

**MARTIN LUTHER KING, JR. OUTPATIENT CENTER
POLICY AND PROCEDURE**

DIVISION: ADMINISTRATION	NUMBER: 1.101
SUBJECT: EMPLOYEE HEALTH SERVICES PROGRAM	
SECTION: ADMINISTRATION	Page 1 of 4
APPROVED BY: POLICY AND PROCEDURE COMMITTEE	EFFECTIVE DATE:
TO BE PERFORMED BY: ALL APPLICABLE STAFF	REVISION DATE: REVIEWED DATE: 12/2/15

PURPOSE:

- To define the scope of services provided by Employee Health Services (EHS).
- To protect the health, safety and well-being of Workforce Members (WFMs) through compliance with federal, state and local regulations, supporting educations and providing appropriate training and promotion and safe work practices.

POLICY:

EHS will provide health screening services to all WFMs at Martin Luther King Jr. Outpatient Center and Dollarhide as well as other Los Angeles County Departments, when appropriate. EHS services are provided to comply with various regulatory, accreditation and licensing agencies, including Titles 8, 17 and 22 of the California Code of Regulations, the Joint Commission, Occupational Safety and Health Administration (OSHA), California Occupational Safety and Health Administration (CalOSHA), Centers for Disease Control and Prevention (CDC) Guidelines and the National Institute of Occupational Safety and Health (NIOSH). Upon authorization, services are also provided to comply with local guidelines including Public Health initiatives. Urgent Care may be provided to MLK OPC WFMs in the Urgent Care in accordance with provisions in DHS Policies 705 and 705.001. Follow-up treatment must be provided by the WFMs physician or licensed health care professional (PLHCP).

It is the responsibility of the EHS provider to determine if an applicant can perform the essential functions of the job with or without reasonable accommodations. EHS screens all applicants for specific vaccine preventable diseases and tuberculosis. It is the responsibility of all WFM to comply with pre-placement and annual health screening requirements. All line managers for this Department are responsible to ensure their staff complies with the annual screening. Failure to comply with this policy is managed by Human Resources.

EHS PROGRAM GOALS:

1. Participate in evaluation, surveillance, and management of exposures to transmissible diseases and hazardous materials.
2. Meet regulatory requirements regarding workplace health standards and exposure management.
3. Collaborative effort between EHS and Administration, Human Resources, Infection Prevention and Control, Environment of Care and Safety Officers to promote and implement workplace safety and surveillance programs.
4. Standardized services through automation and unification of protocols.
5. Respect the confidentiality of individuals and handle all information in an ethical manner.
6. Pursue opportunities to improve financial performance by decreasing costs and minimizing workers' compensation claims.
7. Provide efficient and quality services for WFMs.

EHS FUNCTIONS:

1. To access fitness for duty by ensuring the applicant is physically able and mentally qualified and capable to perform the duties of their job assignment.
2. To ascertain the health status and the immunity to communicable diseases of WFMs in order to protect the health of all patients, WFMs and the public
3. Continued well-being through annual health screening.
4. Participate in the evaluation and management of exposures to transmissible diseases and toxic materials.

METHODOLOGY:

1. To accomplish the above functions, EHS collaborates with the Environment of Care Committee, the Infection Prevention and Control Committee, DHS Risk Management Division, Safety Officers, Executive Leadership, Occupational Health Programs.
2. Confidential medical records are maintained on each WFM. EHS stores and maintains these records as required by County policy and regulatory guidelines.

SERVICES PROVIDED TO COUNTY WORKFORCE MEMBERS

(Refer to DHS Policy 705.001 to address non-County workforce members)

1. Pre-placement Health Assessment/Pre-Employment Evaluation
Pre-placement health evaluation is performed to ascertain medical fitness for duty, document the absence of and/or immunity to certain infectious diseases, and to establish a baseline health status. This assessment also includes health evaluation prior to respirator fit testing and respirator use. An annual exam will be required for returning retirees and reinstatements that have a break in service less than one (1) year. All others will be required to undergo a pre-placement health evaluation prior to being rehired. WFMs requiring an accommodation must be referred to DHS Risk Management, Return-to-Work for review of needs and to initiate the interactive process for a reasonable accommodation.
2. Annual Health Screening
Annual health screenings are performed for medical surveillance, job safety, and health promotion. It may also include immunizations.
3. Respirator Fit Testing
EHS ensures that any WFM using a respirator are medically able to use that respirator and does not present a health hazard to the user. A qualitative fit test will be administered using the CAL-OSHA accepted Qualitative Fit Test as defined in 8 CCR§5144, Appendix A.
4. Medical Surveillance – Asbestos, Anti-neoplastic, Hearing, Lead, and DOT Enrollment
WFMs that may be exposed to certain environmental hazards in the course of their job assignment will undergo screening tests as recommended by published guidelines (OSHA, NIOSH, for example). A WFMs enrollment into annual surveillance programs will be determined through submittal of exposure data and relevant working conditions.
5. Aerosol Transmissible Disease Exposure Control Plan (ATD)
MLK-OPC follows the established ATD Exposure Control Plan. EHS shall assist with compliance of the ATD Exposure Control Plan consistent with 8 CCR §5199.

Tuberculosis surveillance is included as part of the Pre-placement Health Evaluation Annual Health Screening and Post Exposure Evaluation. The services include:

- All WFM shall receive a baseline TB screening upon hire, using two-step Tuberculosis skin test (TST) or a single blood assay for *M. tuberculosis* (BAMT).
 - After baseline testing for infection with *M. tuberculosis*, WFM will receive annual TB screenings (i.e., symptom screen for all WFM's and testing for infection of TB for all WFMs with baseline negative test results)
 - WFMs with baseline positive or newly positive test for TB infection or documentation of previous treatment for latent tuberculosis infection (LTBI) or TB disease should receive one chest radiograph result to exclude active TB disease. Instead of participating in serial testing, WFMs should receive a symptom screen annually.
 - Identify "new converters". A TB skin test (TST) conversion is defined as increase of at least 10mm of induration from less than 10 mm of induration to 10 mm or greater within a 2-year period.
6. Exposure Control Plan for Bloodborne Pathogens
Assessment and treatment of WFMs exposed to blood and/or body fluids in accordance with 8 CCR §5193.

7. **Promotion of Health and Safety in the Workplace**
EHS will participate in Environment of Care Committee surveillance activities and promote reduction of hazards in the workplace, as directed.
8. **Industrial Accident**
EHS will communicate with DHS Risk Management Division and Return-to-Work to ensure regulatory compliance as needed.
9. **Appeal Process**
A County WFM who is determined to not meet required health standards for his/her job requirements, based on health evaluation documentation, have the right to appeal the decision.

PROCEDURE

MEDICAL LEAVE/RETURN-TO-WORK

EHS is not authorized to treat Worker's Compensation injuries and illnesses and those WFM illnesses covered by the Family Medical Act (FMLA) California Family Rights Act (CFRA) and Pregnancy Disability Leave (PDL). Medical certification should be provided to the DHS Human Resources Return-to-Work Unit upon return in accordance to DHS Policies 782 and 782.1.

When the WFM returns to work from FMLA/CFRA or PDL leave for their own serious illness, they only need to furnish a medical release certification from their PLHCP to return to work. No second or third opinions are allowed on releases to return to work. However, a healthcare provider from the Department can contact the WFM's PLHCP to clarify or authenticate the WFM's fitness to return to work with respect to the condition in which leave was requested.

A WFM may be requested to undergo a medical or psychological examination if there is a reasonable concern that the WFM may be of significant harm to himself/herself, patients, or others. The medical or psychological examination must be consistent with the duties and responsibilities of the WFM's assigned job.

AUTHORITY:

California Code of Regulations,

8 CCR §§ 5144, 5193, 5199

17 CCR Chapters 4 and 8

22 CCR § 70723

2 CCR § 7297 et seq

Government Code Sections 12945.1, 12945.2 & 19702.3

Federal Regulations

29 CFR 825.312 (b) & (h)

Los Angeles County Tuberculosis Control Manual, 2003 (with 2013 revisions)

CTCA Guidelines, Targeted Testing and Treatment in Latent TB Infections for Adults and Children; revised May, 2006;

<http://publichealth.lacounty.gov/tb/Forms/LTBI%20guide2002.pdf>

CROSS REFERENCES:

DHS: Policies:

925.000-925.99 Employee Health Services Program and Surveillance Policies

NOTED AND APPROVED:

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Date

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