

OCCUPATIONAL HEALTH RECORD KEEPING SYSTEM

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides policy for the Occupational Health Record System (OHRS), a partially developed electronic health record for employee occupational health records maintained in the Employee Medical File System Records (OPM/GOVT-10) and Employee Medical File System Records (Title 38).
- 2. SUMMARY OF MAJOR CHANGES:** No substantive changes. Minor changes included:
 - a. Paragraph 2. c. Added “Public Law 110–233, 122 Statute 881, Genetic Information Nondiscrimination Act of 2008 (GINA).”
 - b. Paragraph 5. a. Changed Director, Occupational Health to Chief Consultant, Office of Occupational Health and added “or designee.”
 - c. Paragraph 5. b. Changed Director, Occupational Health to Chief Consultant, Office of Occupational Health and added “or designee.”
 - d. Paragraph 5. c. Changed Director, Occupational Health to Chief Consultant, Office of Occupational Health and added “or designee.”
- 3. RELATED ISSUES:** None.
- 4. RESPONSIBLE OFFICE:** Chief Consultant, Office of Occupational Health (10P4Z), Patient Care Services, is responsible for the content of this directive. Questions may be referred to the Office of Occupational Health 202-461-1061.
- 5. RESCISSIONS:** VHA Directive 2012-012, dated April 11, 2012
- 6. RECERTIFICATIONS:** This VHA directive is scheduled for recertification on or before the last working day of September 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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OCCUPATIONAL HEALTH RECORD KEEPING SYSTEM

1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy for the Occupational Health Record-Keeping System (OHRs), a partially developed electronic medical record for employee occupational health records maintained in the Employee Medical File Systems Records. **AUTHORITY:** Title 5 United States Code (U.S.C.) 552a; 29 U.S.C. 656-657, 668, 674; 38 U.S.C. 501, 7301(b); 42 U.S.C. 2000ff-5; 44 U.S.C. 2904, 3101-3102, 3015, 3506

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 immunizations, screening employees who report to duty despite illness, managing outbreaks with follow-up investigations, and identifying individuals whom 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, 5 United States Code (U.S.C. 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 Title 5 CFR Parts 293 and 297; Public Law 110-233, Genetic Information Nondiscrimination Act of 2008 (GINA), 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 Systems of Records (OPM/GOVT-10) for Title 5 employees and VA 08VA05 for Title 38 employees which authorize various routine use disclosures without the employee's written release of information or authorization. All records created in OHRs shall be managed according to the National Archives and Records Administration (NARA), General Records Schedule (GRS) 1, Civilian Personnel Records, Items 21 & 34, and VHA Records Control Schedule (RCS) 10-1.

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. VHA Occupational Health clinicians and staff must access CPRS to perform their assigned official duties in support of the Occupational Employee Health. Consistent with the current VHA Notice of Privacy Policy Practices, a signed release of information is required prior to using CPRS as in doing so providers and staff may create protected health information (PHI) that is visible to others with access to the electronic medical record and because

when accessing the employee's record, clinicians and staff cannot avoid disclosing to themselves non-occupational health PHI for those employee's who also obtain their private health care in the VHA system.

e. FECA distinguishes between the use of health information for injury reporting and safety management, management of clinical care for employees, and the administrative management of the workers' compensation claims. The use of the information used in the filing of workers' compensation claims is restricted to the employees filing the claims, their supervisors and workers' compensation personnel. Although the health records of an employee who elects to obtain treatment in Employee 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. The HIPAA Privacy Rule 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.

3. DEFINITIONS

a. **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.

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

c. **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.

d. **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.

4. 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 are recorded in OHRs where such functionality exists in OHRs.

5. RESPONSIBILITIES

a. **Chief Consultant, Occupational Health Services, Office Patient Care Services.** The Chief Consultant, Occupational Health Services, or designee, is responsible for:

(1) Ensuring 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) Providing oversight of OHRS including 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 VA medical facility administrators in their VISN to manage role based access to OHRS. These administrators must be a registered nurse, physician assistant, nurse practitioner or physician who is assigned to Employee Occupational Health; and

(2) Notifying the Chief Consultant, Office of Occupational Health, or designee, of any changes in VISN OHRS administrators on a quarterly basis.

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

(1) Ensuring that staff members responsible for data entry into OHRS are trained in the use of OHRS. **NOTE:** *The extent of the 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 is dependent on available funding;*

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

(4) Designating a primary and alternate administrator at the VA medical facility to manage role-based access to OHRS. The administrators must be a registered nurse, physician assistant, advanced practice registered nurse or physician who is assigned to Employee Occupational Health;

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

(6) Notifying the Chief consultant, Occupational Health Program, or designee, of any changes in local OHRs administrators on a quarterly basis.

d. **OHRs Administrator.** The OHRs Administrator is responsible for:

(1) Completing OHRs training specific to the OHRs administrator; and

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

6. REFERENCES

- a. Pub. L. 110–233, Genetic Information Nondiscrimination Act of 2008 (GINA).
- b. 5 U.S.C. 552a, Privacy Act of 1974.
- c. 29 U.S.C. Chapter 15, Occupational Safety and Health Act.
- d. 44 U.S.C. 3506, Public Printing and Documents, Federal Agency Responsibilities.
- e. 36 CFR 1236, Subpart C, Electronic Records Management.
- f. 45 CFR Parts 160 and 164, Administrative Data Standards and Related Requirements, Security and Privacy.
- g. 20 CFR Part 10, HIPAA Privacy and Security Rules.
- h. Title 5 CFR Part 293 and 297, Privacy Procedures for Personnel Records.
- i. Title 29 CFR Part 1904, Recording and Reporting Occupational Injuries and Illnesses.
- j. Title 29 CFR Part 1960, Subpart 1 Recordkeeping and Reporting Requirements.
- k. OPM/GOVT-10, Employee Medical File Systems Records.
- l. VA, 08VA05, Employee Medical File System Records.
- m. VHA Records Control Schedule 10-1