



OMPA PROGRAM 49 IONIZING RADIATION PROGRAM

Date

Assessment Date

Command Name

Date of Command Brief

Assessment completed by

Clinic Name

Program Purpose

An Ionizing Radiation Health program is established to protect and maintain the health of employees while they are working in or around areas contaminated with radioactive material or when they are working in areas where they are exposed to ionizing radiation. Exposure should be reduced to levels as low as reasonably achievable.

Program Goals

The goal of a successful IONIZING RADIATION (program 49) surveillance program assessment for Navy OM clinics includes the following elements:

1. Identify workers who need the ionizing radiation surveillance program
2. Insure that all employees receive pre-placement exam, (RE) reexaminations, (SE) Situational Exams and (TE) Termination exams
3. That there is an Radiation Health Officer appointed for the command
4. Appropriate letters sent to the Radiation Effects Advisory Board for abnormal findings
5. Documenting and maintaining proper records of exams and biological monitoring results
6. Insuring the the radiation medical exam forms are reviewed for completeness

SUPPORTING DATA

Regulations, Instructions, and References










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



(a) NAVMED P 5055: Radiation Health Protection Manual, (4/18)	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
49.01	Has a qualified Medical Department Officer or Civilian been assigned in writing as the Radiation Health Officer?	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 33%; background-color: green;"></div> <div style="width: 33%; background-color: yellow;"></div> <div style="width: 33%; background-color: red;"></div> </div>
49.02	Has a program been established to protect employees from ionizing radiation or radioactive contamination?	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 33%; background-color: green;"></div> <div style="width: 33%; background-color: yellow;"></div> <div style="width: 33%; background-color: red;"></div> </div>
49.03	Are Pre-placement (PE) exams being conducted for employees being considered for assignment to radiation work?	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 33%; background-color: green;"></div> <div style="width: 33%; background-color: yellow;"></div> <div style="width: 33%; background-color: red;"></div> </div>
49.04	Do Reexamination (RE) exams for workers who continue to work in or around radiation sources follow this periodicity? 50y/o or less: RE not to exceed 5 years 50--59 y/o: RE not to exceed 2 years 60 y/o: Re is annual	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 33%; background-color: green;"></div> <div style="width: 33%; background-color: yellow;"></div> <div style="width: 33%; background-color: red;"></div> </div>
49.05	Is a Situational Examination (SE) conducted for any individual, who has exceeded Radiation Standards or has ingested, or inhaled a quantity of radioactive material?	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 33%; background-color: green;"></div> <div style="width: 33%; background-color: yellow;"></div> <div style="width: 33%; background-color: red;"></div> </div>
49.06	Is a Termination Examination (TE) conducted upon separation retirement, or termination from AD, or employment, or when permanently removed from duties as a radiation worker.	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 33%; background-color: green;"></div> <div style="width: 33%; background-color: yellow;"></div> <div style="width: 33%; background-color: red;"></div> </div>

#	Assessment Questions	Response
49.07	Is the NAVMED form 6470/13 used for the exam and all lab values , dates and signatures are completed correctly?	
49.08	Does the Focused medical history contains all EIGHT of the required questions?	
49.09	Is the exam being performed by Physicians, Nurse Practitioners or Physicians assistants who have received BUMED-approved Radiation health training and have RHI designator? <i>(If exam is completed by an NP or PA the exam must be signed by a physician review trained per above).</i>	
49.10	The following special studies have been completed? 1. WBC and HCT 2. UA: testing for RBC via dipstick & microscopic high-powered field. 3. Breast exam for females 40 y/o or older 4. DRE for males 40 y/o or older 5. Internal monitoring	
49.11	Are workers, with open wounds or lesions that cannot be protected from contamination, being temporarily disqualified , until healed, from work in controlled surface contamination areas or from handling radioactive material not hermetically sealed?	
49.12	Are abnormal HCT or WBC, which are outside laboratory normal range, being repeated. If they remain abnormal, they are considered disqualifying and the provider must do further evaluation to determine the reason. Is this being done and recorded on the Summary of Abnormal Findings block.	
49.13	If the UA indicates a positive RBC (3 or greater) under a high power field, repeat urine microscopy must be completed. If a urine dipstick is indicating positive for blood, are 2 urine microscopy tests being completed? Are results being documented in Block #13 and are being addressed in the summary of Abnormal findings?	
49.14	Are Radiation Effects Advisory Board (REAB) letters being completed for: 1) Any finding of Cancer. 2) Hx of IR exposure greater than allowed in Chapt 4, 4-3 (a) 3) Hx of or ongoing CA therapy, 4) Intake in excess of 50% of an ALI of radioactive material not intentionally administered. 5) Any Med. Exam or condition which the provider, commander,CO or OIC recommends for review. 6) All SE's 8) Allegation or claim by employee or AD that physical condition was caused by IR?	
49.15	Reab letters contain: 1) reason for submittal, 2) total lifetime exposure of the individuals, 3) summary of the individuals duties 4) the current or disqualifying diagnosis, if appropriate 5) a completed RME 6) applicable medical consultations results and 7) any supporting medical documentation. Are all these items are being completed and submitted in reasonable time frame after receipt of required medical documentation?	
49.16	Is the REAB letter received from BUMED being filed on top of the RME that discovered the Potentially disqualifying condition and is the conclusion of the REAB letter entered into block 20a on the NAVMED 6470/13?	

49.17	Are Computerized Exposure Records, (NAVMED 6470/10's and NAVMED 6470/11) verified and inserted into the employee's or AD member's medical record?	
49.18	The female radiation worker is declaring her pregnancy and estimated date of conception to allow for embryo/fetus exposure. Is this information being placed on an SF 600 and placed into the worker's health record?	

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. <i>(No additional follow-up performance improvement plan (PIP), assist visit, or report necessary)</i>
Caution Need Improvement. Major updates, changes, or improvements needed for compliance during this assessment period. <i>(Performance improvement plan (PIP) for this program is required to bring program to green)</i>
Danger Significant Challenges or System Failure. Major missing, non-compliant, unsupported components or no program viability or compliance during this assessment period. <i>(Performance improvement plan (PIP) and a support/assist visit from program manager/regional nurse and CO notification is required for this program)</i>

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 49
IONIZING RADIATION ASSESSMENT!

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
---	-----	----

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
---	-----	----

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
--	-----