



**OMPA PROGRAM 44**

Date

**SURVEILLANCE EXAM (GENERAL) PROGRAM**

Assessment Date

Command Name

Date Command Brief

Assessment completed by

Clinic Name

**Program Purpose**

Medical surveillance examinations, often referred to as occupational health examinations, provide baseline and periodic assessments or measurements to detect abnormalities in workers exposed to work-related health hazards. If detected early enough, these examinations can prevent or limit disease progression by exposure modification or medical intervention. Many medical surveillance examinations have a regulatory component (OSHA-required). Medical surveillance examinations are effective for the individual if useful screening techniques (history questionnaires, medical exams, or lab tests) are available to identify abnormalities in the target organ system at a stage when modifying exposure or providing medical treatment can arrest progression or prevent recurrence. Medical surveillance can be valuable for the population even if it does not directly benefit an individual worker. Many of the more extensive Occupational Medical Surveillance Program have their own unique OMPA program assessment sheets. This is a general overview of the requirements to maintain a broad range of surveillance medical standards and exams.

**Program Goals**

According to OSHA "medical surveillance" requirements are generally clinically focused (e.g., medical and work histories, physical assessment, biological testing) with information obtained from the clinical processes used in the monitoring and analysis elements of medical surveillance. A complete and effective Navy Occupational Medicine Surveillance Examination Program includes the following elements in accordance with reference (a) through (l).

- a. Identifying workers who need occupational medicine surveillance examinations
- b. Determining examination/evaluation content and developing protocols.
- c. Performing the occupational medicine surveillance examination/evaluation
- d. Documenting and maintaining proper medical surveillance records and examination/evaluation results
- e. Informing the worker of examination/evaluation results.
- f. Counseling and education concerning identified health risks.
- g. Documentation of medical determinations and recommendation regarding fitness-for-duty and job placement.
- h. Maintaining and monitoring trending analyses by program-specific requirements

**SUPPORTING DATA**

**Regulations, Instructions, and References**


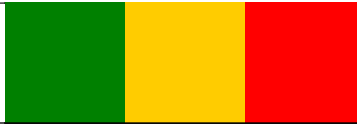






Select which type of access you have for each of the references listed

<b>(a) 5 CFR Part 339</b> , (8/21) "Medical Qualification Determinations"	Hardcopy	Electronic	None
<b>(b) 29 CFR 1910.1020</b> , (8/21) "Access to employee exposure and medical records"	Hardcopy	Electronic	None
<b>(c) 29 CFR 1920.2</b> , (8/21) "Variances in Procedure for Variations under Longshoremen's Act"	Hardcopy	Electronic	None
<b>(d) OPNAVINST 5100.23 Series</b> , (6/20) "Chapter 8 Occupational Health Program"	Hardcopy	Electronic	None
<b>(e) NMPHC TM-OM 6260</b> , (current) "Medical Surveillance Procedures and Medical Matrix Manual"	Hardcopy	Electronic	None
<b>(f) DODINST 6055.05 Series</b> , (8/18) "Occupational and Environmental Health"	Hardcopy	Electronic	None
<b>(g) DODINST 6055.05M</b> (8/18) "Occupational Medicine Surveillance Program"	Hardcopy	Electronic	None
<b>(h) NAVMED P-117</b> (10/20) "Manual of the Medical Department"	Hardcopy	Electronic	None
<b>(i) NMCPhC TM OEM 6260,9A</b> (4/17) "Occupational Medicine Field Operations Manual"	Hardcopy	Electronic	None
<b>(j) The Joint Commission References</b> , (current edition) contact your local JC rep "Comprehensive Accreditation Manual for Hospitals (CAMH)"	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
44.01	Are medical surveillance exams provided per requirements in the Medical Matrix? If no, why not?	
44.02	Is enrollment in medical surveillance programs based primarily on the results of the most current industrial hygiene survey with OM professional input?	
44.03	Does your clinic consult with IH and Safety regarding any abnormal exam results that may be due to workplace exposures (e.g., elevated blood lead)?	
44.04	Is individualized exposure monitoring data filed in the worker's medical record (e.g., personal breathing zone air sampling, noise dosimetry)?	
44.05	Do you review all your command's contracts MOUs, and ISSAs that contain entries regarding provision of OM services? (If you have no contacts, MOUs, or ISSAs use NA	Yes      No      NA
44.06	Which method does your clinic use to document occupational medicine surveillance examinations. explain "other" if selected in space below	MMO SF 600 AHLTA templates Other documents
44.09	Does your clinic perform medical records reviews to evaluate documentation for medical surveillance exams <i>This includes but is not limited to: OPNAV 5100/15-OM History and Medical Surveillance Questionnaire DD 2766- Adult Preventive and Chronic Care Flowsheet, Physician Written Opinion Notices...</i>	
44.08	How do you communicate results of surveillance exams to employees, safety officers, supervisors, and/or HRO?	
44.09	Does your clinic document counseling and education provided to workers regarding health risks and prevention techniques associated with their workplace exposures?	
44.10	Does your clinic inform the worker of their examination /evaluation results, findings, and qualification status?	

**ADDITIONAL COMMENTS:**

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

**DASHBOARD REPORT**

The importance of assessing and scoring your program for successes and challenges cannot be underestimated in value. The scoring results of this assessment will be reviewed by your program manager or regional nurse to better assist, support and mentor your clinic as needed. If during the self-assessment process above you have determined that your program needs improvement (or you have a total program score of 3,2, or 1) you must complete the performance Improvement plan section of this OMPA Tool.

**BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE**



**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 44  
 SURVEILLANCE EXAMS (GENERAL) PROGRAM**

## 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

**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**

**HAS YOUR PROGRAM IMPROVED TO >3?**

*(If YES no additional PIP is needed. If NO --CONTACT YOUR COMMAND OM CONSULTANT OR REGIONAL MANAGER FOR ASSISTANCE)*

YES