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OCCUPATIONAL HEALTH RECORD-KEEPING SYSTEM

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy for the implementation of the Occupational Health Record System (OHRS), a newly released electronic health record for employee occupational health records maintained in the Employee Medical File System Records and Employee Medical File System Records (Title 38).

2. BACKGROUND

a. Essential elements for the effective delivery of occupational health care include: documentation of administrative examinations, injury, and illness care; medical surveillance; and infectious disease program management. Core actions in managing healthy workplaces include: tracking vaccinations; screening employees who report to duty despite illness; managing outbreaks with follow-up investigations; and identifying individuals who occupational health clinicians recommend be placed off duty.

b. Systematic and efficient processes to manage employee occupational health records and protect privacy are an essential element of occupational health practice.

c. The confidentiality of occupational health care records of employees of the Federal government are protected by the Privacy Act of 1974, Title 5 United States Code (U.S.C.) section 552a; the Federal Employees' Compensation Act (FECA), 5 U.S.C. Chapter 81 and Title 20 Code of Federal Regulations (CFR) Part 10, Subpart A; Privacy Procedures for Personnel Records in 5 CFR Parts 293 and 297; and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, 45 CFR Parts 160 and 164. The records are maintained in Employee Medical File System Records (OPM/GOVT-10) and Employee Medical File System Records (Title 38) VA (08VA05) Privacy Act Systems of Records, which authorizes various routine use disclosures without the employee's written release of information or authorization.

d. The Computerized Patient Record System (CPRS) does not provide adequate privacy protections for employee occupational health records. The development of the Text Integration Utility (TIU) and business rules provides the ability to restrict access to employee progress notes to only occupational health clinicians. No such protection exists for personal health information outside of progress notes.

e. FECA distinguishes between the use of health information for injury reporting and safety management, management of the clinical care of employees, and the administrative management of workers' compensation claims. The use of the information used in the filing of workers' compensation claims is restricted to the

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employees filing the claims, their supervisors, and workers' compensation personnel. Although the health records of an employee who elects to obtain treatment in Occupational Health may be used by clinicians in the provision of medical care, this information may not be accessed by supervisors, human resources managers, or other individuals not designated as workers' compensation staff, unless the individual provides a written authorization for such use of the information.

f. As with FECA, the HIPAA Privacy Rule authorizes clinicians to use employees' occupational health records to provide medical treatment. The HIPAA Privacy Rule, however, prohibits the use of health records, including clinical information regarding an employee's immunization status or exposures, by supervisors, human resources managers, or others. Further, the HIPAA Privacy Rule requires the use of access controls to safeguard such protected health information against any unauthorized use or disclosure.

g. OHRS employee health records are currently unscheduled and cannot be destroyed until disposition instructions are approved by the National Archives and Records Administration (NARA) and published in Record Control System (RCS) 10-1. The OHRS records appraisal was submitted to NARA on July 16, 2010. Additionally, OHRS is used to protect employee health records under applicable regulations and laws while promoting efficiency in recordkeeping and data access for workforce management and occupational safety.

h. **Definitions**

(1) **Federal Employee Compensation Act (FECA).** FECA provides workers' compensation benefits to Federal employees for work-related injuries or illnesses, and to their eligible dependents if a work-related injury or illness results in the employee's death. Occupational health, if selected as the provider of choice will provide treatment to employees with work-related injuries and illnesses.

(2) **Privacy Act.** The Privacy Act governs the collection, maintenance, use and dissemination of personally identifiable information about living individuals that is maintained in systems of records by federal agencies.

(3) **Health Insurance Portability and Accountability Act (HIPAA).** HIPAA provides standards and requirements for the electronic transmission, privacy, and security of certain health information.

(4) **Role-based Access.** Role-based access is an approach to restricting system access to authorized users. It determines what information a person may have the right to access.

(5) **Functionality.** Functionality refers to the set of functions or capabilities associated with computer software or hardware or an electronic device. OHRS functionality includes documentation of care and report generation.

3. POLICY: It is VHA policy that health records of staff members, whether paid, voluntary or workers without compensation (WOC) created or maintained by occupational health is recorded in OHRS.

4. ACTION

a. **Director, Occupational Health Program, Occupational Health Strategic Health Care Group, Office of Public Health.** The Director, Occupational Health Program, is responsible for:

(1) Ensuring that occupational health staff are made aware of new OHRS functionality as it becomes available;

(2) Ensuring OHRS training is available and that new training modules are developed and deployed when new OHRS functionality is available;

(3) Granting role-based access to potential OHRS users; and

(4) Conducting audits of access to OHRS every 3 months to ensure users have appropriate role-based access.

b. **Veterans Integrated Service Network (VISN) Director.** The VISN Director, or designee, is responsible for:

(1) Designating a primary and alternate administrator in the VISN from the list of facility administrators in their VISN to manage role-based access to OHRS. These administrators must be either a registered nurse, physician assistant, nurse practitioner, or physician who is assigned to Occupational Health.

(2) Notifying the Director, Occupational Health Program of any changes in VISN OHRS administrators on quarterly basis.

c. **Facility Director.** Each facility Director, or designee, is responsible for:

(1) Ensuring that staff responsible for data-entry into the OHRS are trained in the use of OHRS. **NOTE:** *The extent of training depends on the individual's role-based access.*

(2) Ensuring that health care provided to staff is recorded in OHRS where such functionality exists. **NOTE:** *Additional functionality will be available every 3 to 6 months as it is developed, tested and deployed. All functionality is expected to be completed within the next 5 years.*

(3) Ensuring that new releases of OHRS are installed within 30 days after their release.

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(4) Designating a primary and alternate administrator at the facility to manage role-based access to OHRS. These administrators must be a registered nurse, physician assistant, nurse practitioner, or physician who is assigned to Occupational Health.

(5) Ensuring that individuals assigned access to OHRS are given the correct role-based access.

(6) Notifying the Director, Occupational Health Program, of any changes in local OHRS administrators on a quarterly basis.

d. **OHRS Administrators.** The OHRS Administrator is responsible for:

(1) Completing OHRS training specific to the OHRS Administrator;

(2) Granting VHA staff appropriate role-based access to OHRS, reviewing this access every 3 months, and making necessary changes.

5. REFERENCES

a. Privacy Act of 1974, 5 U.S.C. 552a.

b. FECA, 5 U.S.C. Chapter. 81.

c. Occupational Health and Safety Act, 29 U.S.C. Chapter 15.

d. Personnel Records, 5 CFR Parts 293.

e. Privacy Procedures for Personnel Records, 5 CFR Part 297.

f. Claims for Compensation Under the Federal Employee' Compensation Act, 20 CFR Part 10.

g. Recording and Reporting Occupational Injuries and Illnesses, 29 CFR Part 1904.

h. HIPAA Privacy and Security Rules, 45 CFR Parts 160 and 164.

i. Employee Medical File System Records,. OPM/GOVT-10.

j. Employee Medical File System Records (Title 38)-VA,08VA05.

k. Public Printing and Documents, Federal agency responsibilities, 44 U.S.C. 3506.

l. Electronic Records Management, 36 CFR 1236, Subpart C.

m. Recordkeeping and Reporting Requirements 29 CFR Part 1960, (Subpart I).

n. VA Directive and Handbook 7701.

6. FOLLOW-UP RESPONSIBILITY: The Director, Occupational Health Program in the Occupational Health, Safety and Prevention Strategic Health Care Group (10P3D) in the Office of Public Health is responsible for the contents of this Directive. Questions may be addressed to Director, Occupational Health, at (202) 461-1042.

7. RESCISSIONS: None. This VHA Directive expires April 30, 2017.

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