

Mr Dooley



WILLIAM J HENDERSON
VICE PRESIDENT EMPLOYEE RELATIONS

INFO ACTION

MANAGER HUMAN RESOURCES
HAWKEYE DISTRICT

UNITED STATES POSTAL SERVICE
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(AIDS)

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Plant Mgrs, District
Staff, Timmy, Shirley &
send this to Dawn B.

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(DB)
8/31/93

MEMORANDUM FOR ALL MANAGERS HUMAN RESOURCES
DISTRICT OFFICES

SUBJECT: Transmittal of AIDS Guidelines and Information

Enclosed is a copy of the updated "AIDS in the Workplace, Guidelines and Information" for the Postal Service. These guidelines represent a comprehensive compilation of the Postal Service's policy on AIDS as they apply to a variety of situations.

The enclosed guidelines consist of information previously published, plus information which represents the latest thinking on AIDS by the Public Health Service and the Center for Disease Control. We feel that this information will be of significant practical use to you and your staff in handling this subject as it relates to the workplace. Questions concerning AIDS-related issues may arise at any level in the organization. It is important, therefore, that all managers are prepared to deal promptly and effectively with this issue. We are confident that this information will prove to be of benefit to you and your managers.

Please distribute this information to your managers and supervisors to ensure continuity.

If there are any questions, please feel free to contact Ann Wright, Manager, Safety and Health, at (202) 268-3683 or Dr. David H. Reid, National Medical Director, at (202) 268-3697.

Ann C. Wright
for William J. Henderson

Enclosure

**ACQUIRED IMMUNE DEFICIENCY
SYNDROME (AIDS) IN THE WORKPLACE**

**GUIDELINES
AND
INFORMATION**

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AIDS IN THE WORKPLACE

I. PURPOSE

The purpose of this document is to detail the U.S. Postal Service's policy on AIDS as it relates to its workforce. We hope that it will assist managers in establishing effective education programs, personnel practices, and in the handling of AIDS-related situations in a just and effective manner. Employee confidentiality must be maintained. This instruction also provides guidance on acceptance and handling of mailed items which may contain the HIV virus or other bloodborne disease agents.

II. DEFINITION - ACQUIRED IMMUNE-DEFICIENCY SYNDROME (AIDS)

AIDS is an infectious disease caused by the Human Immuno-Deficiency Virus (HIV) that attacks the immune system of the body. Upon infection, the protective mechanism that normally defends the body against disease is impaired. The disease's progression subjects infected persons to increased incidences of infections and malignancies. The two illnesses most often occurring in persons with AIDS (PWAs) are pneumocystis carinii pneumonia (a parasitic infection of the lungs), and Kaposi's Sarcoma (a rare type of skin cancer). PWAs frequently develop other kinds of cancer and infections.

III. AIDS CHARACTERISTICS

There are three distinct stages of the AIDS disease. These stages are as follows:

A. Seropositive Stage

People who test positively for the HIV antibody may have the antibody in their blood, but otherwise have no symptoms of the disease. Such a test does not predict whether or not that they will eventually develop "Full-Blown" AIDS (see Section C below). The current estimate, however, is that most Seropositive (symptomless) individuals will eventually convert from a positive HIV-test alone to having the disease diagnosed as AIDS.

B. AIDS-Related Complex (ARC) Stage

Persons with this diagnosis will have had a positive test for the HIV antibody in addition to one or more of the following symptoms: fever and night sweats, sudden unexplained weight loss, fatigue, chronic diarrhea, swollen glands, and unexplained illnesses that result from a breakdown of the

immune system.

C. "Full Blown" AIDS Stage

In addition to a positive test for the AIDS antibody, persons diagnosed by a physician as having AIDS will have an unexplained weakened immune system. Also, there may be the presence of one or more AIDS associated "opportunistic infections", cancers that do not normally pose a threat to anyone whose immune system is working properly, and a rare type of pneumonia and/or skin cancer. The Centers for Disease Control (CDC) has also included dementia and emaciation as symptoms reinforcing an AIDS diagnosis.

IV. TESTING

A seropositive result from the HIV antibody test does not mean that a person has the actual symptoms associated with AIDS, but does have the potential to develop either AIDS or AIDS-related illnesses. The only information this test provides is that the person has been infected by the HIV virus, and may be capable of contracting the full-blown disease at some point during his or her lifetime.

Information on where employees may take an HIV antibody test is available from Postal medical and health units, EAP counselors, private physicians, health clinics, and state and local health departments. The Public Health Service (PHS) recommends that persons at risk for the AIDS virus, e.g., sexually active persons with multiple partners, intravenous drug abusers and homosexuals, consider taking the test for the HIV antibody so that, if they test seropositively, they can take appropriate steps to prevent spreading the virus to others and to minimize the disease's progress.

V. COMMUNICABILITY OF AIDS

Guidelines issued by the Public Health Service, Centers for Disease Control, dealing with AIDS in the workplace state that "the kinds of nonsexual person-to-person contact that generally occur among workers and clients or consumers in the workplace do not pose a risk for transmission of (AIDS)." The CDC continues to emphasize that the transmission of AIDS does not result from casual contact between people. The chief mode of transmission is through the blood stream itself, via sexual contact with an infected person, the use of contaminated needles by drug abusers, or the injection of contaminated blood or blood products. Cases of AIDS have also been reported through transmission from a mother's breast milk to their babies, or placental blood. Ordinary contact that occurs in the workplace, however, does not pose a risk of transmission. Shaking hands, coughing, sneezing, sharing toilet facilities,

use of a cafeteria, or being in the same room has never been identified in any cases reported to the CDC as a source of transmission of the disease.

VI. POLICY

It is the policy of the Postal Service not to discriminate against employees or applicants whose medical history includes AIDS, or those who have ARC. All personnel decisions, including hiring, employee assignment, and promotion, must be based on an individual's qualifications and ability to perform the job within the framework of existing law, regulations, and Postal Service policy. AIDS testing will not be provided or required by the Postal Service.

VII. PERSONNEL MANAGEMENT ISSUES AND CONSIDERATIONS

When AIDS becomes an issue in the workplace, a variety of concerns may arise. The following is a brief discussion of AIDS-related issues which could surface, along with some basic guidance on how to approach and resolve such issues.

A. Employees' Ability to Work

An employee having the HIV virus may or may not have symptoms. If symptomatic, a variety of medical manifestations may occur. If an employee cannot perform his or her job due to poor health, a complete medical assessment may be needed in order to make an informed determination about the employee's ability to work.

Employees who have been diagnosed as having the AIDS virus, or who are thought to have it, must not be treated differently than other employees. They should be allowed to continue working at their regular assignment as long as they are able to maintain an acceptable job performance. If serious performance problems arise, managers should address them by applying existing Postal Service personnel policies and practices. In advanced stages, AIDS can result in medical conditions which impair the employee's health and ability to perform his or her duties safely and effectively. In these cases, management should treat employees with AIDS in the same manner as employees who suffer from other serious illnesses. This means, for example, that employees may be granted sick leave or leave without pay when they are incapable of performing their duties or when they have medical appointments. In this regard, managers are encouraged to consider accommodation of employees' AIDS-related conditions in the same manner as they would for other employees whose medical conditions warrant such consideration. In determining reasonable accommodation issues, refer to Handbook EL-307, Guidelines for Reasonable Accommodation.

Use of the Reasonable Accommodation Check list contained in the Handbook is recommended. It is primarily the employee's responsibility to produce medical documentation regarding the extent to which a medical condition may be affecting job performance. However, if the employee does not produce sufficient documentation to allow the Postal Service to make an informed decision about the extent of the employee's capabilities, the Postal Service may offer, and in some cases, order, the employee to have a fitness-for-duty assessment. See Sections 340 and 343 of Handbook EL-311, Personnel Operations, and Part 864.3 of the ELM for fitness-for-duty examination policies.

Handbook EL-311, Section 342 and ELM Section 864.4 provide Postal policy concerning return to duty after extended illness or injury. Also, see ELM 513.36 for documentation and notification requirements concerning absences.

B. Privacy and Confidentiality

Because of the nature of the disease, employees with AIDS will have understandable concerns over confidentiality and privacy in connection with medical documentation and other information relating to their condition. Medical knowledge, information or concern regarding an employee must remain strictly confidential. Managers should be aware that any medical documentation submitted for the purposes of an employment and/or personnel decision and made part of the file pertaining to that decision becomes a "record" covered by the Privacy Act. The Privacy Act forbids the disclosure of a record which it covers without the consent of the subject of the record. However, these records are available to agency officials who have a need to know the information for an appropriate management purpose. Officials who have access to such information are required to maintain the confidentiality of that information. For further information on Privacy Act requirements, See ASM, Section 353, and ASM, Appendix 120.090. Also, see ELM, Section 314, and Chapter 2 of Handbook EL-806 for policies concerning the confidentiality of medical records.

C. Medical and Employee Assistance Programs

The Postal Senior Medical Director is the primary source of information and referral to counseling services, testing and treatment for employees who have concerns about AIDS. Employee Assistance Programs (EAP), in conjunction with the medical or health unit, are also a source of information and referral to community resources, particularly for those who have questions about AIDS. EAPs are in a unique position to offer information, assistance and support because of their experience in working with employees on certain personal problems on a confidential basis. Management must establish AIDS information

and referral capabilities in both medical and health units and EAPs, and ensure that employees and supervisors are aware of available services. As with other services provided by medical/health units or EAPs, strict adherence to applicable privacy and confidentiality requirements must be observed when advising or assessing employees with AIDS-related concerns. See the Administrative Support Manual, Section 353, and the Employee and Labor Relations Manual (ELM), Section 874, for Privacy Act requirements. Also, see Section 314 of the ELM and Chapter 2 of Handbook EL-806, Health and Medical Services, for Postal Service policies pertaining to medical records.

D. Supervisory Training and Guidance

Supervisors and managers are the key to providing current and accurate information about AIDS to employees. They can alleviate immediate employee concerns. District Human Resources Managers should consider training and/or education programs on AIDS for their managers and supervisors on the medical and personnel management implications of the disease. Considerations should be based on the circumstances at a particular location. If training is conducted, special emphasis should be given to the privacy and confidentiality requirements explained in Section VII of this instruction. The District Human Resources Manager must establish a point of contact within all facilities where supervisors or managers can call to discuss situations which arise in their work units. In most situations, this would be the Postal medical or nursing personnel, contract physician or EAP Coordinator. Training and the establishment of a contact person must already exist, without waiting for a crisis situation to arise.

E. Leave Administration

An employee with AIDS may request sick, annual leave, or leave-without-pay to pursue medical care or to recuperate from the effects of his or her current medical situation. In these situations, management should review the most up-to-date medical documentation and make its determination on whether to grant leave in the same manner as it would for employees with other medical conditions. Refer to Section 510 of the ELM for leave administration policies.

F. Changes in Position

Managers, when considering job modification, detail assignment, reassignment to a different position, promotional, or other changes in position for employees with AIDS, should do so in the same manner as they would for other employees whose medical conditions impact on job performance. In considering detail, reassignment, or other changes to the employee's position, managers should observe established policies.

G. Employee Conduct and Customer Concerns

Situations may emerge where employees express reluctance to work with fellow employees, customers, or others who have or are thought to have AIDS. Such reluctance is based on prejudice derived from misinformation and the lack of accurate information about the transmission of AIDS. In order to avert or defuse such situations, managers should provide information to all employees on the facts about this disease and its communicability. (See Section XIII and the Appendix for more information.) It is worth reiterating that there is no known risk of transmission of AIDS through day-to-day workplace contacts according to the CDC. In spite of management efforts to provide information about AIDS, such fears can nevertheless exist. If so, they should be addressed in an appropriate and timely manner so as not to disrupt routine operations.

Sometimes managers may be faced with an employee with AIDS who is having serious performance or conduct problems. Managers should deal with these problems sympathetically through appropriate counseling. In pursuing appropriate action in these situations, managers should be sensitive to the possible contribution to work behavior or anxiety about the ill employee's health, and to the requirements of existing Federal laws and Postal Service policies, including proper medical assessment, and any obligations the Postal Service may have to consider reasonable accommodation of the employee with AIDS.

Customers may also have concerns regarding employees with AIDS. In such instances, the supervisor should advise the customer that the Postal Service does not discriminate against employees with AIDS or persons with AIDS (PWAs), and that information released through the CDC indicates that the casual contact between people in the workplace does not pose a risk. If the customer persists with their concern, the issue should be referred to the Manager of Human Resources.

H. Insurance

Employees infected with the HIV virus can continue their health benefits coverage under the Federal Employees Health Benefits (FEHB) Program and/or the life insurance coverage under the Federal Employee's Group Life Insurance (FEGLI) Program in the same manner as other employees. Their continued participation in either or both of these programs would not be jeopardized because of their medical condition. Health benefit plans cannot exclude coverage for medically necessary health care services based on an individual's health status or on a pre-existing condition. Similarly, the death benefits payable under the FEGLI Program are not cancelable solely because of the individual's current health status. However, any employee

who is in a leave-without-pay (LWOP) status for 12 continuous months faces the statutory loss of FEHB and FEGLI coverage but has the privilege of conversion to a private policy without a physical examination. Employees who are seeking to cancel previous declinations and/or obtain additional levels of FEGLI coverage must prove to the satisfaction of the Office of Federal Employee's Group Life Insurance that they are in reasonably good health. Any employee exhibiting symptoms of any serious and life-threatening illness would necessarily be denied the request for additional FEGLI coverage.

I. Disability Retirement

Employees infected with the AIDS virus may be eligible for disability retirement if their medical condition warrants and if they have the requisite years of federal service to qualify. OPM will consider applications for disability retirement from employees with AIDS in the same manner as for other employees, focusing on the extent of the employee's incapacitation and ability to perform his or her assigned duties. OPM makes every effort to expedite any applications where the employee's illness is in an advanced stage and is life threatening.

VIII. MEDICAL/HEALTH UNIT PRECAUTIONS

The Occupational Safety and Health Administration (OSHA) of the Department of Labor and the CDC have initiated programs to ensure compliance with safety and health guidelines and standards designed to protect health care workers from blood-borne diseases such as AIDS. These efforts are intended to increase the availability and use of educational information, personal protective equipment, and to improve workplace practices bearing on the transmission of AIDS and other blood-borne diseases. Health and medical units are to establish health and safety practices consistent with the CDC and OSHA guidelines. (A copy is included in the Appendix.) Medical personnel who may come in contact with persons known to have AIDS are to follow usual medical precautions for any infectious illness in the handling of blood or body fluids. By following simple rules, infection can be avoided. Avoid wounds and punctures from hypodermic needles or scalpel blades which should be considered potentially infectious and must be handled with care. Do not bend or crimp these items by hand when disposing of them. Contaminated articles should be placed in cut-proof containers and marked for disposal. Disposable latex impervious gloves should be used in handling contaminated articles. Blood and body fluids spills should be cleaned up promptly with freshly diluted household bleach--one part bleach to nine parts water. Wash hands after exposure to any possible source of infection. Wear protective masks, gowns, and shoe coverings if there is a chance of exposure to blood or bodily fluids.

IX. CPR PRECAUTION

In the performance of CPR, it is necessary to use a mask having a one-way valve to protect the rescuer from the victims exhaled saliva and/or vomitus. Such masks are available at most medical supply companies. The kit including the mask, vinyl latex protective gloves, towelettes, and germicidal wipes must be on hand in all medical facilities. In post offices where there is no medical facility, the kit items should be kept in first aid cabinet/kits. Employees trained in CPR must be listed on employee bulletin boards by name and work location for all tours.

X. BLOOD DONATIONS

Under guidelines established by the American Red Cross, there is no risk of contracting AIDS from giving blood. The Postal Service joins the American Red Cross in encouraging employees to consider donating blood.

As part of its effort to educate the public so as to overcome AIDS fears, the American Red Cross has produced three publications which address blood donations where AIDS is an issue. These publications are: "You Can't Get AIDS From Giving Blood, But Fear Can Run Us Dry," "What You Must Know Before Giving Blood," and "AIDS and the Safety of the Nation's Blood Supply." These publications are available through your local Red Cross chapter or by contact their AIDS Education Office (by writing to 1750 K Street, N.W., Washington, D.C. 20006, or by calling (202) 973-6000).

XI. ACCEPTANCE OF BIOLOGICAL AND INFECTIOUS MATERIALS FOR MAILING

Title 18 USC, 1716, permits "disease germs or scabs" in the mail under such rules and regulations as the Postal Service may prescribe. These rules are in CO 42.80 of the Domestic Mail Manual with additional guidance in Part 360 of Publication 52, Acceptance of Hazardous, Restricted or Perishable Matter. These references are based on Public Health Service regulations. Under these regulations blood or bodily fluids are acceptable for mailing if properly prepared and packaged. Proper preparation is a waterproof inner container, nonpermeable to the contents, surrounded by sufficient absorbent materials to take up the contents in case of leakage, with the inner container and cushioning placed in an outer nonpermeable container. These materials fall into three categories, as follows:

Etiologic Agents (Infectious agents, e.g., viruses)

Diagnostic Specimens (Blood samples, which may contain blood-borne disease agents)

Biological Products (Vaccines)

Public Health Service regulations are contained in 42 CFR, Chapter 1, Part 72, Interstate Shipment of Etiologic Materials. Under these regulations, etiologic agents must also have a proper label, including the "biohazard" figure. Diagnostic or biological materials do not necessarily have to have the biohazard label, but should be labeled as to contents, e.g., "blood specimen."

XII. HANDLING AND SPILL AND LEAK RESPONSE

A. Health Hazards

The Public Health Service has indicated that there is an extremely low risk of becoming infected with the AIDS virus in the event of contact with mailed blood or other bodily fluids. Studies have shown that health care workers who have had intimate contact with infected blood or bodily fluids, such as through needle sticks or skin contact with large amounts of contaminated blood, have a very low rate of infection--less than one half of one percent of known exposed individuals have a subsequent seropositive blood test. This demonstrates that the AIDS virus is very hard to transmit except through the known high risk methods e.g., intimate sexual contact. Nevertheless, the Postal Service has established a policy for the handling of mailed biological and infectious materials, and a response to spills and leaks of parcels containing such materials. The precautions are designed to protect employees from blood-borne and other infectious (etiologic) agents.

B. Routine Handling

Employees who frequently handle mailed diagnostic specimens and similar materials are to be provided with impervious gloves (latex surgical type), face shield, and apron. This should apply to large facilities, or other facilities where there is an increased volume of laboratory specimens or similar materials. Gloves should be available in all facilities for infrequent handling of such materials.

C. Spills and Leaks

Facility spill and leak standard operating procedures (SOPs) should be amended to deal specifically with biological and infectious materials. (Consult the most recent version of the Management Instruction entitled, Hazardous Materials Spill and Leak Standard Operating Procedures.) Employees routinely handling these materials must be informed of the hazards and

precautions to take. They should wash immediately with soap and water if they come in contact with leaking blood or other fluids. Materials splashed in the eyes should be flushed immediately with copious amounts of water. Contaminated clothing should be removed as soon as possible and double bagged for cleaning or possible disposal.

SOPs should provide for immediate isolation of leaking packages, and proper response by designated, trained employees. There should be provisions for contacting the mailer, addressee, or other expert (e.g., local health department) for cleanup and disposal information. The CDC must also be contacted when a parcel with a biohazard label is involved in an incident.

Spill and leak response personnel must be provided with chemical splash shields, goggles, aprons, gloves sufficient for broken glass or other sharp objects, and boots or coveralls as necessary. Most spills of blood and blood by-products can be cleaned and disinfected with a 10% mixture of household bleach, or a solution of 70% ethanol and water. Place absorbent material (pads, thick paper towels) over the spill and then pour the disinfectant solution on the materials. All contaminated materials should then be double-bagged for disposal in accordance with instructions received from CDC or another expert source.

As with any hazardous material encountered in the mails, if an employee comes in contact with human blood, other fluids, or tissue, or an etiologic agent, from a leaking parcel, they must be examined by a physician and be cleared before returning to duty. Physicians must be apprised of the contents of the package. Follow-up examinations and monitoring of potentially exposed employees will be determined on a case-by-case basis.

XIII. AIDS INFORMATION AND EDUCATION PROGRAMS

There are several important considerations in establishing effective AIDS information and education programs for employees. The following guidance is intended to help managers develop methods for establishing successful ones.

A. Timing and Scope of AIDS Information and Education Efforts

Managers should determine the extent to which training and education would be helpful to their employees. Information and education programs are most effective if they begin before a problem situation arises relative to AIDS and employee concerns. Experience has demonstrated that employees' level of receptivity to accurate information will be higher when management has a policy of openness and when managers themselves

initiate educational efforts. Information on AIDS should be all inclusive and provided to everyone; employees, managers and the unions should all be involved. The union representatives and/or the safety and health committee are both good points of contact for sharing AIDS information with the unions and seeking not only their support, but their active cooperation.

The Office of the Surgeon General released a publication called Understanding AIDS. This publication can form the basis of an AIDS information program. It can be supplemented by videotapes which are available from several sources and publications from the Public Health Service and Centers for Disease Control which are listed in the Appendix. Materials can also be obtained from OSHA. They are responsible for establishing and enforcing health and safety standards in the workplace nationwide, especially where health care workers are involved.

Education and information about AIDS should be ongoing. By providing this information, managers will enhance employee understanding about the nature and transmission of the disease, and thereby, help to prevent the spread and fear of it.

B. Source of Information and Educational Materials

Education and information efforts may be carried out in a variety of ways. Postal publications, personnel management directives, meetings with employees, films and videotapes, employee newsletters, union publications, fact sheets, pamphlets, and brochures can be effective means of providing information to employees about AIDS. A great deal of information about AIDS is available to federal agencies. District Managers are encouraged to explore various sources of information and keep abreast of the latest research on AIDS in the workplace. The Public Health Service has developed materials on the medical and other aspects of AIDS. Public Health Service offices are located throughout the country and can be contacted for information. Information about the materials available through PHS and the Labor Department is contained in the Appendix.

APPENDIX

AIDS INFORMATION SOURCES

<u>Source</u>	<u>Description</u>
<p>Department of Health and Human Services</p> <p>U.S. Public Health Service Health Resources and Services Administration 5600 Fishers Lane Room 1443 Rockville, MD 208571</p> <p>(301) 443-3376</p>	<p>Lead agency in the distribution of AIDS information, both general and technical in nature. Regional and local offices located throughout the country can be contacted for information and assistance. The following materials have been published by HHS/PHS and are available to the public free of charge (25 copies or fewer):</p> <ul style="list-style-type: none">- Surgeon General's Report on AIDS- Facts about AIDS- What You Should Know About AIDS- What Everyone Should Know About AIDS (available in Spanish)- Why You Should Be Informed About AIDS (for health care workers)- What Gay and Bisexual Men Should Know About AIDS- AIDS and Shooting Drugs
<p>AIDS Program Centers for Disease Control U.S. Dept. of Health and Human Services (404) 842-6764</p>	<p>Primary AIDS research and technical assistance organization. Recommends safety guidelines for health care workers who come into contact with AIDS.</p>
<p>Public Health Service AIDS Hotline (Toll Free) (800) 342-AIDS (800) 324-2437</p>	
<p><u>Department of Labor</u></p> <p>Occupational Safety and Health Administration Room South 2316 200 Constitution Avenue, NW Washington, D.C. 20210</p>	<p>Establishes and enforces health and safety standards in the health care workplace. Trains health and safety inspectors in applying OSHA guidelines.</p>