

## LIST OF CLINICAL PRIVILEGES – OCCUPATIONAL MEDICINE

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from military service.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

**CODES:** 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)

3. Not approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

**NAME OF APPLICANT:**

**NAME OF MEDICAL FACILITY:**

**ADDRESS:**

I Scope		Requested	Verified
<b>P391545</b>	The scope of privileges in Occupational Medicine includes the evaluation, diagnosis, management and consultation of patients with acute / minor and chronic occupational/environmental illnesses and injuries of all organ systems. These providers perform pre-employment, periodic, return-to-work, pre-deployment, fitness to continue in current position, disability, retirement, surety, security clearance, and termination physical examinations. Providers design and perform medical surveillance and/or certification exams for patients with exposure risk and provide prevention planning for individuals and population groups with/at risk for occupational and environmental illness and injury.		
<b>P391545-con't</b>	Providers perform, interpret and analyze epidemiological investigations, as well as request and review industrial hygiene exposure information, biological monitoring, and toxicological tests in order to develop recommendations for countermeasures to reduce occupational or environmental hazards and prevent adverse health outcomes. They perform determinations of causality in cases of possible occupational illness and injury; advise supervisors regarding reasonable accommodation of medical work restrictions and limitations; and provide consultative services in support of disaster response, acquisition, purchase, and risk communication. Occupational Medicine Physicians may assess, stabilize, and determine disposition of patients with emergent conditions.		
Diagnosis and Management (D&M)			
Privileges		Requested	Verified
<b>P387289</b>	Substance abuse or dependence		
<b>P387291</b>	Provide clinical health promotion services to identify and address individual and organizational factors to optimize health of workers and enhance productivity		
<b>P387293</b>	Perform Workers Compensation examination to determine degree of disability (Requires recognized disability course or consultation)		
<b>P387295</b>	Evaluate and review workers for entrance and continuation in Personnel Reliability Program in accordance with Service specific policies		
<b>P387297</b>	Lead team, provide treatment and clear patients during chemical incident and accident response in accordance with Service specific policies		
<b>P387301</b>	Interpretation of audiograms		
<b>P387303</b>	Travel medicine consultation and treatment		
<b>P387305</b>	B-reader interpretation of pneumoconiosis radiographs		
<b>P387307</b>	Prescribe and administer mass treatment, immunization, and medications to control epidemics or occupational disease outbreak		

LIST OF CLINICAL PRIVILEGES – OCCUPATIONAL MEDICINE (CONTINUED)			
P387309	Act as a medical review officer for drug testing programs involving urine and blood testing to detect substance abuse/dependence		
P388341	Pulmonary function testing and interpretation		
Diagnosis and Management (D&M) Advanced Privileges (Requires Additional Training)			
Privileges		Requested	Verified
P387311	Chelation treatment		
P387313	Hyperbaric chamber treatment		
P387315	Electromyogram (EMG) interpretation		
P387319	Neuropsychological evaluation interpretation		
Procedures		Requested	Verified
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
P387757	Wound debridement		
P387759	Incision and drainage of cysts and minor abscesses		
P387767	Management of near amputations		
P387769	Extraction of superficial foreign body		
P387775	Trigger point injection		
P387777	Tendon sheath injection		
P387779	Dermal patch testing		
P388389	Laceration repair		
P388500	Reduction of simple closed fractures and dislocations		
P388594	Cast / splint simple closed fractures and dislocations		
P388382	Joint injection		
P388331	Bursal injection		
P388432	Slit lamp examination		
Other: Facility and Provider Specific Privileges		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

II CLINICAL SUPERVISOR'S RECOMMENDATION		
<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below)	<input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below)
STATEMENT:		
CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE