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Section-14 Health Services	OP-140116	Page: 1	Effective Date: 12/21/2021
Employee/Applicant Physical Exams and Medical Screening	ACA Standards: 2-CO-1C-19, 5-ACI-1C-15, 5-ACI-1C-20, 5-ACI-5C-11M, 5-ACI-6B-05, 5-ACI-6B-06, 4-ACRS-4C-08, 4-APPFS-3A-03, 4-APPFS-3A-04		
Scott Crow, Director Oklahoma Department of Corrections	Signature on File		

Employee/Applicant Physical Examinations and Medical Screenings

Physical examinations and medical screenings are conducted by contracted and/or department medical staff in accordance with this procedure following a conditional offer of employment and prior to job assignment. (2-CO-1C-19, 5-ACI-1C-15, 4-APPFS-3A-03, 4-APPFS-3A-04)

I. Post Conditional Offer of Employment Physical Examinations and Medical Screenings for Facility/Institutional Staff and Probation and Parole Officers

All employees who work in facilities, institutions, or a probation and parole district are required to have a physical examination or an “Employee Medical Screening Form” ([DOC 140116A](#), attached) completed (5-ACI-1C-15, 4-APPFS-3A-03, 4-APPFS-3A-04) and received a Purified Protein Derivative (PPD) tuberculin skin test in accordance with [OP-140301](#) entitled “Tuberculosis Control Program.” (5-ACI-6B-05) Employees will be offered hepatitis A and B immunizations in accordance with [OP-140125](#) entitled “Bloodborne Pathogen Exposure Control Program.” (5-ACI-6B-06)

A. Physical Evaluation

1. Selected support staff and food service employees/applicants will be examined using the "Employee Medical Screening Form" ([DOC 140116A](#), attached). The purpose of the screening is to determine whether the employee/applicant’s current physical condition

precludes them from performing essential job functions. The purpose of the screening is not diagnostic and no diagnosis will be provided. Employees/applicants may be referred to a non-ODOC medical provider.

a. Food Service (5-ACI-5C-11M)

Food service applicants will complete the “Employee Medical Screening Form” ([DOC 140116A](#), attached) and submit it to department medical staff for review in an effort to identify infectious or contagious communicable disease that could be transmitted through foods.

- (1) Food service applicants must disclose if they have a known or suspected communicable infectious disease, which can be transmitted through foods. Reported or observed signs and symptoms of vomiting, diarrhea, jaundice, skin abscess with drainage, and sore throat with fever will exclude an individual from food service.
- (2) An individual identified as a carrier of organisms that cause such a disease, or while affected with a boil, jaundice, an infected wound, or an acute respiratory infection, will not be permitted to work in any food service area where there is a likelihood of them contaminating food or food-contact surfaces with pathogenic organisms, that may be transmitted to others. Diseases which would exclude an individual include: norovirus, hepatitis A virus, shigella, salmonella, and pathogenic E. coli.

b. Support Staff Spending the Majority of Work Day in Contact With Inmates/Offenders

- (1) Employees/applicants in identified support positions with responsibilities that require a majority of the workday in direct contact with inmates/offenders will also be provided the “Employee Medical Screening Form” ([DOC 140116A](#), attached) by department medical staff. (5-ACI-1C-15)

B. Medical Screening Form Outcomes

Department medical staff will review the screening forms for completeness.

1. No assessment will be made as to whether a food service or support employee/applicant can perform the essential job functions of a correctional security officer or probation and parole officer.

2. No determination of ability to perform essential job functions will be made for food service or support employees/applicants.
3. No course of treatment will be offered or provided by department medical staff; however, employees/applicants may be advised to contact their personal treatment providers.

C. Correctional Security Officers and Probation and Parole Officers

1. Correctional officer applicants will be required to report for a physical examination in conjunction with a pre-employment drug test as specified in [OP-110603](#), "Pre-Employment Drug Testing Program." The applicant will be assessed by licensed medical staff for determination whether the employee/applicant's current physical condition precludes them from performing essential job functions. The purpose of the examination is not diagnostic and no diagnosis will be provided.
2. Probation and parole officers will be provided instructions for obtaining a physical examination prior to attending CLEET.
3. The following physical requirements are essential functions for both correctional officers and probation and parole officers. Applicants must be capable of performing the following physical requirements in order to perform essential job functions safely:
4. Essential Job Functions
 - a. Heavy lifting, 45 pounds or over;
 - b. Heavy carrying, 45 pounds or over;
 - c. Pulling hand over hand and reaching above the shoulders;
 - d. Use of all fingers;
 - e. Use of both hands;
 - f. Able to walk and be on their feet for eight or more hours;
 - g. Able to stand and be on their feet for eight or more hours;
 - h. Climbing with the use of both arms and legs;
 - i. Repetitive bending, crawling, or kneeling;
 - j. Minimum of 20/30 corrected acuity in each eye, per exam form;

- k. Clearly speak English without major impediments;
 - l. Ability to hear normally; and
 - m. Ability to withstand exposure to OC/pepper spray.
- D. If ODOC's medical provider or contracted medical provider indicates that the employee/applicant is referred to a non-ODOC medical provider for further evaluation, the facility head or Human Resource Management Specialist will meet with the employee/applicant and explain that they need to see their primary provider to obtain clearance. The employee/applicant will be provided a copy of [MSRM 140116-01](#) entitled "Basic Correctional Officer Training - Physical Standards" and [OP-140116](#) entitled "Employee Physical Examinations and Medical Screenings" (attached) with the current job descriptor, and an unrated PMP for the position that reflects basic job functions required for the job. The employee/applicant will be responsible for selecting a treatment provider and for any expenses incurred.
- E. An offer of employment will be withdrawn when the objective medical evidence indicates that the individual will be unable to perform essential job functions with or without reasonable accommodation.
- 1. The facility head will consult with department medical staff, the employee/applicant, and the central Human Resources unit or General Counsel's Office to determine whether any reasonable accommodation can be made.
 - 2. The examining medical provider will submit an "Employee Medical Screening Form" ([DOC 140116A](#), attached) to the appropriate hiring authority prior to the employee/applicant reporting for pre-service training. Contract medical providers will submit the form to the ODOC drug free workplace coordinator prior to the employee/applicant reporting for pre-service training.

II. Employees Selected to Wear Any Type of Respirator

- 1. Employees required to wear a respirator in accordance [OP-140301](#) entitled "Tuberculosis Control Program," or as circumstances dictate, will be screened by department medical staff before using the respirator.

Any employee required to wear any type of respirator will complete an ["OSHA Respirator Medical Evaluation Questionnaire"](#) (Appendix C-29 CFR 1910:134).

- 2. A qualified health care professional will review the ["OSHA Respirator Medical Evaluation Questionnaire,"](#) (Appendix C-29 CFR 1910:134), interview the employee and determine if there are any medical conditions that would prohibit the employee from using a respirator. Employees who answer "yes" to any portion of Part A, Section 2, Questions 1-8 will be

advised that the employee has not been approved for use of a respirator. Employees not approved may be referred to an outside non-ODOC medical provider for further evaluation and final determination of fitness for respirator use.

3. All documentation of medical clearance is conducted utilizing [DOC 140116B](#) entitled "Medical Clearance for Respirator Use" (attached). A copy of this form is provided to the employee to give to their facility/district safety officer/designee in order to conduct fit mask testing. The original will be maintained in the employee's file. Once an employee has been medically cleared to wear a respirator, the facility/district safety officer/designee will ensure that the employee is fit-tested using an OSHA-accepted qualitative fit test (QLFT) method.

III. Non-Facility Administration Staff Immunizations

- A. Employees who work in administrative offices outside of facilities/institutions will be offered tuberculosis testing, Hepatitis B immunizations and access to wellness education material.
- B. The chief medical officer will determine which medical services unit will provide these services for affected administration staff.

IV. Annual or Additional Medical Inquiries

A. Public Health Concerns

Non-routine physical re-examinations may be required any time a public health concern has been identified by the facility's medical authority. Public health concerns might include any active transmission of a communicable disease or may result from an identified need to quarantine an individual and/or group of individuals. (5-ACI-1C-15, 4-ACRS-4C-08)

B. Tuberculosis Testing

Annual tuberculosis testing will be required for all facility staff. Following annual TB testing, a list of employees who have not completed TB testing will be provided to the facility/unit head.

C. Medical Examinations/Inquiries

Any additional medical examinations or inquiries of employees will be made in accordance with the provisions of [OP-110218](#) entitled "Employee Medical Exams/Inquiries and Records."

V. Employee Responsibilities for Reporting Medical Conditions

Employees are to report medical conditions or medications that could adversely affect the safe performance of safety sensitive job duties in accordance with [OP-110215](#) entitled “Rules Concerning the Individual Conduct of Employees.”

- A. The department may require an employee who it believes possesses a direct threat to the health or safety of others, to be examined by a health care provider of its choosing who has expertise in the employee’s specific medical condition and can provide medical information that allows the department to determine the effects of the condition on the employee’s ability to do the job.
- B. The exam must be limited to determining whether the employee can perform the job without posing a direct threat, with or without reasonable accommodation.
- C. Employees will be notified of the requirement for such “Order for Fitness for Duty Exam” (FFDE) form ([Attachment D, OP-110218](#)).
- D. Reasonable accommodations must be requested in accordance with [OP-110218](#) utilizing [Attachment B](#) entitled “Employee Request for Reasonable Accommodation.”

VI. Employee Medical Screening and Examination Records and Confidentiality

- A. The “Employee Medical Screening Form” ([DOC 140116A](#), attached) and any other documentation associated with an employee/applicant’s physical examination and health history containing medical information is confidential and will be filed separately from the employee’s personnel file. (5-ACI-1C-20) Physical examinations conducted by contracted medical staff will be maintained by the exam provider as contractually specified.
- B. Employee medical records will be maintained in accordance with [OP-110218](#) entitled “Employee Medical Exams/Inquiries and Records.” These medical records are maintained separately from the employee’s personnel file in accordance with the Archives and Records Commission and ACA standards. (5-ACI-1C-20)

VII. References

Policy Statement P-140100 entitled “Inmate Medical, Mental Health, and Dental Care”

OP-110215 entitled “Rules Concerning the Individual Conduct of Employees”

OP-110218 entitled “Employee Medical Exams/Inquiries and Records”

OP-110603 entitled “Pre-Employment Drug Testing Program”

OP-140125 entitled “Bloodborne Pathogen Exposure Control Program”

OP-140301 entitled "Tuberculosis Control Program"

VIII. Action

The chief medical officer is responsible for compliance with this procedure and for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: OP-140116 entitled "Employee/Applicant Physical Examination and Medical Screenings" dated September 29, 2020

Distribution: Policy and Operations Manual
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140116A	“Employee Medical Screening Form”	Attached
DOC 140116B	“Medical Clearance Form for Respirator Use”	Attached
Appendix C to 29 CFR 1910:134	“OSHA Respirator Medical Evaluation Questionnaire”	Attached
MSRM 140116-01	“Basic Correctional Officer Training – Physical Standards”	MSRM Manual

<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment B	“Employee Request for Reasonable Accommodation”	OP-110218
Attachment D	“Order for Fitness for Duty Exam”	OP-110218