Medical Surveillance Employee Training
Medical Surveillance Scheduling

- 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. If the scheduler is not scheduling the appointment the employee must still get scheduling information from the scheduler to complete the task properly – clinic information & all required tests for the surveillance.

- The Scheduler has access to view employees in medical surveillance, the surveillance you are due for and the date you are due. The Scheduler also has access to the approved Clinic List for appointments, and what tests are required for your surveillance.

- The Scheduler has access to the Appointments module in OSHIS. The Scheduler is responsible for entering all appointment information into OSHIS prior to your 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 prior to the appointment. This has to happen in order for you to receive your clinic authorization.
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
Medical Surveillance Due Notifications

• 35 days prior to your surveillance due date the email notification on the following page will be sent to you & your supervisor. Follow directions in notification.

• Follow your workgroups procedure for scheduling of medical surveillance appointments. If you do not know the procedure contact your supervisor.

• If an appointment is not entered into OSHIS by your Scheduler reminder emails of due surveillance will be sent out 7 days before your due date to you & your supervisor, and again 1 day past your due date to you, your supervisor & manager.

• If you do not know who your Scheduler is contact your supervisor.
Employee and Supervisor will receive the following notification 35 days prior to surveillance due date. Follow directions in 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 OSHIS /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 OSHIS 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
• Log in to OSHIS: [https://bpa.my.cority.com](https://bpa.my.cority.com)
  Login Name:  BPA email
  Enter Password: (If this your 1\textsuperscript{st} time logging in click on the Forgot Password link, enter your BPA Email & look for an Outlook email to enter a password of your choosing)

• Once signed in you will be at your dashboard:
Contact your Scheduler to see what surveillance you are due for. If your surveillance requires completion of a questionnaire, they can be located in the “My Tasks” section.
- Select the questionnaire to complete

- Incomplete
  - Complete Respirator Medical History Questionnaire
    - Due: NOW
    - Assigned To: Me
    - Awaiting Responses

- Incomplete
  - Complete Hearing Conservation Questionnaire
    - Due: NOW
    - Assigned To: Me
    - Awaiting Responses
Complete the questionnaire by answering the questions.

See next page to determine if you need to print the questionnaire prior to submitting.
Surveillance Questionnaires

- Some questionnaires require that you print them & take to your appointment – this information is available in the email notification you receive as well:
  - 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**.

- To print, click on the 3 dot icon & select print (you can also choose to save as a PDF)

- Click the Submit icon to submit your questionnaire to BPA Occupational Health for review by the BPA Medical Officer.
Once your appointment has been scheduled with a clinic per your workgroups process and is entered into OSHIS by your scheduler you will receive an emailed Outlook calendar invite for your appointment (see next page). This email must be printed and taken with you to your appointment. It is your clinic authorization.

You will also receive a reminder email 3 days prior to your appointment.
Documents Required for Appointment

- Print this & take to your appointment – this is your clinic authorization

This is your Clinic Authorization, it tells the clinic what tests are needed when you arrive for your appointment.

To print click on file, select print

This tells the clinic where to send your results.
You must take the following with you to your appointment:

- The Outlook calendar email notification you received which lists all authorized tests required at your appointment (see previous page)
- Any questionnaires required to be completed for Asbestos or Hazmat surveillance if you are enrolled in these surveillance programs (questionnaires in OSHIS)
  - 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 your surveillance if you do not arrive at your appointment with required information
Respirator User – Questionnaire/Fit Test Surveillance

- If you are due for Respirator User - Questionnaire you do not require a medical appointment. You only need to complete the Employee Health History for Respirator questionnaire in OSHIS.

- This questionnaire does not require printing. It will be reviewed electronically by BPA’s Medical Officer. On occasion the Medical Officer may require that your respirator medical clearance be completed with an appointment at a clinic. If this is the case you will be notified.

- If you are due for Respirator User - Fit Test you do not require a medical appointment. Contact your supervisor for fit test information, or contact Industrial Hygiene @ OccSafety&Health@bpa.gov.
• If you are due for lead surveillance & choose to decline lead surveillance you may do so by clicking on New Questionnaire icon.
• The Lead declination is good for 12 months at a time. After the 12 months you will be due for lead surveillance again.
• Select OH_LeadDeclination

• Complete and submit for review by BPA Occupational Health
If you would like to view or print your completed questionnaires you can do so from the My Tasks, then select “Complete”.

Completed Questionnaires

- Questionnaire
  Complete Hearing Conservation Questionnaire
  Assigned To: Me
  Completed On: 03/11/2021

Completed Questionnaires

- Questionnaire
  Complete Hearing Conservation Questionnaire
  Assigned To: Me
  Completed On: 03/11/2021