



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

IN REPLY REFER TO  
BUMEDINST 5100.13F  
BUMED-M44  
19 Jun 2015

BUMED INSTRUCTION 5100.13F

From: Chief, Bureau of Medicine and Surgery

Subj: BUREAU OF MEDICINE AND SURGERY SAFETY AND OCCUPATIONAL  
HEALTH PROGRAM

Ref: (a) through (w) see enclosure (1)

Encl: (1) References  
(2) Acronyms  
(3) Policy Guidance for Providing Occupational Health Services to Personal Services  
Contract Workers  
(4) Department of Navy Bureau of Medicine and Surgery Medical Safety Excellence  
Award Criteria and Nomination Process

1. Purpose. To establish policy and procedures to implement and manage the Department of the Navy's (DON) Bureau of Medicine and Surgery (BUMED) Safety and Occupational Health (SOH) Program per references (a) through (w). This is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 5100.13E.

3. Scope. This applies to all BUMED command activities.

4. Discussion

a. Reference (d) establishes organizational responsibility and provides implementing guidance for the Navy SOH Program. Reference (e) provides procedures for mishap and safety investigations, reporting, and recordkeeping.

b. This instruction clarifies guidance in references (d) and (e), and explains the roles and responsibilities for the BUMED SOH Program, within BUMED and in support of DON organizations and activities. The BUMED SOH program includes Safety, Occupational Medicine (OM), Occupational Audiology (OA), and Industrial Hygiene (IH) services. Enclosure (1) is a list of references, and enclosure (2) is a list of acronyms found within this instruction.

c. Reference (f), subchapter 810, is the single-source guide for all Department of Defense activities for injury compensation program management under the Federal Employees Compensation Act.

d. The provisions of references (c) through (g) apply to all BUMED activities and assigned personnel.

5. Policy. An effective BUMED SOH Program will be established per reference (d) and this instruction. Navy Medicine (NAVMED) regions, echelon 3 commands and activity leadership at all levels are responsible for the integration and application of Operational Risk Management (ORM), and for incorporating risk-based assessment and decision-making principles and attributes of ORM into all aspects of the BUMED SOH programs per reference (v).

6. Action. The following actions are required in addition to the requirements outlined in references (d) through (g):

a. SOH Program Organization

(1) BUMED will:

(a) Establish a comprehensive SOH program per reference (d), chapters 2 and 3, paragraph 0302.

(b) Serve as the focal point for SOH and The Joint Commission Environment of Care safety and health-related matters for activities under the command and control of Chief, BUMED.

(c) Coordinate the exchange of SOH information between headquarters commands to ensure assigned forces are familiar with BUMED policies and procedures, and they are implemented consistently across NAVMED.

(d) Ensure organization and staffing of the SOH program are accomplished per reference (d), chapter 3. The NAVMED IH staffing standard has been approved for implementation by reference (n). This standard adequately predicts IH staffing needs on a regional basis, but tends to underestimate required staff for small or remote activities while overestimating required staff for larger activities. IH staffing will be determined by applying the standard to individual medical treatment facility (MTF) IH departments, but will be subject to modification by NAVMED regions in coordination with BUMED Total Force (BUMED-M1) where deemed appropriate. NAVMED regions will ensure that the individual MTF modifications do not result in regional IH total staff exceeding that calculated for the NAVMED region using the staffing standard.

(2) NAVMED Regions and echelon 3 commands will:

(a) Establish comprehensive, effective SOH programs per reference (d) at all activities under their cognizance. The SOH program should include a multidisciplinary team of SOH professionals.

(b) Ensure Enterprise Safety Applications Management System (ESAMS) is used to record safety actions such as, but not limited to, training, workplace inspections, mishap reporting, and medical surveillance along with any required follow-up, at all activities under their cognizance.

(c) Ensure effective mishap reporting, injury verification, Occupational Safety and Health Administration (OSHA) recordkeeping, Web Enabled Safety System (WESS) entries, as well as collaborative on-site investigation and/or intervention. To facilitate accurate mishap reporting, all commands must have a designated safety authority with an active WESS account per reference (w). Reference (w) is located at:  
<http://www.public.navy.mil/comnavsafecen/Documents/messages/alsafe/2015/ALSAFE15-005.txt>.

(d) Review consultative assist visit requests from subordinate activities to determine whether the appropriate NAVMED region or echelon 3 commands can provide the necessary assistance. If not, forward the request to BUMED for resourcing assistance per reference (d), chapter 8, paragraph 0806.

(e) Provide advice, technical reviews, and representation on working groups as requested by BUMED and higher authority.

(f) Encourage inter-departmental and intra-departmental communication and cooperation among all professional disciplines of SOH programs.

(g) Ensure that the Defense Occupational and Environmental Health Readiness System (DOEHRS) for IH, environmental health (EH), and hearing conservation are fully utilized to document and evaluate occupational hazards and related assessments.

(3) Navy and Marine Corps Public Health Center (NMCPHC) will:

(a) Maintain a comprehensive organization of occupational health (OH) and preventive medicine expertise that provides unique technical support to the Navy and Marine Corps, particularly when such support may be outside the scope or capabilities of local MTFs.

(b) Provide specialized consultative support and subject matter expertise to BUMED, NAVMED echelon 3 commands, Navy echelon 2 commanders, and Navy and Marine Corps acquisition and operational program managers in such areas as IH, EH, OM, Hearing Conservation and Readiness Program (HCRP), and ergonomics. Provide technical representation to working groups and committees as tasked by BUMED or higher authority.

(c) Specific examples of the support NMCPHC may provide, include, but are not limited to, the following:

1. Ensure subject matter expert (SME) in EH, IH, OA, OM, and preventive medicine are available to provide Navy and Marine Corps requested consultation and technical field support.

2. Publish and maintain technical manuals on IH, OM, and OA subjects including, but not limited to, OM field operations, reproductive hazards, IH field operations, HCRP, blood-borne pathogen exposure prevention, heat and cold stress, and the Occupational Medical Surveillance Procedures Manual and Medical Matrix, with its companion software product Medical Matrix Online. NMCPHC-TM OM 6260, Medical Surveillance Procedures Manual and Medical Matrix (Edition 11) is located at: [http://www.public.navy.mil/surfor/Documents/6260\\_NMCPHC\\_TM.pdf](http://www.public.navy.mil/surfor/Documents/6260_NMCPHC_TM.pdf). The Medical Matrix Online is located at: <http://www.med.navy.mil/sites/nmcp/occupational-and-environmental-medicine/oemd/Pages/medical-matrix-online.aspx>.

3. Manage the Navy Asbestos Medical Surveillance Program (AMSP) to include: receiving and managing AMSP data, monitoring B-reading radiograph quality, ensuring B-reading report accuracy, ensuring AMSP elements conform to current OSHA requirements, and maintaining currency with advances in technology and related issues of data integrity and privacy. Provide program trend analysis and reports when requested by higher authority.

4. Maintain the Epidemiology Data Center with the ability to provide descriptive and multi-level analyses for cluster investigations, disease and injury risk, public health assessments and business case analysis from a variety of clinical data sources. The Epidemiology Data Center will design and conduct occupational and environmental studies for IH, EH, and HCRP and provide reports periodically as requested by higher authority.

5. The Epidemiology Data Center, in coordination with Naval Safety Center shall ensure use of medical treatment reports to identify mishap-related injuries of active duty military and civilian personnel authorized treatment from the MTF. Medical treatment data provides the first-line notification of a potential mishap-related injury. Linking medical and safety reporting systems is vital to reducing the number of unreported mishaps involving active duty military personnel.

6. Provide audiometric calibration services limited to screening audiometers, sound level meters, dosimeters, and calibrators used in the HCRP. This service does not include tympanometers, diagnostic audiometers, otoacoustic emissions meters, middle ear analyzers, or other equipment utilized within the diagnostic audiology clinical centers.

7. Consolidated Industrial Hygiene Laboratories (CIHL) provide analytic and consultative services to Navy and Marine Corps industrial hygiene field personnel. As arranged with hospitals and clinics, CIHLs may also provide analytic services in support of biologic monitoring and occupational screening exams conducted by hospitals and clinics.

8. Provide IH, OM, and HCRP services to operational Navy and Marine Corps activities and units through the Navy Environmental Preventive Medicine Unit.

9. Develop and administer a series of annual professional awards to recognize individuals for sustained professional excellence and significant contributions through their service that have enhanced OM, OA, and IH for Navy and Marine Corps. Awards should cover as applicable, both junior and senior individuals in the respective fields above.

10. Coordinate with the Naval Safety and Environmental Training Center in support of the annual Joint Safety and Environmental Professional Development Symposium to provide professional and technical industrial hygiene and occupational and environmental health focus areas within the event to support the continuing education of BUMED personnel.

(4) BUMED Activities

(a) Conduct an aggressive and continuing SOH program using the requirements per references (a) through (m) and, where applicable, The Joint Commission standards.

(b) Ensure the ESAMS is used to record safety actions throughout the command. ESAMS shall be used to manage safety program components such as, but not limited to, training, workplace inspections, job hazard analyses, employee reports of unsafe or unhealthful working conditions, hazard abatement, respiratory protection program, medical surveillance tracking, mishap investigation, and recordkeeping requirements. Some mishaps, depending on class and category, may require direct entry into the Navy WESS. Ensure that all personnel and supervisors complete required Web-based training upon initial enrollment in ESAMS. In addition, it is highly recommended that all safety staff (military and civilian) receive formal classroom ESAMS training at least once in their career and within 6 months of initial assignment. See paragraph 6j(2) of this instruction for additional guidance regarding ESAMS.

(c) Ensure the DOEHRS information management system for longitudinal exposure, recordkeeping, and reporting per references (d), (o), (p), and (q). The use of DOEHRS is mandatory, with the goal of creating a comprehensive record of occupational hazards, exposures, similar exposure groups, and their respective assessments are established. All newly assigned military and civilian staff (with no previous DOEHRS training) will receive training within 6 months of assignment. See paragraph 6j(1)(d) of this instruction for additional guidance. Additionally, ensure that all DOEHRS data entry and sampling results are entered into DOEHRS to coincide with written reports.

(d) Staff and organize SOH offices as outlined in reference (d), chapter 3. Those activity SOH offices tasked with managing other program elements not included in reference (d) minimum core requirements (e.g., fire prevention, environmental protection, patient safety,

hazardous waste, laser safety, environment of care, and other Joint Commission-specific programs) must consider this as an additive function, and ensure additional resources are provided to support these additional functions.

(e) As required by reference (d), implementation of the safety program is considered a command special assistant staff level function and must not be delegated lower in the organization. The SOH program is an inherent responsibility of the leadership and includes legal obligations for the commander, commanding officer (CO), officer in charge (OIC), and the SOH manager. Accordingly, the SOH manager will report directly to the commander, CO, and OIC, and have regular unimpeded communications with the CO and senior leadership regarding SOH program status, problems, resource needs, etc. In activities with less than 400 employees, the safety manager position may be a collateral duty performed by an appropriately trained individual with special assistant status for SOH matters.

(f) Activities will ensure centralized operational and technical management of IH, OM, and OA/HCRP services under their command preferably within a Directorate of Public Health (DPH) as specified in reference (t), and the “Standard Organization Templates for Military Facilities” (current version) posted on the BUMED-M14 SharePoint® site. Activities must ensure appropriate technical management/oversight of OH, IH, and OA/HCRP personnel, especially those at branch health clinics (BHCs), and those locations without a DPH. When OH, IH, and OA/HCP staff are assigned to the Director for Branch Clinics /BHC OIC, then the DPH, Director for Branch Clinics, and BHC OICs must work collaboratively to ensure operational and technical mission requirements are met. In particular, close collaboration by all parties must occur when: (1) hiring professional OH, IH, and OA/HCP staff at BHCs, and must include the senior MTF SME in the selection process; (2) assessing and providing cross leveling staff requirements to ensure the area of responsibility (AOR) mission is met; and (3) determining/establishing resource requirements and approval for equipment and training. All activities must ensure operational and technical management is performed by qualified OH professionals, per references (b) through (d), and includes as a minimum:

1. Standardization of business practices across the entire activity.
2. Assignment and performance evaluation of professional and technical personnel.
3. Prioritization of IH, OM, OA, EH, and healthcare support services throughout the geographic AOR of the parent activity.
4. Technical document review. For all IH technical reports, a documented review by an experienced IH subject matter professional (e.g., IH department head, preferably Certified Industrial Hygienist (CIH)) is required to ensure technical accuracy and report format consistency. Individuals selected to manage and supervise IH programs should be certified in

the comprehensive practice of IH (a CIH) by the American Board of Industrial Hygiene or at a minimum, eligible for certification, and working to achieve it. Signatures of IH technical reports will ensure this technical review was accomplished.

5. All BUMED activities who deliver OM services will have oversight by a board certified Occupational and Environmental Medicine physician. If one is not billeted at that activity, an agreement with another activity is required to include a minimum of one site visit per year. Oversight will include peer medical record reviews.

6. Medical record review. For all licensed independent practitioners (physicians, physician assistants, nurse practitioners, and audiologists) peer medical record reviews are required to meet competency and privileging requirements. OM peer review is required by certified or board eligible occupational and environmental medicine physicians or physicians with a minimum of 5 years of experience working in an OM clinic to meet credentialing requirements. Peer review for OAs must be done by another licensed audiologist.

(g) MTFs must provide OH and workers compensation program support services per references (d), chapter 8; and reference (f).

(h) Navy MTFs will provide OH services for personal services contract workers, per reference (g) and enclosure (3).

(i) The importance and purpose of worksite assessments is delineated in the, NEHC6260 TM96-2, Occupational and Environmental Medicine Field Operations Manual, [http://www.med.navy.mil/sites/nmcphc/Documents/oem/OccMedFieldOpsManual\\_Aug2006.pdf](http://www.med.navy.mil/sites/nmcphc/Documents/oem/OccMedFieldOpsManual_Aug2006.pdf). MTFs will ensure that OM providers, OH Nurses, and OA professionals periodically visit and document the visit to workplaces of personnel enrolled in medical surveillance programs within their AOR. It is encouraged to the maximum extent possible to leverage subject matter expertise of professions and that visits are performed jointly with industrial hygienists, OAs, and safety specialists. Worksite visits are within the scope of practice for OH providers and are a necessary part of injury prevention, risk communication, and incorporating exposure assessment into clinical practice.

b. SOH Program Assessment

(1) BUMED will issue SOH program assessment guidelines and metrics annually. BUMED will also conduct SOH program management evaluations of NAVMED regions and echelon 3 commands at least every 3 years.

(2) NAVMED regions and echelon 3 commands must conduct on-site compliance evaluations of SOH program effectiveness and efficiency at all subordinate activities. These Safety and Occupational Health Management Evaluations (SOHMEs) will be conducted at least every 3 years per reference (d), chapter 9, paragraph 0904, or as directed by BUMED.

SOHMEs will be conducted per a standard operating procedure developed by BUMED and posted on the BUMED SOH Web site and include an evaluation of all requirements in this instruction. Copies of the final reports will be forwarded to BUMED Safety and Occupational Health (BUMED-M44), BUMED Deputy Chief, Medical Operations (BUMED-M3), and BUMED Medical Inspector General (BUMED-M00IG).

(3) All BUMED activities must prepare annual self-assessments, metrics and improvement plans for their respective Safety, IH, OM, and OA programs. A summary report of these items must be provided per BUMED or regional guidance.

(a) MTFs must also prepare separate annual Safety, IH, and OM program assessments, and improvement plans. Program self-assessments shall be completed no later than 31 October of each year.

(b) MTF/activity SOH program managers must brief command leadership on their annual self-assessments, program improvements, and annual metrics. The activity commander, CO, OIC, executive officer, or senior leadership council must review and concur with program assessments, improvement plans, and annual BUMED SOH metrics. Program assessments, improvement plans, metrics, and all validating documents must be retained within the command for a minimum of 3 years for review by appropriate SOH inspection authorities.

(c) For SOH, all activities shall incorporate the Navy Safety Vision as part of their safety program self-assessments. This summary will also include medical surveillance compliance rates for the activities SOH program. Guidance for the safety roll-up report, self-assessments, and improvement plans is provided in reference (d), chapter 5, and by separate correspondence issued annually by BUMED.

c. SOH Training

(1) BUMED will participate as a member of SOH training groups per reference (d), or as assigned by higher authority.

(2) As outlined in reference (d), chapter 6, BUMED activities must support professional development and continuing education of assigned SOH personnel. All full-time journeyman level and higher industrial hygienists, IH officers, OH nurses, OM providers, OAs, and safety specialists and managers shall receive an equivalent of 4 continuing education units (CEUs), or 40 hours of professional development training annually. All full-time SOH personnel in a training status shall receive an equivalent of 8 CEUs or 80 hours of professional development training annually. Occupational and Environmental Medicine (OEM) physicians shall receive annually at least 25 hours of Continuing medical education (CME), consisting of at least 10 Maintenance of Certification hours (or the equivalent for osteopathic OEM specialist physicians), plus any additional CME necessary to meet the minimum annual requirements of the state or territory of licensure.



(3) ESAMS should be used to record safety related training, per reference (d), chapter 6.

(4) Activities must identify and submit annual SOH training needs to BUMED. Guidance for submitting this information will be provided by BUMED annually.

(5) Professional certification of individuals in their specialty is encouraged, highly desirable, and fully supported by BUMED. Activities will budget accordingly to provide training necessary to maintain professional certification. Guidance on payment of professional board certifications and licenses for military and civilian personnel is available respectively in references (k) and (l).

d. Hazardous Material Control and Management (HMC&M)

(1) BUMED will coordinate assistance and oversight to ensure compliance with Navy HMC&M programs and initiatives.

(2) NMCPHC will provide technical advice to Navy commands as directed by BUMED.

e. Hazard Abatement Program. All activities will work diligently to identify and quickly abate hazards. Use ESAMS to record and track SOH hazards. Large SOH hazard abatement projects will be validated, prioritized and submitted per reference (d), chapter 12, and as directed by the Naval Facilities Engineering Command.

f. Mishap Investigation, Reporting, and Recordkeeping

(1) BUMED will conduct an aggressive mishap investigation program and use ESAMS and WESS for appropriate recordkeeping and mishap reporting. A Safety Investigation Board will be established as necessary to perform special investigations of on-duty Class A and certain Class B mishaps per references (d) and (e). All classes of mishaps will be investigated and reported per the requirements of reference (e).

(2) BUMED activities must telephonically notify the Naval Safety Center, their respective NAVMED region or echelon 3 command, and BUMED within 8 hours of all on duty civilian Class A mishaps, all on and off duty military Class A mishaps, and any Class B mishaps that result in the inpatient hospitalization of three or more people. Reference (d), chapter 14 and reference (e), chapter 3 provide further details.

(3) The cognizant NAVMED region or echelon 3 command, unless otherwise directed by BUMED, must convene a mishap safety investigation board and initiate an investigation within 48 hours of notification of a mishap of the types noted in paragraph 6f(2), above and any other significant accidents as directed. The convening authority, BUMED-M44, NAVMED region, or non-regional echelon 3 command will arrange funding of the investigation board and coordinate required access for the investigation team members.

g. Emergency Preparedness. Activities will develop emergency preparedness procedures per reference (m). As part of this planning, activities must define the expected role of safety, IH, and OH personnel in emergencies and ensure they are appropriately equipped and trained to meet the defined roles. These roles may vary from activity to activity based on local conditions and the expertise of command personnel.

h. Respiratory Protection Program (RPP)

(1) BUMED will provide guidance necessary to implement the Navy RPP throughout NAVMED and ensure its implementation per references (a) and (d).

(2) NAVMED regions and echelon 3 commands will include RPPs as part of their oversight evaluations and ensure the establishment of comprehensive, effective RPPs, per reference (a) and (d) at all activities under their cognizance.

(3) Activities with job tasks requiring respiratory protection shall establish and maintain a RPP per references (a), (d), and (m).

(a) Each activity shall identify which tasks require respiratory protection and ensure personnel performing those tasks receive appropriate medical clearance, training, and fit-testing prior to being issued a respirator and performing the task. ESAMS shall be used to record respirator fitting and training data.

(b) Activities shall also identify tasks and use ESAMS to record which tasks require respiratory protection in unique or non-routine circumstances (e.g., pandemic influenza or Chemical Biological Radiological and Nuclear (CBRN) incident). Activities shall include a strategy in the Emergency Management Plan that will ensure an adequate cadre of personnel is in the RPP to meet initial circumstances and to ensure the necessary surge capacity for an incident such as pandemic influenza. Those individuals at highest risk for needing a respirator should be maintained in the RPP at all times. The accommodation of others should be planned for in emergency response plans. It is neither necessary, nor desirable to maintain all personnel who have the potential to need an N-95 filtering face piece respirator in the RPP at all times.

(c) Personnel on designated CBRN response teams must be identified in the RPP and comply with all requirements per references (a), (d) and (m).

(d) Unless specified otherwise by contract, MTFs that employ personal service contract workers and non-personal service contract workers must abide by enclosure (3).

i. Safety Awards Programs

(1) BUMED's NAVMED regions and echelon 3 commands will submit nominations for the BUMED Medical Safety Excellence Award per the criteria identified in enclosure (4). This

award shall recognize NAVMED activities that have demonstrated exceptional and sustained safety excellence, their employee safety programs (all commands), and in patient safety programs (MTFs). The objectives of the awards program is to encourage increased mission readiness by mishap and hazard reduction; to promote full integration of risk management principles; and to foster a sound safety culture throughout all NAVMED commands, activities, and MTFs.

(2) Selection criteria will include exceptional success in improving safety programs, performance, and culture, identifying and mitigating safety hazards, and/or integrating safety into the medical treatment or support mission throughout their organization. The main focus of this award is improvement and results.

(3) BUMED submittals will be considered for the Chief of Naval Operations (CNO) shore safety awards per reference (d) and potentially the Secretary of the Navy Safety Excellence Awards per reference (u).

(4) Activities may also submit CNO safety award nominations for individual(s) per reference (d). These nominations must also be endorsed by their respective echelon 3 command and forwarded to BUMED by 30 November of each year.

j. Information Technology

(1) The DOEHRS program is the information management system for longitudinal exposure recordkeeping and reporting as stated in paragraph 6a(4)(c). Per reference (q), NMCPHC is the executive agent responsible for all DOEHRS functionality, including DOEHRS mobile for in garrison and deployed units. NMCPHC shall:

(a) Coordinate Navy SMEs for the development, implementation, and maintenance of all DOEHRS functionality and routinely provide reports, queries, and metrics to BUMED.

(b) As assigned, serve as lead on various SOH related DOEHRS project or process teams.

(c) Serve as the Navy DOEHRS SME, and coordinate with BUMED, other Services and the Defense Health Agency, in the development, review, analysis and/or maintenance of the DOEHRS-IH, EH and HC and approve and prioritize DOEHRS change requests for the Navy.

(d) Develop and facilitate training on DOEHRS-IH, EH, and Mobile to Navy personnel and contract staff with adequate frequency so newly assigned staff (with no previous DOEHRS training) can receive training within 6 months of assignment.

(e) Act as DOEHRS account service level administrators, pick-list administrators for the Navy, and approve DOEHRS accounts for Navy personnel.

(f) Construct recommendations to BUMED on the DOEHRS-Enhanced Environmental Health and IH implementation policy for deployed units and in-garrison units to include any expansion of DOEHRS contract support and incorporation of training into applicable curriculums.

(2) ESAMS is the standard data management system to record and monitor, assess, and measure safety programs, and shall serve as the safety and emergency management preparedness information system. It is a Web-based risk management information system that facilitates multi-level program management and provides aggregate reporting, tracking and trending of electronic data. ESAMS provides a mechanism for management to ensure compliance with applicable directives, and conduct analysis using real-time data.

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

8. Reports. The reporting requirements for this instruction are authorized by the report control symbols established in references (d) and (e).



P. B. COE  
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Distribution is electronic only via the Navy Medicine Web site at:  
<https://www.med.navy.mil/directives/Pages/default.aspx>

REFERENCES

- (a) 29 CFR 1910
- (b) DoD Instruction 6055.01 of 14 October 2014
- (c) SECNAVINST 5100.10K
- (d) OPNAVINST 5100.23G
- (e) OPNAVINST 5102.1D
- (f) DoD Instruction 1400.25 of 1 December 1996
- (g) BUMEDINST 4200.2D
- (h) MCO 5100.29B
- (i) NAVMC DIR 5100.8
- (j) CNICINST 5100.3A
- (k) BUMEDINST 1500.20
- (l) BUMEDINST 7042.1A
- (m) BUMEDINST 3440.10
- (n) BUMED ltr 5320 Ser M1/11UM 1116 of 28 Feb 2011 (NOTAL)
- (o) DoD Instruction 6055.05 of 11 November 2008
- (p) DoD Instruction 6490.03 of 11 August 2006
- (q) BUMED Memo 6240 Ser M3/5/10UM358150 of 20 Dec 2010 (NOTAL)
- (r) DoD 6010.13-M of 7 April 2008
- (s) SECNAVINST 5430.57G
- (t) BUMED Memo of 31 Jan 2007 (NAVMED Policy 07-004)
- (u) SECNAVINST 5305.4B
- (v) OPNAVINST 3500.39C
- (w) COMNAVSAMFECEN NORFOLK VA 211916Z JAN 15 (ALSAFE 005/15)

ACRONYMS

AMSP	Asbestos Medical Surveillance Program
AOR	Area of Responsibility
BUMED	Bureau of Medicine and Surgery
CBRN	Chemical Biological Radiological and Nuclear
CEU	Continuing Education Unit
CME	Continuing Medical Education
CIH	Certified Industrial Hygienist
CIHL	Consolidated Industrial Hygiene Laboratories
CNO	Chief of Naval Operations
CO	Commanding Officer
COR	Contracting Officer's Representative
DOEHRS	Defense Occupational and Environmental Health Readiness System
DON	Department of the Navy
DPH	Directorate of Public Health
EH	Environmental Health
ESAMS	Enterprise Safety Applications Management System
HMC&M	Hazardous Material Control and Management
IH	Industrial Hygiene
MTF	Medical Treatment Facility
NAVMED	Navy Medicine
NMCPHC	Navy and Marine Corps Public Health Center
NAVMEDLOGCOM	Naval Medical Logistics Command
NPSC	Non-Personal Services Contract
OA	Occupational Audiologist
OEM	Occupational and Environment Medicine
OH	Occupational Health
OM	Occupational Medicine
OSHA	Occupational Safety and Health Administration
OIC	Officer in Charge
ORM	Operational Risk Management
PPE	Personal Protective Equipment
PSC	Personal Services Contract
RPP	Respiratory Protection Program
SOH	Safety and Occupational Health
SOHME	Safety and Occupational Health Management Evaluation
SME	Subject Matter Expert
WESS	Web Enabled Safety System

POLICY GUIDANCE FOR PROVIDING OCCUPATIONAL HEALTH SERVICES  
TO PERSONAL SERVICES CONTRACT WORKERS

- Ref: (a) 10 U.S.C. §1091  
(b) BUMEDINST 4200.2D  
(c) DoD Instruction 6055.01 of 14 October 2014  
(d) SECNAVINST 5100.10J  
(e) OPNAVINST 5100.23G  
(f) NMCPHC-TM OM 6260, Medical Surveillance Procedures Manual and Medical Matrix (Edition 11)  
(g) NEHC 6260 TM96-2, Occupational and Environmental Medicine Field Operations Manual  
(h) NAVMED P-117, Manual of the Medical Department (MANMED)  
(i) BUMEDINST 6230.15B  
(j) BUMEDINST 6224.8B

This enclosure serves as policy and procedural guidance for personal services contract (PSC) workers at Navy MTFs. References (a) through (j) of this enclosure define PSC workers, and provide instruction and guidance on OH programs and requirements. Contracts fall into two types: PSCs and non-PSC (NPSC). References (f) and (g) are located at: <http://www.med.navy.mil/sites/nmcphc/occupational-and-environmental-medicine/oemd/Pages/tech-manuals-guidance.aspx>.

1. PSC. Any employee hired through a PSC will be a healthcare worker involved in direct patient care or clinical services. Most healthcare workers are currently PSCs, but not all, so it is important to know the contract type. Examples of NPSC include housekeeping and food services.
2. Respiratory Protection Program (RPP). Due to the nature of PSCs, in which the Government is assuming the liability risk for the worker, the Government will provide the same personal protective equipment (PPE) (respirator, gloves, etc.) to the PSC worker as to a civil service employee performing the same duties. In general, PSCs are also treated the same as direct civil service employees with respect to RPP services. They will be fit-tested by NAVMED staff and provided respirators as though they were direct employees. Perhaps the only difference in the RPP with respect to PSCs is their medical qualification. PSCs must provide their own pre-placement health assessment (including respirator qualification if appropriate) before hire rather than getting a pre-placement physical from a MTF OH clinic. Follow-up periodic medical certification for respirators can come from their own medical provider or a MTF OH clinic. A direct civil service employee would have to get their periodic medical certification for respirators from a MTF OH clinic.

3. NPSCs. In general, NPSC workers receive all their PPE and RPP support from their employer. A MTF OH clinic and safety office would not provide medical screening, respirator fit-testing, respirators, or other PPE. The contract should have a statement regarding the contractor's obligation to meet safety and health standards and provide their employee PPE as necessary. There may be exceptions however, so it is always wise to check the contract.

4. PSC Worker Coordination with the Contracting Officer's Representative (COR)

a. OH services for PSC workers require close coordination between the MTF OH clinic staff, the COR, and the contracting officer at the applicable contracting office. In all cases, contract specifications take precedence over this policy instruction.

b. The implicit employer-employee relationship existing between the Government and PSC workers may warrant the Government assuming some OH care responsibilities for PSC workers not assumed for NPSC workers. Programs include:

(1) Pre-placement Health Assessment. PSC workers complete a pre-placement health assessment before beginning MTF clinical services per their contract. Pre-placement health assessments are performed by a licensed provider who documents the worker's ability to safely perform functional requirements of the position with or without accommodation and documents all immunizations required by contract. The pre-placement health assessment is forwarded by the MTF COR to the MTF OH clinic and becomes part of the employee's MTF occupational medical record. Pre-placement assessments will not be performed at the MTF unless the PSC worker is an eligible beneficiary.

(2) Functional Requirements. Functional job requirements for each category of PSC worker within the MTF must be the same or similar to those required by DON civilian jobs. Standard lists of functional requirements are part of the solicitation process. Certification is the responsibility of the contractor and the contractor's medical agent.

(3) Immunizations and Tuberculosis Screening. Prior to employment, PSC workers must provide documentation of adequate immunizations. Documentation is retained in the PSC worker's MTF occupational medical record. The Naval Medical Logistics Command (NAVMEDLOGCOM) is responsible for ensuring consistency and accuracy of immunization requirements in all BUMED health care services contracts. NAVMEDLOGCOM and BUMED Medical Operations (BUMED-M3) will review and update immunization and other OH requirements annually. The MTF OH clinic will maintain an occupational medical record for each PSC worker. When pre-placement documentation is received, the OH clinic staff will screen the record for any medical contraindications to the required immunizations.

(a) PSC workers may request copies of all or part of their occupational medical record during and on termination of employment.



(b) PSC workers are indistinguishable from military and Federal civilian workers for IH surveys and sampling.

(c) The following services may be provided by the Government for PSC workers: medical certification examinations, medical surveillance examinations, occupational injury/illness care on a reimbursable basis, emergency care occurring on duty, urgent care on a reimbursable basis, and limited follow-up care. If the PSC worker is absent for 3 or more consecutive unplanned days, the commander, commanding officer (CO), or officer in charge (OIC) may require written documentation from a qualified health care provider that the PSC worker is free from communicable disease. The Government reserves the right to examine and/or re-examine a PSC worker who meets this criterion. OH clinic staff should consult with COR regarding return to work requirements and with PSC worker supervisors for optimum coordination.

(d) The Government, via the MTF commander, CO, or OIC reserves the right to determine PSC worker fit for duty. Any PSC worker demonstrating impairment will be evaluated. Fitness for duty evaluations are conducted at the MTF by a licensed provider authorized to perform these examinations. An unfit for duty finding requires prompt consultation with the COR. The Government reserves the right to examine and/or re-examine any PSC worker cleared by an outside agency or provider.

## 5. Categories of Impairments

a. Drug/Alcohol-Related Impairment. The Government reserves the right to require evaluation of any PSC worker who appears to be impaired by drugs and/or alcohol. PSC workers determined to be impaired by drugs and/or alcohol will be removed from the workplace. PSC workers are not eligible for Federal Employee Assistance Programs.

b. Other impairment. The Government reserves the right to require evaluation of any PSC worker who demonstrates an impairment that interferes with stated workplace practices or fulfillment of contractual obligations. Examples of such impairments include, but are not limited to, physical impairments precluding performance of required tasks, or mental or emotional dysfunction threatening staff or patient safety. This does not pertain to individuals granted reasonable accommodation under the Americans with Disabilities Act or due to work-related injury.

6. The above summary is designed to help safety and OH personnel understand existing contracts. It does not amplify, supersede, or otherwise change any contract provision. If in doubt, contact the COR.

7. NAVMED commanders, COs, and OICs will disseminate guidance on OH services to ensure consistent and appropriate services for PSC workers.

DEPARTMENT OF NAVY  
BUREAU OF MEDICINE AND SURGERY  
MEDICAL SAFETY EXCELLENCE AWARD CRITERIA AND NOMINATION PROCESS

A fundamental element of SECNAVINST 5100.10J is the continuous improvement of SOH of all Naval personnel. Critical components of this are the integration of safety into everything we do and the design of safety into systems and processes up front. Safety and effective risk management should be engrained early in processes and be intrinsic to the medical culture of continuous improvement. Toward this end, Chief, BUMED will present the annual Medical Safety Excellence Award to a command, team, or office that has demonstrated exceptional success in improving safety programs and culture; identifying and mitigating medically unique safety hazards; and/or integrating safety into the medical treatment or support mission throughout their organization.

1. Eligibility. All Navy Medicine activities are eligible for nomination for the Chief, BUMED's Medical Safety Excellence Award.

2. Criteria and Nomination Process

a. Each nomination package should provide a brief description of the improvement and the results achieved by implementing the improvement. The package should address as many of the following criteria as applicable:

(1) Culture. How was the command's or team's culture changed to better integrate safety and focus on early identification and resolution of safety issues?

(2) Patient Safety. How has patient safety worked to eliminate preventable patient harm by empowering patients and engaging, educating and equipping patient care teams, including the patient, to institutionalize evidence-based safe practices?

(3) Improvement Identification. How was this particular improvement identified as a priority?

(4) Engineering. How were safety engineering principles, methodologies and rigor integrated into the program, system or process. How did that lead to overall safety improvement? How were safeguards to protect personnel, equipment, and environment improved?

(5) Hazard Mitigation. How were hazard mitigation strategies for safety issues identified and developed?

(6) Barriers. What barriers, such as cost constraints, schedule drivers and performance parameters were overcome to develop and implement this safety improvement?

(7) Future Impact. How can this safety improvement be exported to other processes, programs, and commands, etc.?

(8) Documentation and Monitoring. What documentation and ongoing monitoring is the team or office implementing to support continuation and expansion of this improvement?

b. Nomination packages should include the following:

(1) Endorsement of the nominee via their chain of command.

(2) A cover page that includes the program/improvement name; nominating command(s); command category based upon the Navy Safety Center criteria; name/position title, address, telephone number, and e-mail of the team or office leader; and names and positions of all members involved in integrating safety into the program.

(3) A Microsoft Word document or portable document format that addresses the criteria above. The document should be no longer than 1,000 words. Up to three pages of attachments may also be included if they substantially clarify achievements.

(4) Achievements should be supported by quantitative and qualitative data, wherever possible.

(5) Achievements should be explained in a way that can be easily understood and appreciated by the general public. Generalities, acronyms, and excessive use of superlatives should be avoided.

3. Submission of Nomination Packages. Packages, with chain of command endorsements, must be forwarded by the respective NAVMED region or echelon 3 command via the BUMED tasker system no later than close of business 30 November to the BUMED Safety Program Manager (BUMED-M44).