OCCUPATIONAL HEALTH PROGRAMS
CHIEF EXECUTIVE OFFICE
COUNTY OF LOS ANGELES

PREPLACEMENT CLINICAL PRACTICE GUIDELINES

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PURPOSE

The purpose of these guidelines is to clearly express the County's expectations regarding medical history taking, physical examinations, work fitness assessments, medical referral assessments, and various communications. It is meant to supplement the information contained in the Statement of Work (SOW) in your Contract. If there is any conflict between these two documents, the SOW takes precedence.

It is the intent of these guidelines to ensure that the services provided by the County's contractors represent the best practices in the field of Occupational Medicine. However, it is acknowledged that in many areas of Occupational Medicine, best practices are not well-defined, and that several alternate approaches may be equally appropriate. For this reason, the Occupational Health Program (OHP) welcomes comments from its Contractors, and intends to update these guidelines as often as necessary to improve their clarity, and consistency with best practices.

GENERAL GUIDELINES

Understanding the Goals of the Pre-Placement Evaluation:

In the performance of its pre-placement evaluations, it is a business necessity for the County to accomplish several job-related goals. As the County's partner in obtaining these goals, the Contract Physician should fully understand them, and to have them in mind when performing the history and physical:

- Assess whether, during the course of performing either essential or non-essential duties, a pre-existing condition is likely to result in a substantial **injury to the applicant** in the immediate future. The definition of "immediate future" depends on the length of the probation period. This is generally 6 months for most applicants, and ranges up to 2 years for peace officers and firefighters.

- Assess whether, during the course of performing either essential or non-essential duties, a pre-existing condition will create an **increased risk of significant injury to others** in the immediate future.

- Assign appropriate class-specific **work limitations** which will eliminate or reduce any risks of injury identified above.

- Determine the candidate's **ability to perform** the physical or sensory requirements of the job.

- Screen for **drug abuse**.

- When applicable, assess how much **leave of absence** the applicant is likely to require in the immediate future.

- Establish **baseline measurements** for high risk occupations for the purpose of occupational disease surveillance or Worker's Compensation.

- When applicable, make appropriate recommendations for **further medical assessment** by the applicant's private health care provider for newly discovered or poorly controlled conditions.

Verification of Identity:

Before performing a pre-placement examination, the applicant must present a photo ID. This must be copied and placed in the chart for transmittal to OHP.

Taking an Adequate Medical History:

A thorough history is essential if the County is to accomplish its goals in performing a pre-placement assessment. Unfortunately, applicants typically will not provide adequate information on relevant medical condition. Therefore, the County expects the Contract Physician to supplement the applicant's history with sufficient detail such that OHP staff will not have to do any further questioning of the applicant. This will require that the Contract Physician do the following:

1) **Be familiar with the job demands:** Before beginning the history, review the "Comments" section at the top of the County Protocol Sheet to familiarize yourself with the tasks that are the most demanding for the applicant's classification. This familiarity will help direct the emphasis of the history.

2) **Ensure that there is a clear response to every question** on the applicable medical questionnaire. If an applicant leaves a question blank, including inquiries regarding occupational and exercise history, the applicant should be required to mark a response and, if positive, to give appropriate written detail on the questionnaire. If an applicant refuses to answer a question, this refusal needs to be documented.

3) **Ensure that the applicant has not ignored the questionnaire.** When the only "yes" responses are to inconsequential questions such as corrective lenses, drinking, noise exposure, having a commercial license, having a cold, having a (+)PPD, taking BCP, or smoking, the Contract Physician must directly ask the following questions:

   a. When was the applicant's last contact with a health care provider?

   b. What was the reason for this contact?

   c. Does the applicant take any over-the-counter or prescription medications for any reason?

4) **Fully elaborate all conditions which have relevance to the goals of the pre-placement evaluation**. Clearly elicit the following information if not previously disclosed in writing by the applicant:

   All Conditions

   a. Date of onset.

   b. Cause. Note whether the condition was caused by work. In motor vehicle accidents, applicants must be asked if the accident was their fault.

   c. Results and dates of any diagnostic testing completed such as xrays, MRI, or CT.

   d. Treatment details including dates and utilization of various modalities including medications, manipulation, and/or surgery.

   e. Activities that made/make symptoms worse.

   f. Date of last symptom, last treatment/pill, and last visit to an HCP.

   g. Prior episodes of the same condition if recurrent problems are part of the natural history of the condition (for example, shoulder dislocations, back pain)

h. The functional significance of the condition:

- Did applicant have to stop any recreational activities or be placed on restricted duty at work?
- When did any functional impairment begin and end? Are there any functional residuals?
- Has the applicant been assigned permanent disability by Social Security, Work Comp, or the VA?

Specific Conditions:

Alcohol Abuse: Besides asking about drinks per week, also ask about maximum drinks per day to screen for binge drinking. Also inquire about the completion of rehab and/or attendance at AA.

Back/Neck injuries: ask about associated radicular symptoms

Diabetes: ask about the date of the last severe hypoglycemic episode (episode involving confusion, loss of consciousness, or needing assistance).

Knee injuries: ask about the occurrence of locking, or giving way

Pregnancy (current): ask about expected due date and plans for medical leave both before and after delivery. Also ask about any current activity restrictions from HCP

Sedating medication: ask about daytime sleepiness and h/o vehicle accidents due to drowsiness.

Snoring: ask all about h/o sleep apnea, apnea observed by others, daytime drowsiness, h/o vehicle accidents due to drowsiness.

Wheezing: This symptom is often reported by applicants who check “No” to Asthma and report that they just had an URI. If applying for a position that involves training at an Academy or exposure to pulmonary toxins, more questioning is required to rule out possible underlying reactive airway disease.

5) **Review Work History**: Every questionnaire contains a section requiring listing of prior work experience. If this work experience shows any of the following “red flags,” additional questioning is necessary to determine if a medical condition interfered with the performance of duties:

a. Applicant has a short stint of previous employment doing the same type of work. Classic common situation is a Sheriff applicant who was previous employed for several months as a Sheriff recruit. Was there a medical reason for failure to complete the Academy?

b. Applicant has a pattern of holding jobs for only a few months

c. Applicant has long stretches of unemployment, or no employment in last 5 years

6) **Make additional inquiries regarding any clinical testing data that is out-of-range.** The purpose of these inquiries is to determine if there are contemporaneous factors which may render the testing data inaccurate or non-representative, and to ascertain the applicant's prior knowledge of any abnormalities. These inquiries would include, but are not limited to the following:

a. Abnormal dipstick:
- Any history of diabetes, renal disease, or positive dipstick?
- For females with blood, menstruation status?

b. Blood pressure ≥ 140 systolic or 90 diastolic:
- Any history of prior elevated readings?
- Any current or recent use of medication? Was it taken today?

c. Best distant vision (corrected or uncorrected) worse than 20/40 O.U.:
- Inquire regarding status of corrective lens use if not wearing correction
- Date of last eye exam if wearing correction.

d. Significantly Abnormal Audiogram (i.e., 25 dB average loss at 0.5, 1, 2, and 3 kHz in either ear; or asymmetrical loss with threshold differences of >15 dB averaged at 0.5, 1, and 2 kHz, or >30 dB averaged at 3, 4, and 6 kHz): Inquire regarding
- Symptoms
- Noise exposure within last 14 hours
- Prior audiometric testing
- Prior Audiologist or ENT evaluations
- Off duty noise exposures

e. Abnormal Spirometry (i.e. FVC, FEV1, or FEV1/FVC ratio < LLN): Inquire regarding
- Any chest infections or bronchitis in the last two months,
- Recent smoke or chemical exposures,
- Any current symptoms or physical limitation,
- Prior spirograms.
- For applicants with a history of asthma, additionally ask whether today is a "good day" (preferably before telling the applicant that their spirogram is abnormal), and inquire regarding the applicant's use of medication over the past week.

f. Abnormal EKG with significant abnormalities (arrhythmias, LVH, old MI): Inquire regarding
- Any relevant symptoms,
- Prior knowledge of abnormality

7) **Make additional inquiries regarding any unexpected physical findings.** When the physical exam reveals conditions that were not disclosed during formal history taking, history taking must be re-initiated to meet the requirements of section (4) above.

Performing and Documenting the Physical Examination:

The County has three "levels" of physical examinations: “As Needed,” “Complete,” and "Safety." Regardless of the extent of the physical, all positive findings, and pertinent negative findings must be legibly recorded in full detail on the appropriate County Pre-Placement Examination Data form. Negative findings are considered pertinent when they contribute to the assessment of a specific condition or clinical test result. Additionally, all components performed related to a specific “As Needed” exam (see below) must be recorded to document that the given body system was thoroughly examined.

Failure to properly document will be considered as equivalent to failure to perform.

In the protocols below, the Contract Physician is often directed to do additional examinations (i.e., “PRN”) when there is a “recent history” of a specific condition. The definition of "recent" is 3 months for classifications that utilize a Basic package, 12 months for a General package, and 5 years for a Safety package.

The required minimum components for each level of examination are as follows:

1) “As Needed” Physical Examination

When this is specified in a Protocol Sheet, the Contract Physician is required to examine a given body system if there is either a positive response to the medical questionnaire or an abnormal clinical test, and a nexus between the condition/symptom/finding to the goals of the pre-placement evaluation (see above). The physician must paraphrase the indications for any “As Needed” exam in the space provided on the Protocol Sheet.

In general, the County expects the Contract Physician to perform a thorough exam of the body system in question. At a minimum, the exam must be sufficiently thorough to address the clinical question at issue, and include all of the specific components for that body system listed below under “Complete” examination.

The following examples are offered for educational purposes to illustrate when an “As Needed” examination would be indicated. Since performance of an "As Needed" exam generates a specific charge to the County, OHP intends to actively review the Contract Physician's decision to perform these exams. The following is not intended to be a comprehensive listing:

a. Wrists: An exam would be indicated when there is a recent history of problems with the wrists and the job may involve stresses to the wrists that are recognized to cause problems. For example, an applicant for a clerical or administrative position gives a history of carpal tunnel complaints. A wrist examination would be indicated, since carpal tunnel syndrome is associated with computer work. A wrist exam could also be indicated if the same applicant was applying for a job that involves heavy use of the hands or vibrating tools.

b. Lumbar spine: Someone with a recent history of lower back problems would need a back exam if they are applying for a position that involves prolonged

sitting (such as all administrative positions), frequent driving, or lifting over 25 lbs. These are very common job tasks found in a broad range of jobs.

c. Cervical spine: Someone with a recent history of neck problems would need a neck exam if they are applying for a position with tasks that require full range of motion in neck such as driving, or involve activities that tend to aggravate neck pain such as lifting over 25 lbs.

d. Shoulder: Someone with a recent history of shoulder problems would need a shoulder exam if they are applying for any County position with tasks that require full range of motion in shoulder such as overhead lifting, swimming, or involve activities that tend to aggravate shoulder pain such as frequent lifting over 25 lbs.

e. Knee: Someone with a recent history of knee problems would need a knee exam if they apply for a position with tasks that require working on the knees, squatting, prolonged walking, or frequent heavy lifting. The latter task requires about 90 degrees of flexion if proper lifting techniques are to be used.

f. Ear: An audiogram shows a unilateral hearing loss in an applicant for a position that will involve noise exposure. An ear examination is indicated to determine if there is an outer or middle ear condition that is contributing to the hearing loss, and, therefore, prevent the establishment of an accurate baseline test.

g. Lungs: Spirometry reveals volumes that are less than the LLN in an applicant who denies any history of pulmonary disease. A pulmonary exam is warranted to further assess the cause of the abnormal spirogram, since this may influence a work fitness decision by the reviewing County physician.

h. Heart: It would be appropriate to examine the heart in an applicant with a history of heart murmur if they are applying for a position that involves lifting over 25 lbs or other moderate-arduous work. Heavy work may be contra-indicated in some cases of valvular disease. Similarly, the finding of LVH on an ECG would also warrant a heart exam to determine whether there was possible underlying valvular disease.

i. Lower Extremities: Examination for edema is indicated if a urine dipstick reveals ≥2+ proteinuria.

j. Drug Recognition Exam: Any applicant with evidence of impairment or the odor of alcohol during the evaluation must be given an examination to objectify any impairment. This exam must include observations of alcohol odor, conjunctival injection, or slurred speech, and testing of pupillary reactions, finger-to-nose, and straight line gait.

Please be aware that the County will not pay for "As Needed" examinations for the following conditions:

1) History of positive TB skin test in the past, and applicant currently denies cough, night sweats, weight loss, or fevers.

2) History of Headaches

3) History of Hypertension unless current systolic ≥180, or diastolic ≥ 120

4) Diabetes

2) Complete Physical Examination:

This examination protocol may be used for applicants to a wide variety of County job classes including those who will need certification as commercial drivers. The minimum components of this exam shall include the following:

Eyes: Pupillary reaction to light, check ocular motility for conjugate gaze in all quadrants, ophthalmoscopic examination to check for lenticular and retinal abnormalities.

ENT: Routinely check cervical nodes and thyroid. Otoscopic exam must be performed if audiogram is abnormal (see definition above), or there are symptoms referable to the ear.

Chest: Cardiac auscultation is required. For any murmur, the examiner must specify the location, intensity from I-VI, timing (systolic vs. diastolic), and radiation (audible in the axilla or carotid areas?). Do not do breast exams.

Respiratory: Auscultation is required. When spirometry indicates a restrictive pattern, chest expansion at the level of the nipples must be measured with a tape, and recorded as the difference between maximal inhalation and exhalation.

Abdomen: Palpation of the spleen and liver for enlargement, abdominal wall for umbilical hernia, and deep abdomen for aortic aneurysm (if age ≥50). Any suspected liver enlargement must be followed up with percussion and measurement of the liver span. The dimensions of any umbilical hernia must be measured.

Vascular: Auscultation of the carotid areas for bruits, inspection of lower legs for gross venous insufficiency. Examination of lower extremities for edema is indicated if a urine dipstick reveals more ≥2+ proteinuria.

GU: Males- check for inguinal hernias. Rectal examinations/inspections of either gender is prohibited even when there is a history of hemorrhoid. Under no circumstances, should an examiner ask a female applicant to remove underpants, palpate under a female's underpants, nor perform deep abdominal palpation for ovaries.

Neuro: Patellar, ankle reflexes. Sensory, motor, or cerebellar testing if indicated by history or observation. If history of tremors, evaluate during rest, sustention, and intention (finger-to-nose and heel-to-shin testing). Attempt to describe severity of tremor.

Skin: Note lesions suspicious for skin cancer or any dermal manifestations of systemic conditions (such as psoriasis). Look for bruising on the abdomen or thighs that might be secondary to insulin injections. For classes that will be using respirators, note the presence and severity of folliculi barbae, acne scarring or facial furrowing that might interfere with a tight seal between the face and the respirator.

Musculo-Skeletal: Perform a screening exam that includes all of the following components:

Inspection of all joints and spine for any surgical or arthroscopic scars or obvious atrophy.

Shoulder: ROM

Back: Heel/toe walk, ROM, active straight leg raise

Knee: duck walk

The following minimum examinations are required if there is a history of the following within the last 12 months:

- **Lumbar pain**: palpation, sensory at L4, L5, S1, bilateral calf circumference, ankle/patellar reflexes.
- **Cervical pain**: ROM, inspection of hand for atrophy, muscle testing of the arm and hand, sensory testing of the hand.
- **Wrist pain**: ROM, Tinel's test, Phalens test, sensory, and muscle testing of the hand to include gross grip strength. Note any muscle wasting.
- **Shoulder instability/pain**: rotator cuff strength, anterior apprehension test.
- **Knee injury/pain**: ROM, check for effusion, and measure bilateral thigh circumference

3) Safety Physical Examination:

The Safety Physical is the same as the Complete Physical except for the two body systems below. The Safety Physical enhancements are highlighted in italics.

Skin: Note lesions suspicious for skin cancer or any dermal manifestations of systemic conditions (such as psoriasis). Look for bruising on the abdomen or thighs that might be secondary to insulin injections. F*or Deputy Sheriff Trainees* and other classes that will be using respirators, note the presence and severity of folliculi barbae, acne scarring, or facial furrowing that might interfere with a tight seal between the face and the respirator.

Additionally, describe appearance and location of "pathological" tattoos or evidence of tattoo removal. Tattoos of concern are those that indicate gang affiliation or express violent or racist themes. If a digital camera is available, please photograph and attach to medical record.

Musculo-Skeletal: Perform a screening exam that includes all of the following components:

Inspection of all joints and spine for any surgical or arthroscopic scars or obvious atrophy.

Shoulder: ROM

Back: Heel/toe walk, ROM, active straight leg raise

Knee: duck walk

Additionally, perform the examinations if there is a history of the following *in the last 5 years*:

- **Lumbar pain**: palpation, sensory at L4, L5, S1, bilateral calf circumference, ankle/patellar reflexes
- **Cervical pain**: ROM, inspection of hand for atrophy, muscle testing of the arm and hand, sensory testing of the hand.
- **Wrist pain**: ROM, Tinel's test, Phalen's test, sensory, and muscle testing of the hand to include gross grip strength. Note any muscle wasting.
- **Shoulder instability/pain**: rotator cuff strength, anterior apprehension test.
- ***Ankle sprain/fracture****: Anterior drawer and inversion testing, timed one-leg toe stand X 3 (all testing must done bilaterally)*
- ***Shin splits or tibial stress fracture****: Palpation of anterior tibial area. Have subject walk and observe from behind for collapsed*

arches or excessive pronation

- **Any Knee injury/pain**: check for effusion, and measure bilateral thigh circumference. Plus the following for specific injuries:
  - ***ACL injury/repair**: Extension deficit, Lachman, anterior drawer (all testing must be done bilaterally)*
  - ***PCL injury/repair**: Extension deficit, posterior drawer (all testing must be done bilaterally)*
  - ***Collateral injury/repair**: Stability testing at 30 degrees of flexion (all testing must be done bilaterally).*
  - ***Patellar instability or PFS**: Observation of patellar tracking during active extension of tibia from 90 to 0 degrees of flexion with the candidate seated (note any sudden movement of out of femoral grove as the leg approaches full extension), patellar apprehension test on lateral stress in supine position with leg extended. Have subject walk and observe from behind for collapsed arches or excessive pronation.*
  - ***Meniscus injury/repair**: McMurray's test.*

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Ordering Reflexive Testing:

After completion of the history and physical, the Contract Physician must review the Protocol Sheet for the applicant and identify which reflexive tests are indicated.

Cardiologist Reading of ECG's:

All ECG's must be read by a Board-Certified Cardiologist unless a computerized interpretation indicates that the tracing is normal or has insignificant findings. Insignificant findings are defined as (and limited to) the following:

1) Atrial arrhythmia
2) Ectopic atrial rhythm
3) Non-specific intraventricular delay without axis shift, BBB, or hemi block
4) Non-specific ST changes
5) Mild bradycardia (rate of 50 or more)
6) 1st degree AV block (rate of 50 or more)
7) Incomplete RBBB
8) Early repolarization
9) Decreased anterior forces in person without history of MI

A Cardiologist must read all cardiac stress tests.

Provision of Primary Care to Applicants:

The medical practice of a Contract Physician may include primary care in addition to Occupational Medicine. However, the existence or creation of an ongoing doctor-patient relationship with a County applicant poses a conflict of interest due to the following conflicting obligations:

a) Under the A.M.A. code of ethics, Physicians are obligated to advocate for their patients.

b) Our Contract Physicians are contractively obligated to accurately report medical information to OHP that may have adverse fitness-for-duty implications for an applicant-patient.

Due to these conflicting obligations, effective January 1, 2013, OHP will not reimburse Contract Physicians who perform examinations on private patients with whom they have an ongoing relationship. An ongoing relationship is considered to exist when there is an expectation by the applicant that the Contract Physician will provide care for chronic conditions, or serve as the applicant's primary care provider for future conditions. Short-term treatment for a work-related injury would not meet this definition.

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Effective immediately, Contract Physicians must triage to "OHP Review" all Basic pre-placement evaluations with whom he/she has an ongoing doctor-patient relationship.

PACKAGE SPECIFIC GUIDELINES

Basic Pre-Placement Medical Evaluation Package

The Contract Physician is responsible for completing the following components:

Medical History:

See general comments above. The Basic Pre-Placement Medical Questionnaire must be reviewed by a Contract Physician with the applicant. During the interview, the physician must obtain sufficient detail on all positive responses of relevance to the safe and effective performance of administrative duties, lifting 10 lbs, and driving. Additionally, during the interview with examinee, the physician must observe and document whether the examinee has any significant communication difficulty (hearing and speech).

Medical Referral Assessment:

Contract Physicians are responsible for notifying applicants in writing of conditions that need medical follow-up with their private health care provider. This is regardless of whether the applicant is triaged to OHP Review (see below). Recommendations for follow-up must be consistent with the standards of care in the community, and applicable consensus guidelines from respected national medical organizations. In borderline cases, the Contract Physician is advised to err on the side of caution, and advise an applicant to see their private health care provider.

Work Fitness Assessment:

The County expects the Contract Physician to triage applicants into three groups:

Pass: Applicants who can be placed on duty immediately without any class-relevant restrictions. These applicants do not have a condition of concern to the County (see below) or the Contract Physician.

Restricted: Applicants which the Contract Physician is authorized to restrict without OHP review. These are limited to applicants with pre-existing restrictions, or as directed below.

OHP Review: Applicants whose history or conditions need to be evaluated by OHP staff. These would include applicants with a condition of concern to the County (see below). Additionally, “OHP Review” must be assigned when specimens are sent to a clinical lab for analysis, including urine drug specimens.

In making this triage, the Contract Physician must consider the goals of the pre-placement evaluation, the need for applicants to these positions to perform clerical/administrative duties, lift 10 lbs, demonstrate acceptable attendance, and/or drive, the applicant's medical history, and any relevant physical examination or clinical test findings.

The following are the County's risk management preferences which must used by the Contract Physician regarding several common conditions:

Diabetes: Triage to OHP Review if

-- There is a history of severe hypoglycemia (i.e., needing assistance from others) in the past two years, or

-- A1c ≥ 8.0

Vision (distant): Triage to OHP Review if ETDRS **distant vision is worse than 20/40 OU**. A history of intermittent **blurred vision** or **double vision** would also need to be assessed by OHP if not easily correctable with lenses.

Vision (near): Triage to OHP Review if best **near vision worse is than J-6**.

Hearing Impairment: If the applicant indicates a history of hearing impairment, the Contract Physician needs to assess whether the impairment is severe enough to impede speech comprehension in a quiet environment. Those who do not appear to have difficulty with communication may be cleared. Those self-declare a need for as an amplified phone or who lip-read should may be triaged to OHP Review, or just restricted if the restriction is straightforward such as, "Must be provided with amplified phone."

TB: If there is any suspicion of active TB, the Contract Physician may call OHP staff to get authorization for performing a CXR. If a CXR is done, make OHP review.

Excessive Absence Likely: Conditions that may be reasonably expected to result in >10 days of leave over the next year, or require weekly absences for partial days need to be triaged to OHP Review. These would include **pregnancy,** treatment for **cancer**, recurrent **headaches, chronic fatigue, multiple chemical sensitivity, occupational stress** or **dysmenorrhea** that has caused lost-time from work, and **dialysis.**

Conditions that May Interfere with Ambulation or Prolonged Standing: Any condition that impedes the ability to ambulate on a level surface or to stand at a customer service window would need to be assessed by OHP staff.

Conditions that May Interfere with Prolonged Keyboarding or Computer use: Any condition that impedes or is likely to impede (in the near future) the ability to do prolonged typing would need to be assessed by OHP staff. These could include a variety of orthopedic conditions that could affect the hands, arms, and neck. For example, all applicants with a history of **carpal tunnel** complaints or surgery in the last 3 months, or signs of median nerve entrapment on physical exam need to be assessed by OHP staff.

Conditions that May Cause Sudden Loss of Consciousness: Any condition that significantly increases the risk of sudden loss of consciousness would need to be assessed by OHP staff. This would include a history of **seizure**, **syncope, recurrent dizziness,** or **heart attack** in the last two years. Additionally, applicants who report worrisome symptoms such as **palpitations** and **chest pain** who have not been properly evaluated by their HCP will also need to be assessed by OHP staff.

Drug Abuse: Applicants who have a history of drug abuse in the last three years should be triaged to "OHP Review" if the position they are seeking involves driving (see "Comments" on Protocol Sheet).

Psychiatric Conditions: Any applicant reporting a history of major psychiatric disorder such as **schizophrenia**, **bipolar disorder**, or who has been hospitalized for **psychiatric treatment** in the last year would need to be triaged to "OHP Review." In general, applicants who do not meet these criteria, but who just take anti-depressants or anti-anxiolytics, should be passed.

Back Pain: All applicants with a history of back pain in the last 3 months must be asked whether they have any pain or difficulties with sitting up to 2 hours and performing lifting up to 10 lbs. Additionally, these applicants must be given an "As Needed" back examination (see required components above in description of "Complete" examination). Applicants who deny problems/pain with sitting and lifting, have a completely negative exam, and who are not currently taking prescription medication for pain may be immediately cleared by the Contract Physician. All others will need to be assessed by OHP staff.

Neck Pain: All applicants with a history of neck pain in the last 3 months must be given an "As Needed" neck examination (see required components above in description of "Complete" examination). Applicants with a completely negative exam and who are not currently taking prescription medication for pain may be cleared by the Contract Physician. All others will need to be assessed by OHP staff

Sedating Medication: Applicants who are taking sedating medications must be questioned regarding type of medication, indication, frequency of use, duration of use, any motor vehicle accidents due to drowsiness, and daytime impairment. Those answering affirmatively to daytime impairment must be assessed by OHP staff.

Communication of Results:

To Department: **On the same day** that the exam is completed, the Contract Physician must complete a Contract Physician Basic Pre-Placement Examination Results form. This form must be sealed in an envelope and given to the applicant to take to the hiring department or faxed to the department.

To the Applicant: Applicants should be verbally told of their work fitness status and counseled regarding any general medical conditions that warrant follow-up with their HCP. Those who triaged to OHP Review should be told that their medical exam results will need to be further evaluated on an individualized basis by a County physician. They should expect to receive written correspondence from our office within two weeks. Unless the applicant is triaged to OHP Review, the Contract Physician must also send a letter to the applicant when follow-up with their HCP is indicated. This letter must be mailed within five (5) business days following examination date. The letter must not use acronyms that would not be understood by a layperson, such as “PMD” or “PFT.”

General and Safety Pre-Placement Packages

Medical History:

The following are medical conditions that require specific questioning beyond what was presented in the section on "Taking an Adequate Medical History" on page 4:

Lasik or other Refractive Surgery: If an applicant for any job that has an uncorrected vision standard (**Deputy Sheriff Trainee, Reserve Deputy I, II, D.A. Investigator, Firefighter Trainee, Fire Suppression Aid,** or **Pool, Lake, or Ocean Lifeguard**) has a history of Lasik or other refractive surgery, the Contract Physician must ask the applicant if he/she has ever had or currently has any of the following:

- Starbursts at night,
- Difficulty with night vision,
- Touch-up procedures,
- Problems with glare, or
- Diurnal variation.

Use of Contact Lenses: If an applicant for **Deputy Sheriff Trainee, Reserve Deputy I, II, or D.A. Investigator** uses contact lenses and their uncorrected vision is >20/70 in either eye, the Contract Physician must ascertain from the applicant the following information:

- Type of lenses used (i.e., soft, semi-soft, semi-permeable, toric, or Saturn lenses);
- How often the lenses are worn;
- When did the applicant start wearing contacts;
- Date of the last optometrist visit; and
- Whether the applicant has ever had any problems such as discomfort, allergies, dryness, infections, giant papillary conjunctivitis, or periods of time when lenses could not be worn.

Claustrophobia: For positions that may involve entry into confined or darkened spaces, question applicants about any avoidance behaviors, such as not using elevators. Did they allow the audio booth door to be closed during their hearing testing? What stimuli cause the claustrophobia, and are there any physical symptoms during an episode? Have they ever sought treatment?

Work Fitness Assessment:

With the exception of body composition, this will be done by County staff. Unless discussing body composition, the Contract Physician and clinical staff must refrain from sharing opinions regarding whether an applicant "passed" or "failed." If asked, the physician and other clinical staff should simply respond that this determination will by made by the County. Inform the applicant that the County will notify them of their results in writing within three weeks.

Body Composition Standards: The County's Body Composition Standards can be reviewed at. http://cao.lacounty.gov/OHP/oh_comp.htm. At this website are both weight and body fat standards for **Reserve Deputy (I,II), D.A. Investigator, Custody Assistant, Firefighter Trainee, Fire Suppression Aid, Forestry Technician, Forestry Assistant, and Ocean Lifeguard** applicants. The Contract Physician (or clinic staff) must inform applicants when they do not meet these standards.

Additionally, these applicants must sign a Body Fat Letter (http://cao.lacounty.gov/OHP/pdf/body%20fat%20letter.pdf). This letter gives the applicant instructions regarding how much weight to lose before returning to the contractor's clinic for a recheck.

With the exception of body composition, the Contract Physician's clinical note regarding a General or Safety examination must not contain any comments regarding work fitness.

Medical Referral Assessment:

The Contract Physician is responsible for notifying applicants if the standard of care in the community would warrant that a newly discovered or poorly controlled condition be further evaluated by the applicant's HCP within the next two weeks. This notification may be done verbally, but must include a discussion of the possible consequences if the applicant were to fail to get immediate follow-up. The date, time, and content of any verbal counseling must be fully documented in the examiner's notes entered on the last page of the medical questionnaire. The County will be responsible for notifications when medical follow-up may be completed after a two-week period without risk of any significant, irreversible medical consequences.

Pre-Placement Commercial Driver's Exam

This examination package is administered as a supplement to the General Pre-placement Examination described above.

Medical History:

The Contract Physician must review with the applicant the Commercial Driver's DMV form DL51. The physician must fully elaborate and properly document on the DMV form all positive responses of relevance to the safe and effective performance of driving.

Physical Exam:

The Contract Physician will perform a "Complete" examination as specified above. Findings must be noted on both the General Pre-Placement Medical Examination Data form and on the DL51 form. The Contract Physician must also complete and sign the green Medical Examiner's Certificate if the applicant meets DMV guidelines. However, **neither Contract Physician nor staff is authorized to issue the original DL51 form or Medical Examiner's Certificate to the applicant**. These must be included with other original medical records forwarded to OHP.

Work Fitness Assessment:

The initial assessment will be done by Contract Physician using DMV guidelines. Note: for this purpose, please use the lowest measured blood pressure readings, and the best vision test results. The Contract Physician is expected to be familiar with the medical guidelines that are issued by the State, and are attached to the DL51 form. Examiners are also encouraged to gain familiarity with the various consensus guidelines that are posted on the F.M.C.S.A. website (http://www.fmcsa.dot.gov/rulesregs/medreports.htm).

However, the final assessment (and issuance of the original DMV form DL51 and DMV Medical Examiner's Certificate) will be done by County staff. This is necessary for the following reasons:

- The County reserves the right to use more stringent guidelines than the DMV,
- Many of the DMV medical guidelines are open to interpretation,
- With certain conditions, the County may wish to seek verification of an applicant's medical history by reviewing medical records prior to issuance of a Medical Certificate, and
- With certain conditions, the County may need to verify an applicant's assertion that the DMV is aware of the condition.

After the County completes its review process, our staff may request that the Contract Physician complete a revised original DL51 form and certificate. For example, this could occur in the following circumstances:

- The applicant provides documentation to the County that his/her blood pressure control has improved and can now be issued a one-year card instead of a 3-month card.

- Our staff discovers a disqualifying condition that was not apparent to the Contract Physician.

Medical Record Disposition:

The original DMV form DL51 and the DMV Medical Examiner's Certificate must be sent to OHP with the results of the General Pre-Placement Package.