



OSHS/Medical Surveillance Training for supervisors/managers
of employees in medical surveillance



Medical Surveillance Appointments

- Each District Manager/Senior Manager is responsible for designating a Scheduler for their work group and communicating it to their work group
- Each district/work group is responsible for determining how they would like their surveillance appointments scheduled (i.e. who will schedule the appointments - the scheduler, the supervisor or the employee). However, it's proven to be a much more cohesive process if appointments are scheduled by the Scheduler, rather than the supervisor or employee. This helps to ensure that the correct tests are being scheduled, and the correct information is entered into OSHIS
- The Scheduler has access to view your employees in surveillance, the surveillance they are due for and the date they are due. The Scheduler also has access to the approved Clinic List for appointments
- The Scheduler has access to the Appointments module in OSHIS. The Scheduler is responsible for entering all appointment information into OSHIS **prior** to an employees appointment. If the Scheduler is not the one scheduling the appointment, the person who does schedule the appointment is responsible for getting the appointment information to the Scheduler to enter into OSHIS

Surveillance Process Overview

- Step 1: Surveillance due email notification received
- Step 2: Contact scheduler to see what surveillance you are due for & coordinate scheduling
- Step 3a: Appointment is scheduled with a clinic & entered into OSHIS
- Step 3b: Employee completes any required questionnaires for due surveillance in OSHIS & prints if required
- Step 4: Employee receives Outlook calendar invite of medical appointment. Employee prints this email to take to appointment, this is the clinic authorization
- Step 5: Employee arrives to appointment with clinic authorization & any required questionnaires

Locating your OSHIS Supervisor Dashboard

Log in to OSHIS. Supervisors must use this link to complete supervisor tasks, it is different that the link you use to complete tasks as an employee in medical surveillance:

<https://bpa.cority.com>

Login Name: BPA email

Enter Password: If this is your 1st time logging in click on the “Forgot Password” link, enter your BPA Email & then look for an email in Outlook to enter a password of your choosing

OSHS Supervisor Dashboard Overview

Quick Overview:

- The “Quick Links” box has a link to complete the Supervisor Respirator Questionnaire
- The “Supervisor Respirator Questionnaire To Do List” box lists your employees in your group that require an updated Supervisor Respirator Questionnaire
- The “Employees with Expired Surveillance” box lists your employees with expired surveillance
- The “My Employees” box lists all of your employees in a surveillance exposure group (SEG)
- The “My Employees Surveillance Clearance” box lists your employees in surveillance, the surveillance exposure group they are in & their expiration/due date
- The “My Employees Respirator Fit Tests” box lists your employees fit test information & their expiration/due date
- The “My Employees Active Restrictions” box lists any of your employees with surveillance related restrictions (DOT, Respirator)

A view of your OSHIS Supervisor Dashboard

OSHS
Environment: BPA Test Site | Welcome bpa_cvernon_sup

SUPERVISOR DASHBOARD
SUPERVISOR DASHB

Quick Links

- [Supervisor Respirator Questionnaire](#)

Attention Supervisors:

You must complete a Supervisor Respirator Questionnaire for employees listed in the "Supervisor Respirator Questionnaire To Do List" below.

For medical surveillance scheduling please contact your district's designated Scheduler.

Thank you for your assistance in keeping your employees up to date with their medical surveillance.

If you have any questions please contact BPA Occupational Health @ occupationalhealth@bpa.gov or 360-418-8537.

Supervisor Respirator Questionnaire To Do List

Name And Number
Dirty, Old (9999995)
Exotic, Joe (9999997)
Shrute, Dwight (9999996)

These employees require an updated Supervisor Respirator Questionnaire.

Action: Supervisor must submit an updated Supervisor Respirator Questionnaire.

Employees with Expired Surveillance

Name And Number	Surveillance Due	Expiration Date
Dirty, Old (9999995)	Hazardous Material Exposure	02/08/2021
Dirty, Old (9999995)	Respirator User - Questionnaire	02/08/2021
Exotic, Joe (9999997)	Noise Exposure	03/02/2021
Exotic, Joe (9999997)	Respirator User - Questionnaire	03/02/2021
Shrute, Dwight (9999996)	DOT Medical Clearance	03/02/2021
Shrute, Dwight (9999996)	Noise Exposure	03/02/2021
Shrute, Dwight (9999996)	Respirator User - Approved for Fit Testing	02/26/2021
Shrute, Dwight (9999996)	Respirator User -	03/02/2021

These employees surveillance is expired.

Action: Contact your Scheduler and get an appointment scheduled.

My Employees

Name And Number	Job Position	Work Status
Dirty, Old (9999995)	Equal Employment Manager	ACTIVE
Exotic, Joe (9999997)	Environmental Protection Specialist	ACTIVE
Shrute, Dwight (9999996)	Farmer Brothers Coffee	ACTIVE

These are your employees in a medical surveillance exposure group (SEG)

A view of your OSHIS Supervisor Dashboard

My Employees Surveillance Clearance

Name And Number	Surveillance Group	Expiration Date
Dirty, Old (9999995)	Hazardous Material Exposure	02/08/2021
Dirty, Old (9999995)	Respirator User - Questionnaire	02/08/2021
Dirty, Old (9999995)	Respirator User - Approved for Fit Testing	03/02/2022
Exotic, Joe (9999997)	DOT Medical Clearance	03/02/2022
Exotic, Joe (9999997)	Noise Exposure	03/02/2021
Exotic, Joe (9999997)	Lead Exposure	09/02/2021

You can find your employees, their SEG's & their expiration/due date here

A red box indicates expired surveillance.

My Employees Respirator Fit Tests

Name And Number	Fit Test Date	Respirator	Respirator Size	Overall Pass/Fail	Fit Test Expiration Date
Dirty, Old (9999995)	03/02/2021	Full Face M/L (North 54001)	Medium-Large	Pass	03/02/2022
Shrute, Dwight (9999996)	02/26/2020	Half Face M (3M 6200)	Medium	Pass	02/26/2021

You can find your employee's respirator fit test info here: respirator type & expiration/due date. If they are expired they are not cleared by OSHA to use a respirator. Fit tests are due annually.

My Employees Active Restrictions

Name And Number	Restrictions	Further Details
Dirty, Old (9999995)	Special corrected lenses required	
Exotic, Joe (9999997)	PAPR Only	
Shrute, Dwight (9999996)	Unable to wear Full Face Mask	

Employee restrictions are listed here. You can not request that they use a specific respirator on the Supervisor Respirator Questionnaire if they have a restriction for it.

Completing the Supervisor Respirator Questionnaire

Environment: BPA Test Site | Welcome bpa_ovemoru

SUPERVISOR DASHBOARD

SUPERVISOR DA



Quick Links

 [Supervisor Respirator Questionnaire](#)

Attention Supervisors:

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Supervisor Respirator Questionnaire To Do List

Name And Number

Dirty, Old (9999995)

Exotic, Joe (9999997)

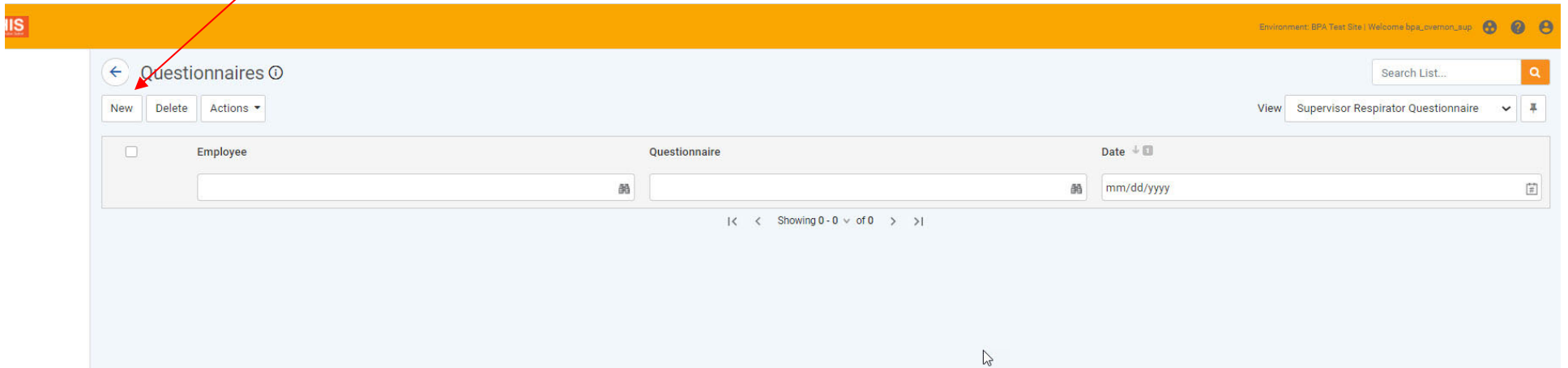
Shrute, Dwight (9999996)

- When names appear in the "Supervisor Respirator Questionnaire To Do List" you need to click on the Supervisor Respirator Questionnaire link and submit an updated form for your employee. These are to be updated every 2 years, or more often as the employees respirator needs change.
- You can also use the Supervisor Respirator Questionnaire link to add or remove an employee from the Respirator Protection Program by completing the questionnaire.
- The type of respirator you pick on the form will determine if the employee requires respirator fit testing - it is important that you keep this form updated for your employees.

Completing the Supervisor Respirator Questionnaire

After you click on the Supervisor Respirator Questionnaire link you will be brought to the page shown below.

Click on “New”



Completing the Supervisor Respirator Questionnaire

1. Enter/select the employees name.
2. Click on "Save".

Environment: BPA Test Site | Welcome bpa_ovemom_sup

Medical Questionnaire Response Header / New Medical Questionnaire Response Header

← Employee Related Questionnaire: Supervisor ⓘ

Questionnaire

New Save Save and Close Delete Cancel Actions

Layouts Employee Related Qi

Details

Instructions:

1. Select employee's name for questionnaire to be completed.
2. Click Save
3. Update responses
4. IMPORTANT: Click Save under Responses Header

Employee *

Job Position

Date Of Response * 03/10/2021 Questionnaire * Supervisor Respirator Questionnaire (OH_SUPERVISORQUESTIONS)

Created By Created Date

Responses

Completing the Supervisor Respirator Questionnaire

- 3. Complete the questionnaire.
- 4. Click on "Save & Close" at the top.

Medical Questionnaire Response Header / Medical Questionnaire Response Header # 2410

← Employee Related Questionnaire: Supervisor ⓘ

Questionnaire

New Save Save and Close Delete Cancel Actions ▾

Details

Instructions:
1. Select employee's name for questionnaire to be completed.
2. Click Save
3. Update responses
4. IMPORTANT: Click Save under Responses Header

Employee *	Shrute, Dwight (9999996)	Questionnaire *	Supervisor Respirator Questionnaire (OH_SUPERVISORQUESTIONS)
Job Position	Farmer Brothers Coffee (99990938)	Created Date	03/10/2021 10:37 AM
Date Of Response *	03/10/2021		
Created By	Vernon, Crystal (bpa_cvernon_sup)		

Responses

Supervisors are responsible for identifying airborne job hazards that workers may face, and ensuring worker is properly qualified to wear required respirator. This form must be filled out by the Supervisor for employee's enrollment in the Respiratory Protection Program, and every 2 years thereafter, as job duties or respirator needs change, or to request removal from the program.

INSTRUCTIONS: Discuss and complete this page with employee.

Check ALL job tasks that employee may perform, including but not limited to:

A. Lead paint or coatings removal: such as demolition, scraping, sanding, use of heat gun or power tools.

Yes
 No

Comment

Hide Related Question(s) ▾

Viewing Completed Supervisor Respirator Questionnaires

To view the Supervisor Respirator Questionnaires you have submitted:

1. Click on the Heart icon in the upper left corner.
2. Click on “Occupational Health – Questionnaire”. You can use the search fields to find a particular person, or to sort by date of completion.

The screenshot shows the OSHIS web application interface. The top navigation bar is orange and contains the OSHIS logo and the text "Environment: BPA Test Site | Welcome bpa_civemort_aaj". The main content area is light blue and features a "Questionnaires" header with a search bar and a "View" dropdown menu set to "Supervisor Respirator Questionnaire". Below the header is a table with columns for "Employee", "Questionnaire", and "Date". The table contains one row of data for "Shute, Dwight (9999996)" with the date "03/10/2021". Red arrows point from the instructions to the heart icon in the top left, the "Occupational Health - Questionnaire" link in the left sidebar, and the search fields in the top right.

Employee	Questionnaire	Date
Shute, Dwight (9999996)	Supervisor Respirator Questionnaire	03/10/2021

Medical Surveillance Due Notifications

- 35 days prior to an employees surveillance due date the email notification on the following page will be sent to the supervisor & employee
- The supervisor will need to ensure their employee follows the directions in the notification
- If an appointment is not entered into OSHIS by the Scheduler reminder emails of due surveillance will be sent out 7 days before the due date to the employee & supervisor, and again 1 day past the due date to the employee, supervisor & manager

Medical Surveillance Due Notification

Dear <<Employee.FirstName>> <<Employee.LastName>>,

This is a notification that you are due for work related required medical surveillance. This must be completed by <<ExpirationDate>> .

Action Required:

Step 1: Contact your district's designated Scheduler to see what surveillance you are due for, and for scheduling information. If you do not know who your designated scheduler is contact your supervisor, as this person was designated by your upper management.

Step 2: Login to [OSHS](#) /MyCority to complete any surveillance questionnaires required for your **due** surveillance. Do not complete all questionnaires, only complete questionnaires for surveillance you are due for.

- **If you are due for Noise surveillance** please complete the Hearing Conservation questionnaire online and submit electronically through MyCority. Do **not** take this form to appointment
- **If you are due for a DOT physical** all DOT forms will be provided by the clinic
- **If you are due for Lead surveillance** and you choose to decline, the declination form is available online and is submitted electronically through MyCority. Do **not** take this form to appointment
- **If you are due for Hazmat surveillance** you must complete the *Medical Surveillance Periodic Health Evaluation Form*, print and submit electronically through MyCority. **Take the printed copy to your appointment**
- **If you are due for Asbestos surveillance** you must complete the *Medical Surveillance Periodic Health Evaluation Form* & the *Asbestos Exposure Questionnaire*, print and submit electronically through MyCority. **Take the printed copy to your appointment.**
- **If you are due for Respirator User - Questionnaire** please complete the Employee Health History for Respirator questionnaire online and submit electronically through MyCority. Do **not** take this form to your appointment (this does not require a medical appointment)
- **If you are due for Respirator User - Fit Test** contact your supervisor (this does not require a medical appointment)

Step 3: Once your Scheduler enters your appointment information into OSHS you will receive an **Outlook calendar appointment invite**. **You must print this notification and take with you to your appointment.** The notification lists your authorized tests, it serves as your clinic authorization. **The clinic will not be able to complete your surveillance if you do not arrive with all of the required information for your due surveillance.**

Please contact your groups designated Scheduler if you have any questions.

Thank You,

BPA Safety & Occupational Health

Medical Surveillance Appointment

- After an appointment is scheduled with a clinic & the Scheduler enters the appointment information into OSHIS the supervisor, employee & scheduler will receive an Outlook calendar invite notification (below).
- The employee **MUST** print & take this with them to their appointment, it is their clinic authorization.

Appointment Request for Scheduled Surveillance Appointment - Meeting

Provider <notification@cority.com> | Vernon, Crystal D (CONTR) - NFOS-MODW | Expires 5/19/2020

When Friday, March 20, 2020 8:00 AM-8:00 AM | **Location**

8 AM Appointment Request for Scheduled Surveillance Appointment: Provider

9 Submit time in FieldGlass

10

This is an automatic appointment request generated by your medical department from the Cority Environmental Health & Safety system for the following:

Activity: ***DOT Medical Clearance***
 Hazardous Material Exposure
 Noise Exposure
 Scheduled Surveillance Appointment
 Date: 03/20/2020
 Time: 8:00 AM (PST)
 Appointment Scheduled With: Vernon, Crystal
 Clinic: Performance Occupational Health, 11109 NE 14th St #A Vancouver, WA, 360-334-7001
 Employee: Zuckerberg, Mark
 Notes: EMPLOYEE MUST PRINT & TAKE THIS TO CLINIC FOR SERVICE. Clinic Authorization for activities listed above only. Return results via fax: 360-418-8574. Ordered by Dr. Greg Freed, BPA Medical Officer. Questions: 360-418-8537.

This appointment can automatically be added to your calendar by simply following the instructions below for either Outlook or Lotus Notes users.

Instructions for Outlook:
 Please open the attached iCalendar file and either accept or reject the appointment.

Instructions for Lotus Notes:

1. Right-click the attached iCalendar file and choose View.
2. Click Import All and a new message will be sent to your Inbox.
3. Open the new message from your Inbox.
4. Click Respond button. A menu appears and click Accept or Reject.

To print, click on file, select print

This tells the clinic what tests are needed when they arrive for the appointment.

This tells the clinic where to send your results.

Documents Required for Appointment

Supervisor is to ensure their employees take the following to the appointment:

- The Outlook email notification received which lists all authorized surveillance required at the appointment (Clinic Authorization, page 14)
- Any questionnaires required to be completed for Asbestos or Hazmat surveillance, if due for this surveillance (questionnaires available in OSHIS, per notification email)
 - Hazmat Surveillance: Medical Surveillance Periodic Health Evaluation Form
 - Asbestos Surveillance: Medical Surveillance Periodic Health Evaluation Form & Periodic Asbestos Medical Questionnaire

Note: The clinic will not be able to complete the surveillance if this information is not brought to the appointment