

Section C **Statement of Work**

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C.1 Introduction

a. The Hanford Site:

1. The 586 square-mile Hanford Site, located in southeast Washington State, was established in the 1940s as a plutonium production complex for the Manhattan Project. Throughout Hanford's 50 years of operation, byproducts of plutonium production have accumulated to become this country's largest environmental cleanup project. In 1989, the Department of Energy, the U. S. Environmental Protection Agency, and the Washington State Department of Ecology signed the *Hanford Federal Facility Agreement and Consent Order*, commonly known as the Tri-Party Agreement (TPA), which codifies the DOE's commitment to clean up the Hanford Site. The TPA outlines legally enforceable project milestones for Hanford cleanup over the next several decades.
2. The Hanford Site is managed by two DOE field offices, the Richland Operations Office (RL) and the Office of River Protection (ORP). ORP has responsibility for the River Protection Project (RPP), which includes management of the 177 underground tanks of high- and low-level liquid radioactive waste, and construction of the Waste Treatment and Immobilization Plant (WTP). RL has responsibility for the remainder of the Hanford Site, which includes: cleanup of the river corridor, cleanup and ongoing waste management operations in the central plateau, oversight of the Pacific Northwest National Laboratory, and providing a variety of crosscutting site services [e.g., utilities, security, information technology (IT), fire department, emergency management, occupational medical services, etc.].
3. Approximately 11,000 personnel currently work on or near the Hanford Site. These 11,000 personnel are employed by a diverse group of site prime contractors, numerous site major subcontractors and DOE. Examples of cleanup work scope ongoing on site include the following:
 - facility decontamination, decommissioning and destruction,
 - stabilization and storage of nuclear materials in a variety of forms,
 - processing and storage of radioactive, chemical and/or mixed wastes,
 - soil and groundwater remediation involving a variety of radiological and chemical waste streams.
4. The facility decommissioning and destruction work scope exposes workers to the risk of chemical and radiological hazards as well as construction-related hazards. The stabilization and management of special nuclear materials exposes workers to radiological hazards. Waste management operations also expose workers to the risk of chemical and radiological hazards. The occupational medical program is an integral component of the site safety management system and is critical for maintaining the health and safety of Hanford Site employees. Fitness-for-duty evaluations, first aid services, drug screening, medical qualifications, medical monitoring, emergency medical preparedness planning and job task analyses are just a few examples of the occupational medical services necessary for safe execution of the Hanford Site cleanup mission.
5. In addition, there is an obligation to support epidemiological studies of current and former Hanford employees and implementation of programs such as the Chronic Beryllium Disease Prevention Program (CBDPP) and the Energy Employees Occupational Illness Compensation Program (EEOICP). Furthermore, the Government

has a legal obligation to maintain and protect the medical records of current and former Hanford workers. For these reasons, employment of a professional, occupational medical services provider on-site is essential to the successful accomplishment of the Hanford mission.

b. Occupational Medical Services Program

The mission of the occupational medical program at Hanford is to support site cleanup and other site missions. The Hanford Site occupational medical program shall also support the goals and objectives established in the *Performance Management Plan for the Accelerated Cleanup of the Hanford Site*. The Hanford Site integrated occupational medical program will include both prevention and treatment.

C.2 Purpose of This Contract

- a. This is a cost reimbursement, performance-based services contract for the rendering of occupational medical services at the Hanford Site. This contract reflects the application of performance-based contracting approaches and techniques that emphasize results/outcomes and minimize "how-to" performance descriptions. The Contractor has the responsibility for total performance under this contract, including determining the specific methods for accomplishing the work effort, performing quality control, and assuming accountability for accomplishing the work under the contract.

C.3 Desired Outcomes

- a. The outcomes desired from this occupational medical services contract are as follows:
1. A Hanford Site workforce that is physically and mentally able to accomplish the duties assigned,
 2. Minimization of Hanford Site workforce downtime (time away from duty), taking into consideration the circumstances/characteristics of the individual illness or injury,
 3. A Hanford Site occupational medical program that is cost-effective and of good value to the DOE and the United States taxpayer (comparison of costs versus benefits), and
 4. A Hanford Site occupational medical contractor organization that is customer service oriented and responsive to the needs of DOE and designated Hanford Site contractors.

C.4 Desired Objectives

- a. In support of the Outcomes cited in Section C.3 above, the following contract objectives are established:
1. Provide timely, appropriate and cost-effective tests and examinations, as required in support of the Hanford Site and National Laboratory missions (including outsourced/subcontracted ancillary testing and laboratory work),
 2. Provide timely diagnosis and first aid for injuries or diseases,

3. Provide a medical monitoring program for prior exposures and current potential exposures, with a commensurate action/response program that will be protective of human health and the future well-being of Hanford Site workers,
4. Enhance worker health and wellness,
5. Provide occupational medical service processes and systems that are consistent with an efficient and effective operation,
6. Provide appropriate medical support for emergency preparedness planning, drills, and response to actual emergencies,
7. Conduct data gathering and analyses in support of a long-range role of the Contractor in assuring the protection of employee health and a reduction of agency liability, and
8. Conduct efforts to reduce the incidence of work-related illnesses and injuries.

C.5 Scope

a. Types of Services

The Contractor shall provide the following, but not limited to, types of services:

- Medical Monitoring and Qualification Examinations
- Medical Surveillance
- Diagnosis and First Aid for Injury or Illness*
- Monitored Care
- Legacy Health Issues
- Employee Counseling and Health Promotion
- Occupational Health Process Improvement
- Records Management
- Emergency and Disaster Preparedness
- Health Care Cost Management
- Field/Facility Visits
- Case Management
- Records and Data Extraction
- Other Occupational Medical Services
- Reporting
- Supporting transition

* The definition of "First Aid" is as defined in WAC 296-27-01107 (2)(e)(ii). Exceptions to this definition include services for travel medicine, seasonal influenza vaccinations, other preventative vaccinations, and use of Diethylene Triamine Pentaacetic Acid (DTPA) or similar chelating agent in concert with treatment by other medical facilities in cases of uptake of radioactive substances.

b. Accreditation Requirements

The Contractor shall meet the accreditation requirements established in subsection C.10 of this Statement of Work.

c. Resources

1. Contractor-Furnished Resources: The Contractor shall furnish all personnel, facilities, equipment, materials and supplies required to accomplish the work under this contract, except for that specifically identified to be provided by the Government.
2. Government-Furnished Resources: The Government shall furnish the equipment identified in Sections J.2 and J.3.

d. Location of Performance

The primary locations for the performance of the work under this contract are identified in Section F.2. However, some travel (e.g., DOE Headquarters in Washington, DC and other sites in the DOE complex) may be required to accomplish this work scope.

C.6 Applicable Documents

a. The following is a list of documents invoked or referenced in this Section:

- Performance Management Plan for the Accelerated Cleanup of the Hanford Site
- Americans With Disabilities Act of 1990
- Rehabilitation Act of 1973
- Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Mandatory guidelines for Federal Workplace Drug Testing Programs
- 10 CFR 707, Workplace Substance Abuse programs at DOE Sites
- 49 CFR Parts 40 and 382, U.S. Department of Transportation (DOT) Procedures for Transportation, Workplace Testing Programs
- 10 CFR 712, Human Reliability Program
- The Privacy Act as codified in 10 CFR 1008
- "Access to Exposure and Medical Records" as codified in 29 CFR 1910.1020 (OSHA Standard)
- Health Insurance Portability and Accountability Act
- Energy Employees Occupational Illness Compensation Program Act

C.7 Performance Measurement

a. The requirements in this Statement of Work are grouped under Service Areas.

1. Performance Requirements: The performance requirements of this contract are expressed in terms of a Performance Objective. The Performance Objective is a statement of the outcome or results expected in a specific service area. These objectives are identified in the basic contract for each service area. In addition to Performance Objectives, performance *measures* and performance *expectations* will be established annually in Section J, the Performance Evaluation Management Plan (PEMP), to gauge the degree to which the Contractor has met the performance objectives in specific service areas. Performance *Measures* are those critical few characteristics or aspects of achieving the objective that will be monitored by the Government, those things that the Government will be gathering data about. Each objective may have one or more measures.

Performance *Expectations* are the annually established target levels, or range of levels, of performance for each performance measure.

2. Necessary Conditions: Some requirements are supplemental to or supportive of the accomplishment of the performance requirements. These requirements are identified as Necessary Conditions. These conditions must be satisfied for the Contractor to be eligible for any fee associated with the performance requirements. If any necessary conditions are applicable to all of the service areas, they are identified as *General Necessary Conditions*.

C.8 General Performance Requirements

a. Integrated Occupational Medical Program

1. Performance Objective No. C.8.a.1. – The Contractor shall provide a comprehensive and integrated occupational medical program for DOE, DOE's Site contractors, and others as designated, from time-to-time, in writing by the Contracting Officer or designee, to meet the outcomes and objectives in Sections C.1.c. and C.1.d. above, including the following responsibilities:
 - i. Responsibility for total performance under the contract,
 - ii. Determining the specific methods for accomplishing the work effort,
 - iii. Performing quality control, and
 - iv. Accountability for accomplishing the work under the contract,
2. Performance Objective No. C.8.a.2. - The Contractor shall develop and implement innovative approaches and adopt practices that foster continuous improvement in rendering of occupational medical services at the Hanford Site.
3. Performance Objective No. C.8.a.3. - The Contractor shall produce effective and efficient management structures, systems, and operations that maintain high levels of quality and safety in accomplishing the work required under this contract
4. Performance Objective No. C.8.a.4. - The Contractor shall conduct all work in a manner that optimizes productivity, minimizes waste, and fully complies with all applicable laws, regulations, and terms and conditions of this contract.

Note: In those instances where prudent business judgment and/or standard industry practices indicate compliance with the most stringent requirement is unduly excessive, the Contractor shall provide a written notification and explanation to the Government Contracting Officer and request CO guidance. Where established requirements do not exist, the Contractor shall provide occupational medical services using current best practices in health care and administration. Qualification requirements for professionals providing occupational medical services are provided in Section H.4 *Qualification of Medical Personnel*.

C.9 Service Area Requirements

a. Medical Monitoring and Qualification Examinations

1. Performance Objective No. C.9.a.1. - The Contractor shall perform medical monitoring and qualification examinations in accordance with applicable Federal, State and local laws and regulations, and DOE Directives as set forth in Section J.7. Medical monitoring and qualification examinations will include both initial and periodic examinations.
 - i. The Contractor shall perform the following, but not limited to, types of examinations
 - A. Pre-placement evaluations, (including assisting site contractor and DOE management to assure the placement of employees in jobs that can be performed in a safe and efficient manner consistent with the requirements of the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973),
 - B. Medical surveillance examinations and health monitoring examinations, as required by OSHA and other regulatory standards, examinations consistent with current national specialty guidelines for exposure-based services (e.g., those of the American College of Occupational and Environmental Medicine), and examinations that are for specifically-defined legacy issues.
 - C. Qualification examinations, including Occupational Safety and Health Administration (OSHA) required exams and determinations of employee medical qualifications to perform work in environments that may contain chemical, biological, physical (including ionizing radiation) and ergonomic hazards,
 - D. Voluntary periodic examinations (a proactive measure to facilitate the continued health and wellness of employees),
 - E. Work capacity and return-to-work/fitness-for-duty health evaluations, including providing support to site contractor and DOE management in the medical, mental, and substance abuse aspects of personnel reliability (to include psychological assessments, and the performance and provision of services associated with 10 CFR 712, Human Reliability Program),
 - F. Controlled substances/alcohol testing program in accordance with this Statement of Work, the U.S. Department of Health and Human Services Mandatory Guidelines for Federal Workplace Drug Testing Programs as administered by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Mandatory Guidelines for Federal Workplace Drug Testing Programs, 10 CFR 707, Workplace Substance Abuse Programs at DOE Sites, and U.S. Department of Transportation (DOT) 49 CFR Part 382, and 49 CFR Part 40 "Procedures for Transportation, Workplace Testing Programs.", and
 - G. Termination (exit) health evaluations.
2. Necessary Condition No. C.9.a.2. - Each medical examination shall include, but is not limited to, the following:

- i. All medical procedures, medical reports, and processes required for the particular type of medical examination, in accordance with the applicable Federal, State, and local laws and regulations, and DOE Directives,
 - ii. All professional services, laboratory and medical technician services, administrative support, and other services,
 - iii. The documentation of all pertinent medical information, including medical and occupational histories, examination findings, laboratory and procedure results, evaluations and conclusions, and recommendations,
 - iv. A medical notification that communicates results of examinations to employer and employee (Note: only the appropriate, work-related information permitted by law will be communicated to the employee's employer/contractor), and
 - v. Disposition and disposal of all medical, biological, and other wastes generated from the medical service.
 3. Medical examinations shall be scheduled using either the existing computerized scheduling system, or upon prior approval from DOE, a system of the Contractors' own choosing. The Contractor shall manage and coordinate medical examination scheduling with each of the site contractors and DOE so as to minimize the impact of medical examinations on the work conducted at the Hanford Site.
 4. The controlled substances/alcohol testing program services shall include collection, handling, shipment, analysis, and reporting of analysis results for the HRP program, Testing Designated Positions, Department of Transportation (DOT), DOE Security and Emergency Services (SES) Substance Abuse Monitoring Program, voluntary requests for urinalysis, contractor and DOE Employee Assistance Programs, including contractor Fitness For Duty Programs, and alcohol use and drug testing for random, reasonable suspicion, applicant, and occurrence testing including post-accident requirements in accordance with the criteria cited in section C.9.a.1.i.F.
 5. The hours of operation for examination services shall be coordinated with DOE and the major Site contractors so that a mutually agreed-to schedule is established. If a mutually agreed-to schedule cannot be established, the DOE Contracting Officer shall direct the hours of operation. Such hours shall be compatible with the Site core work schedule(s).
- b. Medical Surveillance
1. Performance Objective No. C.9.b.1. - The Contractor shall:
 - i. Routinely and systematically analyze medical data gathered in the course of performing monitoring and qualification examinations. These data analyses shall be aimed at early identification of patterns of findings, sentinel events, or changes in worker health that may be indicative of trends or weaknesses in worker protection features and programs,
 - ii. On a regular basis, review and analyze data for trends involving individuals as well as groups of employees, by location and by function, and include these reviews in quarterly summary reports to DOE, and

- iii. Notify the Contracting Officer or designee of all adverse trends as they are identified and include all trending results in the Site Medical Director's Annual Report.
- c. Diagnosis and Treatment of Injury or Illness
1. Performance Objective No. C.9.c.1. - The contractor shall:
 - i. Render timely and accessible occupational services and first aid to assure early detection and rehabilitation of employees who are ill, injured, or otherwise impaired,
 - ii. Provide occupational services and first aid in the 200 West Health Care Center and the Contractor's main clinic. The purpose is to immediately diagnose and provide first aid for minor job-related injury or illness and return the employee to work the same day, or refer the employee for timely and appropriate specialty or follow-up care, and,
 - iii. Provide occupational and non-occupational injury and/or illness treatment in accordance with the following requirements:
 - A. Occupational Injury or Illness
 - The management of occupational injury or illness shall be in accordance with applicable Federal, State and local laws and regulations and DOE Directives.
 - Diagnosis and first aid, or stabilization and referral, of occupational injury or illness shall be prompt with emphasis placed on rehabilitation and return to work at the earliest time compatible with job safety and employee health.
 - Contractor will issue all employees with occupational injuries or illnesses written clearance indicating an employee's suitability to return to work.
 - The occupational medical staff shall notify the affected individual(s) and immediate supervisor(s) of unhealthy work situations detected during the course of their duties. The Contractor shall also notify the appropriate Hanford Site health and safety groups (health physics, industrial hygiene, or safety) of these situations.
 - B. Non-occupational Injury or Illness
 - Hanford Site workers are encouraged to utilize the services of a private physician or medical facility, where these are available, for care of non-occupational injuries or illnesses (for example, assistance for minor, non-work-related outpatient or chronic conditions such as allergy shots, suture removal, or blood pressure checks) to minimize employees' time away from the job. However, the Contractor shall assist workers who are ill at work by providing first aid. Limited medical treatment for conditions that are not due to a work-related injury or illness may be provided to enable an employee to return to work. Care should be available for what is judged a short-term, self-limited condition. Such a policy will contribute to containment of

medical costs and encourage an atmosphere of trust for workers. The objective is to return the worker to a state of health in the shortest possible time consistent with modern medical therapy. Long-term treatment of non-occupational injury and illness is not considered to be a responsibility of the Contractor.

NOTE: In emergencies, Hanford workers shall be given the necessary care required for stabilization until referral to a private physician or facility can be provided. In all cases (besides the exceptions identified in C.5.a), if treatment is required beyond first aid or stabilization during an emergency, Hanford workers shall be referred to their primary physician for treatment.

iv. Offer the split-sample BeLPT to any worker separating from the Hanford site through AMH. Utilize the split sampling protocol in accordance with 10 CFR 850.36, Medical Consent. Conduct analysis on all split-samples.

d. Monitored Care

1. Monitored care of ill or injured employees by occupational medical physicians is highly desirable, to maximize recovery and safe return to work and to minimize lost time and associated costs. Hanford Site contractor and DOE management have the responsibility to advise the Contractor when an employee has been absent because of an illness or injury for 5 or more consecutive workdays, or has experienced excessive absenteeism.
2. Performance Objective No. C.9.d.2. - The Contractor shall:
 - i. Monitor worker's compensation cases, when appropriate, through appropriate return visits, contractor communication with the DOE-RL third party Workers' Compensation claims processor (the third party claims processor for DOE-RL is CCS Holdings, L.P., as of 03/01/03), and physician-to-physician communication with private physicians where applicable. The goal is to assist the employees in their recovery and to facilitate their return to duty at the earliest practical time. Reasonable accommodations or restrictions may be a part of this rehabilitation process and need to be closely coordinated with the human resources department and line management of site contractors and DOE.
 - ii. Include a work conditioning program(s) as part of the monitored care program to support/expedite fulfillment of fitness-for-duty, work capacity, and qualification requirements.
 - iii. Make medical fitness-for-duty recommendations regarding employees for all conditions that may influence performance or work suitability.

e. Legacy Health Issues

1. Performance Objective No. C.9.e.1. - The Contractor shall implement testing and monitoring programs as needed to manage legacy health issues (e.g., chronic beryllium disease/beryllium sensitivity, asbestosis, silicosis, etc.).
2. Inform, via personal letter, all current and past participants in the voluntary medical screening program for beryllium that the results of their examination will be kept

confidential unless the individual tests positive for beryllium sensitization or chronic beryllium disease.

3. The risk communication specialist shall engage local medical societies in order to raise awareness of the signs, symptoms and treatment of chronic beryllium disease.

f. Employee Counseling and Health Promotion*

1. Performance Objective No. C.9.f.1. - The Contractor shall operate employee counseling and health promotion programs that include:
 - i. Employee Assistance and Wellness Programs,
 - ii. Health and wellness education (e.g., smoking cessation, hearing protection, ergonomics, fitness and diet, etc.), and
 - iii. An immunization program (e.g., influenza immunizations).

* With the exception of Employee Assistance services, PNNL does not receive the services in C.9.f.

g. Occupational Health Process Improvement

1. Necessary Condition No. C.9.g.1. - The Contractor shall:
 - i. Assess and implement Hanford Occupational Health Process (HOHP) improvements (e.g., use of technology to improve automation/accessibility/usefulness), and
 - ii. Operate, maintain and improve the Employee Job Task Analysis (EJTA) system. The EJTA system is a Hanford-developed software system used to document workers' essential job functions, physical job requirements, medical qualifications, potential exposures, etc.

The EJTA's will be prepared by DOE and the Site contractors and provided to the Contractor for processing in the Risk Management Medical Surveillance (RMMS) system.
 - iii. Operate, maintain and improve the RMMS system. The RMMS system is a Hanford-developed software system that analyzes EJTA data and assigns medical monitoring and qualification requirements.
 - iv. Confer to DOE all rights of ownership and use of any electronic data management application developed by the Contractor under this contract, including all documentation for the use of the application.

h. Records Management

1. Necessary Condition No. C.9.h.1. - The Contractor shall:
 - i. Operate, maintain and improve the existing medical records system,

- ii. Protect the privacy of employees and the confidentiality and physical security of all employee medical records,
 - iii. Provide access to employee medical and behavioral health records in a manner consistent with:
 - A. The Privacy Act as codified in 10 CFR 1008, and
 - B. "Access to Exposure and Medical Records" as codified in 29 CFR 1910.1020 (OSHA Standard),
 - iv. Provide copies of medical records to other professional medical and behavioral health providers and third-party medical claims processor(s) as appropriate and in a manner consistent with applicable laws and standards (e.g., the Privacy Act, the Health Insurance Portability and Accountability Act),
 - v. Operate and maintain a central Work Restriction Registry documenting worker restrictions,
 - vi. Provide support for execution of the Energy Employees Occupational Illness Compensation Program Act and other health initiatives pertaining to current and previous Hanford Site employees, and
 - vii. Provide support to DOE and contractor management through the collection and analysis, when requested, of employee health data for the purpose of early detection and prevention of occupational and non-occupational illnesses and injuries, thereby reducing morbidity and mortality and,
 - viii. Provide indexing of approximately 300 boxes, located at the Federal Building, for retention.
2. The rendering of occupational medical services includes the requirement that the Contractor update existing medical records with new examination results. A new medical record is created for all individuals receiving care. However, a few specific circumstances may arise for categories of individuals or services where a new medical record is not required (e.g., persons likely to receive a one-time minimal service, such as an influenza vaccine). Before establishing categories of this type, permission must be obtained from the DOE Contracting Officer. In all cases, even when there is no medical record, documentation of all services shall be maintained in a retrievable format. The medical records shall document all histories obtained, all treatment provided, all tests performed, including laboratory and clinic tests, exams, surveillance protocols, and qualification tests. The medical records of the Hanford workforce shall reside on an occupational health information system (currently a government furnished, Oracle-based system).
- i. Emergency and Disaster Preparedness
 - 1. Performance Objective No. C.9.i.1. - The Contractor shall:
 - i. Provide emergency response support, [e.g., participate in site exercises and drills, participate in site-wide emergency preparedness planning, establish working

relationships/memoranda of agreements with other site emergency service providers (e.g., Hanford Fire Department, local Hospital(s), etc.),

- ii. Support the Hanford Site integrated emergency and disaster preparedness planning. The Site Medical Director is responsible for the management and implementation of the medical portion of the site emergency and disaster plan. The medical portion shall be closely integrated with, and made a part of, the overall site emergency and disaster preparedness plan,
- iii. Support the integration of community emergency and Hanford Site disaster plans. The occupational medical portion of the site emergency and disaster plan is integrated with surrounding community emergency and disaster plans to the extent consistent with the development of a mutual aid and assistance capability. The Site Medical Director shall advise DOE of the actions needed to manage the integration of Hanford occupational medical emergency and disaster planning with the surrounding communities' plans. Integration with the local hospitals will be required in these activities, and
- iv. Support emergency and disaster preparedness preplanning and response requirements. The Contractor shall assist DOE to ensure that the medical portion of the site emergency and disaster response capability is adequate to meet the type and severity of accidents and trauma dictated by the character and history of plant operations and conditions, including preplanning and prearrangements for:
 - A. Onsite capabilities for medical aid and triage, which shall include onsite capability for cardiopulmonary resuscitation, cardiac defibrillation and advanced cardiac life support,
 - B. Support to DOE in the arrangements for hospital care, which shall include the capability to evaluate and treat injuries resulting from exposure to radiation and/or toxic materials, including internal and external contamination, as appropriate,
 - C. Services of medical specialists and consultants,
 - D. Medical aid coverage during evacuation operations from facilities and the site, and
 - E. Communication with the DOE Emergency Operations Center for the coordination of fire and rescue units, hospitals and hospital teams, and local and State police.

2. Necessary Condition No. C.9.i.2. - The Contractor shall:

- i. Ensure that emergency preparedness and response support are overseen by a licensed physician. In this context, the phrase "overseen by a licensed physician" means that a licensed physician actively participates and has ultimate responsibility for the rendering of the Contractor's emergency preparedness and response support from a Site occupational medical standpoint, and

- ii. Provide services, as required, in the Emergency Operations Center located in the Richland Federal Building, at the local hospitals, in the contractor's main clinic, or at other locations as specified by the Government. In addition to emergencies, this service includes participation in training, drills, and exercises.

j. Health Care Cost Management

1. Necessary Condition No. C.9.j.1. - The Contractor shall:

- i. Provide cost-effective health care recommendations, where available, to DOE and site contractor management. These recommendations shall not be limited to the assigned activities/responsibilities of the Site occupational medical service provider. The Site Medical Director may request information regarding lost-time data, workers' compensation case costs, medical and surgical costs by common diagnosis, and inpatient versus outpatient costs from site contractors and DOE, and
- ii. Provide the Site Medical Director as a resource to site contractor and DOE benefits personnel in managing health care costs and providing advice on the quality and availability of community health care resources.

k. Field/Facility Visits

1. Performance Objective No. C.9.k.1. - The Contractor shall:

- i. Ensure that Occupational Health Examiners (i.e., physicians and physicians' assistants) are familiar with employee job tasks, worksite environments, and existing or potential health hazards. Familiarization shall be accomplished by reviews of employee job task analyses (EJTAs), interviews with workers and supervisors, and by visits to work sites and facilities,
- ii. Ensure that visits, when appropriate, are coordinated with industrial hygiene, health physics, and safety personnel and management, and should include a review of materials, processes, and procedures used with emphasis on chemical, physical (including ionizing radiation), biological and ergonomic hazards. The information obtained from these interviews and visits may form the basis for recommendations to Hanford contractors and/or DOE for corrective actions or preventive measures,
- iii. Ensure that these visits are conducted at least once a month by each Occupational Health Examiner, who shall document the results of the visit on a Report of a Facility/Site Visit Form, and
- iv. Ensure that visiting personnel have L security clearances when visiting facilities that require such clearances.

l. Case Management

1. The purpose of case management is to assist employees' return to work after a medical absence.
2. Performance Objective No. C.9.l.2. - The Contractor shall:

- i. Provide case management at the Contractor's main clinic, and
 - ii. Ensure that case management includes the preparation of an electronic daily report of work restrictions sent to the employee's management and safety organization(s).
- m. Records and Data Extraction
 1. From time to time, the Government and other organizations may perform studies of Hanford health data. The instructions regarding the Contractor's participation in these activities may specify the methods and provisions for addressing the privacy issues of the information provided.
 2. Necessary Condition No. C.9.m.2. - The contractor shall:
 - i. Provide the necessary personnel to search for, extract and print or transfer via electronic media such records as directed by the Contracting Officer, or designee,
 - ii. Ensure that the DOE Contracting Officer (CO) and/or Contracting Officer's Representative (COR) is appraised of any requests received from entities other than DOE-RL, and
 - iii. Take no action without prior authorization from the DOE CO or COR.
- n. Other Occupational Medical Services
 1. On occasion, the Government may require the Contractor to provide additional occupational medical services not otherwise described in this contract. Specific direction will be provided by the DOE CO or designee.
- o. Reporting

The following information regarding the Site Medical Director's Annual Report is provided to clarify the reporting requirement cited in Section F.3. Further information regarding the requirements for the Quality Assurance Plan can be found in the current version of the Quality Assurance Contractor Requirements Document (CRD) (see Section J.6).

1. Site Medical Director's Annual Report
 - i. Necessary Condition No. C.9.o.1. - For each fiscal year of the contract, the Contractor shall:
 - A. Prepare and submit a written Site Medical Director's Annual Report assessing the state of worker health.
 - B. Submit the report to the Contracting Officer (CO) no later than January 31st of each year, or as designated by the DOE CO.
 - C. Ensure that the report provides/presents:
 - Information on the relationship of site activities to the health and safety of site personnel,
 - Any trends and an analysis of their effects,

- Conclusions of the medical surveillance analyses and recommendations to the DOE for improvements in protecting worker safety and health,
 - The results of any special studies directed by the DOE CO, or designee,
 - A description of the analyses, the bases for conclusions, a discussion of the urgency of the recommendations, and
 - An explanation of the benefits to the health and safety of the site workers and the DOE.
- D. Ensure that the report meets the standards for analyses and report preparation comparable to that required for acceptance by a peer-reviewed medical journal.
- E. Present the results verbally to the Government at a time specified by the DOE CO after the report has been submitted.

2. Contractor Quality Assurance Plan

- i. Necessary Condition No. C.9.o.2. - The Contractor shall:
- A. Develop, implement, and submit to DOE for approval a Quality Assurance Plan in accordance with the applicable DOE Directive, as cited in Section J, Paragraph J.6 (List of Applicable Directives).
 - B. Routinely conduct self-assessments and report the results to DOE.
 - C. Report the Quality Assurance outcomes and improvement actions taken, to the DOE Program Manager as part of the Site Medical Director's Report.
 - D. Ensure that the report includes trending, analyses, a detailed improvement plan where indicated by predetermined thresholds, and assessments of how well the Contractor is meeting performance improvement goals.
 - E. Ensure that, in addition to the Contractor's own performance indicators, the following DOE indicators are addressed:
 - Unusual Events: At a minimum the following must be included in the Quality Assurance Plan and reports: needle sticks, blood borne pathogen and body fluid exposures, medication errors, falls within the clinics or adjacent walking and parking areas, all customer complaints, injuries attributable to or associated with care or services, and any event that puts the Government or the Contractor at medical/legal risk. Note: In addition to scheduled reporting, all unusual events shall be brought to the attention of the DOE Program Manager.
 - Customer Satisfaction Surveys: Customer satisfaction surveys must be available to all clients in all major areas that deliver direct services. At a minimum, satisfaction surveys must include: efficiency in scheduling appointments, prompt attention upon arrival, courtesy of staff, explanation of procedures, privacy/confidentiality of the environment, explanation of results, answers to questions, clarity of follow-up actions that the client is to

take, helpfulness of education and information provided, and overall satisfaction of services.

p. Transition Requirements

1. Necessary Condition No. C.9.p.1. - The Contractor shall:

- i. Accomplish transition from the existing provider of occupational health services from the time of contract Notice to Proceed with transition, to December 31, 2003. During the transition period, the incumbent contractor will be responsible for delivery of occupational health services,
- ii. Assume full responsibility for delivery of occupational health services at the end of the transition period,
- iii. During the transition period, plan and prepare for an orderly transfer of responsibilities and accountability from the incumbent contractor,
- iv. Implement its proposed Transition Plan, as approved by the Contracting Officer, and
- v. Ensure that the following activities to be accomplished are included in the Contractor-prepared transition plan:
 - A. Determine staffing needs and make offers to and arrange to transition incumbent employees to the Contractor, as applicable,
 - B. Complete all specific milestones identified in the Transition Plan,
 - C. Perform a complete inventory of all DOE-owned property for transfer to the Contractor,
 - D. Execute any necessary transition agreements with the incumbent contractor; obtain DOE approval before execution by the Contractor,
 - E. Submit periodic transition reports as directed by the Contracting Officer,
 - F. Prepare and submit the Quality Assurance Plan, and
 - G. Establish an accounting/billing system that is acceptable to DOE.

q. EEOICPA Requirements

1. Performance Objective No. C.9.q.1. – The Contractor shall:

- i. Contribute to the achievement of DOE's goal to provide Hanford EEOICPA claimants with Hanford related information necessary for the claimants to receive complete and fair claims adjudication with the Department of Labor.
- ii. Prepare a comprehensive evaluation of potential opportunities available to assist Hanford EEOICPA claimants in obtaining the information necessary to receive a complete and fair claims adjudication with the Department of labor. This evaluation should include both obvious and

innovative solutions to assist Claimants. The Contractor's evaluation shall include, but not necessarily be limited to providing:

- A. Clearinghouse of information relating to known contaminants, known hazards, etc. at Hanford;
- B. Medical diagnosis for current workers;
- C. Medical diagnosis, medical screening tests, or other medical support to current/former workers; and
- D. Outreach and/or education within the local and/or regional medical community, including DOL/NIOSH professionals, and/or claimants to claimants/and/or potential claimants.

iii. This evaluation will be conducted in two phases and should include recommendations on any activities that are proposed for implementation, along with a proposed cost and schedule for approval. Phase I will be a comprehensive plan to address Section C.9.q.1.ii to be submitted NLT September 15, 2009. Costs to conduct Phase II shall be included in the Phase I plan. Phase II will be a comprehensive evaluation of the elements of the plan to include but not limited to the elements identified in Section C.9.q.1.ii. Upon review and acceptance of the evaluation plan by DOE-RL, a Change Order to the contract to implement Phase II will be processed by DOE and Contractor shall be prepared to execute Phase II at the start of FY 2010.¹ This evaluation should also include a description of those activities evaluated, but deemed inappropriate, medically unethical or inappropriate, out of contract scope, or not feasible due to other concerns.

C.10 Accreditation Requirements

a. Necessary Condition No. C.10.a. - The Contractor shall:

1. Achieve and maintain accreditation for occupational health services from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or the Accreditation Association for Ambulatory Health Care (AAAHC), in accordance with the Contractor's accreditation plan, and
2. Achieve such accreditation no later than 24 months after the beginning of the contract performance period.

b. Necessary Condition No. C.10.b. - The Contractor shall:

1. Submit to the DOE Program manager all communications to and from the JCAHO or the AAAHC, including but not limited to, all Type I and Type II recommendations, reports, letters and comments from surveyors and other accrediting officials.
2. Submit to the DOE Program Manager an action plan with timelines outlining how all Type I (or high priority) recommendations will be corrected with monthly progress reports until all Type I recommendations have been corrected to the satisfaction of the accrediting body and the DOE Program Manager.
3. Submit a similar plan (see C.5.b.17.ii.B above) for correcting all Type II (or secondary priority) recommendations with monthly progress reports until the Type II recommendations have been corrected to the satisfaction of the DOE Program Manager.

¹ Letter No. 10-ISI-0010, Dated May 17, 2010 cancelled Phase II activities.

Note: While Type I recommendations are most critical, and must be addressed as a priority of the program, Type I and Type II recommendations may be addressed concurrently if appropriate.

4. Submit all quality indicators submitted to the JCAHO or AAAHC, to the DOE Program Manager.

C.11 Glossary

a. Acronyms

ACRONYM	DEFINITION
AAAHC	Accreditation Association for Ambulatory Health Care
CFR	Code of Federal Regulations
CO	Contracting Officer
COR	Contracting Officer's Representative
DOE	Department of Energy
DOT	Department of Transportation
EEOICPA	Energy Employees Occupational Illness Compensation Program Act
EJTA	Employee Job Task Analysis
HOHP	Hanford Occupational Health Process
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
OSHA	Occupational Safety and Health Administration
PNNL	Pacific Northwest National Laboratory
RL	DOE Richland Operations Office
RMMS	Risk Management Medical Surveillance
SES	RL Security and Emergency Services