



OCCUPATIONAL HEALTH PROGRAMS

OCCUPATIONALLY MANDATED EXAMINATION (OME) CLINICAL PRACTICE GUIDELINES

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PURPOSE

The purpose of the County of Los Angeles (County) Occupational Health Programs (OHP) Occupationally Mandated Examination (OME) Clinical Practice Guidelines (CPG) is to clearly define the County's expectations regarding medical history taking, physical examinations, work fitness assessments, medical referral assessments, and various communications. This CPG is a supplement to the information contained in the Statement of Work (SOW). If there is any conflict between these two documents, the SOW takes precedence.

The intent of the CPG is to ensure that the services provided by the County's Contractors (Contractors) represent the best practices in the field of Occupational Medicine. However, it is acknowledged that in many areas of Occupational Medicine, best practices are not well-defined, and that several alternate approaches may be equally appropriate. For this reason, OHP welcomes comments from its Contractors and intends to update these guidelines as often as necessary to improve their clarity and consistency with best practices.

Contact OHP for any questions and/or comments regarding this CPG. OHP Physicians are available for consultation to clarify the evaluation processes or to provide additional information to assist Clinicians in completing these exams.

GENERAL GUIDELINES

TAKING AN ADEQUATE MEDICAL HISTORY

An adequate history is the critical foundation of any work fitness or medical referral assessment. Therefore, the County expects the examiner to obtain a history with sufficient detail to facilitate both assessments. This requires that the Examiner complete the following:

- 1) Ensure that there is a clear response to every question on the applicable medical questionnaire. If an employee refuses to answer a question, this refusal must be documented.
- 2) Clearly elicit the following information regarding a condition of relevance to a work fitness assessment if not previously disclosed in writing:
 - a. Date of onset.
 - b. Cause. Note whether the condition was caused by work. For motor vehicle accidents, employees must be asked if the accident occurred as a result or contributed by their medical condition.
 - c. Results and dates of any diagnostic testing completed, such as x-rays, MRI, or CT.
 - d. Treatment details including dates and utilization of various modalities including medications, manipulation, and/or surgery.
 - e. Activities that made/make symptoms worse.

- f. Date of last symptom, last treatment/medication, and last visit to an HCP.
- g. Prior episodes of the same condition if recurrent problems are part of the natural history of the condition (for example, shoulder dislocations, back pain).
- h. Functional Significance:
 - Did the employee have to stop any recreational activities or be placed on restricted duty at work?
 - When did any functional impairment begin and end? Are there any functional residuals?
 - Has the employee been assigned permanent disability by any legal systems including Worker' Compensation?

3) Make additional inquiries regarding any clinical testing data that is out-of-range. The purpose of these inquiries is to determine if there are contemporaneous factors which may render the testing data inaccurate or non-representative, and to ascertain the employee's prior knowledge of any abnormalities. These inquiries would include, but are not limited to the following:

- a. Abnormal dipstick
 - Any history of diabetes, renal disease, or positive dipstick?
 - For females with blood, menstruation status?
- b. Blood pressure >139 systolic or > 89 diastolic
 - Any history of prior elevated readings?
 - Any current or recent use of medication? Was it taken today?
- c. Best distant vision (corrected or uncorrected) worse than 20/40 O.U.
 - Inquire regarding status of corrective lens use if not wearing correction.
 - Date of last eye exam if wearing correction.
- d. Significantly Abnormal Audiogram (i.e., 25 dB average loss at 0.5, 1, 2, and 3 kHz in either ear; or asymmetrical loss with threshold differences of >15 dB averaged at 0.5, 1, and 2 kHz, or >30 dB averaged at 3, 4, and 6 kHz).
Inquire regarding:
 - Symptoms
 - Noise exposure within last 14 hours
 - Prior audiometric testing
 - Prior Audiologist or ENT evaluations
 - Off-duty noise exposures
- e. Abnormal Spirometry – Inquire regarding:
 - Any respiratory illness in the last 2 months
 - Recent smoke or chemical exposures
 - Any current symptoms or physical limitation
 - History of pulmonary disease
- f. Abnormal EKG with significant abnormalities: Inquire regarding:
 - Any relevant symptoms
 - Prior knowledge of abnormality

- 4) Make additional inquiries regarding any unexpected physical findings. When the physical exam reveals conditions that were not disclosed during formal history taking, history taking must be re-initiated to meet the requirement of section three (3) above.

PERFORMING AND DOCUMENTING THE PHYSICAL EXAM

A. Components

The extent of the physical exam required for each OME evaluation is specified in the County's Protocol Sheets. These will range from as little as an "As Needed" exam of one body system when indicated for a Hearing Conservation evaluation, to a "Complete" exam of all body systems for a Commercial Driver's License evaluation. Most exams require something in between these two extremes, e.g., the routine exam of several body systems such as an Asbestos evaluation (pulmonary and GI exams).

Regardless of how many body systems that must be examined, at a minimum, the exam of each specific body system must include all of the specific components for that body system listed below in the "Complete Exam" description and be sufficiently thorough to address any specific clinical question pertaining to the issue.

- 1) As Needed Exam: This is specified in the Protocol Sheet when a focused exam of the relevant body system is required as a result of an abnormal test result. Examples include Hearing Conservation and HAZMAT evaluations. In many cases, no physical exam is indicated.
- 2) Complete Exam: The minimum components of a "Complete" exam must include the following:

Eyes: Pupillary reaction to light, check ocular motility for conjugate gaze in all quadrants, ophthalmoscopic exam to check for lenticular and retinal abnormalities.

ENT: Routinely check cervical nodes and thyroid. Otosopic exam must be performed if applicant cannot hear whispered voice at five feet in either ear, the audiogram shows a conductive hearing loss pattern, or there are symptoms referable to the ear.

Cardiac: Auscultation is required. For any murmur, the examiner must specify the location, intensity from I-VI, timing, and radiation.

Respiratory: Auscultation is required. When spirometry indicates a restrictive pattern, chest expansion at the level of the nipples must be measured with a tape and recorded as the difference between maximal inhalation and exhalation.

Abdomen: Palpation of the spleen and liver for enlargement, abdominal wall for umbilical hernia, and deep abdomen for aortic aneurysm (if age \geq 50). Any suspected liver enlargement must be followed up with percussion and measurement of the liver span. The dimensions

of any umbilical hernia must be measured.

Vascular: Auscultation of the carotid areas for bruits, inspection of lower legs for gross venous insufficiency. Examination of lower extremities for edema is indicated if a urine dipstick reveals more $\geq 2+$ proteinuria.

GU: Males - check for inguinal hernias. Rectal exams of both genders are prohibited. Under no circumstances should an Examiner ask a female applicant to remove undergarment, palpate under a female's undergarment, nor perform pelvic exams.

Neuro: Patellar and ankle reflexes. Additional sensory, motor, or cerebellar testing if indicated by history or observation. If history of tremors, evaluate during rest, sustention, and intention (finger-to-nose and heel-to-shin testing). Attempt to describe severity of tremor.

Skin: Note lesions suspicious of skin cancer, and any dermal manifestations of systemic conditions (such as psoriasis). Look for bruising and scarring on the body surface that might be secondary to needle injections.

Musculo-Skeletal: Perform a screening exam that includes all of the following components:

- Inspection of all joints and spine for any surgical or arthroscopic scars or obvious atrophy
- Shoulder: range of motion (ROM)
- Back: heel/toe walk, ROM, active straight leg raise
- Knee: duck walk

The following minimum examinations are required if there is a history of the following within the last 12 months:

- Lumbar pain: palpation, sensory at L4, L5, S1, bilateral calf circumference, ankle/patellar reflexes
- Cervical pain: ROM, inspection of hand for atrophy, muscle testing of the arm and hand, sensory testing of the hand
- Wrist pain: ROM, Tinel test, Phalen test, sensory and motor testing of the hand to include gross grip strength. Note any muscle wasting.
- Shoulder instability/pain: rotator cuff strength

- Knee injury/pain: check for effusion, ROM, and bilateral thigh circumference

B. Documentation

If there is a negative history regarding a particular body system and a negative exam, it is acceptable to check the relevant "normal box" on either the County's Employee Examination Data Form or the DMV Form MCSA-5875.

However, when there is a positive history or clinical test result, checking the "normal box" is not sufficient. In these cases, all pertinent negative findings must be legibly recorded in full detail on either the County's Employee Examination Data Form, County's Employee Medical Examiners Note, or in the comments section of the DMV Form MCSA-5875.

Negative findings are considered "pertinent" when they contribute to the assessment of the positive history or clinical test result. **Failure to properly document will be considered as equivalent to failure to perform these components.**

CARDIOLOGIST READING OF EKG'S

All EKG's must be read by a cardiologist unless a computerized interpretation indicates that the tracing is normal or has insignificant findings. Insignificant findings are defined as (and limited to) the following:

1. Atrial arrhythmia
2. Sinus arrhythmia
3. Ectopic atrial rhythm
4. Non-specific intraventricular delay without axis shift, BBB, or hemiblock
5. Non-specific ST changes
6. Mild bradycardia (rate of 50 or more)
7. 1st degree AV block (rate of 50 or more)
8. Incomplete RBBB
9. Early repolarization
10. Decreased anterior forces in person without history of MI

WORK FITNESS ASSESSMENT

The Examiner is expected to make the work fitness assessment as part of every OME. This requires the Examiner to assign employees into one of three groups listed below:

No New Work Restriction(s)

Employees who do not warrant any work restrictions within the narrow work-fitness focus of the specific evaluation which is being performed.

New Work Restriction(s)

Employees who warrant evaluation-specific work restriction(s) and the Examiner is authorized by the guidelines below to place these restriction(s) on the employee.

Indeterminate Employees who have a medical condition(s) that may affect their ability to safely perform the essential duties specific to the evaluation and the Examiner requires additional information before making the final work fitness determination. Examples of additional information needed to complete the evaluation include evaluation/treatment records from a private healthcare provider, diagnostic tests such as a sleep study, and medical specialist consultation for complex issues that are beyond the scope of Examiner’s expertise.

Examiners are required to thoroughly evaluate the medical conditions using this guideline and supplemented by appropriate regulatory and professional guidelines to make the final work fitness determination. Note that these guidelines limit the scope of any work-fitness assessment to the narrow purpose of the evaluation. For example, driving restrictions should not result from an employee's participation in an Asbestos evaluation.

In some instances, a final work status determination cannot be made without reviewing additional medical information such as test results, radiographs, physical examination, medical history, or private healthcare provider’s medical records. For these situations, you may temporarily assign the status of “Indeterminate – I am unable to make a determination due to the following...” on the OME Healthcare Provider’s Findings Report. Once the necessary additional medical information has been provided and reviewed and final work fitness determination has been made, the Examiner must submit a new revised OME Healthcare Provider’s Findings Report to OHP to close out the case. Please expedite obtaining the additional medical information to avoid employees remaining in the “Indeterminate” status for a prolonged period. Non-compliance with the additional medical information request requires placement of a work restriction(s) because the unaddressed medical condition will likely affect the employee’s ability to safely perform the duties of the specific OME that they are being evaluated for.

MEDICAL REFERRAL ASSESSMENT

For all OMEs, the responsibility for notifying employees of the need for medical follow-up with their private healthcare provider is the sole responsibility of the Examiner. This notification must be made via written correspondence to the employee. Recommendations for follow-up must be consistent with the standards of care in the community, and applicable consensus guidelines from respected national medical organizations. Examples include, but are not limited to, those from the National Cholesterol Education Program and Joint National Committee (blood pressure). In borderline cases, the Examiner is advised to err on the side of caution and advise the employee to consult with their private healthcare provider.

COMMUNICATIONS

The following communications are required for all OMEs unless otherwise specified in the Program Specific Guidelines below.

A. Medical Referral Assessment

A letter which clearly communicates the nature of the medical condition(s) and referral recommendation must be sent to the employee by the Examiner no later than three (3) business days following the exam completion date. The letter must not use acronyms that would not be understood by a layperson, such as “PMD” or “PFT.” Additionally, the Examiner must personally speak to the employee when the condition is potentially very serious (such as a mass on chest x-ray) due to the potential for a letter to be lost in the mail. Any verbal advisement(s) must be documented by the Examiner in the Employee Medical Examiner’s Note.

B. Work-Fitness Assessment

The OME Healthcare Provider’s Findings Report must be completed each time an employee is examined and electronically submitted to OHP as soon as possible, and in all cases within three (3) business days following the exam completion date.

However, if an employee is assigned a new restriction(s), the OME Healthcare Provider’s Finding Report must be sent electronically immediately to OHP. This is to ensure that the employee’s department and supervisors are immediately notified. Additionally, if the work restriction is temporary, the Examiner must send a written correspondence to the employee with an explanation of the reason(s) for requiring the work restriction(s) and the requirement(s) that must be met to remove it.

The Contractor is responsible for ensuring that no confidential medical information is provided to the employee’s department. Any discussions with the employer (County) regarding work status, the nature of work restrictions, and any information required for Cal/OSHA reporting purposes must be made through OHP. The Contractor is responsible for directly communicating with the employee regarding their medical condition(s) and the impact on their work status. The Contractor is prohibited from revealing the underlying medical reason(s) for the work restriction(s) to the department.

PROVISION OF PRIMARY CARE TO EMPLOYEES

The medical practice of a contracted Physician may include primary care in addition to Occupational Medicine. However, the existence or creation of an ongoing doctor-patient relationship with a County employee poses a conflict of interest due to the following conflicting obligations:

- a) Under the A.M.A. code of ethics, Physicians are obligated to advocate for their patients.
- b) The County’s contracted Physicians are contractually obligated to accurately

assess medical conditions which may have adverse fitness-for-duty implications for an employee-patient.

An ongoing relationship is considered to exist when there is an expectation by the employee that the contracted Physician will provide care for chronic conditions or serve as the employee's primary care provider for future condition(s). Short-term treatment for a work-related injury would not meet this definition.

PROGRAM SPECIFIC GUIDELINE

ARMED RESERVE POOL EVALUATION (PROBATION DEPT)

This is a work fitness evaluation for incumbent Probation Officers prior to assignment to specialized units that requires use of firearms and accompany Sheriff Deputies to perform gang sweeps, warrant enforcement, surveillance, arrests, and to transport probationers to a custody facility. Employees must be able to safely handle firearms and baton. Additionally, they participate in a 30-day training academy that includes a defensive tactics training and must pass the POST physical agility test which consists of an obstacle course run, lift and drag a dummy up and over a 6-foot wall, and a 500-yard dash.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - Physically able to perform the tasks listed above.
- **New Work Restriction(s) – Immediately email OHP**
 - List restriction(s) that are relevant to the tasks listed above and others that may impact the ability to safely perform the duties of this assignment.

Required Communications

To Employee

- Refer to Page 8, Section Communications.

To OHP

- Completed OME Healthcare Provider's Findings Report. Include restriction(s) assigned above, if any.

ASBESTOS EVALUATION

The Examiner is expected to follow the procedures specified by the Cal/OSHA Asbestos standard for construction work (CCR, Title 8, Section 1529). Despite the broad scope of the mandatory history form, the work fitness assessment should focus narrowly on whether there is any detectable asbestos-related disease warranting restrictions against further exposure, and whether there are any concerns related to the use of air-purifying respirators. Some cases require additional evaluations through a private pulmonary specialist or further questioning before medical clearance.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - Employees without any of the conditions listed below. Note this would include employees with mild restrictive pattern on spirometry who do not need a chest x-ray.

- **New Work Restriction(s) – Immediately email OHP**
 - List restrictions against further asbestos exposure or respirator use as warranted by asbestos-related disease or problem(s) with respirator use respectively.

- **Requires Additional Evaluation**
 - Pleural plaques and FVC < LLN
 - Moderate restriction (FEV1/FVC > LLN, but FVC < 70% pred) regardless of x-ray findings
 - X-ray: Section 2b on B-read form indicates “1/1” or worse profusion of small opacities
 - Frequent coughing (e.g., occurring during employee interview)
 - Any problems that are self-reported as interfering with respirator use

Required Communications

To Employee

- Each Asbestos evaluation must be followed by a letter mailed to the employee from the Contractor which:
 - 1) Informs the employee that they either have no restriction(s), or that a work restriction(s) is required. Additionally, the letter should explain the reason(s) for requiring a work restriction(s) and any actions required, if any, to remove it.
 - 2) Informs the employee of any abnormal result(s) which warrant medical follow-up, or medical condition(s) that may be due to asbestos exposure. Note that employees must be advised of the presence of plaques. However, they should be informed that plaques do not represent “disease,” but rather constitute a marker of significant past exposure.
 - 3) If the employee smokes, advise the employee that asbestos exposure greatly increases the risk of lung cancer associated with smoking.

To OHP

- Written communication must include the following:
 - 1) Completed OME Healthcare Provider’s Findings Report. Include restriction(s) assigned above, if any, related to either asbestos exposure or

respirator use documented on the OME Healthcare Provider's Findings Report.

- 2) A statement that the employee has been informed by the contracted Clinician of the results of the medical examination and of any medical condition(s) that may be due to asbestos exposure.
- 3) If the employee smokes, a statement that the employee has been informed by the contracted Clinician of the increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure.

CLANDESTINE LABORATORY ENFORCEMENT PROGRAM (SHERIFF DEPT)

This program is recommended by the State Bureau of Narcotics Enforcement for Deputy Sheriffs and Crime Lab employees who participate in drug lab busts. The objectives are to "identify illnesses that may be aggravated by exposure to hazardous substances, physical agents, or other job-related factors."

Regarding the medical literature on clandestine labs, one study observed increased rates of decline in FEV1 (Burgess, et. al., JOEM 44:184-9, 2002). However, this study found no longitudinal changes in liver function tests or blood counts.

Note that the circumstances of a clandestine lab bust may or may not allow the use of respiratory protection.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - Employees without any of the conditions listed below.
- **New Work Restriction(s) – Immediately email OHP**
 - Blood Pressure >179 systolic or 109 diastolic on lowest measurement:
 - **Not Armed: "No lifting > 10 lbs."**
 - **Armed: "No field duty"**
- **Requires Additional Evaluation**
 - Mild obstruction on spirometry [i.e., FEV1/FVC ratio < LLN & FEV1 < 100%]
 - Current treatment for asthma
 - Cardiac disease (if armed)
 - Elevated liver enzymes: one or more at 1.5X normal
 - Insulin use (if armed)
 - Hypoglycemia which required the assistance of others in the last year (if armed)
 - Loss of consciousness for any reason in the last 2 years

- Pregnant
- Symptomatic liver disease or physical evidence of liver failure
- One or more medical questions or exam components refused by employee

Required Communications

To Employee

- Refer to Page 8, Section Communications.

To OHP

- Completed OME Healthcare Provider's Findings Report. Include restriction(s) assigned above, if any.

COMMERCIAL DRIVER'S LICENSE (DMV) EVALUATION

DMV evaluation is perhaps the most critical work fitness assessment that the County's Contractors performs due to the severe consequences of accidents involving heavy vehicles and those carrying passengers. For this reason, while the County recognizes that most of our Contractors have extensive experience in conducting DMV exams, the County insist that drivers with certain conditions be examined with extra care. These conditions typically involve potential for sudden incapacitation or lead to physical disabilities that impairs the driver's ability to drive safely. Solid knowledge of the Department of Transportation (DOT) medical guidelines is critical in performing this exam. Special due diligence must be completed before making the final work fitness determination to certify a driver for commercial driving. This includes taking a thorough medical history and reviewing all pertinent medical records to verify and corroborate findings.

Length of Certification

All drivers can be certified for two (2) years except in cases where a medical condition poses an increased safety risk and require more frequent follow-ups (e.g. patients with coronary artery disease with a stent or s/p CABG) or additional time and/or tests are required to complete the evaluation (e.g. sleep study to rule out obstructive sleep apnea). Please refer to the FMCSA guidelines for various medical conditions. For conditions and findings that require additional medical evaluation, please see the list in the Work Fitness Assessment section below. Most medical issues can be addressed within 90 days to finalize the work fitness determination. This list is not all-inclusive, and the Clinician's professional discretion is required for those not listed here.

A driver may ask: ***“Do you have to tell the Department that I failed?”*** The answer to this question is “Yes.” Once the DMV exam is initiated, the Clinician must make a work fitness determination, and “it never happened” is not an option. The employee cannot cancel the exam just because they do not like the outcome and instead opt to go to another medical provider for a “second opinion.”

Work Fitness Assessment

- **No New Work Restriction(s)**
 - All conditions are acceptable per DOT/DMV regulations and guidelines.
 - Employees without any of the conditions listed below.
- **New Work Restriction(s) – Immediately email OHP**
 - Employees with any of the following conditions below must be given a restriction of "No driving vehicles that require an A/B license." The listing below is extensive, but not comprehensive. For conditions of concern that are not addressed, please refer to the FMCSA guidelines or call OHP.

Conditions

- Loss or significant impairment of a foot, leg, hand, or arm*
- Current use of insulin*
- Hypoglycemia requiring assistance in the last 6 months
- Poorly-controlled diabetes as evidenced by A1C and treatment adjustment will likely require initiation of insulin
- New diagnosis of diabetes during the current DMV exam that will likely require initiation of hypoglycemic medication
- Use of oxygen
- Current diagnosis or treatment for angina
- CST positive for ischemia
- BP \geq 160 systolic or \geq 100 diastolic on lowest reading
- Any current orthopedic or neurological impairment that significantly interferes with the operation of a motor vehicle
- Epilepsy with a seizure or use of Rx in the last 10 years*
- Stroke, TIA, intracerebral, or subarachnoid hemorrhage in the last year
- Vertigo within the last two months
- Bacterial meningitis or viral encephalitis in the last year
- Brain or spinal tumors currently present or surgically removed in last year
- Suicide attempt in the last year
- Psychiatric hospitalization in the last year
- Manic episode in last the year
- Current diagnosis of schizophrenia
- Episode of psychosis in last 6 months
- Panic attack in the last 6 months
- Current use of 1st generation anti-depressant (amitriptyline or imipramine)
- Far vision, best $>$ 20/40 in either eye*, or failed to return with old glasses/contacts on day following exam (or within 2 weeks if seeing optometrist for first time)

- Peripheral vision < 70 degrees to each side*
- More than 40 dB average hearing loss at .5, 1, & 2 kHz in better ear
- Currently undergoing treatment for substance abuse
- Current or recent use of Chantix or methadone
- Current or recent use any Schedule I drug including medical marijuana, morphine, or methaqualone

*Note: Drivers with one of these medical conditions may possess a waiver from the DOT or DMV.

- **Requires Additional Evaluation –**

- **Issue a 3-Month Temporary Medical Certificate for the following:**

- Insulin use in the past 2 years on an intermittent or regular basis
 - Hypoglycemia which required the assistance of others in the last 2 years
 - MI in the last 2 years
 - Angina: symptomatic, or history of treatment in last 2 years
 - CHF in last 2 years
 - Complete heart block
 - Atrial fib with inadequate rate control or hx of lightheadedness in last 2 years
 - Any other heart disease with onset in the last 2 years
 - Sleep apnea (unless driver has a CPAP Compliance Report from a sleep specialist)
 - Snoring, with daytime sleepiness, or partner/employee reports apneic or choking episodes.
 - BMI ≥ 40 and one other risk factor for sleep apnea
 - BP 140-159 systolic or 90-99 diastolic on lowest read: Certify for 3 months if driver has another major cardiac risk factor (i.e. diabetes, hx of elevated lipids, smoker, or today's ECG shows probable LVH.) Otherwise, certify for 1 year.
 - Any intermittent orthopedic or neurological impairment that, when active, significantly interferes with the operation of a motor vehicle. Examples would include recurrent severe back pain and multiple sclerosis.
 - Seizure (no hx of epilepsy): One seizure in last 5 years, or two in the last 10 years, regardless of cause.
 - Loss of consciousness in the last 2 years for any reason
 - Evaluation for lightheadedness or vertigo in the last 2 years
 - Stroke, intracerebral, or subarachnoid hemorrhage in the last 1-5 years
 - TIA occurring in the last 1-5 years
 - Brain or spinal tumors removed in last 1-5 years
 - Major psychiatric condition (bipolar, major depression) requiring medication for control
 - Suicide attempt in the last 1-5 years
 - Psychiatric hospitalization in the 1-5 years

- Manic episode in last the 1-5 years
- Episode of psychosis in last 6-60 months
- Panic attack in last 6-60 months
- Use of Rx for anxiety disorder in last 6 months
- ADHD: symptomatic or use of Rx in last 5 years
- Color Vision Impairment—missed one or more on the Titmus 16 spot slide
- Serum Creatinine > 3.0
- Dialysis
- Liver disease, if symptomatic or evidence of liver failure on physical exam
- Sedating medication: Use in the last month on either a regular or intermittent basis based on history or positive urine test
- Sleepiness observed in waiting or exam room
- Sleepiness in daytime by history
- Thyroid disease with abnormal TSH
- Drug, alcohol abuse, DUI or "Wet Reckless" in the last 5 years
- One or more medical questions or exam components refused by employee

Required Communications

To Employee

- Written communication must include restriction(s), if any, and recommendation(s) for medical follow-up.
- A completed and signed original MCSA-5875 and MCSA-5876 form.
- Employees who require an additional evaluation, and are therefore issued a 3-Month Temporary Medical Certificate, must be provided with a written correspondence informing them about the evaluation results as well as information pertaining to the need to follow-up with their private healthcare provider and/or additional testing(s) required in order for them to meet the DOT requirements.

To OHP

- Completed OME Healthcare Provider's Findings Report. Include restriction(s) assigned above, if any.

CONFINED SPACE EVALUATION

This is a very narrowly focused work fitness assessment of the employee's potential for sudden loss of consciousness in an oxygen-deficient environment.

The Public Works Department conducts confined space rescue drills regularly, but the Examiner is responsible to determine whether the employee is physically able to participate in these drills. Special attention must be made to claustrophobia and any physical impairment that interferes with working in confined space.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - Employees without any of the conditions listed below.
- **New Work Restriction(s) – Immediately email OHP**
 - List restrictions that may impact the ability to safely perform the duties of this assignment.
- **Requires Additional Evaluation**
 - Epilepsy
 - Hypoglycemia which required the assistance of others in the last year
 - Diabetes, on two Rx with A1c \geq 8.0
 - Loss of consciousness in the last 24 months
 - One or more medical questions refused by the employee

Required Communications

To Employee

- Refer to Page 8, Section Communications.

To OHP

- Completed OME Healthcare Provider's Findings Report. Include restriction(s) assigned above, if any.

CRANE OPERATOR EVALUATION

Cal/OSHA regulations require that crane operators who are not currently commercial drivers have a medical evaluation with drug testing every five (5) years.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - Physically able to perform the duties of this assignment.
- **New Work Restriction(s) – Immediately email OHP**
 - List restrictions that may impact the ability to safely perform the duties of this assignment.

Required Communications

To Employee

- Refer to Page 8, Section Communications.

To OHP

- Completed OME Healthcare Provider's Findings Report. Include restriction(s) assigned above, if any.

FBI BOMB SCHOOL EVALUATION

Sheriff Deputies who have been selected to train as bomb technicians need to complete training through the FBI's Hazardous Devices School (HDS). In order to enroll, Deputies must meet the medical requirements set by the FBI as well as those of the County.

The bomb school training is physically demanding as indicated by the following physical stressors:

- Wearing very restrictive protective bomb suit and helmet that weigh 70 lbs.
- Wearing SCBA respirator.
- Working in conditions of extreme heat (excess of 100 degrees Fahrenheit) and humidity of 100% for up to 30 minutes at a time (e.g., East Coast summer weather).
- Carrying equipment weighing 65 lbs. for a distance up to 600 feet.
- Kneeling to position tools.

Additionally, the task of defusing bombs requires the ability to perform fine manual manipulations, good near vision, clear and rapid judgment, and an absence of conditions that could cause sudden incapacitation.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - Employees without any of the conditions listed below. The Contract Physician must complete the Hazardous Devices School Physical Capacities Form (FD-1097).
- **New Work Restriction(s) – Immediately email OHP**
 - Blood pressure \geq 160 systolic or 100 diastolic on lowest measurement, or
 - Corrected Distant Acuity $>$ 20/30 OU
 - **“No peace officer field duties.”**
- **Requires Additional Evaluation**
 - Distant vision (corrected) worse than 20/20 in one eye or 20/40 in the other
 - Near vision is Titmus target 4 (20/50) or worse with correction in either eye
 - Abnormal color vision
 - Hearing Loss: $>$ 25 dB average at 0.5, 1, 2, & 3 kHz in best ear
 - A1c \geq 8.0
 - Insulin use, any in last 2 years
 - Seizure in last 5 years
 - Loss of consciousness in the last 2 years

- Episodes of vertigo or dizziness in the last 2 years
- Pregnant
- Cardiac disease
- Significant arrhythmia on ECG (a-fib, flutter, multiple PVC's, bifascicular block)
- Spirometry: more than mild obstruction or restriction
- Shortness of breath that interferes with work
- Frequent coughing (e.g., occurring during employee interview)
- Chronic liver disease
- Chronic kidney disease
- Back pain in the last year
- Inability to kneel or work on knees
- Impaired grip in either hand
- Substance abuse problems in the last year
- Psychiatric disorder requiring medication in last year
- Any suspicion of cognitive impairment
- Current use of sedating medication
- Claustrophobia which results in avoidance behaviors
- Any problems that are self-reported as interfering with respirator use
- One or more medical questions or exam components refused by employee

Required Communications

To Employee

- Written communication must include restriction(s), if any, and recommendations for medical follow-up.
- If cleared with "No New Restrictions," send the employee a copy of the SF 88 (Medical Exam), FD-1065 (Medical History), and FD 1097 (Hazardous Devices School Physical Capacities form).

To OHP

- Completed OME Healthcare Provider's Findings Report. Include restriction(s) assigned above, if any.

HAZMAT EVALUATION

This is a combined disease surveillance and work fitness evaluation for employees who are required to don full protective suits and respond to uncontrolled releases of hazardous substances. Work fitness assessment includes consideration of liver, pulmonary, and kidney conditions that increase an employee's vulnerability to potential health effects of broad range of toxic chemicals, and consideration of potential cardiac limitations in using full protective suits.

Regarding employees who report claustrophobia, the Examiner must ask whether there are any specific avoidance behaviors, or rather, just an "uncomfortable feeling". Examples

of common avoidance behaviors would be not using elevators or demanding that the door of an audiometry booth be left open.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - Employees without any of the conditions listed below.
- **New Work Restriction(s) – Immediately email OHP**
 - Blood pressure > 179 systolic and 109 diastolic on lowest measurement
 - “No lifting more than 10 lbs.”
 - “No HAZMAT duties”
- **Requires Additional Evaluation**
 - SGOT and SGPT ≥ 50% above normal
 - Serum creatinine above normal
 - Urinalysis positive for protein or blood (and no menses)
 - Chronic liver disease including hepatitis B or C
 - Chronic kidney disease
 - FEV1 or FVC < LLN
 - Cardiac disease
 - Significantly abnormal EKG (per cardiologist)
 - Pregnant
 - Claustrophobia which results in avoidance behaviors
 - Shortness of breath that interferes with work
 - Frequent coughing (e.g., occurring during employee interview)
 - Any problems that are self-reported as interfering with respirator use
 - One or more medical questions or exam components refused by employee

Required Communications

To Employee

- Refer to Page 8, Section Communications.

To OHP

- Completed OME Healthcare Provider’s Findings Report. Include restriction(s) assigned above, if any.

HEARING CONSERVATION EVALUATION

The Examiner is expected to follow the procedures specified by the Cal/OSHA standard (see <http://www.dir.ca.gov/title8/5097.html>). For performing audiogram age corrections, see Appendix F – <https://www.dir.ca.gov/title8/sb7g15a105apf.html>.

When seen for the first time, baseline audiograms must be obtained to determine whether a significant threshold shift (STS) occurred per Cal/OSHA criteria. The baseline audiograms may be requested by sending an email to OHP@hr.lacounty.gov five (5) business days before the scheduled exam. You may check the status by calling the OHP Hotline at (213) 433-7201.

NOTE: Hearing Conservation exams performed without a baseline audiogram and proper STS calculations will not be paid by the County.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - No new STS
 - Previous STS: Note that the OME Healthcare Provider's Finding Report specifies that any previously assigned restrictions are still in force.
 - New STS, but conductive etiology. The hearing loss appears to be conductive as evidenced by a visible outer ear obstruction, middle ear process, or an audiometric pattern which is flat rather than notched. Note that the County does not authorize repeat audiometric testing.

- **New Work Restriction(s) – Immediately email OHP**
 - New STS
The standard restriction must read, “Must wear hearing protection in areas that exceed 84 dBA.” However, this must be modified in certain situations. Specifically, if the employee reports wearing plug inserts consistently when working in noise, then greater attenuation is warranted. In this case, the restriction must read “Must wear plugs *and* muffs in areas that exceed 84 dBA.” If the employee reports already wearing plugs and muffs consistently, see below.

- **Requires Additional Evaluation**
 - New STS and employee reports wearing plugs and muffs consistently.
 - Falsely Elevated Baseline: current test reveals thresholds at 2, 3, and 4 kHz which average ≥ 10 dB lower (i.e., better than the baseline – either ear).
 - Refusal of audiometric testing.

Medical Referral Assessment

The occurrence of an STS with a typical high frequency notch pattern does not automatically warrant a medical referral. Rather, the following criteria recommended by the national hearing societies should be utilized if the employee has not already seen a specialist:

- Symptoms referable to the ear
- Observation of a reversible middle ear condition including wax occlusion
- Significant progressive loss: This is defined as a change in average hearing level, in either ear, compared to age-adjusted baseline of

- a) More than 15 dB at 0.5, 1, and 2 kHz; or
- b) More than 20 dB at 3, 4, and 6 kHz.
- Unexplained significant unilateral loss: This is present when the difference in average hearing level between the better and poorer ears is:
 - a) More than 15 dB at .5, 1, and 2 kHz; or
 - b) More than 30 dB at 3, 4, and 6 kHz.

Required Communications

To Employee

- Written communication is required if a medical referral is needed, or there is a new STS. In this case, the letter must specifically state that a hearing loss consistent with a Cal/OSHA significant threshold shift has occurred, and that the employee must now be required to use hearing protection. Please also advise hearing protection use off-duty if engaged in high noise exposure activities. The OME Healthcare Provider's Findings Report with the employee's restriction should be included with this communication.

To OHP

- The OME Healthcare Provider's Findings Report submitted to OHP must include:
 - 1) Determination of the work status including the details of any work restrictions.
 - 2) Advisement of the ear (right and/or left) with new STS.
 - 3) Advisement of whether the new STS is recordable on the Cal/OSHA 300 Log. STS is recordable when the employee's average hearing loss at 2, 3, and 4 kHz is 25 dB or more (without age correction).

INORGANIC ARSENIC EVALUATION

The Examiner is expected to follow the procedures specified by the Cal/OSHA Inorganic Arsenic standard (CCR, Title 8, Section 5214). Despite the broad scope of the mandatory history form, the work fitness assessment should focus narrowly on whether there is any detectable inorganic arsenic-related disease warranting restrictions against further exposure, and whether there are any concerns related to the use of air-purifying respirators. Some cases require additional evaluations through private medical specialists or further questioning before medical clearance.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - Employees without any of the conditions listed below. Note this includes employees with mild restrictive pattern on spirometry who do not need an x-ray.
- **New Work Restriction(s) – Immediately email OHP**
 - List restrictions against further inorganic arsenic exposure or respirator use as warranted by medical conditions resulting from inorganic arsenic

exposure or problems with respirator use respectively.

- **Requires Additional Evaluation**

- Any skin or mucosal lesions consistent with inorganic arsenic exposure.
- Abnormal sputum cytology requiring further evaluation to rule out significant pulmonary disease including carcinoma.
- Chest X-ray: abnormal findings suspect for lung carcinoma.
- Any problems that are self-reported as interfering with respirator use.
- Any physical findings determined by the clinician to be consistent with chronic occupational exposure to inorganic arsenic and require additional tests, examinations, or specialist consultations.

Required Communications

To Employee

- Each Inorganic Arsenic evaluation must be followed by a letter mailed to the employee from the Contract Clinician which:
 - - 1) Informs the employee that they either have no restrictions, or that a work restriction is required. Additionally, the letter should explain the reasons for requiring a work restriction and any actions required (if any) to remove it.
 - 2) Informs the employee of any abnormal results which warrant medical follow-up, or medical conditions that may be due to inorganic arsenic exposure.
 - 3) If the employee smokes, advises the employee that inorganic arsenic exposure greatly increases the risk of lung cancer associated with smoking.

To OHP

- Written communication must include the following:
 - 1) The restrictions assigned above, if any, related to either inorganic arsenic exposure or respirator use (OME Healthcare Provider's Findings Report).
 - 2) A statement that the employee has been informed by the Contract Clinician of the results of the medical examination and of any medical conditions that may be due to inorganic arsenic exposure.
 - 3) If the employee smokes, a statement that the employee has been informed by the Physician of the increased risk of lung cancer attributable to the combined effects of smoking and inorganic arsenic exposure.

LEAD EVALUATION

This program involves monitoring of lead levels primarily in employees who may be exposed during construction or building maintenance work.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - Current plasma lead level < 10 mcg/dl or testing refused
- **New Work Restriction(s) – Immediately email OHP**
 - Current plasma lead level ≥ 25 mcg/dl
 - **“No tasks that may involve exposure to lead”**

Required Communications

To Employee

- Provide a copy of the lead level results to the employees. For those with an elevated blood lead level, include written advisement and information regarding exposure prevention and adverse health effects of lead. Guidance reference and educational materials are available at the California Department of Public Health, Occupational Lead Poisoning Prevention Program website.

To OHP

- Completed OME Healthcare Provider’s Findings Report.

RESPIRABLE CRYSTALLINE SILICA EVALUATION

The Examiner is expected to follow the procedures specified by the Cal/OSHA Respirable Crystalline Silica standard for construction work (CCR, Title 8, Section 1532.3). Despite the broad scope of the mandatory history form, the work fitness assessment should focus narrowly on whether there is any detectable silica-related disease warranting restrictions against further exposure, and whether there are any concerns related to the use of air-purifying respirators. Some cases require additional evaluations from a pulmonary specialist and/or further questioning for medical clearance.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - Employees without any of the conditions listed below.
- **New Work Restriction(s) – Immediately email OHP**
 - List restrictions against further silica exposure or respirator use as warranted by silica-related disease or problems with respirator use respectively.
- **Requires Additional Evaluation**
 - Moderate obstruction on spirometry regardless of x-ray findings
 - Moderate restriction on spirometry regardless of x-ray findings
 - X-ray: B-read form indicates “1/0” or worse
 - Frequent coughing (i.e., occurring during employee interview)

- Any signs and symptoms suggestive of silicosis
- Any problems that are self-reported as interfering with respirator use

Required Communications

To Employee

- Each Crystalline Silica evaluation must be followed by a letter mailed to the employee from the contracted Clinician. Use the Written Medical Report for Employee form (OSHA).

To OHP

- Written communication must include the following:
 - 1) Written Medical Opinion for Employer form (OSHA).
 - 2) Authorization for Crystalline Silica Opinion to Employer form (OSHA). If an employee provides written authorization, notify the department regarding recommendation for crystalline silica exposure and/or for a specialist examination.

RESPIRATOR EVALUATION

This is a narrowly focused work fitness assessment of the employee's likelihood for either not tolerating use of an air purifying respirator, or for experiencing cardiac ischemia if using an SCBA.

Regarding employees who report claustrophobia, the examiner must ask whether there are any specific avoidance behaviors, or rather, just "uncomfortable feelings." Examples of common avoidance behaviors would be not using elevators or demanding that the door of an audiometry booth be left open.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - Employees without any of the conditions listed below.
- **New Work Restriction(s) – Immediately email OHP**
 - Frequent coughing that will result in breakage of the respirator seal (e.g., occurring during employee interview).
- **Requires Additional Evaluation**
 - Loss of consciousness for any reason in the last 24 months
 - Claustrophobia with behavioral avoidance
 - Moderate or Severe Restrictive lung disease
 - Shortness of breath that interferes with work
 - Cardiac disease (if using an SCBA or respirator type unknown)
 - Any problems that are self-reported as interfering with respirator use
 - One or more medical questions or exam components refused by employee

Required Communications

To Employee

- Refer to Page 8, Section Communications.

To OHP

- Completed OME Healthcare Provider's Findings Report. Include restriction(s) assigned above, if any.

RETIREMENT EXEMPTION EVALUATION (FIRE AND SHERIFF'S DEPT)

The County had a long-standing policy of mandatory retirement for "Safety" personnel at age 60. In 2007, the State enacted a law that waives mandatory retirement for the covered employees if they can meet the standards established by their employer. The covered employees include Firefighters and Deputy Sheriffs who were hired before 1997. Other "Safety" personnel such as lifeguards, persons brought into the department by mergers, and employees hired after 1997 are exempt from the Retirement Exemption Exam.

In order to continue service beyond the age of 60, the following requirements must be met:

- 1) No testing abnormality, medical condition, or medication use is present which would create a significantly increased risk of sudden loss of consciousness while on duty.
- 2) There is no chronic impairment of relevant physical abilities to perform essential job functions.
- 3) There are no permanent work restrictions that will prevent safe performance of assigned duties.
- 4) There is no evidence of chronic sedation or abuse from use of medications.
- 5) No condition exists that precludes the required driver's license for an individual's respective position (Class A, BR, C with Fire Endorsement), or pilot's license if applicable. (Fire Department ONLY)

Work Fitness Assessment

- **No New Work Restriction(s)**
 - Physically able to perform the assigned duties and meets the requirements listed above.
- **New Work Restriction(s) – Immediately email OHP**
 - List restrictions that are relevant to the requirements listed above and others that may impact the ability to safely perform the assigned duties.

Required Communications

To Employee

- Refer to Page 8, Section Communications.

To OHP

- Completed OME Healthcare Provider's Findings Report. Include restriction(s) assigned above, if any.

S.C.U.B.A. EVALUATION

The County has a small number of employees assigned to specialized duties that require the use of self-contained underwater breathing apparatus. The purpose of this medical evaluation is to determine whether this activity can be performed safely.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - Employees with none of the conditions listed below.
- **New Work Restriction(s) – Immediately email OHP**
 - Perforated or non-mobile tympanic membrane
 - Perforated or non-mobile tympanic membrane
 - Tympanic membrane totally occluded by wax, cholesteatoma, or exostosis
 - History of intracranial aneurysm/hemorrhage or vascular malformation
 - History of pneumothorax unless treated with sclerotherapy
 - Radiographic evidence of pulmonary blebs, bullae, or cysts
 - Atrial septal defects or other right to left intracardiac shunt currently present
 - Pregnancy
 - FEV1/FVC ratio < LLN and FEV1 %Pred < LLN
 - **"No diving"**
 - Hypertrophic or Arrhythmogenic Right Ventricular Cardiomyopathy
 - Sustained SVT on CST associated with symptoms or drop in blood pressure
 - Syncope during or after CST
 - V tach: A run of 8 beats or more on CST
 - Blood pressure > 179 systolic or > 109 diastolic on lowest measurement:
 - **No diving" and**
 - **"No firefighting duties" (Firefighters)**
 - **"No Swimming" (Lifeguards)**
 - **"No field duty" (Peace Officers)**
- **Requires Additional Evaluation**
 - Inner ear disease other than presbycusis
 - s/p Inner ear surgery

- Middle ear reconstructive surgery or stapedectomy
- s/p Tympanoplasty
- Recurrent otitis externa
- Recurrent otitis media
- Tube myringotomy
- Chronic mastoiditis or mastoid fistula
- History of mastoidectomy
- History of mid-face fracture
- History of head or neck therapeutic radiation
- Facial nerve paralysis secondary to barotrauma
- Uncorrected upper airway obstruction
- s/p Laryngectomy or Tracheostomy
- Uncorrected laryngocele
- Full dentures
- Significant obstruction of the external auditory canal
- Eustachian tube dysfunction
- History of decompression sickness
- Asthma, if Rx in the last two years
- Albuterol use in the last two years
- FEV1/FVC ratio < LLN, but FEV1 %Pred > LLN
- Restrictive pattern on spirometry
- History of exercise induced bronchospasm
- History of solid, cystic, or cavitating lesion
- Aseptic necrosis
- Recurrent bowel obstruction
- Recurrent vomiting in recent months
- Severe gastro-esophageal reflux
- Achalasia
- Hernia if unrepaired
- History of coronary disease unless CST performed on day of exam is negative
- History of heart failure
- History of arrhythmia requiring treatment
- Untreated atrial fibrillation or flutter
- Pacemaker or defibrillator
- Second degree AV block
- Complete heart block
- Supraventricular tachycardia lasting ≥ 10 seconds on CST
- PVC's totaling $\geq 10\%$ of beats within an exercise stage or during the early recovery period.
- CST positive for ischemic changes* and any ectopy is present.
- CST positive for ischemic changes* and < 13 Mets
- CST positive for ischemic changes* and symptoms are present.

- CST positive for ischemic changes* and there is a history of MI.
- Triplets: ≥ 2 on CST
- LVH on EKG ("probable") without history of hypertension. Does not include "possible" LVH on EKG.
- Aortic stenosis or regurgitation
- Grade III murmur without previous echo to rule out aortic valve disease
- Psychiatric disorders
- Panic attack in last 5 years
- History of drug, alcohol abuse, or DUI in the last two years
- Kidney disease
- Sickle cell disease
- Polycythemia
- Leukemia
- Bleeding disorder
- Epilepsy
- Use of medication to prevent a seizure
- Recurrent lightheadedness in the last 2 years
- Loss of consciousness in the last 2 years for any reason
- Migraine headaches with associated impairment of motor, cognitive, or neurological functioning in last 2 years
- Stroke or fixed neurological deficit
- Transient ischemic attack in last 2 years
- Chronic neurological disease such as multiple sclerosis
- Intracranial aneurysm or vascular malformation
- Brain tumor, current
- Diabetes: currently being treated by two non-insulin meds and A1C ≥ 7.5
- Diabetes: current use of insulin, or past use on an intermittent or regular basis
- Hypoglycemia which required the assistance of others in the last 2 years
- Prior decompression illness
- One or more medical questions or exam components refused by employee

Required Communications

To Employee

- Written communication must include restriction(s), if any, and recommendation(s) for medical follow-up. If additional work-up or medical information is required for the final work fitness determination, provide detailed instructions to the employee.

To OHP

- Completed OME Healthcare Provider's Findings Report. Include restriction(s) assigned above, if any.

TB SCREENING

Administer your clinic's standard TB Screening questionnaire. Skin testing must be administered and interpreted per the CDC standard of care. Employees may have their PCP complete the read. However, the employee must submit the TB read result to the Contractor promptly. Alternatively, a blood test option may be utilized for TB screening in certain situations.

Work Fitness Assessment

- **No New Work Restriction(s)**
 - (+) PPD in past, but denies symptoms of active disease
 - Currently administered PPD is (+), but x-ray is negative
 - Employee did not return for read or submit read from PCP
- **New Work Restriction(s) – Immediately email OHP**
 - X-ray is suggestive of active TB; employee must be placed off-duty.

Required Communications

To Employee

- Refer to Page 8, Section Communications.

To OHP

- Completed OME Healthcare Provider's Findings Report. Include restriction(s) assigned above, if any.