

SUBJECT: FEDERAL EMPLOYEE HEALTH SERVICES

1. **OBJECTIVE.** To establish requirements and responsibilities for occupational medical, employee assistance, and workers' compensation programs for Federal employees.
2. **CANCELLATIONS.** DOE O 341.1, *Federal Employee Health Services*, dated 12-1-03. Cancellation of a directive does not, by itself, modify or otherwise affect any contractual obligation to comply with the directive. Contractor requirement documents (CRDs) that have been incorporated into or attached to a contract remain in effect until the contract is modified to either eliminate requirements that are no longer applicable or substitute a new set of requirements.
3. **APPLICABILITY.**

- a. **DOE Elements.** Except for the exclusions in paragraph 3c, this Order applies to all Departmental elements. (Go to <http://www.directives.doe.gov/pdfs/reftools/org-list.pdf> for the current listing of Departmental elements. This list automatically includes all Departmental elements created after the Order is issued.)

The Administrator of the National Nuclear Security Administration (NNSA) will assure that NNSA employees and contractors comply with their respective responsibilities under this Order. Nothing in this Order will be construed to interfere with the NNSA Administrator's authority under section 3212(d) of Public Law (P.L.) 106-65 to establish Administration specific policies, unless disapproved by the Secretary.

- b. **Site/Facility Management Contractors.**
 - (1) The CRD, Attachment 1, 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 to Federal employees. 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.
 - (4) Applicable human resource or health staffs 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) Regardless of the performer of the work, the contractor is responsible for complying with the requirements of this Contractor Requirements Document (CRD) and flowing down CRD requirements to subcontracts at any tier to the extent necessary to ensure the contractor's compliance.

c. Exclusions. 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 references in Attachment 2 of this Order.
- (2) Procedures must be established by which employees are informed about the protection and disclosure of their records 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 DOE elements.
- (4) When evaluations identify issues, corrective actions will be planned and implemented. Copies of evaluation reports will be provided to the Office of Human Capital Management for information and monitoring purposes.

b. Occupational Medical Programs.

- (1) Include emergency response plans consistent with DOE O 151.1C, *Comprehensive Emergency Management System*, dated 11-2-05; DOE G 151.1-4, *Response Elements*, dated 7-11-07; and DOE O 440.1B, *Worker Protection Management for DOE (Including National Nuclear Security Administration) Federal Employees*, dated 5-17-07.
- (2) Provide—
 - (a) the capability to diagnose, stabilize, treat, or refer onsite injuries and illnesses.

- (b) 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.
 - (c) medical evaluations to determine Federal employees' fitness for duty.
 - (d) baseline, periodic, post-incident, 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.
 - (e) 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.
 - (f) 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.
 - (g) services performed by licensed, registered, or certified professionals, including physicians, physician assistants, nurse practitioners, and nurses.
 - (h) servicing medical facilities that contain the equipment needed to meet requirements of the occupational medical program.
 - (i) medical staff that supports the CAP by supplying medical documentation for Federal employees with disabilities who seek assistive technology.
- (3) Ensure 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.
- (4) Establish a cooperative program for management and program officials and safety, industrial hygiene, human resources, and occupational medical staffs to participate in identifying positions subject to hazardous exposures.

- (5) Respond to Departmental evaluations or reporting requirements.

c. Employee Assistance Programs.

- (1) Provide—
 - (a) crisis intervention, assessment, short-term counseling, referral, followup, case management, management consultation, education and training (and the promotion thereof), and prevention.
 - (b) 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).
 - (c) trained EAP counselors that are either licensed or certified by the State in which service is provided or are supervised by one who is properly licensed or certified.
 - (d) services to family members of current or recently deceased employees. (NOTE: These services are limited to work-related issues, e.g., when a death occurs on the job or while in a travel status, a family member may attend support group sessions for employees or be counseled separately.)
- (2) Support both management and Federal employee interests in identifying and resolving employee behavioral issues.
- (3) Respond to Departmental evaluation or reporting requirements regarding services rendered and resources expended.
- (4) Respond to Federal employee requests for assistance within 1 to 3 workdays, depending on the nature of the problem.
- (5) Include a program coordinator who has satisfactorily completed either an Office of Personnel Management Employee Assistance Program course or equivalent training.
- (6) Maintain EAP records separate from occupational medical records and ensure their confidentiality in accordance with applicable statutes, regulations, and Attachment 2, references 23 and 25.

d. Worker Compensation Programs.

- (1) Include procedures for medical support staff to review each claimant's supporting documentation.
- (2) Provide a program coordinator (see paragraph 5g) 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 Capital 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 Health, Safety and Security.

- (1) 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.
- (2) Assists program offices in establishing medical and psychological requirements for employees in unique DOE/NNSA positions that are subject to a medical evaluation program.

c. 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.

d. Heads of Departmental/NNSA Elements with Delegated Personnel Authority.

- (1) Provide or contract for cost-effective occupational medical and EAP services.

- (2) Administer worker 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.
 - e. 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 are able to perform assigned duties.
 - f. 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.
 - g. 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. NECESSITY FINDING STATEMENT. In compliance with Sec. 3174 of P.L. 104-201 (42 USC 7274k note), DOE hereby finds that this Order is necessary for the protection of

human health and the environment or safety, fulfillment of current legal requirements, and conduct of critical administrative functions.

8. CONTACT. Questions concerning this Order should be addressed to the Office of Human Capital Management Strategic Planning and Vision at 202-586- 3372.

BY ORDER OF THE SECRETARY OF ENERGY:



CLAY SELL
Deputy Secretary

CONTRACTOR REQUIREMENTS DOCUMENT
DOE O 341.1A, *FEDERAL EMPLOYEE HEALTH SERVICES*

Regardless of the performer of the work, the contractor is responsible for complying with the requirements of this Contractor Requirements Document (CRD) and flowing down CRD requirements to subcontracts at any tier to the extent necessary to ensure the contractor's compliance.

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 341.1A, Attachment 2.
- b. The contractor must cooperate with periodic evaluations of or reporting requirements for its health services programs for Federal employees conducted by either the Department of Energy (DOE) or an organization designated by DOE.

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 151.1C, *Comprehensive Emergency Management System*, dated 11-2-05; and DOE O 440.1B, *Worker Protection Management for DOE (Including National Nuclear Security Administration) Federal Employees*, dated 5-17-07].
 - (2) 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.
 - (3) Ensure that Federal employees traveling outside the contiguous United States are advised of pertinent health issues, receive appropriate immunizations, and are cleared before departure.
 - 1 For trips of less than 60 days, the servicing medical support staff will clear.
 - 2 For trips of 60 days or more, the Office of Medical Services, U.S. Department of State, will clear.

(4) Provide—

- (a) the capability to diagnose, stabilize, treat, or refer onsite injuries and illnesses.
- (b) 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.
- (c) medical evaluations to determine Federal employees' fitness for duty.
- (d) baseline, periodic, post-incident, 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.
- (e) 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.
- (f) 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.
- (g) services performed by licensed, registered, or certified professionals, including physicians, physician assistants, nurse practitioners, and nurses.
- (h) servicing medical facilities that contain the equipment needed to meet the requirements of the occupational medical program.
- (i) medical staff that supports the CAP by supplying medical documentation for Federal employees with disabilities who seek assistive technology.

b. Employee Assistance Programs (EAPs). Contractors must develop, participate in the development of, and/or maintain local programs that—

(1) Provide—

- (a) crisis intervention, assessment, short-term counseling, referral, followup, case management, management consultation, education and training (and the promotion thereof), and prevention.

- (b) 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).
 - (c) trained EAP counselors that are either licensed or certified by the States in which service is provided or supervised by one who is properly licensed or certified.
 - (d) services to family members of current or recently deceased Federal employees. (NOTE: These services are limited to work-related issues, e.g., when a death occurs on the job or while in a travel status, a family member may attend support group sessions for employees or be counseled separately.)
- (2) Support both management and Federal employee interests in identifying and resolving employee behavioral issues.
- (3) Respond to Federal employee requests for assistance within 1 to 3 workdays, depending on the nature of the problems.
- (4) Maintain EAP records separate from occupational medical records and ensure their confidentiality in accordance with applicable statutes, regulations, and Attachment 2, references 23 and 25.

REFERENCES

1. 5 U.S.C. 552a (Privacy Act) regulates the collection, maintenance, use, and dissemination of personal information by Federal agencies, along with requiring Federal agencies to publish a notice of the existence and character of their systems of records.
2. 5 U.S.C. 7361 and 7362 authorize Agencies to provide services to employees and their families for substance abuse problems (see www4.law.cornell.edu/uscode/5/7361.html).
3. 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).
4. 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).
5. 5 U.S.C., Chapter 81, establishes the Federal workers' compensation program (see www4.law.cornell.edu/uscode/5/pIIIspGch81.html).
6. 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).
7. 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).
8. 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/>).
9. 5 CFR Parts 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).
10. 10 CFR, Part 712, Section 712.14, establishes medical assessment requirements for the Human Reliability Program.
11. 10 CFR Part 850, which describes the DOE chronic beryllium disease prevention program.
12. 29 CFR 1910 and 1960 establish requirements for Federal occupational safety and health (FEOSH) programs (see

http://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&p_toc_level=0&p_keyvalue=OSHA_Std_toc.html).

13. DOE O 151.1C, *Comprehensive Emergency Management System*, dated 11-2-05, pertains to medical emergency response activities.
14. DOE G 151.1-4, *Response Elements*, dated 7-11-07, pertains to medical emergency response activities.
15. DOE O 226.1A, *Implementation of Department of Energy Oversight Policy*, dated 5-25-07, implements DOE policy for assurance systems and processes established by DOE contractors and oversight programs performed by DOE line management and independent oversight organizations.
16. DOE O 440.1B, *Worker Protection Management for DOE (Including National Nuclear Security Administration) Federal Employees*, dated 5-17-07, and related directives establish the DOE FEOSH and medical surveillance programs.
17. DOE O 471.3, *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.
18. 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://nt5.scbbs.com/cgi-bin/om_isapi.dll?clientID=401662&infobase=agencyhb.nfo&softpage=PL_frame).
19. U.S. Office of Personnel Management/Government- (OPM/GOVT)-5, *Recruiting, Examining, and Placement Records* (71 Federal Register 35351, dated 6-19-06), describes medical records pertaining to applicants (see <http://www.opm.gov/feddata/Federalr.pdf>).
20. OPM/GOVT-10, *Employee Medical File System* (71 Federal Register 35360, dated 6-19-06), establishes the Federal medical records system and describes the routine users the information contained in the records (see <http://www.opm.gov/feddata/Federalr.pdf>).
21. OPM, *A Federal Workplace Guide to Preventive Health Services*, 2000, provides guidance on Federal health services (see www.opm.gov/ehs/health3.htm).
22. U.S. Department of Labor/Government-1, *Office of Workers' Compensation Programs, Federal Employees' Compensation Act File* (67 Federal Register 16826, dated 4-8-02), establishes the records system for Federal workers' compensation claims (see www.dol.gov/sol/privacy/dol-govt-1.htm).
23. DOE-34, *Employee Assistance Program (EAP) Records* (66 Federal Register 39795, dated 6-30-03), 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).

24. DOE Handbook on Leave and Absence, dated June 2001 (see www.ma.mbe.doe.gov/pers/handbook.pdf), describes the use of leave for medical reasons and medical documentation.
25. EAPA Standards and Guidelines for Employee Assistance Programs, published by the Employee Assistance Professionals Association, provides the criteria and guidance for administering an EAP.
26. Employee Assistance Law Desk Book, published by the Employee Assistance Professionals Association, addresses the legal issues associated with an EAP (see www.eapassn.org/Store/category.cfm?category_id=6).
27. Executive Order 13197, Government-wide Accountability for Merit System Principles; Workforce Information, dated January 18, 2001 (see 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), which address standards of human capital management improvement and accountability.