



242 FW 4 *Medical Programs*

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4.1 What is the purpose of this chapter? This chapter:

A. Establishes U.S. Fish and Wildlife Service (Service) requirements for medical programs (see [sections 4.6](#) and [4.7](#)) that ensure the safety and health of our personnel who may be exposed to occupational hazards, and

B. Describes how we use:

- (1) Medical surveillance to monitor possible health effects of occupational exposures;
- (2) Medical standards to identify particular activities, job series, or programs that are arduous or hazardous in nature;
- (3) Medical clearance examinations to ensure that personnel meet job-specific medical requirements; and
- (4) Exposure-driven immunizations to provide protection against potential exposures to occupational hazards.

4.2 What is the policy on Service medical programs? Our policy is to identify those job series and operations that may warrant the establishment of medical programs by:

A. Assessing and monitoring the impact to employees from workplace exposures to chemical, physical, and biological hazards;

B. Providing medical surveillance for those employees who are, or may be, exposed to known hazards above established permissible exposure limits or action levels;

C. Developing medical standards for operations, job series, and mission programs that we consider arduous or hazardous in nature;

D. Providing exposure-driven immunizations for those employees who work in areas with exposures to infectious agents (i.e., hepatitis, tetanus, rabies, etc.); and

E. Maintaining medical surveillance, medical standards, medical clearance examinations, and exposure-driven immunizations that follow current regulations and medical procedures.

4.3 What is the scope of this chapter?

A. This chapter applies to all employees whose duties:

(1) Require them to work with materials or to be physically present at Service facilities engaged in operations that have the potential to expose them to hazards above established permissible exposure limits, action levels, or threshold limit values;

(2) Expose them to hazards that may cause illness or disease; or

(3) Are arduous or hazardous in nature.

B. Volunteers and student interns under the age of 18 are not allowed to work in positions that require enrollment in a **medical standard** (arduous or hazardous operations – see [section 4.7B](#)).

C. We discourage using volunteers 18 or older in operations that require medical standards (see [Table 4-3](#)).

D. If necessary, we allow volunteers to participate in activities that require **medical surveillance** (e.g., airboat or heavy equipment operation that require hearing loss testing) or clearance type exams (e.g., respirator use). The volunteers are subject to the same requirements as employees engaged in similar operations.

4.4 What are the authorities for this policy?

A. Occupational Safety and Health Act (OSHA) Federal Agency Safety Programs and Responsibilities ([Public Law 91-596, Sec. 19](#)).

B. OSHA Standards, Occupational Safety and Health Standards ([29 CFR 1910.95 and 29 CFR 1910.1000 through 1450](#)).

C. Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters ([29 CFR 1960](#)).

D. [Executive Order 12196](#), Occupational Safety and Health Programs for Federal Employees.

E. Privacy Act of 1974; Personnel Records, Medical Qualification Determinations of 2002, and Records Maintained on Individuals ([5 U.S.C. 293, 339, and 552a](#)).

F. [Department of the Interior Occupational Medicine Program Handbook](#), Tabs 8 and 12(E2), Specific Medical Program Requirements.

G. [485 DM 17](#), Industrial Hygiene, and 485 DM 18, Occupational Medicine Programs.

4.5 Who is responsible for Service medical programs? Table 4-1 describes the responsibilities for this program.

Table 4 1: Responsibilities	
These employees...	Are responsible for...
A. The Director	(1) Ensuring that the Service maintains an effective and comprehensive occupational safety and health program, and (2) Approving our medical programs policy.
B. The Assistant Director – Business Management and Operations	Ensuring that: (1) We have a medical programs policy, and

Table 4 1: Responsibilities	
These employees...	Are responsible for...
	<p>(2) That the Headquarters Office provides sufficient support and resources to implement it.</p>
C. Regional Directors; the Chief, Office of Law Enforcement; and the Director, National Conservation Training Center	Ensuring that there are sufficient resources and support in place to implement an effective and comprehensive medical program within their areas of responsibility.
D. The Chief, Division of Safety and Health	<p>(1) Revising and updating this chapter, and</p> <p>(2) Interpreting the requirements of this chapter and working to resolve Servicewide issues and questions about Service medical programs.</p>
E. Regional Safety Managers	<p>(1) Advising managers and Collateral Duty Safety Officers about the Service' s medical programs in their Regions,</p> <p>(2) Interpreting program requirements and working to resolve Regionwide issues and questions,</p> <p>(3) Assisting with workplace assessments to determine the need for medical programs,</p> <p>(4) Providing guidance to Project Leaders/Supervisors/Facility Managers on the following:</p> <p>(a) Using engineering or administrative controls when workers are, or may be, occupationally exposed to chemical, physical, or biological hazards at or above established permissible exposure limits, action levels, or threshold limit values, and</p> <p>(b) Selecting and using personal protective equipment (PPE) when engineering and administrative controls are not adequate (see 241 FW 3).</p> <p>(5) Evaluating the management of medical programs during Regional field station safety program evaluations.</p>
F. Servicing Human Capital/Human Resources office	<p>(1) Managing employee medical records appropriately (see section 4.11 and Parts 240 through 243 in the Service Manual),</p> <p>(2) Ensuring that position descriptions are annotated with the medical requirements and that the requirements are a condition of employment,</p> <p>(3) Ensuring that vacancies include information about pre-employment medical exams, and that medical surveillance or required medical standards is a condition of employment,</p> <p>(4) Ensuring that new employees have completed a satisfactory medical examination before we make an official job offer, and</p> <p>(5) Advising supervisors on appropriate action for employees who fail to meet the medical standards for their positions.</p>

Table 4 1: Responsibilities

These employees...	Are responsible for...
<p>G. Project Leaders/Supervisors/Facility Managers</p>	<p>(1) Evaluating operations, including the development of Job Hazard Assessments (JHA), to identify potential exposure to workplace chemical, physical, or biological hazards (see 240 FW 1);</p> <p>(2) Identifying positions and employees who may need medical surveillance (see 240 FW 1.11);</p> <p>(3) Assisting the tentatively selected candidate with any issues about taking the pre-employment medical examination;</p> <p>(4) Requesting advice and guidance from the servicing Human Capital/Resources office when employees fail to meet the medical standards for their positions;</p> <p>(5) Consulting with appropriate personnel in the Regional office (e.g., contracting and safety) when developing a medical services contract with a health provider (e.g., the U.S. Public Health Service, Comprehensive Health Services, or local physician);</p> <p>(6) Providing access to medical service providers for those employees who get sick or experience ill effects from working with or being exposed to workplace hazards at or above action levels. We provide these medical services at no cost to the employee. Medical coverage must be consistent with the Federal Employee's Compensation Act; and</p> <p>(7) Ensuring appropriate personal exposure sampling data are included in the employee medical file (SF 66D). Appropriate sampling data is information we collect to comply with OSHA regulations (e.g., audiograms (see 242 FW 3) and formaldehyde sampling data (see 242 FW 9)).</p>
<p>H. Employees</p>	<p>Complying with all aspects of the medical program applicable to their duties by:</p> <p>(1) Wearing PPE in the manner it was designed to be worn when its use is necessary to reduce or eliminate potential workplace exposures,</p> <p>(2) Maintaining PPE in an appropriate manner to ensure its effectiveness,</p> <p>(3) Not eating, smoking, or drinking in or near the work area where chemicals or hazardous materials present a hazard,</p> <p>(4) Notifying their Project Leader/Supervisor/Facility Manager of any adverse health effects they are experiencing,</p> <p>(5) Completing and filling out paperwork necessary for medical services in a timely manner, and</p> <p>(6) Attending applicable medical appointments.</p>

4.6 What terms do you need to know to understand this chapter?

A. Clinical laboratory tests are portions of a medical surveillance examination (see [section 4.6D](#)) that a doctor uses to detect the absorption of toxic agents or the physiological or pathological effects caused by their absorption.

B. Medical programs are a collection of medical examinations, testing, and physical fitness tests for the purposes of medical surveillance, medical standards, medical clearances, and immunizations.

C. Medical surveillance action level is the minimum level of occupational exposure to hazards that we use as a trigger in implementing medical surveillance examinations or continued health monitoring. These action levels are chemical-specific and driven by regulations.

D. Medical surveillance examination is an occupationally related medical history, physical examination, or a series of clinical laboratory tests that an Occupational Health Physician (see [section 4.6F](#)) performs to assess whether workplace exposure is impacting an employee's health. Table 4-2 describes the different medical surveillance exam types.

Medical Surveillance Exam Type	Definition
Pre-placement/medical clearance	Exam provided before applicant is officially hired to ensure that the applicant is medically qualified for a specific position or task.
Baseline	An exam provided generally prior to initial exposure to establish evaluation levels before workplace exposure
Interim/Periodic	Follow-up exam(s) provided to monitor effects of workplace hazards. Generally compared to baseline results to look for changes to monitor and determine evidence of exposure to specific physical, environmental, or other occupational hazards.
Special	Exam provided when employee experiences exposure or ill effects.
Exit Medical Evaluation	Exam provided when: (1) The work process is changed to reduce or eliminate the exposure hazard, (2) The employee is reassigned so that the exposure hazard is eliminated, or (3) The employee leaves the Service.

E. Occupational exposure assessment is a plan for evaluating, documenting, and developing controls for occupational exposures and identifying possible needs for medical surveillance.

F. Occupational Health Physician (OHP) is a doctor certified by the American College of Occupational Medicine or trained in occupational health medicine. An OHP:

(1) Focuses on medical surveillance of employees potentially exposed to hazards in the workplace and the diagnosis and treatment of occupational injuries and illnesses, and

(2) Provides medical services in accordance with OSHA and Departmental and Service policies.

G. Occupationally related medical history is a person's medical background including occupational exposures, family health, and personal health.

H. Workplace exposure monitoring is a process of air, surface, or other sampling conducted to assess potential health risks due to the presence of physical, chemical, or biological hazards in the workplace. An industrial hygienist or other qualified safety and health professional conducts workplace exposure monitoring.

4.7 What constitutes a medical surveillance program, medical standards program, medical clearance exams, exposure-driven immunizations, and wellness services?

A. A medical surveillance program is the process of evaluating employee health as it relates to actual or potential exposures to hazardous agents in the workplace. The evaluation process involves:

- (1) Use of an occupational exposure assessment (see [Exhibit 1](#) for more information) that includes Job Hazard Assessments, workplace exposure monitoring, and medical exams that may include taking blood;
- (2) Entails pre-placement and baseline, periodic, special, and termination exams (see [Table 4-2](#));
- (3) Requires mandatory participation when warranted by occupational exposure assessments and when provided as an element of a medical standard program; and
- (4) Involves notifying employees of results.

B. A medical standards program is a mandatory, condition-of-employment program instituted for particular activities, job series, or programs that are arduous or hazardous in nature and that require employees to meet mandatory physical standards to remain eligible to perform the duties. Such standards are developed through an extensive process of identifying a series of physical performance and medical examination requirements for a particular activity, job series, or program.

(1) A team of professionals develop program requirements. The team includes an OHP and at least one representative from the:

- (a) Program requesting the standard,
- (b) Division of Safety and Health,
- (c) Division of Human Capital,
- (d) Office of Personnel Management (OPM) (if applicable and available), and
- (e) Department' s Office of Health and Safety;

(2) Only an OHP or a licensed health care professional under the supervision of the OHP (e.g., a registered nurse or a physician's assistant) may perform these examinations;

(3) All medical standards require approval from OPM and acceptance from Service management before implementation, and

(4) We may add to existing standards or request the development of new medical standards in the future as warranted.

C. Medical clearance exams are those exams that employees must pass to perform specific duties, such as having Commercial Driving Licenses (CDL), using respirators, and underwater diving.

D. Exposure-driven immunizations are those immunizations (i.e., injections) administered, when warranted, for protection against potential exposure to occupational hazards such as hepatitis B, rabies, tetanus, etc. Immunizations are routinely administered pre-exposure, but in some cases may be administered post-exposure and within a certain time window. Consult with your Project Leader/Supervisor/Facility Manager, Regional Safety Manager, or OHP for more information.

E. Wellness services are those general immunizations or exams we provide to personnel in an attempt to maintain their health and wellness. These services are not required and we provide them on a case-by-case basis.

4.8 How does an employee know if a medical surveillance program is required?

A. There are hazard-specific regulations that specify actions that would include an employee in a medical surveillance program when the exposure levels are known to exceed OSHA’s permissible exposure limits or action (see [29 CFR 1910.1000](#) for specific chemical requirements).

B. When exposures to a workplace hazard are unknown, we must consider including those employees in a medical surveillance program based on exposures that we believe are present and may pose a potential threat to employees’ health and well-being. The Project Leader/Supervisor/Facility Manager and the Regional Safety Office collaborate to determine if a medical surveillance program is necessary. They review any reported workplace illnesses; answers to employee questionnaires [[DOI Medical Handbook](#), Tab 12, Attachment D2(c)]; Job Hazard Assessments (see [Exhibit 1](#)); and exposure monitoring data to make a determination.

4.9 What Service activities require or may require medical surveillance, medical clearance exams, and medical standards programs? See Tables 4-3 and 4-4.

Table 4 3: Activities That Require or May Require Medical Surveillance and Medical Clearance Exams	
Medical Surveillance	Medical Clearance Exams
Application of pesticides (see 242 FW 7)	Commercial Driving License (see 321 FW 1)
Environmental contaminants work	Respirator use (see 242 FW 14)
Use of formaldehyde (see 242 FW 9)	Underwater diving (see 241 FW 10)
Operation of noisy equipment or working in a noisy area (see 242 FW 3)	
Hazardous materials response	
Office of Law Enforcement (Wildlife Inspectors, Evidence Custodians, Repository staff, and Forensics Laboratory staff)	
Chemical exposure over regulated action levels	

Table 4 4: Activities/Programs Requiring a Medical Standards Program

Medical Standards Programs
Office of Law Enforcement (Special Agents)
Refuge Law Enforcement Officers
Sea Lamprey Program
Wildland Fire Program
Aviation

4.10 Can the Service’ s safety and health officials combine medical programs for some employees? Yes. Some Service personnel have multiple duties that come with a multitude of medical surveillance, standards, or clearance requirements.

A. By combining medical services, we can reduce the time an employee spends away from the office, and we may be able to reduce medical exam costs. For example, for Refuge Law Enforcement Officers who may fight wildland fires, we accept the Refuge Law Enforcement medical exam in lieu of the Wildfire Fire Arduous medical exam because it meets the requirements of the latter (see [Exhibit 2](#) for more information).

B. Contact the Division of Safety and Health for guidance.

4.11 What are the recordkeeping requirements?

A. Tables 4-5 and 4-6 summarize the disposition of medical records and where you can find more information. Depending on the type of records, we must keep them either at the field station in the Project Leader/Supervisor/Facility Manager’ s files or in the servicing Human Capital/Resources office.

Table 4 5: Medical Surveillance/Clearance Exams/Immunizations Recordkeeping Requirements

File Location	Record Type	Length of Maintenance	For More Information
Field Station Project Leader/Supervisor/Facility Manager’ s files	Personal Sampling Data	Depends on the type of sampling (e.g., sampling related to asbestos and formaldehyde have specific recordkeeping requirements)	OSHA Regulations at 29 CFR 1910.95 , and 29 CFR 1910.1000 through 1450
	Occupational Exposure Assessment (i.e., Job Hazard Assessments)	Life of operations or until operations change	240 FW 1
	Physicians’ Opinions & Qualifications Statements	Duration of employment + 30 Years	5 CFR Part 293, Subpart E
Servicing Human Capital/Resources office,	Physicians’ Opinions & Qualifications	Duration of employment + 30	5 CFR Part 293, Subpart E

Table 4 5: Medical Surveillance/Clearance Exams/Immunizations Recordkeeping Requirements			
File Location	Record Type	Length of Maintenance	For More Information
SF-66D Employee Medical Folder	Statements	Years	
	Medical Exam Results	Duration of employment + 30 Years	5 CFR Part 293, Subpart E

Table 4 6: Medical Standards Recordkeeping Requirements			
Record Type	File Location	Length of Maintenance	For More Information
Wildland Fire	Managed and stored by medical provider.	Depends on the type of sampling (e.g., sampling related to asbestos and formaldehyde have specific recordkeeping requirements)	OSHA Regulations at 29 CFR 1910.95 , and 29 CFR 1910.1000 through 1450
Refuge Law Enforcement	Field Station Project Leader/Supervisor/Facility Manager' s files	Until operations cease	240 FW 1
Sea Lamprey	Servicing Human Capital/Resources office, SF-66D Employee Medical Folder	Duration of employment + 30 Years	5 CFR Part 293, Subpart E
Office of Law Enforcement	Managed and stored by Office of Law Enforcement Headquarters	Duration of employment + 30 Years	5 CFR Part 293, Subpart E

B. We must collect and maintain records with personal information (e.g., medical evaluations and physician statements, etc.) in compliance with [5 U.S.C. 552a](#) (The Privacy Act of 1974). Those tasked with storing and maintaining such records must read and be familiar with OPM/GOVT-10, Employee Medical File System of Records. These records:

- (1) Are sensitive and protected by The Privacy Act (see [204 FW 1 – 8](#) for more information on the Privacy Act),
- (2) Must only be available to staff on a need-to-know basis,
- (3) If electronic, must be password-protected and only used in accordance with the routine uses identified in OPM/GOVT-10, and
- (4) If hard copy, must be protected in a locked file and locked room that is available only to staff who have a need to know this information.

For information on the content of this chapter, contact the Division of Safety and Health. For information about this Web site, contact [Krista Holloway](#) in the Division of Policy and Directives Management.

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