



Los Angeles County Department of Health Services

Policy & Procedure Title:		Employee Health Services Program	
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DHS Division/Unit of Origin:	Employee Health Services Committee		
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PURPOSE:

The purpose of this policy is to protect the health, safety, and well-being of DHS workforce members through compliance with federal, state, and local regulations, supporting education and providing appropriate training and promotion of safe work practices.

POLICY:

The Employee Health Services (EHS), also known as Occupational Health Services in some DHS facilities, will provide various levels of health services to all workforce members working at Department of Health Services' (DHS') facilities and for other Los Angeles County Departments, as 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). In addition, upon authorization, services are also provided to comply with other pertinent guidelines include Public Health initiatives. Medical treatment to workforce members (WFMs) shall not be provided unless specifically authorized by policy and the Chief Medical Officer. Emergency care will be provided to DHS WFMs in accordance with provisions in DHS Policies 705 and 705.001. Follow-up treatment must be provided by the WFM's physician or licensed health care professional (PLHCP), except as specified in this policy.

MEDICAL LEAVE/RETURN-TO-WORK

EHS is not authorized to treat Workers' Compensation injuries and illnesses and those employee illnesses covered by the Family Medical Leave Act (FMLA)/California Family Rights

The mission of the Los Angeles County Department of Health Services is to ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

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 the DHS policies that pertain to Return-to-Work.

When the employee returns to work from a 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 required on releases to return to work. However, a healthcare provide for 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, upon approval by the WFM. Only if the WFM is evidencing symptoms of infectious disease may they be screened by EHS.

A WFM may be requested to undergo a medical or psychological re-evaluation after return to work only if there is a reasonable concern that the WFM may be of significant harm to himself/herself, patients, or others. The medical or psychological re-evaluation must be consistent with the duties and responsibilities of the WFM's assigned job. Such requests must be coordinated through the Administrator, DHS Human Resources.

EHS PROGRAM GOALS

1. Participate in evaluation and medical 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 Control, Environment of Care and Safety Officers to promote and implement workplace safety and surveillance programs.
4. Standardize services through automation and unification of protocols.
5. Implement a tracking and monitoring database to improve processes and service delivery.
6. Respect the confidentiality of individuals and handle all information in an ethical manner.
7. Promote respect, acceptance, and appreciation to workforce members for their unique, diverse and important contributions.
8. Pursue opportunities to improve financial performance by decreasing costs and minimizing Workers' Compensation claims.
9. Provide efficient and quality services for workforce members.

EHS FUNCTIONS

1. To assess fitness for duty by ensuring the applicant is physically 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, workforce members and the public.
3. Assure and document continued well-being through medical surveillance and annual health screening.

4. Participate in the evaluation and medical surveillance and management of exposures to transmissible diseases and toxic materials.

METHODOLOGY

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

SERVICES PROVIDED TO COUNTY EMPLOYEES

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

1. Pre-Employment Health 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 for those who require ongoing medical surveillance. This evaluation may include medical evaluation for respirator use and respirator fit testing. An annual health screening will be required for returning retirees and reinstatements that have a break in service of one (1) year. All others will be required to undergo a pre-placement health evaluation prior to being rehired. Employees 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. If the candidate does not timely complete the pre-employment health evaluation process, he/she will be considered to have failed the evaluation.
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 employee using a respirator is 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. Employees will be fitted for the Kimberly-Clark N-95, as appropriate.
4. Medical Surveillance – Asbestos, Anti-neoplastic, Hearing, and DOT Enrollment
Employees who 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). An employee's enrollment into annual surveillance programs will be determined through submittal of exposure data and relevant working conditions. DOT exams are referred to an approved Los Angeles County Employee Medical Contractor through the Chief Executive Office Occupational Health Program.

5. Aerosol Transmissible Disease (ATD) Exposure Control Plan

Each hospital shall follow their established ATD Exposure Control Plan. EHS shall assist with compliance of the ATD Exposure Control Plan consistent with 8 CCR §5199.

6. Tuberculosis Screening Surveillance Program

Tuberculosis surveillance is included as part of the pre-employment health evaluation, annual health screening, and post-exposure evaluation. The services include:

- All employees shall receive a baseline TB screening upon hire, using two-step Tuberculosis skin test (TST) or a single Interferon-Gamma Release Assays (IGRAs) or present documentation validating that such testing has occurred within the preceding 12 month period.
- After baseline testing for infection with *Mycobacterium tuberculosis*, workforce members should receive TB screening annually (i.e., symptom screen for all WFMs and testing for infection of TB for all employees with baseline negative test results).
- Employees 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 TB disease. Documentation of a negative chest radiograph at or after the first positive TST/IGRA will be accepted for clearance to work as long as TB symptom screening is negative. Instead of participating in serial testing, employees should receive a symptom screen annually.
- Identify “new converters.” A TB skin test (TST) conversion is defined as an increase of at least 10 mm in the size of induration from less than 10mm to 10mm or greater within a 2-year period. An IGRA change from negative to positive within 2 years without any consideration of the magnitude of the change in TB response.
- Chest x-ray will only be provided for employees who are symptomatic.

7. Exposure Control Plan for Bloodborne Pathogens

Assessment and treatment of employees exposed to blood and/or body fluids in accordance with 8 CCR §5193

8. 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.

9. Psychological or Medical Re-evaluations

Psychological or medical re-evaluation requests must be referred to the Administrator, DHS Human Resources who will coordinate such requests through to the CEO Risk Management Office, as appropriate.

10. Industrial Accident

EHS will collectively communicate with DHS Risk Management Division, Return-to-Work to ensure regulatory compliance.

11. Appeal Process

A candidate for County employment who is determined to not meet required physical and mental job-related standards for his/her job classification, or provides material false statements on pre-employment health evaluation documentation has the right to appeal the decision per CEO policy and procedures.

12. Seasonal Requirements

Provide immunizations to the patients, workforce members and the public to manage communicable disease and assist with public health initiatives. Report immunization documentation and statistics to ensure regulatory compliance, as required.

REFERENCE(S)/AUTHORITY:

California Code of Regulations (CCR)

8 CCR §§ 5144, 5193, 5199

17 CCR Chapters 4 and 8

22 CCR § 70723

2 CCR §7297 et seq.

California Government Code Sections 12945.1, 12945.2 & 19702.3

Federal Regulations:

29 CFR 825.312(b) & (h)

DHS Policies:

925.000-925.999 Employee Health Services Program and Surveillance Policies