



OMPA PROGRAM 09 OM WORKSITE VISITS

Date

Assessment Date

Command Name

Date Command Brief

Assessment completed by

Clinic Name

Program Purpose

Visits to the worksite are invaluable to the OM professional. Worksite visits shall be done by the OM professionals (this includes the OM Physician as well as the Nurse) to acquaint them with the tasks completed by the patient population of the OM clinic, and to make recommendations regarding restricted duty or during a fitness for duty evaluation. Worksite visit evaluations are often necessary for the review of potential exposure related hazards. In addition, onsite workplace evaluation must be performed by OM nurses and/or physicians in a number of situations: to familiarize the OM professional with the tasks of the jobs that are being completed by the workforce in their area of responsibility (AOR), in response to a specific employee's complaints or concerns, to investigate an apparent cluster of pattern of related complaints in two or more employees, or as part of a periodic worksite inspection schedule. Worksite visits can be conducted by the OM professional alone or as part of a team. Team evaluations performed in concert with IH or safety professionals are strongly encouraged. Current recommendations are that at least one (1) visit be performed monthly per nurse and provider.

Program Goals

The goal of a successful OCCUPATIONAL MEDICINE WORKSITE VISIT PROGRAM (Program 09) assessment for Navy OM clinics includes the thorough evaluation and documentation of the work units within the AOR that address the following essential elements in accordance with reference (a) through (g) below:

1. Review of IH survey identification of physical, biological and/or chemical hazards;
2. Description of work unit operations and assessment of work practices;
3. Evaluations of the effective and proper use of required and voluntary personal protective equipment (PPE);
4. Performing and documenting an investigation summary of applicable employee complaint or reported concern;
5. Ensuring that any identified work limitations or restrictions are adhered to within the workspace as required;
6. Completing a written summary of the worksite visit or evaluations that includes:
 - (a) date of the visit or evaluation,
 - (b) the name and phone number of the point of contact at the worksite,
 - (c) the amount of time the OM professional spent at the worksite,
 - (d) a description of the work operations and work practices, and
 - (e) any other pertinent information.
7. Maintaining a worksite visit tracking mechanism that can be used to validate the visits or evaluations completed by OM professional.

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) <i>"Voluntary Protection Program (VPP) Policies and Procedures Manual"</i>	Hardcopy	Electronic	None
(b) 29 CFR 1910 <i>"Occupational Safety and Health Standards"</i>	Hardcopy	Electronic	None
(c) NMCPHC OEM FOM TM 6260.9A <i>"Occupational and Environmental Medicine (OEM) Field Operations Manual (FOM) Chapt 3"</i>	Hardcopy	Electronic	None
(d) DOD Instruction 6055.1 , change 3 <i>"Safety & Occupational Health (SOH) Program Manual"</i>	Hardcopy	Electronic	None
(e) OPNAV M-5100.23 series , current <i>"Chapter 9-NAVOSH INSPECTION Program"</i>	Hardcopy	Electronic	None
(f) NMCPHC-TM-6260 , revised 1/21 <i>"Medical Surveillance Examinations and Medical Matrix Procedures Manual"</i>	Hardcopy	Electronic	None
(g) FY Occupational Medicine Metrics , 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
9.01	Is your worksite tracking mechanism (e.g., log, spreadsheet, etc.) current, up-to-date, and available for review? <i>(Describe below)</i>	
9.02	Enter the total number of documented work-site visits completed by all OM professionals this FY. <i>(Provide the separate numbers for worksite visits performed by "Nurse" and "Provider" in the boxes below. Do not include borrowed labor. A total number will appear in the box to the right automatically)</i> <div style="display: flex; justify-content: space-around; width: 100%;"> Nurse Provider </div>	
09.03	Have your OM clinic professionals completed, or are they on track to complete > 12 worksite visits during this FY?"	
09.04	If your clinic was unable to perform > 12 worksite visits during the current FY. <i>(Select all of the applicable reasons and describe in the box below)</i>	
	No available staff	No Command support
	No time	Other
09.05	Does your worksite summary include the following elements? <i>(a) date of the visit or evaluation, (b) worksite POC name & phone number (c) objective of the visit (d) the amount of time the OEM professional spent at the worksite, (e) a description of the work operations and work practices, and (f) any other pertinent information.</i>	
09.06	If significant findings are noted, is a summary of those findings provided to the work unit supervisor after the visit has been completed?	

ADDITIONAL COMMENTS:

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.

BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE

YOUR SCORE



General Color Dashboard Definitions

Full compliance. No changes or improvements necessary during this assessment period or minor updates, changes, or improvements needed for compliance during this assessment period
(No additional follow-up performance improvement plan (PIP), assist visit, or report necessary)

Caution Need Improvement. Major updates, changes, or improvements needed for compliance during this assessment period.
(Performance improvement plan (PIP) for this program is required to bring program to green)

Danger Significant Challenges or System Failure. Major missing, non-compliant, unsupported components or no program viability or compliance during this assessment period.
(Performance improvement plan (PIP) and a support/assist visit from program manager/regional nurse and CO notification is required for this program)

SUBMISSION and PRINT SECTION

When you have completed each block be sure to save an electronic copy for your records (change the name of the document first and print a hard copy as needed for your chain of command). Submit your form to your program manager or regional nurse by attaching your saved document to an email.

REMEMBER!! If your program has a <3 you must complete the PIP portion at the end of this tool before submitting your document.

CONGRATULATIONS!
YOU HAVE COMPLETED THE PROGRAM 09
WORKSITE VISITS!

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? <i>(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)</i>	YES	NO
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Date of PIP update #2

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

HAS YOUR PROGRAM IMPROVED TO >3? <i>(If YES no additional PIP is needed. If NO --CONTACT YOUR COMMAND OM CONSULTANT OR REGIONAL MANAGER FOR ASSISTANCE)</i>	YES
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