



**Occupational & Environmental Medicine Service
Delineation of Privileges**

NAME _____

DEFINITION: Occupational and Environmental Medicine (OEM) is both a clinical and a population-based medical specialty devoted to the prevention and management of occupational and environmental injury, illness, and disability, and the promotion of the health and productivity of workers, their families, and communities. All OEM physicians are first and foremost medical doctors with training in the provision of clinical care to patients. Additionally, OEM physicians have special expertise in the prevention, evaluation, and management of conditions that are either commonly or uniquely experienced by workers or persons exposed to hazardous environmental agents.

OEM specialists serve as consultants on health issues of populations of workers or communities with environmental concerns. In addition to a strong grounding in clinical practice, OEM physicians will have competencies in public health, prevention, population medicine, epidemiology, toxicology, and research methods, as well as other competencies. Many OEM physicians receive training, for example, as Medical Review Officers, or Aviation Medical Examiners. All OEM physicians must be able to both apply the fundamental principles of prevention and public health to clinical practice, and vice versa.

Please indicate the category of competencies:

<u>Privileges Requested</u>	<u>Privileges Granted</u>	<u>CATEGORY OF COMPETENCIES</u>
_____	_____	Aerospace Medicine
_____	_____	Cardiology (occupational cardiovascular disease)
_____	_____	Disability Management and Work Fitness (assessment of impairment, disability, and work-relatedness)
_____	_____	Dermatology (occupational skin disease)
_____	_____	Emergency Medicine and Surgery
_____	_____	Environmental Hazard Recognition, Evaluation, and Control (noise, thermal stress, repetitive trauma, radiant energy, infectious agents)
_____	_____	General Preventive Medicine
_____	_____	Gastroenterology (occupational gastrointestinal disorders)
_____	_____	Hematology/Oncology (hematologic diseases caused by occupational exposures)
_____	_____	Hyperbaric Medicine
_____	_____	Musculoskeletal (occupational rheumatologic disorders)
_____	_____	Neurology (occupational diseases of the nervous system)
_____	_____	Occupational Medicine
_____	_____	Ophthalmology
_____	_____	Pulmonology (occupational disorders of the respiratory tract)
_____	_____	Public Health and Surveillance
_____	_____	Psychiatry
_____	_____	Reproductive medicine (reproductive disorders and issues related to work)
_____	_____	Regulations and Government Agencies
_____	_____	Toxicology (fundamentals of industrial hygiene, toxicology, and epidemiology)
_____	_____	Urology (diseases of the kidney and urinary tract)

GENERAL PRIVILEGES

OEM specialists are expected to request consultation whenever needed, such as when unexpected complications arise which are outside the physician's scope of expertise, or when specialized treatments or procedures are contemplated with which the physician is not familiar.

Therapeutic Procedures – minor procedures with low risk:

<u>Privileges Requested</u>	<u>Privileges Granted</u>		<u>Privileges Requested</u>	<u>Privileges Granted</u>
_____	_____	Suture laceration	_____	_____
_____	_____	Incision and drainage of abscess	_____	_____
_____	_____	Minor wound debridement	_____	_____
_____	_____	Cornea foreign body removal	_____	_____
_____	_____	Percutaneous aspiration of hematoma	_____	_____
_____	_____	Injection, tendon sheath, ligament, trigger points, or ganglion cyst	_____	_____
				Splint application or casting for nondisplaced bone fractures
				Evacuation of subungual hematoma
				Incision and removal of foreign body, subcutaneous tissues
				Joint aspiration

Therapeutic Procedures – medium to high risk:

<u>Privileges Requested</u>	<u>Privileges Granted</u>		<u>Privileges Requested</u>	<u>Privileges Granted</u>
_____	_____	Arterial puncture	_____	_____
_____	_____	Bladder catheterization	_____	_____
_____	_____	Gastric lavage	_____	_____
_____	_____	Tonometry	_____	_____
_____	_____	Excision of lesions	_____	_____
_____	_____	Thoracotomy	_____	_____
_____	_____	Endotracheal intubation	_____	_____
_____	_____	Suprapubic tap	_____	_____
_____	_____	Cricothyroidotomy	_____	_____
_____	_____	Injection of joints	_____	_____
_____	_____	Local anesthesia	_____	_____
_____	_____	Cardiac massage (open/closed)	_____	_____
_____	_____	Cystourethrogram	_____	_____
_____	_____	Nasogastric/orogastric intubation	_____	_____
_____	_____	Resuscitation according to ATLS/ACLS/PALS guidelines	_____	_____
_____	_____	*Moderate Sedation <i>(non-anesthesiologist physicians must be ACLS certified, pass proficiency exam, or receive training through residency program, documentation required)</i>	_____	_____
				Arthrocentesis
				Paracentesis
				Electrocardiography interpret.
				Incision & drainage abscess
				Laceration repair simple/complex
				Needle & tube thoracostomy
				Interosseous line insertion
				Muscle & tendon repair
				Regional nerve blocks
				Contrast injection for imaging
				Peritoneal lavage
				Slit lamp examination
				Other: _____

ACLS Certification
 Certified: Yes No
 Expires: _____

ATLS Certification
 Certified: Yes No
 Expires: _____

PALS Certification
 Certified: Yes No
 Expires: _____

NRP Certification
 Certified: Yes No
 Expires: _____

Board Certification: _____

Dates: _____

Recert.Date: _____

Board Certification: _____

Dates: _____

Recert.Date: _____

I certify that I have the necessary training and experience to competently perform the privileges requested.

 Signature of Applicant

 Date

 Signature of Service Chief

 Date



HEALTH STATEMENT

TO CHIEF OF SERVICE / CHIEF OF STAFF

1. I HEREBY CERTIFY THAT I POSSESS THE NECESSARY COGNITIVE AND MOTOR SKILLS TO SAFELY PERFORM ALL PRIVILEGES REQUESTED AND DECLARE MYSELF TO BE FREE FROM ANY CONDITION, ILLNESS, OR INFECTIOUS DISEASE THAT COULD COMPROMISE PATIENT CARE OR MY ABILITY TO PERFORM THE PRIVILEGES REQUESTED.

YES NO

2. IF NO, DO YOU HAVE A PHYSICAL OR MENTAL CONDITION OR ILLNESS (INCLUDING ANY CHEMICAL OR ALCOHOL DEPENDENCY) WHICH COULD AFFECT YOUR ABILITY TO EXERCISE THE CLINICAL PRIVILEGES REQUESTED WITHOUT SPECIAL ACCOMMODATIONS IN ORDER FOR YOU TO EXERCISE THE PRIVILEGES REQUESTED SAFELY AND COMPETENTLY? TO ANSWER THIS QUESTION APPROPRIATELY, PLEASE REPORT ANY CONDITION WHICH IS, OR MAY BE INFECTIOUS, COULD AFFECT MOTOR SKILLS, COGNITIVE ABILITY OR JUDGMENT, OR COULD POTENTIALLY ADVERSELY AFFECT YOUR ABILITY TO CARE FOR PATIENTS OR TO INTERACT APPROPRIATELY WITH OTHER CAREGIVERS.

YES NO

If yes, please explain:

3. HAVE YOU TESTED POSITIVE FOR THE TUBERCULIN SKIN TEST? YES NO

If yes, please give date of positive skin test. _____

If no, when was your last PPD test? _____

REGARDLESS OF HOW THIS QUESTION IS ANSWERED, THE APPLICATION WILL BE PROCESSED IN THE USUAL AND CUSTOMARY MANNER. IF YOU HAVE ANSWERED THIS QUESTION AFFIRMATIVELY AND ARE FOUND TO BE PROFESSIONALLY QUALIFIED FOR MEDICAL STAFF APPOINTMENT AND CLINICALLY COMPETENT TO PERFORM THE CLINICAL PRIVILEGES REQUESTED, YOU WILL BE GIVEN AN OPPORTUNITY TO MEET WITH THE EXECUTIVE COMMITTEE TO DETERMINE WHAT ACCOMMODATIONS, IF ANY, ARE NECESSARY TO ALLOW YOU TO PRACTICE SAFELY.

SIGNATURE OF APPLICANT

DATE

CHIEF OF SERVICE

DATE