Department of Behavioral Health

TRANSMITTAL LETTER

SUBJECT **Health Screenings**		
POLICY NUMBER **DBH Policy 716.1**	DATE DEC 17 2013	TL# 203

Purpose. To update the policy and procedures for health screenings for direct care applicants and employees, and provide updated certificate of medical examination.

This revision adopts the policy from the former Department of Mental Health, now merged into the new Department of Behavioral Health, in accordance with the DBH Establishment Act of 2013.

Applicability. Post-offer applicants who are selected for employment in a direct care position, and employees, student interns/trainees/residents who provide direct care to Department of Behavioral Health (DBH) consumers.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority offices.

Implementation Plans. Specific staff should be designated to carry out the implementation and training for this policy as needed, and program managers are responsible for following through to ensure compliance.

Policy Dissemination and Filing Instructions. Managers/supervisors of DBH must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in the DBH Policy and Procedures Manual.

ACTION

REMOVE AND DESTROY

DMH Policy 716.1A

INSERT

DBH Policy 716.1

Stephen T. Baron
Director, DMH

12/17/13

GOVERNMENT OF THE DISTRICT OF COLUMBIA	Policy No. 716.1	Date DEC 17 2013	Page 1
DEPARTMENT OF BEHAVIORAL HEALTH	**Supersedes DMH Policy 716.1, DMH Health Screening Policy, dated October 21, 2003**		

Subject: Health Screenings

1. **Purpose**. To set forth the policy and procedures for health screenings for direct care applicants and employees.

2. **Applicability**. Post-offer applicants who are selected for employment in a direct care position, and employees, student interns/trainees/residents who provide direct care to Department of Behavioral Health (DBH) consumers.

3. **Authority**. Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §12101 *et seq.*; 6 D.C.M.R. § B2049 (2013); 22 D.C.M.R. § B2017 (2013); Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. MMWR 2005; 54(No. RR-17); and 29 CFR § 1910.1030 (2013).

4. **Definitions**.

4a. Direct Care – positions identified by DBH Division of Human Resources that involve close physical contact with DBH consumers on a regular basis, including but not limited to intake staff, nursing, physicians, and janitorial staff. Also see Section 6a(1) below.

4b. Post-Offer Direct Care Applicants – applicants who are officially offered employment with DBH, subject to completion of any health screening required in this policy. This includes new employees and existing employees transferring to direct care positions.

5. **Policy**.

5a. The Americans with Disabilities Act (ADA) allows DBH to require a medical examination of an employee that is job-related and consistent with business necessity. Each individual who is involved in direct care to consumers shall have a health screening not more than thirty (30) calendar days prior to entering on duty, and at least once every two (2) years thereafter.

5b. Post-offer direct care applicants shall be required to provide the DBH Division of Human Resources a completed Certificate of Medical Examination, Optional Form 178 (Exhibit 1). Routine health screenings for current direct care employees are limited to biennial PPD tests. The individual will also be offered a Hepatitis B vaccination. Also see Exhibit 2, Health Screening Requirements.

5c. Students involved in direct care pursuant to an affiliation agreement are required to demonstrate current PPD and Hepatitis B vaccination or Hepatitis B declination prior to entering on duty at DBH.

6. **Procedures**.

6a. The DBH Division of Human Resources (DHR) shall:

(1) Identify, in collaboration with managers, the direct care positions that require health screenings.

(2) Ensure that official offer of employment specifies that the position requires a health screening as a condition of employment, as applicable.

(3) Request that hiring supervisor complete Part B of the Optional Form 178 (Exhibit 1) at the time the vacancy announcement is developed.

(4) Provide the Optional Form 178 to the post-offer applicant with instructions for completion.

(5) Advise the post-offer applicant that they have the option of obtaining the health screening from their own primary physician at their own expense or to utilize the Medical Clinic at Saint Elizabeths Hospital, if available.

(6) For post-offer applicants, ensure that each individual who will provide direct care satisfactorily completes required health screening prior to entering on duty as a condition of employment.

(7) For current employees, provide employee biennial notice that a current PPD test is required, and a Hepatitis B vaccination will be offered. Provide a copy of the employee's biennial notice, staff compliance, and results to the supervisor.

(8) Ensure that in-service training on health screenings is included in staff orientation.

6b. Program Managers/Supervisors shall:

(1) Complete Part B of Optional Form 178 at the time the vacancy announcement is being developed for new hires.

(2) Remind all direct care employees during their annual performance evaluation that they must have a health screening every two (2) years during the month of the employee's birthday, and document completion during their annual performance rating.

(3) Initiate corrective measures for failure to satisfactorily complete required health screenings every two (2) years, in collaboration with DHR (see Section 7 below).

(4) Authorize administrative leave not to exceed three (3) hours to allow employees to complete the required health screening.

6c. Employees/Applicants who are required to have health screenings shall:

(1) Obtain required health screening at a private physician, or, if available, the Saint Elizabeths Hospital Medical Clinic, prior to entering on duty and every two (2) years thereafter during the month of the employee's birthday. Also see Exhibit 2 for health screening requirements and Section 7 below regarding non-compliance.

(2) If using a private physician, provide the Optional Form 178, Certificate of Medical Examination, and the health screening requirements (Exhibit 2) to the private physician.

(3) Return the results to the DHR for clearance as follows:

- prior to reporting for duty (may not be more than thirty [30] calendar days prior to entering on duty), and
- within ten (10) calendar days of your subsequent two (2) year health screening.

(4) If declining the Hepatitis B vaccination, sign the Hepatitis B declination form (attached to the health screening requirements).

7. **Corrective Measures for Failure to Complete Mandatory Health Screenings**.

7a. Offers of employment may be rescinded by the DHR if post-offer applicants do not satisfactorily complete required health screenings.

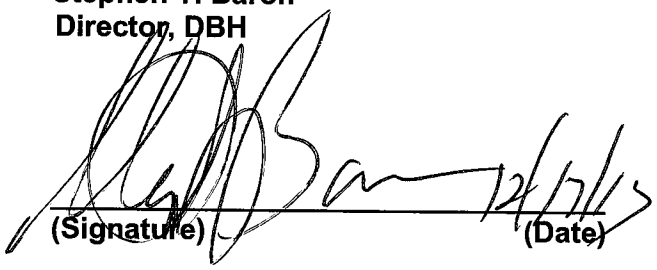
7b. Employees may be subject to removal under Chapter 16 of the District Personnel Manual if the employee fails to satisfactorily complete required mandatory health screening every two (2) years.

8. **Return to Work and Fitness for Duty Examination**. Nothing in the policy prohibits or restricts DBH's right to request medical information that is job-related and consistent with business necessity when an employee returns to work following an illness or injury or when necessary to determine an employee's fitness for duty. In the event that a supervisor has a reasonable basis to believe that health-related factors are having an adverse effect on the employee's ability to perform the essential functions of the employee's job, the matter shall be immediately referred to DHR.

9. **Inquiries**. For questions regarding this policy, please contact DHR.

Approved By:

Stephen T. Baron
Director, DBH



(Signature) **(Date)**

To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

CERTIFICATE OF MEDICAL EXAMINATION

U.S. OFFICE OF PERSONNEL MANAGEMENT

Form Approved
OMB No. 3206 - 0250

Privacy Act Statement

Solicitation of this information is authorized by Section 552a of Title 5, United States Code, regarding records maintained on individuals; Section 3301 of Title 5, United States Code, regarding determination as to an individual's fitness for employment with regard to age, health, character, knowledge and ability; and Section 3312 of Title 5 United States Code, regarding waiver of physical qualifications for preference eligibles. This form is used to collect medical information about individuals who are incumbents of positions in the Federal Government which require physical fitness testing and medical examinations, or individuals who have been selected for such a position contingent upon successful completion of physical fitness testing and medical examinations as a condition of their employment. The primary use of this information will be to determine the nature of a medical or physical condition that may affect safe and efficient performance of the work described. Additional potential routine uses of this information include using it to ensure fair and consistent treatment of employees and job applicants, to adjudicate requests to pass over preference eligibles, or to adjudicate claims of discrimination under the Rehabilitation Act of 1973, as amended. Completion of this form is voluntary; however, failure to complete the form may result in no further consideration of an applicant, or a determination that an employee is no longer qualified for his or her position. In addition, incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, termination of employment, or criminal sanction.

Public Burden Statement

We estimate an average of two to three hours per response to complete, including the time for reviewing instructions, getting needed information, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the U.S. Office of Personnel Management (OPM), Strategic Human Resources Policy, Medical Policy and Programs Division, Attn: OMB Number (3206-0250), 1900 E Street, NW, Washington, D.C. 20415. The OMB number, 3206-0250, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Instructions

There are five parts in this form:

Part A - To be completed by applicant or employee. Signature of the applicant or employee certifies that the information provided is complete and accurate; and that the applicant or employee consents to the release of the examination results to the employing agency.

Part B - To be completed by the appointing officer before the medical examination: identifies the purpose of the examination; the position title, series and grade; generally describes the position; and shows the specific functional requirements and environmental factors that the work requires.

Part C - To be completed and signed by the examining physician, and returned to the employing agency in the pre-paid/ pre-addressed "Confidential-Medical" envelope provided.

Part D - To be completed by the agency medical officer who reviews the examination results and recommends action.

Part E - To be completed by the agency human resources officer in order to document the personnel action that is rendered.

To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

CERTIFICATE OF MEDICAL EXAMINATION

U.S. OFFICE OF PERSONNEL MANAGEMENT

Form Approved
OMB No. 3206 - 0250

Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE

1. Name (Last, First, Middle Initial)

2. Federal Employee Number	3. Sex	4. Birth Date *(month, day, year)*
	☐ Male ☐ Female	

5. Do you have any medical disorder or physical impairment which would interfere in any way with the full performance of the duties shown in Part B, No. 3?

☐ Yes ☐ No

(If your answer is YES, explain fully to the physician performing the examination)

6. Address (including City, State, Zip Code)

7. E-mail Address	8. Telephone Numbers (with Area Code)

9. Applicant or Employee Consent and Certification

I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge, and that submitting information that is incomplete, misleading, or untruthful may result in termination, criminal sanctions, or delays in processing this form for employment. Furthermore, consistent with the Privacy Act Statement, I authorize the release to my employing agency of all information contained on this examination form and all other forms generated as a direct result of my examination.

10. Signature (Do not print)	11. Date *(month, day, year)*

To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

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Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER	
1. Purpose of examination ☐ Pre-placement ☐ Other (Specify)_____	2. Position Title, Series, and Grade
3. Brief description of what the position requires the employee to do.	

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Part B. CONTINUED - TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER

4. Check the box for each functional requirement in section 4a and each environmental factor in section 4b essential to the duties of this position. List any additional essential factors in the blank spaces. Also, if the position involves law enforcement, air traffic control, or fire fighting, attach the specific medical standards for the information of the examining physician.

4a. Functional Requirements

- ☐ Heavy lifting, 45 pounds and over
- ☐ Moderate lifting, 15-44 pounds
- ☐ Light lifting, under 15 pounds
- ☐ Heavy carrying, 45 pounds and over
- ☐ Moderate carrying, 15-44 pounds
- ☐ Light carrying, under 15 pounds
- ☐ Straight pulling (_____ hours)
- ☐ Pulling hand over hand (_____ hours)
- ☐ Pushing (_____ hours)
- ☐ Reaching above shoulder
- ☐ Use of fingers
- ☐ Both hands required
- ☐ Walking (_____ hours)
- ☐ Standing (_____ hours)
- ☐ Crawling (_____ hours)
- ☐ Kneeling (_____ hours)
- ☐ Repeated bending (_____ hours)
- ☐ Climbing, legs only (_____ hours)
- ☐ Climbing, use of legs and arms
- ☐ Both legs required
- ☐ Operation of crane, truck, tractor, or motor vehicle
- ☐ Ability for rapid mental and muscular coordination simultaneously
- ☐ Ability to use and desirability of using firearms
- ☐ Near vision correctable at 13" to 16" to Jaeger 1 to 4
- ☐ Far vision correctable in one eye to 20/20 and to 20/40 in the other
- ☐ Specific visual requirement (specify)

  _____
- ☐ Both eyes required
- ☐ Depth perception
- ☐ Ability to distinguish basic colors
- ☐ Ability to distinguish shades of colors
- ☐ Hearing (aid permitted)
- ☐ Hearing without aid
- ☐ Specific hearing requirements (specify)

Other (specify)

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

4b. Environmental Factors

- ☐ Outside
- ☐ Outside and inside
- ☐ Excessive heat
- ☐ Excessive cold
- ☐ Excessive humidity
- ☐ Excessive dampness or chilling
- ☐ Dry atmospheric conditions
- ☐ Excessive noise, intermittent
- ☐ Constant noise
- ☐ Dust
- ☐ Silica, asbestos, etc.
- ☐ Fumes, smoke, or gases
- ☐ Solvents (degreasing agents)
- ☐ Grease and oils
- ☐ Radiant energy
- ☐ Electrical energy
- ☐ Slippery or uneven walking surfaces
- ☐ Working around machinery with moving parts
- ☐ Working around moving objects or vehicles
- ☐ Working on ladders or scaffolding
- ☐ Working below ground
- ☐ Unusual fatigue factors (specify)

  _____
- ☐ Working with hands in water
- ☐ Explosives
- ☐ Vibration
- ☐ Working closely with others
- ☐ Working alone
- ☐ Protracted or irregular hours of work

Other (specify)

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

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Part C. TO BE COMPLETED BY EXAMINING PHYSICIAN

NOTE TO EXAMINING PHYSICIAN: The person you are about to examine will have to cope with the functional requirements and environmental factors checked in Part 4 of this form. Please take these, and the brief description of the job duties, into consideration as you make your examination and report your findings and conclusions.

1. Height _____ Feet, _____ Inches. Weight: _____ Pounds.

2. Eyes:

a. Distant vision (Snellen): without corrective lenses: right 20 ____ left 20 ____ ; with corrective lenses, if worn; right 20 ____ left 20 ____

b. Depth perception

Type of test: _____

_____ Seconds of Arc

Number correct: _____ of _____ tested

Interpretation ☐ Normal ☐ Abnormal

c. Peripheral vision

Right Nasal _____ degrees Temporal _____ degrees

Left Nasal _____ degrees Temporal _____ degrees

d. What is the longest and shortest distance at which the following specimen of Jaeger No. 2 type can be read by the applicant?

Test each eye separately.

Jaeger No. 2 Type

The President may -

(1) prescribe such regulations for the admission of individuals into the civil service in the executive branch as will best promote the efficiency of that service; (2) ascertain the fitness of applicants as to age, health, character, knowledge, and ability for the employment sought; and (3) appoint and prescribe the duties of individuals to make inquiries for the purpose of this section.
(Title 5 U.S. Code 3301)

	without corrective lenses:	with corrective lenses, if used:
	L _____in. to _____ in.	L _____ in. to _____ in.
	R_____ in. to _____ in.	R _____ in. to_____ in.

e. Color vision: Is color vision normal by Ishihara or other color plate test? ☐ Yes ☐ No

If not, can applicant pass lantern test? ☐ Yes ☐ No

Can see red/green/yellow? ☐ Yes ☐ No

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Part C. CONTINUED - TO BE COMPLETED BY EXAMINING PHYSICIAN

3. Ears: (Consider denominators indicated here as normal. Record as numerators the greatest distance heard.)

Ordinary conversation:

Right Ear _____ ;
20 ft.

Left Ear _____
20 ft.

Audiometer in dB (if given) for Right Ear:									
250	500	1000	2000	3000	4000	5000	6000	7000	8000

Audiometer in dB (if given) for Left Ear:									
250	500	1000	2000	3000	4000	5000	6000	7000	8000

4. Other Findings: Describe any abnormality (including diseases, scars, and disfigurations). Include brief pertinent history. If normal, so indicate.

a. Eyes, ears, nose, and throat (including tooth and oral hygiene)

b. Abdomen

c. Head and back (including face, hair, and scalp)

d. Peripheral blood vessels

e. Speech (note any malfunction)

f. Extremities (including strength, range of motion)

g. Skin and lymph nodes (including thyroid gland)

h. Urinalysis (if indicated)

SP. Gr. _____ Sugar _____ Blood _____

Albumen _____ Casts _____ Pus _____

i. Respiratory tract (X-ray if indicated)

j. Heart (size, rate, rhythm, function)

Blood pressure _____

Pulse _____

EKG (if indicated)

k. Back (special consideration for positions involving heavy lifting and other strenuous duties)

l. Neurological (including reflexes, sensation) and mental health

To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

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Part C. CONTINUED - TO BE COMPLETED BY EXAMINING PHYSICIAN

5. Conclusions: Summarize below any medical findings that in your opinion, would limit this person's ability to perform these job duties or make them a hazard to themselves or others. If none, so indicate.

☐ No limiting conditions for this job

☐ Limiting conditions as follows:

6. Examining Physician's Name	7. E-Mail Address
8. Address (Including Street, City, State and ZIP Code)	9. Telephone Number
10. Signature of Examining Physician	11. Date (Month, Day, Year)

IMPORTANT: After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.

To be given to the individual examined with a pre-addressed envelope marked "Confidential - Medical".

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FOR AGENCY USE ONLY

Part D. TO BE COMPLETED BY AGENCY MEDICAL OFFICER (if one is available)

NOTE: Review the attached certificate of medical examination and make your recommendations in item 1 below.

1. Recommendation:

☐ Hire or retain; describe limitations, if any, here.

☐ Take action to separate or do not hire; explain why.

2. Agency Medical Officer's Name	3. E-Mail Address
4. Address (Including Street, City, State and ZIP Code)	5. Telephone Number
6. Signature of Agency Medical Officer	7. Date (Month, Day, Year)

FOR AGENCY USE ONLY

Part E. TO BE COMPLETED BY AGENCY HUMAN RESOURCES OFFICER

1. Action Taken:

☐ Hired or Retained

☐ Non-Selected for Appointment, or Eligibility Objected To

☐ Action Taken to Separate

2. Agency Human Resources Officer's Name	3. E-Mail Address
4. Address (Including Street, City, State and ZIP Code)	5. Telephone Number
6. Signature of Agency Human Resources Officer	7. Date (Month, Day, Year)

DEPARTMENT OF BEHAVIORAL HEALTH
HEALTH SCREENING REQUIREMENTS

Employees/Applicants who are required to have health screenings shall:

(1) Obtain required health screening at private physician or Saint Elizabeths Hospital Medical Clinic, if available.

(2) If using a private physician, provide the Optional Form 178, Certificate of Medical Examination, and the health screening requirements below to the private physician.

(3) Return the results to the DBH Division of Human Resources for clearance:
- prior to reporting for duty (screening may not be more than thirty [30] calendar days prior to entering on duty), and
- within ten (10) calendar days of your subsequent two (2) year health screening.

If an individual has had a health screening in the past thirty (30) calendar days by a private physician, the individual is not required to be re-evaluated unless there is some evidence that a current screening is necessary.

Health Screening Requirements.

The initial health screening for post-offer direct care applicants[1] shall include a medical history, physical exam, and tuberculin skin testing (TST) and any indicated lab work. The individual will also be offered a Hepatitis B vaccination.

Routine health screenings for current direct care employees are limited to bi-ennial (2-year) PPD tests. The individual will also be offered a Hepatitis B vaccination.

- If the individual elects to decline the Hepatitis B vaccination, the individual must sign a Hepatitis B declination form (attached).

- Preventive measures, testing and frequency of testing for tuberculosis shall be in accordance with standards and guidelines developed by Centers for Disease Control and Prevention.

- In lieu of the tuberculin skin testing (TST), the DBH Division of Human Resources may accept a written report of the test or x-ray made by a qualified person within twelve (12) months prior to the date of the examination.

The health screening form must be signed by the examining physician/designee.

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[1] Post-Offer direct care applicants – applicants who are officially offered employment with DMH, subject to completion of any health screening required in DMH Policy 716.1A, Health Screenings. This includes new employees and existing employees transferring to a direct care position.

Department of Behavioral Health

Hepatitis B Vaccination Declination Form

The following statement of declination of the Hepatitis B vaccine must be signed by an individual who:

- Chooses **not** to accept the vaccine.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me if obtained at the Saint Elizabeths Hospital Medical Clinic.

_____

Printed Full Name

_____

Signature Date

- This statement is not a waiver; employees can request and receive the Hepatitis B vaccination at a later date if they remain occupationally at risk for Hepatitis B.

An employer cannot require:

- Employees to waive liability in order to receive the vaccine
- Participation in pre-screening as a prerequisite for receiving the vaccine