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Medical Services

Local National Employee Occupational Health Services Contract

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\*This regulation supersedes AE Regulation 40-11, 11 February 2005.

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**Summary.** This regulation prescribes policy and procedures for occupational health (OH) medical services for local national (LN) employees in Germany.

**Applicability.** This regulation applies to appropriated and nonappropriated fund elements of the U.S. Army employing LN personnel in Germany who are serviced by the United States Army Civilian Human Resources Agency, Europe Region (CHRA-E). These employees are referred to as "LN employees" in this regulation. Services under this regulation to organizations other than the U.S. Army will be provided by the United States Army Center for Health Promotion and Preventive Medicine-Europe (USACHPPMEUR) on a reimbursable basis.

**Supplementation.** This regulation may not be supplemented without USAREUR Command Surgeon (CSURG) approval.

**Forms.** This regulation prescribes AE Form 40-11A. AE and higher-level forms are available through the Army in Europe Publishing System (AEPUBS).

**Records Management.** Records created as a result of processes prescribed by this regulation must be identified, maintained, and disposed of according to AR 25-400-2. Record titles and descriptions are available on the Army Records Information Management System website at <https://www.arims.army.mil>.

**Suggested Improvements.** The proponent of this regulation is the USAREUR CSURG (AEAMD, DSN 371-2010). Users may suggest improvements to this regulation by sending DA Form 2028 through the USAREUR CSURG (AEAMD), CMR 442, APO AE 09014-0130, to the USACHPPMEUR (MCHB-AE-M), CMR 402, APO AE 09180-0402.

**Distribution.** C (AEPUBS).

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#### 1. PURPOSE

This regulation establishes policy and procedures for providing occupational health (OH) medical services under the USAREUR Occupational Health Services Contract (UOHSC). This regulation will not supersede or change existing legal or regulatory policy.

#### 2. REFERENCES

Appendix A lists references.

#### 3. EXPLANATION OF ABBREVIATIONS AND TERMS

The glossary defines abbreviations and terms.

#### 4. RESPONSIBILITIES

a. The Commander, United States Army Center for Health Promotion and Preventive Medicine-Europe (USACHPPMEUR), will—

- (1) Fund and manage industrial hygiene (IH) and OH divisions to carry out the requirements of this regulation.
- (2) Ensure that medical OH services are provided for local national (LN) employees by a contract with a competent OH-service contractor.
- (3) Ensure the contractor provides health surveillance of designated employees according to the following:
  - (a) *Unfallverhütungsvorschrift, Arbeitsmedizinische Vorsorge- BGV A4* (Accident Prevention Directive, Preventive Occupational Medicine).
  - (b) Fundamentals of the *Berufsgenossenschaftliche Grundsätze für arbeitsmedizinische Vorsorgeuntersuchungen* (Principles for Preventive Occupational-Medicine Examinations, published by the Employer's Liability Insurance Association).
- (4) Ensure employees identified as being exposed to potential or documented workplace hazards are referred to the appropriate OH contractor for required medical evaluation.
- (5) Ensure that medical evaluations are provided according to German standards and the "G codes" (*Berufsgenossenschaftliche Information (BGI) 504*).
- (6) Ensure OH offices and employing units maintain a list of LN employees and the names of designated contractors for referral.
- (7) Provide a contracting officer's representative (COR) to monitor the daily performance of the contract.
- (8) Maintain a database in accordance with the provisions of the Employer's Liability Insurance Association (*Berufsgenossenschaftliche Vorschriften/BGV A4*, paragraph 11), where the following additional information is included:
  - (a) LN employee work-exposure histories and medical examinations for workareas with potential health hazards.

(b) Required personal protective equipment (PPE).

**NOTE:** Personal medical information will not be maintained in the database.

(9) A copy of the database printout that was handed out to the leaving employee must be provided to the *Unfallkasse des Bundes* (German Accident Insurance Carrier) for storage in accordance with the statutory requirements (i.e. for 30 years).

(10) Advise commanders of their responsibilities and the best methods to minimize or eliminate hazardous exposures.

(11) Help the OH service contractor verify individual employee exposure and determine PPE requirements. A copy of the employee's position description that includes duties that may result in hazardous exposures must be provided to the contractor on request.

(12) Ensure job-related medical evaluations are provided at no cost to the employee.

b. Commanders and agency chiefs will—

(1) Ensure supervisors enforce employee compliance with OH program requirements.

(2) Promote and maintain healthy and safe workareas for all employees.

(3) Ensure supervisors enforce employee use of PPE.

(4) Ensure that the corresponding database printout and medical certificates are handed out to the employee upon his/her separation (*BGV A4*, para 11).

c. Local works councils and representatives of severely handicapped employee will—

(1) Execute their legal functions according to this regulation.

(2) In coordination with commanders and agency chiefs, contact the USACHPPMEUR COR to coordinate times for the OH-service contractors to visit selected workareas, as needed.

(3) Receive the minutes of the investigations, inspections, and discussions in which they are to be involved according to section 81, MGPRL.

d. The USAREUR Head Works Council and the USAREUR Head Severely Handicapped Employee Representative Group will provide a representative to attend quarterly meetings between USACHPPMEUR and the OH-service contractor.

e. The Civilian Human Resources Agency, Europe Region (CHRA-E) will—

(1) Provide to the OH office a list of all LN employees for each area support group (ASG) and base support battalion (BSB). This list will be sent on the first workday of January, April, July, and October each year.

(2) Provide the ASG OH office with a list of newly assigned employees and employees who were separated the previous month. An updated list must be provided each month.

(3) Through the civilian personnel advisory center (CPAC), provide a copy of the job description and the Employment Health Reference Sheet (AE Form 40-11A) to the employee during the employee's inprocessing. The CPAC will advise the new employee to provide the documents to the supervisor for completing part I of the form and for scheduling the pre-employment physical with the OH office.

f. Supervisors will—

(1) Ensure that hazardous jobs have position descriptions that include a summary of hazards, PPE requirements, provisions for hazard-communication training, and job-related medical surveillance, as applicable, based on input received from the safety office, OH, and IH,

- (2) Coordinate pre-placement employee examinations, if required, with the new employee and the respective ASG OH office.
- (3) Coordinate examinations of terminating employees, if required, with the respective ASG OH office.
- (4) Inform applicants of medical-surveillance and PPE requirements of the job.
- (5) Send a completed AE Form 40-11A to the appropriate ASG OH office for employees identified as requiring a medical evaluation.
- (6) Schedule appointments with the OH-service contractor for employees requiring medical evaluations after the OH office has reviewed medical-evaluation requirements.
- (7) Investigate and evaluate reported job-related injuries or illnesses.
- (8) Report all job-related injuries to the servicing safety office.
- (9) Provide appropriately fitted PPE to employees and require that it be worn when employees will be performing hazardous duty. Supervisors will not permit employees to work in areas where there will be hazardous exposures unless the employee is using the appropriate PPE.
- (10) Advise employees who require medical treatment for an occupational illness or injury of the appropriate procedures to notify the *Unfallkasse des Bundes* (German Accident Insurance Carrier).
- (11) Ensure LN employees report for scheduled medical surveillance appointments with the contractor.
- (12) Inform the CPAC, servicing safety officer, the OH staff as well as the responsible works council and the SHE representative, as applicable, of any LN employee who refuses the required medical-surveillance examination.
- (13) Remove employees who refuse medical examinations from hazardous workareas, pending administrative resolution.
- (14) Report changes in workplace practices or procedures to the appropriate safety and servicing safety and IH professionals.

g. The servicing safety office will—

- (1) Identify and maintain a list of workareas that have occupational and safety hazards.
- (2) Report any observed health concerns about an employee to the supervisor, the ASG IH or OH office, and to the representatives of the responsible works council and the SHE representative responsible for the employee.
- (3) Forward specific and detailed concerns about, complaints about, and suggestions for improvements to LN OH medical services provided by contractors to the supervisor. Include names, dates of appointments, locations of appointments, and times whenever possible. This information is especially important if action or resolution is desired.

h. Employees will—

- (1) Follow safe and healthy work practices.
- (2) Wear prescribed PPE when required. Hazardous work will not be performed when PPE is not available.
- (3) Report suspected unsafe or hazardous work situations to the supervisor. Employees may also report to the servicing safety office or the ASG IH or OH offices and to the safety representatives according to local policy and procedures.
- (4) Comply with worker-protection requirements, including keeping scheduled medical-surveillance appointments.

(5) Comply with required follow-up medical appointments provided by the OH-service contractor and inform supervisors of follow-up or further required medical evaluations and the times required for the evaluations.

## 5. GENERAL

a. The UOHSC will meet regulatory OH requirements for LN employees. In cases of conflict between U.S. and German law on exposure standards and medical surveillance, all German standards and requirements must be met. When U.S. standards are stricter than German standards, the U.S. standards will be used when all the following apply:

- (1) Applying the U.S. standards is more practical.
- (2) Use of the U.S. standards has been agreed to by the appropriate works council (local or HWC).
- (3) The implementation and use of U.S. standards has been coordinated with the OH-service contractor.

b. USACHPPMEUR will ensure a contract is in place to provide LN employees with OH medical support. The OH-service contractor is responsible for providing the health surveillance of designated employees according to the *Unfallverhütungsvorschrift, BGV A4*, and the fundamentals of the *Berufsgenossenschaftliche Grundsätze für arbeitsmedizinische Vorsorgeuntersuchungen*. Information that is collected and maintained in OH databases will be used to meet the requirements of the *BGV A4*.

c. Depending on the current OH-service contractor, OH medical services may be provided at designated centers or at the worksite through the use of mobile OH vehicles if the employee's workplace is more than 30 kilometers from the contractor or medical facility. Time away from the actual worksite for medical-surveillance examinations will be considered duty time.

## 6. PROCEDURES

a. ASG OH professionals will—

(1) Coordinate with the responsible personnel office to identify and review job positions requiring medical examinations. When available, position descriptions for LN employees should be provided in both German and English.

(2) Send a list of LN employees who require periodic medical examinations to the respective supervisors for them to complete AE Form 40-11A on each employee with all required demographic and potential workplace hazard-exposure information.

(3) Maintain a database of LN employees who require medical surveillance for exposure to health hazards and the associated "G code" for each exposure according to German OH standards.

(4) Use the database in (3) above to track completion of required examinations.

(5) Provide the OH-services contractor physician (at the time of the employee referral) an authorization letter for the medical examination, and a completed AE Form 40-11A with the following information:

(a) Employee demographic information (for example, employee's name, identification number).

(b) The requested "G code" examination with the appropriate clinical code.

(c) A brief description of the employee's duties (in English) that may result in hazardous exposure.

(d) Documented exposure levels, if available, or a list of potential hazards based on health-hazard evaluations of the workplace from the IH office.

(e) PPE required to perform the job.

(6) After the medical examination is completed—

(a) Review and note any physician-documented work restrictions indicated on the "green sheet" (*Arbeitsmedizinische Vorsorgeuntersuchungen - Ärztliche Bescheinigung*) and the AE Form 40-11A.

(b) Ensure employees receive copies of the examination results on the “green sheet” from the contractor at the time of the visit.

(c) Notify, in writing, the supervisor of the employee or designated POC for the worksite of any work restrictions, incomplete examinations, or no-show appointments. One copy will be given to the LN employee and one copy will be kept at the ASG OH office.

b. ASG IH professionals will—

(1) Make regular workplace visits to identify potential health hazards at worksites and recommend actions to eliminate or control the hazards.

(2) Describe workplace exposure to potential health hazards. This description will be used for exposure-based medical surveillance according to Occupational Safety and Health Agency (OSHA) guidance, DOD instructions, DA regulations, and German OH standards.

(3) Provide USACHPPMEUR OH professionals with copies of the IH exposure assessments to determine medical-evaluation or surveillance requirements.

(4) Advise commanders on requirements and methods for minimizing exposures.

(5) Maintain a database of health hazards and employees who may be exposed to those hazards.

c. Supervisors will—

(1) Schedule medical evaluations with the OH-service contractor on receipt of the referral list from the OH office. This is the list referred to in a(2) above.

(2) Notify the appropriate OH office, the CPAC, the local works council, and the servicing safety office of any LN employee who does not show up for a scheduled appointment.

(3) Provide the employee transportation to the contractor if necessary.

(4) Provide information to IH professionals and to OH professionals on additional exposures beyond those suggested by the position title, position description, or changes in work practices.

(5) Ensure that position descriptions for jobs in potentially hazardous workplaces include a summary of the hazards.

## **APPENDIX A REFERENCES**

### **SECTION I PUBLICATIONS**

Agreement of 3 August 1959, as Amended by the Agreements of 21 October 1971, 18 May 1981, and 18 March 1993, to Supplement the Agreement between the Parties to the North Atlantic Treaty regarding the Status of their Forces with respect to Foreign Forces stationed in the Federal Republic of Germany (Revised Supplementary Agreement, effective 29 March 1998) (commonly called the Supplementary Agreement to the NATO Status of Forces Agreement (SOFA))

NATO Standardization Agreement 2908, Preventive Measures for an Occupational Health Program

Code of Federal Regulations, Title 29, Part 1910, Occupational Safety and Health Administration, Department of Labor

Code of Federal Regulations, Title 29, Part 1960, Basic Program Elements for Federal Employees Occupational Safety and Health Programs and Related Matters

*Unfallverhütungsvorschrift, Arbeitsmedizinische Vorsorge - BGV A4* (Accident Prevention Directive, Preventive Occupational Medicine)

*Berufsgenossenschaftliche Grundsätze für arbeitsmedizinische Vorsorgeuntersuchungen* (Principles for Preventive Occupation-Medicine Examinations, published by the Employer's Liability Insurance Association)

AR 25-400-2, The Army Records Information Management System (ARIMS)

AR 40-5, Preventive Medicine

AE Regulation 385-29, Safety and Occupational Health for Local National Employees in Germany

AE Regulation 385-29-G, *Unfallverhütung und Arbeitsschutz für ortsansässige Beschäftigte in der Bundesrepublik Deutschland*

AE Regulation 690-70, Recruitment and Staffing for Local National Employees in Germany

AE Regulation 690-70-G, *Personalbeschaffung und Stellenbesetzung für ortsansässige Arbeitnehmer in der Bundesrepublik Deutschland*

USAREUR Regulation 690-61, Labor Management Relations—Local National (LN) Employees in Germany

### **SECTION II FORMS**

DA Form 2028, Recommended Changes to Publications and Blank Forms

AE Form 40-11A, Employment Health Reference Sheet/*Arbeitnehmer Gesundheitsdatenblatt*

## GLOSSARY

### SECTION I

#### ABBREVIATIONS

AE	Army in Europe
AR	Army regulation
ASG	area support group
BGI	<i>Berufsgenossenschaftliche Information</i> (Employer's Liability Insurance Association information)
BGV	<i>Berufsgenossenschaftliche Vorschrift</i> (Employer's Liability Insurance Association regulation)
BSB	base support battalion
CHRA-E	United States Army Civilian Human Resources Agency, Europe Region
COR	contracting officer's representative
CPAC	civilian personnel advisory center
CPOC	Civilian Personnel Operations Center
DA	Department of the Army
DOD	Department of Defense
HWC	Head Works Council, USAREUR
IH	industrial hygiene
LN	local national
NATO	North Atlantic Treaty Organization
OH	occupational health
OSHA	Occupational Safety and Health Agency
PEL	permissible exposure limit
POC	point of contact
PPE	personal protective equipment
SHE	severely handicapped employee
UOHSC	USAREUR Occupational Health Services Contract
USACHPPMEUR	United States Army Center for Health Promotion and Preventive Medicine-Europe
USAREUR	United States Army, Europe

### SECTION II

#### TERMS

##### **action level**

Used by the Occupational Safety and Health Agency and the National Institute for Occupational Safety and Health to express a health or physical hazard. Action levels indicate the level of a harmful or toxic substance or activity that requires medical surveillance, increased industrial hygiene monitoring, or biological monitoring. Action levels are generally set at one half of the permissible exposure limit (PEL), but the actual level may vary from standard to standard. The intent is to identify a level at which the vast majority of randomly sampled exposures will be below the PEL.

##### **exposed**

In the occupational setting, working with hazardous substances at a level that may affect health. (See action level.)

##### **G code**

From the German word *Grundsätze* (principles). The G codes refer to special preventive occupational-medicine evaluations prescribed in the *Berufsgenossenschaftliche Grundsätze für arbeitsmedizinische Vorsorgeuntersuchungen* for employees who are exposed to hazards at their worksites or are working with hazardous material or substances.

##### **green sheet**

The form provided by the physician who completed the medical examination. It documents work restriction and follow-up examinations that may be required. The form may not always be green.

##### **medical evaluation**

This is a general term. The extent of the evaluation is based on the reason for the visit, the occupational history, and any current health complaints. A medical evaluation may include an occupational history, ancillary medical tests (blood tests or hearing tests), or a "hands-on" physical examination. The evaluation may be medical surveillance for job-hazard exposures or may be fitness-for-duty examinations for positions with medical standards.

##### **personal protective equipment (PPE)**

Equipment required to prevent exposure to workplace hazards. It may include any of the following: eyewear, gloves, hardhats, hearing protection, protective clothing, respirators, or special footwear. PPE should be the last option to prevent exposures to hazards in the workplace. "Engineering out" hazards, substituting less hazardous material, or administrative controls should always be used first.