

**U.S. Department of Energy**  
**Washington, D.C.**

**ORDER**

**DOE O 341.1**

Approved: 12-1-03

This directive was reviewed and certified as current and necessary by James T. Campbell, Acting Director,  
Office of Management, Budget and Evaluation/Acting Chief Financial Officer, 12-1-03

**SUBJECT: FEDERAL EMPLOYEE HEALTH SERVICES**

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1. OBJECTIVE. To establish requirements and responsibilities for occupational medical, employee assistance, and workers' compensation programs for Federal employees.
2. CANCELLATION. Chapter VIII of DOE 3790.1B, *Federal Employee Occupational Safety and Health Program*, dated 1-7-93. (The remainder of DOE 3790.1B was previously canceled by DOE O 440.1, *Worker Protection Management for DOE Federal and Contractor Employees*, dated 9-30-95; therefore, DOE 3790.1B has now been canceled in its entirety.) Cancellation of a directive does not, by itself, modify or otherwise affect any contractual obligation to comply with such a directive. Canceled directives that are incorporated by reference into a contract must remain in effect until the contract is modified to delete the reference to the requirements in the canceled directives.
3. APPLICABILITY.
  - a. DOE Elements. This Order applies to the Department of Energy (DOE) and National Nuclear Security Administration (NNSA) elements/organizations as stated in Attachment 1.
  - b. Site/Facility Management Contracts.
    - (1) The Contractor Requirements Document (CRD), Attachment 2, sets forth requirements of this Order that will apply to site/facility management contracts that include the CRD.
    - (2) This CRD must be included in site/facility management contracts that provide any or all of the health services in paragraph 1 above. The CRD may be tailored to more accurately describe the services that are to be provided.
    - (3) This Order does not apply to other than site/facility management contracts. Any application of any requirements of this Order to other than site/facility management contracts will be communicated separately from this Order.

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**DISTRIBUTION:**  
All Departmental Elements

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**INITIATED BY:**  
Office of Management, Budget and  
Evaluation/Chief Financial Officer

- (4) Applicable human resource or health staff are responsible for notifying their contracting officers of which site/facility management contracts are affected (and, if appropriate, which requirements are applicable to contracts other than site/facility management contracts). Once notified, the contracting officer is responsible for incorporating the CRD into each affected site/facility management contract via the laws, regulations, and DOE directives clause of the contract.
- (5) As the laws, regulations, and DOE directives clause of a site/facility management contract states, regardless of the performer of the work, the site/facility management contractor with the CRD incorporated into its contract is responsible for compliance with the requirements of the CRD. An affected site/facility management contractor is responsible for flowing down the requirements of this CRD to subcontracts at any tier to the extent necessary to ensure the site/facility management contractor's compliance with the requirements. In doing so, the contractor must not necessarily or imprudently flow down requirements to subcontracts. That is, the contractor will—
  - (a) ensure that it and its subcontractors comply with the requirements of this CRD and
  - (b) only incur costs that would be incurred by a prudent person in the conduct of competitive business.

- c. Exclusions. As stated in Attachment 1, this order does not apply to the Bonneville Power Administration.

#### 4. REQUIREMENTS.

- a. General.

- (1) Occupational medical program, employee assistance program (EAP), Computer/Electronic Accommodation Program (CAP), and workers' compensation claim records must be maintained and protected in accordance with the applicable references in Attachment 3 of this Order.
- (2) Procedures must be established by which employees are informed about the protection and disclosure of and their rights to the information contained in their medical, EAP, and workers' compensation records.
- (3) Health services programs must be evaluated periodically based on the requirements in this Order, reports issued, and corrective action plans submitted by applicable DOE elements. When evaluations identify issues, corrective actions will be planned and implemented. Copies of evaluation

reports will be provided to the Office of Human Resources Policy and Planning for information and monitoring purposes.

- b. Occupational Medical Programs. Local programs must do the following.
- (1) Include emergency response plans consistent with DOE O 151.1B, *Comprehensive Emergency Management System*, dated 10-29-03; DOE G 151.1-1, *Emergency Management Guide*, Volume IV, Part 3, *Emergency Medical Support*, dated 8-21-97; and DOE O 440.1A, *Worker Protection Management for DOE Federal and Contractor Employees*, dated 3-27-98, Attachment 2, CRD, paragraph 19h.
  - (2) Provide the capability to diagnose, stabilize, treat, or refer onsite injuries and illnesses.
  - (3) Provide programs and procedures, including a medical monitoring/surveillance program, for the early detection, treatment, and/or rehabilitation of employees who have work-related diseases, illnesses, injuries, or impairments.
  - (4) Provide medical evaluations to determine fitness for duty.
  - (5) Establish a cooperative program for applicable management and program officials and safety, industrial hygiene, human resources, and occupational medical staffs to participate in the identification of positions that are subject to hazardous exposures.
  - (6) Provide baseline, periodic, postincident, and termination medical evaluations for employees in positions identified as having hazardous exposures or the potential for them. Such positions are included in a medical surveillance program.
  - (7) Provide employee counseling on health-related problems of a physical nature so that employees understand the risks associated with their work, including the materials they use and associated diseases.
  - (8) Provide information to employees about health care services available through their employers, recognized job-related and general health issues, health screenings, and preventive health services available in the community.
  - (9) Provide that services are performed by licensed, registered, or certified professionals, including physicians, physician assistants, nurse practitioners, and nurses.

- (10) Provide that servicing medical facilities contain the equipment needed to meet requirements of the occupational medical program.
  - (11) Provide that employees traveling outside the contiguous United States are advised of pertinent health issues, receive appropriate immunizations, and are cleared before departure.
    - (a) For trips of less than 60 days, the servicing medical support staff will clear.
    - (b) For trips of 60 days or more, the Office of Medical Services, U.S. Department of State, will clear.
  - (12) Provide that the medical staff support the CAP by supplying medical documentation for employees with disabilities who seek assistive technology.
  - (13) Respond to Departmental evaluations, such as an evaluation by the Office of Independent Oversight and Performance Assurance, or reporting requirements, e.g., for the Human Capital Management Improvement Program (HCMIP) report.
- c. Employee Assistance Programs. Local programs must do the following.
- (1) Provide crisis intervention, assessment, short-term counseling, referral, followup, case management, management consultation, education and training (and the promotion thereof), and prevention.
  - (2) Support both management and employee interests in identifying and resolving employee behavioral issues.
  - (3) Provide services for all behavioral problems, including ensuring that medical evaluations are obtained before or as part of psychiatric evaluations to determine whether behavioral problems are caused by medical conditions, in accordance with 5 CFR §339.301(e).
  - (4) Respond to Departmental evaluation or reporting requirements, such as the HCMIP, regarding services rendered and resources expended.
  - (5) Provide services to family members of current or recently deceased employees. (NOTE: These services are limited to work-related issues.)
  - (6) Respond to employee requests for assistance within 1 to 3 workdays, depending on the nature of the problem.

- (7) Provide EAP counselors that are trained in their areas of specialty and are either licensed or certified by the State in which service is provided or are supervised by one who is properly licensed or certified.
  - (8) Include a program coordinator who has satisfactorily completed either an Office of Personnel Management Employee Assistance Program course or equivalent training.
  - (9) Maintain EAP records separate from occupational medical records and ensure their confidentiality in accordance with applicable statutes, regulations, and Attachment 3, references 20 and 22.
- d. Workers' Compensation Programs. Local programs must do the following.
- (1) Include procedures for medical support staff to review each claimant's supporting documentation.
  - (2) Provide a program coordinator (see paragraph 5h) who has satisfactorily completed the Basic Compensation Specialist Workshop course offered by the Office of Workers' Compensation, U.S. Department of Labor, or an equivalent course.

5. RESPONSIBILITIES.

- a. Director of Human Resources Management.
- (1) Develops DOE corporate policy and guidance for and oversees and/or conducts evaluation of Federal employee health services programs.
  - (2) Provides or contracts for Headquarters health services.
  - (3) Approves qualifications standards for employees in unique DOE positions that, because of physical requirements, are subject to a medical evaluation program. (See paragraph 5d for NNSA responsibilities.)
  - (4) Coordinates the Department's Federal Workers' Compensation Program with the Office of Workers' Compensation, Department of Labor.
  - (5) Coordinates the Department's CAP with the Department of Defense.
- b. Office of Independent Oversight and Performance Assurance. Provides staff that conduct or contract for evaluation of occupational medical programs by medical professionals with thorough knowledge of occupational medicine and the work environment.

- c. Assistant Secretary for Environment, Safety and Health. Assists program offices in establishing medical and psychological requirements for employees in unique DOE/NNSA positions that are subject to a medical evaluation program.
- d. NNSA Administrator or Designee.
  - (1) Develops NNSA policy and guidance for, and oversees or conducts the evaluation of, Federal employee health services programs for NNSA organizations.
  - (2) Ensures that health services are provided all NNSA employees.
  - (3) Approves qualifications standards for employees in unique NNSA positions that, because of physical requirements, are subject to medical evaluations.
- e. Heads of Departmental/NNSA Elements with Delegated Personnel Authority.
  - (1) Provide or contract for cost-effective occupational medical and EAP services.
  - (2) Administer workers' compensation programs.
  - (3) Evaluate the effectiveness of medical services and EAPs at least annually.
  - (4) Determine which site/facility management contracts need to include the CRD for this order, and work with the appropriate contracting officer to have the CRD included in the contract and modified when appropriate.
- f. Heads of Departmental/NNSA Elements. When medical or behavioral concerns arise, collaborate with medical support staff, EAP counselors, and human resource staff to determine whether employees will perform assigned duties.
- g. Deputy Administrator for Naval Reactors. In accordance with the responsibilities and authorities for safety and health matters assigned by Executive Order 12344 [statutorily prescribed by Public Law 98-525 or 42 United States Code (U.S.C.) 7158 note] and to ensure consistency throughout the joint Navy/DOE organization of the Naval Nuclear Propulsion Program, implements and oversees all policies and practices pertaining to this Order for activities under the Deputy Administrator's cognizance.
- h. Workers' Compensation Program Coordinator.
  - (1) Requests and reviews documentation from each claimant about his/her medical condition at least annually.

- (2) Reviews possible vacancies, limited or light-duty assignments, and positions performed under contract by temporary agencies at least quarterly in an effort to return claimants to work. Reviews the U.S. Department of Labor's quarterly charge-back report to determine proper billing, identifies and corrects errors in the report before the organization is billed, and coordinates costs with the local finance staff.

6. DEFINITIONS.

- a. Hazardous exposure. An exposure to any biological, chemical, or physical substance that may cause personal injury or illness to an employee.
- b. Limited or light-duty assignment. An informal assignment of light or restricted duties that an injured or ill employee can perform without a personnel action and loss of pay.

7. CONTACT. Questions concerning this Order should be addressed to the Office of Human Resources Policy and Planning at 202-586-8503.

BY ORDER OF THE SECRETARY OF ENERGY:



KYLE E. McSLARROW  
Deputy Secretary

**DOE ORGANIZATIONS TO WHICH DOE O 341.1 IS APPLICABLE**

This order applies to all DOE elements/organizations, including the National Nuclear Security Administration (NNSA), except for the Bonneville Power Administration.

CANCELED



**CONTRACTOR REQUIREMENTS DOCUMENT**  
**DOE O 341.1, FEDERAL EMPLOYEE HEALTH SERVICES, DATED 12-1-03**

Regardless of the performer of the work, the contractor is responsible for flowing down the requirements of this Contractor Requirements Document (CRD) to subcontracts at any tier to the extent necessary to ensure the contractor's compliance with the requirements. In doing so, the contractor must not unnecessarily or imprudently flow down requirements to subcontractors. That is, the contractor will (1) ensure that it and its subcontractors comply with the requirements of this CRD to the extent necessary to ensure the contractor's compliance and (2) only incur costs that would be incurred by a prudent person in the conduct of competitive business.

1. GENERAL.

- a. Contractors providing occupational health, employee assistance, and workers' compensation services to Federal employees must be familiar with, and comply with, requirements existing independently of this CRD. A list of references with brief descriptions is provided in DOE O 341.1, Attachment 3.
- b. The contractor must cooperate with periodic evaluations of or reporting requirements for its health services programs for Federal employees (e.g., evaluations by the Office of Independent Oversight and Performance Assurance or reporting requirements for the Human Capital Management Improvement Program (HCMIP) report). These evaluations may be conducted either by the Department of Energy (DOE) or an organization designated by DOE to conduct the evaluations.

2. REQUIREMENTS.

- a. Occupational Medical Programs. Contractors must develop, participate in the development of, and/or maintain programs that must do the following.
  - (1) Include an emergency response plan consistent with applicable DOE directives [DOE O 151.1B, *Comprehensive Emergency Management System*, dated 10-29-03; DOE G 151.1-1, *Emergency Management Guide*, Volume IV, Part 3, "Emergency Medical Support," dated 8-21-97; and DOE O 440.1A, *Worker Protection Management for DOE Federal and Contractor Employees*, dated 3-27-98].
  - (2) Provide medical staff and facilities to diagnose, stabilize, treat, or refer onsite injuries and illnesses.
  - (3) Provide programs and procedures, including a medical monitoring/surveillance program, for early detection, treatment, and/or rehabilitation of Federal employees who have work-related diseases, illnesses, injuries, or impairments.

- (4) Provide medical evaluations to determine Federal employees' fitness for duty.
- (5) Establish a cooperative program for applicable management and program officials and safety, industrial hygiene, human resources, and occupational medical staffs to participate in the identification of positions that are subject to hazardous exposures.
- (6) Provide baseline, periodic, postincident, and termination medical evaluations for employees in positions identified as having hazardous exposures or the potential for them. Such positions must be included in a medical surveillance program.
- (7) Provide Federal employee counseling on health-related problems of a physical nature so Federal employees understand the risks associated with their work, including the materials they use and associated diseases.
- (8) Provide information to Federal employees about health care services available through their employers, recognized job-related and general health issues, health screenings, and preventive health services available in the community.
- (9) Provide a staff of licensed, registered, or certified physicians, physician assistants, nurse practitioners, and nurses to perform Federal employee health care services.
- (10) Provide medical facilities with the equipment needed to meet the requirements of the occupational medical program.
- (11) Provide that Federal employees traveling outside the contiguous United States are advised of pertinent health issues, receive appropriate immunizations, and are cleared before departure.
  - (a) For trips of less than 60 days, the servicing medical support staff will clear.
  - (b) For trips of 60 days or more, the Office of Medical Services, U.S. Department of State, will clear.
- (12) Provide that the medical staff support the CAP by supplying medical documentation for Federal employees with disabilities who seek assistive technologies.

- b. Employee Assistance Programs (EAPs). Contractors must develop, participate in the development of, and/or maintain local programs which must do the following.
- (1) Provide crisis intervention, assessment, short-term counseling, referral, followup, case management, management consultation, education and training (and the promotion thereof), and prevention.
  - (2) Support both management and Federal employee interests in identifying and resolving employee behavioral issues.
  - (3) Provide services for all behavioral problems, including ensuring that medical evaluations are obtained before or as part of psychiatric evaluations to determine whether behavioral problems are caused by medical conditions [5 CFR §339.301(e)].
  - (4) Provide services to family members of current or recently deceased Federal employees. (NOTE: These services are limited to work-related issues.)
  - (5) Respond to Federal employee requests for assistance within 1 to 3 workdays, depending on the nature of the problems.
  - (6) Provide EAP counselors that are trained in their areas of specialty and either licensed or certified by the States in which service is provided or supervised by individuals who are properly licensed or certified.
  - (7) Maintain EAP records separate from occupational medical records and ensure their confidentiality in accordance with applicable statutes, regulations, records systems [DOE-34, *Employee Assistance Program (EAP) Records*], and professional standards [*EAPA Standards and Guidelines for Employee Assistance Programs*].

## REFERENCES

1. 5 U.S.C. 7361, 7362, and 7363 authorize Agencies to provide services to employees and their families for substance abuse problems (see [www4.law.cornell.edu/uscode/5/7361.html](http://www4.law.cornell.edu/uscode/5/7361.html)).
2. 5 U.S.C. 7901 authorizes Agencies to provide health services that promote and maintain the physical and mental fitness of employees (see [www4.law.cornell.edu/uscode/5/7901.html](http://www4.law.cornell.edu/uscode/5/7901.html)).
3. 5 U.S.C. 7904 and 5 Code of Federal Regulations (CFR), Part 792, require Agencies to provide appropriate prevention, treatment, and rehabilitation programs, such as counseling and referral services, for employees with drug and alcohol abuse problems (see [www4.law.cornell.edu/uscode/5/7904.html](http://www4.law.cornell.edu/uscode/5/7904.html)).
4. 5 U.S.C., Chapter 81, establishes the workers' compensation program (see [www4.law.cornell.edu/uscode/5/pIIspGch81.html](http://www4.law.cornell.edu/uscode/5/pIIspGch81.html)).
5. 29 U.S.C., Chapter 16, 791(b) (Rehabilitation Act), establishes requirements for Agencies to provide assistance to disabled individuals (see [www4.law.cornell.edu/uscode/29/791.html](http://www4.law.cornell.edu/uscode/29/791.html)).
6. 42 U.S.C. 290dd-2 and 42 CFR, Part 2, provide for the confidentiality of alcohol and drug abuse patient records (see [www4.law.cornell.edu/uscode/42/290dd-2.html](http://www4.law.cornell.edu/uscode/42/290dd-2.html)).
7. Public Law 104-191, Health Insurance Portability and Accountability Act (HIPAA), and 45 CFR, Parts 160 through 164, provide for the protection of individually identifiable health information (see <http://www.cms.hhs.gov/hipaa/> and <http://cfr.law.cornell.edu/cfr/>).
8. 5 CFR Part 293 (Subpart E), 339, 432, 752, and 831 provide authorities and procedures for Agencies to require or request medical information relevant to taking a personnel management action; to maintain medical documentation and records; to protect medical records; and to establish physical requirements for positions (see [www.opm.gov/cfr/5cfrv1.htm](http://www.opm.gov/cfr/5cfrv1.htm)).
9. 10 CFR, Part 710, Sections 710.56 and 710.58, and Part 711, Subpart B, establish medical assessment requirements for the Personnel Security Assurance Program and Personnel Assurance Program, respectively (see [www.access.gpo.gov/nara/cfr/waisidx\\_99/10cfr710\\_99.html](http://www.access.gpo.gov/nara/cfr/waisidx_99/10cfr710_99.html) and [www.access.gpo.gov/nara/cfr/waisidx\\_99/10cfr710\\_99.html](http://www.access.gpo.gov/nara/cfr/waisidx_99/10cfr710_99.html)). (Note: This reference is pending change to 10 CFR §712.14, Medical Assessment.)
10. 10 CFR Part 850, which describes the DOE chronic beryllium disease prevention program.

11. 29 CFR 1910 and 1960 establish requirements for Federal occupational safety and health (FEOSH) programs (see <http://www.osha.gov/>).
12. DOE O 151.1B, *Comprehensive Emergency Management System*, dated 10-29-03, and DOE G 151.1-1, *Emergency Management Guide*, Volume IV, Part 3, "Emergency Medical Support," dated 8-21-97, pertain to medical emergency response activities.
13. DOE O 440.1A, *Worker Protection Management for DOE Federal and Contractor Employees*, dated 3-27-98, and related directives establish the DOE FEOSH and medical surveillance programs.
14. DOE O 471.2, *Identifying and Protecting Official Use Only Information*, dated 4-9-03, regarding the protection of unclassified controlled information including occupational medical, employee assistance program (EAP), and workers' compensatory claim records.
15. U.S. Department of Labor Publication CA-810, *Injury Compensation for Federal Employees*, January 1999 (revision), contains specific references, including pertinent laws and regulations, and procedures for administering a workers' compensation program (see <http://www.dol.gov/esa/regs/compliance/owcp/fecacont.htm>).
16. U.S. Office of Personnel Management/Government- (OPM/GOVT)-5, *Recruiting, Examining, and Placement Records* (57 Federal Register 35699, dated 8-10-92), describes medical records pertaining to applicants (see <http://www.opm.gov/feddata/Federalr.pdf>).
17. OPM/GOVT-10, *Employee Medical File System* (57 Federal Register 35699, dated 8-10-92), establishes the Federal medical records system and describes the routine users of the information contained in the records (see <http://www.opm.gov/feddata/Federalr.pdf>).
18. OPM, *A Federal Workplace Guide to Preventive Health Services*, 2000, provides guidance on Federal health services (see [www.opm.gov/ehs/health3.htm](http://www.opm.gov/ehs/health3.htm)).
19. U.S. Department of Labor/Government-1, *Office of Workers' Compensation Programs, Federal Employees' Compensation Act File* (58 Federal Register 49548, dated 9-23-93), establishes the records system for Federal workers' compensation claims (see [www.dol.gov/sol/privacy/dol-govt-1.htm](http://www.dol.gov/sol/privacy/dol-govt-1.htm)).
20. DOE-34, *Employee Assistance Program (EAP) Records* (61 Federal Register 22040, dated 5-13-96), establishes the DOE EAP records system, describes the routine users of the information contained in the records, and extends the protection described in

- 42 U.S.C. 290dd-2 and in 42 CFR Part 2 to all other counseling records (see [www.oakridge.doe.gov/Foia/27299.pdf](http://www.oakridge.doe.gov/Foia/27299.pdf)).
21. DOE *Handbook on Leave and Absence*, dated June 2001 (see [www.ma.mbe.doe.gov/pers/handbook.pdf](http://www.ma.mbe.doe.gov/pers/handbook.pdf)), describes the use of leave for medical reasons and medical documentation.
  22. *EAPA Standards and Guidelines for Employee Assistance Programs*, published by the Employee Assistance Professionals Association, provides the criteria and guidance for administering an EAP.
  23. *Employee Assistance Law Desk Book*, published by the Employee Assistance Professionals Association, addresses the legal issues associated with an EAP (see [www.eapassn.org/](http://www.eapassn.org/)).
  24. Executive Order 13197, Government-wide Accountability for Merit System Principles; Workforce Information, dated January 18, 2001 (see [www.opm.gov/account/order.asp](http://www.opm.gov/account/order.asp)), and Presidential Memorandum, Actions to Further Improve the Management of Federal Human Resources, dated June 9, 2000 (see [www.opm.gov/hrmc/about/presmemo.htm](http://www.opm.gov/hrmc/about/presmemo.htm)), which address standards of human capital management improvement and accountability.