

Privileges for: Occupational and Environmental Medicine

Request

ST. ELIZABETH - EDGEWOOD
ST. ELIZABETH - FLORENCE
ST. ELIZABETH - FT. THOMAS
ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: August 27, 2009, Rev. February 27, 2014

Board Approval: September 14, 2009, Rev. May 5, 2014

DEPARTMENT APPROVAL

Approved Disapproved

Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in any medical specialty other than Pathology or Psychiatry

Note: For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in Occupational and Environmental Medicine include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

Admit patients, perform histories and physicals and perform evidence based evaluations, clinical evaluation and treatment of patients with injuries or illnesses of occupational or environmental origin, including focused musculoskeletal examination and diagnosis; ordering and preliminary interpretation of radiographs; repair of minor traumatic wounds with suture, staples, strips or adhesive; removal of superficial foreign bodies from skin or eyes; dermatitis or dermatological conditions; occupational ophthalmological injuries/conditions utilizing flouorescein stain and/or slit lamp; interpretation of diagnostic studies such as Pulmonary Function Testing, Electrocardiography, Wound cultures, Audiograms, and other body fluid tests; ordering and interpretation of laboratory analysis of specimens for Biological Monitoring per OSHA standards (Lead, Cadmium, Blood Borne Pathogens, and others; arthrocentesis and therapeutic injection of joints, tendon sheaths or trigger points; and burn care (thermal, solar, radiation, electrical, friction or chemical)

Medical Review Officer tasks relating to client drug screening tests

Perform comprehensive and focused Physical Examinations including preplacement evaluations with preparation of an opinion on ability to perform essential functions of position offered with or without accommodations in accordance with ADA; periodic exams (Respirator, Firefighter, other special duties or exposures); regulated exams (DOT, FAA, Coast Guard, Immigration, OSHA mandated and others); periodic Wellness and Executive Exams; fitness for Duty and Return to Work evaluations

Assist clients in the planning, development and implementation of occupational health programs and regulatory compliance

Perform site visits to client companies to evaluate the workplace, jobs and hazards and advise client on ergonomic and safety issues identified

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_____ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).

_____ Anesthesia Section Chair

_____ Date

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By initialing the procedures below, I certify that I am competent to perform the procedures requested.

DESCRIPTION OF ADDITIONAL PRIVILEGES

_____ Nerve Conduction Studies

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: _____ **Date:** _____