

**DELINEATION OF CLINICAL PRIVILEGES - OCCUPATIONAL MEDICINE**

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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**INSTRUCTIONS:**  
**PROVIDER:** Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.  
**SUPERVISOR:** Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform 2 - Modification requested <i>(Justification attached)</i> 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support/mission	1 - Approved as fully competent 2 - Modification required <i>(Justification noted)</i> 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support/mission

**SECTION I - CLINICAL PRIVILEGES**

**Category I.**  
 General uncomplicated illness or problems with low risk to the patient and stabilization of major illnesses that may carry some substantial threat to life. Requires completion of AMEDD Fundamentals of Occupational Health Course, 6H-F20 (or equivalent). These privileges are normally required at the occupational health clinic level.

Requested	Approved	
		Category I clinical privileges
		a. Manage patient treatment for toxic chemical exposures in the workplace.
		b. Ensure Occupational Safety and Health (OSHA) Standards and compliance related to occupational medicine for workplaces are met.
		c. Perform initial and follow-up treatment of occupational illness and injuries.
		d. Conduct ergonomic evaluations of workplaces and design interventions.
		e. Investigate occupational injuries and illnesses to determine the cause, establish a relationship to the workplace, and develop prevention strategies.
		f. Evaluate a job applicant's work abilities and limitations in a pre-placement medical examination and recommend modifications and/or limitations to the servicing civilian personnel center.
		g. Perform periodic employee medical surveillance evaluations based on work history and exposure assessments.
		h. Perform employment termination medical examinations.
		i. Perform federal disability retirement medical examinations (requires documented training in AMA guidelines for evaluation of disability and impairment, or consultation with boarded Occupational Medicine physician).
		j. Perform fitness for duty examinations.
		k. Conduct evaluations of pregnant workers to assess the risk of adverse outcomes due to workplace exposures and recommend duty and personal protective clothing and equipment interventions, as necessary.
		l. Perform Workers Compensation examination to determine degree of impairment (requires completion of a recognized course or consultation).
		m. Conduct limited occupational/environmental outbreak investigation and epidemiological studies.
		n. Conduct health promotion and wellness counseling for civilian employees.
		o. Conduct workplace periodic surveys to identify uncontrolled hazards and investigate work-related injuries and illnesses.
		p. Provide courtesy treatment of minor illness and injury that is not work-related, as allowed by regulation.
		q. Evaluate the health impact of exposure to chemical, radiation, laser, microwave, or biological agents.
		r. Perform medical clearance for security reviews.
		s. Supervise administration and tracking of job-related immunizations.
		t. Evaluate occupational disease and injury clusters and communicate risks to workers/soldiers and management.
		u. Participate in Personnel Reliability Program (PRP) for nuclear, chemical, and biological surety programs.
		v. Evaluate and review workers for entrance and continuation in PRP (requires documentation of Toxic Chemical Training plus Nuclear and Biological Surety Courses within 3 months of initial privileges).
		w. Lead SMART NBC-E or Incident Response Team, provide treatment and clear patients for CBRNE incidents and accident response (requires ACLS, ATLS, Toxic Chemical Training Course, MEIR, or REACTS Course and Medical Management of Chemical Casualties Course within 3 months of initial privileges).

Category I. (Continued)		
Requested	Approved	
		x. Perform independent medical examinations.
		y. Act as medical reviewing officer for the Army Substance Abuse Program (ASAP).
		z. Conduct quality reviews (QA/QI) of all clinical occupational health (OH) programs to include hearing and vision conservation programs, medical surveillance, respiratory protection and infection control programs.
		aa. Conduct DOT commercial drivers license examinations IAW DOT regulations 49 CFR, Parts 289 and 293.
		ab. Conduct firefighter/security guard medical examinations per DODI 6055.5M.
		ac. Provide consultation and develop policies for the control of occupational injuries and illnesses.
		ad. Maintain surveillance and perform occupational epidemiologic investigations of work-related problems and recommend corrective action. Ensure all reportable occupational and environmental injuries, illnesses are reported.
		ae. Perform individual and unit level baseline occupational and environmental histories and health assessments for soldiers and civilian employees.
		af. Serve as local consultant on medical management of CBRNE casualties and emergency preparedness planning and response activities.
		ag. Serve as the local consultant on the occupational health aspects of nuclear, chemical, and biological weapons preparedness and response activities IAW AR 50-5 and AR 50-6.
		ah. Provide occupational and environmental medicine services to units in the field during training exercises and deployments.
<b>Category II. Includes Category I.</b> Requires residency training in any medical specialty with documented additional training or experience in Occupational Medicine sufficient to demonstrate competence in the Occupational Medicine field. These privileges are normally granted at MEDDAC or equivalent level.		
Requested	Approved	
		Category II clinical privileges
		a. Conduct intermediate level occupational epidemiological investigations and intermediate level occupational incident or outbreak investigations, occupational clusters and building-related illnesses.
		b. Provide consultation in occupational medicine and occupational health to category I physicians.
		c. Conduct evaluations of Chemical, Nuclear, and Biological Surety activities IAW applicable regulation and law (ARs 50-5 and 50-6, and DA PAM 50-6).
		d. Perform oversight of MTF OH programs to assess program performance using standard OH program metrics.
		e. Review professional performance and credentials of applicants for OH Clinic provider positions to ensure education and experience standards are met in the hiring of new OH employees.
		f. Monitor occupational injury and illness as outcome measures of OH program performance and track trends over time.
		g. Design interventions to prevent or reduce work-related injuries and illnesses at the installation level.
<b>Category III. Includes Categories I and II.</b> Requires residency training in Preventive Medicine, Aerospace Medicine, or Occupational Medicine and board certification in Occupational Medicine. These privileges are normally granted at the MEDCEN, Regional Medical Command and/or higher levels.		
Requested	Approved	
		Category III clinical privileges
		a. Provide complex occupational and environmental epidemiological analysis.
		b. Provide expert consultation and guidance in all phases of Occupational-Environmental Medicine.
		c. Provide expert consultation to Category I and II providers.
		d. Interpret laws and regulations as they apply to patient and program management for Occupational-Environmental Medicine and Health.
		e. Conduct Army-wide assessment of OH programs to assess total program performance using standard OH program metrics.
		f. Review regional OH quality management programs (QA/QI activities) and the credentials and practice of assigned clinicians to ensure education, experience, and performance standards are met.
		g. Review resource and staffing needs for all RMCs, identify shortfalls, and initiate corrective actions.
		h. Evaluate the extent of RMC occupational injury and illness and track trends over time to assess OH program effectiveness.
		i. Design Army-wide interventions to reduce occupational/environmental injury and illness, and to minimize the financial liability of the U.S. Government.

**Category III. (Continued)**

Requested	Approved	
		j. Review and update Army regulations, policies, and other guidance related to the delivery of care in occupational medicine.

COMMENTS

	SIGNATURE OF PROVIDER	DATE (YYYYMMDD)
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**SECTION II - SUPERVISOR'S RECOMMENDATION**

Approval as requested       Approval with Modifications (Specify below)       Disapproval (Specify below)

COMMENTS

DEPARTMENT/SERVICE CHIEF (Typed name and title)	SIGNATURE	DATE (YYYYMMDD)
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**SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION**

Approval as requested       Approval with Modifications (Specify below)       Disapproval (Specify below)

COMMENTS

COMMITTEE CHAIRPERSON (Name and rank)	SIGNATURE	DATE (YYYYMMDD)
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