DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
INTERIM POLICY DOCUMENT

October 1, 2003 **Medical Standards Program** **03-06**

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1. Purpose. This document establishes the policy and guidance for the Medical Standards Program (MSP) within the Minerals Management Service (MMS). The MSP is the result of an MMS Medical Standards Review Team charged with the development, approval, and implementation of a medical qualification and evaluation program. (See Appendix 1.) The appendixes that follow provide more detailed information.

2. Authority.

A. Title 5, Code of Federal Regulations (CFR) Part 339, Medical Qualifications Determinations, states that:

(1) Agencies governmentwide are adopting programmatic approaches to develop occupational safety and health programs as a means of ensuring consistency and reducing workman compensation costs.

(2) Agencies may establish periodic examination or immunization programs by written policies or directives to safeguard the health of employees whose work may subject them or others to significant health or safety risks due to occupational or environmental exposure or demands.

(3) Agencies are authorized to establish physical requirements for individual positions without Office of Personnel Management (OPM) approval when such requirements are considered essential for successful job performance. The requirements must be clearly supported by the actual duties of the position and documented in the position description.

(4) Agencies are required to waive a medical standard when there is evidence that an applicant or employee can perform the duties of the position without endangering the health and safety of the individual or others.

B. Rehabilitation Act of 1973, as amended, requires employers to provide reasonable accommodation to employees with disabilities.

OPR: Office of Administration and Budget

3. Policy. It has been determined that the MMS will have an MSP. The following policies apply:

A. The MMS will have a mandatory medical qualification and evaluation program designed to safeguard the health and safety of all employees working in the offshore environment.

B. The MMS is committed to ensuring that a candidate for or an incumbent of an MMS position is not discriminated against because of a medical condition that would otherwise not affect his or her ability to perform the duties of that position.

C. The MMS has an obligation to avoid, where possible, placing its employees in positions in which they may aggravate, accelerate, exacerbate, or permanently worsen existing and pre-existing medical conditions as a result of carrying out the functional requirements of their positions.

D. The following elements are critical to an effective MSP:

(1) Clearly reflecting the requirements of the job, taking into account frequency and duration of offshore visits, work volume, environment, physical exposures, and significant health and/or safety risks due to occupational/environmental exposure or demands.

(2) Incorporating appropriate flexibility for evaluating an individual's ability to do the job safely and efficiently.

(3) Facilitating reasonable waiver or accommodation for individuals who are unable to meet the specified medical requirements but are otherwise qualified to perform the job.

E. The MMS Medical Standards have been approved by the OPM and are contained in Appendix 2. The Medical Standards provide:

(1) Guidance relative to the essential functions and work conditions of the Offshore Inspector position. Coupled with the implementation of a documented waiver and accommodation process, the guidance provides appropriate flexibility for evaluating an individual's ability to do the job safely and efficiently.

(2) Reasonable accommodation, as appropriate, for the individuals who are unable to meet the specified medical standards (Appendix 3).

(3) Requirements by which the MSP will be implemented, maintained, and monitored (Appendix 1).

4. Scope. The following applies to MMS employees:

A. Enrollment in the MSP will be based on a position's exposure to arduous physical exertion or hazardous conditions during visits to platforms, rigs, or other hazardous work areas. Satisfying the requirements of the MSP will be a condition of employment.

B. All MMS employees whose job requirements subject them to significant health or safety risks due to occupational/environmental exposure or demands during visits to offshore sites will be required to participate in the MSP.

C. Supervisors will review each employee's position description to determine potential exposure and inclusion in the MSP. (See Appendix 4 for further details.)

5. Responsibilities and Procedures.

A. The MSP is designed to determine an individual's medical fitness for performance of assigned duties by utilizing the following two-tiered approach:

(1) An examining physician conducts employee examinations.

(2) The MMS Medical Review Officer (MRO) evaluates the medical data provided by the examining physician as it relates to the known physical demands of the employee's position. Each of the medical standards listed in Appendix 2 is subject to clinical interpretation by the MRO. He/She will incorporate his/her knowledge of the job requirements and environmental conditions to perform the interpretation.

B. In the event the MRO finds an employee has not met one or more of the medical standards, a Significant Medical Finding (SMF) will be issued. At this point, the employee has the following three options:

(1) Request a waiver of the specific medical standard(s), if appropriate, or

(2) Request provision for an accommodation that will allow the employee to perform the essential functions of his/her position, if appropriate, or,

(3) Apply for disability retirement.

When either request is made, the decision to grant (or deny) a waiver and/or provide reasonable accommodation will be made by the appropriate Regional Director (RD) based on input from the MRO and/or the Medical Advisory Committee (MAC).

C. A MAC will be established to include the following standing representatives: the MRO, the Bureau Personnel Officer, the MMS Aviation Safety Manager, the Regional Offshore Minerals Management (OMM) subject-matter expert, and a local Union representative (where applicable). The MAC will:

(1) Serve as a resource for the RDs in making decisions relative to waivers and/or accommodations.

(2) Review any request an RD is proposing to deny.

(3) Consider the details of the case and provide recommendation(s) on a prudent course of action that is in the best interest of the organization.

(4) Provide consistency, sound reasoning, and equity in its recommendations.

(5) Provide assurance to affected employees that decisions are made uniformly and within the context of published procedures. (See Appendix 3 for further details.)

D. There are three required examinations. Each of these examinations will be conducted by qualified physicians and in facilities chosen and approved by the MMS. The three examinations are:

(1) Pre-placement Exam – An examination given to determine a potential selectee's ability to meet medical standards and physical requirements of the position. Only those potential selectees who meet, with or without reasonable accommodation, all medical standards and physical requirements will be hired. (Approval to disqualify or pass over a "preference eligible" applicant must be obtained from the OPM.)

(2) In-service Exam – A mandatory medical examination given at 2-year intervals for any employee in a position included in the MSP. Additionally, an examination is required when an employee in an enrolled MSP position returns to duty after an absence from that job of 30 working days or more. The supervisor, with the concurrence of the RD, may also require an examination for an employee returning after less than 30 working days, if there is reason to believe that the employee cannot safely and efficiently perform the duties of the position. Examinations may also be required whenever there is a direct question by a supervisor about the continued ability of an employee to meet the physical or medical requirements of the position and the RD concurs.

(3) Post-employment Exam – An examination required whenever an employee leaves an enrolled position to determine the medical/physical condition of the employee prior to leaving the MSP. Employees leaving enrolled positions who decline a post-employment exam will be required to sign a statement attesting that the examination was offered.

6. Responsibilities and Deciding Officials.

A. The Associate Director for Administration and Budget and subordinate staff are responsible for:

(1) Developing policy and administering the MSP throughout the MMS.

(2) Overseeing records maintenance and monitoring/auditing the program.

B. The Associate Director for OMM and subordinate staff are responsible for:

(1) Ensuring that the MSP is administered uniformly and fairly within the OMM.

(2) Ensuring development and funding of the annual statement of work for the MRO and the examining physicians for each Region.

C. The Chief of the Engineering and Operations Division is responsible for selecting the Gatekeeper.

D. The RDs are responsible for the following (RDs may delegate these responsibilities no lower than the Deputy RD):

(1) Ensuring that the MSP is implemented uniformly and fairly within their Region.

(2) Making decisions concerning MSP incumbents and new hires where SMF are reported and individuals have requested waivers and accommodations. (See Appendix 3 for details.)

(3) Making decisions in the event an employee alleges he/she has a medical condition preventing him/her from performing the covered job safely or efficiently.

(4) Concurring with decisions of subordinate supervisors to require physical examinations other than the biennial physical as prescribed by the MSP.

(5) Ensuring subordinate supervisors are aware of the MSP and are continuously emphasizing safety in the performance of duties.

(6) Ensuring annual certification of position descriptions and identification of MSP participants.

E. Regional, District, and Section Supervisors are responsible for:

(1) Ensuring uniform and fair implementation of, and compliance with, the MSP within their areas of responsibility.

(2) Educating employees in the requirements of the MSP.

(3) Notifying employees of the requirement for biennial physicals.

(4) Ensuring covered employees have the necessary training and personal protective equipment required by law or regulation to prevent on the job injury.

(5) Collaborating with the RD/Deputy RD on requests from covered employees for relief from full performance of the full range of duties of the position, either temporarily or permanently, based on a medical condition.

F. Employees are responsible for:

(1) Wearing/using provided personal protective equipment.

(2) Reporting physical/mental conditions that would/could adversely affect job performance.

(3) Maintaining a constant awareness of surroundings/exposures.

(4) Adhering to MMS medical standards.

G. The MRO is responsible for:

(1) Maintaining a working knowledge of the duties, physical requirements, and medical standards for positions covered by this policy.

(2) Assisting the RD and the MAC in the disposition of SMF cases.

(3) Serving as a standing member of the MAC.

(4) Making recommendations relating to the medical fitness of the applicant or incumbent for the position.

(5) Presenting significant medical findings based on medical information provided by the examining physician.

(6) Providing consultation to employees on SMF (Appendix 3 provides further details).

H. The MAC is responsible for:

(1) Considering details of SMF cases and providing RD/Deputy RD with sound recommendations on waivers and/or accommodations.

(2) Signing a medical confidentiality form prior to review of any case signifying agreement to safeguard information provided to the MAC.

I. The Gatekeeper is responsible for:

(1) Serving as the focal point for program and information coordination.

(2) Coordinating and tracking the flow of information/forms between the examining physician, the MRO, employees, supervisors, Servicing Personnel Offices, and RD/Deputy RD.

(3) Maintaining a roster of program enrollees.

(4) Tracking cycle of exams and notifying supervisors when biennial physical exams are due for their employees.

(5) Updating and providing forms.

J. The Servicing Personnel Offices are responsible for:

(1) Providing guidance and assistance to the RD.

(2) Maintaining employee medical folders in accordance with Title 5 CFR 293.

(3) Ensuring approved requests for accommodations are coordinated with the Equal Employment and Development Opportunity Division and processed in a timely manner.

(4) Providing assistance and guidance to managers and supervisors in processing personnel actions pertaining to the MSP.

(5) Scheduling physical examinations for new employees and providing to the Gatekeeper the name and the date of the employee's physical.

7. Cancellation. This IPD will be canceled 1 year from the date of issuance or when incorporated into the MMS Manual.

R. M. "Johnnie" Burton
Director

Appendixes 1-4

APPENDIX 1

BACKGROUND

In the spring of 1997, the Minerals Management Service (MMS) established a Medical Standards Review Team (Initial Team). The Initial Team included representatives from offshore inspection and from the medical and safety fields. The Initial Team was charged with the development, approval, and implementation of a medical qualification and evaluation program for employees working in the offshore environment. Following a series of meetings/planning sessions, membership was expanded to include representatives from staffing and labor relations, Equal Employment and Development Opportunity, the Gulf of Mexico Region (GOMR) Union, and MMS management. The objective of the program was to provide a methodology for the MMS to evaluate the physical ability of new as well as incumbent employees to perform the full range of Inspector functions required of the position without placing themselves or others in danger.

Title 5 CFR 339.205 states that "agencies may establish periodic examination or immunization programs by written policies or directives to safeguard the health of employees whose work may subject them or others to significant health or safety risks due to occupational or environmental exposure or demands." In addition, Title 5 CFR 339.203 states that "agencies are authorized to establish physical requirements for individual positions without OPM [Office of Personnel Management] approval when such requirements are considered essential for successful job performance. The requirements must be clearly supported by the actual duties of the position and documented in the position description." Agencies governmentwide are adopting programmatic approaches to develop occupational safety and health programs as a means of ensuring consistency and reducing workman compensation costs.

The Initial Team identified the essential functions of the Inspector positions in supporting the bureau's mission, and the environments in which these functions are performed. Their goal was to determine whether the functions were arduous in nature as defined by Title 5 CFR 339.104. They found that the functions were consistently performed under variable and unpredictable working conditions - clearly placing them in the arduous category. With this established, the Initial Team developed standards designed to help ensure Inspectors' ability to perform the full range of functions required of the position without placing themselves or others in danger. This included identification and documentation of existing/pre-existing medical conditions to ensure those conditions would not be aggravated, accelerated, exacerbated, or permanently worsened as a result of carrying out the functions of the job. The uniform and consistent application of the standards was also a major point of discussion and concern throughout the development phase.

The Initial Team members visited various offshore rigs and platforms regulated by the MMS in the Gulf of Mexico and Pacific, Outer Continental Shelf (OCS), Regions to familiarize themselves with conditions under which the MMS Inspectors and other employees work. These conditions included those faced on a daily basis and potential conditions clearly associated with the position. Daily conditions are such things as working in close proximity to noise extremes, materials under high pressure, heavy equipment, climbing steep stairs and ladders, and constantly changing walking/working surfaces. Examples of potential conditions are helicopter ditchings or rig/platform evacuations. The Initial Team discussed the concept of medical standards with the

MMS Inspectors during the visits. They also focused on exposure of the MMS staff other than Inspectors to the "significant health and/or safety risks due to occupational/environmental exposure or demands" referenced in Title 5 CFR 339.204, Medical Qualification Determinations. Finally, the Initial Team discussed procedures to be followed in the event that an MMS employee did not meet the medical standards.

Numerous conference calls and meetings occurred during the development of the standards. During Initial Team discussions, it was agreed that a second field visit and a second medical opinion were not necessary to complete the development of the medical standards. Once complete, the standards were submitted to the OPM for approval. On May 8, 2000, the MMS received the official approval from the OPM.

Initial Team's Conclusions

The following represents basic questions the Initial Team addressed and some of the facts on which they based their recommendations:

Do the MMS Inspectors need medical standards?

YES

What should be included in the standards?

The Initial Team conducted a thorough evaluation of the work performed by the Inspectors and all of the conditions they normally encountered carrying out their jobs. The evaluation covered the employees from the time they left the office until they returned at day's end. It considered all aspects of their jobs from operating a motor vehicle, to flying in a helicopter, to working on platforms and rigs, and everything in between. Consideration was also given to potential exposures that would place the employee in a situation requiring arduous physical exertion or exposure to hazardous conditions. The Initial Team's findings substantiated that Inspectors were or could be subjected to significant health and/or safety risks due to occupational/environmental exposure or demands.

A Medical Officer from the U.S. Public Health Service, Jay Paulsen, M.D., M.P.H., in concert with OPM and the MMS employees, developed medical standards for the MMS Inspectors. The group agreed that the following elements were critical to an effective Medical Standards Program (MSP):

- Clearly reflecting the requirements of the job, taking into account frequency and duration of offshore visits, work volume, environment, physical exposures, and significant health and/or safety risks due to occupational/environmental exposure or demands.
- Incorporating appropriate flexibility for evaluating an individual's ability to do the job safely and efficiently.
- Facilitating reasonable waiver or accommodation for individuals who are unable to meet the specified medical requirements, but are otherwise qualified to perform the job.

The medical standards, as approved by the OPM, provide guidance relative to the essential functions and work conditions of the Inspector position. Coupled with the implementation of a documented waiver and accommodation process, this provides appropriate flexibility for evaluating an individual's ability to do the job safely and efficiently. Likewise, the MSP facilitates, as appropriate, reasonable accommodation for the individuals who are unable to meet the specified medical standards. This document defines the requirements of the MMS Medical Standards and the program guidelines to implement, maintain, and monitor the MSP.

Should employees other than Inspectors be enrolled in the MSP?

YES

The Federal Government has an obligation to avoid, where possible, placing its employees in positions in which they may aggravate, accelerate, exacerbate, or permanently worsen existing and pre-existing medical conditions as a result of carrying out the functional requirements of their positions. Federal regulations allow agencies and their bureaus to establish medical evaluation programs to safeguard the health and safety of employees whose work may subject them to significant health and/or safety risks. The MMS has determined that it will mandate a medical qualification and evaluation program designed to safeguard the health and safety of all our employees working in the offshore environment. The Initial Team validated that working in the offshore environment poses a significant risk of exposure to arduous physical exertion and/or hazardous conditions. Enrollment in the MSP will be based on a position's exposure to arduous physical exertion or hazardous conditions during visits to platforms, rigs, or other hazardous work areas. Satisfying the requirements of the MSP will be a condition of employment. Final determination will come from a supervisory review of each position description to determine potential exposure. (Appendix 4 provides further details.)

What procedures will be followed for employees not meeting the Medical Standards?

Title 5 CFR 339.204 requires that agencies waive a medical standard when there is evidence that an applicant or employee can perform the duties of the position without endangering the health and safety of the individual or others. The Rehabilitation Act of 1973 requires employers to provide reasonable accommodation to employees with disabilities. The MMS is committed to ensuring that a candidate for or an incumbent of the MMS position is not discriminated against because of a medical condition that would otherwise not affect his or her ability to perform the duties of that position. The MMS MSP is designed to determine an individual's medical fitness and employs a two-tiered approach, involving: (1) an examining physician, and (2) the Bureau's Medical Review Officer (MRO). The most important requirements of this process are: (1) the examining physician retains responsibility for conducting the employee examination, and (2) the MRO evaluates the medical data provided by the examining physician as it relates to the known physical demands of the employee's position. Each of the medical standards listed in Appendix 2 of this document are subject to clinical interpretation by the MMS MRO. He/She will incorporate his or her knowledge of the job requirements and environmental conditions to perform the interpretation.

In the event the MRO finds an employee has not met one or more of the medical standards, he/she will issue a Significant Medical Finding (SMF). At this point, the employee has three options: (1) The employee may request a waiver of the specific medical standard(s), or (2) request provision for an accommodation that will allow the employee to perform the essential functions of his/her position, or (3) apply for disability retirement. When requests are made, the decision to grant (or deny) a waiver and/or provide reasonable accommodation will be made by the appropriate Regional Director (RD) based on input from the MRO and/or the Medical Advisory Committee (MAC).

A MAC will be established consisting of the following representatives: an MRO, the MMS Bureau Personnel Officer, the Aviation Safety Manager, the Regional Offshore Minerals Management (OMM) subject-matter-expert, and a local Union representative (where applicable). The MAC is formed as a resource for the RDs in making decisions relative to waivers and/or accommodations. Inclusion of the MAC in the process would be mandatory in reviewing any request an RD is proposing to deny. This MAC would be responsible for considering the details of the case and for providing a recommendation(s) on a prudent course of action that is in the best interest of the organization. The committee will provide consistency, sound reasoning, and equity in its recommendations. Whereas no employee can be guaranteed employment/placement, the adoption of a formal waiver/accommodation policy and process will provide assurance to affected employees that decisions are made uniformly and within the context of published procedures. (Refer to Appendix 3 for further details.)

Who administers and implements the MSP in the MMS?

The ***Associate Director for Administration and Budget*** and subordinate staff are responsible for the policy development and administration of the MSP throughout the MMS. They are also responsible for oversight of records maintenance and monitoring/auditing the MSP.

The ***Associate Director for the OMM*** and subordinate staff are responsible for ensuring that the MSP is administered uniformly and fairly within the OMM and that the annual statement of work for the MRO and the examining physicians for each Region are developed and funded.

The ***Chief, Engineering and Operations Division*** is responsible for selecting the Gatekeeper.

The ***Regional Directors*** are responsible for:

- Ensuring that the MSP is implemented uniformly and fairly within their Region.
- Making decisions concerning MSP incumbents and new hires where an SMF is reported and individuals have requested waivers and accommodations. (See Appendix 3 for details of the MAC.)
- Making decisions in the event an employee alleges he/she has a medical condition preventing him/her from performing the covered job safely or efficiently.
- Concurring with decisions of subordinate supervisors to require physical examinations other than the biennial physical as prescribed by the MSP.
- Ensuring subordinate supervisors are aware of the MSP and are continuously emphasizing safety in the performance of duties.

- Ensuring annual certification of position descriptions and identification of MSP participants.
- Not delegating these responsibilities below the Deputy RD level.

The ***Regional, District, and Section Supervisors*** are responsible for:

- Ensuring uniform and fair implementation of and compliance with the MSP within their areas of responsibility, and educating employees in the requirements of the MSP - including notifying employees of the requirement for biennial physicals.
- Ensuring covered employees have the necessary training and personal protective equipment required by law or regulation to prevent on the job injury.
- Collaborating with the RD on requests from enrolled employees for relief from full performance of the full range of duties of the position, either temporarily or permanently, based on a medical condition.

The ***Medical Review Officer*** is responsible for:

- Maintaining a working knowledge of the duties, physical requirements, and medical standards for positions covered by this policy.
- Assisting the RD and the MAC in the disposition of each case.
- Serving as a standing member of the MAC.
- Making recommendations relating to the medical fitness of the applicant or incumbent for the position.
- Presenting an SMF based on medical information provided by the examining physician.
- Providing consultation to employees on a SMF. (Appendix 3 provides further details.)

The ***Medical Advisory Committee*** is responsible for:

- Considering details of SMF cases and providing RDs with sound recommendations on waivers and/or accommodations.
- Signing a medical confidentiality form prior to review of any case signifying agreement to safeguard information provided to the Committee.

The ***Gatekeeper*** is responsible for:

- Serving as the focal point for program and information coordination.
- Coordinating and tracking the flow of information/forms between examining physician, MRO, employees, supervisors, servicing personnel offices, and RDs.
- Maintaining a roster of MSP enrollees.
- Tracking the cycle of exams and notifying supervisors when biennial physical exams are due for their employees.
- Updating and providing forms.

The ***Servicing Personnel Offices*** are responsible for:

- Providing guidance and assistance to the RD.
- Maintaining employee medical folders in accordance with Title 5 CFR 293.
- Ensuring approved requests for accommodations are coordinated with EEOD and are processed in a timely manner.

- Providing assistance and guidance to managers and supervisors in processing personnel actions relating to Medical Standards.
- Scheduling physical examinations for new employees and providing the names and the dates of the employees' physicals to the Gatekeeper.

The ***Regional Aviation Managers*** (RAM)(See the MMS Aviation Management Plan dated 1997.) are responsible for:

- Coordinating visitor trips offshore.
- Providing visitors with preliminary fact sheets.
- Making appropriate accommodations for trips/visits.
- Thoroughly briefing visitors on day of trip/visit.

The ***Employees*** are responsible for:

- Wearing/using provided personal protective equipment.
- Reporting physical/mental conditions that would/could adversely affect job performance.
- Maintaining a constant awareness of surroundings/exposures.
- Adhering to MMS medical standards.

What kind of examinations will be required?

Three types of examinations will be required: (1) pre-placement examinations, (2) in-service examinations, and (3) post-employment examinations. Each of these examinations will be conducted by qualified physicians and in facilities chosen and approved by the MMS.

1. *Pre-placement Exam* – An examination given to determine a potential selectee's ability to meet medical standards and physical requirements of the position. Only those tentative selectees who meet, with or without reasonable accommodation, all medical standards and physical requirements will be hired. (Approval to disqualify or pass over a "preference eligible" must be obtained from the OPM.)

2. *In-service Exam* – A mandatory medical examination given at 2-year intervals for any employee in a position enrolled in the MSP. Additionally, an examination is required when an employee in a covered position returns to duty after an absence from that job of 30 working days or more. The supervisor, with the concurrence of the RD, may also require an examination for an employee returning after less than 30 working days if there is reason to believe that the employee cannot safely and efficiently perform the duties of the position.

   Examinations may also be required whenever there is a direct question by a supervisor about the continued ability of an employee to meet the physical or medical requirements of the position and the RD concurs.

3. *Post-employment Exam* – An examination required whenever an employee leaves an enrolled position to determine the medical/physical condition of the employee prior to leaving the MSP. Employees leaving enrolled positions who decline a post-employment exam will be required to sign a statement attesting that the examination was offered.

APPENDIX 2

MEDICAL STANDARDS

And Review Criteria for Medical Review Officers

These Standards Are Applicable to Employees Who Routinely Travel to Offshore Facilities in the Performance of Their Duties

Under Title 5 CFR Part 339 Medical Qualifications Determinations, medical standards may be established for functions with duties that are arduous or hazardous in nature. The medical standards described in this section are required due to the arduous occupational and functional requirements of the offshore environment. Incumbents routinely traveling to offshore facilities as well as similar onshore oil and gas sites in the performance of their duties are exposed to this environment. The Inspector job classification, in the offshore operations and safety arena, includes arduous or hazardous duties. The Inspector classification was used as the basis for this standard for that reason. (Please refer to the table beginning on page 3.) The medical standards are provided to aid the examining physician, the designated agency Medical Review Officer(s) (MRO), and officials of other involved Government agencies (e.g., Office of Personnel Management). They are to be used when determining whether there are medical conditions present that may affect an individual's ability to safely and efficiently perform the job requirements without undue risk to himself/herself or others. The results of such determinations are to be used by an agency-based team (e.g., safety, personnel, management, and medical) to consider whether waivers or reasonable accommodation may be appropriate when an individual does not meet a specified standard. In this way, the standards are intended to help ensure consistency and uniformity in the medical evaluation of all applicants and incumbents.

Each of the medical standards listed in this document are subject to clinical interpretation by an appropriate MRO who will incorporate his/her knowledge of the essential job functions and the environmental conditions under which an employee may work. Listed with the standards are examples of medical conditions and/or physical impairments that may be incompatible with safe and efficient performance of duties. Assessments will be made on a case-by-case basis to determine the individual's ability to meet the performance-related requirements. Final consideration and medical determination may require additional medical information and/or testing that is not routinely required during either the pre-placement or periodic medical examination process.

Rationale for Medical Evaluation and Review of Inspectors

"The mission of the Minerals Management Service is to manage the mineral resources of the Outer Continental Shelf in an environmentally sound and safe manner and to timely collect, verify, and distribute mineral revenues from Federal and Indian lands."

The essential functions of Inspectors supporting this mission are arduous by nature. These functions are performed under variable and unpredictable working conditions. As a result, an interagency team has developed these standards to ensure the following:

1. Inspectors will be able to perform the full range of essential job functions under any/all potential offshore conditions including travel via helicopter.

2. Existing/pre-existing medical conditions of Inspectors and applicants will not be aggravated, accelerated, exacerbated, or permanently worsened as a result of carrying out the functions of the job.

3. The MMS's strong commitment to public and employee health and safety and to the integrity of mission accomplishment is maintained.

Medical Evaluations

Medical evaluations are to be conducted both as a pre-placement exam for all individuals assigned to roles involving Inspector duties as well as other designated positions. Additionally, evaluations will be performed according to the MMS Implementation Guidelines. The MRO may recommend that, due to health and safety risks, interval changes in health status, and/or possible medically-related performance concerns, the medical evaluation of individuals be conducted more frequently.

The medical evaluation is to consist of those services summarized in the list beginning on page 5. The evaluation is to be conducted by a qualified health care provider using the **Minerals Management Service Medical History and Examination Form.** For assistance in arranging physician services, please refer to the MMS Pipeline, Medical Standards page. The MRO will review the results of all examinations and provide the final medical recommendation to the MMS.

ESSENTIAL FUNCTIONS AND WORK CONDITIONS FOR THE JOB OF INSPECTOR (OFFSHORE OPERATIONS AND SAFETY ARENA)

Time/Work Volume	Physical Requirements	Environment	Physical Exposures
May include			
• normal day of 8-10 hours • up to 16 hour shifts (2-3 times per year) • up to 12 days in a row at work • up to 2 weeks in a row on board the platforms • inspection trips conducted up to 150 days per year • may be expected to take inspection trips every day • over 95 percent of trips are out and back in 1 day • work normally conducted during daylight hours (flight dependent; no flying at night) • 1 day or less per year unable to return home after inspection, due to weather or equipment problems • potential for emergency problems resulting in spending one or more days on the platform • inspector sets own work pace	• put on and wear safety gear (e.g., hard hat, steel toed shoes, hearing protection, flight helmet) • lift and carry briefcase, laptop computer, and dufflebag (about 25 lbs.) • lift and carry ice chests with drilling mud (about 20 lbs.) • drive to take off point, or to other on-shore inspection locations sites, 30 minutes to 4 hours • climb into and out of helicopters with small- (e.g., 2-person) to medium- (e.g., 6-person) sized cabins • fly in helicopters, including over water and for up to 3-4 hours at a time • aid pilot by watching for other aircraft while flying • from the air and platforms, watch for oil slicks on the water • read and manipulate small avionics devices • hear flight intercom for communications • manipulate certain aircraft controls, doors, shoulder harnesses • speak clearly (be understood by public and co-workers) • work in confined, tight spaces • land on helipads, sometimes with hard landings • walk on open-grated walkways, sometimes without railings, and at great heights • look in all directions • climb and descend stairs and ladders (sometimes several flights, and often open-grated and over water) • see and step over obstacles and raised doorways • kneel, stoop, bend over, and push and pull objects	• airports and helicopter take-off points • offshore/ocean locations • slick metal and wooden surfaces • uneven surfaces • open gratings, over water • exposed heights (up to 200 feet on structures) • altitudes (up to 3000 feet in helicopters) • confined work areas • close living/working quarters • heat, cold, wet, dry (all with extremes) • high wind • high waves • fog • wildlife (e.g., birds, sea lions) • major industrial environment (e.g., drilling, production, and pumping equipment) • moving materials and heavy equipment • high ladders, steep stairs, swing ropes, man-baskets • high pressure devices • gases, at high pressures and temperatures • isolated, remote sites • long distances from support or medical help	• high voltages • extreme heat and cold • extreme noise (>107dB) • sea life (marine and avian biota) • gases, particulates, fumes, including hydrogen sulfide gas • sleep disruption • falling objects, including bird droppings • combustibles, corrosives, solvents, and other chemicals, including hydrofluoric acid and other acids • bright sun, high UV light • welding fumes and light • open flame • dehydration
CONTINUED			

Time/Work Volume	Physical Requirements	Environment	Physical Exposures
	May include:		
	• listen for and respond to alarm signals • hold clip board, write with pen or pencil • read documents and maps • use computer keyboard and laptop • read gauges • see and correctly interpret colored warning lights (red, yellow, and green) • swing holding onto a rope • climb into small, unsteady boats • climb into or onto personnel baskets and be suspended 100 feet or more above the water • untie small and large ropes • be continuously and clearly aware of surroundings • climb into emergency devices, escape pods • don, wear, and use Self Contained Breathing Apparatus • work independently and on small teams • enter and exit emergency equipment and helicopters quickly • be able to be dunked and upended quickly in water, and then become reoriented in space	• emergency evacuation craft (confined spaces) • confined aircraft cabins • uncooperative or potentially hostile contact with company personnel and the public • variable light conditions	

MEDICAL EXAMINATION SERVICES TO BE PROVIDED

HISTORIES

- General Medical History
- Occupational History

EXAMINATION ITEMS

- General Appearance and Vital Signs (height, weight, blood pressure, heart rate)
- General Physical Examination, with Special Attention To:
    1. Overall Physical Fitness.
    2. Habitus (obesity).
    3. Skin.
    4. Eyes, Ears (including TM mobility), Nose, Mouth, and Throat.
    5. Neck (including flexibility and rotation).
    6. Thyroid.
    7. Respiratory System.
    8. Cardiovascular System.
    9. Back and Musculoskeletal System (including flexibility).
    10. Extremities (including strength, range of motion, and joint stability).
    11. Peripheral Vascular System.
    12. Abdomen.
    13. Gastrointestinal System.
    14. Genitourinary System.
    15. Central Nervous System (including cranial nerves I-XII, and cerebellar function).
    16. Peripheral Nervous System (including reflexes, sensation, and position sense).
    17. Mental Status Evaluation.

DIAGNOSTIC TESTS/PROCEDURES

- Audiogram (including 500, 1000, 2000, 3000, 4000, 6000, 8000 Hertz in both ears)
- Visual Acuity, Best Near and Far Vision, Corrected or Uncorrected
- Peripheral Vision
- Depth Perception
- Color Discrimination (including red, green, blue, and yellow) (baseline/exit exam)
- Pulmonary Function Test - Spirometry (baseline/exit exam)
- Chest X-Ray, PA and Lateral (baseline/exit exam)
- Electrocardiogram-Resting (baseline/exit exam)
- TB (Mantoux) Skin Test (baseline/exit exam)
- Tetanus Vaccination (to maintain as current)

LABORATORY

- CBC (hemoglobin, hematocrit, platelets, white blood count with differential)
- Dipstick Urinalysis (baseline/exit exam only)
- Blood chemistries:
    1. LDH, SGOT/AST, SGPT/ALT, GGT, Bilirubin (baseline/exit exam only).

2. Total Cholesterol, LDL-C, HDL-C, Triglycerides, Blood Sugar (each exam).

CLEARANCES

- Medical Clearance for Inspectors
- Medical Clearance for Self Contained Breathing Apparatus

PSYCHIATRIC STANDARD

The applicant/incumbent must have judgement, mental functioning, and social interaction/behavior that will provide for the safe and efficient conduct of the essential functions of the job. This may be demonstrated by:

No evidence by physical examination and medical history of psychiatric conditions (including alcohol or substance abuse) likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

(All diagnoses must be consistent with the diagnostic criteria as established by the "Diagnostic and Statistical Manual of Mental Disorders", Fourth Edition, DSM-IV.)

1. **AMNESTIC** disorders.
2. **DELIRIUM** (depending upon etiology and duration).
3. **DEMENTIAS** (depending upon etiology and duration).
4. **DISSOCIATIVE DISORDERS.**
5. **KLEPTOMANIA.**
6. **PANIC DISORDER** and **OTHER ANXIETY DISORDERS** (including claustrophobia and acrophobia, depending upon etiology, duration and severity of clinical expression).
7. **DEPRESSIVE, BIPOLAR,** or **OTHER MOOD DISORDERS** (depending upon clinical course and status of current treatment and response).
8. **PYROMANIA.**
9. **SCHIZOPHRENIA** (Exceptions may be in cases of a single episode of schizophrenic reactions associated with an acute illness or toxic exposure capable of causing such reaction.).
10. **ANTISOCIAL, PARANOID,** or **SCHIZOID PERSONALITY DISORDER**
11. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

PROSTHETICS, TRANSPLANTS, AND IMPLANTS STANDARD

The presence or history of organ transplantation or use of prosthetics or implants are not of themselves disqualifying. However, the applicant/incumbent must be able to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

No evidence by physical examination and medical history that the transplant, the prosthesis, the implant, or the conditions that led to the need for these treatments are likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

Note: In general, hand or arm amputations (with or without a prosthesis) are incompatible with the functional requirements of the job. For individuals with any transplant, prosthetic, or implanted pump or electrical device, the examinee will have to provide documentation ***for agency review*** from his/her surgeon or physician that the examinee (and, if applicable, his/her prosthetic or implanted device) is considered to be fully compatible with the specified essential functions of the job.

IMMUNE SYSTEM/ALLERGIC DISORDERS STANDARD

The applicant/incumbent must be free of communicable diseases, have a healthy immune system, and be free of significant allergic conditions in order to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

- A general physical exam of all major body systems that is within the range of normal variation, including:
    1. No evidence of current communicable disease that would be expected to interfere with the safe and effective performance of the essential functions of the job.
    2. No evidence of current communicable disease that would be expected to pose a threat to the health of any co-workers or the public.
    3. Normal nasopharynx, major sinuses, eustachian tube, and pulmonary exam.
- Normal complete blood count, including white blood count and differential.
- Current vaccination status for tetanus.
- No evidence by physical examination and medical history of infectious disease, immune system, or allergy conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.) Individuals with a history of anaphylaxis or major allergy problems may be required to carry a personal anaphylaxis kit (injectable epinephrine).

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **TUBERCULOSIS** - A history of TB that has been appropriately treated for longer than 6 months is not disqualifying, provided that documentation supports the treatment history and the person has a current chest x-ray showing no active disease. A person with a positive PPD or mantoux skin test will be required to have a chest x-ray and, if indicated, a sputum culture.
2. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

MEDICATION STANDARD

The need for and use of prescribed or over-the-counter medications are not of themselves disqualifying. However, there must be no evidence by physical examination, laboratory tests, or medical history of any impairment of body function or mental function and attention due to medications if that impairment is likely to present a safety risk or to worsen as a result of carrying out the specified essential functions of the job, under the conditions in which those functions must be carried out. (See page 3.) Each of the following points should be considered:

1. Medication(s) (type and dosage requirements).
2. Potential drug side effects.
3. Drug-drug interactions.

4. Adverse drug reactions.
5. Drug toxicity or medical complications from long-term use.
6. Drug-environmental interactions.
7. Drug-food interactions.
8. History of patient compliance.

EYE/VISION STANDARD

The applicant/incumbent must be able to see well enough to safely and efficiently carry out the essential functions of the job. (See page 3.) This requires binocular vision, near and far visual acuity, depth perception, peripheral vision, and color vision, which may be demonstrated by:

- Far visual acuity of at least 20/20 in each eye; this may be achieved with corrective lenses (if necessary), including contact lenses or spectacles.
- Near visual acuity of at least 20/30 (Snellen equivalent) at 16 inches; this may be achieved with corrective lenses (if necessary), including contact lenses or spectacles.
- Color vision sufficient to distinguish at least red, green, blue, and amber (yellow).
- Peripheral vision of at least 85° laterally in each eye.
- Normal depth perception.
- No ophthalmologic condition that would increase ophthalmic sensitivity to bright light, fumes, or airborne particulates, or susceptibility to sudden incapacitation.

Note: Contact lenses are acceptable for correction of visual acuity, but the user must be able to demonstrate that the corrective device(s) can be worn safely and for extended periods of time without significant maintenance, as well as being worn with any necessary personal protective equipment.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **CHRONIC CONJUNCTIVITIS.**
2. **CORNEAL ULCERS** - This condition must be treated and cleared by an Ophthalmologist before a medical clearance can be granted.
3. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

HEAD, NOSE, MOUTH, THROAT, AND NECK STANDARD

The applicant/incumbent must have structures and functions of the head, nose, mouth, throat, and neck that are sufficient for the individual to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

- A physical exam of the head, nose, mouth, throat, and neck that is within the range of normal variation, including:
    1. Normal flexion, extension, and rotation of the neck.
    2. Open nasal and oral airways.
    3. Unobstructed Eustachian tubes.
    4. No structural abnormalities that would prevent the normal use of a hardhat and protective eyewear.

- Normal conversational speech.
- No evidence by physical examination and medical history of head, nose, mouth, throat, or neck conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **MUTISM/APHONIA.**
2. **NASAL POLYPS THAT SIGNIFICANTLY OBSTRUCT BREATHING.**
3. **RESTRICTED RANGE OF MOTION IN THE NECK.**
4. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

EAR/HEARING STANDARD

The applicant/incumbent must be able to hear well enough to safely and efficiently carry out the essential functions of the job. This requires binaural hearing (to localize sounds) and auditory acuity. There must be no evidence by physical examination and medical history of ear conditions (external, middle, or internal) likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

Note: The use of a hearing aid(s) to meet this standard is not permitted.
Note: The MMS administers a continuing, effective hearing conservation program as described in Title 29 CFR 1910.95. This program mandates annual audiograms for employees exposed to the offshore environment. Accordingly, audiograms conducted as part of a pre-placement examination will adhere to the requirements of Title 29 CFR 1910.95 for baseline audiograms. The requirement for annual audiograms will continue. All other aspects of the EAR/HEARING STANDARDS will be conducted according to the schedule in the MMS guidelines for its medical standards/physical requirements program.

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **MENIERE'S DISEASE.**
2. **RUPTURED OR PERFORATED EAR DRUM.**
3. **ACUTE OR CHRONIC OTITIS MEDIA OR EXTERNA.**
4. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

DERMATOLOGY STANDARD

The applicant/incumbent must have skin that is sufficient for the individual to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

- A physical exam of the skin that is within the range of normal variation.
- No evidence by physical examination and medical history of dermatologic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ALBINISM.**
2. **CHRONIC DERMATITIS.**
3. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

VASCULAR SYSTEM STANDARD

The applicant/incumbent must have a vascular system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

- A physical exam of the vasculature of the upper and lower extremities that is within the range of normal variation, including:
    1. No evidence of phlebitis or thrombosis.
    2. No evidence of venous stasis.
    3. No evidence of arterial insufficiency.
- No evidence by physical examination and medical history of peripheral vasculature conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **CHRONIC VENOUS INSUFFICIENCY.**
2. **DEEP VEIN THROMBOSIS.**
3. **CHRONIC THROMBOPHLEBITIS.**
4. **INTERMITTENT CLAUDICATION.**
5. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

CARDIAC STANDARD

The applicant/incumbent must have a cardiovascular system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

- A physical exam of the cardiovascular system that is within the range of normal variation, including:
    1. Blood pressure of less than or equal to 140 mmHg systolic and 90 mmHg diastolic.
    2. A normal baseline electrocardiogram (minor, asymptomatic arrhythmias may be acceptable).
    3. No pitting edema in the lower extremities.
    4. Normal cardiac exam.
- No evidence by physical examination and medical history of cardiovascular conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **PACEMAKERS or PROSTHETIC VALVES** may be disqualifying. Documentation from the individual's cardiologist, stating that the individual is stable and can safely carry out the specified essential functions of the job under the specified work conditions, will be necessary before a clearance can be granted.
2. **CORONARY ARTERY DISEASE** - Documentation from the individual's cardiologist that the physician understands the essential functions of the job and the work conditions, and considers the individual to be capable of safely and efficiently performing them, may allow a clearance despite this diagnosis.
3. **HYPERTENSION** that cannot be controlled to a level of 160/90 or less, or requires the use of any medication that affects the ability of the individual to safely and effectively carry out the essential functions of the job, may be disqualifying.
4. **MYOCARDIAL INFARCTION** - Documentation from the individual's cardiologist, stating that the individual is stable and can safely carry out the specified essential functions of the job under the specified work conditions, will be necessary before a clearance can be considered.
5. **VALVULAR HEART DISEASE** such as mitral valve stenosis, symptomatic mitral valve regurgitation, aortic stenosis, etc. Documentation from the individual's cardiologist, stating that the individual is stable and can safely carry out the specified essential functions of the job under the specified conditions and without aggravating the condition, will be necessary before a clearance can be considered.
6. **DYSRHYTHMIAS** - Documentation from the individual's cardiologist, stating that the individual is stable and can safely carry out the specified essential functions of the job, under the specified work conditions and without aggravating the condition, will be necessary before a clearance can be considered.
7. **ANGINA PECTORIS** or chest pain of unknown etiology.
8. **CONGESTIVE HEART FAILURE.**
9. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

CHEST AND RESPIRATORY SYSTEM STANDARD

The applicant/incumbent must have a respiratory system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

- A physical exam of the respiratory system that is within the range of normal variation.
- A pulmonary function test (baseline exam) showing:
    1. Forced vital capacity (FVC) of at least 70 percent of the predicted value.
    2. Forced expiratory volume at 1 second (FEV1) of at least 70 percent of the predicted value.
    3. The ratio FEV1/FVC of at least 70 percent of the predicted value.
- No evidence by physical examination and medical history of respiratory conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **SIGNIFICANT OBSTRUCTIVE** or **RESTRICTIVE PULMONARY DISEASE.**
2. **ASTHMA** must be considered on a case-by-case basis.
3. **ACTIVE PULMONARY TUBERCULOSIS (TB**-Please see the "Immune System/Allergic Disorders Standard" for specific guidance on TB.)
4. **HISTORY OF CHRONIC BRONCHITIS ASSOCIATED WITH DECREASED PULMONARY FUNCTION.**
5. **SPONTANEOUS PNEUMOTHORAX** (if recurrent).
6. **PNEUMONECTOMY** (if associated with impaired pulmonary function).
7. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

ENDOCRINE AND METABOLIC SYSTEM STANDARD

Any excess or deficiency in hormonal production can produce metabolic disturbances affecting weight, stress adaptation, energy production, and a variety of symptoms or pathology such as elevated blood pressure, weakness, fatigue, and collapse. The applicant/incumbent must have endocrine and metabolic functions that are sufficient for the individual to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

- A physical exam of the skin, thyroid, and eyes that is within the range of normal variation.
- Normal fasting blood sugar level.
- No evidence by physical examination (including laboratory testing) and history of endocrine/metabolic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ADRENAL DYSFUNCTION** (e.g., Addison's Disease or Cushing's Syndrome).
2. **THYROID DISEASE** (uncontrolled or associated with current complications).
3. **HYPERGLYCEMIA** without a history of diabetes will require additional tests including, but not limited to, a glycohemoglobin (or hemoglobin A_{1C}) and fasting glucose before a final medical determination is made.
4. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

Note: A diagnosis of diabetes is not disqualifying so long as there are no significant complications (e.g., cardiovascular, visual, renal, neurological); the condition is controlled by diet and/or exercise, or oral medication, or if the condition is insulin requiring; and there has been no evidence of severe hypoglycemic insulin reactions (e.g., alteration of consciousness) during the past year. In each case, the individual's condition must be assessed in relation to the actual duties and requirements of the position.

THE CONDITION OF PREGNANCY

If a female applicant/incumbent raises the issue of pregnancy as the basis for requesting a special benefit, change in duty status, or job restrictions, then justification and clarification for that request must be provided by the applicant's/incumbent's obstetrician or primary care physician. The justification and clarification must include the estimated time period the special conditions are expected to apply.

HEMATOPOIETIC SYSTEM STANDARD

The applicant/incumbent must have a hematopoietic (blood and blood-producing) system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

- A physical exam of the skin that is within the range of normal variation
- A complete blood count (including hemoglobin, hematocrit, platelets, and white blood count, with differential) that is within the normal range
- No evidence by physical examination (including laboratory testing) and medical history of hematopoietic conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ANEMIA.**
2. **HEMOPHILIA.**
3. **CHRONIC LYMPHANGITIS.**
4. **SICKLE CELL ANEMIA.**
5. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

MUSCULOSKELETAL SYSTEM STANDARD

The applicant/incumbent must have a musculoskeletal system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

- A physical exam of the upper and lower extremities, neck, and back that is within the range of normal variation for strength, flexibility, range of motion, and joint stability
- No evidence by physical examination and medical history of musculoskeletal conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ARTHRITIS** (any etiology) if there is a limitation of major joint motion, and/or pain that prevents the full range of required performance activities.
2. **AMPUTATIONS OF DIGITS** will be evaluated on a case-by-case basis.
3. **ANKYLOSING SPONDYLITIS.**
4. **LUMBOSACRAL INSTABILITY** - pain or limitation of flexibility and/or strength adversely affecting the ability to stand, bend, stoop, carry heavy objects or sit for long periods.

5. **SCIATICA OR OTHER NEUROPATHIES.**
6. **CHRONIC LOW BACK PAIN** (by medical history) without demonstrable pathology must be considered on a case-by-case basis. Each case will be reviewed in context of the original history or etiology, the response to therapeutic regimes, frequency of recurrence, exacerbating factors, and lengths of disability associated with the recurrences combined with the current clinical presentation.
7. A history of a **CHRONIC SPRAIN OR STRAIN OF THE NECK** limiting mobility or causing recurring cephalgia (headaches).
8. Any evidence of a **CERVICAL NEUROPATHY**, including numbness, tingling or loss of motor strength in the upper extremities.
9. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

CENTRAL AND PERIPHERAL NERVOUS SYSTEM STANDARD AND VESTIBULAR SYSTEM STANDARD

The applicant/incumbent must have a nervous system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

- A physical exam of the cranial and peripheral nerves and the vestibular and cerebellar system that is within the range of normal variation, including:
    1. Intact cranial nerves, I-XII.
    2. Normal proprioception of the major joints.
    3. Normal sensation of hot and cold in the hands and feet.
    4. Normal sense of touch in the hands and feet with normal reflexes of the upper and lower extremities.
    5. Normal balance (e.g., heel-toe walk; Romberg; balance on one foot).
- Normal basic mental status evaluation (e.g., person, place, time, current events)
- No evidence by physical examination and medical history of nervous, cerebellar, or vestibular system conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ATAXIA** from any etiology.
2. **VESTIBULAR NEURONITIS.**
3. **VERTIGO.**
4. **PHYSIOLOGIC VERTIGO (MOTION SICKNESS).**
5. **CEREBROVASCULAR ACCIDENT** or **TRANSIENT ISCHEMIC ATTACKS.**
6. **EPILEPSY*.**
7. **NARCOLEPSY.**
8. **SENSORY DYSFUNCTION** (smell, touch, proprioception).
9. **MIGRAINE.**
10. **SEIZURES*.**
11. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

***Note:** The decision as to whether an individual with a history of seizure disorders can safely perform the duties of a particular position must be made by agency management according to the circumstances in each case. This would include consideration of the nature of the position, medical reports, the nature of past seizures (frequency, duration, severity, whether there is a significant loss of awareness or body tone, etc.), whether the condition is successfully controlled by medication, whether the medication has any serious adverse side affects, and the individual's experience with maintaining the treatment regimen.

GASTROINTESTINAL SYSTEM STANDARD

The applicant/incumbent must have a gastrointestinal tract that is sufficient for the individual to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

- A physical exam and evaluation of the gastrointestinal tract that is within the range of normal variation,
- Normal liver function tests (baseline exam),
- No evidence by physical examination (including laboratory testing) and medical history of gastrointestinal conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **ACUTE AND CHRONIC ACTIVE HEPATITIS.**
2. **ACUTE VIRAL HEPATITIS** (After being asymptomatic for three (3) months an applicant may be re-evaluated.).
3. **CROHN'S DISEASE/ULCERATIVE COLITIS/REGIONAL ENTERITIS/SPRUE or IRRITABLE BOWEL SYNDROME** (These conditions, if controlled with surgical, dietary, and/or medication treatments, will be reviewed on a case-by-case basis.).
4. **COLOSTOMIES** - unless the precipitating condition has stabilized and the applicant/incumbent demonstrates successful management of the colostomy, considering the requirements of the function and the work conditions.
5. **ILEITIS** - either recurrent or chronic.
6. **CHOLECYSTITIS** (chronic or recurring).
7. **DIVERTICULITIS** (symptomatic).
8. **CIRRHOSIS OF THE LIVER** (depending upon the degree of severity and the etiology).
9. **INTESTINAL OBSTRUCTION** from any cause.
10. **ESOPHAGEAL VARICES.**
11. **PANCREATITIS.**
12. **UNTREATED (OR UNSUCCESSFULLY TREATED) INGUINAL, INCISIONAL, OR VENTRAL HERNIA** that is associated with symptoms.
13. **ACTIVE GASTRIC OR DUODENAL ULCER.**
14. **GASTRIC OR BOWEL RESECTION** - if there is any evidence (historical or physical) of post-treatment, current pain, hemorrhage, fainting episodes, or dietary restrictions that could interfere with the performance of the job.
15. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

GENITOURINARY SYSTEM STANDARD

The applicant/incumbent must have a genitourinary system that is sufficient for the individual to safely and efficiently carry out the essential functions of the job. This may be demonstrated by:

- A normal clean catch urinalysis (baseline exam).
- No evidence by physical examination and medical history of genitourinary conditions likely to present a safety risk or to worsen as a result of carrying out the essential functions of the job. (See page 3.)

CONDITIONS WHICH MAY RESULT IN DISQUALIFICATION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING EXAMPLES:

1. **POLYCYSTIC KIDNEY DISEASE.**
2. **ACUTE** or **CHRONIC RENAL FAILURE.**
3. **NEPHROTIC SYNDROME.**
4. **SYMPTOMATIC URINARY CALCULI.**
5. **NEUROGENIC BLADDER.**
6. **UNCORRECTED OBSTRUCTIVE UROPATHIES.**
7. **RENAL TOXICITY FROM ANY CAUSE.**
8. Any other condition not otherwise listed that may adversely affect safe and efficient job performance will be evaluated on a case-by-case basis.

APPENDIX 3

WAIVER/ACCOMMODATION PROCEDURES

Title 5 CFR 339.204, Medical Qualification Determinations, states "agencies must waive a medical standard or physical requirement established under this part when there is sufficient evidence that an applicant or employee, with or without reasonable accommodation, can perform the essential duties of the position without endangering the health and/or safety of the individual or others." Furthermore, the Rehabilitation Act of 1973, as amended, prohibits employment discrimination against people with disabilities and requires employers to provide "reasonable accommodation" to employees with disabilities. On the basis of these two authorities, the MMS developed the guidance in this appendix to be applied should an employee/applicant fail to meet one or more of the medical standards.

The MMS is committed to ensuring that a candidate for, or an incumbent of, a position is not discriminated against because of a medical condition that would not affect his or her ability to perform the duties of the position. Appendix II of this report details the medical qualifications standards that have been developed for these positions using standard medical examination criteria. The medical clearance process the MMS uses to arrive at a medical fitness determination ensures a comprehensive and objective assessment of an individual's ability to perform the full range of duties required for his or her position.

The MMS Medical Standards Program uses a two-tiered approach to the medical process. The first tier is the medical examination, where an applicant or incumbent for a position receives an MMS-sponsored medical examination by a qualified medical provider according to a specific preset examination protocol. Results of the physical examination will be provided to the employee and the MRO within 5 working days of the examination by the Gatekeeper unless there are unusual circumstances. In the second tier, the MRO renders a recommendation relating to the medical fitness of the applicant or incumbent for the position within 5 working days of receiving the medical data from the Gatekeeper. Sufficient information including the medical history, a description of critical job duties and any information about known or potential exposures are provided to the MRO to facilitate meaningful recommendations. In addition, the MRO will be told of any occupational illnesses which could affect the screening of individual workers. The most important characteristic of the two-tiered medical approach is that the examining physician concentrates on the patient examination and the MRO concentrates on the relationship between the medical data provided by the examining physician and the physical requirements of the job. The MRO may request additional information from the examining physician, if needed, to make a complete determination.

The examining physician will be a licensed Medical Doctor or Doctor of Osteopathy familiar with general physical examination procedures, while the MRO will be a board certified or board eligible occupational medicine physician agreeing to gain an intimate knowledge of conditions of employment in the MMS offshore environment.

Should the MRO find that an employee does not meet medical standards, he/she will issue an SMF. The MRO's SMF will be forwarded to the Gatekeeper and employee. The official duty

station address and phone number of the employee will be used for notification. (Prior to the employee receiving official documentation, the MRO will contact them to discuss and/or define those conditions resulting in an SMF.) The Gatekeeper will notify the employee, employee's immediate supervisor, the Regional Director, and the Servicing Personnel Office within 1 working day of receiving the information from the MRO. Upon notification by the Gatekeeper, the immediate supervisor will remove the employee from the offshore environment. The employee will remain out of that environment until the SMF is resolved in accordance with these guidelines. The SMF notification will be transmitted to the employee and supervisor verbally as well as in writing. Official documentation/notification of an SMF will be provided to the employee by the MRO via registered letter. The employee will have 10 working days after official notification of the SMF to make a request to his or her supervisor to be considered for a waiver of a medical standard(s), or accommodation(s) that will allow the employee to perform the essential functions of his or her position. All potentially negative actions taken after the initial SMF will involve the medical, safety, and personnel representatives of the Bureau and require a case-by-case assessment based on Federal regulations.

The Regional Director has the option of including the MAC in any request for waiver or accommodation. However, when a denial of a waiver request and/or accommodation request is being considered, inclusion of the MAC to develop options for consideration is mandatory. The MAC will issue a recommendation within 15 working days of receiving a request.

The MAC will consist of the MMS's MRO, Bureau Personnel Officer, Aviation Safety Manager, and a Regional subject matter expert and a local Union representative. The MRO, Personnel Officer, and Aviation Safety Manager will be standing members of the MAC. The Regional subject matter experts will consist of one Inspector and one Engineer appointed to the Committee by their Regional Director. Subject matter experts will serve a 2-year term beginning October 1 and ending September 30. The Regional subject matter experts will serve on the Committee when a finding from their Region and job classification is being considered. (Example: The Committee is considering a SMF of an Alaska Region Inspector. The Inspector from Alaska would serve on the Committee. A SMF for a Pacific Region Engineer would have the Pacific Region subject matter expert Engineer on the Committee.)

Because of the nature of this process, all Committee members will be required to sign a medical confidentiality form prior to functioning on the Committee to maintain employees' privacy and ensure information before the Committee remains protected. Similarly, employees who have been issued SMFs, will be required to sign a medical record disclosure form to be considered for a waiver or reasonable accommodation. An employee requesting a waiver/reasonable accommodation cannot serve on the MAC when his/her case is under consideration nor can a relative, family member, or any significant other employed by the MMS.

The MAC will be responsible for considering the details of the case and providing sound recommendations to management on a course of action for waivers and/or accommodation that is in the best interest of the organization. The MAC and Regional Director will consider the following decision points in arriving at a decision on a waiver and/or accommodation.

DECISION POINTS

Decision Point 1 - Can the employee perform the essential functions of his/her position without accommodation and without endangering his/her safety or health or the health or safety of others?

An employee who does not meet the medical standards but has consistently demonstrated the ability to perform his/her job in a satisfactory manner without an undue risk of harm to himself/herself or others is eligible for a waiver of the medical standard. The employee is responsible for initiating a request for a waiver within 10 working days of official notification of a significant medical finding.

Should management grant a waiver, then the employee can return to work without restriction. The management decision will be made by the Regional Director based on the written recommendations of the MRO and/or MAC. Waivers expire on the date of the next regularly scheduled examination or when other evidence arises indicating that the condition has changed. The supervisor can require an examination whenever there is a direct question of an employee's ability to meet the physical or medical requirements of the position and the Regional Director concurs. Failure to request a waiver implies that the employee has a condition that prevents him/her from performing the full range of duties of the position without undue risk.

ADDITIONAL MEDICAL OPINIONS

Decision Point 2 - What happens if there is a disagreement on the nature of the medical condition or diagnosis and its effect on the employee's capability?

If an employee/applicant does not meet the medical standards and is not granted a waiver, the individual may obtain, at his/her option, another examination. This examination will be limited to the area of disqualification, and be performed by a licensed/certified physician of his/her choice that is located within 50 miles of the employee's/applicant's duty station or residence. If there is still a disagreement about the condition, a third physician (acceptable to both the MMS and the applicant or employee) will be consulted. The three examinations mentioned above will be conducted on official time and travel and paid for by the MMS. Any additional medical information provided by the individual's licensed/certified physician of choice will be appropriately considered by the MRO, the MAC, and the Regional Director. (This additional information is to be obtained on the employee's/applicant's time and at his/her expense.)

DISABILITY DETERMINATION

Decision Point 3 - Does the medical condition result in an impairment of a major life function (including work)?

The Rehabilitation Act of 1973, as amended, prohibits employment discrimination against people with disabilities and requires employers to hire (and retain) employees who, with or without the disability, would otherwise be qualified for the job. In doing so, the employer is required to provide "reasonable accommodation" to employees with disabilities. The first

determination in considering accommodation of the employee with a significant medical finding is whether the medical condition is disabling. To make this determination, the Regional Director, with input from the MAC, must decide whether the condition results in an impairment of a major life function (including work). In the case of the major life function of working, management must determine if the potentially disabled employee/applicant is substantially restricted from working in either a class of jobs, or a broad range of jobs in various classes, compared to the average person in a comparable situation. If a determination is made by the Regional Director that an individual is not disabled, the bureau is under no obligation to accommodate the employee/applicant. However, the individual is entitled to appropriate appeal rights to that decision.

ACCOMMODATION DETERMINATION

Decision Point 4 - Can the individual perform the essential functions of the job with or without accommodation?

If the potentially disqualified employee/applicant is considered disabled in the previous determination, the bureau in conjunction with the individual, is responsible for determining reasonable accommodation options that will allow the individual to perform the essential functions of his/her position. If there is no reasonable accommodation(s) available and the employee/applicant cannot perform the essential functions of his/her position, with or without accommodation, the bureau is under no obligation to accommodate the individual.

UNDUE HARDSHIP DETERMINATION

Decision Point 5 - Would accommodation cause undue hardship for the bureau?

If an accommodation has been suggested that would allow the individual to perform the essential functions of the position, then the Regional Director and the MAC must determine whether this accommodation would cause undue hardship to the bureau. The undue hardship could be in the form of excessive or unaffordable cost, or in excessive or unacceptable loss of work efficiency.

HEALTH AND SAFETY

Decision Point 6 - Would accommodation result in an undue risk of harm to the employee or others?

If the potentially disqualified employee has suggested an accommodation that would allow him/her to perform the essential functions of the position without undue hardship to the bureau, then management must determine whether this accommodation could result in an undue risk of harm to the employee or others. The excessive safety and/or health risk could be in the form of sudden or subtle incapacitation.

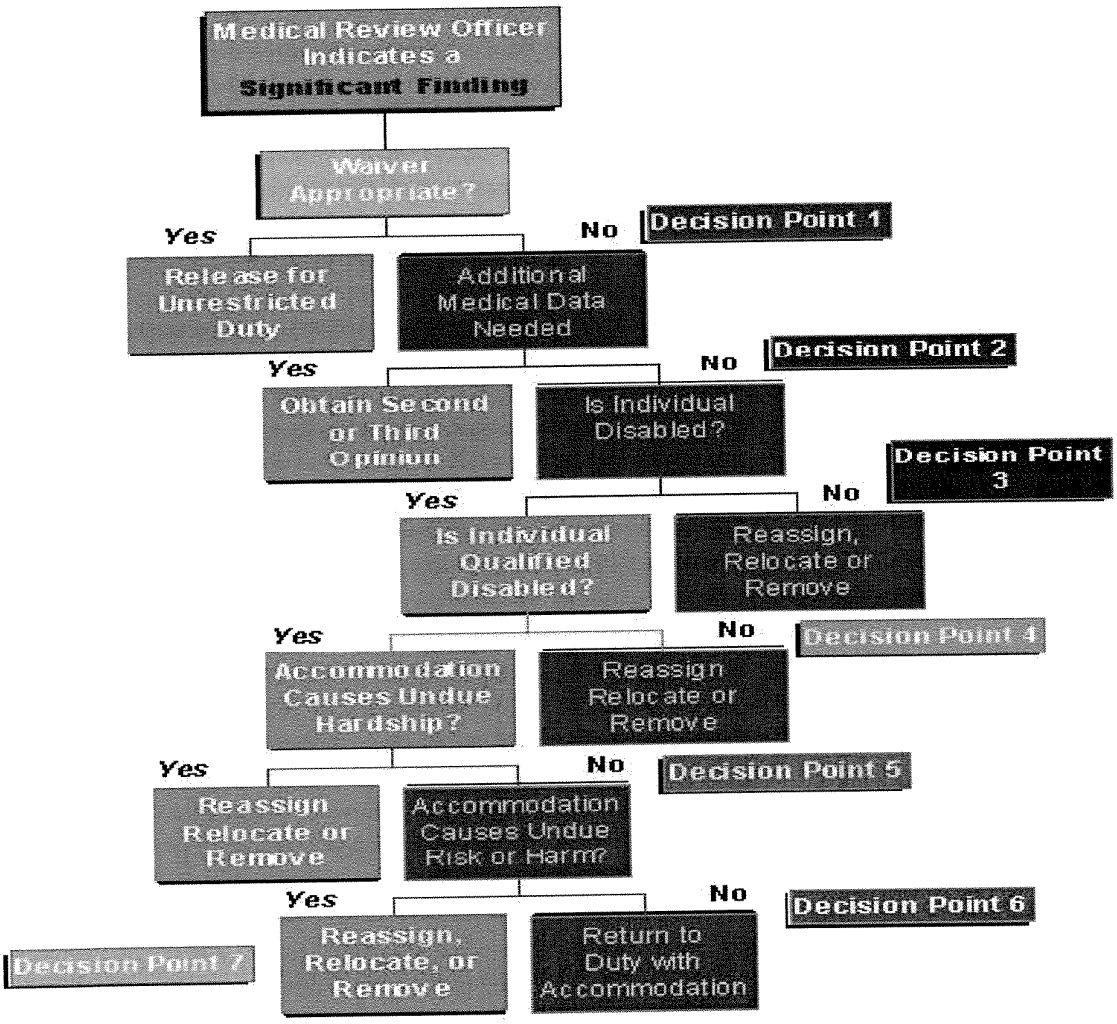
OTHER OPTIONS

Decision Point 7 - What other options exist for continued employment?

Accommodating employees with SMFs will necessitate consideration of several options. This may include (1) altering duties in their present positions, (2) placement in other MMS positions whereby, medical standards are not part of their job descriptions, and/or (3) relocating affected employees to different positions elsewhere in the MMS. Alternatives for placement of the employee will be evaluated by the MAC. Those that provide an acceptable outcome in terms of medical risk management and needs of the Bureau will be forwarded to the Regional Director for consideration. Final decisions on reasonable accommodations will be made by the Regional Director. Decisions relative to accommodation outside the current Region will be referred to and made by the Associate Director, OMM.

Decisions on waiver/reasonable accommodation should be made by the Regional Director or Deputy Regional Director. Decisions crossing organizational boundaries will be made at the Associate Director level. While no guarantee of employment/placement can be made to any employee, the adoption of a formal waiver/accommodation policy and process will give better assurance to affected employees that decisions will be made uniformly and within the context of published procedures. In the process of making waiver/accommodation determinations, consideration will be given to both short- and long-term alternatives to keep capable and knowledgeable people employed in some capacity.

Waiver/Accommodation Flowchart



APPENDIX 4

APPLICABILITY OF MEDICAL STANDARDS TO EMPLOYEES OTHER THAN INSPECTORS

The MMS is responsible for safeguarding the health and safety of all its employees, particularly those whose job duties subject them to significant health and/or safety risks. A critical element in the process is ensuring employees' position descriptions accurately describe the physical demands and work environment, as well as potential exposure to hazardous conditions, in order to facilitate these determinations.

The MMS and the OPM have concurred that Inspector positions require arduous physical exertion and duties are carried out under dangerous and rigorous conditions. Arduous or hazardous positions as defined in Title 5 CFR 339.104 are "positions that are dangerous or physically demanding to such a degree that an incumbent's medical condition is necessarily an important consideration in determining ability to perform safely and efficiently." The MMS believes it is reasonable to apply this same rationale to other MMS positions exposed to the offshore environment.

All MMS employees whose job requirements subject them to significant health or safety risks due to occupational/environmental exposure or demands during visits to offshore sites will be required to participate in the MSP. The MMS Personnel Division Staff and OMM Regional Directors will initially review all position descriptions to ensure that they accurately reflect the physical demands and work environment of the employee's activity. Managers will then determine those positions subject to inclusion in the MSP.

Under Title 5 CFR 339.205 it states "agencies may establish periodic examination or immunization programs by written policies or directives to safeguard the health of employees whose work may subject them or others to significant health or safety risks due to occupational or environmental exposure or demands." In addition, Title 5 CFR 339.203 states "agencies are authorized to establish physical requirements for individual positions without the OPM approval when such requirements are considered essential for successful job performance. The requirements must be clearly supported by the actual duties of the position and documented in the position description."

Medical standards provide a way for agencies to determine those medical problems which may hinder an individual's ability to safely and efficiently perform the functional requirements of a position. They also help to ensure that existing/pre-existing medical conditions will not be aggravated, accelerated, nor exacerbated. Medical standards also demonstrate a strong commitment to public and employee health and safety, as well as a commitment to maintaining the integrity of the bureau's mission.

The determination of whether employees should be required to meet medical standards should not necessarily depend upon job titles or frequency of offshore visits. Rather, it should depend upon whether job requirements may subject employees to significant health or safety risks. Inspectors are required to meet medical standards based on a determination that certain levels of

fitness and health are required for successful performance. Other employees' job responsibilities may require strenuous physical exertion and exposure to hazardous conditions during visits to rigs and platforms as well. Supervisors will identify those positions, other than Inspectors, subject to inclusion in the MSP.

The MMS employees' job responsibilities related to the offshore environment vary greatly. Other than the Inspector series, no other series, in its entirety, has been identified for inclusion in the MSP. The MMS Personnel Division Staff (Headquarters and Regional), along with regional managers/supervisors, will review the actual job responsibilities of MMS employees exposed to the offshore environment. The purpose of that review will be to identify those employees, other than Inspectors, exposed to arduous physical exertion or hazardous conditions while working offshore. The MMS Personnel Division Staff, along with regional managers/supervisors determinations on positions to be included in the MSP will be an on-going effort. Supervisors will be required to certify annually that position descriptions have been reviewed for inclusion in the program. Implementation will bring MMS into compliance with the requirements of Title 5 CFR 339.

Occasional visitors to offshore platforms and rigs are typically not exposed to the same arduous physical exertion or hazardous conditions as employees carrying out regular duties. Visits/tours should always be scheduled as far in advance as possible, and planned to limit arduous activity and exposure to hazardous conditions to a minimum. Each Region will have an individual assigned as Regional Aviation Manager (RAM) to direct visitor trips offshore. The RAM is responsible for providing all visitors to offshore platforms and/or rigs a preliminary facts sheet prior to their arriving for the visit. (See attached Fact Sheet.) The fact sheet will briefly explain the visitor's potential for exposure to arduous physical activity and hazardous conditions. It will also advise them to expect inquiries about their medical and/or physical conditions to facilitate appropriate accommodations for their trip. On the day of the visit, the RAM will ensure each visitor is thoroughly briefed on all potential arduous physical exertion and hazardous conditions they could face (i.e., water ditching, rig evacuation, etc.).

MINERALS MANAGEMENT SERVICE
Offshore Visitation Awareness List

In order that you may experience a positive and safe offshore visit please read the following list of potential conditions and safety suggestions.

GENERAL

1. Please advise MMS personnel of any medical conditions and/or medications "before" leaving the MMS offices.

2. In the event of unexpected overnight stays, bring all medications needed. This would include any medication for motion sickness during flight and while on the facilities. Also, please keep in mind the remote locations in relativity to any medical care needed.

3. Be advised that excessive heights may be encountered during the flight and while on the offshore platforms/drilling rigs.

4. There is always the potential for slips, trips, and falls due to uneven and slippery surfaces.

5. You may experience occupational exposure to high noise levels, excessive heat, humidity, winds, or ice.

6. Emergency evacuations could include either boat or capsule, which may require descending multiple flights of stairs, or physical transference by personnel basket.

HELICOPTER SAFETY TIPS

1. Extreme caution should always be used when approaching or departing the helicopter.

2. Be aware there may be extremely high winds on the heliport and the facilities.

3. Helicopter travel could include emergency "ditching" on land and in water.

Thank you for your cooperation.