



Policy Number: **M.08**
Effective Date: **10/99 (rev.7/06)**
Approved by: **Judy Trawick**

Basic Occupational Health Center Services (BOHCS)
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1.0 Purpose

The purpose of this policy is to standardize the Basic Occupational Health Center Services (BOHCS) provided in each Occupational Health Center (OHC) nationwide. .

2.0 SCOPE

BOHCS are limited to participating agencies that have signed an Interagency Agreement (IAA) with FOH and are paying the current capitated rate for the services listed within this policy. These services are provided by qualified health care professionals as defined by contracts and local laws governing practices in that area. The following are the core services included in every BOHCS IAA.

2.1 WALK-IN CARE AND FIRST-RESPONSE

To minimize employees time away from work, FOH provides assessment, nursing care, follow-up for minor illnesses and injuries, and health promotion activities on a walk-in basis.

Medications are only administered using standing orders that are written and reviewed at least annually by a licensed FOH physician (See [M.02](#)).

First aid is provided to everyone (participating and non-participating Federal employees, contractors and visitors) within the complex where the Occupational Health Center is located.

Responses outside the area complex are not covered by this statement of work. Liability would probably fall under applicable Good Samaritan Laws.

There is no limitation to the number of acute care episodes to which the OHC staff will respond to BOHCS clients. However, for non-participating individuals, it is important to limit care to those situations that are emergent or life threatening in nature.

2.2 PROVISION OF INTERVENTIONS PRESCRIBED BY A PRIMARY CARE PROVIDER (PCP)

To decrease employee absence from work for routine medical care, FOH staff will also administer the following **ongoing*** interventions prescribed by the employee's primary care provider (PCP):

- 1) periodic bed rest*
- 2) blood pressure monitoring*
- 3) glucose monitoring (finger stick)*
- 4) allergens, and other medications administered by injection according to FOH clinical policies
- 5) other treatments/medications approved by FOH Formulary Committee

*BOHCS clients do not require a primary care provider's (PCP's) order to get a blood pressure checked periodically, to occasionally get a glucose measurement or use the bed rest facility (e.g. for the occasional headache.) However, if the requests for periodic bed rest, blood pressure measurement or finger stick glucose monitoring become frequent ("ongoing") it is expected that the OHC staff will partner with the client's primary care provider (PCP) to develop a monitoring plan together. This is especially important for clients with hypertension and poorly controlled diabetes.

The prescribed services must be requested on a [FOH-23](#) and [FOH-24](#) or similar forms and signed by the employee's primary care provider (PCP). There is no limitation as to the frequency with which this service can be provided. However, if certain treatment requests seem unreasonable, the orders should be clarified with the prescribing provider.

2.3 IMMUNIZATIONS

The intent of providing immunizations and information is to prevent disease in the employee population. Immunizations that are administered in FOH OHCs under BOHCS agreements are limited to influenza, tetanus/diphtheria, and pneumococcus.

2.3.1. All immunization services are subject to the requirements and contraindications as specified in the standing orders.

*3.3.2 Traveler's Health and Immunization **information** is available to BOHCS clients. This comprehensive health information includes current immunization required to travel to foreign destinations whether for government travel or pleasure. See [M.83](#) for guidance on accessing Travax information for BOHCS clients. This information may also be accessed via the web at <http://www.cdc.gov/travel/>.*

3.3.3 No non-BOHCS immunizations or medications for travel or other purposes can be provided to BOHCS clients unless there is an additional Fee for Service (FFS) agreement in place for those non-BOHCS services.

2.4 BASIC SITE/CUSTOMER SERVICE VISIT

The basic site/customer service visit is provided annually to each federal agency participating in BOHCS with the intent to assess customer satisfaction, identify needs, and inform management and employees of service provided by FOH. In addition, a basic site/customer service visit is a means to increase visibility of FOH, FOH providers, and the benefits provided to the agency workplace.

The basic site/customer service visit consists of:

- Identifying the agency point of contact, position, and phone number
- Reviewing services the agency is receiving
- Giving information about other services available from FOH, and
- Delivering and reviewing the management reports.

2.5 HEALTH EDUCATION PROGRAMS

Each OHC will provide a minimum of three (3) health education programs of at least thirty (30) minutes duration annually. These programs should be made available to all employees based on Healthy People 2010 Initiatives (<http://www.healthypeople.gov/>) OR one or more of the following sources of agency-specific information:

- Trend analysis of injuries obtained from the basic site visit
- Aggregate results of health risk appraisals (HRAs)
- Utilization data

The FOH guidelines for Health Education and Screening Programs, including special accommodations for persons with disabilities must be followed in planning and implementing all health education programs. (See [M.09](#))

2.6 HEALTH SCREENING PROGRAMS

Targeted health screenings are available to all employees of participating agencies by appointment on an ongoing basis. Following are the approved screenings that must include provision of appropriate health information. For specific detail see M.09.

- Hypertension
- Glucose (finger stick)
- Cardiac Risk Profile (Lipid Profile)
- Tuberculosis screening (excluding occupational exposures and mass screening)
- Hearing (where appropriate equipment is available) for individuals not exposed to occupational noise or enrolled in an occupational hearing conservation program.
- Glaucoma (where appropriate equipment is available)
- Spirometry/Pulmonary Function Test (where appropriate equipment is available) for those who are not enrolled in an occupational medical surveillance program.
- Vision
- Health Risk Appraisals. (See [M.30](#)) .

All screening should be performed in accordance with the FOH Guidelines and FOH Worksite Health Education and Screening Guidelines. All other individual or group screenings are performed under separate IAAs except where 2.7 (below) applies.

2.7 EXPANDED MEDICAL SCREENINGS

FOH can arrange access to on-site medical screenings whereby the fees are paid by or billed to the employee. This provides important health information to the employee at a convenient location without increasing cost to the agency. These are sometimes referred to as “client-paid services.” Screenings are coordinated by the FOH nurse and may include:

- Osteoporosis
- Stroke screenings
- Blood typing
- Screening Mammograms
- Prostate (PSA) laboratory services

Other similar screenings may be coordinated for customers with prior approval from the Clinical Operations Manager

2.8 INDIVIDUALIZED HEALTH COUNSELING

FOH staff maximizes the use of individualized health counseling to improve health. Advice concerning smoking, diet, physical activity, occupational safety, seat belts, alcohol and drug use and other health-related behaviors is provided at every opportunity. Counseling is included in response to specific client concerns and is focused on individually identified risk factors.

2.9 REPORTS

The following reports are available to each BOHCS agency at least annually:

- Account/billing
- Utilization

3.0 OTHER SERVICES

- Referral to the Employee Assistance Program (EAP) as appropriate
- Arrangement for ambulance transportation at the employee (insurance) or agency (OWCP) expense
- Referral to primary care providers (PCPs) as appropriate
- Maintenance of medical records according to OPM guidelines
- Participation in occupant emergency planning with other tenant agencies as requested
- Initial first response and documentation of work related illness/injuries (e.g. potential OWCP).