

Torres Rojas, Genara

FOIA 13419

From:
Sent: Friday, August 17, 2012 9:40 AM
To: Duffy, Daniel
Cc: Torres Rojas, Genara; Van Duyne, Sheree
Subject: Freedom of Information Online Request Form

Information:

First Name: Marc
Last Name: Galati
Company: .
Mailing Address 1:
Mailing Address 2:
City:
State:
Zip Code:
Email Address:
Phone:
Required copies of the records: No

List of specific record(s):

The complete OMSP office of medical services protocols or procedures manual. Thank you.

THE PORT AUTHORITY OF NY & NJ

Daniel D. Duffy
FOI Administrator

September 21, 2012

Mr. Marc Galati

Re: Freedom of Information Reference No. 13419

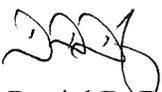
Dear Mr. Galati:

This is a response to your August 17, 2012 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code") for the complete OMSP Office of Medical Services protocols or procedures manual.

Material responsive to your request and available under the Code can be found on the Port Authority's website at <http://www.panynj.gov/corporate-information/foi/13419-O.pdf>. Paper copies of the available records are available upon request.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,



Daniel D. Duffy
FOI Administrator

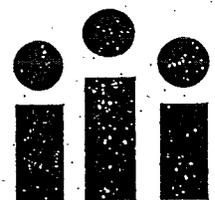
Office of Medical Services

Protocols



Human Resources

The Port Authority of New York & New Jersey



Introduction

The Office of Medical Services (OMS) has developed protocols for medical, psychological, and administrative occupational health services which will help to ensure consistency of application and uniform delivery of services across the organization. This is a dynamic operational process, and as the need arises additional protocols will be designed and/or existing protocols will be revised. In addition, each protocol is subject to modification on a case by case basis in consultation with the Chief Medical Officer.

The protocols are presented in this booklet as a listing of services which OMS provides to departments or employees. Each service is identified under major category headings, such as Occupational Services, Federally Mandated Programs, or Substance Abuse Monitoring Programs, which are indicated by a labeled tab. The protocols are all printed on green paper for easy access. Where appropriate a peer review protocol is included and is also color coded: Physician Peer Review - Blue; Nurses Peer Review - Gold; Psychological Services Peer Review - Yellow.

The peer review form is one of the mechanisms being used for internal audits of services provided. Physicians, under the supervision of the Chief Medical Officer, nurses, under the supervision of the Supervising Nurse, and psychological services staff, under the supervision of the Chief Psychologist, use the assessment format to evaluate the overall quality of medical care and adherence to standards set forth by the Office of Medical Services.

The instructions that follow provide a source of information concerning programs and services administered by OMS and are subject to change based on the Port Authority's right to unilaterally revise any instruction whenever needed. These instructions are not intended to serve as or be interpreted as, a contract of employment or a contract of terms and conditions of employment.

OFFICE OF MEDICAL SERVICES

PROTOCOLS

1. GENERAL INFORMATION

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- 1.01 Organization Chart
- 1.02 Medical Absence Evaluation Unit (MAEU)
- 1.03 Case Management Strategy

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 - 2.02 Injury on Duty Evaluation Peer Review/Nurse
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-

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-

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5.40 **DEPARTMENT OF TRANSPORTATION (DOT) FEDERAL HIGHWAY ADMINISTRATION (FHWA)**

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7. **SUBSTANCE ABUSE MONITORING PROGRAMS**

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8.00 **SICK CALL EVALUATION**

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- 9.01 Processing of Appointment, Referral, and Disposition Slip (PA 3128)
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 - 9.05 Car Service Procedure
 - 9.06 Reception Function
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-

OFFICE OF MEDICAL SERVICES ACRONYMS

ADA	Americans with Disabilities Act
ASU	Administrative Services Unit
BCG	Bacillus of Calmette and Guerin
CBC	Complete Blood Count
CISD	Critical Incident Stress Debriefing
COC	Chain of Custody
CWA	Communications Workers of America
CXR	Chest X-ray
DOT	Department of Transportation
EEOC	Equal Employment Opportunity Commission
EKG	Electrocardiogram
FRA	Federal Railroad Administration
HRD	Human Resources Department
IME	Independent Medical Evaluation
IOD	Injury on Duty
JFK	John F. Kennedy Airport
JSTC	Journal Square Transportation Center
<hr/>	
LEADR	Law Enforcement Assessment and Development Report
MAEU	Medical Absence Evaluation Unit
MMPI-2	Minnesota Multiphasic Personality Inventory
MRO	Medical Review Officer
MSU	Medical Services Unit
MSE	Medical Status Evaluation

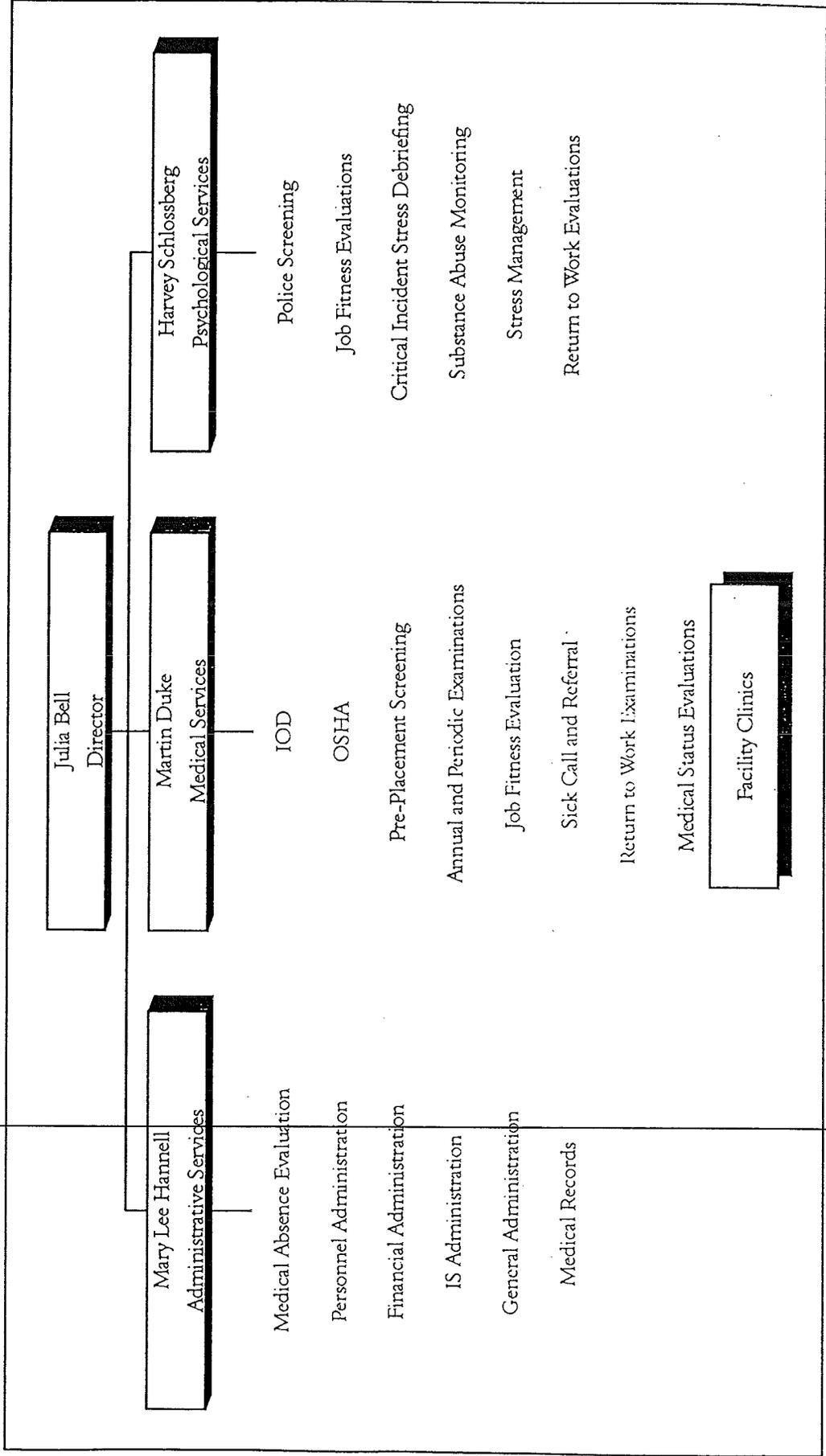
OMS	Office of Medical Services
OSHA	Occupational Safety and Health Administration
PATC	Port Authority Technical Center
PBA	Police Benevolent Association
PCB	Polychlorinated Biphenyl
PPD	Purified Protein Derivative
PSA	Prostate Specific Antigen
PSU	Psychological Services Unit
RTW	Return to Work
TB	Tuberculosis
16PI	Cornell Index

OMSP 1.00

**GENERAL INFORMATION
MISSION STATEMENT**

The Office of Medical Services' (OMS) new mission will ensure a stable and productive workforce by the implementation of occupational health services which focus on safeguarding the health and safety of employees. This is accomplished by having programs and systems in place to monitor fitness for work in a responsive, reliable, and timely manner.

OMS Organization



JANUARY 1994

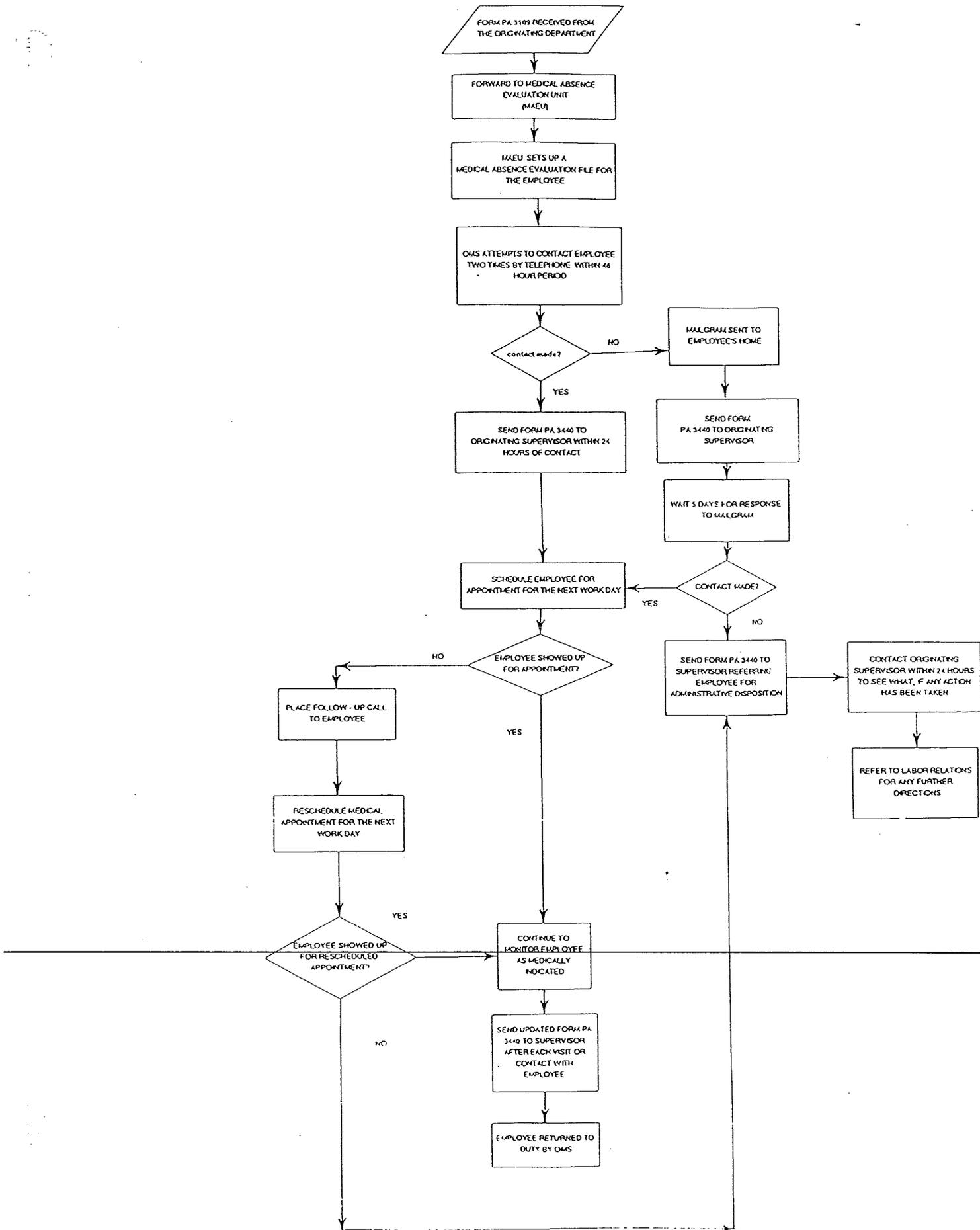
OMSP 1.02

**GENERAL INFORMATION
MEDICAL ABSENCE EVALUATION UNIT (MAEU)**

The Medical Absence Evaluation Unit (MAEU) monitors, evaluates, and reports on the health status of employees absent due to extended illnesses, hospitalization, and injury on duty. MAEU contacts employees directly for information necessary to evaluate the extent, nature and severity of the illness/injury involved and to facilitate the employees return to work as quickly as possible. MAEU acts as a liaison with departments to provide information regarding estimated return to work dates, follow ups, and non confidential medical information to aid in department staff planning.

The protocol for the Medical Absence Evaluation Unit flow chart is attached.

MEDICAL ABSENCE EVALUATION UNIT FLOW CHART



Integration of Services

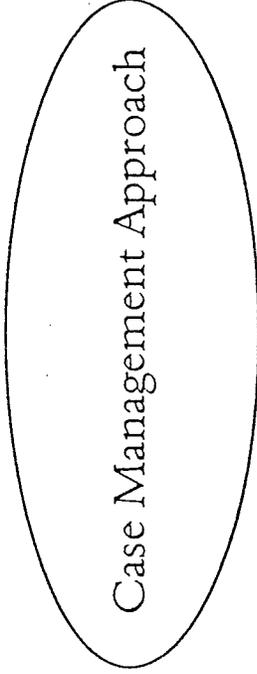
Medical Services



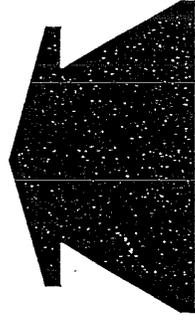
Psychological Services



Case Management Approach



Administrative Services



JULY 1994

OMSP 2.00

INJURY ON DUTY (IOD) EVALUATION

These examinations encompass the evaluation and follow up of occupationally related injuries.

**INJURY ON DUTY (IOD) EVALUATION
MEDICAL PROTOCOL/NURSING SERVICES**

1. Take a pertinent and sufficient nursing history indicating date and time of injury, complaints, symptoms, allergies, treatment, and history of previous injury to the area.
2. Make sure that employee's name, employee number, job title, and unit number appear at the top of the chart summary.
3. Take vital signs including temperature for viral illness or inflammatory problem.
4. Request documentation from private physician or treatment center as appropriate. Upon receipt of the document, initial and date the bottom and/or time stamp.
5. Request original PA360 from employee. Make sure his/her supervisor has filled out the supervisory portion and then have physician fill out Office of Medical Services (OMS) portion. Retain a copy for the chart and send the original to Worker's Comp Division/PATH Claims with a copy of the chart summary attached.
6. If additional treatment is ordered by the PA physician, fill out the appropriate authorization form and make an appointment for the employee. Send the original authorization form to the outside referral source, retain a copy for the chart and send a copy to the Worker's Comp Division/PATH Claims with a copy of the chart summary.
7. After sending forms to Worker's Comp Division/PATH Claims, initial and date PA360, authorization forms and chart summary indicating copies have been sent.

**INJURY ON DUTY (IOD) EVALUATION
PEER REVIEW/NURSE**

Name: _____ Emp. # _____
 Job Title: _____
 Date of Visit: _____

CIRCLE

- | | | | |
|-----|--|--------------|--------------|
| 1. | Was a pertinent and sufficient nursing history of the injury documented according to the protocol for injuries on duty? | YES | NO |
| 2. | Were vital signs recorded? | Y | N |
| 3. | Was drug allergy information obtained? | Y | N |
| 4. | Was additional documentation requested if employee was seen by a private physician or obtained any treatment? | Y | N N/A |
| 5. | Was the documentation initialed and dated? | Y | N N/A |
| 6. | Was the employee asked to present a PA360? | Y | N N/A |
| 7. | Were the correct authorization for treatment forms used and was information filled out properly? | Y | N N/A |
| 8. | Was appointment made for outside treatment according to protocols? | Y | N N/A |
| 9. | Were copies of the chart summary, PA360 and authorizations sent to Worker's Compensation or PATH claims? | Y | N |
| 10. | Were the nurse's initials on the bottom of the PA360, chart summary and authorization form with date indicating that they have been sent to either Compensation or Claims? | Y | N |
| 11. | Was correct date on the chart summary? | Y | N |
| 12. | Was the nurse's note signed? | Y | N |
| 13. | Were the name, employee number, and job title of the employee included on the top of the chart summary form? | Y | N |

COMMENTS: _____

Reviewer: _____
 Signature

Date: _____

**INJURY ON DUTY (IOD) EVALUATION
MEDICAL PROTOCOL/PHYSICIAN SERVICES**

These examinations encompass the evaluation and follow up of occupationally related injuries.

1. Take an appropriate medical history as to complaints and symptoms; medication, allergies, etc.
 2. Perform a physical examination consistent with chief complaint and as extensive as needed to formulate working diagnosis.
 3. If indicated, do x-rays, laboratory tests, or multiphasic evaluations to help confirm diagnosis.
 4. Formulate a working diagnosis as to the problem - create a differential diagnosis to help define the problem.
 5. Treat according to diagnostic decision:
 - a. If minor problem, make duty determination and re-evaluate in a few days.
 - b. If more severe, refer to specialist, immediately or after re-evaluation, according to worker's compensation guidelines.
 - o Authorize Care - [Nurse completes forms and schedules appointments].
 - o Re-evaluate and monitor treatment on a regular basis - Make duty determination and estimate return to duty dates.
 - o If OMS physician and treating physician disagree as to duty or treatment, a third party medical evaluation may be obtained at the employee's request. The third party determination is binding.
 - o Employees on restrictions should be monitored every two to three weeks unless the duration of the restriction is estimated to be extensive, then see employee monthly.
-
- o Employees not fit for duty should be re-evaluated every two to four weeks (maximum) depending on the nature of the illness.

INJURY ON DUTY (IOD) EVALUATION
PEER REVIEW/PHYSICIAN

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

- | | | | |
|----|--|-----|-------|
| 1. | Was pertinent and sufficient history of the injury documented and findings on physical examination recorded? | YES | NO |
| 2. | Were vital signs recorded? | Y | N |
| 3. | Was drug allergy information obtained? | Y | N |
| | Was it adhered to with prescriptions, if needed? | Y | N N/A |
| 4. | Were studies needed to evaluate the problem obtained and recorded? | Y | N N/A |

A) LABORATORY: Check and Comment

- None Indicated _____
- CBC _____
- SMAC _____
- Urinalysis _____
- Others (indicate) _____
- _____
- _____

B) X-RAY: Check and Comment

- None Indicated _____
- Spine: cervical _____
- Thoracic _____
- Lumbar _____
- Extremity (indicate area)
- Upper _____
- Lower _____
- Others (indicate) _____
- _____
- _____

C. OTHER STUDIES: Check and Comment

- EKG _____
- Spirometry _____
- Audiogram _____
- Other (indicate) _____
- _____
- _____

- 5. Was a diagnostic impression recorded? Y N
- 6. Was a specialist consultation indicated? Y N N/A
 - Was it authorized? Y N
 - Was it recorded? Y N
 - Were recommendations considered? Y N
- 7. Were special procedures/treatments authorized? Y N N/A

Check and Comment:

- MRI _____
- Physical Therapy _____
- CT Scan _____
- Others (indicate) _____
- _____
- _____

- Was it scheduled? Y N N/A
- Was it recorded? Y N N/A
- 8. Was overall care administered within parameters of IOD Protocol? Y N N/A
- 9. Was the final disposition for IOD indicated on Form PA 3128? Y N

Check and Comment:

- Not Fit for Duty _____
- Fit for Duty with Restrictions _____
 - Utilized _____
 - Not Utilized _____
- Fit for Full Duty _____
- Other _____

- 10. Was the employee's condition documented? Y N

- 11. Were arrangements for follow-up made within parameters of IOD protocol? (Few days to 4 weeks) Y N
- 12. Were instructions given to the employee about authorizations, treatments, follow up and duty status? Y N
- 13. Was an estimated date for return to duty full or restricted duty indicated in chart? Y N
- 14. When a conflict of opinion between OMS physician and treating physician exists, was a third party evaluation obtained? Y N N/A

REVIEWER: _____ DATE: _____
Signature

Comments by Reviewed Physician: _____

Signature DATE: _____

FINAL REVIEW: _____
Chief Medical Officer

**INJURY ON DUTY (IOD) EVALUATION
PSYCHOLOGICAL PROTOCOL**

A psychological interview is performed including a history of the incident, psychiatric/psychological history, and mental status evaluation. Referral for diagnostic studies may be required for example drug and alcohol tests. Referral for a physical examination may be made when there are medical complications or psychosomatic involvement. Outside referrals may be made if a specialist consultation or outside treatment is needed. Appropriate authorization for outside services must be issued at time of referral. Notes are written in the chart including estimated return to duty date. Disposition slip is issued indicating fitness status as well as arrangement for follow up appointment.

**INJURY ON DUTY (IOD) EVALUATION
PEER REVIEW/PSYCHOLOGIST/SOCIAL WORKER**

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

- | | | | | |
|----|---|---|---|--|
| 1. | Was pertinent and sufficient history of the incident documented and findings on psychological examination recorded? | Y | N | |
| 2. | Were mental status signs recorded? | Y | N | |
| 3. | Was previous psychiatric history obtained? | Y | N | |

A. Therapy - If yes, type:

Chemical _____
Verbal _____

B. Type of therapist:

Psychiatrist _____
Psychologist _____
Other _____

- | | | | | |
|----|--|---|---|-----|
| 4. | Were studies needed to evaluate the problem? | Y | N | N/A |
|----|--|---|---|-----|

A. LABORATORY: Check and Comment

- None indicated _____
- Drug _____
- Alcohol _____
- Psychological _____
- Other _____

- | | | | | |
|----|----------------------------|---|---|-----|
| B. | Referral to OMS Physician? | Y | N | N/A |
|----|----------------------------|---|---|-----|

- None indicated _____
- Psychosomatic involvement _____
- Medical complications _____

- | | | | | |
|-----|--|---|---|-------|
| 5. | Was a diagnostic impression recorded? | Y | N | |
| 6. | Was a specialist consultation indicated? | Y | N | N/A |
| | - Was it authorized? | Y | N | N/A |
| | - Was it recorded? | Y | N | N/A |
| | - Were recommendations considered? | Y | N | N/A |
| 7. | Were therapy treatments authorized? | Y | N | N/A |
| 8. | Was overall care within IOD parameters? (see protocol booklet) | Y | N | |
| 9. | Was the employee's condition documented on the chart summary? | Y | N | |
| 10. | Was the final disposition indicated on Form PA 3128? | Y | N | |
| | Check and Comment: | | | |
| | - Not Fit for Duty | | | _____ |
| | - Fit for Duty with Restrictions | | | _____ |
| | Utilized | | | _____ |
| | Not Utilized | | | _____ |
| | - Fit for Full Duty | | | _____ |
| 11. | Were arrangements for follow up made within parameters of IOD protocol? (Few days to four weeks) | Y | N | N/A |
| 12. | Were instructions given to the employee about authorizations, treatments, follow up and duty status? | Y | N | N/A |
| 13. | Was an estimated date for return to duty, full or restricted duty, indicated in chart? | Y | N | N/A |

REVIEWER: _____ DATE: _____

Signature

Comments by Reviewed Psychologist/Social Worker: _____

_____ DATE: _____

Signature

FINAL REVIEW: _____

Chief Psychologist

OCTOBER 1994

OMSP 2.10

RETURN TO WORK (RTW) EVALUATION

These examinations may be similar in content to a portion of the annual examination or may concentrate on an examination of the affected area. Return to work examinations are required for employees who have been absent from work in excess of five consecutive days, hospitalized, or who have lost time due to an injury on duty.

**RETURN TO WORK (RTW) EVALUATION
MEDICAL PROTOCOL/NURSING SERVICES**

1. Take an appropriate and sufficient nursing history indicating the type of visit, (return to work) vital signs, the length of time the employee has been out of work, the reason for the absence and treatment if any.
2. Make sure employee's name, employee number, unit number, and job title appear on the top of the chart summary.
3. Request documentation from any treating physician or treating facility. Upon receipt of documentation, initial and date the bottom.
4. Instruct employee to undress as appropriate for physician examination.
5. If the employee is returned to work on a restriction, the supervisor must be called with specific restriction. The supervisor will then indicate whether he/she will utilize the employee on the restriction or not.
6. Document, both on the chart summary and on the disposition slip whether the employee was utilized or not utilized on the restriction and the name of the supervisor who was called.

OCTOBER 1994

OMSP 2.12

RETURN TO WORK (RTW) EVALUATION
PEER REVIEW/NURSE

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

- | | | | |
|-----|---|-----|-------|
| 1. | Was a pertinent and sufficient nursing history documented according to the nursing protocol for return to duty? | YES | NO |
| 2. | Was the temperature recorded? | Y | N N/A |
| 3. | Were vital signs recorded? | Y | N |
| 4. | If treated by a private physician or hospitalized was additional documentation requested? | Y | N N/A |
| 5. | Was the documentation initialed and dated? | Y | N N/A |
| 6. | Was the restriction called in to and approved by the supervisor? | Y | N N/A |
| 7. | Was the name of the supervisor called and whether the employee was utilized or not indicated both on the chart summary and on disposition slip. | Y | N N/A |
| 8. | Was the correct date on the chart summary? | Y | N |
| 9. | Was the nurse's note signed? | Y | N |
| 10. | Was the name, employee number, unit number, and job title of the employee included on the top of the chart summary? | Y | N |

COMMENTS: _____

Reviewer: _____ Date: _____

Signature

**RETURN TO WORK (RTW) EVALUATION
MEDICAL PROTOCOL/PHYSICIAN SERVICES**

These examinations may be similar in content to a portion of the annual examination or may concentrate on an examination of the affected area. Return to work examinations are required for employees who have been absent from work in excess of five consecutive days, hospitalized, or who have lost time due to an injury on duty.

1. Take appropriate medical history regarding reason for absence.
2. Review medical documentation presented or sent by treating physician.
3. If medical documentation from treating physician is needed to determine fitness for work and employee does not wish to supply documentation, send employee to appropriate outside physician (second opinion) as an extension of the Office of Medical Services.
4. Conduct a physical examination to determine if problem has resolved sufficiently for the employee to return to duty.
5. Make assessment as to concurrence or disagreement with treating physician.
6. Make duty determination as follows: fit for duty, not fit for duty, or fit for duty with restrictions. If the employee is returned with restrictions, OMS will monitor the employee until the restrictions are removed.

OCTOBER 1994

OMSP 2.14

RETURN TO WORK (RTW) EVALUATION
PEER REVIEW/PHYSICIAN

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

- | | | | |
|----|--|-----|-------|
| 1. | Was pertinent and sufficient history of illness or injury on duty documented and were findings on physical examination recorded? | YES | NO |
| 2. | Were vital signs and temperature recorded? | Y | N |
| 3. | Was medical documentation, if presented, reviewed and information recorded in chart? | Y | N N/A |
| 4. | If medical documentation was needed and not presented was employee sent for second opinion? | Y | N N/A |
| 5. | Was an assessment as to agreement or disagreement with treating physician made? | Y | N N/A |
| 6. | Was a final disposition documented and indicated on PA 3128? | Y | N |

Check:

- Not Fit For Duty _____
- Fit for Duty with Restrictions _____
 - Utilized _____
 - Not Utilized _____
- Fit for Full Duty _____

-
- | | | | |
|----|---|---|-------|
| 7. | Were arrangements for follow-up made within parameters of protocols if returned to duty on restrictions or made not fit? (Few days to four weeks) | Y | N N/A |
| 8. | Was estimated date for return to full duty made and indicated on chart summary? | Y | N N/A |

REVIEWER: _____ DATE: _____
Signature

OCTOBER 1994

OMSP 2.14

Comments by Reviewed Physician: _____

Signature

DATE: _____

FINAL REVIEW: _____

Chief Medical Officer

**RETURN TO WORK (RTW) EVALUATION
PSYCHOLOGICAL PROTOCOL**

Referral for return to work evaluation occurs in one of three ways; an employee may currently be out and is being followed by psychological services; an employee may be referred by the Medical Absence Evaluation Unit; an employee may be referred by an OMS physician. Before returning an employee to work the Psychological Services Unit must first check to see if the employee requires medical clearance. The psychological interview includes a review of the history of the illness or incident on duty and this information is recorded in the chart. Mental status is evaluated and is also recorded in the chart. Medical and psychological documentation is obtained as necessary. At the end of the interview, the disposition is determined and recorded on disposition slip. An estimated return to duty is entered in the chart.

JULY 1994

OMSP 2.16

RETURN TO WORK (RTW) EVALUATION
PEER REVIEW/PSYCHOLOGIST/SOCIAL WORKER

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

- | | | | |
|----|---|---|---|
| 1. | Was the Medical Services Unit consulted regarding employee status? | Y | N |
| 2. | Was pertinent and sufficient history of illness or injury on duty documented and findings on psychological examination recorded in medical and psychological chart? | Y | N |
| 3. | Were mental status signs recorded? | Y | N |
| 4. | Were medical/psychological documentations, if presented, reviewed and information recorded in chart? | Y | N |
| 5. | Was a final disposition documented and indicated on PA 3128? | Y | N |

Check:

- Not Fit For Duty _____
- Fit for Duty with Restrictions _____
 - Utilized _____
 - Not Utilized _____
- Fit for Full Duty _____

- | | | | |
|-------|--|---|---|
| 6. | Were arrangements for follow-up made within parameters of protocols if returned to duty on restrictions or made not fit? (Few days to 4 weeks) | Y | N |
| <hr/> | | | |
| 7. | Was estimated date for return to full duty made an indicated on chart? | Y | N |

REVIEWER: _____ DATE: _____
Signature

PROTOCOL FOR RETURN TO WORK ON RESTRICTED/LIGHT DUTY**GENERAL:**

The medical restriction is an important evaluation for the clinician to make in keeping with the function of the Office of Medical Services to reduce absenteeism and to blend the operational needs of the organization with the productivity and safety of its employees.

In an effort to return an employee to duty as soon as possible, medical restrictions should be imposed as medically indicated whenever an employee is unable to perform his/her full essential duties because of a temporary or long term physical disability.

Each physician will use clinical judgment to determine when a medical restriction is indicated based on objective scientific data and clinical findings and will justify, if necessary, his/her decision which is not to be altered by management interference from the employee's department, labor group interference, or from requests made by the employee. The decision for a restriction, while unique to the particular employee, must be consistently administered within each class of illness/injury, using the job description, knowledge of the job through site visits, management consultation, private treating physician's input, and the particular examination as a guide.

Restrictions will be considered during examination for:

- Injury on Duty
- Job Fitness
- Sick Call
- Return to Work

Restrictions will be evaluated periodically by monitoring the patient at intervals consistent with the clinical course of the illness/injury. Generally the following guidelines may be applied:

- Injury on Duty - two/three week interval; extensive injury monitor monthly.
- Sick Call - one/two week basis; extensive illness monitor monthly.
- Return to Work - monitor in accordance with the type of illness/injury until the restriction is removed.

PROCEDURE:

1. An appropriate medical history germane to the examination should be taken.
2. Perform a physical examination (consistent with the purpose of the examination) to formulate a diagnosis and opinion as to whether a restriction is clinically indicated.
3. If a restriction is indicated, review the written job description in conjunction with the Physical Capabilities Assessment Form (Attachment A) focusing on the relationship of the essential functions that impact upon the clinical situation.
4. Review this relationship with the Chief Medical Officer, if necessary.
5. Once a medical restriction has been identified, the nurse will call the unit supervisor or the "Assistant to" for PATH employees; to determine whether the employee will be utilized or not utilized with the given restriction.
6. Complete form PA 3128, indicating the restriction - utilize appropriate parameters i.e., no lifting over 20 pounds; focus on limiting particular tasks; do not use generic terms i.e., desk duty (except for police) as completely as possible without breaching medical confidentiality. Indicate on form PA 3128 whether the employee was utilize or not utilized and indicate which supervisor was contacted.
7. Reschedule the employee for a follow up visit as appropriate noting the timeframe on form PA 3128, which will service as an advisory to the patient's unit.
8. If the examination removes a restriction, form PA 3128 should be written accordingly.
9. If the examination is in response to a job fitness request, a reply is prepared to the employee's unit by the examining physician.

PHYSICAL CAPABILITIES ASSESSMENT FORM

- ◇ ***Sedentary Work:*** Lifting 10 lbs. maximum and occasionally lifting and/or carrying such articles as docket, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

- ◇ ***Light Work:*** Lifting 20 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs. Even though the weight lifted may be only a negligible amount, a job in this category when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls, or when it requires walking or standing to a significant degree.

- ◇ ***Medium Work:*** Lifting 50 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.

- ◇ ***Heavy Work:*** Lifting 100 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 50 lbs.

- ◇ ***Very Heavy Work:*** Lifting objects in excess of 100 lbs. with frequent lifting and/or carrying of objects weighing 50 lbs. or more.

MEDICAL STATUS EVALUATION (MSE)

The Medical Status Evaluation (MSE) is a physical/psychological evaluation of an employee performed by the Office of Medical Services (OMS) in response to a written request by management to determine whether or not a medical condition exists that would adversely affect an employee's ability to fulfill his/her job responsibilities. Requests from management must include examples of demonstrated significant unexplained job performance deterioration which could be related to a health problem.

The written request must be addressed to the Chief, OMS, with a copy to the Chief Medical Officer, copying the employee. Once the written request is received, OMS contacts the employee's supervisor with an appointment for the MSE. The supervisor will then contact the employee and inform the employee of the date, time and place of the MSE and provide him/her with a copy of the requested MSE. Following the evaluation, a written response indicating fitness for duty and follow up appointment if indicated will be sent to the unit. Failure to cooperate with the MSE evaluation or resulting recommendations for treatment/follow up will result in a referral for administrative disposition.

**MEDICAL STATUS EVALUATION (MSE)
MEDICAL PROTOCOL/NURSING SERVICES**

1. Verify that the medical status evaluation memo from the unit is present on the chart.
2. Indicate on the chart summary that the employee is in for a medical status evaluation.
3. Verify that the job title of the employee is present in the chart summary.
4. Verify that a copy of the employee's job specification is on the chart.
5. If a physical examination is required, instruct employee to undress as appropriate.
6. If an annual examination is required follow procedures for annual examination.
7. Direct employee to Psychological Services Unit (PSU) when indicated.

MEDICAL STATUS EXAMINATION (MSE)
PEER REVIEW/NURSE

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

- | | | |
|----|---|---------------|
| | | CIRCLE |
| 1. | Was the medical status evaluation memo on the chart for the physician performing the medical status evaluation? | YES NO |
| 2. | Was it apparent in the chart summary that the employee was in for a medical status evaluation? | Y N |
| 3. | Was the job title of the employee included in the chart summary? | Y N |
| 4. | Was a copy of the job specification on the chart? | Y N N/A |
| 5. | Was the protocol for an annual examination followed? | Y N N/A |
| 6. | Was the employee referred to the Psychological Services Unit (PSU) after evaluation by the physician? | Y N N/A |

COMMENTS:

Reviewer: _____ Date: _____
Signature

**MEDICAL STATUS EVALUATION (MSE)
MEDICAL PROTOCOL/PHYSICIAN SERVICES**

1. Receive memo from unit.
2. Review for appropriateness and accept or return request to department.
3. Schedule a periodic examination or update the examination if less than nine months since last periodic.
4. Schedule psychological examination. If, after the medical evaluation, a physical problem is identified that may account for the deterioration in performance, the psychological evaluation is cancelled.
5. Conduct periodic multiphasic examination, take medical history, and perform a physical examination as noted on the Periodic Examination Protocol.
6. Refer the employee to the Psychological Unit for Part II of the Medical Status Evaluation. (See Protocol for Medical Status Evaluation under Psychological Services).
7. At any point during the two part evaluation the physician or psychologist may, with reasonable suspicion, request a drug/alcohol screen.
8. Review all reports of tests, discuss with Psychological Services and review job specification in order to determine disposition of employee.
9. Establish follow up dates as needed.

NOVEMBER 1993

OMSP 2.24

MEDICAL STATUS EVALUATION (MSE)
PEER REVIEW/PHYSICIAN

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

- | | | | |
|-----|---|-----|-------|
| 1. | Was the memo reviewed for appropriateness of request? | YES | NO |
| 2. | Was an appointment scheduled with medical services | Y | N |
| - | Within three working days of receipt of request? (routine case) _____ | | |
| - | Within three hours of receipt? (emergency case) _____ | | |
| 3. | Was a concurrent psychological services appointment scheduled? | Y | N |
| 4. | Was an interview or comprehensive periodic history and physical examination performed? | Y | N |
| 5. | Was a complete periodic multiphasic evaluation performed? | Y | N |
| 6. | Was the psychological services examination: | | |
| a) | canceled after medical reasons for poor job performance were documented? | Y | N |
| b) | completed as Part II of the Medical Status Examination? | Y | N N/A |
| 7. | Were urine drug/alcohol screen testing performed at request of either medical or Psychological Services? | Y | N |
| 8. | Were all test results reviewed by medical physician? | Y | N |
| 9. | Was case discussed with Psychological Services? | Y | N N/A |
| 10. | Were job specifications re-evaluated and a disposition determined by both medical and Psychological Services? (if applicable) | Y | N |

AUGUST 2004

OMSP 2.25

MEDICAL STATUS EVALUATION (MSE) PSYCHOLOGICAL PROTOCOL

Before performing a Medical Status Evaluation (MSE), a memo requesting an MSE from the employee's supervisor or manager to the Chief Medical Officer or Chief of Office of Medical Services must be received. Prior to performing the MSE, the memo is reviewed for appropriateness of the request. The Chief Medical Officer is consulted to determine the necessity of a medical appointment and/or psychological evaluation. A clinical interview is then performed, including history and mental status examination. Drug/alcohol tests may be requested as necessary to rule out suspected substance abuse. All positive substance abuse results must be reviewed with the Medical Review Officer. Upon completion of the medical and/or psychological evaluations, a disposition of fitness is determined with regard to job specifications. A disposition slip is issued to the employee with instructions to deliver the white copy to employee's supervisor/manager. A follow up appointment is made if necessary and indicated on the disposition slip. The appropriate memo signed by the Chief Medical Officer or designee is issued to the requesting unit within five workdays of visit. An estimated return to duty, full or restricted, is to be included in the above memo.

If the employee is found not fit for duty the Psychological Services Unit (PSU) counselor refers the employee to an outside provider and monitors the employees progress and compliance with the treatment provider. Regular appointments to monitor the patient are scheduled in the Office of Medical Services. If it is determined that the employee may be a threat to his/herself or others, Public Safety and/or EMS staff may be called in to assist in transporting the employee to a hospital setting.

MEDICAL STATUS EVALUATION
PSYCHOLOGIST/SOCIAL WORKER

Name: _____

Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE
YES NO

- 1. Was the memo reviewed for appropriateness of request? Y N
- 2. Was a concurrent medical appointment scheduled? Y N
- 3. Was the employee cleared medically? Y N
- 4. Was an interview, history and mental status examination performed? Y N
- 5. Was a urine drug screen and/or alcohol testing performed at request of either medical or Psychological Services? Y N n/a
- 6. Were all test results reviewed by medical physician? Y N
- 7. Was case discussed with medical physician? Y N
- 8. Were job specifications evaluated and a disposition determined by both medical and Psychological Services? Y N
- 9. Was a Disposition Form PA 3128 issued to employee at time of visit? Y N
- 10. Was a follow up appointment, if indicated? Y N n/a
- 11. Was an appropriate memo issued to requesting unit within five working days of visit? Y N
- 12. Was an estimate given as to when employee could return to full or restricted duty and indicated on above memo? Y N n/a

REVIEWER: _____ DATE: _____
Signature

Comments by Reviewed Psychologist/Social Worker: _____

Signature DATE: _____

FINAL REVIEW: _____
Chief Medical Officer

APRIL 1997

OMSP 2.30

COLOR VISION TESTING PROTOCOL

The Medical Assistant or Nurse will perform a full color vision test on all employees currently in or who will be promoted/hired to the following job titles:

- PATH employees except clerical
- Electricians
- Airport Operations Agents
- Pilots
- Chauffeurs
- Utility System Maintainers
- Watch Engineers
- Police Officers

The color vision screening will be performed during:

- ◊ Required Annual Physicals
- ◊ Periodic Examinations
- ◊ Promotional Examinations
- ◊ Pre-placement Examinations

All test results will be recorded on the vision testing form (Attachment A).

The color vision screening will consist of:

- 1) The Titmus Color Perception Test
 - 2) Ishihara's Color Vision Test
-

APRIL 1997

OMSP 2.30

COLOR VISION TESTING PROTOCOL

The Medical Assistant or Nurse will perform a full color vision test on all employees currently in or who will be promoted/hired to the following job titles:

- PATH employees except clerical
- Electricians
- Airport Operations Agents
- Pilots
- Chauffeurs
- Utility System Maintainers
- Watch Engineers
- Police Officers

The color vision screening will be performed during:

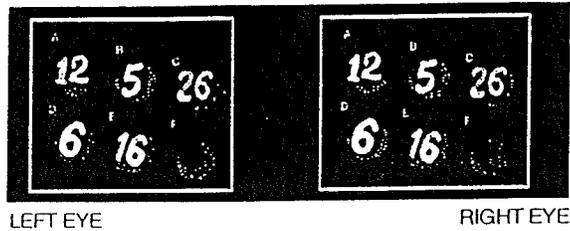
- ◇ Required Annual Physicals
- ◇ Periodic Examinations
- ◇ Promotional Examinations
- ◇ Pre-placement Examinations

All test results will be recorded on the vision testing form (Attachment A).

The color vision screening will consist of:

- 1) The Titmus Color Perception Test
 - 2) Ishihara's Color Vision Test
-

TITMUS COLOR PERCEPTION



- a. POWER is On
- b. Both OCCLUDER pads Off
- c. FAR light On
- d. No. 6 Test Light On

Consists of six reproduced Ishihara Pseudo-Isochromatic Plates. This test detects the presence of a color deficiency **but does not classify as to type**. A total of eight digits can be seen by color-normal individuals in the 6 circles.

Individuals with low acuity (20/50 or less) in both eyes may fail this test. In such cases the cause may be low acuity rather than faulty color perception. If the subject has a binocular difficulty and experiences a doubling of signs, the test can be administered with one eye occluded.

Question: "What numbers (numerals) do you see in Circle A, B, C, etc.?" The color-normal individual will report that he does not see any number in Circle F. This is a correct response.

COLOR KEY:

Example No. 1: Diagonal line through 0 indicates correct answers A through F.

A	B	C	D	E	F
12	5	26	6	16	Ø

Example No. 2: The X through numeral 5 and numeral 2 of number 26 indicates numerals missed.

A	B	C	D	E	F
12	X	X26	6	16	0

Scoring

Normal=correct reading of all eight numerals.

Mild Deficiency=correct reading of at least five numerals.

Fail=correct reading of four or fewer numerals.

ISHIHARA'S COLOR VISION TEST:

- a) Hold plates 75 cm. from the subject and tilted so that the plane of the paper is at right angles to the line of vision.
 - b) The numerals which are seen on plates 1-14 are stated and each answer should be given without more than three seconds delay.
 - c) Record the employees actual answers on the back of "Attachment A" and mark each incorrect answer with an "X" next to the appropriate plate number.
 - d) The technician will sign his/her name under the area on "Attachment A" marked "Test Performed By".
 - e) The physician will review the results and make a determination of "Pass/Fail" and mark in the box designated on "Attachment A".
 - f) The reviewing physician will sign in the area designated on "Attachment A".
-

COLOR PERCEPTION EVALUATION

I. Titmus (8 digits and one blank tested; each digit is counted separately)

SCORE:	8 correct	normal
	5-6-7 correct	mild deficiency (check Ishihara book)
	0-4 correct	fail

II. Ishihara Plates (14 plate volume)

SCORE:	10 or more correct	normal
	8-9 correct	rare - requires ophthalmologic evaluation
	0-7 correct	fail

III. Ishihara Plates (18 plate volume)

SCORE:	14 or more correct	normal
	0-13 correct	fail

HEARING EVALUATION FOR PATH ENGINEERS

The person does not have an average hearing loss in the **better ear** greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without use of a hearing aid passes.

METHOD: Add decibel defect, in each ear separately, for each of 3 Hz levels divided by 3. IF OVER 40 - FAIL.

"ATTACHMENT A"

PA 54A/10-60

**PRE-PLACEMENT EVALUATION SUPPLEMENT
RECORD FORM
for use with
TITMUS VISION TESTER**

VISUAL ACUITY TESTS AT FAR - 20 FEET

SLIDE CAT NO AF-BRL-4

Right Eye
DIAL #1 AT GREEN BUTTON
LENS LEVER AT (FAR)
READ "RIGHT" COLUMN ONLY
RIGHT EYE COLUMN

1	H K	20/200
2	Z O D	20/100
3	R N D S	20/70
4	V Z K N	20/50
5	D N V C	20/40
6	K D S O N	20/30
7	H S N R D	20/20

Left Eye
DIAL #1 AT GREEN BUTTON
LENS LEVER AT (FAR)
READ "LEFT" COLUMN ONLY
LEFT EYE COLUMN

1	Z N	20/200
2	R K S	20/100
3	H C D V	20/70
4	Z R O D	20/50
5	K H S C	20/40
6	O N R Z V	20/30
7	S D C H N	20/20

Both Eyes
DIAL #1 AT GREEN BUTTON
LENS LEVER AT (FAR)
READ "MIDDLE" COLUMN ONLY
BOTH EYES COLUMN

1	R O	20/200
2	H N C	20/100
3	S K Z O	20/70
4	N S C H	20/50
5	O Z N R	20/40
6	D K H C S	20/30
7	V R Z K O	20/20

LEFT OCCLUDER SWITCH "OFF"

RIGHT OCCLUDER SWITCH "OFF"

BOTH OCCLUDER SWITCHES "ON"

ACUITY "FAR" WITHOUT WITH

RIGHT EYE 20/

LEFT EYE 20/

BOTH EYES 20/

COLOR VISION

SLIDE CAT NO. COF-1

DIAL #2 AT GREEN BUTTON
LENS LEVER AT (FAR)
BOTH Occluder Switches ON
ISHIHARA-ISOCHROMATIC
PLATE NUMBERS



PLACE AN "X" OVER EACH NUMERAL READ INCORRECTLY

HETEROPHORIA

Lateral in 1 Diopter Steps
In Space 55 - Distance - Enter 20

SLIDE CAT NO LPF-1

DIAL #3 AT GREEN BUTTON
BOTH Occluder Switches ON

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
7	6	5	4	3	2	1	0	1	2	3	4	5	6	7

Prism Diopter Esophoria ← Ortho → Prism Diopter Exophoria

Vertical Phoria in 1/2 Diopter Steps

SLIDE CAT NO. VPF-1

DIAL #4 AT GREEN BUTTON
BOTH Occluder Switches ON

1	2	3	4	5	6	7
12	1	11	0	11	1	12

Prism Diopter Left Hyperphoria ← Ortho → Prism Diopter Right Hyperphoria

VISUAL ACUITY TESTS AT NEAR POINT

SLIDE CAT NO AN-BRL-2

Right Eye
DIAL #6 AT AMBER BUTTON
LENS LEVER AT (NEAR)
READ RIGHT COLUMN ONLY
RIGHT EYE COLUMN

1	H Z O	20/100
2	C S Z N	20/70
3	O O H C	20/50
4	N Z C S	20/40
5	Z S H N K	20/30
6	V K C D S	20/20

Left Eye
DIAL #6 AT AMBER BUTTON
LENS LEVER AT (NEAR)
READ LEFT COLUMN ONLY
LEFT EYE COLUMN

1	S V C	20/100
2	R N Z H	20/70
3	C K V D	20/50
4	V H R N	20/40
5	H S K R C	20/30
6	Z O N V R	20/20

Both Eyes
DIAL #6 AT AMBER BUTTON
LENS LEVER AT (NEAR)
READ MIDDLE COLUMN ONLY
BOTH EYES COLUMN

1	N R K	20/100
2	D O K V	20/70
3	S N Z R	20/50
4	O D S K	20/40
5	N Z D O V	20/30
6	H C S K D	20/20

LEFT OCCLUDER SWITCH OFF

RIGHT OCCLUDER SWITCH OFF

BOTH OCCLUDER SWITCHES "ON"

ACUITY "NEAR"

RIGHT EYE 20/

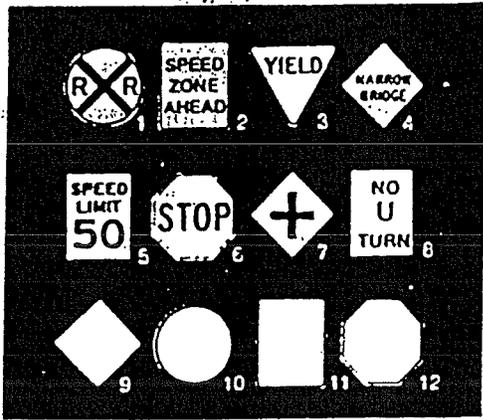
LEFT EYE 20/

BOTH EYES 20/

ADDITIONAL TEST SLIDES ARE AVAILABLE FOR OTHER TESTING PURPOSES

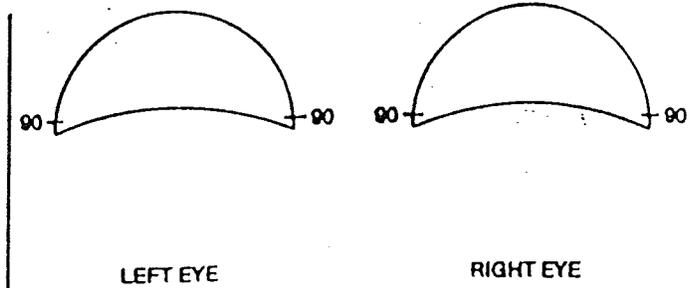
Spirometry- Pulmonary Function.			AUDIO				
			Threshold Left	Normal	Abnormal	Threshold Right	Normal
FVC Percent Predicted	%	500 C.P.S.	<input type="checkbox"/>		500 C.P.S.	<input type="checkbox"/>	
		1000 C.P.S.	<input type="checkbox"/>		1000 C.P.S.	<input type="checkbox"/>	
FEV/FVC 1 Second Measured	%	2000 C.P.S.	<input type="checkbox"/>		2000 C.P.S.	<input type="checkbox"/>	
		3000 C.P.S.	<input type="checkbox"/>		3000 C.P.S.	<input type="checkbox"/>	
FVC Predicted Liters	%	4000 C.P.S.	<input type="checkbox"/>		4000 C.P.S.	<input type="checkbox"/>	
		6000 C.P.S.	<input type="checkbox"/>		6000 C.P.S.	<input type="checkbox"/>	
FVC Measured Liters	%	8000 C.P.S.	<input type="checkbox"/>		8000 C.P.S.	<input type="checkbox"/>	

Sign Recognition and Depth



Signs 3, 6, 11 Stand Out

Peripheral Vision



PASSED

FAILED

ISHIHARA TEST
ANSWERS TO EACH PLATE

NUMBER OF PLATE	ANSWER (INDICATE ACTUAL ANSWER)	INCORRECT (MARK WITH "X" FOR INCORRECT)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

Test Performed By:

Signature

PASS	FAIL
------	------

Physician

ISHIHARA'S COLOR VISION TEST

Analysis of the results

As assessment of the readings of plates 1 to 11 determines the normality or defectiveness of colour vision. If 10 or more plates are read normally, the colour vision is regarded as normal. If only 7 or less than 7 plates are read normal, the colour vision is regarded as deficient. However, in reference to plate 9, only those who read the numerals 2 and read it easier than those on plate 8 are recorded as abnormal.

It is rare to find a person whose recording of normal answers is 9 or 8 plates. An assessment of such a case requires the use of other colour vision tests, including the anomaloscope.

Answers to each plate

Number of Plate	Normal Person	Person with Red-Green Deficiencies		Person with Total Colour Blindness and Weakness	
		Protan	Deutan	Strong	Mild
1	12	12		12	
2	8	3		×	
3	5	2		×	
4	29	70		×	
5	74	21		×	
6	7	×		×	
7	45	×		×	
8	2	×		×	
9	×	2		×	
10	16	×		×	
11	traceable	×		×	
		Protan		Deutan	
		Strong	Mild	Strong	Mild
12	35	5	(3) 5	3	3 (5)
13	96	6	(9) 6	9	9 (6)
14	can trace two lines	purple	purple (red)	red	red (purple)
					×

The mark × shows that the plate cannot be read. The numerals and winding lines in parenthesis show that they can be read or traced but they are comparatively unclear.

OCTOBER 1994

OMSP 3.00

PREPLACEMENT EXAMINATION

Preplacement examinations are conducted for all PATH candidates and Port Authority positions which require specific medical criteria or field work to determine if they are medically able to perform the essential functions of a particular job.

**PREPLACEMENT EXAMINATION
MEDICAL PROTOCOL/NURSING SERVICES**

PERMANENT EMPLOYEES:

1. Ensure that the laboratory has performed a urine drug screen.
 2. Ensure that the appropriate preemployment testing has been done by the multiphasic area: audiogram, vision, EKG, spirometry, chest x-ray (PATH employees receive spine x-ray as well.)
 3. Fill in the areas on the front of the preplacement medical examination form: "position applied for" check the box for "project", "temp", or "permanent" initial next to "nurse interview".
 4. Ensure that the applicant has filled in all of the information on the top of the preplacement medical examination form.
 5. Take an appropriate pre-employment history and review the medical history portion of the preplacement examination form with the job applicant.
 6. If the applicant has marked a "yes" to any of the questions on the preplacement examination form, the nurse must address the question and explain in detail the nature of the problem, the date of onset, and any treatment received.
 7. Request additional documentation from treating physicians/treatment centers as necessary. Upon receipt of documentation, initial and date the bottom.
 8. After making sure the applicant has never tested positive on a tuberculin skin test and has not received a BCG vaccination, place tuberculin test (PPD) and give applicant written instructions regarding the reporting of results.
 9. Instruct applicant to undress and put on a patient examination gown leaving undergarments on. If female preemployment candidate would like a breast examination instruct her to remove her bra.
 10. After the physician has finished examining the applicant, enter the information into the computer and forward the preplacement folder to the lab for processing.
-

TEMPORARY EMPLOYEES:

1. Ensure that the laboratory has performed a urine drug screen.
2. Take an appropriate preemployment nursing history and review the medical history portion of the preplacement examination form with the job applicant.

3. Fill in the areas on the front of the preplacement medical examination form: "position applied for" check the box for "project", "temp", or "permanent" initial next to "nurse interview".
4. Make sure that the applicant has filled in all of the information on the top of the preplacement medical examination form.
5. If the applicant has marked a "yes" to any of the questions on the preplacement examination form, the nurse must address the question and explain in detail the nature of the problem, the date of onset and treatment received.
6. Request additional documentation from any treating physicians/treatment centers as necessary. Upon receipt of the documentation, initial and date at the bottom.
7. Consult a physician for any abnormalities as indicated.
8. After making sure the applicant has never tested positive on the tuberculin skin test and has never received BCG, place tuberculin test (PPD) and give applicant written instructions regarding the reporting of results.
9. After entering the information into the computer, forward the preplacement folder to the lab for processing.

NOVEMBER 1994

OMSP 3.02

PREPLACEMENT EXAMINATION
PEER REVIEW/NURSE

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

TEMPORARY EMPLOYEES

CIRCLE

- | | YES | NO | |
|---|-----|----|-----|
| 1. Were the urine drug screen done prior to nursing interview? | | | |
| 2. Was all of the information on the top of the preplacement medical examination form filled in correctly by the nurse and the applicant? | Y | N | |
| 3. Was a complete nursing history present in the narrative section of the preplacement questionnaire? | Y | N | |
| 4. Was candidate asked if ever positive for TB? | Y | N | |
| 5. Was a PPD given? | Y | N | N/A |
| 6. Were all of the questions on the questionnaire that were marked "yes" addressed on the right hand page? | Y | N | N/A |
| 7. Was a physician consulted for any abnormalities? | Y | N | N/A |
| 8. Was additional documentation requested for any medical problems? | Y | N | N/A |
| 9. Was documentation initialed and dated? | Y | N | N/A |
| 10. Was folder forwarded to lab for processing? | Y | N | |

COMMENTS: _____

Reviewer: _____ Date: _____
Signature

**PREPLACEMENT EXAMINATION
MEDICAL PROTOCOL/PHYSICIAN SERVICES**

Full preplacement examinations conducted only for safety sensitive and PATH candidates.

PERMANENT EMPLOYEES

1. Nurse takes medical history, places tuberculin test (PPD) and instructs patient on reporting of same.
2. Laboratory conducts urine drug/alcohol screen testing.
3. Multiphasic area does appropriate testing (audiogram, vision, EKG, spirometry) and chest x-ray (PATH employees receive Spine x-rays as well).
4. Physician reviews nurse's history, available tests, performs detailed history and physical examination then records findings on preplacement form.
5. Physician reviews chart, urine drug/alcohol screen, PPD reports in conjunction with job specification.
6. Physician makes determination as to medical approval or disapproval.
7. Physician signs chart and employee check list.
8. Returns both to lab for processing and reporting to HRD - Employment Division. If urine drug/alcohol screen is positive, without sufficient explanation, the candidate is automatically rejected.

TEMPORARY EMPLOYEES

1. Nurse takes medical history, places tuberculin test (PPD), if indicated, and instructs patient on reporting of same.
2. Laboratory does urine drug/alcohol screen testing.
3. Physician reviews the nurse's history, investigates further, if needed, with more detailed history and performs appropriate physical examination.
- ~~4. Physician reviews chart, urine drug/alcohol screen, PPD reports in conjunction with job specification.~~
5. Makes determination as to medical approval or disapproval.
6. Signs chart and employee check list.
7. Returns both chart and employee check list to lab for processing and reporting to HRD - Employment Division. If urine drug/alcohol screen is positive, without sufficient explanation, the candidate is automatically rejected.

**PREPLACEMENT EXAMINATION
PEER REVIEW/PHYSICIAN**

PERMANENT EMPLOYEES

- | | | | | |
|-------|---|-------|---|---|
| 1. | Was nurse's interview, history and comments reviewed? | | Y | N |
| 2. | Was detailed history obtained from patient? | | Y | N |
| 3. | Did the physician obtain a history of: | | | |
| | - Drug allergy? | | Y | N |
| | - Medication use? | | Y | N |
| 4. | Were findings on physical examination well documented on preplacement form? | | Y | N |
| 5. | Were the following reports reviewed to make proper job assessment: | | Y | N |
| | a) Urine Drug/Alcohol Screen | _____ | Y | N |
| | b) PPD (TB) | _____ | Y | N |
| | Negative | _____ | | |
| | Positive | _____ | | |
| | o Chest X-ray report | _____ | | |
| | o Pulmonologist report | _____ | | |
| | o Prior treatment letter | _____ | | |
| | c) Audiogram | _____ | | |
| | d) EKG (if indicated) | _____ | | |
| | e) Vision testing | _____ | | |
| | f) Spirometry | _____ | | |
| | g) Chemistry/urinalysis | _____ | | |
| | h) Spinal X-rays (PATH only) | _____ | | |
| | i) Chest X-ray | _____ | | |
| | j) Others | _____ | | |
| <hr/> | | | | |
| 6. | Was chart reviewed in conjunction with job specifications? | | Y | N |
| 7. | Was final determination made, chart and employee check list signed off and employee check list sent to Employment Division within five working days of determination? | | Y | N |

TEMPORARY EMPLOYEES

CIRCLE

- 1. Were the nurse's interview, history and comments reviewed? YES NO
- 2. Was further investigation of positive history undertaken? Y N N/A
- 3. Were the reports reviewed? Y N
 - TB (PPD)
 - Negative _____
 - Positive _____
 - o Chest X-ray report _____
 - o Pulmonologist report _____
 - o Prior treatment letter _____
 - Urine Drug/Alcohol Screen _____
- 4. Was chart reviewed in conjunction with job specifications? Y N
Were ADA accommodations needed? Y N N/A
- 5. Was final determination made, chart and employee check list signed off and employee check list sent to Employment Division within five working days? Y N N/A

REVIEWER: _____ DATE: _____
Signature

Comments by Reviewed Physician: _____

Signature DATE: _____

FINAL REVIEW: _____
Chief Medical Officer

AUGUST 1994

OMSP 3.10

REQUIRED ANNUAL EXAMINATION
MEDICAL PROTOCOL

These examinations which are required by union contract, are performed on an annual basis for PATH employees and Police.

**REQUIRED ANNUAL EXAMINATION
MEDICAL PROTOCOL/NURSING SERVICES**

1. Ensure that a medical health questionnaire has been completed by the employee.
2. Ensure that complete multiphasic testing format has been performed and that the current job title of the employee is present on the form.

Laboratory Studies

Blood
Urine
CXR (if indicated)
EKG (if indicated)
Tonometry (over 40)
Audiometry
Spirometry
Vision examination (color vision for promotion or in job titles where color recognition is necessary)
PPD if indicated

3. Document on the chart summary that the employee was in for an annual physical examination and indicate the name of the physician that performed the physical examination.
4. Transfer the multiphasic test results to the annual physical examination form and fill in other necessary information.
5. After making sure the employee has never tested positive on a tuberculin skin test and has not received a BCG vaccination, place tuberculin test (PPD) (if not done within six months) and give employee written instructions regarding the reporting of results.
6. Record on a chart summary the date the PPD was given and place the chart summary in the accordion file under the date the employee is due to call back.
7. Instruct the employee to undress leaving undergarments on. If female employee would like a breast examination or a pap smear as indicated on the front of her medical questionnaire, instruct her to remove the appropriate undergarments.
8. After the physician has finished examining the employee, write the examining physician's name on the outside of the multiphasic packet. Enter appropriate data into the computer and forward the multiphasic packet to the lab for processing.

REQUIRED ANNUAL EXAMINATION
PEER REVIEW/NURSE

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

- 1. Was medical health questionnaire completed by the employee? YES NO
- 2. Was the job title of the employee included on the Health Questionnaire? Y N
- 3. Was a complete, multiphasic testing format performed? Y N

Laboratory Studies

- Blood _____
- Urine _____
- CXR (if indicated) _____
- EKG (if indicated) _____
- Tonometry (over 40) _____
- Audiogram _____
- Spirometry _____
- Vision Examination _____
- PPD (if indicated) _____

- 4. Was it documented on the chart summary that the employee was in for an annual physical and which physician performed the examination? Y N
 - 5. Was the annual examination form filled out correctly? Y N
 - 6. Was physician's name indicated on the annual folder? Y N
-
- 7. Was the multiphasic packet forwarded to the lab for processing? Y N

COMMENTS: _____

Reviewer: _____ Date: _____

Signature

**REQUIRED ANNUAL EXAMINATION
MEDICAL PROTOCOL/PHYSICIAN SERVICES**

The Required Annual Examination includes the following:

a) Multiphasic Testing (*see attachments for description of the tests below*)

- Urinalysis
- Blood chemistry profile
- Complete blood count
- PSA (Males over 50)
- Hepatitis panel (Police)
- Lead levels (Police)
- PCB's (Electricians)
- Urine Drug/Alcohol Screens (PATH Employees)
- Chest x-ray (If needed)
- EKG
- Tonometry (Over 40 years old)
- Audiometry
- Spirometry
- Vision examination

***Employees represented by PBA, SBA, DEA, LBA are eligible for specialist services per OMSP 4.40**

b) Health Questionnaire

c) Complete medical history and comprehensive physical examination

- o If the female employee does not want a gynecological or breast examination, as indicated on the front of the Health Questionnaire, the nurse instructs her to leave her undergarments on under the examination gown.
- o The physician completes the periodic form at the time of the examination and reviews the available data with the employee.

d) When laboratory and x-ray reports are returned, the physician "signs off" the examination by completing a PA 1908 which is sent to the employee by the Medical Records Unit. Contractor will send the PA 1908 directly to the employee

e) The completed information is processed by Medical Records.

- o Medical Records processes all the material provided and places it in employee's records. A copy of these tests are sent to employee's physician if requested.

f) Contractor will make a copy of the annual physical and send the original to OMS Medical Records. Contractor will send a copy of the annual physical to the private physician if requested.

**REQUIRED ANNUAL EXAMINATION
PEER REVIEW/PHYSICIAN**

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

- | | | | |
|----|---|-----|----|
| 1. | Was an interim health questionnaire completed by employee and reviewed by physician? | YES | NO |
| 2. | Was a complete multiphasic testing format performed? | Y | N |
| | a) CBC - Chemistry - Urinalysis | | |
| | b) Urine Drug/Alcohol Screen (PATH) | | |
| | c) Hepatitis Panel (Police) | | |
| | d) Lead levels (Police and Bridge Painters) | | |
| | e) PCB's (Electricians) | | |
| | f) Chest X-ray (if indicated) | | |
| | g) EKG (if indicated) | | |
| | h) Tonometry (over 40) | | |
| | i) Audiogram | | |
| | j) Spirometry | | |
| | k) Vision examination | | |
| | l) PSA (males over 50) | | |
| 3. | Was a current history obtained and documented on annual form? | Y | N |
| 4. | Was available multiphasic data discussed with patient at time of evaluation? | Y | N |
| 5. | Was a complete physical examination performed and documented on annual form? | Y | N |
| 6. | Was the "Report of Annual Examination" - Form PA 1908 completed and sent to employee within three working days? | Y | N |
| 7. | Were abnormal findings discussed with employee within week of sending report, if needed? | Y | N |

REVIEWER: _____ DATE: _____
Signature

Comments by Reviewed Physician: _____

Signature DATE: _____

FINAL REVIEW: _____
Chief Medical Officer

APRIL 1997

OMSP 3.15

**PROTOCOL FOR FEDERAL AVIATION ADMINISTRATION (FAA)
ANNUAL EXAMINATION MEDICAL**

Medical certification to perform as a Pilot is given on a biannual basis. One certification per annum must be made by a Federal Aviation Administration (FAA) certified physician and OMS will perform the second certification in conjunction with the annual physical examination. If, at the time of the annual physical examination, the attached FAA requirements per 14 CFR ch. 1 (1-1-90 edition) 67.15 are not met, OMS will take the pilot out of service and refer him/her to a federal air surgeon. The federal air surgeon must medically clear the employee prior to OMS returning him/her to duty.

(1) Distant visual acuity of 20/20 or better in each eye separately, without correction; or of at least 20/100 in each eye separately corrected to 20/20 or better with corrective lenses (glasses or contact lenses), in which case the applicant may be qualified only on the condition that he wears those corrective lenses while exercising the privileges of his airman certificate.

(2) Enough accommodation to pass a test prescribed by the Administrator based primarily on ability to read official aeronautical maps.

(3) Normal fields of vision.

(4) No pathology of the eye.

(5) Ability to distinguish aviation signal red, aviation signal green, and white.

(6) Binocular fixation and vergence-phoria relationship sufficient to prevent a break in fusion under conditions that may reasonably occur in performing airman duties.

Tests for the factors named in paragraph (b)(6) of this section are not required except for applicants found to have more than one prism diopter of hyperphoria, six prism diopters of esophoria, or six prism diopters of exophoria. If these values are exceeded, the Federal Air Surgeon may require the applicant to be examined by a qualified eye specialist to determine if there is bifoveal fixation and adequate vergence-phoria relationship. However, if the applicant is otherwise qualified, he is entitled to a medical certificate pending the results of the examination.

(c) Ear, nose, throat, and equilibrium.

(1) Ability to hear the whispered voice at 8 feet with each ear separately.

(2) No acute or chronic disease of the middle or internal ear.

(3) No disease of the mastoid.

(4) No unhealed (unclipped) perforation of the eardrum.

(5) No disease or malformation of the nose or throat that might interfere with or be aggravated by flying.

(6) No disturbance in equilibrium.

(d) *Mental* and *neurologic*—(1) *Mental*. (i) No established medical history or clinical diagnosis of any of the following:

(a) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(b) A psychosis.

(c) Alcoholism, unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from alcohol for not less than the preceding 2 years. As used in this section, "alcoholism" means a condition in which a person's intake of alcohol is great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning.

(d) *Drug dependence*. As used in this section, "drug dependence" means a condition in which a person is addicted to or dependent on drugs other than alcohol, tobacco, or ordinary caffeine-containing beverages, as evidenced by habitual use or a clear sense of need for the drug.

(ii) No other personality disorder, neurosis, or mental condition that the Federal Air Surgeon finds—

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(b) May reasonably be expected, within two years after the finding, to make him unable to perform those duties or exercise those privileges.

and the findings are based on the case history and appropriate qualified medical judgment relating to the condition involved.

(2) *Neurologic*. (i) No established medical history or clinical diagnosis of either of the following:

(a) Epilepsy.

(b) A disturbance of consciousness without satisfactory medical explanation of the cause.

(ii) No other convulsive disorder, disturbance of consciousness, or neurologic condition that the Federal Air Surgeon finds—

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(b) May reasonably be expected, within two years after the finding, to

make him unable to perform those duties or exercise those privileges; and the findings are based on the case history and appropriate qualified medical judgment relating to the condition involved.

(e) *Cardiovascular*. (1) No established medical history or clinical diagnosis of—

(i) Myocardial infarction;

(ii) Angina pectoris; or

(iii) Coronary heart disease that has required treatment or, if untreated, that has been symptomatic or clinically significant.

(f) *General medical condition*.

(1) No established medical history or clinical diagnosis of diabetes mellitus that requires insulin or any other hypoglycemic drug for control.

(2) No other organic, functional, or structural disease, defect, or limitation that the Federal Air Surgeon finds—

(i) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

(ii) May reasonably be expected, within two years after the finding, to make him unable to perform those duties or exercise those privileges.

and the findings are based on the case history and appropriate qualified medical judgment relating to the condition involved.

(g) An applicant who does not meet the provisions of paragraphs (b) through (f) of this section may apply for the discretionary issuance of a certificate under § 67.19.

(Secs. 313(a), 601, and 602, Federal Aviation Act of 1958, as amended (49 U.S.C. 1354(a), 1421, and 1422); sec. 6(c), Department of Transportation Act (49 U.S.C. 1655(c)); (Doc. No. 1179, 27 FR 7980, Aug. 10, 1962, as amended by Amdt. 67-9, 37 FR 4071, Feb. 26, 1972; Amdt. 67-10, 41 FR 46433, Oct. 21, 1976; Amdt. 67-11, 47 FR 16308, Apr. 15, 1982)

§ 67.17 Third-class medical certificate.

(a) To be eligible for a third-class medical certificate, an applicant must meet the requirements of paragraphs (b) through (f) of this section.

(b) *Eye*:

(1) Distant visual acuity of 20/50 or better in each eye separately, without

correction, or if the vision in either or both eyes is poorer than 20/50 and is corrected to 20/30 or better in each eye with corrective lenses (glasses or contact lenses), the applicant may be qualified on the condition that he wears those corrective lenses while exercising the privileges of his airman certificate.

(2) No serious pathology of the eye.

(3) Ability to distinguish aviation signal red, aviation signal green, and white.

(c) Ear, nose, throat, and equilibrium:

(1) Ability to hear the whispered voice at 3 feet.

(2) No acute or chronic disease of the internal ear.

(3) No disease or malformation of the nose or throat that might interfere with, or be aggravated by, flying.

(4) No disturbance in equilibrium.

(d) *Mental* and *neurologic*—(1) *Mental*. (i) No established medical history or clinical diagnosis of any of the following:

(a) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(b) A psychosis.

(c) Alcoholism, unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from alcohol for not less than the preceding 2 years. As used in this section, "alcoholism" means a condition in which a person's intake of alcohol is great enough to damage physical health or personal or social functioning, or when alcohol has become a prerequisite to normal functioning.

(d) *Drug dependence*. As used in this section, "drug dependence" means a condition in which a person is addicted to or dependent on drugs other than alcohol, tobacco, or ordinary caffeine-containing beverages, as evidenced by habitual use or a clear sense of need for the drug.

(ii) No other personality disorder, neurosis, or mental condition that the Federal Air Surgeon finds—

(a) Makes the applicant unable to safely perform the duties or exercise the privileges of the airman certificate that he holds or for which he is applying; or

**PERIODIC EXAMINATION
MEDICAL PROTOCOL/NURSING SERVICES**

1. Ensure that the medical health questionnaire has been completed by the employee.
2. Ensure that the complete multiphasic testing format has been performed and that the current job title of the employee is present on the form.

Urinalysis

Blood Chemistry
Complete Blood Count
PSA (Males over 50)
Hepatitis Panel (Food Service Workers)
Lead Levels (Bridge Painters)
PCB's (Electricians)
CXR (if indicated)
EKG (if indicated)
Tonometry (over 40)
Audiometry
Spirometry
Vision examination
PPD if indicated

3. Document on the chart summary that the employee was in for a periodic physical examination and indicate the name of the physician that performed the physical examination.
4. Transfer the multiphasic test results to the annual physical examination form and fill in other necessary information.
5. After making sure the employee has never tested positive on a tuberculin skin test and has not received a BCG vaccination, place tuberculin test (PPD) (if not done within six months) and give employee written instructions regarding the reporting of results.
6. Record on a chart summary the date the PPD was given and place the chart summary in the accordion file under the date the employee is due to call back.

7. Instruct the employee to undress leaving undergarments on. If female employee would like a breast examination or a pap smear as indicated on the front of her medical questionnaire, instruct her to remove the appropriate undergarments.
8. After the physician has finished examining the employee write the examining physician's name on the outside of the multiphasic packet. Enter appropriate data into the computer and forward the multiphasic packet to the lab for processing.

OCTOBER 1994

OMSP 3.22

PERIODIC EXAMINATION
PEER REVIEW/NURSE

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

1. Was medical health questionnaire completed by the employee? YES NO
2. Was the job title of the employee included on the health questionnaire? Y N
3. Was a complete, multiphasic testing format performed? Y N

Urinalysis _____
Blood Chemistry _____
Complete Blood Count _____
Hepatitis Panel (Food Service Workers) _____
Lead Levels (Bridge Painters) _____
PCB's (Electricians) _____
CXR (if indicated) _____
EKG (if indicated) _____
Tonometry (over 45) _____
Audiogram _____
Spirometry _____
Vision Examination _____
PPD (if indicated) _____

4. Was it documented on the chart for summary that the employee was in a periodic exam and which physician performed the examination? Y N

5. Was the annual examination form filled out correctly? Y N

6. Was the physician's name on the outside of the periodic envelope? Y N

7. Was the multiphasic packet forwarded to the lab for processing? Y N

COMMENTS: _____

Reviewer: _____ Date: _____
Signature

**PERIODIC EXAMINATION
MEDICAL PROTOCOL/PHYSICIAN SERVICES**

The Periodic Examination includes:

a) Multiphasic

- Urinalysis
- Blood chemistry profile
- Complete blood count
- Hepatitis panel (Food Service Workers)
- Lead levels (Bridge Painters)
- PCB's (Electricians)
- Chest x-ray (If needed)
- EKG
- Tonometry (Over 30 years old)
- Audiometry
- Spirometry
- Vision Examination
- Breast examination for females (optional)**
- Gynecological examination for females (optional)**

b) Health Questionnaire

c) Complete history and comprehensive physical examination

- o If the female employee does not want a gyn or breast exam, the nurse instructs her to leave her undergarments on under the examination gown.
- o The physician completes the periodic form at the time of the examination and reviews the available data with the employee.

d) When laboratory and x-ray reports are returned, the physician "signs off" the examination by completing PA 1908 which is sent to the employee by the Medical Records Unit.

e) The completed information is processed by Medical Records.

- o Medical Records processes all the material provided and computer summary forms are placed in the employee's record. A copy of this report is sent to the employee's physician if requested.

** Employee indicates whether she would like a breast examination or a gyn examination by checking the box on the front of the Health Questionnaire.

**PERIODIC EXAMINATION
PHYSICIAN SERVICES PEER REVIEW/PHYSICIAN**

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

- | | | | |
|----|--|-----|----|
| 1. | Was an interim health questionnaire completed by employee and reviewed by physician? | YES | NO |
| 2. | Was a complete multiphasic testing format performed? | Y | N |

- CBC - Chemistry - Urinalysis
- Complete Blood Count
- PSA (Males over 50)
- Hepatitis Panel (Food Service Workers)
- Lead Levels (Bridge Painters)
- PCB's (Electricians)
- CXR (if indicated)
- EKG (if indicated)
- Tonometry (over 40)
- Audiometry
- Spirometry
- Vision examination
- PPD if indicated

- | | |
|---|-------|
| a) CBC - Chemistry - Urinalysis | _____ |
| b) Urine Drug/Alcohol Screen (PATH) | _____ |
| c) Hepatitis Panel (Police) | _____ |
| d) Lead levels (Police & Bridge Painters) | _____ |
| e) PCB's (Electricians) | _____ |
| f) Chest X-ray (if indicated) | _____ |
| g) EKG (if indicated) | _____ |
| <hr style="border: 0.5px solid black;"/> | |
| h) Tonometry (over 45) | _____ |
| i) Audiogram | _____ |
| j) Spirometry | _____ |
| k) Vision examination | _____ |
| l) PSA (males over 50) | _____ |

- | | | | |
|----|--|---|---|
| 3. | Was a current history obtained and documented in annual form? | Y | N |
| 4. | Was available multiphasic data discussed with patient at time of evaluation? | Y | N |

- | | | | |
|----|---|---|---|
| 5. | Was a complete physical examination performed and documented on annual form? | Y | N |
| 6. | Was the "Report of Annual Examination" - Form PA 1908 completed and sent to employee within three working days? | Y | N |
| 7. | Were abnormal findings discussed with employee within week of sending report? | Y | N |

REVIEWER: _____ DATE: _____
Signature

Comments by Reviewed Physician: _____

Signature DATE: _____

FINAL REVIEW: _____
Chief Medical Officer

JULY 1994

OMSP 3.30

PROMOTIONAL EXAMINATION

Promotional examinations are administered as a condition of promotion to "safety sensitive" field positions. The evaluation includes a multiphasic test and physician examination. Candidates for promotion to "safety sensitive" positions have a drug/alcohol screen if warranted as a part of their promotional examination.

**PROMOTIONAL EXAMINATION
MEDICAL PROTOCOL/NURSING SERVICES**

1. Make sure that appropriate multiphasic/lab tests are done according to protocol for required annual examination in conjunction with the promotional job specification and that all information is in a green envelope marked "promotion".
2. Make sure that a urine drug screen was done except for PATH positions identified in Physician Services.
3. Document on the chart summary that the employee was in for a promotional physical examination and indicate the present job title and to which job title the employee will be promoted.
4. Transfer the multiphasic test results to the annual physical examination form and fill in other necessary information.
5. Make sure that an employee check list is present in the promotional physical envelope.
6. After making sure the employee has never tested positive on a tuberculin skin test and has not received a BCG vaccination. Place tuberculin test (PPD) (if not done within six months) and give employee written instructions regarding the reporting of results.
7. Record on a chart summary form, the date the PPD was given and place the chart summary in the accordion file under the date the employee is due to call back.
8. Instruct the employee to undress leaving undergarments on. If female employee would like a breast examination or a pap smear as indicated on the front of her medical questionnaire, instruct her to remove the appropriate undergarments.
9. After the physician has finished examining the employee. Write the examining physician's name on the outside of folder. Enter the appropriate data into the computer and forward the promotional folder to the lab for processing.

PROMOTIONAL EXAMINATION
PEER REVIEW/NURSE

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

- | | | | |
|-----|---|-----|-------|
| 1. | Were appropriate multiphasic/lab tests done in conjunction with job specification? | YES | NO |
| 2. | Was all information in a green promotional envelope? | Y | N |
| 3. | Was a urine drug screen done? | Y | N N/A |
| 4. | Was the present job title of the employee present on the chart? | Y | N |
| 5. | Was a PPD done? | Y | N N/A |
| 6. | Was a chart summary present under correct date in the accordion file indicating the date of PPD? | Y | N N/A |
| 7. | Was documentation present indicating promotional physical and to which job title the employee will be promoted? | Y | N N/A |
| 8. | Was a checklist present in the promotional envelope? | Y | N |
| 9. | Was the top of the physical form completed correctly? | Y | N |
| 10. | Was the examining physician's name present on the outside of the promotional envelope? | Y | N |
| 11. | Was the multiphasic folder forwarded to the lab for processing? | Y | N N/A |

COMMENTS: _____

Reviewer: _____
Signature

Date: _____

**PROMOTIONAL EXAMINATION
MEDICAL PROTOCOL/PHYSICIAN SERVICES**

1. If periodic/annual examination has been done within nine months:
 - a) Take a brief update of medical history and limited physical examination;
 - b) Conduct a urine drug/alcohol screen test if warranted;
 - c) Review lab reports and chart;
 - d) Complete employee check list (PA 706) after reviewing job specifications;
 - e) Return employee check list to lab for processing and reporting to HRD - Employment Division. If urine drug screen is positive, without sufficient explanation, the employee is automatically rejected, proceed to* for next steps.

 2. If periodic/annual examination has not been done within nine months:
 - a) Conduct a complete periodic examination - including multiphasic, lab, complete history and physical examination;
 - b) Conduct a urine drug/alcohol screen test if warranted;
 - c) Review lab reports and chart;
 - d) Complete employee check list after reviewing with job specifications;
 - e) Returns employee check list to lab for processing and reporting to HRD - Employment Division. If urine drug screen is positive, without sufficient explanation, the employee is automatically rejected and proceed to* for next steps.
 - f) Complete report form PA 1908 to employee.
-

- * If promotion urine drug screen is positive, without explanation, refer to Psychological Services Unit.
 - Do not approve promotion.
 - Send rejection to Employment Division - HRD.
 - Send appropriate memo to unit.
 - Employee is not eligible for promotion until released by Psychological Services Unit.

- 3. PATH employee promotions - the protocol is the same as above, however, no urine drug screens are to be done on the following classifications:
 - a) Assistant Signal Repairman
 - b) Conductor
 - c) Tower Operator

PROMOTIONAL EXAMINATION
PEER REVIEW/PHYSICIAN

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

PROMOTION FROM: _____
TO : _____

CIRCLE

A. If periodic/annual examination was done within nine months:

- | | | | |
|----|---|-----|----|
| 1. | Was brief update of medical history performed? | YES | NO |
| 2. | Was limited physical examination performed and well documented in chart? | Y | N |
| 3. | Was current urine drug/alcohol screen done and reviewed? | Y | N |
| 4. | Were current examinations performed in conjunction with job specifications? | Y | N |

Vision testing _____
Spirometry _____
Others _____

- | | | | | |
|----|--|---|---|-----|
| 5. | Was chart and all reports reviewed in conjunction with job specifications? | Y | N | N/A |
| 6. | Was final determination made, chart and employee check list signed off, and employee check list sent to Employment Division within three working days? | Y | N | |

B. If periodic/annual examination had not been done within nine months:

- | | | | |
|----|---|---|---|
| 1. | Was a complete multiphasic examination performed? | Y | N |
|----|---|---|---|

- a) CBC/Chemistry/Urinalysis _____
- b) ~~Urine Drug Screen/Alcohol (if needed)~~ _____
- c) EKG (if indicated) _____
- d) Chest X-ray (if indicated) _____
- e) Vision _____
- f) Tonometry (over 40) _____
- g) Spirometry _____
- h) Audiogram _____
- i) Lead levels (Police and Bridge Painters) _____
- j) Hepatitis Profile (Police) _____
- k) PCB's (Electricians) _____
- l) PSA (males over 50) _____

- | | | | | |
|----|--|---|---|-----|
| 2. | Was a current history obtained and documented on annual form? | Y | N | |
| 3. | Was a complete physical examination performed and documented on annual form? | Y | N | |
| 4. | Was chart and all reports reviewed in conjunction with job specifications? | Y | N | |
| | Were ADA accommodations needed? | Y | N | N/A |
| 5. | Was final determination made, chart and employee check list signed off and employee check list sent to Employment Division within three working days of receiving results? | Y | N | |
| 6. | Was the "Report of Annual Examination" - Form PA 1908 completed and sent to employee within three working days of receiving results? | Y | N | |
| 7. | Were abnormal findings discussed with employee within one week of sending report, if needed? | Y | N | N/A |
| 8. | If positive urine drug/alcohol screen reported: | | | |
| a) | Did action to remove employee from service begin promptly? | Y | N | N/A |
| b) | Was employee notified? | Y | N | N/A |
| c) | Was employee sent to Psychological Services for evaluation? | Y | N | N/A |
| d) | Was check list sent to Employment Division with rejection? | Y | N | N/A |
| e) | Was appropriate memo (PA, PATH, Police) on "substance in urine" sent to current unit for further action? | Y | N | N/A |

REVIEWER: _____ DATE: _____
 Signature

Comments by Reviewed Physician: _____

_____ DATE: _____
 Signature

FINAL REVIEW: _____
 Chief Medical Officer

JULY 1994

OMSP 3,35

**PROMOTIONAL EXAMINATION
PSYCHOLOGICAL PROTOCOL**

An employee is referred to the Psychological Services Unit when he/she is found to be positive on a prepromotional drug/alcohol test. A memo is sent by the Chief Medical Officer to the employee's manager for administrative disposition. The employee is referred for treatment and upon resolution the administrative disposition is evaluated for return to duty. This includes substance abuse screens as appropriate. The employee is then monitored for two or more years (depending on the terms of a Waiver Agreement) through regular appointments to assess progress and perform substance abuse screens as indicated. Some jobs requiring particular personality traits may require psychological screening. This will involve a psychological interview, and testing as necessary.

**PROMOTIONAL EXAMINATION
PEER REVIEW/PSYCHOLOGIST/SOCIAL WORKER**

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

PROMOTION FROM: _____

TO: _____

CIRCLE

- | | | | | |
|----|--|---|---|-----|
| 1. | Was employee cleared by the Medical Services Unit? | Y | N | |
| 2. | Was current urine drug screen done and reviewed? | Y | N | |
| 3. | Was current psychological evaluation performed in conjunction with job specifications? | Y | N | |
| | - Stress _____ | | | |
| | - Psychological history _____ | | | |
| | - Other _____ | | | |
| 4. | Was chart and all reports reviewed in conjunction with job specifications? | Y | N | |
| | Were ADA accommodations needed? | Y | N | N/A |
| 5. | Was a determination as to promotion made and recorded in both medical and psychological unit charts? | Y | N | |
| 6. | If positive urine drug screen reported: | | | |
| | a) Was OMS physician consulted? | Y | N | |
| | b) Was supervisor notified promptly to remove employee from service? | Y | N | |
| | c) Was employee notified? | Y | N | |
| 7. | Was follow-up scheduled with employee? | Y | N | |

REVIEWER: _____ DATE: _____

Signature

Comments by Reviewed Psychologist/Social Worker: _____

_____ DATE: _____

Signature

FINAL REVIEW: _____

Chief Medical Officer

VENDOR PROTOCOL FOR SCHEDULING OF REQUIRED SERVICES

REQUIRED ANNUAL EXAMINATIONS:

Required annual examinations must be performed on a yearly basis. In order to maintain this requirement, all examinations are scheduled within the first ten months of the year. The final two months of the year are reserved for missed annual appointments. Accordingly, units are divided so that ten percent of their required staff are eligible for scheduling each month. Scheduling will be performed by the vendor from a list of eligible employees provided by the Port Authority, by the 15th of the prior month. Vendor will forward the eligibility list to each unit scheduler and unit scheduler will call KMO directly for available appointments. Vendor will enter all appointments for the following month into Medicomp system prior to start of the month. A report of all completed examinations, as well as no shows, must be completed by the contractor at the end of each month and forwarded to the OMS Manager within five workdays of the end of the month.

OTHER REQUIRED SERVICES:

Other services including Hepatitis B titers and vaccinations, respirator clearances, forklift operator certifications and flu vaccines should be performed in accordance with protocols.

Vendors will be responsible for developing a tracking system to ensure that all services are performed within required periods and that missed appointments are rescheduled.

**PHYSICAL EXAMINATION FOR CDL DRIVERS
PER 49 CFR PART 391.41**

A motor carrier shall require a driver to be tested in accordance with the procedures set forth in Part (391.41) and Part 40 of this title at least once every two years commencing with the driver's first medical examination required after the motor carrier's implementation of a drug testing program in accordance with this part.

A list of eligible employees will be queried from the Medicomp system on a monthly basis. This eligibility list will be sent to each unit coordinator for scheduling.

The Physician or Physician Assistant will perform a complete annual physical examination in accordance with established OMS protocols including respirator clearance testing, if indicated. The CDL physical examination form (*Attachment A*) should be completed along with the OMS physical examination history and physical form (*Attachment C*).

General Information

The purpose of this history and physical examination is to detect the presence of physical, mental, or organic defects of such a character and extent as to affect the applicant's ability to operate a commercial motor vehicle safely. History of certain defects may be cause for rejection or indicate the need for making certain follow up laboratory tests. Defects may be recorded which do not, because of their character or degree, indicate that certification of physical fitness should be denied. However, these defects should be discussed with the applicant and he/she should be advised to take the necessary steps to insure correction, particularly of those which, if neglected, might lead to a condition likely to affect his/her ability to drive safely.

General appearance and development.

Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by a major illness. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

Head-eyes.

When other than the Snellen chart is used, the results of such test must be expressed in values comparable to the standard Snellen test. If the applicant wears corrective lenses, these should be worn while applicant's visual acuity is being tested. *If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses."* Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus, uncorrected by corrective lenses. Monocular drivers are not qualified to operate commercial motor vehicles under existing Federal Motor Carrier Safety Regulations. If the driver habitually

wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he/she has good tolerance and is well adapted to their use.

Vision requirements:

- must have distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses
- visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses
- distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses
- field of vision of at least 70 degrees in the horizontal meridian in each eye
- ability to recognize the colors of traffic signals and devices showing standard red, green, and amber
- use of contact lenses should be noted;

Ears.

Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Meniere's Syndrome. When tested by use of an audiometric device, may not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951.

Throat.

Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a commercial motor vehicle.

Thorax-heart.

Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures.

Electrocardiogram is required when findings so indicate. Are not qualified to drive a commercial motor vehicle if they have a current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, or thrombosis.

Blood Pressure.

Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a commercial motor vehicle. If blood pressure is above 160/90 mm. Hg., treatment is needed to stabilize prior to operating a motor vehicle safely.

Lungs.

May not have an established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and drive a commercial motor vehicle safely.

Gastrointestinal system.

Note any diseases of the gastrointestinal system.

Abdomen.

Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present and treatment recommended for correction.

Abnormal abdominal masses and tenderness.

When noted, state where most pronounced, and suspected cause. If the diagnosis suggests that the condition might interfere with control and safe operation of a commercial motor vehicle, more stringent tests must be made before the applicant can be certified.

Genito-urinary.

Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and State public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a commercial motor vehicle, will disqualify an applicant from operating a commercial motor vehicle.

Neurological.

If positive Romberg is reported, indicate degrees of impairment. Pupillary reflexes should be reported for both light and accommodation. Knee jerks are to be reported absent only when not obtainable upon reinforcement and as increased when foot is actually lifted from the floor following a light blow on the patella, sensory vibratory and positional abnormalities should be noted. May not have an established medical history of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle. May not have a mental, nervous, organic, or functional disease or psychiatric disorders likely to interfere with his/her ability to drive a commercial motor vehicle safely.

Extremities.

Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a

grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength to enable the driver to operate pedals properly. Must not have loss of a foot, a leg, a hand, or an arm, unless a waiver has been granted (*see details in paragraph 391.49, if needed - Attachment D*). Particular attention should be given to and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a commercial motor vehicle safely. May not have an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease, which interferes with his/her ability to control and operate a commercial motor vehicle safely.

Spine.

Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiologic and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

Recto-genital studies.

Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

Laboratory and other special findings.

Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of luetic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

Diabetes.

May not have an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control. If insulin is necessary to control a diabetic condition, the driver is not qualified to operate a commercial motor vehicle. If mild diabetes is noted at the time of examination and it is stabilized by use of hypoglycemic drug and a diet that can be obtained while the driver is on duty, it should not be considered disqualifying. However, the driver must remain under adequate medical supervision.

Controlled Substances Testing.

Drivers are subject to subpart H of this part and shall be tested in compliance with the requirements of that subpart and form is marked accordingly (*Attachment A*) and collected/examined/verified according to 49 CFR 40. The results of the medical examination shall be recorded on the form entitled "Physical Examination of Drivers"

and if the medical examiner finds that the person he/she examined is physically qualified to drive a commercial motor vehicle in accordance with paragraph 391.41(b), he/she shall complete the certificate on the form prescribed and furnish one copy to the person who was examined and one copy to the motor carrier that employs him/her.

Drugs and Alcohol.

May not use a Schedule I drug or other controlled substance, an amphetamine, narcotic, or any other habit-forming drug, except that a driver may use such a substance or drug if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties and who has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle; may not have a current clinical diagnosis of alcoholism.

REPORTING PROTOCOL FOR EMPLOYEES NOT QUALIFIED FOR CDL MEDICAL CERTIFICATION

If an employee does not meet the requirements for CDL medical certification, the following should occur:

1. Form PA 3128 (Appointment, Referral and Disposition Slip) should be marked:
 - a) Fit for work with restriction – no CDL driving
 - b) Call supervisor to inform and determine utilization
 - c) If correctable, follow up appointment to be given within 1 month
 - d) Copy of PA 3128 to be faxed on day of visit to Karen Truberg at (212) 435-8428
2. If follow up appointment is not kept or problem not resolved, notify Karen Truberg of no show or status so she may contact unit as to continued "no CDL status".
3. Send CDL form to the Office of Medical Services as usual for processing.
4. If situation is corrected, new card should be completed by employee and physician and sent to the Office of Medical Services (Dr. Martin Duke) in a separate mailing for final distribution.
5. If the restriction is permanent, a memorandum will be sent to the department manager by the Office of Medical Services

FORMS & CERTIFICATES

- A licensed medical examiner will complete the form, certification (Attachment A) and “card” (Attachment B) except for final signature at time of examination.
- The driver will also complete his/her portion of certification and “card” at time of examination.
- After the laboratory reports are returned and the drug screen is reviewed by the MRO, the licensed medical examiner will sign the certifications and “card” and forward the completed paperwork to Mark Duffy, Program Coordinator. The rest of the “annual” paperwork will be sent to Medical Records and processed in the usual manner.
- The Program Coordinator will then send the necessary paperwork to the employee and to the authorized CDL contacts at the facilities.

CDL CONTACTS:

Andrew J. Perrone
JFKIA Bldg 14 - First Floor
Jamaica, NY 11430

John Mollica
LaGuardia Airport - Hangar 7 South
Flushing, NY 11371

Timothy Maher
Newark International Airport - Bldg 80
Newark, NJ 07114

Ora Schiff
241 Erie Street - Room 202
Jersey City, NJ 07310

Barry Kravitz
NY Marine Terminals
90 Columbia Street
Brooklyn, NY 11201

John Glowacki
260 Kellog Street
Port Newark, NJ 07114

CDL CONTACTS: (continued)

Mark Schaff
Lincoln Tunnel
500 Boulevard East
Weehawken, NJ 07087

Anthony Massaro
Lincoln Tunnel
500 Boulevard East
Weehawken, NJ 07087

Lenny Hicks
Holland Tunnel
13th and Provost Streets
Jersey City, NJ 07310

Donna Bruno
Holland Tunnel
13th and Provost Streets
Jersey City, NJ 07310

Jack McMonagle
Port Authority Bus Terminal
625 Eighth Avenue
New York, NY 10018

Goeto Vanterpool
Staten Island Bridges
2777 Goethals Road North
Staten Island, NY 10303

Larry Panzica
Staten Island Bridges
2777 Goethals Road North
Staten Island, NY 10303

Joseph Caiafa
George Washington Bridge & Bus Station
220 Bridge Plaza South
Fort Lee, NJ 07024

Ken Bransky
George Washington Bridge & Bus Station
220 Bridge Plaza South
Fort Lee, NJ 07024

CDL CONTACTS: *(continued)*

Thomas Smith
241 Erie Street - Room 230
Jersey City, NJ 07310

Andrew Infante
241 Erie Street- Room 230
Jersey City, NJ 07310

PHYSICAL EXAMINATION OF DRIVERS

"ATTACHMENT A"

Name: _____

Address: _____

Social Security No.: _____ Date of Birth: _____ Age: _____

New Certification Recertification

HEALTH HISTORY

Yes No Head or spinal injuries. Yes No Syphilis. Yes No Kidney disease.
Selzures, fits, convulsions, or fainting. Gonorrhea. Muscular disease.
Extensive confinement by illness or injury. Diabetes. Suffering from any other disease.
Cardiovascular disease. Nervous stomach. Permanent defect from illness, disease or injury.
Tuberculosis. Rheumatic fever. Psychiatric disorder.
Asthma. Any other nervous disorder.

If answer to any of the above is yes, explain: _____

PHYSICAL EXAMINATION

GENERAL APPEARANCE AND DEVELOPMENT: Good: _____ Fair: _____ Poor: _____

VISION: For distance: Right 20/ _____ Left 20/ _____ Both 20/ _____ Without corrective lenses With corrective lenses if worn

Evidence of disease or injury: Right: _____ Left: _____

Color Test: _____ Horizontal field of vision: Right _____ Left _____

HEARING: Right ear _____ Left ear _____ Disease or injury _____

AUDIOMETRIC TEST (complete only if audiometer is used to test hearing) decibel loss at 500 Hz _____

at 1,000 Hz _____ at 2,000 Hz _____

THROAT _____

THORAX: Heart _____ If organic disease is present, is it fully compensated? _____

Blood pressure: Systolic _____ Diastolic _____

Pulse: Before exercise _____ Immediately after exercise _____ Lungs _____

ABDOMEN: Scars _____ Abnormal masses _____ Tenderness _____

Hernia: Yes _____ No _____ If so, where? _____ Is truss worn? _____

GASTROINTESTINAL: Ulceration or other disease: Yes _____ No _____

GENITO-URINARY: Scars _____ Urethral discharge _____

REFLEXES: Romberg _____ Pupillary _____ Light R _____ L _____

Accommodation Right _____ Left _____

Knee Jerks: Right: Normal _____ Increased _____ Absent _____

Left: Normal _____ Increased _____ Absent _____

Remarks: _____

EXTREMITIES: Upper _____ Lower _____ Spine _____

LABORATORY AND OTHER SPECIAL FINDINGS: Urine: Spec. Gr. _____ Alb. _____ Sugar _____

Other laboratory data (serology, etc.) _____

Radiological data _____ Electrocardiograph _____

CONTROLLED SUBSTANCES TESTING:

Controlled substances test performed- In accordance with subpart H Not in accordance with subpart H
Controlled substances test NOT performed

GENERAL COMMENTS _____

(Date of examination) (Address of Medical Examiner) (Name of Medical Examiner) (Print)

(Title) (License or Certification No.) (State)

CHECK HERE IF NOT QUALIFIED (Signature of Medical Examiner)

NOTE: This section to be completed only when visual test is conducted by a licensed optometrist or ophthalmologist.

(Date of examination) (Address of examiner) (Name of examiner) (Print)

(Signature of examiner)

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of his/her duties, I find him/her qualified under the regulations.

Qualified only when wearing corrective lenses. Medically unqualified unless accompanied by a waiver.
Qualified only when wearing a hearing aid. Medically unqualified unless driving within an exempt intracity zone.
Qualified by operation of 49 CFR 391.64.

A completed examination form for this person is on file in my office at _____ (Area Code & Telephone Number)

(Expiration Date) (Name of Medical Examiner) (Print) (Signature of Medical Examiner)

(Title) (License or Certificate No.) (State in Which Licensed)

(Signature of driver) (Address of driver)

NOTE: Medical Examiner's Certificate must be retained in Driver's Qualification File. Copyright 1997 J. J. KELLER & ASSOCIATES, INC., Neenah, WI • USA • (800) 327-6868

INSTRUCTIONS FOR PERFORMING AND RECORDING PHYSICAL EXAMINATIONS

The examining medical examiner should review these instructions before performing the physical examination. Answer each question yes or no where appropriate.

The examining medical examiner should be aware of the rigorous physical demands and mental and emotional responsibilities placed on the driver of a commercial motor vehicle. In the interest of public safety, the examining medical examiner is required to certify that the driver does not have any physical, mental, or organic defect of such a nature as to affect the driver's ability to operate safely a commercial motor vehicle.

General Information. The purpose of this history and physical examination is to detect the presence of physical, mental, or organic defects of such a character and extent as to affect the applicant's ability to operate a commercial motor vehicle safely. The examination should be made carefully and at least as complete as indicated by the attached form. History of certain defects may be cause for rejection or indicate the need for making certain laboratory tests or a further, and more stringent, examination. Defects may be recorded which do not, because of their character or degree, indicate that certification of physical fitness should be denied. However, these defects should be discussed with the applicant, and he/she should be advised to take the necessary steps to insure correction, particularly of those which, if neglected, might lead to a condition likely to affect his/her ability to drive safely.

General appearance and development. Note marked overweight. Note any posture defect, perceptible limp, tremor, or other defects that might be caused by alcoholism, thyroid intoxication, or other illnesses. The Federal Motor Carrier Safety Regulations provide that no driver shall use a narcotic or other habit-forming drugs.

Head-eyes. When other than the Snellen chart is used, the results of such test must be expressed in values comparable to the standard Snellen test. If the applicant wears corrective lenses, these should be worn while applicant's visual acuity is being tested. If appropriate, indicate on the Medical Examiner's Certificate by checking the box, "Qualified only when wearing corrective lenses." In recording distance vision use 20 feet as normal. Report all vision as a fraction with 20 as numerator and the smallest type read at 20 feet as denominator. Note ptosis, discharge, visual fields, ocular muscle imbalance, color blindness, corneal scar, exophthalmos, or strabismus, uncorrected by corrective lenses. Monocular drivers are not qualified to operate commercial motor vehicles under existing Federal Motor Carrier Safety Regulations. If the driver habitually wears contact lenses, or intends to do so while driving, there should be sufficient evidence to indicate that he/she has good tolerance and is well adapted to their use. The use of contact lenses should be noted on the record.

Ears. Note evidence of mastoid or middle ear disease, discharge, symptoms of aural vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If audiometer is used to test hearing, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz.

Throat. Note evidence of disease, irremediable deformities of the throat likely to interfere with eating or breathing, or any laryngeal condition which could interfere with the safe operation of a commercial motor vehicle.

Thorax-heart. Stethoscopic examination is required. Note murmurs and arrhythmias, and any past or present history of cardiovascular disease, of a variety known to be accompanied by syncope, dyspnea, collapse, enlarged heart, or congestive heart failures. Electrocardiogram is required when findings so indicate.

Blood pressure. Record with either spring or mercury column type of sphygmomanometer. If the blood pressure is consistently above 160/90 mm. Hg., further tests may be necessary to determine whether the driver is qualified to operate a commercial motor vehicle.

Lungs. If any lung disease is detected, state whether active or arrested; if arrested, your opinion as to how long it has been quiescent.

Gastrointestinal system. Note any diseases of the gastrointestinal system.

Abdomen. Note wounds, injuries, scars, or weakness of muscles of abdominal walls sufficient to interfere with normal function. Any hernia should be noted if present. State how long and if adequately contained by truss.

Abnormal masses. If present, note location, if tender, and whether or not applicant knows how long they have been present. If the diagnosis suggests that the condition might

interfere with the control and safe operation of a commercial motor vehicle, more stringent tests must be made before the applicant can be certified.

Tenderness. When noted, state where most pronounced, and suspected cause. If the diagnosis suggests that the condition might interfere with control and safe operation of a commercial motor vehicle, more stringent tests must be made before the applicant can be certified.

Genito-urinary. Urinalysis is required. Acute infections of the genito-urinary tract, as defined by local and State public health laws, indications from urinalysis of uncontrolled diabetes, symptomatic albumin-urea in the urine, or other findings indicative of health conditions likely to interfere with the control and safe operation of a commercial motor vehicle, will disqualify an applicant from operating a commercial motor vehicle.

Neurological. If positive Romberg is reported, indicate degrees of impairment. Patellar reflexes should be reported for both light and accommodation. Knee jerks are to be reported absent only when not obtainable upon reinforcement and as increased when foot is actually lifted from the floor following a light blow on the patella, sensory vibratory and positional abnormalities should be noted.

Extremities. Carefully examine upper and lower extremities. Record the loss or impairment of a leg, foot, toe, arm, hand, or fingers. Note any and all deformities, the presence of atrophy, semiparalysis or paralysis, or varicose veins. If a hand or finger deformity exists, determine whether sufficient grasp is present to enable the driver to secure and maintain a grip on the steering wheel. If a leg deformity exists, determine whether sufficient mobility and strength exist to enable the driver to operate pedals properly. Particular attention should be given to and a record should be made of, any impairment or structural defect which may interfere with the driver's ability to operate a commercial motor vehicle safely.

Spine. Note deformities, limitation of motion, or any history of pain, injuries, or disease, past or presently experienced in the cervical or lumbar spine region. If findings so dictate, radiologic and other examinations should be used to diagnose congenital or acquired defects; or spondylolisthesis and scoliosis.

Recto-genital studies. Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while sitting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

Laboratory and other special findings. Urinalysis is required, as well as such other tests as the medical history or findings upon physical examination may indicate are necessary. A serological test is required if the applicant has a history of ketotic infection or present physical findings indicate the possibility of latent syphilis. Other studies deemed advisable may be ordered by the examining medical examiner.

Diabetes. If insulin is necessary to control a diabetic condition, the driver is not qualified to operate a commercial motor vehicle. If mild diabetes is noted at the time of examination and it is stabilized by use of a hypoglycemic drug and a diet that can be obtained while the driver is on duty, it should not be considered disqualifying. However, the driver must remain under adequate medical supervision.

Controlled Substances Testing. If a test for controlled substances is performed as part of the medical examination, the medical examiner is to check the box next to the statement, "Controlled substances test performed" on the medical examination form. If a test for controlled substances is not performed, the medical examiner is to check the box next to the statement, "Controlled substances test not performed." If a controlled substances test is performed under the requirements of subpart H of this part, then the medical examiner must also check the box next to the statement, "In accordance with subpart H," and must obtain information that the results of such test were negative prior to certifying that the driver is otherwise medically qualified. If a controlled substance test is performed but not in accordance with subpart H, the medical examiner must also check the box next to the statement, "Not in accordance with subpart H," and ensure that the results of the test were negative prior to certifying that the driver is otherwise medically qualified.

The medical examiner must date and sign his/her findings upon completion of the examination.

MINIMUM REQUIREMENTS OF SECTION 391.41

(a) A person shall not drive a commercial motor vehicle unless he/she is physically qualified to do so and, except as provided in §391.67, has on his/her person the original, or a photographic copy, of a medical examiner's certificate that he/she is physically qualified to drive a commercial motor vehicle.

(b) A person is physically qualified to drive a commercial motor vehicle if that person—

(1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a waiver pursuant to §391.49;

(2) Has no impairment of:

(i) A hand or finger which interferes with prehension or power grasping; or
(ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a waiver pursuant to §391.49.

(3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;

(4) Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;

(5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and drive a commercial motor vehicle safely;

(6) Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a commercial motor vehicle safely;

(7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his/her ability to control and operate a commercial motor vehicle safely;

(8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle;

(9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to drive a commercial motor vehicle safely;

(10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;

(11) First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951;

(12) Does not use a Schedule I drug or other substance identified in Appendix D to this subchapter, an amphetamine, narcotic, or any other habit-forming drug, except that a driver may use such a substance or drug if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties and who has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle; and

(13) Has no current clinical diagnosis of alcoholism.

(c) Drivers subject to subpart H of this part shall be tested in compliance with the requirements of that subpart.

**MOTOR
CARRIER**

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

(Driver's Name - Print)

in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 - 391.49) and with knowledge of his/her duties, I find him/her qualified under the regulations.

- Qualified only when wearing corrective lenses
- Qualified only when wearing a hearing aid
- Qualified by operation of 49 CFR 391.64
- Medically unqualified unless accompanied by a _____ waiver
- Medically unqualified unless driving within an exempt intracity zone

A completed examination form for this person is on file in my office at

(Area Code & Telephone Number)

(Expiration Date)

(Name of Medical Examiner - Print)

(Title)

(License or Certificate No.)

(State in Which Licensed)

(Signature of Medical Examiner)

(Signature of Driver)

(Address of Driver)

THE PORT AUTHORITY OF NY & NJ

Office of Medical Services
One World Trade Center - 62N
New York, New York 10048

DATE: _____

ANNUAL MSE PROMOTION RESPIRATOR CLR. PRE-RETIREMENT

NAME: _____ AGE: _____

EMP. NO. _____ UNIT NO. _____ OCCUPATION: _____

HT.: _____ WT.: _____ BP: (RT) _____ / _____ (LFT) _____ / _____ PULSE: _____

GEN APP: _____ ABDOMEN: _____

SKIN: _____

HEAD: _____ MUSCULO-SKELETAL: _____

EYES: _____ BACK: _____

EARS: _____ UPP EXT.: _____

NECK/THYROID: _____ LOWER EXT.: _____

THORAX/BREASTS: _____ NEURO CR.N: _____

LYMPH NODES: _____ REFLEXES: _____

LUNGS: _____ GENITALIA: _____

HEART: _____ HERNIA: _____

RECTAL: _____

PROSTATE: _____

PULSES - CAR: R _____ L _____ PT: R _____ L _____ HEMOCULT: POS.

FEM: R _____ L _____ DP: R _____ L _____ NEG. NOT DONE

OTHER FINDINGS: _____

INDICATE FINDINGS OF MP TESTS (N, AB, BL, PEND., NOT DONE):

BLOOD _____ URINE _____ EKG _____ CHEST X-RAY _____

AUDIO _____ TONO _____ SPIRO _____ VISION _____

VACCINATION: TET/D. _____ PNEUMO _____ HEP _____ FLU _____ PPD _____

IMPRESSION: _____

PLAN: _____

ADVISED TO WEAR HEARING PROTECTION YES N/A _____ .M.D.

C.C. _____

FAMILY HX: DIAB M.: _____ B/P: _____

COR: _____ CANCER: _____

MOTHER: ↑ ↓ _____ FATHER: ↑ ↓ _____

OTHER RELATIVES: _____

SOCIAL HX. TOBACCO: TYPE/AMT/TIME _____ STOPPED _____

ALCOHOL: TYPE/AMT/TIME _____ STOPPED _____

ALLERGY: DRUG: _____ REACTION: [] HIVES [] RASH [] SEVERE

OTHER: _____ REACTION: [] HIVES [] RASH [] SEVERE

MEDICATIONS RX: _____

OTC: _____

SURGERY: _____

HOSPITALIZATION: _____

INJURY: FRACTURE: _____

IOD: _____

SIGNIFICANT/PAST/PRES MED HX: _____

ROS: SKIN _____

HEENT _____

CARDIAC _____

PULMONARY _____

GI _____

GU _____

GYN HX: DATES G _____ P _____ AB _____ LAST PAP _____ LAST MAMMO _____

LMP _____ [] REG. [] IRREG. [] DYSMEN.

NEURO: _____

MUSCULO-SKELETAL: _____

OTHER: _____

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mitted should include all medical records and test results upon which the party relies.

(3) **Parties.** A party for the purposes of this section includes the motor carrier and the driver, or anyone else submitting an application.

(e) **Petitions to review, burden of proof.** The driver or motor carrier may petition to review the Director's determination. Such petition must be submitted in accordance with §386.13(a) of this chapter. The burden of proof in such a proceeding is on the petitioner.

(f) **Status of driver.** Once an application is submitted to the Director, Office of Motor Carrier Research and Standards, the driver shall be deemed disqualified until such time as the Director, Office of Motor Carrier Research and Standards makes a determination, or until the Director, Office of Motor Carrier Research and Standards orders otherwise.

§391.49 Waiver of certain physical defects.

(a) A person who is not physically qualified to drive under §391.41(b)(1) or (2) and who is otherwise qualified to drive a commercial motor vehicle, may drive a commercial motor vehicle, if the Regional Director of Motor Carriers has granted a waiver to that person.

(b) A letter of application for a waiver may be submitted jointly by the person who seeks a waiver of the physical disqualification (driver applicant) and by the motor carrier that will employ the driver applicant if the application is granted. The application must be addressed to the Regional Director of Motor Carriers for the region in which the co-applicant motor carrier's principal place of business is located. The address for each regional office is listed in §390.27 of this subchapter. *Exception.* A letter of application for a waiver may be submitted unilaterally by a driver applicant. The application must be addressed to the Regional Director of Motor Carriers for the region in which the driver has legal residence. The address of each regional office is listed in §390.27 of this subchapter. The driver applicant must comply with all the requirements of paragraph (c) of this section except (c)(1) (i) and (iii). The driver applicant shall respond to the requirements of paragraph (c)(2) (i) to (v) of this section, if the information is known.

(c) A letter of application for a waiver shall contain—

(1) Identification of the applicant(s):

(i) Name and complete address of the motor carrier co-applicant;

(ii) Name and complete address of the driver applicant;

(iii) The Federal Highway Administration Motor Carrier Identification Number, if known; and

(iv) A description of the driver applicant's limb impairment for which waiver is requested.

(2) Description of the type of operation the driver will be employed to perform:

(i) State(s) in which the driver will operate for the motor carrier co-applicant (if more than 10 States, designate general geographic area only);

(ii) Average period of time the driver will be driving and/or on duty, per day;

(iii) Type of commodities or cargo to be transported;

(iv) Type of driver operation (*i.e.* sleeper-team, relay, owner operator, *etc.*); and

(v) Number of years experience operating the type of commercial motor vehicle(s) requested in the letter of application and total years of experience operating all types of motor vehicles.

(3) Description of the commercial motor vehicle(s) the driver applicant intends to drive:

(i) Truck, truck-tractor, or bus make, model, and year (if known);

(ii) Drive train;

(A) Transmission type (automatic or manual—if manual, designate number of forward speeds);

(B) Auxiliary transmission (if any) and number of forward speeds; and

(C) Rear axle (designate single speed, 2-speed, or 3-speed).

(iii) Type of brake system;

(iv) Steering, manual or power assisted;

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(v) Description of type of trailer(s) (i.e. van, flatbed, cargo tank, drop frame, lowboy, or pole);

(vi) Number of semitrailers or full trailers to be towed at one time;

(vii) For commercial motor vehicles designed to transport passengers, indicate the seating capacity of the commercial motor vehicle; and

(viii) Description of any modification(s) made to the commercial motor vehicle for the driver applicant; attach photograph(s) where applicable.

(4) Otherwise qualified:

(i) The co-applicant motor carrier must certify that the driver applicant is otherwise qualified under the regulations of this part;

(ii) In the case of a unilateral application, the driver applicant must certify that he/she is otherwise qualified under the regulations of this part.

(5) Signature of applicant(s):

(i) Driver applicant's signature and date signed;

(ii) Motor carrier official's signature (if application has a co-applicant), title, and date signed. Dependent upon the motor carrier's organizational structure (corporation, partnership, or proprietorship), this signer of the application shall be an officer, partner, or the proprietor.

(d) The letter of application for a waiver shall be accompanied by:

(1) A copy of the results of the medical examination performed pursuant to §391.43;

(2) A copy of the medical certificate completed pursuant to §391.43(e).

(3) A medical evaluation summary completed by either a board qualified or board certified physiatrist (doctor of physical medicine) or orthopedic surgeon;

Note: The co-applicant motor carrier or the driver applicant shall provide the physiatrist or orthopedic surgeon with a description of the job tasks the driver applicant will be required to perform;

(i) The medical evaluation summary for a driver applicant disqualified under §391.41(b)(1) shall include:

(A) An assessment of the functional capabilities of the driver as they relate to the ability of the driver to perform normal tasks associated with operating a commercial motor vehicle, and

(B) A statement by the examiner that the applicant is capable of demonstrating precision prehension (e.g., manipulating knobs and switches) and power grasp prehension (e.g., holding and maneuvering the steering wheel) with each upper limb separately. This requirement does not apply to an individual who was granted a waiver, absent a prosthetic device, prior to the publication of this amendment.

(ii) The medical evaluation summary for a driver applicant disqualified under §391.41(b)(2) shall include:

(A) An explanation as to how and why the impairment interferes with the ability of the applicant to perform normal tasks associated with operating a commercial motor vehicle;

(B) An assessment and medical opinion of whether the condition will likely remain medically stable over the lifetime of the driver applicant; and

(C) A statement by the examiner that the applicant is capable of demonstrating precision prehension (e.g., manipulating knobs and switches) and power grasp prehension (e.g., holding and maneuvering the steering wheel) with each upper limb separately. This requirement does not apply to an individual who was granted a waiver, absent an orthotic device, prior to the publication of this amendment.

(4) A description of the driver applicant's prosthetic or orthotic device worn, if any, by the driver applicant;

(5) Road test:

(i) A copy of the driver applicant's road test administered by the motor carrier co-applicant and the certificate issued pursuant to §391.31 (b) through (g); or

(ii) A unilateral applicant shall be responsible for having a road test administered by a motor carrier or a person who is competent to administer the test and evaluate its results.

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(6) Application for employment:

(i) A copy of the driver applicant's application for employment completed pursuant to §391.21; or

(ii) A unilateral applicant shall be responsible for submitting a copy of the last commercial driving position's employment application he/she held. If not previously employed as a commercial driver, so state.

(7) A copy of the driver applicant's waiver of certain physical defects issued by the individual State(s), where applicable; and

(8) A copy of the driver applicant's State Motor Vehicle Driving Record for the past 3 years from each State in which a motor vehicle driver's license or permit has been obtained.

(e) **Agreement.** A motor carrier that employs a driver with a waiver agrees to:

(1) File promptly (within 30 days) with the Regional Director of Motor Carriers such documents and information as may be required about driving activities, accidents, arrests, license suspensions, revocations, or withdrawals, and convictions which involve the driver applicant. This applies whether the driver's waiver is a unilateral one or has a co-applicant motor carrier;

(i) A motor carrier who is a co-applicant must file the required documents with the Regional Director of Motor Carriers for the region in which the carrier's principal place of business is located; or

(ii) A motor carrier who employs a driver who has been issued a unilateral waiver must file the required documents with the Regional Director, Motor Carrier Safety for the region in which the driver has legal residence.

(2) Evaluate the driver with a road test using the trailer the motor carrier intends the driver to transport or, ~~in lieu of, accept a certificate of a~~ trailer road test from another motor carrier if the trailer type(s) is similar or accept the trailer road test done during the Skill Performance Evaluation if it is a similar trailer type(s) to that of the prospective motor carrier;

Note: Job tasks, as stated in paragraph (e)(3) of this section, are not evaluated in the Skill Performance Evaluation.

(3) Evaluate the driver for those nondriving safety-related job tasks associated with whatever type of trailer(s) will be used and any other nondriving safety-related or job-related tasks unique to the operations of the employing motor carrier; and

(4) Use the driver to operate the type of commercial motor vehicle defined in the waiver only when the driver is in compliance with the conditions and limitations of the waiver.

(f) The driver shall supply each employing motor carrier with a copy of the waiver.

(g) The Regional Director of Motor Carriers may require the driver applicant to demonstrate his or her ability to safely operate the commercial motor vehicle(s) the driver intends to drive to an agent of the Regional Director of Motor Carriers. The waiver form will identify the power unit (bus, truck, truck-tractor) for which the waiver has been granted. The waiver forms will also identify the trailer type used in the Skill Performance Evaluation; however, the waiver is not limited to that specific trailer type. A driver may use the waiver with other trailer types if a successful trailer road test is completed in accordance with paragraph (e)(2) of this section. Job tasks, as stated in paragraph (e)(3) of this section, are not evaluated during the Skill Performance Evaluation.

(h) The Regional Director of Motor Carriers may deny the application for waiver or may grant it totally or in part and issue the waiver subject to such terms, conditions, and limitations as deemed consistent with the public interest. A waiver is valid for a period not to exceed 2 years from date of issue, and may be renewed 30 days prior to the expiration date.

(i) The waiver renewal application shall be submitted to the Regional Director of Motor Carriers for the region in which the driver has legal residence, if the waiver was issued unilaterally. ~~If the waiver has a co-applicant, then the renewal application is submitted to the Regional Director of Motor Carriers for the region in which the co-applicant motor carrier's principal place of business is located. The waiver renewal application shall contain the following:~~

(1) Name and complete address of motor carrier currently employing the applicant;

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- (2) Name and complete address of the driver;
 - (3) Effective date of the current waiver;
 - (4) Expiration date of the current waiver;
 - (5) Total miles driven under the current waiver;
 - (6) Number of accidents incurred while driving under the current waiver, including date of the accident(s), number of fatalities, number of injuries, and the estimated dollar amount of property damage;
 - (7) A current medical examination report;
 - (8) A medical evaluation summary pursuant to paragraph (d)(3) of this section if an unstable medical condition exists. All handicapped conditions classified under §391.41(b)(1) are considered unstable.

Note: Refer to paragraph (d)(3)(ii) of this section for the condition under §391.41(b)(2) which may be considered medically stable;
 - (9) A copy of driver's current State motor vehicle driving record for the period of time the current waiver has been in effect,
 - (10) Notification of any change in the type of tractor the driver will operate;
 - (11) Driver's signature and date signed; and
 - (12) Motor carrier co-applicant's signature and date signed.
- (j) Upon granting a waiver, the Regional Director of Motor Carriers will notify the driver applicant and co-applicant motor carrier (if applicable) by letter. The terms, conditions, and limitations of the waiver will be set forth. A motor carrier shall maintain a copy of the waiver in its driver qualification file. A copy of the waiver shall be retained in the motor carrier's file for a period of 3 years after the driver's employment is terminated. The driver applicant shall have the waiver (or a legible copy) in his/her possession whenever on duty.

(k) The Regional Director of Motor Carriers may revoke a waiver after the person to whom it was issued is given notice of the proposed revocation and has been allowed a reasonable opportunity to appeal.

(l) Falsifying information in the letter of application, the renewal application, or falsifying information required by this section by either the applicant or motor carrier is prohibited.

Subpart F — Files and Records

§391.51 Driver qualification files.

(a) Except as provided in subpart G, each motor carrier shall maintain a driver qualification file for each driver it employs. A driver's qualification file may be combined with the driver's personnel file.

(b) The qualification file for a driver who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971 must include—

- (1) The medical examiner's certificate of his physical qualification to drive a commercial motor vehicle or a legible photographic copy of the certificate;
- (2) The letter from the Regional Director of Motor Carriers granting a waiver of a physical disqualification, if a waiver was issued under §391.49;
- (3) The note relating to the annual review of his driving record required by §391.25;
- (4) The list or certificate relating to violations of motor vehicle laws and ordinances required by §391.27; and
- (5) Any other matter which relates to the driver's qualifications or ability to drive a commercial motor vehicle safely.

(c) The qualification file for a regularly employed driver who has not been regularly employed by the motor carrier for a continuous period which began before January 1, 1971 must include—

- (1) The documents specified in paragraph (b) of this section;
- (2) The driver's application for employment completed in accordance with §391.21;
- (3) The responses of State agencies and past employers to the motor carrier's inquiries con-

OCTOBER 1994

OMSP 4.00

POLICE CANDIDATE SCREENING

The Psychological Services Unit will cooperate in the pre-employment screening of police candidates. The tests administered will be consistent with accepted clinical practice nationwide. These include the Minnesota Multiphasic Personality Inventory (MMPI-2), Cornell Index, the Law Enforcement Assessment and Development Report (LEADR) and the Draw-A-Person tests. In addition, all candidates will be interviewed after the testing with a second interview if needed. The only information released is that the candidate is medically approved or disapproved.

**POLICE CANDIDATE SCREENING
MEDICAL PROTOCOL/NURSING SERVICES**

1. Ensure that the preplacement forms are in a special color folder designated for the police candidates.
 2. Ensure that the laboratory has performed a urine drug screen.
 3. Ensure that the appropriate preemployment testing has been done by the multiphasic area: audiogram, vision, (including color with and without glasses, no contact lenses), EKG, spirometry, chest x-ray, vital signs, height and weight.
 4. Take an appropriate preemployment history and review the medical history portion of the preplacement examination form with the job applicant.
 5. If the applicant has marked a "yes" to any of the questions on the preplacement examination form, the nurse must address the question and explain in detail the nature of the problem the date of onset and any treatment received.
 6. Request additional documentation from treating physicians/treatment centers as necessary. Upon receipt of documentation, initial and date at the bottom.
 7. After determining that the applicant has never tested positive on a tuberculin skin test and has not received a BCG vaccination, place tuberculin test (PPD) and give applicant written instructions regarding the reporting of results.
 8. Instruct applicant to undress and put on a patient examination gown leaving undergarments on. If female police officer candidate would like a breast examination instruct her to remove her bra.
 9. After the physician has finished examining the applicant, enter the information into the computer and forward the preplacement folder to the lab for processing.
 10. The supervising nurse keeps a log book entering the status of each phase of the medical screening process as it is completed.
-
11. When all of the tests and results are back and a medical determination is made regarding the approval/disapproval of the candidate, a memo is sent from the Health Services Coordinator to the Employment Division with copies to the Police Testing Division and the Detective Division indicating the status for each employee and overall EEOC statistics.

OCTOBER 1994

OMSP 4.02

**POLICE CANDIDATE SCREENING
PEER REVIEW/NURSE**

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

- | | | | |
|----|---|-----|-------|
| 1. | Was the urine drug screen done prior to nursing interview? | YES | NO |
| 2. | Was a complete nursing history present in the narrative section of the preplacement questionnaire? | Y | N |
| 3. | Was candidate asked if ever positive for TB? | Y | N |
| 4. | Was a PPD given? | Y | N N/A |
| 5. | Were all of the questions on the questionnaire that were marked "yes" addressed on the right hand page? | Y | N |
| 6. | Was additional documentation requested for any medical problems? | Y | N N/A |
| 7. | Was the documentation initialed and dated? | Y | N N/A |
| 8. | Were all multiphasic tests present on chart prior to physician's examination? | Y | N |
| 9. | Was folder forwarded to lab for processing? | Y | N |

COMMENTS: _____

Reviewer: _____ Date: _____

Signature

**POLICE CANDIDATE SCREENING
MEDICAL PROTOCOL/PHYSICIAN SERVICES**

1. Multiphasic area does appropriate testing: blood, urine, audiogram, vision including color, vital signs, height, weight, EKG, spirometry, and chest x-ray.
2. Laboratory conducts urine drug screen testing.
3. Nurse takes medical history, places tuberculin test (PPD), and instructs patient on reporting of same.
4. Physician reviews nurses history, available tests, documentation of previous surgery or medical problems, height and weight requirements, and performs detailed history and physical examination then records findings on preplacement form. The pre-employment candidate is given the option as to whether she would like her breasts examined.
5. Physician reviews chart, urine drug screen, PPD reports in conjunction with job specification, special police requirements and psychological evaluation.
6. Makes determination as to medical approval or disapproval.
7. Signs chart and employee check list.
8. Returns chart to lab for processing and reporting to Human Resources Department - Employment Division. If urine drug screen is positive, without sufficient explanation, the candidate is automatically rejected.

POLICE CANDIDATE SCREENING
PEER REVIEW/PHYSICIAN

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

1. Were nurse's interview, history, and comments reviewed? YES NO

2. Was detailed history obtained from candidate? Y N

3. Were findings on physical examination well documented on
preplacement form? Y N

4. Were the following reports/findings reviewed to make proper
job assessment:

- a. Urine/Drug Screen _____
- b. PPD _____
 - Negative _____
 - Positive _____
- Chest X-ray Report _____
- Pulmonologist Report _____
- Prior Treatment Letter _____
- c. Audiogram _____
- d. EKG _____
- e. Vision Testing _____
- f. Spirometry _____
- g. Chemistry/Urinalysis _____
- h. Chest X-ray _____
- i. Height/Weight Requirements _____
- j. Psychological Results _____
- k. Special Police Requirements _____
- l. Others _____

5. Was chart reviewed in conjunction with job specification? Y N

6. Was final determination made, chart and check list signed
off and check list sent to Employment Division within five
working days of determination? Y N

COMMENTS: _____

Reviewer: _____ Date: _____
Signature

**POLICE CANDIDATE SCREENING
PSYCHOLOGICAL PROTOCOL**

Identification: All candidates must present two forms of identification, including picture identification. Identity is verified and checked at start of testing, after lunch, and before interview.

The following psychological tests are administered:

1. MMPI-2
2. 16 P.F (For Police Candidates)
3. Cornell Index
4. Draw a Person (Same and Opposite Sex)
5. All instructions for above tests are standardized and tests are administered in a group setting.
6. In addition to psychological tests, index cards are distributed to obtain the following information:
 - Name
 - Address
 - Date of Birth/Age
 - Social Security Number
 - Telephone Number - Home
 - Telephone Number - Work
 - Current Occupation
 - Years of Education Completed
7. Upon completion of psychological testing, letters are distributed indicating appointment form psychological interview.
8. Interviews: Psychologist will review tests and explore problem areas.

Review psychological and social history as well as available background information.

If necessary, a second interview is arranged.

A notation as to applicants suitability is to be documented in interview notes.

JULY 1994

OMSP 4.06

**POLICE CANDIDATE SCREENING
PEER REVIEW/PSYCHOLOGIST/SOCIAL WORKER**

NAME: _____ EMP. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

A. TESTING

1. Was candidate's identity, verified, and checked?

Start of testing?	Y	N
After lunch?	Y	N
Before interview?	Y	N

2. Were all tests administered?

- MMPI-2	Y	N
- 16 P.F. (for police candidates)	Y	N
- Cornell index	Y	N
- Draw a person - same sex	Y	N
- Draw a person - opposite sex	Y	N
- Other _____		

3. Were all instructions consistent with standards? Y N

4. Was all information on index cards completed? Y N

Check:

Address _____
Telephone number - work _____
~~Telephone number - current home _____~~
Employment _____
Social Security Number _____
Psychological Services Code _____

B. INTERVIEWS

1. Did psychologist:

o Review test and explore problem areas?	Y	N
o Review psychological and social history?	Y	N
o Review available background information?	Y	N

B. INTERVIEWS (cont'd)

- | | | | | |
|----|---|---|---|-----|
| 2. | Was second interview arranged? | Y | N | N/A |
| | Was second interview psychologist consulted? | Y | N | N/A |
| 3. | Was determination of acceptance/denial of candidate made? | Y | N | |

REVIEWER: _____ DATE: _____
Signature

Comments by Reviewed Psychologist/Social Worker: _____

Signature DATE: _____

FINAL REVIEW: _____
Chief Psychologist

PROCESSING OF POLICE CORRESPONDENCE

These memos are important to Public Safety's utilization of their employees and must be answered within strict timeframes.

Types of memos to be answered by the Office of Medical Services:

- Determination of Injury on Duty
- Ability to perform full duties of a police officer
- Estimated Return to Duty date
- Fitness Evaluation memos
- Gun Permits

PROCESSING OF POLICE CORRESPONDENCE PROTOCOL

1. As soon as memos are received, make a copy of the memo, retrieve corresponding employee chart, attach memo to appropriate chart. Retain a copy of the memo on file in police office.
2. Give both chart and memo to physician for review and reply.
3. Send answered memo to Public Safety and retain a copy of memo on file in police office for tracking purposes.
4. Each time employee is seen at the World Trade Center or satellite clinics, update memos regarding on going medical restrictions and absences.
5. Satellite clinics will fax copies of all police disposition slips to police office at World Trade Center on a daily basis for review. Employees out of work more than five work days must have private physician documentation if they are unable to be seen in OMS.

FEBRUARY 1995

OMSP 4.20

REMOVAL OF WEAPON

At times, due to medication, physical or psychological impairment, it may be necessary to remove an officer's weapon.

REMOVAL OF WEAPON PROTOCOL

A physician or psychologist may remove an officer's weapon according to the following:

PSYCHOLOGIST SHOULD NOTIFY CHIEF MEDICAL OFFICER OF NEED TO REMOVE WEAPON AND CHIEF MEDICAL OFFICER WILL FOLLOW PROCEDURES BELOW:

1. Notify the sergeant and/or lieutenant at the Police Absence Control Unit of the need to either remove or secure an officer's weapon.
 2. When possible, encourage the employee to speak with a sergeant and/or lieutenant from the Absence Control Unit in order to make arrangements to turn in weapon/weapons and pick up new identification.
 3. Document on chart the name of the sergeant and/or lieutenant in the Absence Control Unit who was advised of the necessity to have the weapon removed.
-

PBA, SBA, DEA, & LBA DRUG ABUSE TESTING PROGRAM

The PBA, SBA, DEA, & LBA Drug Abuse Testing Program consists of both reasonable suspicion testing and random testing.

- **Reasonable Suspicion Testing** is done at the request of the Superintendent of Police or his/her designee and the Office of Medical Services is responsible for performing the urine drug screen.
- **Random Testing** including the scheduling and administration of the drug screens, is the responsibility of the Superintendent of Police through an outside vendor. The Office of Medical Services receives the test results and is then responsible for the notification of the results.

APRIL 1997

OMSP 4.40

REFERRAL FOR SPECIALIST SERVICES

- All police personnel represented by PBA, SBA, LBA, and DEA are eligible to receive gyn, proctology and stress testing services per a Port Authority Employment Relations Panel Decision.
 - A contract has been negotiated with Affiliated Physicians at 5 World Trade Center to provide these services in conjunction with the annual physical examination upon request of eligible employees or when medically indicated. Please note that stress testing is only to be provided when medically indicated and not as a prerequisite for an exercise program.
 - Please use the designated authorization form (Attachment A) when referring employees to Affiliated Physicians for the above services. Affiliated has been instructed **not** to perform services unless the employee presents the authorization form.
 - Please call Diane Jorgensen of Affiliated Physicians at (212) 775-1218 to schedule an appointment.
 - Indicate the appointment date and time in the space provided on the bottom left hand corner of the authorization form (Attachment A).
 - Make two copies of the authorization form (Attachment A). Give the original to the employee to present to Affiliated Physicians at the time of the appointment; place one copy in the medical chart; send one copy to OMS, Medical Records Department, One World Trade Center - 62 North.
-

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF MEDICAL SERVICES
ONE WORLD TRADE CENTER
62 NORTH
NEW YORK, NEW YORK 10048
(212) 435-4513

AUTHORIZATION FOR MEDICAL SERVICES

TO: Affiliated Physicians
5 World Trade Center
Suite 367
New York, NY 10048
Attention: Diane Jorgensen (212) 775-1218

Name: _____ Employee No.: _____

Address: _____ City/State: _____

Telephone Number: _____

AUTHORIZATION TO PROVIDE:

- Stress Test
- Gynecological Examination (including Pap Smear)
- Proctoscopy

Appointment Date: _____ Time: _____

Please send a copy of all medical reports to:

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF MEDICAL SERVICES
ONE WORLD TRADE CENTER
62 NORTH
NEW YORK, NEW YORK 10048

ATTENTION: MARTIN DUKE, MD
CHIEF MEDICAL OFFICER

Authorized By: _____, MD

NOVEMBER 1993

OMSP 5.00

LEAD SURVEILLANCE MONITORING PROGRAM

The Occupational Safety and Health Administrative (OSHA) has issued federal standards concerning Bloodborne Pathogens, Lead Levels, PCB's, etc. As a major employer conforming to OSHA standards, the Port Authority is responsible for this program directed at groups of employees in certain "risk" categories. Activities include testing police and others per OSHA guidelines, (i.e. Lead, PCB's, and heavy metals testing), respirator clearance program, and vaccinating employees potentially exposed to various infections (i.e. Hepatitis B).

LEAD SURVEILLANCE MONITORING PROGRAM PROTOCOL

Occupational Safety and Health Administration requirements for certain categories are maintained as follows:

Lead Levels:

- o Bridge Painters are tested twice annually
- o Police are tested during their annual examination

PCB Levels:

- o Electricians during their periodic physical examination

LEAD SURVEILLANCE MONITORING PROGRAM

Lead Exposure Specifications

Medical surveillance for lead is instituted for workers exposed to an action level of 30 micrograms of airborne lead per cubic meter of air averaged over an 8-hour period for more than 30 days.

Job Classifications with Potential High Lead Exposure

1. Bridge Painters;
2. Structural Maintenance Mechanics;
3. Police Officers;
4. Employees identified as high risk for lead exposure by Risk Management.

Lead Testing Schedule

Occupation	Serum Lead	Zinc Protoporphyrin	Frequency
Police Officer	1	0	Yearly
Bridge Painters	1	1	Every 6 months
Structural Maintenance Mechanic	1	1	Every 6 months
Others	1	1	Every 6 months

Lead Surveillance Lab Normals

- Serum Lead - Normal below 25 ug/dl.
- Serum Zinc Protoporphyrin - Normal below 80 ug/dl.

Medical Evaluation

Participants in the Lead Surveillance Program are required to have yearly medical evaluations. The medical evaluation should include the following:

- **Occupational History** with attention to previous lead exposure;
- **Medical History** of past and present medical conditions involving specific organ systems;
- **Personal History** of hygiene habits, smoking, alcohol consumption, hobbies, food consumption prior to clean-up;
- **Blood Pressure**;
- **Physical Examination** with special attention to neurological, gastrointestinal, cardiovascular and renal systems;
- **Pulmonary Status** if respirators are used on the worksite;
- **Laboratory Testing For:**
 - * Blood lead level;
 - * Hemoglobin, hematocrit, red cell indices and examination of peripheral smear morphology;
 - * Zinc Protoporphyrin level (zpp);
 - * BUN and serum creatinine;
 - * Routine urinalysis.

Lead Results Notification

Written Notification of employee within 5 days of blood lead level if below 25 ug/dl (except Police Officers).

Elevated Lead Levels

Lead levels above 25 ug/dl and/or zinc protoporphyrin (zpp) levels over 80 ug/dl.

- Notify superior of need for immediate removal of affected employee from the lead environment, as determined by PA physician.
- Schedule evaluation by OMS physician immediately after discovery of exposure.
- Notify employee of elevated lead level in writing within five working days.
- Notify Risk Management.

Repeat serum lead/zpp levels every two weeks until serum lead is less than 25 ug/dl on two consecutive visits.

Continue monitoring and testing until lab results remain consistently within normal limits, and Chief Medical Officer is satisfied that exposure has been eliminated.

Blood Lead Levels	Monitoring Frequency
Lead levels above 25 ug/dl and or zpp above 80 ug/dl.	Every 2 weeks until 2 consecutive blood samples indicate a blood lead level below 25 ug/dl and/or zpp level is less than 80 ug/dl.
Lead levels less than 25 ug/dl and zpp level less than 80 ug/dl.	Every 6 months.

NOVEMBER 1993

OMSP 5.10

BLOODBORNE PATHOGENS PROGRAM

The Occupational Safety and Health Administrative (OSHA) has issued federal standards concerning Bloodborne Pathogens, Lead Levels, PCB's, etc. As a major employer conforming to OSHA standards, the Port Authority is responsible for this program directed at groups of employees in certain "risk" categories. Activities include testing police and others per OSHA guidelines, (i.e. Lead, PCB's, and heavy metals testing), respirator clearance program, and vaccinating employees potentially exposed to various infections (i.e. Hepatitis B).

BLOODBORNE PATHOGENS PROGRAM PROTOCOL

Occupational Safety and Health Administration requirements for certain categories are maintained as follows:

All high risk personal are offered a Hepatitis B Vaccination Series (three doses at zero, one, and six months).

- o Police - currently working
- o New Police Cadet classes
- o Medical Personnel
- o Tunnel and Bridge Agents
- o PATH Station Attendants, Car Cleaners, etc.
- o Other groups shown to have possible exposure

BLOODBORNE PATHOGENS PROGRAM PROTOCOL

Occupational Safety and Health Administration requirements for certain categories are maintained as follows:

All high risk personnel are offered a Hepatitis B Vaccination Series (three doses at zero, one, and six months).

- Police - currently working
- New Police Cadet classes
- Medical Personnel
- Tunnel and Bridge Agents
- PATH Station Attendants, Car Cleaners, etc.
- Other groups shown to have possible exposure

EXPOSURE CONTROL PLAN:

An exposure control plan for all OMS staff is available at each facility clinic. All staff should be familiar with its content and location. All new staff should be informed.

FOR HEPATITIS B EXPOSURE:

See attached recommendations for Hepatitis B prophylactics.

NOVEMBER 1993

OMSP 5.20

RESPIRATOR CLEARANCE PROGRAM

The Occupational Safety and Health Administrative (OSHA) has issued federal standards concerning Bloodborne Pathogens, Lead Levels, PCB's, etc. As a major employer conforming to OSHA standards, the Port Authority is responsible for this program directed at groups of employees in certain "risk" categories. Activities include testing police and others per OSHA guidelines, (i.e. Lead, PCB's, and heavy metals testing), respirator clearance program, and vaccinating employees potentially exposed to various infections (i.e. Hepatitis B).

NOVEMBER 1993

OMSP 5.21

RESPIRATOR CLEARANCE PROGRAM PROTOCOL

Occupational Safety and Health Administration requirements for certain categories are maintained as follows:

All employees possibly exposed to contaminated areas.

- o Employees exposed to asbestos
- o Employees exposed to lead

RESPIRATOR MEDICAL CLEARANCE PROTOCOL

Respirator medical clearance should be done annually for all employees identified by Risk Management in conjunction with the annual physical when possible and should consist of the following:

1. The employee fills out the respirator questionnaire (Attachment A).
2. A full annual physical examination is performed including a chest x-ray interpreted by a certified B-Reader.
3. The physician will evaluate the questionnaire, chest x-ray, and pulmonary function test in conjunction with the physical examination.
4. Physician will fill out a Medical Clearance for Use of Respirator form (Attachment B) indicating either medically cleared to use a respirator or not medically able.
5. Employee is given two copies of clearance form and instructed to issue a copy to his/her supervisor, a copy is placed in the employee's medical chart and one copy is sent to Risk Management designee.

THE RYAN WHITE ACT

On April 20, 1994, the federal government implemented regulations of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (Ryan White Act). These regulations mandate that medical facilities evaluate and disclose relevant information concerning emergency response employee (ERE) exposure to specified airborne and bloodborne infectious diseases, including HIV. The immediate effect on the organization was as follows:

- o Identification of the Chief Medical Officer as the designated officer to handle requests from EREs concerning potential exposure incidents;

- o Development and implementation of procedures by which EREs can make requests to the designated officer and procedures to assist such officers in the evaluation of an exposure request.

THE RYAN WHITE ACT PROTOCOL

- 1.a. Any Emergency Response Employee (ERE), **(Police Officer)** who feels he/she has been exposed to an airborne or bloodborne infectious disease on the Federal list* by a victim of an emergency who was transported to a medical facility/hospital, may make a request for additional information about the victim's medical status to the Designated Officer (D.O.), (the Chief Medical Officer) through the Police Absence Control Unit.
- 1.b. Any Emergency Response Employee (ERE), **(Tunnel & Bridge Agent)** who feels he/she has been exposed to an airborne or bloodborne infectious disease on the Federal list* by a victim of an emergency who was transported to a medical facility/hospital, may make a request for additional information about the victim's medical status to the Designated Officer (D.O.), (Chief Medical Officer) through the Facility Manager.
2. The D.O. will evaluate the employee's request using the Department of Health guidelines (Attachment A) to determine if an exposure has occurred.
3. If it is determined that an exposure has occurred, the D.O. will initiate a "Request for Evaluation" from the medical facility/hospital where the subject was transported (Attachment B & C) via a written request to the facility/hospital's Chief Operating Officer or Designee. The names of exposed EREs or patients who are the source of the exposure should not appear on the request form. However, information to help identify the patient can be provided in detail.
4. The medical facility/hospital will evaluate the request and respond to the D.O. in writing no later than 48 hours after receipt of the request.
5. The D.O. will subsequently notify the ERE of his findings and advise him/her as to the appropriate medical follow up providing a list of resources or authorizations, if necessary.
6. If the medical facility/hospital is unable to give adequate information, the D.O. may contact the local Designated Health Officer (Attachment E) to obtain counsel on how to gather further information to help determine whether an exposure has occurred.
7. Whenever the D.O. discloses HIV related information, a statement prohibiting redisclosure (Attachment D) should accompany the communication as required under Public Health Law 27F.

FEDERAL POTENTIAL INFECTIOUS DISEASE EXPOSURE LIST*Bloodborne Exposure**

- HIV
- Hepatitis B

Airborne Exposure

- Pulmonary Tuberculosis

Rare Diseases

- Diphtheria
- Meningococcal Meningitis
- Plague
- Rabies
- Hemorrhagic Fever - Viral

DETERMINING A POSSIBLE EXPOSURE TO AN ERE

I. BLOODBORNE PATHOGENS

Bloodborne pathogens (HIV, hepatitis B) may be transmitted when an infectious body fluid is able to bypass the skin and gain entry to the body. To determine a potential exposure, the D.O. needs to find out: the type of body substance involved and the type of injury or contact. The following are considered significant exposures which require clinical follow-up.

- A. The body substance was blood, semen, vaginal secretions, an internal body fluid (e.g., cerebrospinal, peritoneal, pericardial, pleural, amniotic, synovial or joint), or other body fluid visibly contaminated with blood. (Although breast milk is associated with HIV transmission to infants but is not considered a significant risk body fluid in the occupational environment);

OR

Exposure was to a body fluid during a circumstance where it was difficult or impossible to differentiate the fluid type involved and is therefore considered potentially hazardous;

AND

- B. The type of injury or contact provided a portal of entry;
- percutaneous exposure (e.g., a penetrating injury with a contaminated implement that went through the skin such as needlestick or cut),
- mucous membrane contact (e.g., eyes or mouth),
- non-intact skin contact (e.g., open dermatitis or abrasion).

Criteria in both A and B must be met for the exposure to be considered significant.

WHAT IF THE EXPOSURE IS TO INTACT SKIN?

Blood or body fluid exposure to intact skin generally poses no risk of bloodborne disease transmission. However, if there has been prolonged contact with intact skin (e.g., maintaining pressure on a spurting vessel without gloves) and/or there is a massive blood exposure, it is prudent to initiate exposure follow-up.

SHOULD BITES BE CONSIDERED AN EXPOSURE?

Human bites, if the skin is broken, may pose a risk for hepatitis B transmission. Post-exposure follow-up after a human bite generally is not indicated unless there has been blood-to-blood exposure (e.g., the person who did the biting was bleeding from the mouth and the bite punctured the skin).

WHAT SHOULD A D.O. TELL AN ERE WHEN THE "EXPOSURE" DOES NOT MEET THESE CRITERIA?

D.O.s who determine that an EREs "exposure" does not meet these criteria should inform the ERE that it is unlikely that the incident would put him/her at risk for a bloodborne disease. If the ERE questions the determination, he/she should be referred to his/her health care provider for further follow-up.

II. TUBERCULOSIS

The chief mode of transmission for Mycobacterium tuberculosis is through the inhalation of infectious droplets that are disseminated when a person with active tuberculosis coughs, sneezes, speaks, or sings. The opportunity for transmission is enhanced where there is prolonged contact with contaminated air.

Questions to ask:

Did the ERE ride in the ambulance with the patient?

Did the ERE spend any time in any other close or confined space with the patient?

If the answer to either question is "yes", then the exposure may be significant. The D.O. should then determine whether the ERE was protected:

Did the patient wear a mask?

Did the ERE wear a particulate respirator?

If the answer is "yes" to either question, then the exposure is not significant.

III. UNCOMMON OR RARE DISEASES

When a D.O. receives information from a health care facility that an ERE in the organization transported a patient subsequently found to have infectious diphtheria, meningococcal meningitis, plague, a hemorrhagic fever, or rabies, the D.O. should immediately determine the identity of those individuals who had any contact with the patient. The D.O. should call the designated public health officer for the geographic area who should be involved in recommendations for post-exposure follow-up.

REQUEST FOR EVALUATION OF POSSIBLE INFECTIOUS DISEASE EXPOSURE
OF AN EMERGENCY RESPONSE EMPLOYEE (ERE)

ERE LOGISTICS

REQUEST DATE: _____ TIME: _____

ERE INCIDENT IDENTIFICATION CODE: _____

(Do Not Use ERE Name)

ERE EMPLOYER: _____ Port Authority of New York & New Jersey _____

ADDRESS: _____ One World Trade Center, 62 North _____

_____ New York, New York 10048 _____

DESIGNATED OFFICER: _____ Martin B. Duke, M.D. _____

PHONE NO.: _____ (212) 435-8428 _____ FAX NO.: _____ (212) 435-4577 _____

INCIDENT INFORMATION

PATIENT I.D. CODE (PCR/ACR#): _____ AGE _____ SEX _____

(Do Not Use Patient Name)

DATE TRANSPORTED: _____ TIME RECEIVED: _____

RECEIVING FACILITY: _____

I. NATURE OF CONCERN:

- _____ POSSIBLE BLOODBORNE PATHOGEN EXPOSURE
_____ POSSIBLE PULMONARY TUBERCULOSIS EXPOSURE
_____ POSSIBLE EXPOSURE TO OTHER RESPIRATORY PATHOGEN

II. CRITERIA TO SUPPORT POSSIBLE BLOODBORNE PATHOGEN EXPOSURE:

TYPE OF BODY SUBSTANCE INVOLVED IN THE INCIDENT: _____
TYPE OF EXPOSURE: _____ NEEDLESTICK OR OTHER PENETRATING INJURY
_____ MUCOUS MEMBRANE/NON-INTACT SKIN CONTACT
_____ OTHER _____
DESCRIPTION OF THE INCIDENT: _____

III. CRITERIA TO SUPPORT POSSIBLE TUBERCULOSIS OR OTHER RESPIRATORY PATHOGEN EXPOSURE: _____

FACILITY RESPONSE (MUST BE COMPLETED WITHIN 48 HOURS)

_____ THERE IS INSUFFICIENT INFORMATION WITH WHICH TO IDENTIFY THE SOURCE PATIENT.

_____ EVALUATION OF THE SOURCE PATIENT REFLECTED NO AVAILABLE EVIDENCE OF THE TYPE OF INFECTION IN QUESTION.

_____ EVALUATION OF THE SOURCE PATIENT CONFIRMED THE PRESENCE OF: _____

_____ EVALUATION OF THE SOURCE PATIENT DEMONSTRATED SIGNS AND SYMPTOMS WHICH MAY BE COMPATIBLE WITH _____,

HOWEVER NO LABORATORY DATA ARE AVAILABLE AT THIS TIME WITH WHICH TO CONFIRM A DIAGNOSIS.

NAME OF FACILITY CONTACT: _____

PHONE NO.: _____ DATE/TIME DESIGNATED OFFICER INFORMED: _____

COMMENT: _____

REPORT TO ERE

DATE/TIME RECEIVED BY DESIGNATED OFFICER: _____

DATE/TIME ERE INFORMED: _____

COMMENT: _____

TO:
FROM: Martin B. Duke, M.D., Port Authority of NY & NJ
DATE:
SUBJECT: REQUEST FOR EVALUATION OF POSSIBLE INFECTIOUS DISEASE EXPOSURE OF AN EMERGENCY RESPONSE EMPLOYEE (ERE)

ERE LOGISTICS

REQUEST DATE: _____ TIME: _____

ERE INCIDENT IDENTIFICATION CODE: _____

(Do Not Use ERE Name)

ERE EMPLOYER: _____ Port Authority of New York & New Jersey

ADDRESS: _____ One World Trade Center, 62 North

_____ New York, New York 10048

DESIGNATED OFFICER: _____ Martin B. Duke, M.D.

PHONE NO.: _____ (212) 435-8428 FAX NO.: _____ (212) 435-4577

INCIDENT INFORMATION

PATIENT I.D. CODE (PCR/ACR#): _____ AGE _____ SEX _____

(Do Not Use Patient Name)

DATE TRANSPORTED: _____ TIME RECEIVED: _____

RECEIVING FACILITY: _____

I. NATURE OF CONCERN:

- _____ POSSIBLE BLOODBORNE PATHOGEN EXPOSURE
_____ POSSIBLE PULMONARY TUBERCULOSIS EXPOSURE
_____ POSSIBLE EXPOSURE TO OTHER RESPIRATORY PATHOGEN

II. CRITERIA TO SUPPORT POSSIBLE BLOODBORNE PATHOGEN EXPOSURE:

TYPE OF BODY SUBSTANCE INVOLVED IN THE INCIDENT: _____
TYPE OF EXPOSURE: _____ NEEDLESTICK OR OTHER PENETRATING INJURY
_____ MUCOUS MEMBRANE/NON-INTACT SKIN CONTACT
_____ OTHER _____
DESCRIPTION OF THE INCIDENT: _____

III. CRITERIA TO SUPPORT POSSIBLE TUBERCULOSIS OR OTHER RESPIRATORY PATHOGEN
EXPOSURE: _____

FACILITY RESPONSE (MUST BE COMPLETED WITHIN 48 HOURS)

_____ THERE IS INSUFFICIENT INFORMATION WITH WHICH TO IDENTIFY THE SOURCE
PATIENT.

_____ EVALUATION OF THE SOURCE PATIENT REFLECTED NO AVAILABLE EVIDENCE OF
THE TYPE OF INFECTION IN QUESTION.

_____ EVALUATION OF THE SOURCE PATIENT CONFIRMED THE PRESENCE OF: _____

_____ EVALUATION OF THE SOURCE PATIENT DEMONSTRATED SIGNS AND SYMPTOMS
WHICH MAY BE COMPATIBLE WITH _____,
HOWEVER NO LABORATORY DATA ARE AVAILABLE AT THIS TIME WITH WHICH TO
CONFIRM A DIAGNOSIS.

NAME OF FACILITY CONTACT: _____

PHONE NO.: _____ DATE/TIME DESIGNATED OFFICER INFORMED: _____

COMMENT: _____

REPORT TO ERE

DATE/TIME RECEIVED BY DESIGNATED OFFICER: _____

DATE/TIME ERE INFORMED: _____

COMMENT: _____

DATE

Chief Operating Officer
Hospital

Address
City, State 00000

Dear Designee:

Enclosed is a Request for Information on a possible
Infectious Disease Exposure of an Emergency Response Employee (ERE).

In accordance with the Ryan White CARE Act, please complete
and return to me within the stated time frame (48 hours).

Sincerely,

Martin Duke
Chief Medical Officer
Designated Officer

Certified Mail
Return Receipt Requested

Attachment C

Authorization for Release Confidential HIV* Related Information

Confidential HIV Related Information is any information indicating that a person had an HIV related test, or has HIV infection, HIV related illness or AIDS, or any information which could indicate that a person has been potentially exposed to HIV.

Under New York State Law, except for certain people, confidential HIV related information can only be given to persons you allow to have it by signing a release. You can ask for a list of people who can be given confidential HIV related information without a release form.

If you sign this form, HIV related information can be given to the people listed on the form, and for the reason(s) listed on the form. You do not have to sign the form, and you can change your mind at any time.

If you experience discrimination because of release of HIV related information, you may contact the New York State Division of Human Rights at (212) 870-8624 or the New York City Commission of Human Rights at (212) 566-5493. These agencies are responsible for protecting your rights.

Name of person whose HIV related information will be released:
Name and address of person signing this form (if other than above): Relationship to person whose HIV information will be released:
Name and address of person who will be given HIV related information:
Reason for release of HIV related information:
Time during which release is authorized: <p style="text-align: center;">From: To:</p>

My questions about this form have been answered. I know that I do not have to allow release of HIV related information, and that I can change my mind at any time.

Date

Signature

an Immunodeficiency Virus that causes AIDS.

ALBANY - (518) 447-4695

James Crucetti, M.D.
Health Commissioner
Albany County Health Dept.
South Ferry & Green Streets
Albany, NY 12201
(FAX - 518/447-4573)

BROOME - (607) 778-8885

Mr. David E. Wertman
Public Health Director
Broome County Health Dept.
One Wall Street
Binghamton, NY 13901
(FAX - 607/778-2044)

CAYUGA - (315) 253-1404

William Catto
Public Health Director
Cayuga County
P.O. Box 219
160 Genesee Street
Auburn, NY 13021
(FAX - 315/253-1586)

CHEMUNG - (607) 737-2028

Mr. Charles Benjamin
Public Health Director
Chemung County
Heritage Park - John Street
Elmira, NY 14901
(FAX - 607/737-2016)

CLINTON - (518) 565-4840

Mr. John Andrus
Public Health Director
Clinton County Health Dept.
133 Margaret Street
Plattsburgh, NY 12901
(FAX - 518/565-4717)

CORTLAND - (607) 753-5036

James V. Feuss
Public Health Director
Cortland County Office Bldg.
P.O. Box 5590 - 60 Central Ave.
Cortland, NY 13045-5590
(FAX - 607/753-5209)

ALLEGANY - (716) 268-9250

Mr. Johannes Peeters
Public Health Director
Allegany County Health Dept.
Courthouse - County Ofc. Bldg.
Belmont, NY 14813
(FAX - 716/268-9264)

CATTARAUGUS - (716) 373-8050

Leo Moss, M.D.
Health Commissioner (Acting)
Cattaraugus County Health Dept.
1701 Lincoln Avenue, Suite 4010
Olean, NY 14760-1154
(FAX - 716/375-5994)

CHAUTAUQUA - (716) 753-4312

Robert Berke, M.D.
Health Commissioner
Chautauqua County Health Dept.
Health & Social Services Bldg.
Mayville, NY 14757
(FAX - 716/753-4277)

CHENANGO - (607) 337-1660

Ms. Lynn E. Olcott
Public Health Director
Chenango County
County Building
Norwich, NY 13815
(FAX - 607/337-1661)

COLUMBIA - (518) 828-3358

Ms. Mary Schanz
Public Health Director
Columbia County Health Dept.
70 North Third Street
Hudson, NY 12534
(FAX - 518/828-0124)

DELAWARE - (607) 746-3166

Miss Rosemarie Hale
Public Health Director
Delaware County Office Bldg.
111 Main Street
Delhi, NY 13753
(FAX - 607/746-3962)

SAMPLE LETTER

DATE

Chief Operating Officer
_____ Hospital

RE: Designated Officer Ryan White CARE Act

Dear _____:

In compliance with the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, The Port Authority of New York and New Jersey has selected the Chief Medical Officer as it's "Designated Officer". The Chief Medical Officer is:

Martin B. Duke, M.D.
Port Authority of NY & NJ
One World Trade Center, 62 North
New York, NY 10048
(212) 435-8428
(212) 435-4513

He can be reached at the above number from 8 AM - 4 PM Monday-Friday and at all other times through the Port Authority Police Desk at (201) 963-7111 or (201) 216-6800.

Sincerely,

cc: J. Bell, N. Chanfrau, F. Fox, M.L. Hannell, C. Knox, R. Martin,
P. Maurer, S. Samperi

THE RYAN WHITE ACT PROTOCOL

- 1.a. Any Emergency Response Employee (ERE), (**Police Officer**) who feels he/she has been exposed to an airborne or bloodborne infectious disease on the Federal list* by a victim of an emergency who was transported to a medical facility/hospital, may make a request for additional information about the victim's medical status to the Designated Officer (D.O.), (the Chief Medical Officer) through the Police Absence Control Unit.
- 1.b. Any Emergency Response Employee (ERE), (**Tunnel & Bridge Agent**) who feels he/she has been exposed to an airborne or bloodborne infectious disease on the Federal list* by a victim of an emergency who was transported to a medical facility/hospital, may make a request for additional information about the victim's medical status to the Designated Officer (D.O.), (Chief Medical Officer) through the Facility Manager.
2. The D.O. will evaluate the employee's request using the Department of Health guidelines (Attachment A) to determine if an exposure has occurred.
3. If it is determined that an exposure has occurred, the D.O. will initiate a "Request for Evaluation" from the medical facility/hospital where the subject was transported (Attachment B & C) via a written request to the facility/hospital's Chief Operating Officer or Designee. The names of exposed EREs or patients who are the source of the exposure should not appear on the request form. However, information to help identify the patient can be provided in detail.
4. The medical facility/hospital will evaluate the request and respond to the D.O. in writing no later than 48 hours after receipt of the request.
5. The D.O. will subsequently notify the ERE of his findings and advise him/her as to the appropriate medical follow up providing a list of resources or authorizations, if necessary.
6. If the medical facility/hospital is unable to give adequate information, the D.O. may contact the local Designated Health Officer (Attachment E) to obtain counsel on how to gather further information to help determine whether an exposure has occurred.
7. Whenever the D.O. discloses HIV related information, a statement prohibiting redisclosure (Attachment D) should accompany the communication as required under Public Health Law 27F.

FEDERAL POTENTIAL INFECTIOUS DISEASE EXPOSURE LIST*Bloodborne Exposure**

- HIV
- Hepatitis B

Airborne Exposure

- Pulmonary Tuberculosis

Rare Diseases

- Diphtheria
- Meningococcal Meningitis
- Plague
- Rabies
- Hemorrhagic Fever - Viral

SAMPLE LETTER

Date

Chief Operating Officer
_____ Hospital

RE: Designated Officer
Ryan White CARE Act

Dear _____:

In compliance with the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, The Port Authority of New York and New Jersey has selected the Chief Medical Officer as it's "Designated Officer". The Chief Medical Officer is:

Martin B. Duke, MD
The Port Authority of NY & NJ
One World Trade Center, 62 North
New York, NY 10048
(212) 435-8428
(212) 435-4513

He can be reached at the above number from 8:00 a.m. - 4:00 p.m., Monday - Friday and at all other times through the Port Authority Police Desk at (201) 963-7111 or (201) 216-6800.

Sincerely,

cc: N. Chanfrau, F. Fox, R. Martin, F. Morrone, E. O'Sullivan, P. Rooney, L. Valenti

DEPARTMENT OF TRANSPORTATION (DOT)
FEDERAL HIGHWAY ADMINISTRATION (FHWA)

Effective January 1, 1995, The Port Authority of New York and New Jersey was mandated by the Federal Omnibus Transportation Employee Testing Act, under the Department of Transportation (DOT) to implement a drug and alcohol testing program for all staff who are required to hold Commercial Drivers Licenses (CDLs).

The Department of Transportation requires employees who hold Commercial Drivers Licenses (CDLs) to be tested for drugs and alcohol in the following circumstances:

1. Pre-employment Examinations (drug only)
2. Promotions
3. Reasonable Suspicion
4. Random Selection
5. Return to duty after test results which violate the Act
6. After completion of a treatment/rehabilitation or post accident when controlled substances and/or alcohol may have been a contributing factor

**DEPARTMENT OF TRANSPORTATION (DOT)
FEDERAL RAILROAD ADMINISTRATION (FRA) DRUG TESTING PROGRAM**

Effective January 1, 1990, the Federal Railroad Administration (FRA) requires that all passenger railroads perform drug screens on employees subject to the Hours of Service Act in the following circumstances:

1. Pre-employment
2. Random Drug Testing
3. Reasonable Suspicion

The scheduling and administration of the urine drug screens is the responsibility of PATH personnel. The drug screen results are then sent directly to OMS who is then responsible for the appropriate paperwork and notification of results.

**DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)
SPECIMEN REPORTING PROTOCOL**

1.
 - a) PATH Personnel sends Copy Number 4 of Collection/Chain of Custody (COC) Form to the Office of Medical Services (OMS).
 - b) OMS enters into the ledger, employee's name, badge number, and date of specimen.
2.
 - a) When the OMS technician receives a copy of the lab report from PDLA labs, the following information is entered into the ledger:
 - the test results (negative, positive, or null)
 - date received
 - b) Prepare memo using appropriate form. (Attachment 1)

Including:
 - name and badge number
 - date result received
 - date specimen taken
 - c) Obtain employee's chart for review by MRO.
3. MRO must:
 - review report
 - sign memo
 - sign MRO COC Copy Number 2
4. Make an entry in employee's chart as follows:

"Today's date _____ FRA Random Drug Testing _____ (negative or positive) on _____ (date). Memo sent to employee's home".
5. Make two copies of memo.
 - a) Verify employee's address in computer demographics or call
 - Transportation Division 561 at (201) 216-6437
 - Signal Division 564 at (201) 216-6271
 - b) Send original to employee's home in white Port Authority envelope within seven days of receiving report.
 - c) Send one copy to:

Chief Labor Negotiator
Interstate Transportation Department (ITD)
One World Trade Center
64 South (Pink Envelope)
 - d) Put one copy in employee's chart along with COC Copy Number 4 and COC Copy Number 2 and a copy of lab report.

NOVEMBER 1993

OMSP 5.60

**CENTER FOR DISEASE CONTROL (CDC)
RECOMMENDED GUIDELINES**

The Center for Disease Control provides current updated information on the incidence of disease and provides guidelines for diagnosis, monitoring, prevention, and treatment of these diseases.

**CENTERS FOR DISEASE CONTROL (CDC)
RECOMMENDED GUIDELINES PROTOCOL**

TUBERCULOSIS SCREENS:

The Office of Medical Services performs a tuberculosis screen on the following employees:

- o Police (annually)
- o Any person or group potentially exposed to an infected individual in conformance with the Center for Disease Control and Prevention Guidelines.
- o All employees during the periodic physical

OTHER:

The Office of Medical Services also initiates programs as needed in response to specific exposures that may put employees at risk.

- o Legionella

**POWERED INDUSTRIAL TRUCK (FORKLIFT) OPERATOR
MEDICAL EVALUATIONS**

In accordance with OSHA, OMS is required to conduct a visual and aural evaluation to determine whether the forklift operator meets the physical fitness requirements to operate a forklift. Specifically, the operator must be able to see and hear within "reasonably acceptable limits" and to discern the colors: red, green and yellow.

Medical Technician

- Performs full vision test including color and peripheral vision.
- Performs complete audiometric testing in accordance with OSHA standards.

Physician

- Evaluates vision and hearing tests.
- Central vision should be correctable to 20/40 in each eye.
- Hearing impairment in either ear may be no greater than 25db at 500h, 1000h, 2000h and 30db at 3000h.
- Completes form "Medical Clearance for Use of a Forklift" (Attachment A).

Receptionist

- Sends copy of Attachment A to Division supervisor, copy to employee, copy to the training unit, and copy to medical chart.
- Schedules follow up appointment for employees who do not meet medical requirements to discuss test results.

AUGUST 2004

OSMP 6.00

OMS EMERGENCY SERVICES

The Office of Medical Services (OMS) has staff available on a 24 hour a day, 7 day a week basis to respond to disasters, traumatic events and acute injury/illness to stabilize situations and manage trauma. Critical Incident Stress Debriefing (CISD) is provided by the OMS Psychological Services Unit (PSU) to minimize the effects of a traumatic event or disaster and to prevent long term effects of the events. Physicians and nurses provide immediate medical response to medical emergencies at Port Authority facilities to stabilize the employee(s) and provide early intervention which prevents potential deterioration of the medical condition.

The Office of Medical Services Chief Medical Officer or designee is the designated contact when emergency services are required. Specific information such as the type of incident and the number of employees involved must be provided at the time of the call to allow the Chief Medical Officer to assess the situation and deploy the appropriate staff to the identified location, if necessary.

In off hours contact should be made to the Chief Medical Officer by calling the Central Police Desk and having him paged.

EMERGENCY POLICY AND PROCEDURES PROTOCOL**I. POLICY:**

- A. The Office of Medical Services' goal is to provide quick, efficient, and effective emergency care to any Port Authority/PATH employee at the World Trade Center or satellite facilities reported in need of such service.
- B. Emergency care is provided by the Medical Services Unit during the regular weekday working hours, from 8 a.m. to 5 p.m. at the World Trade Center and 8 a.m. to 4 p.m. at the satellite facilities. The Port Authority police arrange for emergency care at all other times.
- C. The Occupational Health Specialist is responsible for organizing and training the medical emergency response teams.
- D. The Supervising Nurse is responsible for assigning direct responsibility for the weekly inspection of the equipment and emergency care supplies.
- E. The Occupational Health Specialist coordinates the in house or external training of Port Authority and PATH employees in first aid procedures to provide immediate care while the emergency medical team is in transit. He may also, at a department's request, arrange for periodic refresher training.
- F. The Port Authority police maintain first aid equipment at the police desk and at strategic locations in the World Trade Center Towers A and B. The Office of Medical Services has access to this equipment.

II. GENERAL EMERGENCY RESPONSE PROCEDURES

All non-critical sick call and first aid cases are handled routinely in the Medical Services Unit as deemed appropriate by a Port Authority physician or by a nurse in accordance with published standing orders.

In a major medical emergency, the following procedures are adhered to (See Attachment A - Flow Chart).

A. EMPLOYEE REQUESTING MEDICAL CARE

1. Calls police desk using emergency number provided on all Port Authority phones, elevators, and in other areas.
2. Calls for department trained first aid employee, if he/she is not already at the scene.

B. FIRST AID EMPLOYEE

1. Provides first aid as necessary.
2. Instructs other staff members to meet medical emergency team at elevator to provide appropriate directions.

C. POLICE DESK

1. Dispatches police officer to emergency area.
2. Notifies the Office of Medical Services on special emergency telephone as to location and nature of emergency and which elevator to use.
3. Directs elevator operator if applicable to meet medical emergency team at the Office of Medical Services.

D. MEDICAL EMERGENCY TEAM -

One nurse, one physician (if available at satellite facility)

1. Meets elevator operator on the 62nd Floor (if at World Trade Center)
2. Provides appropriate emergency care to stabilize employee's condition.

III. NON-CRITICAL EMERGENCIES - PERMANENT/PROJECT EMPLOYEES

Non-critical emergencies and first aid cases are handled routinely in the Medical Services Unit as deemed appropriate by the Port Authority physician and/or nurse in accordance with published standing orders, under the supervision of the Chief Medical Officer.

IV. CRITICAL EMERGENCIES - PERMANENT/PROJECT EMPLOYEES

Critical emergencies and those that fit the specific criteria listed below are to be transferred to a hospital via ambulance.

1. Contact Police Desk (WTC (212) 435-3540, JFK (718) 244-4335, and at PATC (HT) 09-7444 or 7440). Request ambulance to Office of Medical Services.
2. Stabilize patient using appropriate medical procedures.
3. Complete medical emergency transfer form; maintain copy for chart and give original to ambulance personnel (See Attachment B).
4. Give appropriate observations and details of stabilization to ambulance attendants.
5. Contact hospital emergency room where patient is being transferred and give appropriate information to staff.
6. Enter information into employee's medical record.

In the event an employee refuses to be transported to the hospital:

1. Advise of the necessity to do so and the risks involved in the decision not to do so.
2. Have the employee sign a release form (See Attachment C).
3. Fully document the situation as to why hospitalization is indicated.

V. CRITERIA FOR TRANSFER TO EMERGENCY ROOM VIA AMBULANCE:

1. All chest pain that cannot be explained on basis of trauma - with or without EKG changes
2. Evidence of medical shock; cessation of breathing; loss of consciousness
3. Excessive bleeding or hemorrhage
4. Electric shock
5. Major burns from any source - chemical, electrical, physical
6. Major sprains, fractures of weight bearing bones

7. Head injuries with altered mental status
8. Major trauma to chest, abdomen, or back
9. Ingestion of poison; excessive drug usage
10. Major problems related to pregnancy

VI. EMERGENCY VISITS TO OMS FOR TEMPORARY EMPLOYEES

A. INJURY ON DUTY

1. If the temporary employee is on Port Authority payroll, handle the case like any other injury on duty (IOD) - authorize care and do follow up monitoring.
2. If the temporary employee is on the payroll of another Agency (ex: food service workers, job shoppers) have the unit contact the agency as to where their employees are treated for injuries on duty.

Make arrangements with the unit to have the employee transferred to that location, if possible.

Perform medical first aid and stabilize the patient. Ex: Stop bleeding, bandage injury, splint possible fracture, etc. before referral elsewhere.

If the employee is in distress, call 911 for a transfer to the nearest hospital, meanwhile stabilize the patient to prevent further medical deterioration.

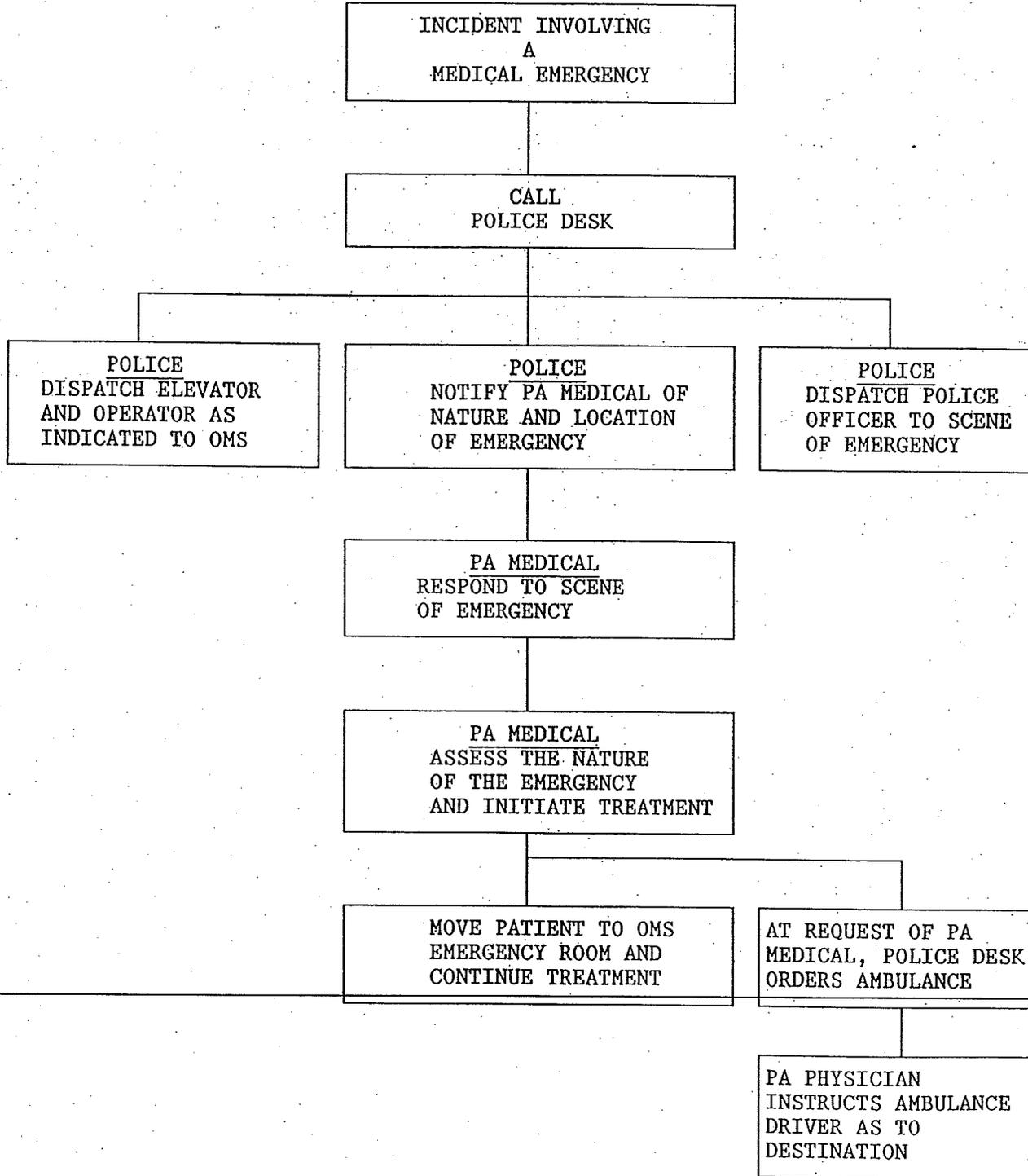
B. SICK CALL

All temporary employees and job shoppers (excluding CWA temporary employees with more than one year of PA service).

1. If it is not an emergency situation, refer the employee to a local physician, emergency room or family physician. Do not give medication, do not x-ray or do EKG, give general advice only. A chart summary should be written and filed.

2. If the employee is in distress - call 911 and stabilize the patient; only if the patient is in major distress should any medical testing or management be started while awaiting response to the 911 call. Good medical judgment should be used to prevent further deterioration.
3. If the employee refuses to go to the hospital as requested, have the employee sign a release form (See Attachment C); and fully document the situation as to why hospitalization is indicated.

PORT AUTHORITY OF NEW YORK AND NEW JERSEY
OFFICE OF MEDICAL SERVICES
EMERGENCY RESPONSE FOR
PORT AUTHORITY STAFF



THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

OFFICE OF MEDICAL SERVICES

EMERGENCY ROOM TRANSFER RECORD

[] WTC [] PATC [] JFK

DATE: _____ TIME: _____ A.M. / P.M.

PATIENT NAME: _____
LAST FIRST MI

ADDRESS: _____
STREET APT. #

_____ CITY STATE ZIP

HOME TELE. #: () _____

AGE: _____ DATE OF BIRTH _____ S.S#: _____

JOB TITLE: _____ LOCATION _____

EMPLOYEE NUMBER: _____

SUPERVISOR: _____ BUS TELE. #: _____

IN CASE OF EMERGENCY CONTRACT: _____
LAST FIRST

RELATIONSHIP: _____ TELEPHONE: _____

CONTACT MADE: [] YES [] NO TIME: _____ A.M. / P.M.

PRIVATE PHYSICIAN: _____

ADDRESS: _____

TELEPHONE #: () _____

CONTACT MADE: [] YES [] NO TIME: _____ A.M. / P.M.

PATIENTS VALUABLES ENTRUSTED TO: _____

PORT AUTHORITY POLICE OFFICER: _____
NAME BADGE NUMBER

MEDICATIONS GIVEN AT PORT AUTHORITY MEDICAL

	<u>IM</u>	<u>IV</u>	<u>PO</u>	<u>DOSE</u>	<u>TIME GIVEN</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

VITAL SIGNS

<u>TIME</u>	<u>BP (LEFT/RIGHT)</u>	<u>PULSE</u>	<u>RESP</u>	<u>TEMP</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMMENTS: _____

Attachment C

CONSENT/REFUSAL OF INTERFACILITY TRANSFER

CONSENT FOR TRANSFER

I, _____, agree and consent to being transferred from _____ to _____.

I acknowledge that the risks and benefits of either examination and treatment or transfer have been explained to me by nurse/physician _____ and that no warranty or guarantee has been made as to result or cure.

Patient or Legal Representative

Witness

REFUSAL OF TRANSFER

I, _____, am refusing the recommendation to be transferred _____, to _____. The risks and benefits of either examination and treatment or transfer have been explained to be my nurse/physician _____. I acknowledge that I have been fully informed of the risks and hazards involved in my decision to forego transfer, and I assume all such risks and hazards for myself and/or the indicated patient.

Patient or Legal Representative

Witness

Date

Relationship

**EMERGENCY OR AFTER HOURS
MEDICAL STATUS EVALUATION (MSE)**

In order to ensure a safe work environment and the health and well being of Port Authority employees, OMS has outlined specific procedures to follow if the need arises for an immediate medical status evaluation or if a medical status evaluation is needed after hours.

**EMERGENCY OR AFTER HOURS
MEDICAL STATUS EVALUATION (MSE) PROTOCOL**

FOR AN EMERGENCY MSE

The following protocol outlines the procedure to follow when there is a need for an immediate MSE or if a MSE is needed on weekends or after 5 p.m.

1. A memo should be faxed to the World Trade Center - Office of Medical Services (OMS) indicating the need for an emergency evaluation. For instance if the employee is acting in a manner not consistent with usual behavior or the employee is felt to be a threat to himself or others.
2. The employee should be brought to the World Trade Center as soon as possible after consulting with the Chief Medical Officer or designee.
3. The medical physician will do a history and limited examination to determine if a medical reason is present to explain the behavior or actions. If, after the medical evaluation, a physical problem is identified that may account for the deterioration in performance, the psychological evaluation is canceled.
4. If no physical problem is identified the employee will then be referred to the Psychological Services Unit (PSU) where the employee will be further evaluated.
5. If reasonable suspicion of substance abuse, an alcohol balloon with or without alcohol blood test or alcohol Evidence Breath Testing Device, and urine drug screen will be performed by the laboratory staff.
6. Based on these preliminary findings, a working diagnosis will be formulated and a disposition determined.
7. If a comprehensive multiphasic examination has not been done according to protocol standards within nine months, the employee will be scheduled for same, at the time of the revisit appointment, which should be within three working days.

However, if patient is referred immediately to a hospital or rehabilitation center, the multiphasic examination may be performed at time of revisit.

8. If the MSE is expected to commence after 5 p.m., the Chief Medical Officer with the consultation of the Chief Psychologist, will determine, which staff members will need to be on hand after hours.

AFTER HOURS

-
9. If there is an immediate need for a MSE after 5 p.m. the supervisor should contact the OMS physician through the Central Police Desk (212) 216-6800. The physician will then advise the Supervisor where to take the employee for the MSE. The supervisor must complete Attachment A: Hospital Instructions for PA Employees Being Presented at Outside Facility for Medical Treatment, and give this form to the emergency room nurse. A follow up examination by OMS must be arranged by the supervisor by calling (212) 435-4513 for an appointment on the following workday.

OCTOBER 1994

OMSP 6.11

**EMERGENCY OR AFTER HOURS
MEDICAL STATUS EVALUATION (MSE)**

ATTACHMENT A

**HOSPITAL INSTRUCTIONS FOR PORT AUTHORITY EMPLOYEES
BEING PRESENTED AT OUTSIDE FACILITY FOR MEDICAL TREATMENT**

DATE: _____

HOSPITAL: _____

PATIENT: _____ **EMPLOYEE NUMBER:** _____

Dear Examining Physician:

The above employee of the Port Authority of New York and New Jersey is referred to you by his/her supervisor for a medical evaluation for the following reason(s):

* An alcohol and/or urine drug screen should be performed if indicated.

SIGNATURE OF REFERRING SUPERVISOR: _____

When the employee is discharged from Emergency Room, please inform him/her that the Port Authority requires him/her to report to the Office of Medical Services at One World Trade Center, 62 North, New York, New York 10048 at 8 a.m. the following working day (Monday through Friday).

**I HEREBY AUTHORIZE THE HOSPITAL EMERGENCY ROOM PHYSICIAN (STAFF)
TO RELEASE MY EMERGENCY ROOM REPORT AS SOON AS POSSIBLE TO:**

Martin Duke, MD
Chief Medical Officer
Phone (212) 435-8428
Fax (212) 435-4577

SIGNATURE OF EMPLOYEE: _____

**SIGNATURE OF WITNESS
(ER/PHYSICIAN OR NURSE):** _____

OCTOBER 1994

OMSP 6.20

CRITICAL INCIDENT STRESS DEBRIEFING

The Psychological Services Unit will have a psychologist available on a seven day, 24 hour a week basis to respond to unusual situations, which might require the use of Critical Incident Stress Debriefing (CISD), such as an air disaster, toll robbery, unusual accident or police shooting. The police supervisor or the facility supervisor at the location where the incident occurred will notify the psychologist by telephone or on non-work hours by beeper, of the type of incident and the number of people involved. The psychologist will either respond immediately or set up appointments depending on the clinical assessment of need. The service will be offered to everyone involved but participation by the client is not compulsory. The only note in a client's chart will be a date, CISD, any follow up recommendations and a determination of fit or not fit for duty.

**CRITICAL INCIDENT STRESS DEBRIEFING (CISD)
PSYCHOLOGICAL PROTOCOL**

The Psychological Services Unit will have a psychologist available on a seven day, 24 hour a week basis to respond to unusual situations, which might require the use of Critical Incident Stress Debriefing (CISD), such as an air disaster, toll robbery, unusual accident or police shooting. The police supervisor or the facility supervisor at the location where the incident occurred will notify the psychologist by phone or, on non-work hours by beeper, of the type of incident and the number of people involved. The psychologist will either respond immediately or set up appointments depending on the clinical assessment of need. The service will be offered to everyone involved but participation by the client is not compulsory. The only note in a client's chart will be a date, CISD, any follow up recommendations and a determination of fit or not fit for duty.

A review of incident details as provided by the unit manager is done in order to determine if response to the critical incident is indicated. If a Critical Incident Stress Debriefing (CISD) is warranted a decision is made as to what type of intervention will be offered, individual or group. The location of the CISD session(s) is determined, intervention takes place and follow up session(s) are scheduled as needed.

In a catastrophic event, working relationships have been developed with New York City and New York State Department of Mental Health Crisis Teams, as well as the American Red Cross for mutual aid.

CRITICAL INCIDENT STRESS DEBRIEFING
PSYCHOLOGIST/SOCIAL WORKER

Name: _____

Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE
YES NO

- 1. After notification and review of incident details, was an appropriate decision made as to necessity of immediate response? Y N
- 2. Was immediate response necessary? Y N
 - a. If no: Was appointment made for employee(s) to visit OMS? Y N
 - b. If yes: To the scene Y N
 - To the main facility Y N
- 3. After review of incident was determination made as to group or Individual initial session? Y N
- 4. Was determination made to see employee(s) within time frame standards for CISD? Y N
- 5. Was follow up session or sessions indicated? Y N

REVIEWER: _____ DATE: _____
Signature

Comments by Reviewed Psychologist/Social Worker: _____

_____ DATE: _____
Signature

FINAL REVIEW: _____
Chief Medical Officer

OCTOBER 1994

OMSP 7.00

SUBSTANCE ABUSE MONITORING PROGRAM

The Psychological Services Unit (PSU) has developed specific protocols for substance abuse monitoring which are aimed at ensuring the consistent delivery of services and ensuring that employees remain healthy and productive.

Employees are referred to substance abuse programs either through a management referral in the form of a job fitness evaluation/medical status evaluation or through a self referral.

SUBSTANCE ABUSE MONITORING PROGRAM PROTOCOL

An employee may enter into the Substance Abuse Monitoring Program in one of several ways: They may be referred by management for a medical status evaluation which results in a positive drug/alcohol screen, or they may test positive during the random drug and/or alcohol testing program or reasonable suspicion testing, or they may enter into the program as a self-referral.

Upon entering the program, the employee is told that there is privilege and confidentiality in the relationship provided that the employee is cooperating with the recommendations of the Psychological Services Unit (PSU). Confidentiality for self-referrals will not be breached unless it is determined that the employee is a clear danger to himself/herself or others.

The psychologist will discuss the program in detail including compliance and the details of the first step waiver (if applicable). The employee will then be given a copy of the PSU program requirements (*Attachment A*) and asked to sign it. If the employee refuses to sign, the psychologist will write a note in the chart indicating that the program requirements were discussed in detail and the employee was given a copy.

As part of the initial evaluation, a urine drug screen and/or alcohol breathalyzer will be performed to determine the nature and extent of the current problem. PA and PATH screens are collected by the Office of Medical Services (OMS); police screens are collected by an independent vendor who will come to OMS' laboratory on request.

The psychologist will then perform a comprehensive psychological evaluation including that of substance abuse which will be documented on a PA chart summary and kept in a confidential patient chart which is maintained separately from the medical chart in a secured area within the PSU. The employee will then be referred to an appropriate treatment facility for alcohol and/or drug abuse treatment.

The OMS psychologist will assist in obtaining a list of referral services (at least three) for the employee to choose from. If requested, the psychologist will telephone the referral source and assist the employee, especially for the initial appointment.

If the employee is receiving treatment on an outpatient basis and remains in service, the PSU will see the employee in conformance with clinical standards and will monitor progress by requesting status reports from the treating therapist. The employee will sign a Release of Medical Information form (*Attachment B*) upon admission to the program. If the employee is taken out of service, the information including date taken out of service and estimated return to duty date will be given to the Medical Absence Evaluation Unit (MAEU) who will monitor the employee in accordance with OMS protocol 1.02.

When the employee is released by the treatment facility, the Port Authority's PSU is notified and the psychologist will set up an appointment through the treatment facility to see the employee again as soon as clinically possible. Prior to the employee's return to duty, the psychologist will perform one substance abuse screen. If this substance abuse screen is free of alcohol and/or drugs, per labor agreement or at the discretion of the PSU, the employee is returned to duty.

Follow up treatment recommendations will be reviewed at that time. For two years following the employee's return to duty, the psychologist will continue to monitor the course of treatment and perform drug and alcohol screens on a random basis, or as requested by the supervisor in the case of a waiver agreement, to ensure that the individual is in fact remaining free of substance use.

There are three exceptions to the two-year follow up of employees monitored for substance abuse as follows:

1. Department of Transportation regulations require a mandatory five-year treatment follow up for those employees found to be positive on random drug testing.
2. The PBA, SBA, DEA, and LBA contracts require a five-year monitoring program.
3. Employees found to be positive for marijuana are referred for rehabilitation only and are monitored for one year via appointments and drug screens. Subsequently, if the employee is found to be positive for marijuana or any other substance, including alcohol, he/she will be referred for treatment at a rehabilitation facility and monitored by the Psychological Services Unit for two years.

With the exception of self-referrals who are not considered a danger to themselves or others, any failure to cooperate with PSU/OMS such as a confirmed positive drug/alcohol screen obtained during the follow up period, a missed appointment, or a notification from a treatment facility that the patient failed to cooperate will require the psychologist to notify the Medical Review Officer/CMO. The Medical Review Officer/CMO will then send a memo to the employee's manager indicating a failure to cooperate with PSU treatment recommendations or that we have received a laboratory report which indicates a condition that under certain circumstances would impair job performance; could result in injury to the employee or a coworker; and could threaten public safety and that the employee is referred for administrative disposition. The Labor Relations Division will then contact the employee and union delegate if represented and arrange for either a disciplinary hearing or the signing of a second step waiver per union contract.

After being referred for administrative disposition, an employee should not be seen until OMS receives written notification from the unit stating that administrative action has been taken and that management wishes the employee to resume appointments with OMS.

Should the employee voluntarily show up in OMS, the physician should contact the employee's manager by telephone to determine whether the department has taken administrative action and whether the employee should resume appointments with OMS. Written notification from the unit confirming the directed course of action should be forthcoming.

~~Employees who require additional treatment referrals will start the required monitoring period over again once they have returned to duty.~~

7. I acknowledge and understand that my participation in the Program cannot serve as a defense against administrative or other legal proceedings resulting from my failure to comply with Port Authority rules and regulations, and that if my voluntary participation in the Program is invoked in any such proceedings, such act will operate as a waiver to any right of confidentiality concerning my participation.

8. It is expressly understood that I am expected to continue to adhere to all Port Authority rules and regulations concerning my employment including but not limited to the General Rules And Regulations For All Port Authority Employees, Ethics Guidelines, and applicable AP's, PAI's, and Departmental Guidelines.

The above has been explained to me. _____ (initial)

I have read and understood the above. _____ (initial)

Employee Signature

Date

Port Authority Representative

Date



ATTACHMENT B

CONSENT FOR RELEASE OF INFORMATION

I, _____, authorize _____
(Name of Employee) (Name of Treatment Facility and/or Treating Doctor(s))

to disclose verbal information via telephone contact and/or written information pertaining to my treatment, i.e. records, notes, and progress reports to the Port Authority Psychological Services Unit at the address indicated below:

The Port Authority of NY and NJ
One World Trade Center
Office of Medical Services – 62North
Psychological Services Unit
New York, New York 10048

Attention: Linda Daniels, Psy.D.

I understand the purpose of the disclosure authorized herein is to evaluate fitness for duty and monitor patient progress.

I also understand that this consent is subject to revocation by me at any time except to the extent that the Psychological Services Unit has already taken action in reliance on this consent. If not revoked in writing, this consent will remain in effect for the period of time the case is active.

Name of Employee

Employee Number

Signature of Employee

Date



ATTACHMENT B

CONSENT FOR RELEASE OF INFORMATION

I, _____, authorize _____
(Name of Employee) (Name of Treatment Facility and/or Treating Doctor(s))

to disclose verbal information via telephone contact and/or written information pertaining to my treatment, i.e. records, notes, and progress reports to the Port Authority Psychological Services Unit at the address indicated below:

The Port Authority of NY and NJ
One World Trade Center
Office of Medical Services – 62North
Psychological Services Unit
New York, New York 10048

Attention: Doris Francis, Psy.D.

I understand the purpose of the disclosure authorized herein is to evaluate fitness for duty and monitor patient progress.

I also understand that this consent is subject to revocation by me at any time except to the extent that the Psychological Services Unit has already taken action in reliance on this consent. If not revoked in writing, this consent will remain in effect for the period of time the case is active.

Name of Employee

Employee Number

Signature of Employee

Date

OCTOBER 1994

OMSP 7.10

**SELF REFERRALS TO
SUBSTANCE ABUSE MONITORING PROGRAM**

The Psychological Services Unit (PSU) has developed specific protocols for substance abuse monitoring which are aimed at ensuring the consistent delivery of services and ensuring that employees remain healthy and productive.

Employees are referred to substance abuse programs either through a management referral in the form of a job fitness evaluation/medical status evaluation or through a self referral.

**SELF REFERRALS TO
SUBSTANCE ABUSE MONITORING PROGRAM PROTOCOL**

A client that is a self referral is told that there is privilege and confidentiality in the relationship, provided that the employee is cooperating with the recommendation of PSU. Self referrals are evaluated according to a job fitness evaluation. In some cases a clinical decision may lead to a referral to an outside treatment source. The OMS psychologist will assist in obtaining a list of referral services (at least three) for the client to choose from. If requested, the psychologist will telephone the referral source and assist the client, especially for the initial appointment. The client may or may not be taken out of service depending on the type of problem. If a clinical evaluation suggests that this client would significantly benefit from three to five sessions of in house intervention, while remaining in service, the OMS psychologist will deal with the issue. If the employee is in outside therapy, the OMS psychologist will monitor progress by seeing the client and requesting status reports. Upon the recommendation of the outside treating therapist, or as a result of an evaluation by the OMS psychologist, the client may be taken out or returned to service.

PBA, SBA, DEA, & LBA DRUG ABUSE TESTING PROGRAM

The PBA, SBA, DEA, & LBA Drug Abuse Testing Program consists of both reasonable suspicion testing and random testing.

- **Reasonable Suspicion Testing** is done at the request of the Superintendent of Police or his/her designee and the Office of Medical Services is responsible for performing the urine drug screen.
- **Random Testing** including the scheduling and administration of the drug screens is the responsibility of the Superintendent of Police through an outside vendor. The Office of Medical Services receives the test results and is then responsible for the notification of the results.

SUBSTANCE ABUSE PROFESSIONAL ROLE

- REASON:** EMPLOYEES VIOLATING FEDERAL REGULATIONS AS IT RELATES TO DRUG AND ALCOHOL TESTING
- COVERED ENTITIES:** Employees subject to testing under the **Federal Motor Carrier Safety Administration** and **Federal Railroad Administration**
- OVERVIEW:** Employees who violate Department of Transportation drug and alcohol testing regulations cannot perform safety sensitive duties until and unless they complete the substance abuse professional evaluation, referral and education/treatment process set forth in applicable DOT agency regulations. The Port Authority Office of Medical Services as part of its Psychological Services Unit has qualified (as stipulated by DOT regulations) Substance Abuse Professionals specifically responsible for this function for covered Port Authority and PATH employees.

1. Process For The Initial Evaluation

Employees who violate DOT drug and alcohol testing regulations are scheduled for a face to face initial evaluation with the Substance Abuse Professional (SAP) in the Office of Medical Services. The Program Manager, Drug and Alcohol Testing, in the Office of Medical Services will advise the applicable SAP that it is a DOT violation. At this initial meeting the SAP:

- assesses and performs a clinical evaluation of the employee
- recommends a course of education and/or treatment with which the employee must demonstrate successful compliance
- recommends education and/or treatment for each and every case that involves a DOT violation

Upon completion of the initial evaluation, the Substance Abuse Professional must complete a written report (copy attached) on Port Authority letterhead with a signature line for the applicable Substance Abuse Professional. This report must include the following information:

1. Employee name, employee number and social security number
- ~~2. Employer's name and address~~
3. Reason for assessment (specific violation of DOT regulations and violation date)
4. Date of assessment
5. Education and/or treatment recommended

This report must be separate and apart from any clinical notes the Substance Abuse Professional may have on the employee. Upon completion of the report, a copy must be hand carried via messenger in a sealed envelope marked confidential to the Program Manager Drug and Alcohol Testing.

2. Re-evaluation for Successful Compliance

Substance Abuse Professionals are required to re-evaluate (frequency of appointments should be discussed with Medical Review Officer and Program Manager, Drug and Alcohol Testing) employees who violate DOT regulations to determine if education and/or treatment recommendations have been successfully carried out.

When conducting this re-evaluation, the Substance Abuse Professional must:

1. *Confer with or obtain appropriate documentation from the appropriate education and/or treatment program where the employee was referred.
2. Conduct a face to face clinical interview with the employee to determine if the employee demonstrates successful compliance with the initial evaluation recommendations.
3. When Substance Abuse Professionals determine that an employee successfully complies with the prescribed recommendation for education and/or treatment, the SAP must submit a written report (copy attached) on Port Authority letterhead, signed by the SAP that includes the following:
 1. Employee's name, employee number and social security number
 2. Employer's name and address
 3. Reason for initial assessment (specific violation of DOT regulations and violation date)
 4. Date of initial assessment and synopsis of treatment plan
 5. Name of practice(s) or service(s) providing the recommended education and/or treatment
 6. Inclusive dates of employee's participation
 7. Clinical characterization of employee's program participation
 8. Clinical determination as to whether the employee has demonstrated successful compliance
 9. Follow up testing plan – identify the number and frequency of tests to be performed (i.e. 4 in 1st six months; 2 in the 2nd six months)
Employees must have a minimum of six (6) follow up tests within the first 12 months.
 10. If necessary, employee's continuing care needs with specific treatment, aftercare and/or support group services recommendations. The Substance Abuse Professional acting on behalf of the Port Authority Psychological Services Unit is responsible for monitoring employee's compliance with the prescribed recommendations for aftercare by scheduling employee for follow-up appointments (frequency of appointments should be discussed with Medical Review Officer and Program Manager, Drug and Alcohol Testing) in the Office of Medical Services.
 11. The Substance Abuse Professional's telephone number

***Use or disclosure of the DOT drug and alcohol testing information without a consent or authorization from the employee is required by the Omnibus Transportation Employees Testing Act of 1991, 49 CFR Part 40 and DOT drug and alcohol testing regulations. As a result, Substance Abuse Professionals need no employee authorization to conduct SAP evaluations to confer with employees, to confer with appropriate education and treatment providers, or to provide SAP reports to employers.**

This evaluation that indicates successful compliance serves as a reason for the employer to return the employee to performing safety sensitive duties. The Substance Abuse Professional will upon determining the employee's successful compliance:

- Complete the above report.
- On the same date the employee is re-evaluated, the SAP will provide the successful compliance report to the appropriate staff physician in the Office of Medical Services.
- The physician, acting on behalf of the employer (PA or PATH) will review the report and order a DOT return to duty test.
- Once notified of the results of the return to duty test, if the result is negative, the employee will be notified by the OMS physician face to face and the employee will be deemed "fit for duty". (**Note: Employee can not be referred to the physician who in the capacity of MRO made the verification of the positive result**). If the result is positive, the OMS physician deems the employee not fit for duty and refers the case to the Medical Review Officer.
- The Substance Abuse Professional recommends the number of follow up tests along with the frequency of testing. The Program Manager, Drug and Alcohol Testing, ensures these tests are performed by the vendor responsible for drug and alcohol collections on a random unannounced basis.
- The Substance Abuse Professional must forward a copy of the successful compliance report to the Program Manager, Drug and Alcohol Testing, these records must be maintained for 5 years.
- The Program Manager, Drug and Alcohol Testing, must ensure the SAP's recommendations for follow up testing are carried out.
- The Substance Abuse Professional must advise the Program Manager, Drug and Alcohol Testing, of the testing schedule for follow up and the Program Manager will schedule tests with the vendor responsible for urine collections and breath alcohol testing.

4. Non-Compliance with Education and/or Treatment Recommendations

Substance Abuse Professionals must notify the Program Manager, Drug and Alcohol Testing, when an employee has not demonstrated successful compliance with education and/or treatment recommendations. The Substance Abuse Professional must also submit a written report (in the same format as the successful compliance report) that includes the following:

1. Employee's name, employee number and social security number
2. Employer's name and address
3. Reason for the initial assessment (specific DOT violation and date)
4. Dates of initial assessment and synopsis of treatment plan
5. Name of practice(s) or service(s) providing the recommended education and/or treatment
6. Inclusive dates of employee's program participation
7. Clinical characterization of employee's program participation
8. Date of 1st follow up evaluation
9. Dates of any further follow up evaluations
10. Clinical reasons for determining the employee has not demonstrated successful compliance

On the same date the employee is re-evaluated, the SAP will provide the non-compliance report to the Chief Medical Officer or designee in the Office of Medical Services:

- the Chief Medical Officer or designee will deem the employee not fit for duty and make a referral for administrative action
- a copy of this report must be hand carried via messenger in a sealed envelope marked confidential to the Manager, Drug and Alcohol Testing and be maintained for 5 years

In all cases, both DOT and non-DOT, Department of Transportation guidelines for substance abuse/alcohol are followed. Forms utilized for collection of DOT or non-DOT specimens are different.

NOVEMBER 1993

OMSP 8.00

SICK CALL EVALUATION

OMS provides non-occupational sick call evaluations on a limited basis so that an employee with a minor illness can be returned to work quickly with a minimal loss of productivity. Employees with ongoing medical illnesses will be referred to their private physician.

**SICK CALL EVALUATION
MEDICAL PROTOCOL/NURSING SERVICES**

1. Take an appropriate and sufficient nursing history including type of visit (sick call) current complaint(s), vital signs including temperature for a viral illness or inflammation, allergies, medications, treatments, prior history of a similar or relative illness/injury.
2. Fill in appropriate information on the top of the chart summary including name, employee number, unit number, and job title.
3. Have the employee undress in order to expose appropriate body part for sufficient evaluation by the physician as indicated.
4. If employee is in acute distress or a serious abnormality is detected, refer to a physician immediately.

OCTOBER 1994

OMSP 8.02

SICK CALL EVALUATION
PEER REVIEW/NURSE

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

- | | | | |
|----|--|-----|-------|
| 1. | Was a pertinent and sufficient nursing history documented according to nursing protocol for sick call? | YES | NO |
| 2. | If in acute distress or if an abnormality was detected, was employee referred to a physician immediately? | Y | N N/A |
| 3. | Were vital signs recorded? | Y | N |
| 4. | Was temperature recorded? | Y | N N/A |
| 5. | Was current history obtained? | Y | N |
| 6. | Was drug allergy recorded? | Y | N |
| 7. | Was the correct date on the chart summary? | Y | N |
| 8. | Was the nurse's note signed? | Y | N |
| 9. | Was the name, employee number, unit number, and job title of the employee included on the top of the chart summary form? | Y | N |

COMMENTS: _____

Reviewer: _____ Date: _____

Signature

**SICK CALL EVALUATION
MEDICAL PROTOCOL/PHYSICIAN SERVICES**

1. Take an appropriate medical history as to complaints and symptoms; medication, allergies, etc.
2. Perform a physical examination consistent with chief complaint and as extensive as needed to formulate working diagnosis.
3. Formulate a working diagnosis as to the problem - create a differential diagnosis to help define the problem.
4. Provide direction according to diagnostic decision. Refer to family physician or specialist for further evaluation, treatment, and monitoring.
5. Make duty determination and complete PA 3128. Determine follow up time frames for employees on restrictions or not fit for duty.
 - o Employees on restrictions should be monitored on a two - three week basis unless it is obvious that duration of the restriction is estimated to be extensive, then see the employee on a monthly basis.
 - o Employees not fit for duty should be reevaluated in a few days on a four week (maximum) basis depending on nature of illness.

**SICK CALL EVALUATION
MEDICAL PROTOCOL/PHYSICIAN SERVICES**

1. Take an appropriate medical history as to complaints and symptoms; medication, allergies, etc.
2. Perform a physical examination consistent with chief complaint and as extensive as needed to formulate working diagnosis.
3. Formulate a working diagnosis as to the problem - create a differential diagnosis to help define the problem.
4. Provide direction according to diagnostic decision. Refer to family physician or specialist for further evaluation, treatment, and monitoring or provide minor treatment in the interest of productivity. Minor treatment refers to those conditions that require minimal diagnostic skill and minimal physical intervention. It generally requires no radiological procedures, no laboratory studies, no prescription medications other than a starter dose, and the care will not require more than one additional visit after the initial visit.
5. Make duty determination and complete PA 3128. Determine follow up time frames for employees on restrictions or not fit for duty.
 - o Employees on restrictions should be monitored on a two - three week basis unless it is obvious that duration of the restriction is estimated to be extensive, then see the employee on a monthly basis.
 - o Employees not fit for duty should be reevaluated in a few days on a four week (maximum) basis depending on nature of illness.

NOVEMBER 1993

OMSP 8.04

SICK CALL EVALUATION
PEER REVIEW/PHYSICIAN

Name: _____ Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE

- | | | | |
|----|---|-----|-------|
| 1. | Was pertinent and sufficient history of illness documented and findings on physical examination recorded? | YES | NO |
| 2. | Were vital signs and temperature recorded? | Y | N |
| 3. | Was drug allergy and current medication history obtained? | Y | N |
| 4. | Were necessary studies performed to evaluate the problem and results reported? | Y | N N/A |

- None indicated _____
- Urinalysis _____
- CBC _____
- Throat culture _____
- EKG _____
- Spirometry _____
- Tonometry _____
- Audiogram _____
- Others _____

- | | | | |
|----|---|---|-------|
| 5. | Was a diagnostic impression recorded? | Y | N |
| 6. | Was medical direction according to impression provided? | Y | N N/A |

-
- Referred to hospital emergency room for treatment _____
 - Referred to family physician _____
 - Referred to specialist _____

Was interim medical care given until own physician visit? Y N N/A

If so, describe: _____

7. Was a final disposition documented and indicated on form PA 3128? Y N

Check:

- Not Fit For Work _____
- Fit For Work with Restriction _____
- Utilized _____
- Not Utilized _____
- Fit For Work _____

8. Were arrangements made for follow up within parameters of the protocol? (Few days to 4 weeks) Y N N/A

9. Was an estimated date for return to full or restricted duty made and indicated on chart? Y N N/A

REVIEWER: _____ DATE: _____
Signature

Comments by Reviewed Physician: _____

_____ DATE: _____
Signature

FINAL REVIEW: _____
Chief Medical Officer

AUGUST 2004

OSMP 8.05

SICK CALL EVALUATION PSYCHOLOGICAL PROTOCOL

Employees seen for sick calls as a result of a mental health issue are either self referred or referred by an Office of Medical Services (OMS) physician. History and documentation of illness or problem is obtained and recorded in the medical and psychological services charts. A psychological interview is performed including psychiatric/psychological history and mental status exam. When appropriate, the employee may be referred for various diagnostic studies for example, drug, alcohol, psychological, etc. Referral to an OMS physician may be necessary as in the case of psychosomatic involvement or medical complications. Upon completion of psychological evaluation, a diagnostic impression is recorded in the psychological services chart and referral for appropriate psychological/psychiatric intervention is made. In cases requiring brief supportive psychotherapy or crisis intervention up to five sessions may be provided by the Psychological Services Unit. The disposition is recorded on the disposition slip and the employee is instructed to deliver the white copy to his/her supervisor/manager. Included on this disposition slip is a follow up appointment if appropriate. If the employee is being held out sick, an estimated return to full and/or restricted duty is included in the chart note. Follow up appointments should be scheduled to monitor employees progress and compliance with outside treatment recommendations.

SICK CALL EVALUATION
PSYCHOLOGIST/SOCIAL WORKER

Name: _____

Emp. # _____

Job Title: _____

Date of Visit: _____

CIRCLE
YES NO

- 1. Was pertinent and sufficient history of illness documented and findings on psychological examination recorded in medical and psychological chart? Y N
- 2. Was previous psychiatric history obtained? Y N
- 3. Were necessary studies performed to evaluate the problem and results reported? Y N n/a
 - None indicated _____
 - Drug _____
 - Alcohol _____
 - Psychological _____
 - Other _____
- 4. Referral to OMS physician? Y N n/a
 - None indicated _____
 - Psychosomatic involvement _____
 - Medical complications _____
- 5. Was a diagnostic impression recorded? Y N
- 6. Was psychological direction according to impression provided? Y N n/a
 - Referred to hospital emergency room for treatment/specialized facility _____
 - Referred to Specialist _____

7. Was brief intervention provided to stabilize situation and referral made? Y N n/a

If so, describe: _____

SICK CALL EVALUATION
PSYCHOLOGIST/SOCIAL WORKER

CIRCLE
YES NO

8. Was a final disposition documented and indicated on Form PA 3128?

Y N

Check:

- Not Fit for Work _____
- Fit for Work with Restriction _____
- Utilized _____
- Not Utilized _____
- Fit for Work _____

9. Were arrangements made for follow up within parameters of protocol? (Few days to 4 weeks)

Y N n/a

10. Was an estimated date for return to full or restricted duty made and indicated on chart?

Y N n/a

REVIEWER: _____ DATE: _____
Signature

Comments by Reviewed Psychologist/Social Worker: _____

Signature DATE: _____

FINAL REVIEW: _____
Chief Medical Officer

STRESS MANAGEMENT COUNSELING

In cases where an employee is having difficulty due to stress stemming from a family crisis or work lifestyle and value changes that impact job performance, the Psychological Services Unit may offer three to five sessions. The same rules of confidentiality apply, depending on how the client was referred.

FLU SHOT PROTOCOL

The flu vaccine is given only to employees in high risk groups or per contractual mandates (PBA, SBA, DEA, LBA).

The flu vaccine must be taken each year to be protective.

Those individuals with a hypersensitivity to eggs or chicken, who are pregnant or have an acute febrile illness should not receive this vaccine.

HIGH RISK GROUPS:

- ◆ persons over age 65
- ◆ health care workers
- ◆ heavy smokers
- ◆ persons with medical conditions requiring regular care, such as:
 - ◇ diabetes
 - ◇ lung disease (i.e. asthma, emphysema, chronic bronchitis)
 - ◇ heart disease
 - ◇ human immunodeficiency virus (HIV) infection
 - ◇ cancer

The recommended time to be vaccinated is in October and November. However, if the flu reaches epidemic proportions, vaccinations will be extended beyond November but no later than December 31st.

The vaccine will be administered following a physician's evaluation.

Written consent is required.

The vaccine will be offered at all OMS facilities and contractor locations. Employees should be instructed to call the appropriate location for an appointment.

**PROCESSING OF APPOINTMENT,
REFERRAL, AND DISPOSITION SLIP (PA3128)**

1. The individual functioning as the receptionist will fill out an Appointment, Referral, and Disposition Slip (PA3128) for each employee as soon as he/she arrives at the Office of Medical Services (OMS) and time stamp each slip before the employee leaves the reception area.
2. The time stamped disposition slip (PA3128) will be given to the employee to take to the provider - the Medical Services unit, the multiphasic area, or the Psychological Services Unit (PSU).
3. Following completion of the employee's visit, the provider will complete the disposition slip (PA3128), with duty status and dates for follow up if needed. If the employee is placed on a restriction, the provider/nurse will contact the unit to determine if the employee will be utilized on the restriction. This will be noted on the slip with the contact person's name. If the provider/nurse is unable to contact the unit, this will also be noted on the slip. The Medical Services Unit retains the blue copy then the disposition slip is time stamped and handed to the employee for him/her to take back to the receptionist at the front desk.
4. The receptionist will schedule, when indicated, a follow up appointment as requested by the provider and indicate same in the lower right corner of the disposition slip (PA3128).
5. The receptionist will give both the white and the green copies of the disposition slip (PA3128) to the employee whether or not he/she is given a follow up appointment.

The employee is instructed to give the white copy to his/her supervisor; the green copy is to be kept by the employee for his/her records. At **no time** is the white copy to be mailed to the supervisor.

The receptionist will distribute the pink copy of the disposition slip (PA3128) to the Medical Absence Evaluation Unit and the yellow copy to Medical Records.

Disposition Slip (PA3128) will be handled as follows:

White Copy	To employee for Supervisor
Yellow Copy	To Medical Records for record keeping
Pink Copy	To Medical Absence Evaluation Unit
Green Copy	To employee for his/her records
Blue Copy	Kept by the provider/nurse and placed in chart

All Copies Should Be Clear and Legible.

In addition, when an employee is seen away from the facility to which he/she is usually assigned, the receptionist sends a copy of the PA3128 to his/her assigned facility.

REFERRAL FOR ADMINISTRATIVE DISPOSITION

Whenever an employee who is being seen by the Office of Medical Services (OMS) in the following circumstances:

- o as a result of a medical status or job fitness evaluation
- o as a result of signing a waiver or last chance agreement
- o a self referral to the Psychological Services Unit for a substance abuse problem
- o an employee who has been ordered to report to the Office of Medical Services as a result of an absence

fails to attend scheduled appointment(s) or refuses to cooperate with treatment, and/or diagnostic recommendations, his/her supervisor must be notified in writing (Attachment A).

After being referred for administrative disposition, an employee should not be seen until OMS receives written notification from the unit stating that administrative action has been taken and that they wish the employee to resume appointments with OMS.

Should the employee voluntarily show up in OMS, the physician should contact the employee's manager by telephone to determine whether the department has taken administrative action and whether the employee should resume appointments with OMS. Written notification from the unit confirming the directed course of action should be forthcoming.

When an employee who has been referred for administrative action becomes cooperative, OMS must send a memo to the supervisor indicating that the employee is now cooperating (Attachment B).

ATTACHMENT A

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

M E M O R A N D U M

TO:
FROM: Martin Duke, M.D.
DATE:
SUBJECT:

COPY TO: (Employee) _____, Emp.# _____
J. Bell, M. L. Hannell, Labor Relations, Medical Records

Mr./Ms. _____ was in the Office of Medical Services on _____, but refused to cooperate with the diagnostic/treatment (circle one) recommendations made by our medical staff. We are referring this matter to you for administrative disposition.

Martin Duke, MD
Chief Medical Officer

ATTACHMENT B

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

MEMORANDUM

TO:
FROM: Martin Duke, M.D.
DATE:
SUBJECT:

COPY TO: (Employee) _____, Emp.# _____
J. Bell, M. L. Hannell, Labor Relations, Medical Records

Mr./Ms. _____ was referred for administrative disposition on _____ because he/she refused to cooperate with the diagnostic/treatment (circle one) recommendations made by our medical staff.

We have received your memo dated _____ advising us that administrative action has been taken, and have therefore rescheduled Mr./Ms. _____ appointment for _____.

As of _____ Mr./Ms. _____ is now cooperating with the diagnostic/treatment (circle one) recommendations made by us.

Martin Duke, MD
Chief Medical Officer

THIRD PARTY MEDICAL EVALUATION**GENERAL:**

A Third Party Medical Evaluation involves the use of a neutral physician, independent of the employee's physician and the Office of Medical Services' (OMS) physicians. It is conducted at the request of the Labor Relations Division, or the employee's union representative when there exists a conflict of opinion between the employee's treating physician and the OMS physician.

PROCEDURE:

1. The Medical Services Unit staff will arrange for the employee to be evaluated by a third party physician agreeable to all parties (unless otherwise directed by union agreement). This is done by providing the employee or the employee's union representative with a list of at least three physicians specializing in the area in question (Attachment A). The employee chooses one of the physicians for the third party evaluation and OMS then schedules an appointment for the earliest possible date and sends a follow up letter to the employee by certified mail (Attachment B). OMS will provide the third party physician with copies of all reports from the chart, evaluations by all physicians, and a job specification.
 2. The employee is continued in the current work/absence status until the decision of the third party is received unless the OMS perceives a potential danger to the employee or others in the event that the employee is working.
 3. Upon receipt of the third party physician's decision, the employee will be rescheduled for a return visit at which time the decision will be explained. The disposition should then be made accordingly. The determination rendered by the third party is binding for all concerned.
 4. A copy of the report from the third party medical evaluation is sent to the Worker's Compensation Division or PATH Claims if the evaluation relates to an injury on duty.
 5. If the employee would like a copy of the third party medical evaluation, he/she must sign a medical records release form (Attachment C).
 6. Should the employee fail to cooperate with the process or reject the decision of the third party physician, he/she is referred to their respective unit for administrative disposition, the unit being informed accordingly.
-

ATTACHMENT A

Date

Employee's name
Address

Dear (EMPLOYEE'S NAME):

Attached is a list of (TYPE OF PHYSICIAN) from which you should choose a name to perform a third party evaluation to determine your fitness for duty.

Please let me know as soon as you have chosen a name and I will arrange an appointment for the evaluation.

Sincerely,

Name
Title

ATTACHMENT B

Date

Employee's name
Address

Dear (EMPLOYEE'S NAME):

Per our telephone conversation of (DATE), I have scheduled you to attend a third party evaluation to determine your fitness for duty with the physician you chose, (NAME), on (DATE) at (TIME).

(PHYSICIAN'S NAME)
(ADDRESS)
(TELEPHONE NUMBER)

A copy of your records has been sent to him with your job specification for his review.

It is essential that you keep this appointment as failure to do so will result in a referral for administrative disposition.

Sincerely,

Name
Title

ATTACHMENT C

DATE: _____ EMP. NAME: _____

EMP. #: _____

APPROVED BY: _____, MD WORK PHONE: _____

HOME ADDRESS: _____

RELEASED BY: _____

HOME TELE #: _____

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I HEREBY AUTHORIZE THE OFFICE OF MEDICAL SERVICES OF THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY TO RELEASE TO ME AND/OR TO MY DESIGNEE THE RESULTS OF MY EXAMINATION(S) AND/OR OTHER MEDICAL REPORTS AS SPECIFIED:

Check

____ TEST RESULTS ARE REQUESTED BY PATIENT FOR PERSONAL RECORDS

____ TEST RESULTS ARE REQUESTED BY PATIENT FOR PERSONAL LAWYER

____ TEST RESULTS ARE REQUESTED BY PATIENT FOR PERSONAL PHYSICIAN

NAME OF PERSONAL LAWYER: _____

ADDRESS: _____

NAME OF PERSONAL PHYSICIAN: _____, MD

ADDRESS: _____

EMPLOYEE SIGNATURE: _____

(COPY TO MEDICAL RECORDS)

THIRD PARTY MEDICAL EVALUATION**GENERAL:**

A Third Party Medical Evaluation involves the use of a neutral physician, independent of the employee's physician and the Office of Medical Services' (OMS) physicians. It is conducted for employees represented by the PBA or TWU only, at the request of the Labor Relations Division or the employee's union representative when there exists a conflict of opinion between the employee's treating physician and the OMS physician.

PROCEDURE:

1. The Medical Operations Manager will arrange for the employee to be evaluated by a third party physician agreeable to all parties (unless otherwise directed by union agreement). This is done by providing the employee or the employee's union representative with a list of at least three physicians specializing in the area in question. The employee chooses one of the physicians for the third party evaluation and OMS then schedules an appointment for the earliest possible date and sends a follow up letter to the employee by certified mail. OMS will provide the third party physician with copies of all reports from the chart, evaluations by all physicians, and a job specification.
 2. The employee is continued in the current work/absence status until the decision of the third party is received unless the OMS perceives a potential danger to the employee or others in the event that the employee is working.
 3. Upon receipt of the third party physician's decision, the employee will be rescheduled for a return visit at which time the decision will be explained. The disposition should then be made accordingly. The determination rendered by the third party is binding for all concerned.
 4. A copy of the report from the third party medical evaluation is sent to the Worker's Compensation Division or PATH Claims if the evaluation relates to an injury on duty.
 5. If the employee would like a copy of the third party medical evaluation, he/she must sign a medical records release form.
 6. Should the employee fail to cooperate with the process or reject the decision of the third party physician, he/she is referred to their respective unit for administrative disposition, the unit being informed accordingly.
-

ATTACHMENT A

Date

Employee's name
Address

Dear (EMPLOYEE'S NAME):

Attached is a list of (TYPE OF PHYSICIAN) from which you should choose a name to perform a third party evaluation to determine your fitness for duty.

Please let me know as soon as you have chosen a name and I will arrange an appointment for the evaluation.

Sincerely,

Name
Title

ATTACHMENT B

Date

Employee's name
Address

Dear (EMPLOYEE'S NAME):

Per our telephone conversation of (DATE), I have scheduled you to attend a third party evaluation to determine your fitness for duty with the physician you chose, (NAME), on (DATE) at (TIME).

(PHYSICIAN'S NAME)
(ADDRESS)
(TELEPHONE NUMBER)

A copy of your records has been sent to him with your job specification for his review.

It is essential that you keep this appointment as failure to do so will result in a referral for administrative disposition.

Sincerely,

Name
Title

SEPTEMBER 1994

OMSP 9.03

ATTACHMENT C

DATE: _____ EMP. NAME: _____

EMP. #: _____

APPROVED BY: _____, MD WORK PHONE: _____

HOME ADDRESS: _____

RELEASED BY: _____

HOME TELE #: _____

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I HEREBY AUTHORIZE THE OFFICE OF MEDICAL SERVICES OF THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY TO RELEASE TO ME AND/OR TO MY DESIGNEE THE RESULTS OF MY EXAMINATION(S) AND/OR OTHER MEDICAL REPORTS AS SPECIFIED:

Check

____ TEST RESULTS ARE REQUESTED BY PATIENT FOR PERSONAL RECORDS

____ TEST RESULTS ARE REQUESTED BY PATIENT FOR PERSONAL LAWYER

____ TEST RESULTS ARE REQUESTED BY PATIENT FOR PERSONAL PHYSICIAN

NAME OF PERSONAL LAWYER: _____

ADDRESS: _____

NAME OF PERSONAL PHYSICIAN: _____, MD

ADDRESS: _____

EMPLOYEE SIGNATURE: _____

(COPY TO MEDICAL RECORDS)

CAR SERVICE PROCEDURE

1. Establish need and destination from Physician, Physician Assistant, or Nurse.
 2. Obtain from employee:
 - Name and telephone number of immediate supervisor
 - Employee number and unit number
 - Location of home, physician's office, and/or hospital
 3. Notify immediate supervisor regarding:
 - Need for car service
 - Destination of employee
 - Arrangements for the prompt delivery of the patients personal items to OMS
 4. Contact Dispatcher at (212) 435-3177 and provide the following:
 - Name of employee
 - Employee number
 - Unit number
 - Destination
 - Time frame - How urgently a car is needed (i.e. immediate/routine)
 5. Proceed with employee in wheelchair to the 44 East Dispatchers Office and obtain voucher form.
 6. Wait at designated pick up site with employee until arrival of car. Assist employee into car and give voucher to driver.
 7. Medicomp logging:
 - Please log under medical dictionary "referred by work place".
 - Add in notes "transferred via car service to destination" (i.e. home, physician's office, or hospital).
-

* Remember all employees requiring use of car service must be discharged via wheel chair!

**RECEPTION FUNCTION
ADMINISTRATIVE SERVICES**

This step by step instruction manual is designed to outline the reception function for the Office of Medical Services; World Trade Center.

When a Port Authority/PATH employee comes into the Office of Medical Services for any reason, an Office of Medical Services Appointment - Referral and Disposition Slip - PA 3128 (ATTACHMENT A) is time stamped and then filled out by writing the employee's name, employee number, unit number, department/facility, organization unit, and telephone number.

SICK CALL, RETURN TO WORK, INJURY ON DUTY EVALUATION

After the disposition slip is filled out, the receptionist will tell the employee to wait until he/she is called to the Medical Services Unit. At that time, the receptionist completes a medical record retrieval card (ATTACHMENT B) and forwards it to the Medical Records Unit to have the employee's chart pulled. Once the chart is pulled, the medical records clerk will bring the chart directly to the Medical Services Unit. The receptionist will notify the Medical Services Unit (by using intercom 08 or 09) that the employee is waiting. At that time, the Medical Services Unit will let the receptionist know if there is a vacant room for the employee. When there is a vacant room, the employee is given the PA 3128 and instructed to report to the nurse in the Medical Services area.

When the employee is ready to leave the medical office, his/her disposition slip (PA 3128) should be time stamped out. A follow up appointment should be made (if indicated), and the employee should be given only the white copy (for his/her supervisor) and the green copy (for his/her personal record). The yellow and pink copies should be retained at the reception desk for data input and for the Medical Absence Evaluation Unit.

REQUIRED ANNUAL, PERIODIC, PROMOTION EXAMINATION

An employee scheduled for a required annual, periodic, or promotion examination is given an Interim Health History Questionnaire - PA 3320 (ATTACHMENT C) to be completed along with a packet of information. In this packet, there are several forms which the patient is to complete before proceeding to the multiphasic area. They include:

1. Office of Medical Services Report of Annual Examination - PA 1908 (ATTACHMENT D)
2. Personal and Confidential Envelope - PA 3369 (ATTACHMENT E)
3. Forms for urine drug screen (PATH and Promotional Physicals Only) (ATTACHMENT F)
4. Respirator Clearance questionnaire and approval forms (All PATH and Respirator Clearance Physicals) - (ATTACHMENT G)
5. Engineer Licensing form (all PATH Engineers) - (ATTACHMENT H)

6. Office of Medical Services Multiphasic Screening Form (ATTACHMENT I) which will be completed in the Multiphasic area. This form includes portions for the Medical Assistant to complete: height, weight, vision testing, blood pressure, and tonometry testings.
7. Emergency contact sheet (ATTACHMENT J)
8. Employee labels (ATTACHMENT K) - Labels are to be printed everyday for any employees scheduled for a multiphasic/physical examination. The employee is given the labels with his entire package.

After the above forms have been completed, the employee is instructed to wait outside of the multiphasic area and he/she will be called by order of appointment time.

PREPLACEMENT EXAMINATION - TEMPORARY

The Employment Division will bring up "Employee Check List" for all new employees (temporary and permanent employment).

- o When the pre-employment candidate arrives in the Office of Medical Services, the employee check list is time stamped.
- o The pre-employment candidate is instructed to fill out the Port Authority of New York and New Jersey Preplacement Medical Examination form - PA 54 (ATTACHMENT L), along with urine drug screen forms (ATTACHMENT F) and labels (ATTACHMENT K).

After filling out these forms he/she is instructed to go directly to the lab.

PREPLACEMENT EXAMINATION - PROJECT/PERMANENT

After filling out the above forms these employees follow the same procedure for annual physical examinations.

SCHEDULED EXAMINATIONS

On the second week of each month, call the Information Services Department and request multiphasic run. Call the Mailroom - 74 South for mailing labels for all medical coordinators.

Every unit coordinator gets a copy of a list of the employees in his/her unit who are eligible for a physical examination.

Each unit coordinator throughout the Port Authority/PATH will call the receptionist to get time slots to schedule physicals for staff in his/her unit. The frequency of the periodic examinations are determined by the employee's age.

Over 45	One year
35 - 45	Every two years
Under 35	Every three years

The supervisor provides the receptionist with time slots and the employee is scheduled accordingly. For example: four morning slots and/or five afternoon slots.

Priority is given to PATH, Police personnel and all other occupationally mandated physicals, i.e.: respirator clearances.

TELEPHONE CALLS

The receptionist is responsible for screening, answering telephone calls, and directing calls to the appropriate individual. Types of calls that might come through the front desk are emergency calls from facilities, calls from employees working in the World Trade Center, calls for the Medical Absence Evaluation Unit, Medical Records, Medical Services, or calls from a physician.

APPOINTMENT SCHEDULING

After scheduling employees on the computer, the receptionist makes a hard copy of all medical and multiphasic scheduled appointments and gives a copy to the Medical Records Supervisor at the end of each day in order to have the charts pulled for the following day.

EMERGENCIES

In an emergency situation the receptionist is to notify a nurse, physician, and the Port Authority Police Desk at extension 3540. In all emergency situations, the Port Authority Police must be notified. The receptionist should ascertain the status of the Port Authority employee (i.e. permanent, project, temporary) and follow guidelines accordingly. The receptionist then calls the service elevator in order to pick up the employee.

If an employee in distress walks into the OMS, the receptionist is to assist the employee into the Emergency Room. If the receptionist receives a call stating that a sick/injured employee is unable to ambulate to the OMS, the receptionist would then inform the caller that she will be sending a nurse and/or a physician to assist the employee.

VISITOR'S DESK

The visitor's desk will call the front desk periodically during the day requesting to admit an employee to the Office of Medical Services. The receptionist should only allow admission if someone is expecting a visitor or if the employee has a scheduled appointment.

3128 BK 2170
2-89

OFFICE OF MEDICAL SERVICES
APPOINTMENT - REFERRAL AND DISPOSITION

DATE
/ /

EASE PRINT OR WRITE LEGIBLY.
EMPLOYEE NAME

EMPLOYEE NO.

DEPARTMENT/FACILITY

ORG. UNIT NO.

TEL. NO.

P.A. CLINIC

Follow-up
(Specify)

KENNEDY INTN'L AIRPORT

Restriction Check
(Specify)

WORLD TRADE CENTER

Blood Pressure Check

Periodic Physician Exam

Multiphasic Exam

Special Medical Services

Other
(Specify)

DISPOSITION: FIT FOR WORK NOT FIT FOR WORK FIT FOR WORK WITH RESTRICTION OTHER (SPECIFY)

RESTRICTIONS:

COMMENTS:

Medical Doctor (Signature)

NOTE: This is your appointment slip. Please bring it with you when you return.

Your appointment has been scheduled for →

Day

Date

Time

M

DISTRIBUTION: COPIES—WHITE - SUPERVISOR, YELLOW - MEDICAL RECORDS, GREEN - EMPLOYEE, PINK - OMS (ABS. CONTROL) BLUE - (OMS)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

PA 2918
1-70

BK-2170

REQUEST FOR INFORMATION AND RECORDS RETRIEVAL

RECORDS LOCATION OR RECORDS CENTER NO.	DESCRIPTION OF RECORD (SUBJECT, RANGE, DATES, NUMERICAL SERIES, ETC.)				DESIRED INFORMATION OR REMARKS	
DEPARTMENT	DIVISION	FACILITY	DATE PREPARED / /		FILES OPERATOR	
NAME OF USER		DATE ISSUED / /	DATE RETURNED / /		PROCESSED BY	
TRANSMIT BY: <input type="checkbox"/> PHONE <input type="checkbox"/> MESSENGER <input type="checkbox"/> HOLD-WILL CALL <input type="checkbox"/> PAD		ROOM NO.	TEL. EXT.	DATE REQUIRED / /		TIME A.M. P.M.
AUTHORIZED BY (SIGNATURE)			PROG.	ORG.	ACT.	AREA
			JOB	OBJ.		

PA 1908/10 84

BB 89519

OFFICE OF MEDICAL SERVICES
REPORT OF ANNUAL EXAMINATION

Name _____ Date ____/____/____ Employee
Number _____

Facility Mailing Address _____ Zip _____ Tel. Ext _____

Your annual examination has been completed. A review of the results of your examination indicate the following:

Your test results were within NORMAL limits.

Your test results were within NORMAL limits EXCEPT for _____

Therefore, please contact _____ EXT. _____

for further study and/or repeat of the following _____

A copy of your multiphasic screening report has been sent to your personal physician on ____/____/____

We look forward to seeing you again next year for your annual medical examination. However, you are welcome to contact us on extension 8439 for medical treatment, advice and counsel anytime the need arises.

Remarks _____

M.D

THE PORT AUTHORITY OF NY & NJ

One World Trade Center
New York, N.Y. 10048

PERSONAL AND CONFIDENTIAL

NAME		
FACILITY ADDRESS	ZIP	FLOOR

RESPIRATOR QUESTIONNAIRE

Office Of Medical Services

NAME			EMPLOYEE NO.	UNIT NO.	JOB TITLE	DATE / /
FACILITY ADDRESS			TELEPHONE NO.	DATE OF BIRTH / /		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Do you consider yourself to be in good health? yes no

Has a doctor ever told you or are you aware of having any of the following?
(If yes, indicate year told)

	No	Yes	Not Sure	How Long
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
A Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Angina (chest pain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
A Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Irregular Heart Beat (arrythmia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
A Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
A Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chronic Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pleurisy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
A Lung Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
A Hearing Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
A Punctured Ear Drum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional or Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
A Nervous Breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
A Thyroid Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy (seizure fits, convulsions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
A Vision Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PA 3635 / 5-89

MEDICAL CLEARANCE FOR USE OF RESPIRATOR
Office Of Medical Services

NOTE: THIS MEDICAL CLEARANCE MUST BE REVIEWED ANNUALLY

INSTRUCTIONS: 1. Prepare in triplicate. 2. Retain original copy for Medical Chart.
3. Forward duplicate copy to employee. 4. Forward third copy to Health Services Coordinator.

NAME	EMPLOYEE NO.	UNIT NO.	FACILITY
FACILITY ADDRESS			
<input type="checkbox"/> IS MEDICALLY CLEARED FOR USE OF: <div style="text-align: center;"> NEGATIVE PRESSURE RESPIRATOR _____ (POWERED AIR) POSITIVE PRESSURE RESPIRATOR _____ </div>			
<input type="checkbox"/> IS NOT ABLE TO USE A RESPIRATOR AT THIS TIME _____ _____ _____ _____			
_____ SIGNATURE—M.D.			____/____/____ DATE

THE PORT AUTHORITY OF NEW YORK & NEW JERSEY

M E M O R A N D U M

TO: Superintendent of Transportation
FROM: Office of Medical Services
DATE:
SUBJECT: ENGINEER LICENSING

In accordance with 49 C.F.R. 240.121,

PATIENT NAME: _____

BADGE #: _____

has been examined on

DATE: _____

with the following results:

MEETS CRITERIA

Vision _____ W/O Corrective Lenses _____ With Corrective Lenses

Hearing _____ W/O Hearing Aid _____ With Hearing Aid

Does not meet criteria but is considered medically to be able to safely operate a train for the noted reason(s) listing special restrictions, if any.

Vision: _____

Hearing: _____

Staff Physician

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

OFFICE OF MEDICAL SERVICES

MULTIPHASIC SCREENING

Name: _____

Employee Number: _____ PA _____ PATH _____ Exam Date _____

Job Title _____ Unit Number _____

Fasting Hours _____

Age _____

Height (Inches) _____

Weight _____

Frame _____ (1=Small, 2=Medium, 3=Large)

VITAL SIGNS

REPEAT

	<u>Right</u>	<u>Left</u>	<u>Right</u>	<u>Left</u>
BLOOD PRESSURE				
Systolic	_____	_____	_____	_____
Diastolic	_____	_____	_____	_____
Pulse	_____	_____	_____	_____

VISION TESTING

	<u>Uncorrected</u>	<u>Corrected</u>	<u>Uncorrected</u>	<u>Correc</u>
	FAR		NEAR	
Right 20/	_____	_____	Right 20/	_____
Left 20/	_____	_____	Left 20/	_____
Both 20/	_____	_____	Both 20/	_____
Color Vision	[] Pass	[] Fail		

TONOMETRY _____ (1=Contraindicated, 2=Patient Refused, 3=Not

Right _____

Left _____

CHEST X-RAY taken: [] YES [] NO

UPDATE	
MONTH	YEAR

PATIENT NAME: _____
 LAST FIRST MI

ADDRESS: _____
 STREET APT. #

_____ CITY STATE ZIP

HOME TEL. #: () _____ BUS. TEL. #: () _____

DOB: _____ EMP. #: _____ UNIT #: _____ S.S. #: _____

EMERGENCY CONTACT: _____
 LAST FIRST

RELATIONSHIP: _____ TEL. #: () _____

ALLERGIES: DRUGS: _____ / _____ / _____

CHECK TYPE OF REACTION: [] HIVES [] RASH [] SWELLING OF MOUTH/AIRWAY

CHECK: [] DENTURES [] CONTACT LENS [] OTHER/PROSTHESIS: _____

MEDICAL HISTORY: CHECK KNOWN DIAGNOSES:

- [] ASTHMA/REC BRONCHITIS [] DIABETES [] THYROID AB
- [] LIVER DISEASE [] EPILEPSY [] HEPATITIS HISTORY
- [] PEPTIC ULCER DISEASE [] CANCER [] ANEMIA/BLOOD DISEASE
- [] BACK PROBLEMS (CHRONIC) [] KIDNEY DISEASE [] POSITIVE PPD
- [] HIGH BLOOD PRESSURE [] COLITIS [] HEART DISEASE/ANGINA
- [] OTHER(S) _____

LIST MEDICATION(S)/UPDATE EVERY SIX MONTHS:

RX: _____ DATE: _____

RX: _____ DATE: _____

RX: _____ DATE: _____

IMMUNIZATION: (TO BE COMPLETED BY PHYSICIAN OR NURSE)

[] HEPATITIS B [] YES VAC. [] NO VAC. [] (+) B Ag [] (+) ANTIBODY TITER

[] PNEUMONIA VACCINE [] YES [] NO DATE: _____

[] TETANUS/DIPHTHERIA/BOOSTER _____ LAST DOSE _____

Appointment Date/Time:

Employee #:

Name:

Unit:

**The Port Authority
of New York and New Jersey
PRE-PLACEMENT MEDICAL EXAMINATION**

INSTRUCTIONS TO THE APPLICANT: The Port Authority of New York and New Jersey is interested in ensuring that each applicant is medically qualified to perform the duties of the position for which he or she is being considered. Please answer every question to the best of your ability. If you have any difficulty understanding a question omit the answer — a member of the medical department staff will review this question with you at the time of your physical examination. We appreciate your cooperation.

1. Please answer the question by placing an "x" in the appropriate box next to the question.
2. Some questions will state "Please explain". If an explanation is necessary, please respond directly under the question.

Name (Last)	(First)	(Middle)	Date of Birth / /		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date / /
Address (Number, Street, City and State)					Zip Code	Area Code—Telephone No.

Were you ever employed by The Port Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ To _____	If answer is Yes, under what name?
Have you had a previous examination in this department? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify date / /	Social Security Number

DO NOT WRITE IN THIS SPACE (For Office Use Only)					
Position Applied For	<input type="checkbox"/> Project <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		Personnel Representative	Tel. Ext.	
TEST PROCEDURE	TEST DONE	INITIALS	TEST PROCEDURES	TEST DONE	INITIALS
Nurse Interview			L.S. (Path only)		
Nurse Screening			EKG		
Physical Exam.			Audio		
Urine			Vision		
Blood			Spirometry		
X-Ray (Chest)			Other		
ADDITIONAL INFORMATION REQUEST					
Type of Information	Date Requested / /	Date Received / /	Remarks		
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
DISPOSITION					
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date Check List Sent / /	Examining Physician		

PLEASE COMPLETE THE FOLLOWING QUESTIONS. READ CAREFULLY.

1. In the last five years, have you consulted a physician? (If "Yes", please explain.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you presently under a doctor's care?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", please explain)
<i>The following questions pertain to your medical history since birth.</i>	
3. Have you had any accidents or serious injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", please explain)

**AUDIOGRAM MEDICAL PROTOCOL/
MEDICAL ASSISTANTS**

The Office of Medical Services performs aural evaluations in accordance with OSHA standards for individuals participating in pre-employment, contractually mandated and federally mandated physical examinations. Testing employees hearing is important in that it enables the Office of Medical Services to initiate protective follow up measures should there be a deterioration in an employee's hearing ability before hearing loss progresses.

The Occupational Health Manager (OHM) system where hearing exam data is recorded flags when there is a standard threshold shift (STS) by indicating "medical referral" highlighted in red.

Medical Assistants are directed to immediately notify the Chief Medical Officer when this occurs and provide a copy of the hearing exam results.

AUGUST 2004

OSMP 10.00

OFFICE OF MEDICAL SERVICES PSYCHOLOGICAL SERVICES UNIT

The Psychological Services Unit of the Office of Medical Services has staff available on a 24 hour a day, 7 day a week basis to respond to disasters and traumatic events. Critical Incident Stress Debriefing (CISD) is provided by OMS Psychological Services Unit to minimize the effects of a traumatic event or disaster and to prevent long term effects of the events.

The Chief Medical Officer from the Office of Medical Services is the designated contact who may be reached by calling the Central Police Desk and having him paged on off hours should these services be required. Specific information such as the type of incident and number of employees involved must be provided by a staff member in a supervisory position to determine the appropriate course of action.

AUGUST 2004

OMSP 10.01

**REFERRALS TO PSYCHOLOGICAL SERVICES UNIT (PSU)
AS A RESULT OF A HEARING**

An employee who is referred to the Psychological Services Unit (PSU) as a result of a disciplinary hearing will have signed a settlement agreement which will specify that the employee follow the directives of the PSU of the Office of Medical Services (OMS) for whatever period of time that the PSU determines is necessary. The agreement will also specify that if the employee fails to follow directives or cooperate with the PSU he/she may be terminated. An initial appointment will be made at the time of agreement at which time the PSU will determine what treatment/monitoring is required. Failure to cooperate will result in a referral for administrative disposition.

AUGUST 2004

OSMP 10.02

**REFERRALS TO PSYCHOLOGICAL SERVICES UNIT (PSU)
AS A RESULT OF A DISCIPLINARY HEARING
PSYCHOLOGICAL PROTOCOL**

Often as a result of a hearing, an employee will sign an agreement in lieu of termination. The agreement generally stipulates that the employee will make an appointment with the Psychological Services Unit (PSU) of the Office of Medical Services (OMS) and cooperate with monitoring and/or treatment recommendations for whatever type of treatment and length of time OMS feels is appropriate.

Upon receipt of the letter of agreement, the PSU will perform an evaluation of the employee to determine the need for treatment and/or monitoring and will then arrange for outside treatment, if necessary. The employee will then be required to sign a PSU agreement which details what constitutes cooperation with PSU. Any failure to cooperate with outside treatment or internal monitoring (i.e. failure to keep appointments, failure to cooperate with treatment recommendations) will result in an immediate referral for administrative disposition. This is done by writing a memo to the employee's unit manager, copying appropriate parties including the Labor Relations Department, and the employee.

PSYCHOLOGICAL SERVICES PROTOCOL

SERVICES IN TIMES OF INTENSE TRAUMATIC EVENTS – CIVILIAN EMPLOYEES

There may be events of such magnitude that increased resources are dedicated to the management of traumatic stress due to a work related event.

In these situations, the Chief, Office of Medical Services (OMS) will communicate availability and location of resources and assess the need for specialized programs. Counseling staff will be given a thorough orientation to the processes, procedures, and protocols of the Office of Medical Services.

Counselor will be expected to report to the Chief and Chief Medical Officer on a daily basis, chart all interactions, and monitor fitness for duty.

After an appropriate period of time, these ongoing services and dedicated resources will be scaled back.

PSYCHOLOGICAL SERVICES PROTOCOL**SERVICES IN TIMES OF INTENSE TRAUMATIC EVENTS – PUBLIC SAFETY SWORN STAFF**

There may be events of such magnitude that increased resources are dedicated to Public Safety for the management of traumatic stress due to a work related event.

In those situations, the Chief, Office of Medical Services (OMS) and the Chief Medical Officer will recommend services and programs to the Chief of the Public Safety Department and the Superintendent of Police. Upon concurrence, the Chief, OMS, will apprise the union presidents of the course of action. The Chief's designee within the Public Safety Department will schedule and communicate availability of services and location of services. The Chief, OMS, and the Chief Medical Officer will give a thorough orientation to counseling staff of the processes, procedures, and protocols of the OMS. Counselors will be expected to report to the Chief and Chief Medical Officer on a daily basis. Services will include, but are not limited to: leadership programs, crisis intervention, debriefing programs, educational, informational, prevention programs, and hotline intervention.

Consistent with past practice, a psychologist with Public Safety experience will be dedicated to Public Safety sworn staff and will determine fitness for duty.

The Office of Medical Services will designate a backup psychologist to handle patient overflow and to provide coverage during vacations

After an appropriate period of time, services of backup psychologist will be scaled back.

AUGUST 2004

OSMP 10.05

**OFFICE OF MEDICAL SERVICES PSYCHOLOGICAL SERVICES UNIT
PROTOCOL FOR SUBSTANCE ABUSE VIOLATIONS**

When an employee is verified positive for a controlled substance or has a positive alcohol test result, the Office of Medical Services proceeds as follows:

1. The employee is referred to a Substance Abuse Professional within the Psychological Services Unit of the Office of Medical Services.
 2. Substance abuse violators are also referred to their unit by the Office of Medical Services for administrative action as a result of violating The Port Authority's General Rules and Regulations.
 3. The Substance Abuse Professional identifies the appropriate course of treatment with the employee and refers him/her to the resources where treatment is offered.
 4. The employee is monitored by OMS to ensure compliance with treatment recommendations. Please note should an employee demonstrate non-compliance with treatment recommendations, the employee is referred to his/her unit for administrative action.
 5. The Office of Medical Services determines when it is medically appropriate for the employee to return to service.
 6. Following his/her return to service, an employee may be subject to follow up testing as directed by the Office of Medical Services.
-

AUGUST 2004

OMSP 10.06

**SELF REFERRALS TO PSYCHOLOGICAL SERVICES UNIT
PUBLIC SAFETY**

A client that is a self-referral to the Psychological Services Unit (PSU) or the Office of Medical Services (OMS) is told that there is privilege and confidentiality in the relationship, provided that the employee is cooperating with the recommendation of PSU. In some cases, a clinical decision may lead to a referral to an outside treatment source. The OMS psychologist with Public Safety experience will assist in obtaining a list of referral services from the Memorandum of Agreement. If requested, the psychologist will telephone the referral source and assist the client, especially for the initial appointment. The client may or may not be taken out of service depending on the type of problem. If a clinical evaluation suggests that this client would significantly benefit from three to five sessions of in-house intervention, while remaining in service, the OMS psychologist will follow the employee. If the employee is in outside therapy, the OMS psychologist will monitor progress by seeing the client and requesting status reports. OMS works in conjunction with the treating physician but the psychologist makes an independent determination regarding fitness for duty and recommendation for treatment. If indicated, firearms will be removed by contacting the Absence Control Unit of the Public Safety Department. If the weapon has been removed through the District Attorney's office, the weapon cannot be returned without written approval of the District Attorney's office. Failure to cooperate with the treatment/follow up recommendations will result in a referral for administrative disposition.

SELF REFERRALS TO PSYCHOLOGICAL SERVICES UNIT

A client that is a self-referral to the Psychological Services Unit (PSU) or the Office of Medical Services (OMS) is told that there is privilege and confidentiality in the relationship, provided that the employee is cooperating with the recommendation of PSU. In some cases, a clinical decision may lead to a referral to an outside treatment source. The OMS psychologist/psychological professional will assist in obtaining a list of referral services. If requested, the psychologist/psychological professional will telephone the referral source and assist the client, especially for the initial appointment. The client may or may not be taken out of service depending on the type of problem. If a clinical evaluation suggests that this client would significantly benefit from three to five sessions of in-house intervention, while remaining in service, the OMS psychologist/psychological professional will follow the employee. If the employee is in outside therapy, the OMS psychologist/psychological professional will monitor progress by seeing the client and requesting status reports. OMS works in conjunction with the treating physician but the psychological professional makes an independent determination regarding fitness for duty and recommendation for treatment. If it is apparent after the initial interview that the employee is involved in a disciplinary process which may be complicated through an OMS/PSU relationship, the employee should be referred to an external provider immediately. Failure to cooperate with the treatment/follow up recommendations will result in a referral for administrative disposition.