

## Department of the Interior Departmental Manual

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**Effective Date:** 6/9/11

**Series:** Safety Management

**Part 485:** Safety and Occupational Health Program

**Chapter 18:** Occupational Medicine Program

**Originating Office:** Office of Occupational Safety and Health

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### 485 DM 18

**18.1 Purpose.** The purpose of this chapter is to specify the minimum Safety and Occupational Health Program (Program) requirements for medical surveillance and medical screening programs provided to Departmental employees engaged in activities that may affect their health. Detailed guidance on these Programs can be found in the Department of the Interior Occupational Medicine Program Handbook. The handbook is available at <http://elips.doi.gov>.

**18.2 Scope.** The policy in this chapter applies to all bureaus and offices in the Department.

**18.3 Authority.**

A. Public Law 91-596. "Occupational Safety & Health Act of 1970." (The Act) Section 19.

B. Executive Order 12196. "Occupational Safety and Health Programs for Federal Employees".

C. Title 29, Code of Federal Regulations (CFR), "Labor."

**18.4 References.**

A. 5 CFR 339, Medical Determinations Related to Employability.

B. 29 CFR 1910.1020, Access to Employee Exposure and Medical Records.

C. Department of the Interior Occupational Medicine Program Handbook.

**18.5 Definitions.**

A. *Medical screening* is a component of a comprehensive medical program. The fundamental purpose of screening is early diagnosis and treatment of the individual and thus has a clinical focus.

B. *Medical Surveillance* is a component of a comprehensive medical program. The fundamental purpose of surveillance is to detect and eliminate the underlying causes such as hazards or exposures of any discovered trends and thus has a prevention focus.

## 18.6 Responsibilities.

A. Assistant Secretary – Policy, Management and Budget/Departmental Designated Agency Safety and Health Official (DASHO).

(1) Exercises the authority of the Secretary for the management and administration of the occupational medicine program.

(2) Provides leadership and ensures that adequate resources are provided for the development and administration of the occupational medicine program Department-wide.

B. Director, Office of Occupational Safety and Health (OSH).

(1) Advises and supports the Departmental DASHO in carrying out the occupational medicine program responsibilities.

(2) Coordinates the development of occupational medicine program policies, directives, alternate or supplemental standards, and guidelines with the bureaus and offices.

(3) Provides technical assistance and support to bureaus and offices upon request.

(4) Assists the bureaus and offices in identifying employment groups that require medical surveillance or medical screening due to occupational exposures.

(5) Assists the bureaus and offices as they develop their own occupational medicine policy and procedures.

C. Heads of Bureaus and Offices.

(1) Ensure compliance with statutory, regulatory, policy and program criteria.

(2) Provide the resources and staff support necessary for the successful implementation of an Occupational Medicine Program.

D. Bureau/Office Designated Agency Safety and Health Official (Bureau DASHO).

(1) Exercises the authority of the head of the bureau/office for monitoring compliance and success of the occupational medicine program and recommends any necessary improvements.

(2) Provides pertinent information concerning the bureau/office's program to the Departmental DASHO or his/her designee upon request.

E. Bureau or Office Safety and Health Manager.

(1) Advises and supports the bureau DASHO in carrying out the occupational medicine program responsibilities.

(2) Provides, as the bureau's technical safety and health advisor, assistance and guidance to management in carrying out activities.

**18.7 Requirements.** Each bureau or office will establish an occupational medicine program that provides medical surveillance and/or medical screening for employees that are exposed to chemical, biological and/or physical stressors that are in excess of established regulatory exposure limits or consensus industry guidelines. Such programs should be consistent with the guidance provided in the Department of the Interior Occupational Medicine Program Handbook. Specific guidance for exposure related medical evaluations not identified in the Department's Occupational Medicine Program Handbook shall be obtained with input from an Occupational Medicine Physician familiar with the operations being conducted.