

USAREUR Regulation 40-11

Medical Services

USAREUR Occupational Health Services Contract
and German Translation

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For the Commander:

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Summary. This regulation prescribes policy and procedures for occupational health medical services for local national (LN) employees in Germany.

Applicability. This regulation applies to appropriated and nonappropriated fund elements of the U.S. Forces employing LN personnel in Germany who are administered by U.S. Army civilian personnel offices, to include civilian support units and the Army and Air Force Exchange Service, Europe (AAFES-Eur), until AAFES-Eur has developed its own implementing instructions for LN medical surveillance. This collective group of employees will be referred to as “LN employees” in this regulation. Services under this regulation to agencies other than the Department of Army are provided on a reimbursable basis to the United States Army Center for Health Promotion and Preventive Medicine – Europe (CHPPM–EUR).

Supplementation. Commanders will not supplement this regulation without CG, HQ USAREUR/7A (AEAMD), approval.

Forms. This regulation prescribes AE Form 40-11A, *Arbeitnehmer Gesundheitsdatenblatt* (Employment Health Reference Sheet). USAREUR and higher-level forms (printed and electronic) are available through the USAREUR Publications System (UPUBS).

Suggested Improvements. The proponent of this regulation is the Office of the Command Surgeon (OCSURG), HQ USAREUR/7A (AEAMD, 486-8113). Users may suggest improvements to this regulation by sending a DA Form 2028 (Recommended Changes to Publications and Blank Forms) through the Commander, USAREUR/7A, ATTN: AEAMD, Unit 29351, APO AE 09014, to the Commander, CHPPM-EUR, ATTN: MCHB-AE-MO, APO AE 09180.

Distribution. C (UPUBS). This regulation is available only in electronic format.

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1. PURPOSE

This regulation establishes policy and procedures for providing occupational health (OH) medical services under the USAREUR OH Services Contract (UOHSC). This regulation will not supersede or change existing legal or regulatory policy.

2. REFERENCES

a. NATO Standardization Agreement No. 2908, 2d Edition, subject: Preventive Measures for an Occupational Health Program.

b. Article 56 of Agreement to Supplement the NATO Status of Forces Agreement with Respect to Foreign Forces Stationed in the Federal Republic of Germany (Supplementary Agreement).

c. Part 1910, Occupational Safety and Health Standards, and Part 1960, Safety and Health Provisions for Federal Employees, Title 29, Code of Federal Regulations.

d. *Arbeitsmedizinische Vorsorge-BGV-A4* (Occupational Medical Surveillance from the Collection of Individual Accident Prevention Regulations of the Industrial Trade Association).

e. *Berufsgenossenschaftliche Grundsätze für arbeitsmedizinische Vorsorgeuntersuchungen* (Fundamentals of the Professional Trade Association for Industrial Medical Examinations).

f. *Dienstvorschrift des US-Landstreitkräfte zur Durchführung des Arbeits- und Gesundheitsschutzes* (U.S. Army Regulation to Conduct Occupational Safety and Health).

g. AR 40-5, Preventive Medicine.

h. UR 690-61, Labor Management Relations -- Local National (LN) Employees in Germany.

i. UR 690-70, Recruitment and Staffing of Local National Positions.

3. EXPLANATION OF ABBREVIATIONS

The glossary defines abbreviations.

4. RESPONSIBILITIES

a. The Commander, Center for Health Promotion and Preventive Medicine – Europe (CHPPM-EUR), will--

(1) Ensure that medical OH services are provided for LN employees by a contract with a competent OH service contractor.

(2) Ensure that health surveillance of designated employees will be provided by the contractor according to the *Unfallverhütungsvorschrift* (Accident Prevention Directive), *Arbeitsmedizinische Vorsorge – BGV A4*, and the fundamentals of the *Berufsgenossenschaftliche Grundsätze für arbeitsmedizinische Vorsorgeuntersuchungen*.

(3) Ensure that employees exposed to potential or documented workplace hazards are referred to the respective OH contractor for a medical examination.

(4) Ensure that medical examinations are performed according to the contract.

(5) Ensure that a list of LN employees and the name of designated contractors (for referral) are maintained in the respective OH field offices.

(6) Provide a contracting officer's representative (COR) to monitor the daily performance of the contract.

(7) Maintain a database that lists workareas with potential health hazards, the type of health hazard associated with each workarea, required personal protective equipment (PPE), a personnel listing of the employees working in those areas, employee identification numbers, the Army location code, and the operation code.

(8) Advise commanders of their responsibilities and the best methods to minimize or eliminate hazardous exposures.

(9) Assist the contractor in the verification of individual employee exposure and in determining the requirement for personal protective equipment. A copy of the employee's position description that includes duties that may result in hazardous exposures will be provided to the contractor on request.

(10) Ensure that job-related medical examinations are provided without cost to the employee.

b. Commanders will--

(1) Ensure that supervisors direct employee compliance with OH program requirements.

(2) Promote general health and safety in the workarea for all employees.

(3) Ensure that supervisors enforce employee compliance with the requirements of PPE, when required.

c. Representatives from the Head Works Council, USAREUR, and the Severely Handicapped Employee Representative Group will--

(1) Execute their legal functions according to this regulation.

(2) Contact the CHPPM-EUR COR to schedule times for the contractors to visit workareas, when needed.

(3) Provide a representative to periodic meetings between CHPPM-EUR and the contractor.

d. The Civilian Human Resource Management Agency and the Army and Air Force Exchange Service, through the director of the responsible personnel office, will--

(1) Ensure that jobs have position descriptions that include a summary of hazards, PPE requirements, provisions for hazard-communication training, and job-related medical surveillance, as applicable.

(2) Provide the occupational health nurse (OHN) a list of all civilian employees (including LN employees) for each area support group (ASG) and base support battalion. This list will be sent on the first workday of January, April, July, and October of each year.

(3) Coordinate pre-placement employee examinations with the applicant and the respective OHN.

(4) Coordinate termination-employee examinations with the respective OHN.

(5) Provide the appropriate OHN with a monthly list of employees who are new hires, transfers, and scheduled for termination or retirement.

e. Supervisors will--

(1) Inform new applicants of medical surveillance and PPE requirements of the job.

(2) Schedule appointments with the contractor for employees identified by the OHN as requiring a medical evaluation or examination.

(3) Conduct the investigation and evaluation of reported job-related injuries or illnesses and report all job-related injuries to the servicing safety office.

(4) Provide appropriately fitted PPE and require that it be worn when performing hazardous duty. Stop the employee from performing the exposure-related work if PPE is not available.

(5) Advise employees who require medical treatment for an occupational illness or injury of the appropriate procedures to notify the *Bundesausführungsbehörde für Unfallversicherung* (German Federal Accident Insurance Agency).

(6) Send a completed AE Form 40-11A (*Arbeitnehmer Gesundheitsdatenblatt* (Employment Health Reference Sheet)) to the responsible personnel office for inclusion into the LN employee's personnel file.

NOTE: The OHN will send a completed AE Form 40-11A to the LN employee's supervisor as soon as possible after the examination has been performed.

(7) Ensure LN employees report for scheduled medical surveillance appointments with the contractor.

(8) Inform the USAREUR Civilian Personnel Operations Center (CPOC), the servicing civilian personnel assistance center, and the OHN of an LN employee who refuses the required medical surveillance examination.

(9) Not permit employees who refuse medical examinations to continue working in hazardous workareas, pending administrative resolution.

(10) Report changes in workplace practices or procedures to the appropriate safety and industrial hygiene (IH) personnel.

f. The local safety office will--

(1) Identify and maintain a list of workareas that have occupational and safety hazards.

(2) Report any observed health concerns about an employee to the CHPPM-EUR IH office, to OH medical personnel, and to the representatives of the Head Works Council, USAREUR, and the Severely Handicapped Employee Representative Group responsible for the employee.

g. Employees will--

(1) Follow safe and healthy work practices.

(2) Wear required PPE. Hazardous work will not be performed when PPE is not available.

(3) Report suspected unsafe or hazardous work situations to the supervisor.

(4) Comply with worker-protection requirements, including scheduled medical surveillance appointments at no cost to the employee. The employer may provide transportation (para 6c(2)).

5. GENERAL

a. The UOHSC will meet regulatory OH requirements for LN employees. In cases of conflict between U.S. and German Law on exposure standards and medical surveillance, the stricter requirement will prevail (the requirement providing the greater protection to the LN employee).

b. CHPPM-EUR will ensure a contract is in place to provide LN employees with OH medical support. The contractor is responsible for providing the health surveillance of designated employees according to the *Unfallverhütungsvorschrift, Arbeitsmedizinische Vorsorge-BGB A4*, and the fundamentals of the *Berufsgenossenschaftliche Grundsätze für arbeitsmedizinische Vorsorgeuntersuchungen*.

c. OH medical services will be conducted by contractor OH physicians at designated centers or at the worksite if the employee's workplace is more than 30 kilometers from the contractor or medical facility. Time away from the actual worksite for medical surveillance examinations will be considered as duty time.

6. PROCEDURES

a. ASG OHNs will--

(1) Coordinate with the responsible personnel office to identify and review job positions requiring medical examinations.

(2) Send a list of LN employees who require periodic medical examinations to the respective supervisors.

NOTE: Supervisors should provide information about potential exposures beyond those suggested in the position title or position description to IH personnel and to the OHN.

(3) Maintain a list of LN employees who require medical surveillance for exposure to health hazards and the associated G Codes for each exposure, according to German OH standards.

(4) Provide the contractor physician, at the time of the employee referral, the following information:

(a) A brief description of the employee's duties that may result in hazardous exposure and required PPE to perform the job. This description should include the employee's documented exposure levels, if available, or a list of potential hazards based on health-hazard evaluations of the workplace.

(b) A completed AE Form 40-11A.

(c) An authorization letter for the medical examination that includes a copy of the employee list (a(2) above) showing the employee's name, identification number, clinical code, and requested G-Code examination.

(5) Outline employee work restrictions, if any, and send a copy of the outline and AE Form 40-11A to the supervisor or designated POC for inclusion in the LN employee's personnel file.

b. CHPPM-EUR IH personnel will--

(1) Identify potential health hazards at worksites and recommend actions to eliminate or control the hazards.

(2) Describe workplace exposure to potential health hazards, which allows exposure-based medical surveillance according to the Occupational Safety and Health Act, DOD instructions, DA regulations, and German OH standards.

(3) Advise commanders of requirements and methods for minimizing exposures.

(4) Maintain the list of health hazards and employees at potential risk of exposure to these hazards.

c. Supervisors will--

(1) Schedule the medical examinations with the contractor on receipt of the referral list from the OHN (a(2) above).

(2) Send the OHN a list of employees who have an appointment date and time. Appointments will be scheduled to ensure a continuity of work and availability of transportation, if required.

(3) Report any employee who does not show up for a scheduled appointment to the OHN, the CPOC, and the Head Works Council, USAREUR, representative.

(4) Provide the employee transportation to the contractor, if necessary.

(5) Provide information to IH personnel and to the OHN regarding additional exposures beyond those suggested by the position title or position description.

(6) Ensure that position descriptions for jobs in potentially hazardous workplaces include a summary of the hazards.

GLOSSARY

AAFES-Eur	Army and Air Force Exchange Service, Europe
ASG	area support group
CHPPM-EUR	United States Army Center for Health Promotion and Preventive Medicine – Europe
COR	contracting officer’s representative
CPOC	USAREUR civilian personnel operations center
HQ USAREUR/7A	Headquarters, United States Army, Europe, and Seventh Army
IH	industrial hygiene
LN	local national
NATO	North Atlantic Treaty Organization
OCSURG	Office of the Command Surgeon, HQ USAREUR/7A
OH	occupational health
OHN	occupational health nurse
PPE	personal protective equipment
UOHSC	USAREUR occupational health services contract
USAREUR	United States Army, Europe