U.S. Department of Energy

Washington, D.C.

ORDER

DOE O 341.1B

Approved: 08-05-2026

SUBJECT: FEDERAL EMPLOYEE HEALTH SERVICES

1. PURPOSE. This Order establishes requirements and responsibilities for Departmental occupational medical, employee assistance (EAP), and Workers' Compensation Programs supporting federal employees, and preserves operational, oversight, and compliance controls necessary to ensure program effectiveness and statutory compliance.

2. CANCELS/SUPERSEDES. Unites States (U.S.) Department of Energy (DOE) O 341.1A, *Federal Employee Health Services*, dated October 18, 2007. Cancellation of a directive does not, by itself, modify or otherwise affect any contractual or regulatory obligation to comply with the directive. Contractor Requirements Documents that have been incorporated into a contract remain in effect throughout the term of the contract unless and until the contract or regulatory commitment is modified to either eliminate requirements that are no longer applicable or substitute a new set of requirements.

3. APPLICABILITY.

   a. Departmental Applicability. Except for stated exclusions, this Order applies to all Departmental elements. The Administrator of the National Nuclear Security Administration (NNSA) must ensure compliance consistent with Section 3212(d) of P.L. 106-65, National Defense Authorization Act for Fiscal Year 2000.

   b. Contractor Applicability (Integrated). This Order applies to site/facility management contractors when the Management and Operations contract scope includes occupational medical services for federal employees. Applicable requirements must be:

      (1) Incorporated into covered contracts through appropriate DOE contract clauses; and

      (2) Flowed down to subcontractors at any tier as necessary to ensure performance.

   c. Exclusions. This Order does not apply to the Bonneville Power Administration.

4. REQUIREMENTS.

a. General Program Management and Records.

(1) Records Protection and Maintenance. Occupational medical, EAP, Computer/Electronic Accommodation Program (CAP), and workers' compensation records must be maintained and protected in accordance with applicable statutes and regulations governing Privacy Act, Health Insurance Portability and Accountability Act, substance abuse confidentiality, and related federal record system requirements.

(2) Employee Notification. Procedures must be established to inform employees about record protections, disclosure limitations, and rights of access.

(3) Program Evaluation. Federal employee health services programs must be evaluated periodically for effectiveness and compliance with this Order.

(4) Corrective Actions. Evaluations must produce written reports and corrective action plans. Identified corrective actions must be documented, tracked, and implemented.

(5) Corporate Visibility. Evaluation reports must be provided to the Chief Human Capital Officer for monitoring and oversight.

b. Occupational Medical Programs. Occupational medical programs must:

(1) Integrate medical emergency response planning consistent with applicable DOE emergency management and worker protection directives.

(2) Provide the capability to diagnose, stabilize, treat, or refer onsite injuries and illnesses.

(3) Provide programs and procedures for the early detection, treatment and/or rehabilitation of employees who have work-related diseases, illnesses, injuries, or impairments; including medical monitoring/surveillance programs and occupational health hazard counseling.

(4) Provide medical evaluations to determine employee fitness for duty.

(5) Provide baseline, periodic, post-incident, and termination medical evaluations for employees in positions identified as having hazardous exposures or potential hazardous exposures.

(6) Establish a cooperative program among management, safety, industrial hygiene, human resources, and occupational medical staff to identify positions subject to hazardous exposure and ensure inclusion in appropriate surveillance programs.

(7) Ensure services are performed by licensed, registered, or certified medical professionals consistent with applicable professional standards.

(8) Maintain servicing medical facilities with equipment and capability sufficient to meet occupational medical program requirements.

(9) Support the CAP by providing required medical documentation for federal employees with disabilities in accordance with the Americans with Disability Act and the Department's Reasonable Accommodation Program.

(10) Ensure that employees traveling outside the contiguous United States are advised of pertinent health issues, receive required immunizations, and obtain medical clearance prior to departure:

(a) For travel less than 60 days, clearance must be provided by servicing medical staff.

(b) For travel more than 60 days, clearance must be provided by the Office of Medical Services, U.S. Department of State.

c. Employee Assistance Programs. EAPs must:

(1) Provide crisis intervention, assessment, short-term counseling, referral, follow-up, case management, management consultation, education and training, and prevention activities.

(2) Provide services addressing behavioral problems, including ensuring appropriate medical evaluations are obtained when necessary, before or as part of psychiatric evaluation.

(3) Utilize EAP counselors who are licensed or certified by the state in which services are provided or supervised by properly licensed or certified professionals.

(4) Provide services to family members of current or recently deceased employees for work-related matters. These services are limited to work-related issues (i.e., when a death occurs on the job or while in a travel status) a family member may attend support group sessions for employees or be counseled separately.

(5) Respond to employee requests for assistance as required by the interagency agreement with EAP service provider.

(6) Maintain EAP records separate from occupational medical records and ensure confidentiality consistent with applicable statutory and regulatory requirements.

(7) Support both management and employee interests in resolving workplace behavioral issues.

d. Workers Compensation Program Support. Workers' compensation programs must:

(1) Establish procedures for medical support staff to review claimant documentation at least annually.

(2) Review potential return-to-work opportunities, work restrictions, and applicable vacancies in accordance with the Human Capital policy.

(3) Review Department of Labor quarterly charge-back reports to verify billing accuracy, correct errors, and coordinate financial reconciliation.

(4) Ensure program administration is supported by personnel who have completed appropriate workers' compensation training or possess equivalent competency.

5. RESPONSIBILITIES.

a. Chief Human Capital Officer.

(1) Must develop policy and oversee evaluations for health services and approve qualification standards for medically sensitive positions.

(2) Must include a Department-wide EAP program coordinator.

(3) Must coordinate CAP with the Department of War.

(4) Must include a Department-wide Workers Compensation Program coordinator who must perform annual claimant documentation reviews, quarterly return-to-work opportunity reviews, and quarterly charge-back validation.

(5) Must coordinate workers' compensation with the Department of Labor.

(6) Must provide occupational health services for Headquarters employees.

b. Office of Environment, Health, Safety and Security. Must support evaluation of occupational medical programs and assist in establishing medical/psychological qualification standards for unique DOE/NNSA positions.

c. NNSA Administrator. Must ensure health services for NNSA employees and oversee NNSA program evaluation and qualification standards in accordance with Departmental policy.

d. Heads of Departmental/NNSA Elements with Delegated Personnel Authority.

(1) Must provide or contract for occupational medical services, conduct program evaluations, and ensure applicable contract incorporation of Order requirements.

(2) As authorized by 5 U.S.C. § 7901, Health service programs, must determine the health service programs to implement in order to provide a productive and efficient workforce.

(3) When medical or behavioral concerns arise, must ensure collaboration between line management, medical support staff, EAP counselors, and human resource staff to determine whether employees are able to perform assigned duties.

e. Deputy Administrator for Naval Reactors. In accordance with the responsibilities and authorities for safety and health matters assigned by Executive Order 12344, Naval Nuclear Propulsion Program, (statutorily prescribed by Public Law 98-525, Department of Defense Authorization Act, 1985) and to ensure consistency throughout the joint Navy/DOE organization of the Naval Nuclear Propulsion Program, implement and oversee all policies and practices pertaining to this Order for activities under the Deputy Administrator's cognizance.

6. INVOKED STANDARDS. This Order does not invoke any DOE technical standards. Compliance derives from applicable statutes, regulations, and DOE directives.

7. REFERENCES.

a. 5 U.S.C. § 552a, *Privacy Act*, regulates the collection, maintenance, use, and dissemination of personal information by federal agencies, along with requiring federal agencies to publish a notice of the existence and character of their systems of records.

b. 5 U.S.C. § 7361, *Drug Abuse*, and 7362, *Alcohol Abuse and Alcoholism*, authorize agencies to provide services to employees and their families for substance abuse problems (see https://www.govinfo.gov/link/uscode/5/7361).

c. 5 U.S.C. § 7901, *Health Service Programs*, authorizes agencies to provide health services that promote and maintain the physical and mental fitness of employees (see https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title5-section7901&num=0&edition=prelim).

d. 5 U.S.C. § 7904, *Employee Assistance Programs for Drug and Alcohol Abuse*, (https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title5-section7904&num=0&edition=prelim) and 5 Code of Federal Regulations (CFR), Part 792, *Federal Employees' Health, Counseling, and Work/Life Programs*, (https://www.ecfr.gov/current/title-5/chapter-I/subchapter-B/part-792) require agencies to provide appropriate prevention, treatment, and rehabilitation programs, such as counseling and referral services, for employees with drug and alcohol abuse problems.

e. 5 U.S.C., Chapter 81, establishes the Federal Workers' Compensation Program (see https://uscode.house.gov/browse/prelim@title5/part3/subpartG/chapter81&edition=prelim).

f. 29 U.S.C., Chapter 16, *Vocational Rehabilitation and Other Rehabilitation Services,* 791(b), "Federal agencies; affirmative action program plans," establishes requirements for agencies to provide assistance to disabled individuals (see https://uscode.house.gov/browse/prelim@title29/chapter16&edition=prelim).

g. 42 U.S.C. § 290dd-2, *Confidentiality of Records*, (https://uscode.house.gov/view.xhtml?req=Substance+Abuse&f=treesort&fq=true&num=494&hl=true&edition=prelim&granuleId=USC-prelim-title42-section290dd-2) and 42 CFR, Part 2, *Confidentiality Of Substance Use Disorder Patient Records*, (https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-2), provide for the confidentiality of alcohol and drug abuse patient records.

h. Public Law 104-191, *Health Insurance Portability and Accountability Act (HIPAA)* (https://www.govinfo.gov/link/plaw/104/public/191), and 45 CFR, Parts 160 through 164 (https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C), provide for the protection of individually identifiable health information.

i. 5 CFR § 293 (Subpart E), 339, 432, 752, and 831 provide authorities and procedures for agencies to require or request medical information relevant to taking a Personnel Management action; to maintain medical documentation and records; to protect medical records; and to establish physical requirements for positions (see https://www.ecfr.gov/current/title-5/chapter-I/subchapter-B).

j. 10 CFR, § 712, Section 712.14, "Medical assessment," establishes medical assessment requirements for the Human Reliability Program (see https://www.ecfr.gov/current/title-10/chapter-III/part-712).

k. 10 CFR § 850, *Chronic Beryllium Disease Prevention Program*, which describes the DOE chronic beryllium disease prevention program (see https://www.ecfr.gov/current/title-10/chapter-III/part-850?toc=1).

l. 29 CFR § 1910, *Occupational Safety and Health Administration* (https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1910?toc=1) and 29 CFR § 1960, *Regulations*, (https://www.ecfr.gov/current/title-29/subtitle-B/chapter-XVII/part-1960?toc=1) establish requirements for federal occupational safety and health (FEOSH) programs.

m. Executive Order 13197, "Government-wide Accountability for Merit System Principles; Workforce Information," dated January 18, 2001, https://www.govinfo.gov/link/cpd/executiveorder/13197 and Presidential Memorandum, "Actions to Further Improve the Management of Federal Human Resources," dated June 13, 2000, https://www.opm.gov/chcoc/transmittals/2000/presidential-memorandum-actions-further-improve-management-federal-human-resources_508.pdf, which address standards of human capital management improvement and accountability. Augmented by Executive Order 14170, "Reforming the Federal Hiring Process and Restoring Merit to Government Service," dated January 20, 2025, (https://www.federalregister.gov/documents/2025/01/30/2025-02094/reforming-the-federal-hiring-process-and-restoring-merit-to-government-service) and 5 CFR Part 250, *Personnel Management in Agencies*.

n. U.S. Office of Personnel Management/Government (OPM/GOVT)-5, *Recruiting, Examining, and Placement Records* (https://www.opm.gov/privacy/sorn/opm-sorn-govt-5.pdf), describes medical records pertaining to applicants.

o. U.S. Office of Personnel Management, OPM/GOVT-10, *Employee Medical File System Records*, as amended (75 FR 35099, June 21, 2010, and subsequent updates). Available at: https://www.opm.gov/privacy/sorn/opm-sorn-govt-10.pdf.

p. U.S. Department of Labor, DOL/GOVT-1, *Office of Workers' Compensation Programs, Federal Employees' Compensation Act File*, as amended (67 FR 16815, April 8, 2002, and subsequent notices). System description available via OWCP's FECA program resources at: https://www.dol.gov/agencies/owcp/FECA."

q. Department of Energy, DOE-34, *Employee Assistance Program (EAP) Records*, as amended (74 FR 1035, January 9, 2009), DOE-34 establishes the Department's EAP records system, describes the routine uses of information in those records, and applies Privacy Act and substance-use confidentiality protections consistent with 42 U.S.C. § 290dd-2 and 42 CFR § 2, *Confidentiality of Substance Use Disorder Patient Records*, to applicable counseling records. https://www.federalregister.gov/citation/74-FR-1035

r. *Americans with Disabilities Act of 1990*, as amended, 42 U.S.C. §§ 12101–12213, and implementing regulations and guidance issued by the U.S. Department of Justice. https://www.justice.gov/crt/americans-disabilities-act-1990-amended.

s. DOE O 151.1E, *Comprehensive Emergency Management System*, dated October 28, 2024, pertains to medical emergency response activities.

t. DOE P 226.2 *Policy for Federal Oversight and Contractor Assurance Systems,* dated August 09, 2016, establishes the DOE's expectations for the implementation of a comprehensive and robust oversight process that enables the Department's mission to be accomplished effectively, efficiently, safely, and securely by utilizing and leveraging the outcomes and information from effective Contractor Assurance Systems to inform the government's oversight wherever appropriate.

u. DOE O 440.1B, *Worker Protection Management for DOE (Including National Nuclear Security Administration) Federal Employees*, dated May 02, 2022, and related directives establish the DOE FEOSH and medical surveillance programs.

8. DEFINITIONS.

a. Hazardous Exposure. An employee contact with any recognized health or physical hazard at levels capable of causing adverse health effects, permanent injury, or death. This includes, but is not limited to:

(1) Chemical and Biological Agents. Substances classified as "health hazards," under 29 CFR 1910, Subpart Z, "Toxic and Hazardous Substances," including toxic air contaminants and bloodborne pathogens.

(2) Physical Agents. Harmful energy sources such as excessive noise levels (per 29 CFR 1910.97, *Nonionizing radiation*) or radiation (per 29 CFR 1910.1096, *Ionizing radiation*).

(3) Recognized Hazards. Any other recognized hazard (e.g., ergonomic stressors, temperature extremes, or emerging toxins) that, while not explicitly listed in Subpart Z or G, must be mitigated under the Occupational Safety and Health (OSH) Act General Duty Clause (Section 5[a][1] of the *OSH Act of 1970*)."

9. CONTACT. Questions concerning this Order should be addressed to the Office of the Chief Human Capital Officer.

BY ORDER OF THE SECRETARY OF ENERGY:

JAMES P. DANLY
Deputy Secretary