



## Goddard Procedural Requirements (GPR)

**DIRECTIVE NO.** GPR 1800.6A **APPROVED BY Signature:** Original Signed By  
**EFFECTIVE DATE:** August 30, 2017 **NAME:** Raymond J. Rubilotta  
**EXPIRATION DATE:** August 30, 2022 **TITLE:** Director Of Management Operations

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### COMPLIANCE IS MANDATORY

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**Responsible Office:** Code 250/The Medical and Environmental Management Division

**Title:** Occupational Health, Medicine and Employee Assistance Programs

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#### PREFACE

#### P.1 PURPOSE

This directive establishes the relevant policies, procedures, and responsibilities for the implementation and management of the Occupational Health, Medicine and Employee Assistance Programs at Goddard Space Flight Center (GSFC).

#### P.2 APPLICABILITY

- a. This directive is applicable to all GSFC personnel, facilities, and activities, including all component facilities.
- b. In this directive, all document citations are assumed to be the latest version unless otherwise noted.
- c. In this directive, all mandatory actions (i.e., requirements) are denoted by statements containing the term “shall.” The terms “may” or “can” denote discretionary privilege or permission; “should” denotes a good practice and is recommended but not required; “will” denotes expected outcome; and “are/is” denotes descriptive material.

#### P.3 AUTHORITY

- a. NPR 1800.1 Occupational Health Program Procedure

#### P.4 APPLICABLE DOCUMENTS AND FORMS

- a. 29 CFR 1960, Subpart D Inspection and Abatement
- b. 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records
- c. NPD 1382.17, NASA Privacy Policy
- d. NPR 3713.8 Reasonable Accommodations Procedure
- e. GPR 8621.4 GSFC Mishap Preparedness and Contingency Plan
- f. GSFC Form 17-26 GSFC Exit Clearance Form
- g. GSFC Form 17-26W Exit Clearance Form/Wallops Facility

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h. Health Insurance Portability and Accountability Act (HIPAA) of 1996

**P.5 CANCELLATION**

GPR 1800.6, Occupational Health, Medicine and Employee Assistance Programs

**P.6 SAFETY**

None.

**P.7 TRAINING**

Occupational Health personnel shall possess basic knowledge, credentials, licensing and skills relevant to their designated health professional position in accordance with the NPR 1800.1. The GSFC Industrial Hygienist Office (IHO) will work with Office of Human Capital Management (OHCM) and the Safety Office to provide occupational health training, (e.g., respiratory protection, hazard communications, chemical hygiene, blood borne pathogens, and asbestos awareness) to all employees who require it. OHCM is responsible for keeping training records in accordance with GSFC requirements.

**P.8 RECORDS**

Record Title	Record Custodian	Retention
Environmental Health Data	Health Unit	NRRS 8/23.5A4 – Cut off annually. Destroy 3 years after cutoff.
Employee Medical Folder	Health Unit	NRRS 1/127A1(b) - 30 days after separation, transfer to National Personnel Records Center (NPRC), St. Louis, MO. NPRC will destroy 75 years after birth date, 60 years after date of the earliest document in the folder if the date of birth cannot be ascertained, or 30 years after latest separation, whichever is later.
Transferred Employee Medical Records	Health Unit	NRRS 1/127A1(a) - Upon transfer, ship entire medical record, including x-rays, to medical office of new assignment.
Non-Occupational Health Record Files (Civil Servants)	Health Unit	NRRS 1/127B1 - Destroy 6 years after date of last entry.

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Non-Occupational Health Record Files (Contractors)	Health Unit	NRRS 1/127B2 - Destroy 8 years after individual's employment onsite is terminated.
Employee Assistance Program Management Referral	EAP Counselor	NRRS 1/127C1 – Destroy 5 years after last date in file, or upon termination of employee.
Employee Assistance Program Voluntary	EAP Counselor	NRRS 1/127C2 – Destroy 2 years after last date in file, or upon termination of employee.

\*NRRS– NASA Records Retention Schedules (NPR 1441.1)

## **P.9 MEASUREMENT/VERIFICATION**

The Occupational Health Working Group (OHWG) shall determine metrics and review them at least annually and make any required changes to ensure the metrics monitor the “health” of the programs under the auspices of the OHWG. The number of physicals provided will be tracked each month.

### **PROCEDURES**

#### **1. ROLES AND RESPONSIBILITIES**

##### **1.1 Director of Management Operations**

The Director of Management Operations shall:

- a. Monitor execution and cost of the Center Occupational Health Program through routine meetings with representatives of the Medical and Environmental Management Division (MEMD);
- b. Ensure availability of appropriate funds to execute the Occupational Health Program;
- c. Ensure that timely and safe transport to offsite occupational health services are available;
- d. Establish and/or maintain a mutual aid agreement with the surrounding community; and
- e. Facilitate corrective actions in the best interest of GSFC and NASA.

##### **1.2 Office of Human Capital Management (OHCM)**

The OHCM shall:

- a. Include a description of physical demands in all job or position descriptions;

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- b. Work with supervisors and the Equal Opportunity Programs Office (EOPO) to provide employees with reasonable accommodations due to medical necessity and/or physical capability;
- c. Notify the employees and their supervisors of employment actions in job series identified as having medical certification and/or surveillance requirements; and
- d. Ensure that civil service employees complete GSFC Form 17-26 or GSFC Form 17-26W, Exit Clearance Record, prior to termination of employment. GSFC Forms 17-26 and 17-26W require an exit medical clearance from the MEMD Division Health Unit (Greenbelt or Wallops) if the employee is a member of the Hearing Conservation Program or indicates workplace exposure to asbestos, arsenic, beryllium, cadmium, ethylene oxide, formaldehyde, methylene chloride, or other toxic chemical with an Occupational Safety and Health Administration (OSHA) expanded health standard.

### 1.3 Division Chiefs

Division Chiefs or levels higher than supervisors shall:

- a. Ensure that training necessary to reduce workplace hazards is available for all employees;
- b. In conjunction with the OHWG, ensure that all OSHA required medical surveillance evaluations are completed;
- c. Ensure medical restrictions are enforced with high priority at a division level;
- d. Work with Procurement Office to ensure that appropriate portions of this directive, relating to contractor personnel, are reflected in contracts; and
- e. Review summaries of reports of exposure, accidents, near misses and occupational-related injuries/illness and ensure that sufficient resources are available to accomplish corrective actions. Support workplace supervisors in implementing corrective actions.

### 1.4 Chief of the Medical and Environmental Management Division (MEMD)

The Chief of MEMD shall:

- a. Provide management oversight and implement the occupational health programs (Occupational Medicine, Fitness, Employee Assistance Program (EAP)) in accordance with NPR 1800.1;
- b. Appoint a Medical Director for GSFC who will oversee both Greenbelt and Wallops;
- c. Establish and/or maintain the OHWG;
  - (1) Appoint permanent members to the OHWG. The permanent members should be representatives from radiation safety, industrial hygiene and occupational medicine. Other specialists may be called to meet transient needs and local business practices. These consulting members may include personnel from OHCM, Safety, Protective Service, and Office of Chief Counsel, as well as workplace supervisors, union representatives, and contracting officers. Team membership is at the discretion of the Chief, MEMD, to most effectively manage Center or remote site-unique problems.
  - (2) Chair or appoint a chairperson for the OHWG.

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- d. Establish, implement, and monitor the GSFC Occupational Medicine Program including assessments and peer review;
- e. Ensure the appropriate funds are provided to execute the Occupational Medicine Program.

### **1.5 GSFC Medical Director**

The GSFC Medical Director shall:

- a. Oversee the development, documentation and implementation of all Occupational Health Programs (Occupational Medicine, Fitness, EAP) at GSFC (Greenbelt and Wallops) in accordance with NPR 1800.1 and which meet all pertinent OSHA requirements for federal facilities;
- b. Ensure that Occupational Medicine Program polices and guidelines are updated and current;
- c. Ensure the provision of the medical services delineated in NPR 1800.1, NASA Occupational Health Program, or medical services deemed “industry standard” by the American College of Occupational and Environmental Medicine, including medical surveillance, treatment, placement of work restrictions as appropriate, response to and documentation of all employee health or medical concerns/complaints, and provision of consultation for analysis and remediation of potential workplace health issues.
- d. Represent the OHWG to the Director of Management Operations;
- e. Through OHWG representation, ensure that medical standards are interpreted and applied appropriately by employees as it relates to their occupational requirements;
- f. Ensure that liaison is maintained with health authorities and medical practitioners in the surrounding communities to facilitate referrals and/or transfers of patients from the Center to community hospitals and exchange of information of public health concern;
- g. Provide consultations with the EOPO and supervisors regarding appropriate accommodations for employees with temporary or permanent physical or psychological work limitations, especially employees returning to work after illness or injury;
- h. Ensure the collection of data from clinical programs. The data shall be reviewed for epidemiological significance, and then be utilized for determining where interventions are needed, and the interventions subsequently coordinated with the authorized NASA occupational health offices;
- i. Oversee the maintenance of medical documentation as detailed in NPR 1800.1. Ensure the required retention schedule is followed (see section P.8) for employee medical folders or records and non-occupational health record files. Confidentiality will be maintained in accordance with Office of Personnel Management Regulations, the NASA Privacy Act Regulations (NPD 1382.17), and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Upon receipt of a signed waiver request presented by an employee, or upon receipt of a notarized designation of an employee for a third party to receive access to the employee’s medical record, access will be permitted and/or a copy of the record furnished to the employee or third party;
- j. Oversee the submission of medical reports and data as requested by the Office of Chief Health and Medical Officer, NASA Headquarters, with employee’s consent;
- k. Ensure that if a potential hazardous occupational exposure is detected during a health examination, the Industrial Hygienist (IH) is notified of the possible exposure and properly investigates;

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- l. Ensure that medical evaluation and management of medical restrictions are written, implemented, and meet applicable OSHA requirements for federal facilities;
- m. Participate in the design and implementation of GSFC (including Wallops) emergency medical response programs in coordination with the Protective Services Division;
- n. Serve on the Center's Safety Council and Emergency Management Task Group (EMTG).
- o. Ensure that the Center has a written plan in place to provide timely and safe transport to medical services for injured personnel;
- p. In the case of an emergency involving a minor, ensure that consent of parent(s) or legal guardian is obtained;
- q. Implement and oversee the Automated External Defibrillator (AED) Program and serve as the AED Program Director.

## 1.6 Supervisors

Supervisors shall:

- a. Provide training as necessary to reduce workplace hazards to all employees (e.g., hazard communications, chemical hygiene, asbestos awareness, etc.);
- b. Ensure that all employees are aware of potential health exposures in their work environment or occupational-related function;
- c. Ensure that employees requiring medical surveillance are seen at the health unit at required times, including any or all of the following: Prior to beginning work, periodically during work, termination of the identified potentially hazardous work, and termination of employment;
- d. Report any occupational-related illness or injury in accordance with GPR 8621.4, Reporting of Mishaps, Incidents, and Close Calls;
- e. Ensure that employees are able to perform essential job functions without harm to themselves or others;
- f. Notify the Health Unit and the IHO when it is possible that employees or their co-workers may have been exposed to occupational environmental stressors;
- g. Ensure that civil service employees schedule a return-to-work examination with to the Health Unit and/or supply documentation before returning to work after a occupational-related illness lasting 5 or more days that may affect job performance or any non-occupational injury or disease lasting 5 or more days that may affect job performance;
- h. In consultation with Medical Director, EOPO as needed, and OHCM, review medical restrictions of employees and follow NPR 3713.8 with regards to requests for reasonable accommodations;
- i. Ensure complete process hazard analyses, job safety analyses, or task safety analyses are available in the workplace files;
- j. Distribute Workplace Assessment Reports (WARs)/Code Surveys to employees. The surveys need to be available if needed to employee(s);
- k. Inform the Health Unit or IHO of worker's work place environmental concerns (e.g., mold, etc.);

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- l. Ensure that employees under their supervision obtain consultation and vaccination in a timely manner prior to occupational-related international travel in accordance with NPR 1800.1, Health Services for International Travel or Assignment;
- m. Comply with EAP requirements specified in NPR 1800.1 regarding procedures for referring employees to the EAP and to recommend those referrals as appropriate;
- n. In coordination with OHCM ensure that civil service employees complete GSFC Form 17-26 or GSFC Form 17-26W, Exit Clearance Record, prior to termination of employment. GSFC Forms 17-26 and 17-26W require an exit medical clearance from the MEMD Division Health Unit (Greenbelt or Wallops) if the employee is a member of the Hearing Conservation Program or indicates workplace exposure to asbestos, arsenic, beryllium, cadmium, ethylene oxide, formaldehyde, methylene chloride, or other toxic chemical with an OSHA expanded health standard.

### **1.7 Center Industrial Hygienist (IH)**

The Center IH shall:

- a. Ensure that the IH Program directive is written and in place;
- b. Execute the IH-developed Process-based Surveillance Process;
- c. Ensure IHO participation in the OHWG;
- d. Provide consultation on occupational health hazard risk assessment and risk management (recognition, evaluation, and control);
- e. Review plans, programs, designs and protocols from researchers, laboratory employees, and Center support organizations to anticipate and prevent occupational hazards and to highlight occupational health requirements;
- f. Assist supervisors in developing risk management measures in order to facilitate the incorporation of risk management into their operations;
- g. Manage occupational health information according to applicable per NPR 1800.1;
- h. Provide occupational health-related training, such as respiratory protection;
- i. Investigate all suspected occupational illnesses;
- j. Collect environmental health data to coordinate with the GSFC Medical Director to provide epidemiology services to the OHWG;
- k. Function as the Respiratory Protection Program Manager;
- l. In conjunction with Center audiology support, function as the GSFC Hearing Conservation Officer;
- m. Develop a master list of all workplaces included in the IH area of responsibility;
- n. Develop a master surveillance schedule based on the workplace categorization, available resources, and surveillance frequency requirement determined by IH personnel;
- o. Perform activity assessments according to the master schedule using 29 CFR 1960, Subpart D, Inspection and Abatement, as a guide for performing the assessment;
- p. Periodically assess adherence to the routine surveillance plan and adjust as needed;
- q. Prioritize special evaluations;
- r. Perform special surveillance projects in priority order.

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## 1.8 The NASA Share Services Center (NSSC)

The NSSC:

- a. Performs trending of data on workers' compensation claims to assist the OHWG in determining prioritization of occupational health resources;
- b. Prepares, processes and monitors employee workers' compensation claims.

## 1.9 Employees

Employees shall:

- a. Maintain awareness of current potential occupational-related health exposures;
- b. Participate in required training related to potential occupational-related health exposures;
- c. Notify their supervisor and the Health Unit of any occupational-related illness, or possible work place exposure;
- d. Obtain consultation and vaccinations in a timely manner prior to occupational-related international travel in accordance with NPR 1800.1, Health Services for International Travel or Assignment;
- e. Provide input to the safety analyses applicable to their work area;
- f. Communicate all occupational health concerns to the responsible office (e.g., IHO, MEMD through their supervisor or other appropriate channel);
- g. Coordinate with the Health Unit in order to acquire the appropriate examinations;
- h. Provide the specific written authorization for release of information required when treatment warrants or additional consultation is requested;
- h. Notify their supervisor or EOPO of any disability or medical condition that may interfere with the performance of the essential functions of their job ; and
- i. Complete GSFC Form 17-26 or GSFC Form 17-26W, Exit Clearance Record, prior to termination of employment. GSFC Forms 17-26 and 17-26W require an exit medical clearance from the MEMD Division Health Unit (Greenbelt or Wallops) if the employee is a member of the Hearing Conservation Program or indicates workplace exposure to asbestos, arsenic, beryllium, cadmium, ethylene oxide, formaldehyde, methylene chloride, or other toxic chemical with an OSHA expanded health standard.

## 1.10 Occupational Health Working Group (OHWG)

The OHWG shall:

- a. Implement the local occupational health program under the auspices of the Chief, MEMD;
- b. Determine, recommend and document medical surveillance for all similar exposure groups using authoritative references such as OSHA and the American College of Occupational and Environmental Medicine;

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- c. Implement procedures to update requirements when changes occur;
- d. Implement appropriate procedures for reporting and investigation of suspected OH occurrences;
- e. Design, implement and assess measures to improve the local occupational health program.  
Improvement areas include but are not limited to:
  - (1) Measures to complete occupational examinations and decrease occupational injury and illness rates;
  - (2) Measures to improve overall program efficiency;
  - (3) Methods to decrease compensation costs; and
  - (4) Methods to improve cost and performance. These methods will be tailored to the needs of each working group member.
- f. Discuss identified training shortfalls, including adverse occurrences that may represent training deficiencies, and develop effective strategies to address them;
- g. Determine, recommend, and document training, documentation, and notification requirements for medically significant hazards;
- h. Identify and implement opportunities to improve worker health, and enhance mission effectiveness, including decreased costs and increased performance, and otherwise meet customer needs; and
- i. Establish, document, and communicate occupational health requirements to supervisors.

### 1.11 Contractors

Contractors shall comply with the occupational health clauses in their contracts.

## 2. MEDICAL SURVEILLANCE PROGRAM

### 2.1 Purpose

The purpose of medical surveillance is to ensure that regulatory requirements are met for medical monitoring and adequate personal protective measures and/or equipment are provided for workers. Examinations under the Medical Surveillance Program fall into four basic types: pre-placement, periodic, termination of exposure, and termination of employment.

- a. **Pre-placement (or Baseline) Occupational Health Examination (OHE).** These examinations are performed as required by applicable regulations before placement of an employee in a specific job to assess (from a medical standpoint) if the worker will be able to perform the job capably and safely, to determine if the worker meets any established medical standards, and to obtain baseline measurements for future comparison. These medical examinations shall be done before commencement of work.
  - (1) This exam shall be accomplished prior to exposure for all workers permanently or temporarily assigned to work areas that require medical monitoring for 30 or more days per year unless more stringent requirements exist. For example, respirator wearers must receive a baseline medical evaluation from an occupational health practitioner regardless of anticipated duration of work.

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- (2) To accommodate supervisor needs and mission requirements for transitory assignments to other processes, multiple baseline exams may be accomplished at the same time.
- (3) Any conditions that may predispose workers to Occupational Health assessments must be documented in the medical record. Only after the employer has addressed reasonable accommodation will those conditions constituting a direct threat to the worker's personal safety or the safety of others be considered disqualifying factors.

- b. **Periodic or Post Incident OHE.** Periodic OHEs are accomplished as required by applicable regulations to detect evidence of exposure and/or to identify physiologic or pathologic changes.
- c. **Termination of Exposure OHE.** An evaluation accomplished upon termination of exposure or transfer to another workplace as required by applicable regulations and Goddard Procedural Requirements. Normally, this OHE will be the same as the periodic evaluation.
- d. **Termination of Employment OHE.** These evaluations are accomplished as required by applicable regulations to characterize worker health at termination of employment (separation, retirement, transfer, job change).

## 2.2 Defining Occupational Health Examination Requirements

The Medical Director defines all OHE requirements per NPR 1800.1.

## 3. MEDICAL DIAGNOSIS AND TREATMENT SERVICES

### 3.1 General

- a. Medical services shall be provided to all civil service personnel at GSFC for the prompt and adequate initial treatment of minor occupational and non-occupational illnesses and injuries. Civil service personnel at GSFC may receive initial evaluation and treatment of non-occupational-related illnesses that have developed within 72 hours. However, if any subsequent evaluations and/or treatment is needed, employees are responsible for seeking those services from their personal medical provider.
- b. At the request of an employee's private medical provider and under his/her prescription, the Health Unit may administer medicines, change dressings, and provide available therapy in the interest of keeping the employee on the job. Although supervised by physicians, many services may be performed by nurses. The follow-up of emergency treatment falls within this service;
- c. The medical staff will give appropriate treatment to the injured or ill personnel;
- d. All procedures, policies, protocols, and guidelines shall be in accordance with acceptable practices by one of the following:
  - (1) OSHA regulations;
  - (2) American Association of Occupational Health Nurses; and
  - (3) American College of Occupational and Environmental Medicine.

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- e. Except for emergency services as provided herein, contractors will not be furnished with routine medical service as defined in NPR 1800.1, unless approved by The Chief Health Medical Officer.
- f. Occupational-Related Medical Care
  - (1) If the illness or injury is occupational related, the person will be:
    - a. Sent back to work after appropriate treatment is rendered;
    - b. Sent to the hospital (usually the nearest state-accredited local hospital);
    - c. Sent to a company-designated physician or facility if the patient is a contractor; or referred to the NSSC for Worker’s Compensation Program’s approved doctor for further treatment.
  - (2) The medical staff shall notify the supervisor of any restrictions and/or limitations for restricting and accommodating employees from work for medical reasons; and
  - (3) GSFC civil service employees scheduled for occupational-related international travel are offered general and destination-specific health and safety consultation, travel kit, and required or recommended vaccinations as detailed in NPR 1800.1, Health Services for International Travel or Assignment.
- g. Non-Work Related Medical Care
  - (1) If the illness or injury is not occupational related, the person will be:
    - a. Sent back to work after appropriate treatment is rendered;
    - b. Sent to a hospital (usually the nearest state-accredited local hospital); or
    - c. Referred to his/her private medical provider.
  - (2) If diseases or abnormal conditions are found, employee shall be advised to follow-up with their private medical provider.

### **3.2 Emergency Medical Care**

- a. When an employee is injured or becomes ill, he may report or be transported to the Health Unit for emergency treatment. If transportation of an injured or ill employee is required, transportation by a private or government vehicle may be used as the patient’s condition warrants;
- b. All employees shall have timely and safe transport to offsite health services;
- c. Emergency treatment is also available to other persons, including contractors and visitors to GFSC, who are injured or become ill, regardless of the cause. The intent is to save life, relieve suffering, and minimize disability;
- d. At locations where NASA provides Emergency Medical Service providers, they shall be trained, under the oversight of the Medical Director; and
- e. An Automated External Defibrillator (AED) Program shall be established and implemented in accordance with program policies and guidelines defined by the NASA Occupational Health Program in NPR 1800.1.

## **4. EMPLOYEE ASSISTANCE PROGRAM (EAP)**

### **4.1 Policy**

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- a. GSFC will establish and operate an EAP to benefit the broad range of employees and other personnel that work to accomplish the GSFC mission. This program is being implemented in accordance with NASA policy as outlined in NPR 1800.1. All employee records generated under this program including those records pertaining to alcohol and drug abuse diagnosis, treatment, etc., shall also adhere to NASA requirements outlined in NPR 1800.1;
- b. Case records are kept confidential and handled in compliance with all applicable Federal and state laws; management referral and voluntary case files per NPR 1800.1 . The exceptions to confidentiality are provided to the client in writing (i.e., a copy of “The Statement of Understanding & Consent to EAP Services” form, which the client is requested to sign), as well as verbally in the initial session; and
- c. **Exceptions to Confidentiality:** It is a requirement of HIPAA and 42 CFR Part 2 that we release information without consent under certain circumstances. These circumstances are described to the client in the following way:
  - (1) You say or do something that seriously threatens your health and safety, such as intent to harm yourself;
  - (2) You say or do something that seriously threatens the health or safety of someone else;
  - (3) There is reason to suspect abuse or neglect of children or other vulnerable persons;
  - (4) Disclosure is compelled by order of a court of competent jurisdiction; or
  - (5) To prevent or lessen a serious and imminent threat to the health and safety of an individual or the public.

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### **Appendix A – Definitions**

- a. Accommodation – Reasonable accommodation as described in 29 CFR 1630.2 and NPR 3713.8B. Is any change to a job, the work environment, or the way things are usually done that allows an individual with a disability to apply for a job, perform job functions, or enjoy equal access to benefits available to other individuals in the workplace.
- b. Arduous or Hazardous Positions – Positions that are dangerous or physically demanding to such a degree that an employee’s medical condition is necessarily an important consideration in determining ability to perform the required duties of that position, both safely and efficiently.
- c. Emergency – An injury or illness of a serious nature, developing suddenly and unexpectedly, and demanding immediate action.
- d. Medical Condition – Health impairment that results from injury or disease.
- e. Medical Documentation or Documentation of a Medical Condition – A statement from a licensed physician or other appropriate practitioner that provides information the Agency considers necessary to enable it to make an employment decision. To be acceptable, the statement must be on the practitioner’s letterhead, signed and dated. The diagnosis of clinical impression must be justified according to established diagnostic criteria and the conclusions and recommendations must be consistent with generally accepted professional standards. The determination that the diagnosis meets these criteria is made by or in coordination with a physician or, if appropriate, a practitioner of the same discipline as the one who issued the statement. Acceptable documentation generally includes but not limited to the following information:
  - (1) The history of the medical conditions, including references to findings from previous examinations, treatment, and responses to treatment;
  - (2) Clinical findings from the most recent medical evaluation, including any of the following that have been obtained: Findings of physical examination; results of laboratory tests; x rays; electrocardiograms (EKGs) and other special evaluations or diagnostic procedures; and, in the case of psychiatric evaluation or psychological assessment, the findings of a mental status examination and the results of psychological tests, if appropriate;
  - (3) Diagnosis, including the current clinical status;
  - (4) Prognosis, including plans for future treatment and an estimate of the expected date of full or partial recovery;
  - (5) An explanation of the impact of the medical condition on overall health and activities, including the basis for any conclusion that restrictions or accommodations are or are not warranted;
  - (6) An explanation of the medical basis for any conclusion that indicates the likelihood that the individual is or is not expected to suffer sudden or subtle incapacitation by carrying out, with or without accommodation, the tasks or duties of a specific position; and
  - (7) Narrative explanation of the medical basis for any conclusion that the medical condition has or has not become static or well stabilized.

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- f. Medical Evaluation Program – A program of recurring medical examinations or tests established by NPR 1800.1, to safeguard the health of employees whose work may subject them or others to significant health or safety risks due to occupational or environmental exposure or demands.
- g. Medical Removal –To remove an employee from his/her current task or workplace environment when it has been determined that, due to one or more medical conditions specific to that employee, a hazard exists.
- h. Medical Standard – A written description as set forth in NPR 1800.1 of the medical requirements, including certification and/or surveillance for a particular task, exposure or occupation.
- i. Medical Surveillance – The systematic collection and analysis of health and biologic data gathered from employees to determine the presence of occupational-related illness. The focus of analysis can be large populations of employees, an individual employee, or even a specific organ system of the employee. A complete medical surveillance program includes the following: documentation of occupational requirements, hazards and exposures; identification of subject employees; application of information gathering tools (questionnaires, specific screening procedures, complete physical examinations, biologic monitoring); assistance in design and implementation of safety interventions; and measurement of effectiveness. The Occupational Safety and Health Act mandates medical surveillance for a number of occupational tasks.
- j. Occupational Medicine – The medical specialty devoted to the maintenance and improvement of the health of employees with emphasis on the prevention, diagnosis, treatment, and care of illnesses and injuries caused or aggravated by the work environment. This includes studies directed toward a better understanding of the causes and mechanisms of injuries and illnesses, and thus to prevention and care as related to the employee population.
- k. Practitioner – A person providing health services who is certified by a national organization and licensed by a state to provide the service in question, including but not limited to physicians, physician assistants, nurses, nurse practitioners and physical therapists.
- l. Screening – Application of standardized testing tools for detecting disease or body dysfunction before an individual would normally seek medical care. Screening tests are administered to healthy populations, but who may be at high risk for the targeted condition.
- m. Similar Exposure Group – A grouping of GSFC employees who have similar exposures to risks or stressors that may require medical surveillance.

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### Appendix B – Acronyms

AED	Automated External Defibrillator
EAP	Employee Assistance Program
EKG	Electrocardiogram
EMTG	Emergency Management Task Group
GSFC	Goddard Space Flight Center
HIPAA	Health Insurance Portability and Accountability Act
IH	Industrial Hygienist
IHO	Industrial Hygiene Office
OHE	Occupational Health Examination
OHO	Occupational Health Office
OHCM	Office of Human Capital Management
NPRC	National Personnel Records Center
OHWG	Occupational Health Working Group
OSHA	Occupational Safety and Health Administration
MEMD	The Medical and Environmental Management Division
WAR	Workplace Assessment Report
WFF	Wallops Flight Facility

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**CHANGE HISTORY LOG**

<b>Revision</b>	<b>Effective Date</b>	<b>Description of Changes</b>
Baseline	02/22/05	Initial Release
	03/12/14	Administratively extended for 1 year.
	02/13/15	Administratively extended for 1 year.
	04/20/16	Administratively extended for 1 year.
A	08/30/17	Updated GPR to include: Replace Safety and Environmental Division with The Medical and Environmental Division (MEMD). Replace Workman’s Compensation Office with NSSC. Removed reference to NPD 1820.1 Section P.3. This document no longer exist. The requirements are included in NPR 1800.1. Removed reference to NPD 1830.1, NASA Employee Assistance Program in Section P.4. These requirements are under NPR 1800.2. Replaced NPR 1810.1A, Health Services for International Travel or Assignment with NPR 1800.1 because NPR 1810.1A no longer exist and requirements are included in NPR 1800.1. Added Reference to Goddard’s One and Done Sick Call services in Section 3; 3.1 General Updated minor grammatical errors per Center Review comments.

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