

OMPA PROGRAM 02

Date

RESPONSIBILITIES/PROGRAM INTEGRATION

Command Name

Assessment Date Command Briefed Date

Assessment completed by

Clinic Name

Program Purpose

The maintenance of a safe and healthful workplace is a responsibility of commands throughout the Navy. A successful program, one that truly reduces work-related risks and mishaps, results only when support and commitment to the program permeate every level of an organization from Navy Leadership to the deckplates. Occupational Medicine (OM) specialists assist commanders to ensure appropriate engagement and mission commitment to preventing occupational injuries and illnesses and to promoting health and productivity.

Program Goals

The goal of a successful RESPONSIBILITIES PROGRAM/PROGRAM INTEGRATION (Program 2) for Navy OM clinics includes:

- 1. Providing access to superior quality occupational health services in accordance with references (a) through (f) below.
- 2. Ongoing collection, analysis, and interpretation of occupational health-related data
- 3. Communication and collaboration of information to supervisors, employees, safety, human resources and other supporting roles of working populations within the assigned area of responsibility (AOR)

4. Identifying potential risks to health, thereby enabling timely interventions to prevent, treat, or control disease and injury.

SUPPORTING DATA Regulations, Instructions, and References Select which type of access you have for each of the references listed (a) OSHA Directive: CSP-03-01-005, (01/20) Electronic Hardcopy None "Voluntary Protection Program (VPP) Policies and Procedures Manual" (b) DOD Instruction 6055.05, change 2 (08/18) Hardcopy Electronic None "Occupational and Environmental Health" (c) DOD 6055.05-M, change 3 (08/18) Hardcopy Electronic None "Occupational Medical Examinations and Surveillance Manual" (d) DOD Directive 6490.02 series, change 2 (08/17) Hardcopy Electronic None "Comprehensive Health Surveillance" (e) OPNAV M 5100.23, (6/20) Hardcopy Flectronic None "Navy Safety and Occupational Health (SOH) Program Manual" (f) BUMEDINST 5100.13F series, current (06/15) Hardcopy Electronic None (g) BUMED Occupational Medicine OMPA Metrics, see your regional OHN for current Hardcopy Electronic None

Tracking and Program Management Tools INSTRUCTIONS

This Occupational Medicine Program Assessment (OMPA) tool is an interactive self-assessment of the responsibilities program or "program integration". This tool considers both subjective and objective data. In order to determine the status of your program, select the appropriate level of compliance with each of the questions below using the color-coded range noted at the end of this tool in the Dashboard Report section. Those questions that have no impact on the overall compliance for this program will not have the color-coded response option. For any response selection of amber or red, an explanation must be given in the space provided following the question. All selected scores will be automatically averaged at the end of the OMPA tool to provide you with an "overall" program status icon. *Complete the information for the time frame you are reporting.*

#	Assessment Questions	Response
02.01 Non-count	How many programs were selected for assessment on the OMPA Self-Assessment Checklist? (Enter the total number checked)	
02.02 Non-count	How many of those programs need improvement ? (Enter # programs needing improvement or have a status of amber or red)	
02.03 Non-count	How many of those programs had measurable improvement since the previous assessment? (Enter # programs with measurable improvement up from amber or red)	
02.04 Non-count	How many total commands or units (UIC/RUC) are included in your area of responsibility (AOR)? (Enter the number of individual units (UIC) or Commands in your AOR)	
02.05	Do you have access to Industrial Hygiene data for the UIC/RUCs in your AOR?	

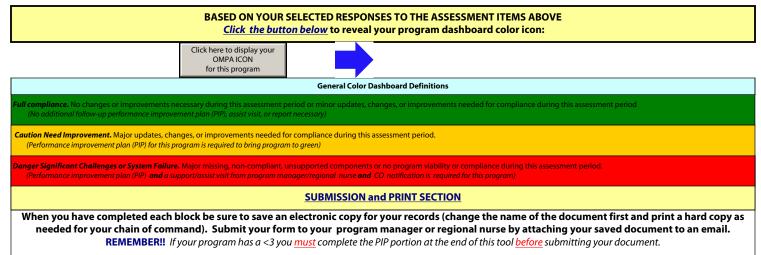
		Program 02 RespO			
Assessmen	Questions	Response			
Committees? (List Cor	mand and committee name				
Is your command's DD 2272 (Department of Defense Occupational Health Protection Program Command Statement) current and posted in an easily viewed location?					
Do you have a process to allow employee and/or their representatives access to their occupational medical records?					
Does your OM clinic maintain or have access to employee database (rosters, spreadsheets, ESAMS,) for medical surveillance program requirements? (Select the department that maintains the database from the choices below)					
ІН	Unknown				
Shared task	Not kept				
Do you have a brochure, pamphlet, or other document that provides service information about your clinic for employees?					
ine professionals invo b2) Briefly answer this que	lved in the hazard identification in the space below:	ion & analysis process?"			

ADDITIONALCOMMENTS:

Provide specific information to support your responses from the questions above in the space provided below

DASHBOARD REPORT

It is important to evaluate your program for successes and challenges. The results of this assessment will be reviewed by your local command OM consultant or regional OM program manager to better support your clinic. If the self-assessment reveals that your program needs improvement (you have a total program status of amber or red) you must complete the Performance Improvement Plan section below.



PROCESS IMPROVEMENT PLAN

If during the self-assessment process above you have determined that the PROGRAM INTEGRATION program needs improvement (or you have a total program status of <3) complete the following PIP. This is an ongoing plan that must be updated until your program status has improved to >3.

Date PIP initiated:

Describe your plan including steps for success in the box below then proceed to submission section:								
Date of PIP update #1								

Enter 1st PIP status and update information in box below:

HAS YOUR PROGRAM IMPROVED TO >3?		
(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)	YES	NO
	I	
Date of PIP update #2		

HAS YOUR PROGRAM IMPROVED TO >3? (If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)YES	NO

Date of PIP update #3