



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH, VA 22042

IN REPLY REFER TO  
BUMEDINST 6240.12  
BUMED-M4  
28 Dec 2016

BUMED INSTRUCTION 6240.12

From: Chief, Bureau of Medicine and Surgery

Subj: DEFENSE OCCUPATIONAL AND ENVIRONMENTAL HEALTH READINESS  
SYSTEM INDUSTRIAL HYGIENE ENVIRONMENTAL HEALTH MODULE

Ref: (a) DoD Instruction 6055.05 of 11 November 2008  
(b) DoD Instruction 6490.03 of 30 September 2011  
(c) SECNAVINST 6200.1  
(d) BUMEDINST 5100.13F

1. Purpose. To establish Navy Medicine policy and procedures for implementing, documenting, and reporting environmental health data in the Defense Occupational and Environmental Health Readiness System-Industrial Hygiene-Environmental Health (DOEHRS-IH-EH) module. This instruction limits implementing DOEHRS-IH-EH module to documenting and monitoring food sanitation, water systems sampling, and general sanitation surveys only.

2. Cancellation. BUMED Memo 6240 Ser M3/10UM358150 of 20 Dec 2010

3. Scope. This instruction applies to all Navy Medicine activities assigned to Budget Submitting Office 18.

4. Background

a. DOEHRS-IH-EH is a key enabling technology within the Presidentially mandated force health protection plan and is further supported by Public Law 105-85, subtitle F, section 765. It is a comprehensive, automated information system for assembling, comparing, using, evaluating, and storing standardized environmental health surveillance data. Per references (a) through (d), it is currently required in deployed settings to track deployed operational exposure data, occupational environmental health site assessments, and other operational public health information.

b. Navy Medicine public health services are increasingly conducted in joint environments. By implementing DOEHRS-IH-EH module in public health services delivered to installations, we improve the quality of data collected to support monitoring population health and enhance disease prevention by reporting potential environmental exposures and recommended control strategies utilizing a joint technology. The DOEHRS-IH-EH module will also facilitate data sharing across the Services to enable retrieval and strategic communication to meet future requirements. This instruction sets minimum standards and operating procedures for all Navy Medicine public health departments in all of our facilities.

5. Implementation Plan. By 1 January 2018, all medical treatment facilities (MTF) will be required to have DOEHRS-IH-EH fully implemented to document and monitor food sanitation, entomology, water system surveillance and treated water samples, and general sanitation surveys and inspections.

a. To facilitate implementation, references (a) through (d) delineate implementation guidance, business practices, and measures of performance for implementing and sustaining DOEHRS-IH-EH usage.

b. The Navy Medical Regions will provide oversight of the implementation plan, reporting implementation progress and subsequent performance to the Bureau of Medicine and Surgery (BUMED) Fleet Support and Logistics (BUMED-M4) on a quarterly basis.

6. Action

a. Fleet Support and Logistics (BUMED-M4) must:

(1) Coordinate DOEHRS-IH-EH activities throughout Navy Medicine for Chief, BUMED.

(2) As needed, serve as an additional Navy Medicine representative for any Defense Health Agency discussions related to major changes to the DOEHRS-IH-EH- module.

(3) Supervise the development of key metrics and a dashboard to track implementation and provide quarterly progress updates.

(4) Ensure DOEHRS-IH-EH module is part of the Safety and Occupational Health Management Evaluation Program to ensure installation-level preventive medicine personnel implement the program and that Navy Medicine regions provide oversight.

b. NMCPHC must:

(1) Serve as the executive agent for DOEHRS-IH-EH.

(2) Provide DOEHRS-IH-EH technical support to include establishing program offices, assisting in the submission of major change requests, system change request, and system incident reports.

(3) Maintain one primary DOEHRS-IH-EH representative. An alternate will also be assigned to provide representation in the absence of the primary representative.

(4) Coordinate and execute DOEHRS-IH-EH training.

(5) Conduct a program evaluation 1 year after final implementation and periodically thereafter to identify strategies for improvement and assess the effectiveness of DOEHRS-IH-EH module efforts and inspection procedures.

c. Navy Medicine Regions must:

(1) Monitor the implementation of DOEHRS-IH-EH module and submit quarterly progress reports to BUMED-M4 no later than 15 days following the end of each quarter.

(2) Ensure DOEHRS-IH-EH training compliance and proper use of the system.

(3) Ensure Navy Medicine regions' preventive medicine programs utilize DOEHRS-IH-EH.

d. MTF Commanding Officers and Officers in Charge must:

(1) Ensure compliance with this instruction for usage of DOEHRS-IH-EH.

(2) Be responsible and accountable for on-time implementation of DOEHRS-IH-EH module usage.

(3) Ensure all assigned preventive medicine personnel receive DOEHRS-IH-EH initial training. Completion of this training will be tracked by NMCPHC and documented in a quarterly progress report provided to BUMED-M4 no later than 15 days following the end of each quarter. All other users must receive initial DOEHRS-IH-EH module training via on-the-job training prior to request for access and permissions.

(4) Collect and forward data, as requested, to NMCPHC, for purposes of tracking the implementation progress and subsequent performance.

7. Data Management. All information technology activities established in support of future use of DOEHRS-IH-EH will follow Department of Defense (DoD) and Navy Medicine data management policies per references (a) through (d).

a. Users who are required to conduct food and general sanitation surveys will be authorized access to DOEHRS-IH-EH after receiving training on the system.

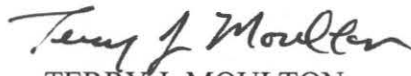
b. Users are required to provide current completion dates of their Health Insurance Portability and Accountability Act and Information Assurance training in order to receive access.

8. Records. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV M-5210.1 of January 2012.

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9. Review and Effective Date. Per OPNAVINST 5215.17A, review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire 5 years after the effective date unless reissued or canceled prior to the 5-year anniversary date, or an extension has been granted.

10. Information and Management Control. The reports required in paragraphs 5b, 6b(5), and 6d(3), are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, paragraphs 7j and 7k.



TERRY J. MOULTON

Acting

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>