PWS 10: OCCUPATIONAL HEALTH PROGRAM (INDIRECT)

1. OBJECTIVE: The Contractor shall maintain and operate an occupational health, Industrial Hygiene (IH), and safety program IAW applicable Federal, State, and local regulations. The Contractor shall provide all legally required occupational health related care to Contractor employees and subcontractor employees located on the installation. The Contractor shall support audits, inspections, or information requests as required by the government.

2. LEGAL APPLICABILITY OF STANDARDS: The Contractor and its employees, tenants and subcontractors shall comply with the federal regulatory standards distributed by Occupational Safety and Health Administration (OSHA) in Title 29, Code of Federal Regulations at all nonmilitary-unique operations and workplaces, and with regulatory requirements of part 20 of Title 10, CFR and part 1040 sections 1040.10 and 1040.11 of Title 21, CFR.

2.1. The Contractor shall submit an annual certification statement verifying they are complying with Federal, State, and local statutes and regulations, directives, and guidance governing occupational and environmental health (CDRL A10-001).

3. EXPOSURE STANDARDS: The OSHA Permissible Exposure Limits (PELs) shall be used as exposure standards except where the American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values (TLVs) are more stringent. Exposure standards and criteria shall be used to determine the need for medical monitoring, occupational health screening, and the need for protective equipment and/or reduction of exposure through design engineering. The Contractor shall provide results of direct monitoring to the Medical Director who shall establish the appropriate bio-surveillance program for affected employees and subcontractors of any discovered occupational or environmental exposure risk. The Contractor shall, as described in DA PAM 40-11, paragraph 5, be transparent when communicating the risk of chemical, physical, biological, and radiological exposure to government employees and inspectors who enter the contractor-operated workspaces.

3.1. The goal is to protect workers from known and emerging hazards as determined from the best science available. The exposure standards, as defined above, define when an exposure is significant enough to warrant continued medical surveillance, appropriate medical monitoring, and worker protection methods. Elimination of the hazard through improved design engineering is always the preferred hazard reduction method, but it is recognized that this is not always feasible. When that is the case, approved personal protective measures shall be used.

4. CLINICAL QUALITY MANAGEMENT PROGRAM (CQMP): Occupational Health programs (The Program) delivering health care shall establish and maintain a CQMP (CDRL A10-002). Program elements which shall be addressed in the CQMP are

listed below:

4.1. The Program that delivers health care shall have a Medical Director with the degree of M.D. or D.O., who is currently licensed to practice medicine in the State, and has at least 5 years of experience in an occupational medicine physician position or training in Occupational Medicine equivalent to phase 1 and 2 of the Fundamentals of Occupational Medicine Course, 6H-F20.

4.2. Clinical providers shall maintain certification in basic life support, including automatic external defibrillator use through either the American Red Cross or the American Heart Association. Physicians, physician's assistants, registered nurses and nurse practitioners shall obtain training in Occupational Medicine by completing the online portion (phase I) of the Army Medical Department (AMEDD) Fundamentals of Occupational Medicine Course, 6H-F20, or equivalent (for example, the American College of Occupational and Environmental Medicine (ACOEM) Basic Curriculum series). Physicians and all clinic personnel conducting drug testing shall receive training in collection methods and interpretation of drug test results.

4.3. The Program shall establish and maintain Medical Directives and/or Standard Operating Procedure (SOP) that shall be reviewed and updated annually by the Medical Director. These Directives and/or SOP shall cover at a minimum:

- Peer review process for all providers at a minimum rate of 10 encounters per quarter or more if required by State Law. A peer is defined as someone from the same professional discipline/specialty as the individual undergoing review.
- System for ensuring appropriate credentialing/certification and licensure for medical providers.
- System for ensuring that medical equipment is maintained and calibrated.
- Credentials and Training - all clinical staff providing patient care shall maintain appropriate professional certification/state licensure.
- Medication inventory, storage, security, and dispensing.
- Protocols for treatment by non-physician providers.
- Bio-surveillance protocols tailored to specific exposures IAW OSHA PELs and ACGIH TLVs, whichever is more stringent, which are described in DODI 6055.05-M, Occupational Medical Examination and Surveillance.
- Fitness for duty exams, pre-placement exams, and employer notification procedures for accommodations.
- Medical records management and privacy and security of patient records IAW Title 5, CFR, part 297, Privacy Act of 1974.
- Urgent care protocols for job-related illness and injury to include procedures for activating emergency services.
- Hearing Conservation Program IAW 49 CFR 227 and 29 CFR 1910.95.
- Vision Conservation Program IAW 29 CFR 1910.133.

- Respiratory Protection IAW 29 CFR 1910.134.
- Infection Control/Blood borne Pathogen Program IAW 29 CFR 1910.1030.

4.4. Drug testing shall be performed IAW all Federal, Department of Transportation (DOT) 49 CFR Part 40, and State requirements. A trained and U.S. DOT certified Medical Review Officer, who is a licensed physician knowledgeable in substance abuse disorders and drug testing procedures, shall interpret and evaluate all positive drug test results. The Occupational Health Physician may perform this duty or it may be contracted to another qualified party.

5. Government Provided Vaccines: Contractor employees, subcontractors and tenants performing or supporting DoD operations of the Holston Army Ammunition Plant under the contract are permitted to receive government provided vaccines.

6. INDUSTRIAL HYGIENE (IH): The services of an Industrial Hygienist shall be used to evaluate and monitor work place exposure hazards. An Industrial Hygienist is a person who has, at a minimum, the following educational qualifications: four year Bachelor's Degree from a regionally-accredited college or university in Biology, Chemistry, Physics, or Engineering; or a four year Bachelor's Degree in IH or Safety from an Accreditation Board for Engineering and Technology (ABET) accredited college or university; or with at least 60 semester hours of science, math, engineering, or science-based technology (15 hours at the junior, senior, or graduate level). The Industrial Hygienist shall be currently or actively pursuing certification as a Certified Industrial Hygienist (CIH) through the Board for Global EHS Credentialing, or currently or actively pursuing certification as an Occupational Hygiene and Safety Technician (OHST) through the Board of Certified Safety Professionals. The CIH/OHST requirement shall be obtained within 5 years of hiring/contracting an Industrial Hygienist. Such training shall have qualifying experiences that involve the recognition, evaluation, corrective actions, and elimination of environmental conditions in the workplace that causes sickness, impaired health, or illness. This experience shall demonstrate a professional knowledge of the theory and application of the principles of industrial hygiene and closely related sciences such as physics and engineering controls. Such work shall have involved experience in all of the following areas: the acquisition of quantitative and qualitative data, and the measurement of exposures for a variety of chemical, physical, and biological stresses; the analysis of the data acquired and the prediction of probable effects of exposures on the health and well-being of workers; and the selection and recommendation of appropriate controls, including management, medical, engineering, education or training, and personal protective equipment.

6.1. Industrial Hygienists shall conduct comprehensive evaluations of all potential health hazards in each workplace and ancillary facilities NLT 6 months after operational control. Should working conditions change or a new process implemented, the Contractor shall have 30 days to ensure that workers are not exposed to recognized physical, chemical, or biological hazards that could cause death or illness (29 CFR 1910). For each health hazard in each workplace, a professional judgment shall be made as to the health risk associated with its use. In

many cases, this judgment can be made by reviewing the chemical and physical characteristics of a material and the manner in which it is being used. Material Safety Data Sheets, described in DoD Instruction 6050.05, DoD Hazard Communication Program, are valuable in this regard. In certain instances, sampling may be necessary to ascertain potential exposures. Regardless of the techniques used, the result shall be a definite determination as to the presence, absence, or degree of health hazard from the use of that chemical, biological, or physical agent. Only Industrial Hygienists, qualified occupational health personnel, or technicians under the supervision of Industrial Hygienists, shall perform those workplace evaluations. Monitoring shall meet the requirements of applicable OSHA standards or approved DoD alternate or supplemental standards. Affected DoD personnel or civilian employee representatives shall be advised of the monitoring procedures and have access to the results.

6.2. The results of those efforts should form the basis for an overall assessment of the health hazards in each workplace. This assessment shall be used to assign priorities for abatement actions, to schedule future surveys, to require personal protective equipment, and to provide a basis for determining the requirement and scope of periodic medical surveillance of workers in collaboration with the Occupational Medicine Program Medical Director.

DOCUMENT SUMMARY LIST

For Holston Army Ammunition Plant Occupational Health PWS 10

Document Number (Contract Reference) Applicable Tailoring	Solicitation/Contract Number/ Procurement Title Document Title	Document Date Document Category
Title 29, Code of Federal Regulations (Para 2.)	Labor Regulations	Current Cat 1
Part 20 of Title 10, CFR, (Para 2.)	Nondiscrimination In Federally Assisted Programs Or Activities	Current Cat 1
part 1040 sections 1040.10 and 1040.11 of Title 21, CFR (Para 2.)	Food and Drugs	Current Cat 1
IAW Title 5, CFR, part 297 (Para 4.3.)	Privacy Act of 1974	Current Cat 1
DoD 6055.05M (Para 4.3.)	Occupational Medical Examination and Surveillance Manual	Current Cat 1
29 CFR 1910.134 (Para 4.3.)	Respiratory Protection	Current Cat 2
IAW 29 CFR 1910.20 (Para 4.3.)	Access to employee exposure and medical records	Current Cat 2
Department of Transportation (DOT) 49 CFR Part 40 (Para 4.4.)	Drug and Alcohol Rules for Employees	Current Cat 1
29 CFR 1910 (Para 5.1.)	Occupational Safety And Health Standards	Current Cat 3

DoD Instruction 6050.05, (Para 5.1.)	DoD Hazard Communication Program	Current Cat 1

Category Codes:

Category 0. Unless otherwise specified in the solicitation, contract, or contract modifications, all documents are for guidance and information only.

Category 1. The requirements contained in the directly cited document are contractually applicable to the extent specified. Unless otherwise specified in the solicitation, contract, or contract modifications, all requirements contained in reference and subsequently referenced documents are contractually for guidance and information only.

Category 2. The requirements contained in the directly cited document and the reference documents identified in the directly cited document are contractually applicable to the extent specified. Unless otherwise specified in the solicitation, contract, or contract modifications, all requirements contained in subsequently referenced documents within reference documents are contractually for guidance and information only.

Category 3. Unless otherwise specified in the solicitation, contract, or contract modifications, all requirement contained in the directly cited document and all reference and subsequently referenced documents are contractually applicable to the extent specified.