

ORO CONTROL FORM - FINAL DIRECTIVE

PART A (To be completed by the Division of Primary Interest (DPI))

1. **NUMBER AND TITLE OF DIRECTIVE:** **ORO O 340, Chapter III, Change 3, EMPLOYEE HEALTH AND ASSISTANCE PROGRAM**

2. **PURPOSE OF TRANSMITTAL:** New Directive Revised Directive

3. **THIS DOCUMENT MAY AFFECT THE WORK PERFORMED BY THE FOLLOWING CONTRACTORS:** (Check appropriate boxes)

No (all contractors)

Yes If yes, whom? Bechtel Jacobs Co. ORAU UT-Battelle ISOTEK (Bldg. 3019, ORNL)

Other contractors (list by type)

Many ORO contractors have approved Standards/Requirements Identification Documents (S/RIDs) or Work Smart Standards (WSS) Sets that may affect applicability of contractor requirements from this directive. Applicability of contractor requirements must take into account the approved standards set for each particular contract.

4. **SIGNIFICANT PROVISIONS:** Are there any significant changes or impacts? No Yes
If yes, describe: This ORO Chapter is part of the ORO sunset review process. Changes to this Chapter include (1) update the correlating DOE Directive; (2) update title; and (3) major content update.

5. **CONTACT POINT:** Melanie Kent Personnel and Management Analysis Branch, AD-442 576-0673
Name Organization Telephone

PART B (To be completed by the Directives Management Group (DMG)):

6. **FILING INSTRUCTIONS:**

<u>Remove</u>	<u>Dated</u>	<u>Insert</u>	<u>Dated</u>
ORO Control Form	06/29/2000	ORO Control Form	08/12/2004
ORO O 340, Ch. III, Chg. 2	06/29/2000	ORO O 340, Ch. III, Chg. 3	08/12/2004

ORO Directives are available on the ORO Directives Management Group Home Page at http://www.ornl.gov/doe/doe_oro_dmg/oro_dir.htm. The ORO Directives will no longer be mailed in printed copy unless you do not have Internet capabilities.

7. **APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH THE OFFICIAL DIRECTIVES DISTRIBUTION LIST:**

Original Signed By
Wayne H. Albaugh 08/12/2004
Signature: DMG Team Leader, AD-440 Date

INSTRUCTIONS TO ADDRESSEES: THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED

Rev. 06/14/2004

NNSA/YSO CONTROL FORM – FINAL DIRECTIVE

PART A (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):

DIRECTIVE NUMBER, TITLE, AND DATE:

**ORO O 340, CHAPTER III, CHANGE 3, EMPLOYEE HEALTH AND ASSISTANCE PROGRAM,
dated 08/12/2004**

PURPOSE OF TRANSMITTAL: New Directive Revised Directive**DOES THIS DIRECTIVE CANCEL/REPLACE OR EXTEND ANY OTHER DIRECTIVES?** Yes No
If "Yes," list what action (cancel/replace or extend) and list the Directive(s), including the number(s), title(s), and date(s):

This Directive cancels and replaces ORO O 340, Chapter III, Change 2, EMPLOYEE HEALTH AND ASSISTANCE PROGRAM, dated 06/29/2000.

The attached Directive is forwarded for review and action. Complete Part B and forward this form to ORO DMG, AD-440, by **08/26/2004**.

PART B (To be completed by the NNSA Y-12 SITE OFFICE, Y12-01):

CONTRACTOR APPLICABILITY:**Does this Directive affect the work performed by BWXT Y-12, L.L.C.?** Yes No**Does this Directive affect the work performed by BWXT Y-12, L.L.C., subcontractors?** Yes No**If "Yes,"** list the subcontractors:

Many contractors have approved Standards/Requirements Identification Documents (S/RID) or Work Smart Standards (WSS) Sets that may affect applicability of contractor requirements from this Directive. Applicability of contractor requirements must take into account the approved standards set for each particular contract.

SIGNIFICANT PROVISIONS: Are there any significant changes or impacts? Yes NoList summary of Directive changes and, **if "Yes"** above, describe the significant changes or impacts:**IMPLEMENTATION:** Does the Directive contain special implementation requirements and/or dates? Yes No**If "Yes,"** describe:**FOR DOE DIRECTIVE – SUPPLEMENTAL DIRECTIVE REQUIRED?**Is a new or revised supplemental Directive required? Yes No**If "Yes,"** target date for submission of YSO Directive is _____.**IDENTIFY CONTACT POINT:** Samuel L. Gaines 576-0401
Name Telephone**APPROVED BY COR FOR DIRECTIVES:** Diane McCarten 08/18/2004 576-9330
Signature Date Telephone

PART C (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):

DOE Directives are available on the DOE Directives Portal at <http://www.directives.doe.gov/>. ORO Directives are available on the ORO Directives Management Group Home Page at http://www.ornl.gov/roe/roe_oro_dmg/oro_dir.htm. Directives will no longer be mailed in printed copy unless you do not have Internet capabilities.

APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH OFFICIAL DIRECTIVE DISTRIBUTION LIST:

Original Signed By
Wayne H. Albaugh, AD-440 08/20/2004
Name Date

INSTRUCTIONS TO ADDRESSEES: THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED.

(Revised 11/06/2003)

U.S. Department of Energy

Oak Ridge Operations

ORO O 340
Chapter III
Change 3

DATE: 08/12/2004

SUBJECT: EMPLOYEE HEALTH AND ASSISTANCE PROGRAM

1. PURPOSE. This Chapter correlates to DOE O 341.1, FEDERAL EMPLOYEE HEALTH SERVICES, dated December 1, 2003, and DOE G 341.1-1, GUIDE ON FEDERAL EMPLOYEE OCCUPATIONAL MEDICAL PROGRAMS, dated December 1, 2003, by providing administrative guidance to Oak Ridge Operations (ORO) and those organizations for which the ORO Human Resources Division (HRD) is designated as the Servicing Personnel Office (SPO). This issuance assigns responsibility and accountability to ORO, and the Office of Scientific and Technical Information (OSTI). Nothing in this issuance changes any requirements contained in any Department of Energy (DOE) Directive.
2. CANCELLATION. This Chapter cancels and replaces ORO O 340, Chapter III, Change 2, EMPLOYEE ASSISTANCE PROGRAM, dated June 29, 2000.
3. APPLICABILITY. The provisions of this Chapter apply to ORO and OSTI Principal Staff, and those organizations for which the ORO HRD is designated as the SPO.
4. RESPONSIBILITIES.
 - a. Office of Chief Counsel (OCC) reviews and concurs in the disposition of requests for the release of medical information, as appropriate.
 - b. ORO and OSTI Principal Staff.
 - (1) Arrange for occupational health services (see Attachment 1 of this Chapter) to the extent feasible for employees whose duty station is outside of the Oak Ridge, Tennessee; Paducah, Kentucky; or Portsmouth, Ohio, commuting areas.
 - (2) Ensure that subordinate supervisors remain aware of the Employee Assistance Program (EAP) policies and of their responsibilities under that program.
 - c. Director, Human Resources Division, administers Occupational Health Services and EAPs including:
 - (1) Coordinating the disposition of requests for the release of medical information with the assistance of the OCC Freedom of Information and Privacy Act Officer.

- (2) Coordinating safety or occupational health matters with other organizations, as appropriate.
 - (3) Submitting periodic and special reports regarding the operation of each program.
 - (4) Arranging for operation of the Employee Health Stations at ORO and OSTI including:
 - (a) Scheduling in-service medical examinations.
 - (b) Arranging for advice or assistance from contractor physicians, as required.
 - (c) Assisting in procurement of locally provided health services, as needed.
 - (d) Providing emergency diagnosis and first treatment of injury or illness to employees, as appropriate, when these occur during duty hours.
 - (e) Serving as Coordinator of the EAP and performs related tasks, as requested, such as consulting with management officials and provide guidance on addressing performance deficiencies which may stem from a physiological or psychological origin; and providing referral services as for further medical evaluation and diagnostic assistance, as appropriate.
 - (f) Advising employees of community treatment facilities, assisting with arrangements, and encouraging employee participate in a rehabilitation programs, as appropriate.
 - (g) With consent affected employees, maintaining contact with the treatment program(s) to which employees are referred.
 - (h) With consent of the employee and consistent with confidentiality requirements, provide information to the manager or supervisor regarding the prognosis and progress of the employee.
 - (i) Maintain appropriate health station records on employees counseled in accordance with referenced implementing regulations.
 - (j) Participate in the design and conduct of appropriate training involving employee health issues and the employee assistance program.
 - (k) Provides services to current employees as described in Attachment 1 of this Chapter.
- d. Supervisors.
- (1) Provide for emergency diagnosis and first treatment of injury or illness (see Attachment 1 of this Chapter) when this becomes necessary during working hours.

- (2) Refer employees to the EAP Coordinator when circumstances suggest that the employee appears to have a problem with alcoholism, drug abuse, or other medical, behavioral, or emotional problems.
 - (3) Be alert to changes in the work and/or job behavior of assigned employees.
 - (4) Document an employee's work performance, behavior, or attendance which fails to meet minimum standards or appears to be deteriorating and consult a Human Resources Specialist for assistance.
 - (5) Discuss performance deficiencies with employees and inform them of EAP services. Managers and supervisors should not attempt to diagnose the cause of performance deficiencies when deficiencies are not the apparent result of a need for additional training or willful disregard of authority. Diagnoses of deficiencies resulting from a suspected physiological or psychological condition require professional competence in the field and are a responsibility of qualified medical staff.
 - (6) Following a reasonable length of time and continued deteriorating performance, provide the employee a firm choice between accepting EAP intervention and recommended treatment or accepting the employment-related consequences resulting from unsatisfactory performance.
5. REQUIREMENTS AND PROCEDURES. None.
 6. REFERENCES. None.
 7. DEFINITIONS. None.
 8. CONTRACTOR REQUIREMENTS DOCUMENT. None.
 9. ATTACHMENTS.
 - (a) Attachment 1 - Occupational Health Services and Employee Assistance Program (EAP).

OCCUPATIONAL HEALTH SERVICES AND EMPLOYEE ASSISTANCE PROGRAM (EAP)

1. **SCOPE.** For employees whose duty station is in the Oak Ridge, Tennessee; Paducah, Kentucky; or Portsmouth, Ohio, commuting areas, the program includes:
 - a. Emergency diagnosis and first aid treatment of injury or illness when this becomes necessary during working hours and it is within the competence of available professional resources of the Oak Ridge Operations (ORO) or Office of Scientific and Technical Information (OSTI) Employee Health Station. Employees should call 911 immediately in the event of a medical emergency. This call should be followed by an immediate call to the Employee Health Station for immediate on-site triage.
 - b. Voluntary in-service medical examinations as provided in Paragraph 2 below.
 - c. Administration of first aid treatments and over the counter medications.
 - d. Providing health education to encourage employees to maintain their personal health.
 - e. Coordinating the Medic Blood Drive.
 - f. Providing immunizations and specific disease screening examinations, as requested.
 - g. Assisting employees with completion of Workers Compensation Program forms and related medical information.
 - h. Providing referrals to private health care providers, as requested.
 - i. Performing initial assessments and referrals of employees who appear to have problems with alcoholism, drug abuse, or other medical, behavioral, or emotional problems which are affecting their on-the-job performance; and providing follow-up to facilitate a successful re-entry of the employee into the workplace following treatment.
2. **PERIODIC IN-SERVICE MEDICAL EXAMINATIONS.**
 - a. A "complete" examination consists of two scheduled visits, the first for multiphasic tests and the second for a personal examination by a physician. (Examinations under the Occupational Health Services Program are distinct from fitness-for-duty examinations, which are mandatory when ordered by management in appropriate circumstances.)
 - b. Each employee is notified whether the examination indicates that his/her physical condition is satisfactory or unsatisfactory and meets job requirements.
 - (1) If the employee's condition is unsatisfactory, the notification will include the specific findings which indicate a need for protecting or improving the employee's health. If the physical examination reveals a condition requiring work restrictions, the supervisor will be notified by letter with a courtesy copy to the Chief, Personnel and Management Analysis Branch.

- (2) Treatment for any deficiency revealed by these examinations is the responsibility of the employee and his/her personal physician, unless the condition falls within the coverage of the Worker's Compensation Act.
- c. Physical examinations will be scheduled in accordance with the following criteria:
- (1) Personnel eligible for complete examinations will be scheduled such examinations:
 - (a) Initially after completing 1-3 months of service.
 - (b) Every 36 months thereafter if less than 45 years old.
 - (2) Employees with respirator certification will have "complete" examinations on an annual basis.
 - (3) Other employees age 45 or over are eligible for "complete" examinations:
 - (a) Initially after completing 1-3 months of service, and
 - (b) Every 12 months thereafter.
 - (4) Employees in the Human Reliability Program (HRP) are required to have mandatory physicals every 12 months, including an examination by a licensed psychologist.
- d. Participation in this in-service medical examination program is voluntary, with the exception of those employees in the HRP. If an employee does not wish to participate, he or she should advise the Employee Health Station so that scheduled examination appointments can be made available to other employees.