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Employee Physical Exams and Medical Screening	ACA Standards: 2-CO-1C-19, 4-4062, 4-4067, 4-4386, 4-4387, 4-4607, 4-ACRS-4C-08, 4-APPFS-3A-03, 4-APPFS-3A-04, 4-APPFS-3B-05, 4-APPFS-3E-02, 4-APPFS-3E-12		
Robert Patton, Director Oklahoma Department of Corrections	Signature on File		

Employee Physical Examinations and Medical Screenings

Physical examinations and medical screenings are conducted by department medical staff in accordance with this procedure following a conditional offer of employment and prior to job assignment. (2-CO-1C-19, 4-4062, 4-APPFS-3A-03, 4-APPFS-3A-04, 4-APPFS-3B-05, 4-APPFS-3E-02, 4-APPFS-3E-12)

I. Post Conditional Offer of Employment Physical Examinations and Medical Screenings for Facility/Institutional Staff and Probation and Parole Officers

All employees who work in facilities, institutions, or a probation and parole district are required to complete an “Employee Medical Screening Form” ([DOC 140116A](#), attached) (4-4062, 4-APPFS-3A-03, 4-APPFS-3A-04, 4-APPFS-3E-02, 4-APPFS-3E-12) and receive a Purified Protein Derivative (PPD) tuberculin skin test in accordance with [OP-140301](#) entitled “Tuberculosis Control Program.” (4-4386) Employees will be offered hepatitis A and B immunizations in accordance with [OP-140125](#) entitled “Bloodborne Pathogen Exposure Control Program.” (4-4387)

Additional requirements for specified employees are as follows:

A. Food Service Employees

Physical examinations for food service employees will include an assessment to identify infectious or contagious communicable disease that could be transmitted through foods.

1. An individual with a known or suspected communicable infectious disease, which can be transmitted through foods, must be excluded from all food service areas. Signs and symptoms of vomiting, diarrhea, jaundice, skin abscess with drainage, and sore throat with fever will exclude an individual from food service.
2. An individual identified as a carrier of organisms that cause such a disease, or while affected with a boil, jaundice, an infected wound, or an acute respiratory infection, will not be permitted to work in any food service area where there is a likelihood of him or her contaminating food or food-contact surfaces with pathogenic organisms, that may be transmitted to others. Diseases which would exclude an individual would include: norovirus, hepatitis A virus, shigella, salmonella, and pathogenic E. coli.

B. Support Staff Spending the Majority of Work Day in Contact With Offenders

Facilities will identify support positions with responsibilities that require a majority of the workday in direct contact with offenders.

Employees in the identified positions will be provided a medical examination. (4-4062) Department medical staff will limit their examination to those items listed on [DOC 140116B](#) entitled "Employee Post-Offer Examination Report" (attached) with the following restrictions:

1. No assessment will be made as to whether a support employee can perform the essential job functions of a correctional security officer or probation and parole officer.
2. No determination of "fitness for duty" or ability to perform essential job functions will be made for support employees.
3. No course of treatment will be offered or provided by department medical staff; however, employees may be advised to contact their personal treatment providers.

C. Correctional Security Officers and Probation and Parole Officers

1. Essential Job Functions

The following physical requirements must be met in order to perform essential job functions safely:

- a. Heavy lifting, 45 pounds or over;

- b. Heavy carrying, 45 pounds or over;
- c. Pulling hand over hand and reaching above the shoulders;
- d. Use of the fingers;
- e. Use of both hands;
- f. Predominately walking for eight or more hours;
- g. Predominately standing for eight or more hours;
- h. Climbing with the use of arms and legs;
- i. Repetitive bending, crawling, or kneeling;
- j. Use of both eyes required, at least 20/30 corrected acuity in each eye;
- k. Clearly speak English without major impediments; and
- l. Ability to hear.

2. Fitness For Duty Evaluation

- a. Correctional Officer, Probation and Parole Officer, and Food Service employees will be examined using the "Employee Post-Offer Examination Report" form ([DOC 140116B](#)) in order to assess the employee's fitness for duty and pre-service training. The purpose of the examination is to determine whether the employee's current physical condition precludes him or her from performing essential job functions or if they pose a direct threat to the health and safety of themselves or others. The purpose of the examination is not diagnostic and no diagnosis will be provided. Employees may be referred to a non-DOC medical provider for determination of fitness for duty and/or pre-service training.
- b. Correctional officer candidates are required to participate in a course which includes physical conditioning and self-defense. A determination will be made if there is a need for further medical evaluation regarding such participation.
 - (1) Additional medical testing, evaluation, and follow-up recommended by the department will be performed by an outside provider. Detailed physical requirements are outlined in MSRM 140116-01 entitled "Basic Correctional Officer Training - Physical Standards."

- (2) These physical standards will be utilized for completion of an additional examination by outside medical providers during the pre-employment period.
 - (3) The employee will be responsible for selecting a treatment provider and for any expenses incurred.
- c. An applicant's/employee's offer of employment will be withdrawn when the objective medical evidence indicates that the employee will be unable to perform essential job functions with or without reasonable accommodation; or if the employee poses a direct threat to the health and safety of self or others where the risk of substantial harm cannot be removed or reduced by reasonable accommodation.
 - d. The facility head will consult with department medical staff, the employee, and the central Personnel Unit or General Counsel's Office, to determine whether any reasonable accommodation can be made.
 - e. The examining department medical staff will submit the "Employee Post-Offer Examination Report Results" form ([DOC 140116C](#), attached) to the appropriate hiring authority prior to the employee reporting for pre-service training.

D. Employees Selected to Wear Any Type of Respirator

1. Employees required to wear a respirator in accordance with [OP-090113](#) entitled "Asbestos Abatement Training Program", [OP-140301](#) entitled "Tuberculosis Control Program", or as circumstances dictate, will be screened by medical staff before using the respirator.

Any employee required to wear any type of respirator will complete an ["OSHA Respirator Medical Evaluation Questionnaire"](#) (attached).

2. A qualified health care professional will review the questionnaire, interview the employee and determine if there are any medical conditions that would prohibit the employee from using a respirator. Employees who answer "yes" to any portion of Section A, Part 2, Questions 1-8 will be advised that the employee has not been approved for use of a respirator. Employees not approved may be referred to an outside non-DOC medical provider for further evaluation and final determination of fitness for respirator use.
3. All documentation of medical clearance is done utilizing [DOC 140116D](#) entitled "Medical Clearance for Respirator Use"

(attached). A copy of this form is given to the employee to give to their facility/district safety officer/designee in order to conduct fit mask testing. The original will stay in employee's file. Once an employee has been medically cleared to wear a respirator, the facility/district safety officer/designee will ensure that the employee is fit-tested using an OSHA-accepted qualitative fit test (QLFT) method.

II. Non-Facility Administration Staff

- A. Employees who work in administrative offices outside of facilities/institutions will be offered tuberculosis testing, Hepatitis B immunizations and access to wellness education material.
- B. The chief medical officer will determine which medical services unit will provide these services for affected administration staff.

III. Annual or Additional Medical Inquiries

A. Public Health Concerns

Non-routine physical re-examinations may be required any time a public health concern has been identified by the facility's medical authority. Public health concerns might include any active transmission of a communicable disease or may result from an identified need to quarantine an individual and/or group of individuals. (4-4062, 4-ACRS-4C-08)

B. Tuberculosis Testing

Annual tuberculosis testing will be required for all facility staff. Following annual TB testing, a list of employees who have not completed TB testing will be provided to the facility/unit head.

C. Medical Examinations/Inquiries

Any additional medical examinations or inquiries of employees will be made in accordance with the provisions of [OP-110218](#) entitled "Employee Medical Exams/Inquiries and Records."

IV. Employee Responsibilities

Employees are to report medical conditions or medications that could adversely affect the safe performance of safety sensitive job duties in accordance with [OP-110215](#) entitled "Rules Concerning the Individual Conduct of Employees."

- A. The department may require an employee who it believes possesses a direct threat to the health or safety of others, to be examined by a health care provider of its choosing who has expertise in the employee's specific medical condition and can provide medical information that allows the

department to determine the effects of the condition on the employee's ability to do the job.

- B. The exam must be limited to determining whether the employee can perform the job without posing a direct threat, with or without reasonable accommodation.
- C. Employees will be notified of the requirement for such Fitness for Duty Exam (FFDE) using [Attachment D](#) of [OP-110218](#) entitled "Order for Fitness for Duty Exam" form.
- D. Reasonable accommodations must be requested in accordance with [OP-110218](#) utilizing [Attachment B](#) entitled "Employee Request for Reasonable Accommodation."

V. Medical Records and Confidentiality

- A. The "Employee Post-Offer Examination Report" ([DOC 140116B](#)), the "Employee Medical Screening Form" ([DOC 140116A](#)) and any other documentation associated with an employee's physical examination and health history containing medical information is confidential and will be filed separate from the employee's personnel file. (4-4067)
- B. Employee medical records will be maintained in accordance with [OP-110218](#) entitled "Employee Medical Exams/Inquiries and Records." These medical records are kept separate from employee's personnel file in accordance with the Archives and Records Commission and ACA standards. (4-4067)

VI. References

Policy Statement No. P-140100 entitled "Offender Medical, Mental Health, and Dental Care"

OP-090113 entitled "Asbestos Abatement Training Program"

OP-110215 entitled "Rules Concerning the Individual Conduct of Employees"

OP-110218 entitled "Employee Medical Exams/Inquiries and Records"

OP-140125 entitled "Bloodborne Pathogen Exposure Control Program"

OP-140301 entitled "Tuberculosis Control Program"

VII. Action

The chief medical officer is responsible for compliance with this procedure.

The division manager of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140116 entitled "Employee Physical Examination and Medical Screenings" dated January 27, 2014

Distribution: Policy and Operations Manual
Department Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140116A	"Employee Medical Screening Form"	Attached
DOC 140116B	"Employee Post-Offer Examination Report"	Attached
DOC 140116C	"Employee Post-Offer Examination Report Results"	Attached
DOC 140116D	"Medical Clearance Form for Respirator Use"	Attached

<u>Referenced Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment B	"Employee Request for Reasonable Accommodation"	OP-110218
Attachment D	"Order for Fitness for Duty Exam"	OP-110218
Attachment	"OSHA Respirator Medical Evaluation Questionnaire"	Attached
MSRM 140116-01	"Basic Correctional Officer Training – Physical Standards"	MSRM Manual