. If an employee refuses to answer a question, this refusal needs to be documented.
- 2) **Clearly elicit the following information regarding a condition of relevance to a work fitness assessment** if not previously disclosed in writing:
  - a. Date of onset.
  - b. Cause. Note whether the condition was caused by work. In motor vehicle accidents, applicants must be asked if the accident was their fault.
  - c. Results and dates of any diagnostic testing completed such as xrays, MRI, or CT.
  - d. Treatment details including dates and utilization of various modalities including medications, manipulation, and/or surgery.
  - e. Activities that made/make symptoms worse.
  - f. Date of last symptom, last treatment/pill, and last visit to an HCP.
  - g. Prior episodes of the same condition if recurrent problems are part of the natural history of the condition (for example, shoulder dislocations, back pain)

h. Functional Significance:

- Did the employee have to stop any recreational activities or be placed on restricted duty at work?
- When did any functional impairment begin and end? Are there any functional residuals?
- Has the employee been assigned permanent disability by any legal system including Worker's Compensation?

3) **Make additional inquiries regarding any clinical testing data that is out-of-range.** The purpose of these inquiries is to determine if there are contemporaneous factors which may render the testing data inaccurate or non-representative, and to ascertain the employee's prior knowledge of any abnormalities. These inquiries would include, but are not limited to the following:

a. Abnormal dipstick:

- Any history of diabetes, renal disease, or positive dipstick?
- For females with blood, menstruation status?

b. Blood pressure >139 systolic or >89 diastolic:

- Any history of prior elevated readings?
- Any current or recent use of medication? Was it taken today?

c. Best distant vision (corrected or uncorrected) worse than 20/40 O.U.:

- Inquire regarding status of corrective lens use if not wearing correction
- Date of last eye exam if wearing correction.

d. Significantly Abnormal Audiogram (i.e., 25 dB average loss at 0.5, 1, 2, and 3 kHz in either ear; or asymmetrical loss with threshold differences of >15 dB averaged at 0.5, 1, and 2 kHz, or >30 dB averaged at 3, 4, and 6 kHz): Inquire regarding

- Symptoms
- Noise exposure within last 14 hours
- Prior audiometric testing
- Prior Audiologist or ENT evaluations
- Off duty noise exposures

e. Abnormal Spirometry: Inquire regarding

- Any chest infections or bronchitis in the last two months,
- Recent smoke or chemical exposures,
- Any current symptoms or physical limitation
- History of pulmonary disease,

f. Abnormal EKG with significant abnormalities: Inquire regarding

- Any relevant symptoms,
- Prior knowledge of abnormality

- 4) **Make additional inquiries regarding any unexpected physical findings.** When the physical exam reveals conditions that were not disclosed during formal history taking, history taking must be re-initiated to meet the requirements of section (3) above.

## **Performing and Documenting the Physical Exam:**

**Components:** The extent of the physical exam required for each periodic evaluation is specified in the County's Protocol Sheets. These will range from as little as an "As Needed" exam of one body system when indicated for a Return-To-Work evaluation, to a "Complete" exam of all body systems for a DMV evaluation. Most exams require something in between these two extremes, i.e., the routine exam of several body systems such as with an Asbestos exam (pulmonary and GI exams).

Regardless of how many body systems must be examined, at a minimum, the exam of each specific body system must include all of the specific components for that body system listed below under the "Complete" exam below, and be sufficiently thorough to address any specific clinical question at issue.

- 1) **"As Needed" Exam:** This is specified in the Protocol Sheet for Return-To-Work examinations. The Examiner is authorized to do a focused exam of the relevant body system when this would provide critical information for the return-to-work determination. In some cases, no physical is indicated.
- 2) **Complete Exam:** The minimum components of a "Complete" exam shall include the following:

Eyes: Pupillary reaction to light, check ocular motility for conjugate gaze in all quadrants, ophthalmoscopic exam to check for lenticular and retinal abnormalities.

ENT: Routinely check cervical nodes and thyroid. Otoscopic exam must be performed if applicant cannot hear whispered voice at five feet in either ear, the audiogram shows a conductive hearing loss pattern, or there are symptoms referable to the ear

Cardiac: Auscultation is required. For any murmur, the examiner must specify the location, intensity from I-VI, timing (systolic vs. diastolic), and radiation (audible in the axilla or carotid areas?)

Respiratory: Auscultation is required. When spirometry indicates a restrictive pattern, chest expansion at the level of the nipples must be measured with a tape, and recorded as the difference between maximal inhalation and exhalation.

**Abdomen:** Palpation of the spleen and liver for enlargement, abdominal wall for umbilical hernia, and deep abdomen for aortic aneurysm (if age  $\geq 50$ ). Any suspected liver enlargement must be followed up with percussion and measurement of the liver span. The dimensions of any umbilical hernia must be measured.

**Vascular:** Auscultation of the carotid areas for bruits, inspection of lower legs for gross venous insufficiency. Examination of lower extremities for edema is indicated if a urine dipstick reveals more  $\geq 2+$  proteinuria.

**GU:** Males- check for inguinal hernias. Rectal exams of both genders are prohibited even when there is a history of hemorrhoid. Under no circumstances, should an examiner ask a female applicant to remove underpants, palpate under a female's underpants, nor perform deep abdominal palpation for ovaries.

**Neuro:** Patellar, ankle reflexes. Additional sensory, motor, or cerebellar testing if indicated by history or observation. If history of tremors, evaluate during rest, sustention, and intention (finger-to-nose and heel-to-shin testing). Attempt to describe severity of tremor.

**Skin:** Note lesions suspicious of skin cancer, and any dermal manifestations of systemic conditions (such as psoriasis). Look for bruising on the abdomen or thighs that might be secondary to insulin injections.

**Musculo-Skeletal:** Perform a screening exam that includes all of the following components:

Inspection of all joints and spine for any surgical or arthroscopic scars or obvious atrophy.

Shoulder: ROM

Back: Heel/toe walk, ROM, active straight leg raise

Knee: duck walk

The following minimum examinations are required if there is a history of the following within the last 12 months:

- **Lumbar pain:** palpation, sensory at L4, L5, S1, bilateral calf circumference, ankle/patellar reflexes
- **Cervical pain:** ROM, inspection of hand for atrophy, muscle testing of the arm and hand, sensory testing of the hand

- **Wrist pain:** ROM, Tinel's test, Phalens test, sensory and motor testing of the hand to include gross grip strength. Note any muscle wasting.
- **Shoulder instability/pain:** rotator cuff strength
- **Knee injury/pain:** check for effusion, ROM, and bilateral thigh circumference

**Documentation:** If there is a negative history regarding a particular body system and a negative exam, it is acceptable to check the relevant "normal box" on either the County's Employee Examination Data Form or the DMV Form MCSA-5875. However, when there is a positive history or clinical test result, checking the "normal box" is not sufficient. In these cases, all pertinent negative findings must be legibly recorded in full detail on either the County's Employee Examination Data Form, Employee Medical Examiners Note, or in the comments section of the DMV Form MCSA-5875. Negative findings are considered "pertinent" when they contribute to the assessment of the positive history or clinical test result. **Failure to properly document will be considered as equivalent to failure to perform these components.**

### **Cardiologist Reading of ECG's:**

All ECG's must be read by a cardiologist unless a computerized interpretation indicates that the tracing is normal or has insignificant findings. Insignificant findings are defined as (and limited to) the following:

- 1) Atrial arrhythmia
- 2) **Sinus arrhythmia**
- 3) Ectopic atrial rhythm
- 4) Non-specific intraventricular delay without axis shift, BBB, or hemiblock
- 5) Non-specific ST changes
- 6) Mild bradycardia (rate of 50 or more)
- 7) 1<sup>st</sup> degree AV block (rate of 50 or more)
- 8) Incomplete RBBB
- 9) Early repolarization
- 10) Decreased anterior forces in person without history of MI

## **Work Fitness Triage Assessment:**

The County expects the Examiner to make a work fitness assessment as part of every employee evaluation. This requires the Examiner to triage employees into one of three groups:

<b>No Restrictions</b>	Employees who do not warrant any restrictions within the narrow work-fitness focus of the evaluation which is being performed.
<b>Restricted</b>	Employees who warrant evaluation-specific restrictions <u>and</u> the Examiner is authorized by the guidelines below to place these restrictions on the employee.
<b>OHP Review</b>	Employees whose medical conditions need further consideration by OHP staff to determine whether evaluation-specific restrictions are needed.

**The triage must be made using the guidelines found below** under each evaluation type. Please note that these guidelines limit the scope of any work-fitness assessment to the narrow purpose of the evaluation. For example, driving restrictions should not result from an employee's participation in an Asbestos evaluation.

Note that when labs or radiographs are ordered, triage must not be done until the results of these studies are received (unless Protocol Sheet specifically directs otherwise).

Additionally, while the guidelines authorize Examiners to assign work restrictions, **the Examiner is not authorized to remove restrictions**. This must be done by OHP staff.

## **Medical Referral Assessment:**

For all periodic evaluations, the responsibility for notifying employees of the need for medical follow-up with their private health care provider is the sole responsibility of the Examiner. This notification must be made **via written correspondence** to the employee. Recommendations for follow-up must be consistent with the standards of care in the community, and applicable consensus guidelines from respected national medical organizations. Examples include, but are not limited to, those from the National Cholesterol Education Program and Joint National Committee (blood pressure). In borderline cases, the Examiner is advised to err on the side of caution, and advise an employee to see their private health care provider.

## **Communications:**

The following communications required for all periodic evaluations unless otherwise specified in the Program Specific Guidelines below.

**Medical referral assessment:** A letter which clearly communicates the nature of the medical condition and referral recommendation must be sent to the employee by the Examiner no later than 10 business days (15 days if testing was done by a mobile unit) following the exam date. The letter must not use acronyms that would not be understood by a layperson, such as “PMD” or “PFT.” Additionally, the Examiner must personally speak to the employee when the condition is potentially very serious (such as a mass on chest x-ray), or the potential for a letter to be lost in the mail is not acceptable. Any oral advisements must be documented by the Examiner in the Employee Medical Examiner’s Note.

**Work-fitness assessment:** An Employee Medical Results form must be completed each time an employee is examined, and transmitted to the operating department as soon as possible, and in all cases within 10 business days (15 days for mobile unit) following the exam date.

However, if an employee is given new restrictions, the Employee Medical Results form must be faxed immediately to the operating department. Additionally, this form and sufficient medical records to support the decision to restrict must be immediately faxed to the OHP (213-351-2744). Note: in certain cases, the requirement to fax to OHP is specifically waived in the guidelines below.

The Contract Physician is responsible for ensuring that no confidential medical information is provided to the operating department. Departments should only be given information regarding work status, the nature of work restrictions, and any information required for Cal/OSHA reporting purposes. Do not inform the departments regarding the underlying reason for a work restriction.

## **Provision of Primary Care to Employees:**

The medical practice of a Contract Physician may include primary care in addition to Occupational Medicine. However, the existence or creation of an ongoing doctor-patient relationship with a County employee poses a conflict of interest due to the following conflicting obligations:

- a) Under the A.M.A. code of ethics, Physicians are obligated to advocate for their patients.
- b) Our Contract Physicians are contractively obligated to accurately report medical information to OHP that may have adverse fitness-for-duty implications for an employee-patient.

Due to these conflicting obligations, Contract Physicians must triage to “OHP Review” all periodic evaluations done on County employees with whom he/she has an ongoing doctor-patient relationship.. An ongoing relationship is considered to exist when there is an expectation by the employee that the Contract Physician will provide care for chronic conditions, or serve as the employee’s primary care provider for future conditions. Short-term treatment for a work-related injury would not meet this definition.

# **PROGRAM SPECIFIC GUIDELINES:**

## **Armed Reserve Pool (Probation)**

This is work-fitness evaluation for incumbent Probation Officers prior to assignment to specialized units that are armed and accompany Sheriff Deputies into the field to do gang sweeps, warrant enforcement, surveillance, make arrests, and to transport probationers to a custody facility.

**Work Fitness Triage Assessment:** Please triage all to “OHP Review.”

## **Asbestos Medical Evaluation**

The Examiner is expected to follow the procedures specified by the Cal/OSHA Asbestos standard for construction work (GISO sec 1529). Despite the broad scope of the mandatory history form, the work fitness assessment should focus narrowly on whether there is any detectable asbestos-related disease warranting restrictions against further exposure, and whether there are any concerns related to the use of air-purifying respirators.

**Work Fitness Triage Assessment:**

### **No New Restrictions:**

- ▶ None of the conditions listed under OHP Review below. Note this would include employees with mild restriction who do not need an x-ray.

### **Restricted:**

Not Applicable.

### **OHP Review:**

- ▶ Pleural plaques and FVC < LLN
- ▶ Moderate restriction (FEV1/FVC > LLN, but FVC < 70% pred) regardless of x-ray findings
- ▶ X-ray: Section 2b on B-read form indicates “1/1” or worse profusion of small opacities
- ▶ Frequent coughing (i.e., occurring during employee interview)
- ▶ Any problems that are self-reported as interfering with respirator use

### **Special Communications:**

**To Employee:** Each Asbestos exam must be followed by a letter mailed to the employee from the Contract Physician which

- 1) Informs the employee that he/she either has no restrictions, or that the need for restrictions is under review by the OHP,
- 2) Informs the employee of any abnormal results which warrant medical follow-up, or medical conditions that may be due to asbestos exposure. Note that employees must be advised of the presence of plaques. However, they should be informed that plaques do not represent “disease,” but rather constitute a marker of significant past exposure.
- 3) If the employee smokes, advises the employee that asbestos exposure greatly increases the risk of lung cancer associated with smoking

**To Department:** Written communication must include the following:

- 1) The restrictions assigned above related to either asbestos exposure or respirator use (Employee Medical Examination Results Form)
- 2) A statement that the employee has been informed by the Physician of the results of the medical examination and of any medical conditions that may be due to asbestos exposure.
- 3) If the employee smokes, a statement that the employee has been informed by the Physician of the increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure

## **Clandestine Laboratory Enforcement Program (Sheriff)**

This program is recommended by the State Bureau of Narcotics Enforcement for Deputy Sheriffs and Crime Lab employees who do drug lab busts. The objectives are to “identify illnesses that may be aggravated by exposure to hazardous substances, physical agents, or other job-related factors.”

In regards to the medical literature on clan labs, one study observed increased rates of decline in FEV1 (Burgess, et. al., JOEM 44:184-9, 2002). However, this study found no longitudinal changes in liver function tests or blood counts.

Note that the circumstances of a clan lab bust may or may not allow the use of respiratory protection.

### **Work Fitness Triage Assessment:**

#### **No New Restrictions:**

- ▶ None of the conditions below

#### **Restricted: [fax to Department and OHP 213-351-2744]**

- ▶ Blood Pressure >179 systolic or 109 diastolic on lowest measurement:  
Not Armed: “No lifting > 10 lbs”  
Armed: “No field duty”

#### **OHP Review:**

- ▶ Mild obstruction on spirometry [i.e., FEV1/FVC ratio < LLN & FEV1 <100%]
- ▶ Current treatment for asthma
- ▶ Cardiac disease (if armed )
- ▶ Elevated liver enzymes: one or more at 1.5X normal
- ▶ Insulin use (if armed)
- ▶ Hypoglycemia which required the assistance of others in the last year (if armed)
- ▶ Loss of consciousness for any reason in the last 2 years
- ▶ Pregnant
- ▶ Symptomatic liver disease or physical evidence of liver failure
- ▶ One or more medical questions or exam components refused by employee

## **Commercial Driver's License Evaluation (DMV)**

Due to the severe consequences of a truck accident, the Commercial Driver's License (DMV) evaluation is perhaps the most critical work fitness assessment that the County routinely performs. For this reason, while the County recognizes that most of our Contractors have extensive experience in conducting DMV exams, the County must insist that drivers with certain conditions be reviewed by OHP staff. These conditions typically involve the potential for sudden incapacitation, may be characterized by DMV medical guidelines which are open to interpretation, and/or warrant verification of an employee's medical history by review of medical records.

To facilitate review by OHP staff, **when the Examiner triages a driver into "OHP Review," the Examiner must only qualify the driver for a three month period.** OHP staff will subsequently review the case, may request treatment records, and/or further testing by the employee's health care provider. If OHP's review indicates that the driver meets the County's risk management criteria for certification, OHP will **send the employee an OHP Work Order authorizing them to return for repeat DMV exam. We will also send a notice to the Examiner to inform him/her of our assessment and action so that the driver is not subjected to repeat 3-month certifications.**

**Length of Qualification:** All drivers must be certified for 2 years except as following:

Three Months: See listing in Work Fitness Triage Assessment

One year:

Hypertension—Lowest reading today 140-159/90-99 without another major risk factor or probable LVH on ECG

Diabetes-- A1c not high enough to restrict (see below), but  $\geq 8.0$ .

Cardiac Disease- s/p stent and asymptomatic past year  
s/p CABG  $\geq 5$  years ago and asymptomatic past year

### **FAQ's (from drivers):**

***"I left my glasses at home":*** It is not uncommon for employees to report without their glasses. However, if their uncorrected vision does not meet the DMV vision standards (20/40 in each eye), **they cannot be certified. Employees may be allowed to return with corrective lenses on the same or next day.** However, thereafter, they must be restricted, and this restriction cannot be removed by the Contractor. Only OHP staff can remove or modify the restriction.

***"I don't wear glasses":*** Drivers who are  $>20/40$  in either eye and do not own corrective lenses, may be allowed to see an optometrist and return with corrective lenses within two weeks or less. Those who fail to return by the deadline for chart submittal to OHP (10 working days), must be restricted.

***“Do you have to tell OHP that I failed?”***: The answer to this question is “Yes.” Once the DMV exam is initialized, the Contract Physician must do a triage, and “it never happened” is not an option. The employee cannot cancel the exam just because they do not like the outcome.

### **Work Fitness Triage Assessment:**

#### **No New Restrictions:**

- ▶ All conditions are acceptable per DMV regulations.
- ▶ Employee does not have any of the conditions list below under “Restricted’ or “OHP Review”

#### **Restricted: [fax to Department and OHP 213-351-2744]**

Employees with any of the following conditions must be given a restriction of "No driving vehicles that require an A/B license." The listing below is extensive, but not comprehensive. For conditions of concern that are not addressed, please call OHP.

- ▶ Loss or significant impairment of a foot, leg, hand, or arm\*
- ▶ Current use of insulin\*
- ▶ Hypoglycemia requiring assistance in the last year
- ▶ A1c  $\geq$  9.0 if taking 3 medications for diabetes
- ▶ A1c  $\geq$  10.0 if taking 2 medications for diabetes
- ▶ A1c  $\geq$  11.0 if taking 1 medication for diabetes
- ▶ A1c  $\geq$  12.0 if off medication or new diagnosis
- ▶ Pregnancy in the 12<sup>th</sup> to 20<sup>th</sup> week
- ▶ Use of oxygen
- ▶ Current diagnosis or treatment for angina
- ▶ CST positive for ischemia
- ▶ CST, driver did not return for reflex testing within 2-3 days
- ▶ BP  $\geq$ 160 systolic or  $\geq$ 100 diastolic on lowest reading
- ▶ Any current orthopedic or neurological impairment that significantly interferes with the operation of a motor vehicle
- ▶ Epilepsy with a seizure or use of Rx in the last 10 years\*
- ▶ Stroke, TIA, intracerebral, or subarachnoid hemorrhage in the last year
- ▶ Vertigo within the last two months

- ▶ Bacterial meningitis or viral encephalitis in the last year
- ▶ Brain or spinal tumors currently present or surgically removed in last year
- ▶ Suicide attempt in the last year
- ▶ Psychiatric hospitalization in the last year
- ▶ Manic episode in last the year
- ▶ Current diagnosis of schizophrenia
- ▶ Episode of psychosis in last 6 months
- ▶ Panic attack in the last 6 months
- ▶ Current use of 1<sup>st</sup> generation anti-depressant (amitrypline or imipramine)
- ▶ Far vision, best >20/40 in either eye\*, or failed to return with old glasses/contacts on day following exam (or within 2 weeks if seeing optometrist for first time).
- ▶ Peripheral vision <70 degrees to each side\*
- ▶ More than 40 dB average hearing loss at .5, 1, & 2 kHz in better ear (if uses hearing aid, then make OHP Review instead of Restricted)\*
- ▶ Currently undergoing treatment for substance abuse
- ▶ Current or recent use of Chantix or methadone
- ▶ Current or recent use any Schedule I drug including medical marijuana, morphine, or methaqualone

\*Note: Employees may already have an A/B license and report having DMV "clearance". Verify this by looking at the driver's license to confirm a restriction against interstate commerce. Driver may also be carrying an "orange card" issued by the DMV instead of a standard medical certificate. If neither of these is present, the DMV is not aware of the condition, and driver must be restricted today. If DMV restriction is on license or driver has an "orange card", triage to OHP Review, but qualify driver for a two year certificate.

<b>OHP Review: Issue Three Month Medical Certificate</b>
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- ▶ Insulin use in the past 2 years on an intermittent or regular basis
- ▶ Hypoglycemia which required the assistance of others in the last 2 years
- ▶ MI in the last 2 years
- ▶ Angina: symptomatic, or history of treatment in last 2 years
- ▶ CHF in last 2 years
- ▶ Complete heart block
- ▶ Atrial fib with inadequate rate control or hx of lightheadedness in last 2 years
- ▶ Any other heart disease with onset in the last 2 years
- ▶ Sleep apnea (unless driver has CPAP Compliance Letter from OHP).
- ▶ Snoring, with daytime sleepiness, or partner/employee reports apneic or

choking episodes

- ▶ BMI  $\geq$  40 (unless driver has CPAP Compliance Letter from OHP).
- ▶ BP 140-159 systolic or 90-99 diastolic on lowest read: Certify for 3 months if driver has another major cardiac risk factor (i.e. diabetes, hx of elevated lipids, smoker, or today's ECG shows probable LVH.) Otherwise, certify for one year.
- ▶ Any intermittent orthopedic or neurological impairment that, when active, significantly interferes with the operation of a motor vehicle. Examples would include recurrent severe back pain and multiple sclerosis
- ▶ Seizure (no Hx of epilepsy): One Sz in last 5 years, or two in the last 10 years, regardless of cause
- ▶ Loss of consciousness in the last 2 years for any reason
- ▶ Evaluation for lightheadedness or vertigo in the last 2 years
- ▶ Stroke, intracerebral, or subarachnoid hemorrhage in the last 1-5 years
- ▶ TIA occurring in the last 1-5 years
- ▶ Brain or spinal tumors removed in last 1-5 years
- ▶ Major psychiatric condition (bipolar, major depression) requiring medication for control
- ▶ Suicide attempt in the last 1-5 years
- ▶ Psychiatric hospitalization in the 1-5 years
- ▶ Manic episode in last the 1-5 years
- ▶ Episode of psychosis in last 6-60 months
- ▶ Panic attack in last 6-60 months
- ▶ Use of Rx for anxiety disorder in last 6 months
- ▶ ADHD: symptomatic or use of Rx in last 5 years
- ▶ Color Vision Impairment—missed one or more Titmus spots on 16 spot slide
- ▶ Serum Creatinine  $>$  3.0
- ▶ Dialysis
- ▶ Liver disease, if symptomatic or evidence of liver failure on physical exam
- ▶ Sedating medication: Use in the last month on either a regular or intermittent basis based on history or positive urine test
- ▶ Sleepiness observed in waiting or exam room
- ▶ Sleepiness in daytime by history
- ▶ Thyroid disease with abnormal TSH
- ▶ Drug, alcohol abuse, DUI, or "Wet Reckless" in the last 5 years
- ▶ Pregnant --- 1<sup>st</sup> trimester—Certify only through 12<sup>th</sup> week.
- ▶ One or more medical questions or exam components refused by employee

**Communications:**

**To Employee:** Written communication must include restrictions (if any), and recommendations for medical follow-up. Additionally, the employee must receive a completed and signed original **MCSA-5875 & MCSA-5876 form** (unless restricted against A/B driving). Employees who require OHP review, and are therefore issued a 3-month Medical Certificate, should be informed that they will receive a letter from the OHP within **3-4** weeks.

**To Department:** Send completed Employee Medical Results form.

## **Confined Space Work Fitness Evaluation**

This is a very narrowly focused work fitness assessment of the employee's potential for sudden loss of consciousness in an oxygen-deficient environment.

Please note that orthopedic conditions are no longer of concern, since there are no confined space rescues on record. We have also learned that the Public Works Department does confined space rescue drills regularly. Therefore, ability to perform confined space rescue and claustrophobia are no longer issues that we will assess.

### **Work Fitness Triage Assessment:**

#### **No New Restrictions:**

- ▶ Employees without any of the conditions listed below

#### **Restricted:**

- ▶ None

#### **OHP Review:**

- ▶ Epilepsy
- ▶ Hypoglycemia which required the assistance of others in the last year
- ▶ Diabetes, on two Rx with A1c  $\geq 7.5$
- ▶ Loss of consciousness in the last 24 months
- ▶ One or more medical questions refused by employee

## **Crane Operator**

Cal/OSHA regulations require that crane operators who are not currently commercial drivers have a medical evaluation with drug testing every five years.

### **Work Fitness Triage Assessment:**

Triage all to "OHP Review."

## **FBI Bomb School**

Sheriff Deputies who have been selected to train as bomb technicians need to complete training through the FBI's Hazardous Devices School (HDS). In order to enroll, Deputies must meet certain medical requirements set by the School as well as those of the County.

The bomb school training is physically demanding involving the following physical stressors:

- Wearing of a protective bomb suit and helmet that weigh 70 pounds and very restrictive.
- Wearing an SCBA respirator
- Working in conditions of extreme heat (excess of 100 degrees Fahrenheit) and humidity of 100% for up to 30 minutes at a time (i.e., east coast summer weather)
- Carrying equipment weighing 65 pounds for a distance up to 600 feet.
- Kneeling in order to position tools

Additionally, the task of defusing bombs obviously requires the ability to do fine manual manipulations, good near vision, clear and rapid judgment, and an absence of conditions that could cause sudden incapacitation

### **Work Fitness Triage Assessment:**

#### **No New Restrictions:**

- ▶ Employees without any of the conditions listed below. The Contract Physician must complete the Hazardous Devices School Physical Capacities Form(FD-1097)

#### **Restricted: [fax Department and OHP at 213-351-2744]**

- ▶ Blood pressure  $\geq 160$  systolic or 100 diastolic on lowest measurement, or
- ▶ Corrected Distant Acuity  $> 20/30$  OU  
"No peace officer field duties"

#### **OHP Review:**

- ▶ Distant vision (corrected) worse than 20/20 in one eye or 20/40 in the other
- ▶ Near vision is Titmus target 4 (20/50) or worse with correction in either eye
- ▶ Abnormal color vision
- ▶ Hearing Loss:  $>25$  db average at 0.5, 1, 2, & 3 kHz in best ear
- ▶ A1c  $\geq 8.0$
- ▶ Insulin use, any in last 2 years

[Continued on next page]

- ▶ Seizure in last 5 years
- ▶ Loss of consciousness in the last 2 years
- ▶ Episodes of vertigo or dizziness in the last 2 years
- ▶ Pregnant
- ▶ Cardiac disease
- ▶ Significant arrhythmia on ECG (a-fib, flutter, multiple PVC's, bifascicular block)
- ▶ Spirometry: more than mild obstruction or restriction
- ▶ Shortness of breath that interferes with work
- ▶ Frequent coughing (i.e., occurring during employee interview)
- ▶ Chronic liver disease
- ▶ Chronic kidney disease
- ▶ Back pain in the last year
- ▶ Inability to kneel or work on knees
- ▶ Impaired grip in either hand
- ▶ Substance abuse problems in the last year
- ▶ Psychiatric disorder requiring medication in last year
- ▶ Any suspicion of cognitive impairment
- ▶ Current use of sedating medication
- ▶ Claustrophobia which results in avoidance behaviors
- ▶ Any problems that are self-reported as interfering with respirator use
- ▶ One or more medical questions or exam components refused by employee

**Communications:**

**To Employee:** Written communication must include restrictions (if any), and recommendations for medical follow-up. If triaged to "No restrictions," send employee copy of SF 88 (Medical Exam), FD-1065 (Medical History), and FD 1097 (Hazardous Devices School Physical Capacities form).

**To Department:** Send completed Employee Medical Results form.

## **Hazmat Medical Evaluation**

This is a combined disease surveillance and work fitness evaluation for employees who may have to don full protective suits and respond to uncontrolled releases of hazardous substances. The work fitness assessment includes consideration of liver, pulmonary, and kidney conditions that increase an employee's vulnerability to the potential health effects of a broad range of toxic chemicals, and consideration of potential cardiac limitations to the use of full protective suits.

Regarding employees who report claustrophobia, the examiner must ask whether there are any specific avoidance behaviors, or rather, just "uncomfortable feelings." Examples of common avoidance behaviors would be not using elevators, or demanding that the door of an audiometry booth be left open.

### **Work Fitness Triage Assessment:**

#### **No New Restrictions:**

- ▶ Employees without any of the conditions listed below

#### **Restricted: [fax to Department and OHP at 213-351-2744 ]**

- ▶ Blood pressure >179 systolic or 109 diastolic on lowest measurement
  - "No lifting more than 10 lbs"
  - "No HAZMAT duties"

#### **OHP Review:**

- ▶ SGOT and SGPT  $\geq$  50% above normal
- ▶ Serum creatinine above normal
- ▶ Urinalysis positive for protein or blood (and no menses)
- ▶ Chronic liver disease including hepatitis B or C
- ▶ Chronic kidney disease
- ▶ FEV1 or FVC < LLN
- ▶ Cardiac disease
- ▶ Significantly Abnormal EKG (per cardiologist)
- ▶ Pregnant
- ▶ Claustrophobia which results in avoidance behaviors
- ▶ Shortness of breath that interferes with work
- ▶ Frequent coughing (i.e., occurring during employee interview)
- ▶ Any problems that are self-reported as interfering with respirator use
- ▶ One or more medical questions or exam components refused by employee

## Hearing Conservation

The Examiner is expected to follow the procedures specified by the Cal/OSHA standard (see <http://www.dir.ca.gov/title8/5097.html>). For doing age corrections, see Appendix F.

When seen for the first time, baseline audiograms must be obtained from OHP staff. These may be requested by sending an email to [OHP@ceo.lacounty.gov](mailto:OHP@ceo.lacounty.gov) three working days before the scheduled exam. You may check status by calling the OHP Status Hotline at (213) 738-2187. NOTE: Hearing Conservation exams performed without a baseline audiogram will not be paid for by the County.

### Work Fitness Triage Assessment:

#### **No New Restrictions:**

- ▶ No new STS
- ▶ Previous STS: Note that the Employee Medical Results Form specifies that any previously assigned restrictions are still in force.
- ▶ New STS, but conductive etiology  
The hearing loss appears to be conductive as evidenced by a visible outer ear obstruction, middle ear process, or an audiometric pattern which is flat rather than notched. Note that the County does not authorize repeat audiometric testing.

**Restricted:** [Note: This restriction does not require faxing to OHP or Dept. Just send via mail to both.]

- ▶ New STS:  
The standard restriction must read, "Must wear hearing protection in areas that exceed 84 dBA." However, this must be modified in certain situations. Specifically, if the employee reports that he/she already wears inserts consistently when working in noise, then greater attenuation is warranted. In this case, the restriction must read "Must wear plugs *and* muffs in areas that exceed 84 dBA." However, if the employee reports that he is already wearing plugs and muffs consistently, triage to "OHP Review."

#### **OHP Review:**

- ▶ New STS and employee reports wearing plugs and muffs consistently.
- ▶ Falsely Elevated Baseline: current test reveals thresholds at 2, 3, and 4 kHz which average  $\geq 10$  db lower (i.e., better than the baseline (either ear))
- ▶ Refusal of audiometric testing
- ▶ No baseline available after repeat requests to OHP

### **Medical Referral Assessment:**

The occurrence of an STS with a typical high frequency notch pattern does not automatically warrant a medical referral. Rather, the following criteria recommended by national hearing associations should be utilized if the employee has not already seen a specialist:

- Symptoms referable to the ear
- Observation of a reversible middle ear condition including wax occlusion
- Significant progressive loss: This is defined as a change in average hearing level, in either ear, compared to age-adjusted baseline of
  - a) More than 15 dB at 0.5, 1, and 2 kHz; or
  - b) More than 20 dB at 3, 4, and 6 kHz
- Unexplained significant unilateral loss: This is present when the difference in average hearing level between the better and poorer ears is
  - a) More than 15 dB at .5, 1, and 2 kHz; or
  - b) More than 30 dB at 3, 4, and 6 kHz.

### **Communications:**

**To Employee:** Written communication is required if medical referral is needed, or there is a new STS. In this case, the letter must specifically state that a hearing loss consistent with a Cal/OSHA significant threshold shift has occurred, and that the employee must now be required to use hearing protection. Please also advise hearing protection use off-duty. Attached to this letter should be the County Employee Medical Results form with the employee's restriction.

**To Department:** Written communication must include not only the County Physician Employee Medical Results form, but also an advisement to record the STS on the Cal/OSHA 300 Log when the STS is recordable. An STS is recordable when the employee's average hearing loss at 2, 3, and 4 kHz is 25 dB or more (without age correction).

## **ILL-at-Work**

The purpose of this program is to address supervisory concerns that an employee may be at work while contagious with the flu or other airborne transmissible disease. These concerns should be related to the supervisor's observation of current flu signs or symptoms. Supervisors have been instructed to ask these employees to go home or to see their private doctors for clearance to return-to-duty. If an employee refuses, supervisors may elect to send the employee to your clinic for an "ILL-at-Work" evaluation.

### **Work Fitness Triage Assessment:**

<b>No Restrictions:</b>
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- ▶ Currently afebrile, no reported fever or flu symptoms in the past 24 hours

<b>Restricted: [fax to Department and OHP at 213-351-2744]</b>
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- ▶ Current temperature of 100 degrees or more
- ▶ Current flu symptoms

“Employee was placed off-duty.”

- ▶ Afebrile but flu symptoms or elevated temperature in last 24 hours

“Employee was placed off-duty today. May return to duty tomorrow.”

<b>OHP Review:</b>
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Not applicable

### **Medical Referral Assessment:**

Please refer to the latest CDC guidelines regarding whether medical referral for treatment is indicated.

## **Lead**

This program involves monitoring of lead levels primarily in employees who may be exposed during construction work.

### **Work Fitness Triage Assessment:**

#### **No Restrictions:**

- ▶ Current plasma lead level < 10 mcg/dl or testing refused

#### **Restricted: [fax to Department and OHP at 213-351-2744]**

- ▶ Current plasma lead level  $\geq$  25 mcg/dl

“No tasks that may involve exposure to lead”

#### **OHP Review:**

- ▶ Current plasma lead level 10-24 mcg/dl

**Communications:** OHP will inform employee of his or her lead level.

## **Respirator Medical Program:**

This is a narrowly focused work fitness assessment of the employee's likelihood for either not tolerating use of an air purifying respirator, or for experiencing cardiac ischemia if using an SCBA.

Regarding employees who report claustrophobia, the examiner must ask whether there are any specific avoidance behaviors, or rather, just "uncomfortable feelings." Examples of common avoidance behaviors would be not using elevators, or demanding that the door of an audiometry booth be left open

## **Work Fitness Triage Assessment:**

### **No Restrictions:**

- ▶ Employees without any of the conditions listed below

### **Restricted:**

- ▶ Frequent coughing (i.e., occurring during employee interview)

### **OHP Review:**

- ▶ Loss of consciousness for any reason in the last 24 months
- ▶ Claustrophobia with behavioral avoidance
- ▶ Moderate or Severe Restrictive lung disease
- ▶ Shortness of breath that interferes with work
- ▶ Cardiac disease (if using an SCBA or respirator type unknown)
- ▶ Any problems that are self-reported as interfering with respirator use
- ▶ One or more medical questions or exam components refused by employee

## **Retirement Exemption Exam (Fire Dept)**

The County has a long standing policy of mandatory retirement for “Safety” personnel at age 60. However, this policy exempts lifeguards, persons brought into the department by mergers, and employees hired after 1997. Recently, the State enacted a law that waives mandatory retirement for the remained covered employees if they can meet standards established by their employer. For Fire Department personnel, these standards are as follows:

- a) No condition exists that precludes the required driver’s license for an individual’s respective position (A, BR, C), or pilot’s license if applicable.
- b) No testing abnormality, medical condition, or medication use is present which would create a significantly increased risk of sudden loss of consciousness while on duty.
- c) There is no chronic impairment of relevant physical abilities.
- d) There are no permanent Workers Compensation restrictions.
- e) There are no permanent restrictions assigned by a personal Physician.
- f) There is no evidence of chronic sedation or abuse from use of medications

**Work Fitness Triage Assessment:** Please triage all to “OHP Review.”

## **Return to Work Examination**

In general, a medical examination is not necessary when County employees return to work following a non-FMLA absence for a non work-related condition. In the vast majority of cases, supervisors can rely on their observations and professional judgement to determine whether the employee can safely resume work. In the rare instance when a supervisor has objective reasons to question this, the supervisor may require the employee to immediately leave work to obtain a medical clearance from their personal health care provider

However, there are two specific situations when a RTW Evaluation is warranted:

- A) On the day of the employee's return to duty, the supervisor observes that the employee is having difficulty safely performing their duties, **and** the employee has presented a note from their personal health care provider which does not address the problems of concern.
  
- B) On the day of the employee's return to duty, the supervisor learns from a reliable source that the employee had a sudden loss of consciousness during his/her absence, **and** the employee performs safety-sensitive duties such as driving or operating hazardous machinery.

If either of these situations occur on the day of the employee's return, supervisor have been instructed to immediately send the employee for a RTW Evaluation. The supervisor must fax or email to the Contractor the following before the employee arrives:

- An Employee Examination Work Order,
- A short memo informing the Contractor of the supervisor's concerns, and
- A copy of the note from the employee's personal health care provider

The purpose of the RTW evaluation is to address the specific concerns of the supervisor and/or identify employees at increased risk of sudden loss of consciousness. To accomplish this, the examiner must take an appropriate history, and review whatever records the employee brings to the evaluation. When an "As Needed" physical examination could verify recovery or current functional ability, this must be performed (see Protocol Sheet).

**Note:** Our examiners are not authorized to remove or negate restrictions that have been assigned by the employee's personal health care provider.

**Work Fitness Triage Assessment:**

**No Restrictions:**

- ▶ No restrictions were recommended by the employee's health care professional, and the Examiner concurs with this assessment. There was no sudden loss of consciousness preceding or during employee's absence.

**Restricted: [fax to Dept and OHP with one exception indicated below]**

- ▶ Restrictions were recommended by the employee's health care professional, regardless of whether the examiner concurs with this assessment.

"Restricted per private health care provider" [do not fax to OHP]

- ▶ Additional restrictions/accomodations are necessary to prevent major injury to self or others.

Restrict as appropriate

- ▶ Sudden loss of consciousness occurred just preceding or during employee's absence

"No safety-sensitive duties"

**OHP Review:**

None

**Communications:**

**To Employee:** No written communication is required. However, employees must be verbally informed of the examiner's recommendations regarding restrictions, and recommendations for medical follow-up.

**To Department:** The County Employee Medical Results form must be faxed to the operating department on the same day of the evaluation.

## **S.C.U.B.A.**

The County has a small number of employees who use self-contained underwater breathing apparatus during the course of their work duties. The purpose of this medical evaluation is to determine whether this activity can be performed safely.

### **Work Fitness Triage Assessment:**

#### **No Restrictions:**

- ▶ Employees with none of the conditions listed below .

#### **Restricted: [fax to Department and OHP]**

- ▶ Perforated or non-mobile tympanic membrane,
- ▶ Tympanic membrane totally occluded by wax, cholesteatoma, or exostosis,
- ▶ History of intracranial aneurysm/hemorrhage or vascular malformation,
- ▶ History of pneumothorax unless treated with sclerotherapy,
- ▶ Radiographic evidence of pulmonary blebs, bullae, or cysts
- ▶ Atrial septal defects or other right to left intracardiac shunt currently present
- ▶ Pregnancy
- ▶ FEV1/FVC ratio < LLN and FEV1 %Pred < LLN

"No diving"

- ▶ Hypertrophic or Arrhythmogenic Right Ventricular Cardiomyopathy
- ▶ Sustained SVT on CST associated with symptoms or drop in blood pressure
- ▶ Syncope during or after CST
- ▶ V tach: A run of 8 beats or more on CST
- ▶ Blood pressure >179 systolic or >109 diastolic on lowest measurement:

"No diving" &  
"No firefighting duties" [Firefighters]  
"No swimming" [Lifeguards]  
"No field duty" [Peace Officers]

#### **OHP Review:**

- ▶ Inner ear disease other than presbycusis
- ▶ s/p Inner ear surgery
- ▶ Middle ear reconstructive surgery or stapedectomy
- ▶ s/p Tympanoplasty

[continued on next page]

- ▶ Recurrent otitis externa
- ▶ Recurrent otitis media
- ▶ Tube myringotomy
- ▶ Chronic mastoiditis or mastoid fistula
- ▶ History of mastoidectomy
- ▶ History of mid-face fracture
- ▶ History of head or neck therapeutic radiation
- ▶ Facial nerve paralysis secondary to barotrauma
- ▶ Uncorrected upper airway obstruction
- ▶ s/p Laryngectomy or Trachostomy
- ▶ Uncorrected laryngocele
- ▶ Full dentures
- ▶ Significant obstruction of the external auditory canal
- ▶ Eustachian tube dysfunction
- ▶ History of decompression sickness
- ▶ Asthma, if Rx in the last two years
- ▶ Albuterol use in the last two years
- ▶ FEV1/FVC ratio < LLN, but FEV1 %Pred > LLN
- ▶ Restrictive pattern on spirometry
- ▶ History of exercise induced bronchospasm
- ▶ History of solid, cystic, or cavitating lesion
- ▶ Aseptic necrosis
- ▶ Recurrent bowel obstruction
- ▶ Recurrent vomiting in recent months
- ▶ Severe gastro-esophageal reflux
- ▶ Achalasia
- ▶ Hernia if unrepaired
- ▶ History of coronary disease unless CST performed on day of exam is negative
- ▶ History of heart failure
- ▶ History of arrhythmia requiring treatment
- ▶ Untreated atrial fibrillation or flutter

[Continued on Next Page]

- ▶ Pacemaker or defibrillator
- ▶ Second degree AV block
- ▶ Complete heart block
- ▶ Supraventricular tachycardia lasting  $\geq 10$  seconds on CST
- ▶ PVC's totaling  $\geq 10\%$  of beats within an exercise stage or during the early recovery period.
- ▶ CST positive for ischemic changes\* and any ectopy is present.
- ▶ CST positive for ischemic changes\* and  $< 13$  Mets
- ▶ CST positive for ischemic changes\* and symptoms are present.
- ▶ CST positive for ischemic changes\* and there is a history of MI.
- ▶ Triplets:  $\geq 2$  on CST
- ▶ LVH on EKG ("probable") without history of hypertension. Does not include "possible" LVH on EKG.
- ▶ Aortic stenosis or regurgitation
- ▶ Grade III murmur without previous echo to rule out aortic valve disease
- ▶ Psychiatric disorders
- ▶ Panic attack in last five years
- ▶ History of drug, alcohol abuse, or DUI in the last two years
- ▶ Kidney disease
- ▶ Sickle cell disease
- ▶ Polycythemia
- ▶ Leukemia
- ▶ Bleeding disorder
- ▶ Epilepsy
- ▶ Use of medication to prevent a seizure
- ▶ Recurrent lightheadedness in the last 2 years
- ▶ Loss of consciousness in the last 2 years for any reason
- ▶ Migraine headaches with associated impairment of motor, cognitive, or neurological functioning in last 2 years
- ▶ Stroke or fixed neurological deficit
- ▶ Transient ischemic attack in last 2 years

[Continued on Next Page]

- ▶ Chronic neurological disease such as multiple sclerosis
- ▶ Intracranial aneurysm or vascular malformation
- ▶ Brain tumor, current
- ▶ Diabetes: currently being treated by two non-insulin meds and A1C  $\geq$  7.5
- ▶ Diabetes: current use of insulin, or past use on an intermittent or regular basis
- ▶ Hypoglycemia which required the assistance of others in the last 2 years
- ▶ Prior decompression illness
- ▶ One or more medical questions or exam components refused by employee

**\*Note:** For Fire Department employees only, please get a second CST read from the Harbor Cardiology group. These can be requested by calling Cathy Dowty at (310) 222-4183. If Harbor confirms your cardiologist's assessment, please give the employee a courtesy call, and tell them to call Harbor for an appointment.

### **Written Communications:**

**To Employee:** Written communication must include restrictions (if any), and recommendations for medical follow-up.

**To Department:** The County Employee Medical Results form must be faxed to the operating department on the same day of the evaluation.

## **TB Screening**

Please administer your clinic's standard TB screening questionnaire. Skin testing must be administered and interpreted per the CDC standard of care. Employee's may have their PCP do the read. However, the employee must submit the result to the Contractor promptly.

### **Work Fitness Triage Assessment:**

<b>No Restrictions:</b>
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- ▶ (+)PPD in past, but denies symptoms of active disease
- ▶ Currently administered PPD is (+), but x-ray is negative
- ▶ Employee did not return for read or submit read from PCP

<b>Restricted: [fax to Department and OHP]</b>
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- ▶ X-ray is suggestive of active TB; employee must be placed off-duty