



OCCUPATIONAL HEALTH PROGRAM EVALUATION GUIDE (OHPEG)

Published by the Navy and Marine Corps Public Health Center

620 John Paul Jones Circle, Suite 1100
Portsmouth, Virginia 23708-2103

August 2009

TABLE OF CONTENTS

1.	Introduction.....	2
	A. Purpose.....	2
	B. Background.....	2
	C. Intended Use.....	2
	D. Update.....	2
	E. Consultants/Reviewers.....	2
2.	Asbestos Medical Surveillance Program*	3
3.	Asbestos Medical Surveillance Program Medical Record Review	4
4.	Amsp Chart Review	5
5.	Bloodborne Pathogens	6
6.	Ergonomics	9
7.	Healthcare Worker (Hcw) Competencies	11
8.	Health Promotion	12
9.	Hearing Conservation Program	13
10.	Lead.....	15
11.	Lead, Respirator Certification, And Hearing Conservation Record Review.....	17
12.	Medical Evaluation And Case Management	18
13.	Medical Records	21
14.	Medical Surveillance Programs	23
15.	Occupational Ionizing Radiation Medical Surveillance Program	25
16.	Occupational Reproductive Hazards	26
17.	Organization And Staffing.....	27
18.	Spirometry.....	29
19.	Surveillance Review And Strategic Planning.....	34
20.	Latex	35
21.	Tuberculosis Occupational Exposure	37
22.	Respirator User Certification Program	39
23.	Pre-Deployment Health Assessment (PDHA) Program	40
24.	Pre-Deployment Health Assessment(PDHA)Program Flow Chart.....	44
	References.....	45
	Templates for Program Elements Validation.....	51

1. INTRODUCTION

A. Purpose.

This document is designed for use by Occupational Medicine (OM) physicians and Occupational Health Nurses (OHNs) to facilitate dialogue between knowledgeable consultants or inspectors and command personnel to assess the status of OM programs.

B. Background.

The Occupational Health Program Evaluation Guide (OHPEG) was developed in response to a need for consistency among professionals performing consultative oversight and inspections. OM consultants must provide standard, consistent direction based on current regulations, while inspectors need a reliable tool to measure program effectiveness.

C. Intended Use.

The OHPEG is designed for use by OM subject matter experts. The references used are current at the time of distribution. Even though not all inclusive the OHPEG is designed as a self-evaluation tool. The OHPEG also serves as a trigger to the qualified OM professional, consultant or inspector.

D. Update.

This revision was completed in August 2009 and will be reviewed periodically with new programs added as needed. Review will be done by OM subject matter experts. Contributions from interested OH professionals in the field are encouraged. Suggestions for revision, additions and up-dates can be sent to:

Commanding Officer

ATTN: Occupational Health Program Evaluation Guide Review Committee

Navy and Marine Corps Public Health Center

620 John Paul Jones Cir, Ste 1100

Portsmouth, Virginia 23708-2103

E. Consultants/Reviewers.

Ruth Callaghan, RN, COHN-S

Linda Day, RN, COHN-S

Georgette Dougherty, RN, COHN

Margarita Hutchens, RN, OHN

Sue Mason, APRN, BC

Loraine O'Berry, RN, COHN-S

Mari Pohlhaus, RNC, COHN-S, ANP

MaryJo Ramus RN, COHN-S

Barbara Ross RN, COHN-S/CM

Karen Stoops, RN, COHN-S

John Muller, MD, MPH

Ms Ruth Mason

Ms MeMe Bishop

2. ASBESTOS MEDICAL SURVEILLANCE PROGRAM*

References:

- (a) 29 CFR 1910.1001 series and 1926.1001 series
- (b) SECNAVINST M-5210.1 "Records Management Manual"
- (c) Joint Commission CAMH, current edition
- (d) OPNAVINST 5100.23 series
- (e) Medical Surveillance Procedures Manual and Medical Matrix (NMCPHC Technical Manual), current edition

Additional reference:

Occupational Medicine Field Operations Manual (FOM)

References:	Program Element:	Yes	No	Comments
Ref (a) Appendix E; Ref (d) 1710.f.(3)	a. Are "B" Reader chest X-ray film examinations taken, processed and shipped using current Navy Marine Corp Public Health Center protocols?			
Ref (b) 6150(4)(a), 6200(2)(6), 9000 (1)(note); Ref (d) 1710.h.(1); Ref (c) IM.6.10	b. Are asbestos medical records, including "B Reader" x-rays, maintained or archived as required?			
Ref (d) 1710.f.(4)	c. Is appropriate counseling provided regarding results of medical evaluation?			
Ref (a) 1710; Ref (e) Programs 113,115,116	d. Is Asbestos Medical Surveillance Program record review completed?			

*AMSP medical record review See next page

3. ASBESTOS MEDICAL SURVEILLANCE PROGRAM MEDICAL RECORD REVIEW

	CURRENT WORKERS	PAST EXPOSED WORKERS
1) DD 2493-1 OSHA Initial Medical Questionnaire	X	
2) DD 2493-2 OSHA Periodic Medical Questionnaire	X	
3) NAVMED 6260/5 Periodic Health Evaluation	X	X
4) SF 519 X-ray Report	X	X
5) NAVMED 6260/7 "B" Reader X-ray	X	X
6) OPNAV 5100/15 Medical Surveillance Questionnaire	X	X
7) Pulmonary Function Graph	X	X
8) DD 2766 Preventive Health Assessment	X	X
9) "Asbestos" label for Medical Record and X-ray jacket	X	X
10) Physicians written opinion	X	

FREQUENCY OF CHEST X-RAYS FOR WORKERS EXPOSED IN THE PAST

Years Since First Asbestos Exposure	Age of Employee		
	15 - 34	35 - 45	45+
0 to 10	Every 5 years	Every 5 years	Every 5 years
10 +	Every 5 years	Every 2 years	Every year

NOTE: This chart only applies to workers that are not currently being exposed to asbestos. Workers that are currently being exposed to asbestos require an annual x-ray

5. BLOODBORNE PATHOGENS

The BBP is a multidisciplinary team program which was implemented to provide protection for employees potentially exposed to blood and other infectious materials.

References:

- (a) 29 CFR 1910.1030
- (b) Revised BBP Standard, 29 CFR 1910 of 1 Jan 07
- (c) 29 CFR 1910.1020
- (d) SECNAVINST 12792.4 of 1 Dec 89 “Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome in the Department of the Navy Civilian Workforce”
- (e) The Joint Commission (TJC), current edition
- (f) OPNAVINST 5100.23 series
- (g) BUMEDINST 6600.10 series
- (h) BUMEDINST 6230.15A, 29 Sep 06, “Immunizations and Chemoprophylaxis”
- (i) Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC), MMWR, December 26, 1997/46(RR-18); 1-42
- (j) Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis, MMWR, June 29, 2001/50(RR 11); 1-42
- (k) Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis, MMWR, September 30, 2005/54(RR09); 1-17
- (l) OASD Memo: Hepatitis B Immunization Policy for Department of Defense Medical and Dental Personnel 23 Oct 96
- (m) BUMED 6280.1A 21 Jan 94 “Management of Infectious Waste”
- (n) Section C of Basic Multiple Award Task Order (MATO) Contract

Additional reference:

Medical Surveillance Procedures Manual and Medical Matrix, (NMCPHC Technical Manual), current edition

References:	Program Element:	Yes	No	Comments
Ref (a, g)	a. Is there an infection control program which includes quality assurance, occupational health and safety programs?			
Ref (a, e) IC.01.04.01 (f)	b. Is there a written exposure control plan (ECP) and is the exposure control plan up-dated on an annual basis or more frequently if there are changes to the program?			
Ref (b)	c. Does the ECP reflect how the organization implements new developments relating to engineering controls (i.e., safer medical devices;needleless systems)?			
Ref (b)	d. Is there documentation of an annual solicitation of employee input in the identification, evaluation, and selection of engineering work practice controls that reduce the risks of exposure incidents?			
Ref (a)	e. Is there a written procedure which includes:			
Ref (a)	(1) Locations and likelihood of exposure?			
Ref (a)	(2) Schedule and method of implementation for departments with differing exposures?			
Ref (a)	(3) Training, labeling, and general location and types of warning signs provided to communicate hazards?.			
Ref (a)	(4) Stipulation of the need for signs with the biohazard symbol?			
Ref (c)	(5) Documented training and medical record keeping requirements?			
Ref (a)	(6) List of job classifications in which it is Reasonable to anticipate occupational exposure to blood and other potentially-infectious materials (OPIM)?			
Ref (a, e) IC.201.01.01(6) (m)	(7) Protocols for handling of infectious Waste?			
Ref (a, c, h-l)	(8) Hepatitis B vaccination and post- exposure evaluation and follow-up program?			

References:	Program Element:	Yes	No	Comments
Ref (a, e) IC.02.03.01	f. Is there a written procedure to ensure that workers involved in an exposure incident report for a medical evaluation that includes: (1) The most current US Public Health Service guidelines. (2) Explanation of the circumstances of the exposure incident. (3) Exposed individuals counseled regarding confidentiality of results of source testing? (4) Is recommended Post Exposure Chemoprophylaxis available at the MTF?			
Ref (h, i ,l)	g. Do employees who decline HBV sign a declination form?			
Ref (a) (g)(2)	h. Are training content and completeness documented and maintained, as required?			
Ref (d) (4)(b)	i. Is civilian consensual HIV testing performed ONLY for post-exposure occupational injury?			
Ref (e) IC.02.03.01 (n)	j. Do existing contracts state who ensures compliance with BBP regulations for potentially exposed contract workers?			
Ref (n)	k. Is documentation of regulatory compliance for contractual HCWs on site?			

6. ERGONOMICS

References:

- (a) OPNAVINST 5100.23 series
- (b) Joint Commission CAMH, current edition

Ergonomics is the field of study that involves the application of knowledge about physiological, psychological and biomechanical capacities and limitations of the human body. This knowledge is applied in the planning, design, and evaluation of work environments, jobs, tools and equipment to enhance worker performance, safety and health. Ergonomics is essentially fitting the workplace to the worker. Occupational Medicine's role in ergonomics is to perform medical monitoring and workplace assessments to support the command's injury prevention and cost containment programs.

References:	Program Element:	Yes	No	Comments
Ref (a) 2309.a	a. Are health care providers (occupational medicine physicians, nurse practitioners, occupational health nurses, and physicians assistants) conducting and documenting work place visits to obtain knowledge of operations and work practices?			
Ref (a) 2304.c	b. Does the facility monitor Cumulative Trauma Disorder (CTD) trends using Appropriate logs or records?			
Ref (a) 2305.a	c. Has workplace and job task analysis been conducted?			
Ref (a) 2309.d	d. Does the facility assist line activities in the rehabilitation of CTD cases and the implementation of limited or light duty programs?			
Ref (a) 2307.a	e. Does the facility verify low risk of light duty assignments?			
Ref (a) 2308.a	f. Does the facility provide health education for personnel with a past history or current symptoms of CTD?			
Ref (a) 2303.b	g. Does the facility encourage employee involvement in identifying problems and recommending corrective approaches to change?			
Ref (a) 2309.b	h. Does the facility assist in the development of physical requirements for positions?			
Ref (a) 2304.b	i. Does the facility conduct annual analysis of injury and illness records to include identification of ergonomic risk factors?			

Ref (a) 2304.a	j. Does the activity include a self-assessment of its ergonomic program as part Program Assessment?			
Ref (a) 2308.b	k. Have Safety and health professional staff responsible for the ergonomics program completed the Navy Safety Center Ergonomics Program course (A-493-0085) or equivalent?			

7. HEALTHCARE WORKER (HCW) COMPETENCIES

(More comprehensive sheet on the way!! standardized OHN competencies are being developed)

References:

- (a) Joint Commission CAMH, current edition
- (b) NAVMED P-117, current Edition
- (c) OPNAVINST 5100.23 series

References:	Program Element:	Yes	No	Comments
Ref (b) 15-4	a. Are physical examinations performed by non-physician providers counter-signed by a physician?			
Ref (a) PE.4.1 (a) HR.2	b. Are there written, current protocols for assessments performed by nurses,not requiring physician counter- signature?			
Ref (c) 0602.d.	c. Is there an Individual Development Plan established for staff personnel?			

Questions of Interest:

1. Are Occupational Health Nurses performing assessments?
2. Are there current, written protocols signed by a physician?
3. Do protocols state that physician counter-signature is not required on assessments?

8. HEALTH PROMOTION

References:

- (a) Joint Commission CAMH, current edition
- (b) OPNAVINST 5100.23 series
- (c) BUMEDINST 6110.13 series

This is a multidisciplinary program. This guide assesses the role of occupational health (OH) and availability for referrals from the OH department.

References:	Program Element:	Yes	No	Comments
Ref (c) 3.b.(2) (a) PF.4.2	a. Does OH have a role in the Command Health Promotion (HP) program?			
Ref (c) 3.b.(2) (a) PF.4.1	b. Are HP evaluations and classes available for OH referrals?			
Ref (a) PF.4	c. Are OH staff knowledgeable of appropriate resources for referrals to specific programs that meet special needs?			

9. HEARING CONSERVATION PROGRAM

References:

- (a) OPNAVINST 5100.23 series Chap 18
- (b) NEHC Technical Manual NEHC TM 6260.51.99-2 (Sept 2008)
- (c) Joint Commission CAMH, current edition
- (d) OPNAVINST 5100.19E (30 May 2007)

Additional references:

OSHA Standard 29CFR 1910.95

http://edocket.access.gpo.gov/cfr_2008/julqtr/pdf/29cfr1910.95.pdf

DoDINST, DoD Hearing Conservation Program (HCP), Number 6055.12, 5 March, 2004

<http://www.dtic.mil/whs/directives/corres/pdf/605512p.pdf>

MCO 6260.1F, April 5, 2000, Marine Corps Hearing Conservation Program

<http://www.marines.mil/news/publications/Documents/MCO%206260.1E.pdf>

Hearing loss has been and continues to be, a source of concern within the Navy, both ashore and afloat. Occupational hearing loss resulting from exposure to hazardous noise, the high cost of related compensation claims, and the resulting drop in productivity and efficiency highlight a significant problem that requires considerable attention. A comprehensive hearing conservation program (HCP) is designed to prevent hearing loss of workers. Periodic testing, referral and follow-up are important components of the program.

References:	Program Element:	Yes	No	Comments
Ref (a)	a. Are audiograms being performed for:			
Ref (b)	Reference? Monitoring? Termination?			
Ref (a)1809.b.	b. Is noise dosimetry recorded in the medical record?			
Ref (a)1806.d	c. Is there a written notification of a significant threshold shift(STS)to the employee within 21days?			
Ref (a) 1802.d.	d. Is there appropriate referral of individuals with STS? (1) Is there an established referral mechanism in place for evaluation when there is no audiologist on site?			
Ref (a) 1806.d.	e. Is STS reported to the OSH (R) office for entry on OPNAV 5102/7 or equivalent?			
Ref (b)	f. Are individuals in the HCP fitted with hearing protection devices?			
Ref (b) (c)	g. Are technicians, audiometers and booth, certifications current?			
Ref (a) 1806.c.	h. Is there a mechanism in place to identify individuals who exhibit a progressive series of permanent threshold shifts?			

10. LEAD

References:

- (a) 29 CFR 1910.1025 series and 1926.62 series
- (b) OPNAV 5100.23 series
- (c) Medical Surveillance Procedures Manual and Medical Matrix, (NMCPHC Technical Manual), current edition

Individuals shall be placed in the lead medical Surveillance program when industrial hygiene (IH) surveillance indicates that they perform work or are likely to be exposed to concentrations at or above the action level 30 days a year. Although impact is minimal, OSHA construction standards may apply in some instances, and the medical surveillance requirements differ from the general industry standard.

References:	Program Element:	Yes	No	Comments
Ref (a) (b) 2109.b.(3)(c)3	a. Is physician's written opinion used?			
Ref (b) 2109.d. (2)	b. Are results of biological monitoring documented in the medical record?			
Ref (a) (b) 2109.b.(2) (c)	(1) Blood lead/ZPP every 6 months?			
Ref (b) 2109.b.(2)	c. Is appropriate follow-up documented for a blood lead concentration at or above 30 ug/100g?			
Ref (b) 2109.c.(1)	(1) Was employee notified in writing within 5 working days of receipt of results?			
Ref (b) 2109.b. (3)(c)4.	(2) Was IH notified?			
Ref (b) 2109.b.(3)(a)1. (b) 2109.b.(3)(a)2.	d. Are employees removed from work involving lead if the blood lead exceeds 60 ug/100g or the average of the last three blood lead measurements is equal to or exceeds 50 ug/100g whole blood?			
Ref (b) 2109.c.(2)	e. Are personnel counseled regarding abnormalities and medical record entry recorded and countersigned by the employee?			

References:	Program Element:	Yes	No	Comments
Ref (a)	f. Are blood lead analyses done by a laboratory participating in the Centers for Disease Control and Prevention proficiency Testing program? (OSHA List of Laboratories Approved for Blood Lead Analysis)			

12. MEDICAL EVALUATION AND CASE MANAGEMENT

FEDERAL EMPLOYEES' COMPENSATION ACT (FECA) MANAGEMENT

Reference (a) is the single-source guide for all DoD activities for Injury Compensation Program (ICP) management under the Federal Employees' Compensation Act (FECA) regulations. It stipulates specific responsibilities for commands, commanding officers, Human Resources Offices (HRO), managers, supervisors and employees. Reference (a) requires that the FECA working group meets periodically (usually quarterly) to analyze FECA costs, trends, and plans, and develop cost containment initiatives.

Reference (b) has directed Department of the Navy (DoN) commands and activities to take certain actions to comply with the President's Safety, Health and Return-to-Employment (SHARE) initiative to lower workplace injuries and to reduce lost workdays. The pipeline program, reference (c), will support the SHARE initiative by assisting each DoD field activity in achieving fewer lost days resulting from injuries. The installation commanders must lead, support and implement the pipeline program within their activities and ensure that appropriate communications and training are provided to managers and supervisors in the pipeline program process.

Although reference (d) applies only to BUMED activities, paragraph 7. d.(2) provides for occupational health and medical treatment services, when feasible, for civilian employees who have been injured on the job and choose to receive their care at the facility, regardless of the employee's eligibility for military healthcare.

Reference (e) states that elements of a comprehensive occupational medicine program include occupational illness and injury case management.

References (f) through (l) establish policy and case management protocols for the Federal Employees Compensation Act (FECA) as it relates to appropriated and nonappropriated funded personnel.

REFERENCES:

- (a) DoD 1400.25-M, Civilian Personnel Manual Subchapter 810, of 12 April 05
- (b) OCHR message of 11 Aug 05 "Reducing Lost Production Days due to On-the-job injuries"
- (c) DoD Pipeline Reemployment Program Guide of 20 December 2005 from Civilian Personnel Management Services Injury & Unemployment Compensation Division
- (d) <http://www.cpms.osd.mil/ASSETS/D9426309BE2B48C2ABB84E376136EA38/pipelineguide.pdf>
- (e) BUMED letter of 28 Oct 05 on the "Civilian Employee Injury Compensation and Department of Defense Pipeline Reemployment Programs"
- (f) OPNAVINST 5100.23G
- (g) 5 CFR 339 Subpart C - Medical Evaluation

- (h) 20 CFR part 701 Longshoremen’s and Harbor Workers’
- (i) Compensation Act (Nonappropriated Fund Instrumentalities Act)
- (j) (E Joint Commission Manual can be accessed at <https://tlib.med.navy.mil/>. The site is CAC enabled and does not require a username or password.)
- (k) OPNAVINST 12810.1 of 26 Jan 90 “Federal Employees’ Compensation Act (FECA) Program”
- (l) NAVMEDCOMINST 6320.3B 14 May 87 Medical and Dental Care of Eligible Persons at Medical Treatment Facilities (MTFs)

Additional references:

Injury Compensation for Federal Employees, Pub. CA-810 Chief, Bureau of Medicine and Surgery, 12000 Ser 3b 421/041 of 21 June 1991 “Occupational Health Participation in FECA Cost Containment.”
 Chief, Bureau of Medicine and Surgery, 12800 52/0129 of 11 July 1990 “Commanding Officers’ Guide to the Federal Employees Compensation Act Program.”

References:	Program Element:	Yes	No	Comments
Ref (a) 339.301(1) (c)	a. Does the Medical Treatment Facility (MTF) provide examinations required by management?			
Ref (c) Pgs 10. 11; Ref (d) CC.1; Ref (d) TX.1; Ref (e) 1411.a.	b. Do all occupationally injured/ill employees first report to the MTF with a supervisor signed Medical Referral Form (OPNAV 5100/19)?			
Ref (a) 1411.c.(6) (b) 10.a; Ref (d) CC.2.1; Ref (g) Page A-8. Chap F	c. Is MTF staff making their initial follow-up care accessible and the preferred choice to federal employees for work-related injuries and illnesses?			
Ref (b) PF.1.8; Ref (e) 0807.a.(1); Ref (g) Pg A-8. Chap. F	d. Is there a procedure in place to provide instructions on treatment and follow-up instructions at OH unit or MTF?			

References:	Program Element:	Yes	No	Comments
Ref (c) Pgs 10-16; Ref (e) 0807.a.(7); Ref (f) 5.e.(6)	e. Do OH nurses/physicians assist MTF and commands with case management of lost times injuries to improve employees health and productivity?			
Ref (c) Pg 11; Ref (e) 0807.a (7)	f. Do OH nurses/physicians participate in injury compensation reduction efforts (committees) at the MTF and serviced commands?			
Ref (c) P 13; Ref (f) 5.c.(5)	g. Does the activity have a light duty program for injured workers?			
Ref (f) 4.1	h. Have supervisors been trained on injury compensation laws and policies?			

NOTE: Charge back cost of the command are based on a charge-back year period from July 1 to June 30.

13. MEDICAL RECORDS

References:

- (a) 29 CFR 1910.20 series
- (b) 29 CFR 1910.20 of 5 July 95
- (c) SECNAVINST 5210.8D. Department Of The Navy Records Management Program of 31 Dec 2005
- (d) Joint Commission CAMH, current edition
- (e) OPNAVINST 5100.23 series
- (f) NAVMED P 117, Manual of the Medical Department

Medical records contain information concerning the health status of employees. The National Personnel Records Center (NPRC) offers training workshops which can be tailored for individual agencies. Topics include retiring of OPF/EMF to CPR, Files Improvement, Records Disposition and Managing Electronic Records. For information, contact NPRC at (314)425- 5764.

References:	Program Element:	Yes	No	Comments
Ref (a); Ref (c); Ref (e) 0808	a. Is the individual employee’s medical record made available only after execution of the proper documents?			
Ref (c); Ref (f)	b. Are medical records (including asbestos records) retired per current instructions using SF 66-D?			
Ref (d)	c. Does the Preventive Health Assessment and Chronic Care Flowsheet (DD FORM 2766) list appropriate occupational health (OH) programs, including enrollment and termination data on applicable records?			
Ref (c); Ref (f) 16 -13(4)	d. Are military medical records reviewed for OH programs during check-in and annual verification?			
Ref (b); Ref (d); Ref (f) 16-23(m)	e. Do civilian employees report/detach through OH for required programs?			
Ref (d); Ref (f) 16-13(14)(g)	f. Are appropriate OH program labels such as “Asbestos” or “Occupational Health” on the outside of the medical record?			
Ref (d); Ref (f) 16-11(3)(c) (f) 16-11(6)	g. Is the management of OH medical records integrated under one medical records administrator for the command?			
Ref (d); Ref (f) 16-9	h. Are medical records adequately safeguarded?			

References:	Program Element:	Yes	No	Comments
Ref (f) 16-18(6)	j. Is cross index file used to track location of medical records?			

14. MEDICAL SURVEILLANCE PROGRAMS

References:

- (a) 5 CFR Medical Examinations
- (b) 29 CFR 1910.20 “Access to Employee Exposure and Medical Records”
- (c) 29 CFR 1920.2 of 01 Jul 08
- (d) Joint Commission CAMH, current edition
- (e) OPNAVINST 5100.23 series
- (f) Medical Surveillance Procedures Manual and Medical Matrix,(NEHC Technical Manual), current edition
- (g) Periodic Health Assessment for Individual Medical Readiness

In accordance with reference (a), agencies may establish medical evaluations and tests related to occupational and environmental exposures or demands. Per reference (b), employees or their representatives have a right of access to relevant exposures and medical records. Per reference (e), all facilities shall use reference (f) for medical surveillance and certification examinations. Medical surveillance examinations should be based primarily on industrial hygiene (IH) assessment, recorded on SF 600s and placed in the medical record per reference (e). Medical record review elements are included in the Medical Records section of this guide.

References:	Program Element:	Yes	No	Comments
Ref (a) 339.301; Ref (e) 0802; Ref (f)	a. Are stressor-specific and special examinations provided per written requirements? (1) Preplacement. (Baseline) (2) Periodic (3) Termination (4) Acute exposures/situational (5) Transfer/reassignment (6) Reduction in force			
Ref (e) 0802	b. Is IH exposure assessment used for placement in medical surveillance programs?			
Ref (a) (2)(a)(e) ; Ref (b) ; Ref (e) 0803(a)	(1) Do medical records contain IH consultations (e.g., personal monitoring data), records of exposure to physical (e.g., noise), biological, and chemical hazards?			

References:	Program Element:	Yes	No	Comments
Ref (e) 0807; Ref (g)	c. Is OPNAV 5100/15 current and is the OM portion of the DD2766 form completed on all Occupational Medicine clients			
	d. Are medical surveillance lists generated by the command safety office compared with IH surveys to ensure proper placement in medical surveillance?			
Ref (c) 1101.(d) ; Ref (d) G0.2.5	e. Do BSO 18 contracts contain all protections mandated by OSHA, CDC and DOD for contract employees? 1. Is occupational health involved in writing/reviewing of service contracts?			
Ref (d) PE.1.3 ; Ref (d) PE.1.4 ; Ref (e) 0807(2)(b);(4)	f. Is physical assessment conducted appropriate to stressor-specific and special examinations performed?			
Ref (d) PE.1.5 ; Ref (e) 0807(a)(10) ; Ref (f) CC.6.1	g. Is there evidence that continuity of care is provided for follow-up based on employee's needs?			
Ref (e) 0807(a)(2)(c)	h. Is there an ongoing assessment of aggregate population data to identify trends?			

Special Interest Items:

Is Medical Surveillance included in your OM Program Assessment?

What system is in place to track medical surveillance programs?

What computer program(s) is used?

Were systems developed locally?

15. OCCUPATIONAL IONIZING RADIATION MEDICAL SURVEILLANCE PROGRAM

Reference:

- (a) NAVMED P5055, current edition

A radiation protection program may be defined as the sum of all methods, plans and procedures used to protect the health and environment of personnel from exposure to sources of ionizing radiation. It includes the radiation health program and radiological controls program. A radiation health protection program is not an end in itself; its purpose is to provide the means to preserve and maintain the health of personnel while they accomplish necessary and purposeful work in or around areas contaminated with radioactive material or areas where they are exposed to ionizing radiation.

References:	Program Element:	Yes	No	Comments
Ref (a)1-5(34)	a. Has a qualified Medical Department Officer or civilian been assigned in writing as the Radiation Health Officer.			
Ref (a) 1-5 (35)	b. Has a Radiation Health Program been designed to maintain and protect the health of personnel exposed to ionizing radiation or radioactive contamination been implemented			
Ref (a) 2-3	c. Has medical examination been completed according to reference (form used for physical is NAVMED 6470/13 not SF88 and 93 as in ref (a). Has Dosimetry results been reviewed and filed in the Medical Record?			
Ref (a)	d. Have deficiencies from the most recent radiation health evaluation of medical records been corrected?			

16. OCCUPATIONAL REPRODUCTIVE HAZARDS

References:

- (a) OPNAVINST 5100.23 series
- (b) Navy and Marine Corps Public Health Center Technical Manual NEHC-TM-OEM 6260.01B (July 2008), Reproductive and Developmental Hazards: A Guide for Occupational Health Professionals

The Occupational and Environmental Medicine (OEM) Department plays a role in the evaluation and management of Reproductive and Developmental hazards and in the medical management of exposed workers.

Additional reference:

OPNAVINST 6000.1C, Navy Guidelines Concerning Pregnancy and Parenthood, June 2007

References:	Program Element:	Yes	No	Comments
Ref (a) 2903.d (2) (b)	a. Are pregnant employees encouraged to process through OH for evaluation and consultation of potential reproduction hazards?			
Ref (a) 2903.c.(1)	b. Are OH professionals receiving training relative to reproductive hazards?			
Ref (a).2903.d.(1) (b)	c. Is there a process in place for concerned personnel to receive counseling about adverse reproductive effects of occupational exposures?			
Ref (a) 2903.d.(3) (a)	d. Is a questionnaire evaluating employees exposure to hazards of reproductive concern reviewed by OH?			
Ref (a) 2903.d. (5)	e. Does OH participate in the evaluation of infertility and adverse pregnancy outcomes?			
Ref (a) 2903.a.(4)	f. Do OH professionals periodically analyze any reproductive trends relative to stressors in the work environment?			

17. ORGANIZATION AND STAFFING

References:

- (a) OPNAVINST 5100.23 series
- (b) Joint Commission CAMAC, current edition

Additional references:

BUMEDINST 5430.8 of 10 August 07 “BUMED Organizational Manual
Department of the Navy Office of Civilian Personnel Management Force Management Oversight Council Strategic Plan

Integral to the proper establishment of a comprehensive NAVOSH program is the premise that the occupational health (OH) function will be administered by Navy OH professionals. The first additional reference contains OH nurse position descriptions. This reference is included for the inspectors’ use if OH nurse classification or nurse practice issues arise.

References:	Program Element:	Yes	No	Comments
Ref (a) Chapter 3	b. Does OH staffing meet guidelines? (1) If not, what impact does this have on program effectiveness? (2) What is being done to address any problems?			
Ref (b) LD.1.5 Ref (a)1303	c. Does the department head develop and maintain budgeting documentation, prepares and submit budgets, track expenditures and ensure cost reports are prepared and submitted as required?			
Ref(b)LD.1.5 Ref (a)	d. Are funds adequate to meet program needs? 1. If not, what impact does this have on program effectiveness? 2. What is being done to address any problems?			
Ref (a) Ref (b) LD.1.3	e. Are non-mandated services being provided at the expense of required services?			
Ref (a) 0807.a.(1) Ref (b) LD.1.3	f. Do employees have access to appropriate type of care?			
Ref (a) 0807.a.(10)	g. Is there evidence of coordination of services to facilitate care. Consultation, referral of other follow-up?			

References:	Program Element:	Yes	No	Comments
Ref (b) CC.5 Ref (b) LD.1.3.4.1				

18. SPIROMETRY

References:

- (a) Series “ATS/ERS Task force: Standardization of Lung Function testing, Vol 26 No. 1,2,3, and 5”
- (b) Joint Commission CAMH, Current edition
- (c) Occupational and Environmental Medicine Field Operation Manual NMCPHC 6201.1 August 2006
- (d) OPNAVINST 5100.23 series
- (e) NIOSH Spirometry

The quality of spirometry depends greatly on the technician who is performing the tests. Responsibilities include obtaining valid spirometry, quality control of equipment through calibration and maintenance, appropriate referral and follow-up of abnormal results.

References:	Program Element:	Yes	No	Comments
Ref (a) No 1 pg 158; Ref (b) HR 1.20.1 ; Ref (d) 1710 f.(2)	a. Have individuals performing spirometry successfully completed a NIOSH-approved course? (if attended basic course before 2000 must attend basic course again. If unable to provide certificate of basic course after 2000 must attend basic course again)			
Ref (a) No 1 pg 158; Ref (b) HR 2.30 ; Ref (d) 1710 f. (2)	b. Have individuals performing spirometry attended a NIOSH approved refresher course 5 years after NIOSH approved basic course?			
Ref (c) Chapter 5. pg 37 Ref (d) 0805.b	c. Is appropriate referral made for abnormal findings? Documented? (1) counseling provided?			
Ref (a) No. 1. pg 158 No.2.pg 322 ; Ref (b) Hr 3.10	d. Is there a spirometry quality assurance program which includes procedures for all aspects of Spirometry?			
Ref (a) No 2 pgs 331-32; Ref (b) EC 6.10	e. Does equipment meet specifications?			
Ref (b) EC 6.20	f. Is preventive maintenance performed on equipment?			
Ref (b) LD.1.5 (a)	g. Are funds adequate to meet program needs?. (1) If not, what impact does this have on program effectiveness? (2) What is being done to address any problems?			
Ref (a)	h. Are non-mandated services being provided at the expense of required			

References:	Program Element:	Yes	No	Comments
	services?			
Ref (a) 0807.a.(1); Ref (b) LD.1.3	i. Do employees have access to appropriate type of care?			
Ref (a) 0807.1.(10); Ref (b) CC.5 (c). LD.1.3.4.1	j. Is there evidence of coordination of services to facilitate care consultation, referral of other follow-up?			
Special Note	g. Do Spirometry technicians meet the new NIOSH program change? Effective January 1, 2009. NIOSH has changed the time limits on all certificates to 5 years from the course date. Previously awarded certificates are no longer valid indefinitely. Individuals who choose to have a valid NIOSH certificate must either take a NIOSH-Approved Spirometry Refresher Course before the certificate is invalidated or retake the initial Course.			

PULMONARY FUNCTION CRITERIA									
Techs Name/initials							Date:		
Last 4 SSN:									
Occupation/Stressor									
Is the following information filled out on the graph? Y or N									
Review Criteria:									
a. Patient's Name									
b. SSN (or appropriate identifier)									
c. Date of Test									
d. Age									
e Height (and weight if required)									
f. Sex									
g. Race									
h. Ambient temp									
i. Tech sig or printed name									
Validity of Spirogram									
a. Free of hesitation, cough in 1st Sec									
b. Are tracings repeatable (≤ 150 ml)									
c. Are tracings acceptable (free of errors)									
d. Three valid tracings									
e. 6 sec long, plateau (or note why not)									
Observations that might have been recorded									
a. Use of nose clip									
b. Position tested in									
c. Appropriate questions asked									
d. Effort of subject noted									
Patient follow-up									
a. Is appropriate referral made for abnormal findings? Y or N									
b. Patient counseling documented? Y or N									
Technician Requirements									
a. Has technician performing Spirometry successfully completed a NIOSH approved course? Y or N									
b. Although not required at this time, NIOSH recommends refresher									

Spirometry for individuals performing Spirometry every 3 years									
Equipment Requirements									
a. Is time and volume calibration of equipment completed and documented on a daily basis or on day of Spirometry Testing? Y or N									
b. Does equipment meet NIOSH specifications? Y or N									
c. Is preventive maintenance performed and documented on equipment on a routine basis according to manufactures instructions? Y or N									
Comments:									

19. SURVEILLANCE REVIEW AND STRATEGIC PLANNING

POPULATION MEDICINE

References:

- (a) OPNAVINST 5100.23 series
- (b) Joint Commission CAMH, current edition

One of the greatest challenges to occupational health (OH) clinical providers is to develop meaningful public health interventions based on their clinical and laboratory observations. This requires interaction with many other disciplines including industrial hygienists, safety professionals, radiation health officers, and preventive medicine technicians. Only with a multidisciplinary approach can the clinical workload of the OH clinic result in improvements to the health and safety of the workforce as a population.

References:	Program Element:	Yes	No	Comments
Ref (a) CC.5 ; Ref (b) 0807.a.(13)	a. Are OH staff educating and/or assisting other medical staff regarding the identification, evaluation and follow-up of occupational injuries/illnesses?			
(a) 0807.a (6)	b. Is there a mechanism to identify, clusters or multiple employees with similar symptoms?			
Ref (a) 0807.a.(2) (c); Ref (b) IM.7	c. Are there mechanisms of analysis of findings, e.g., graphing, tabulating, discussion at command level meetings?			
Ref (a) 0801.a.b.; Ref (b) TX.1.2; CC.5	d. Is there a mechanism for multidisciplinary development of resolution of identified problems?			
Ref (a) 0803	e. What feedback is given relating to the results of trending?			

20. LATEX

References:

- (a) U.S. Department of Labor, Occupational Safety and Health Latex
- (b) BUMED Instruction 6200.16 Prevention of Latex Sensitization Among Health Care Workers and Patients Oct 1999

Allergy to latex was first recognized in the late 1970s. Since then, it has become a major health concern as an increased number of people in the workplace are affected. Health care workers exposed to latex gloves or medical products containing latex are especially at risk. It is estimated that 8–12% of health care workers are latex sensitive (Reference (a)). Per OPNAVINST 5100.23, OH professionals are to diagnose and treat acute and chronic injuries/illnesses and detect early indicators of excessive exposures caused by the work environment.

References:	Program Element:	Yes	No	Comments
Ref (a,b)	a. Is A Latex Allergy Questionnaire completed by the OM Clinic when a HCW (medical or dental) in processes into the command?			
Ref (a,b)	b. Are HCWs with potential latex allergies reported by OM to Safety and the employees supervisor so that latex free items can be stocked for the employees use?			
Ref (a,b)	c. If a Latex Free Cart is available for the employee use, is it identified as Latex Free and are all the items on the cart Latex Free?			
Ref (a,b)	d. Is latex allergy training provided for HCWs?			
Ref (a,b)	e. Is there a mechanism to investigate suspected cases of latex allergy?			
Ref (a,b)	Is there a process in place for the HCW to identify a patient with a latex Allergy?			

SAMPLE LATEX ALLERGY SCREENING QUESTIONNAIRE

Name: _____ SSN: _____

Department: _____

Position: _____ Duty Telephone: _____

Male/Female (circle one)

(Note: Allergic symptoms may include sneezing, runny nose, hand rash, wheezing, eczema, hives, hypotension, anaphylaxis, etc.)

1. Do you have regular contact with latex gloves or other rubber products? Yes/No

2. Indicate whether you have a history of any symptom or side effects after eating any of the following:
 - a. Avocado, banana, potato, tomato, chestnut, kiwi? Yes/No
 - b. Any other plants? Yes/No

3. Have you ever had any side effects associated with exposure to latex gloves or any other product containing rubber or latex (e.g., balloons, condoms, etc.)? Yes/No

4. Have you ever had frequent dental procedures or any medical condition or problem that resulted in multiple operations or chronic medical instrumentation, such as urinary catheterization? Yes/No

5. Have you ever experienced hay fever, eczema, anaphylaxis, hives, or symptoms of asthma? Yes/No

6. Have you ever experienced any allergic reaction to anything not included in any of the questions above? Yes/No

7. If yes to any allergic reaction, specify the cause(s), if known.
 - a. Enter unknown, if not.
 - b. Enter none, if entire allergy history is negative.

Enclosure (4)

21. TUBERCULOSIS OCCUPATIONAL EXPOSURE

References:

- (a) 29 CFR 1910.120
- (b) CPL 2.106 Enforcement Procedures and Scheduling Occupational Exposure to Tuberculosis 9 Feb 96
- (c) OSHA Issues New Enforcement Guidance to Protect Workers against Hazards of Tuberculosis 12 Feb 96
- (d) Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report “Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Settings, 20 Dec 05, Volume 54.
- (e) Joint Commission CAMH, current edition
- (f) OPNAV 5100.23 series
- (g) BUMEDINST 6224.8A of 12Feb2009“Tuberculosis (TB) Control Program”
- (h) BUMEDINST 6230.15A “Immunizations and Chemoprophylaxis” 29 Sep 06
- (i) BUMEDINST 6600.10A series

The TB control program is designed to protect all employees At medical and dental treatment facilities (MTFs and DTFs) who have the potential for exposure to tuberculosis.

References:	Program Element:	Yes	No	Comments
Ref (a,b,c)	a. Do MTFs have a policy, infection control manual or exposure control plan which is updated annually, to include the following:			
Ref (d); Ref (e) IC; Ref (g);Ref (i)	(1) Is a POC assigned supervisory responsibility for program to person or group with expertise in tuberculosis?			
Ref (d)	(2) Is there a review the community profile of TB disease in collaboration with the state or local health department?			
Ref (c)	(3) Do branch clinics have their own local risk assessment?			
Ref (d) Ref (g) Appendix A & B	(4) Have negative pressure rooms been identified and are the rooms tested on the required basis?			
Ref (b, d, g)	(5) Is there a mechanism for early recognition, diagnosis and management of suspected TB patients?			
Ref (b) Ref (c,d)	(6) Is there a Respiratory Protection Program?			

References:	Program Element:	Yes	No	Comments
Ref (c,d); Ref (e) IC.4; Ref (g,h)	b. Is there a PPD screening program in place for all MTF/DTF employees with documentation in the medical record?			
Ref (b) Enclosure (d) Ref (c)	c. Is the “Two Step” PPD procedure testing used when required?			
Ref (d,g)	d. Is there a mechanism in place for follow-up of converters?			
Ref (c,d,f)	e. Is training provided, documented and maintained at the facility?			
Ref (a); Ref (e) GO.2.1; Ref (e) LD.1.8 (e) IC.4; Ref (f) 1101; Ref (h) Sect C para 22.3	f. Do existing contracts state who ensures compliance with TB regulations for contract workers exposed to TB?			
Ref (h) Sect C para 22.3	(1) Do contract personnel check in through OH to ensure compliance with OSHA regulations for all health care workers (HCWs)?			
Ref (h)	(2) Is documentation of regulatory compliance for HCWs on site?			
Ref (c)	g. Are HCWs aware of the need to prevent TB transmission in immunocompromised personnel? Do individual and group training address this increased risk?			
Ref (c) ; Ref (e) IC.3	h. Are HCWs ensuring notification of local/state public health authorities per local/state policies?			

22. RESPIRATOR USER CERTIFICATION PROGRAM

References:

- (a) 29 CFR 1910.134 series, as amended
http://edocket.access.gpo.gov/cfr_2008/julqtr/29cfr1910.134.htm
- (b) OPNAV 5100.23 series
- (c) Medical Surveillance Procedures Manual and Medical Matrix, (NMCPHC Technical Manual), current edition
- (d) American National Standard for Respiratory Protection-Respirator Use, Physical Qualifications for Personnel

Additional references:

NIOSH Decision Logic NIOSH Publication 87-108, October 2004

Medical evaluations are required to ensure that employees Who are assigned to wear respirators are physically able to Perform work assignments without danger to themselves or others.

References:	Program Element:	Yes	No	Comments
Ref (a) (3) (b) (10); Ref (b) 1508; Ref (c) 1513.b.(1)	a. Is a questionnaire for potential respirator user completed?			
Ref (c) 1513.b.; Ref (d) 5, 6, 7,8, 9, 10	b. Is the recall frequency appropriate? Age: 15 to 34: every 5 years Age 35 to 44: every 2 years Age 45 and over; annually.			
Ref (b) 1513.b.(1) (a) (b)	c. Is a medical statement made noting whether the individual is qualified with specified restrictions or not qualified?			
Ref (b) 1507.f	d. Are Medical personnel being evaluated and fit tested for protection against TB?			

23. PRE-DEPLOYMENT HEALTH ASSESSMENT (PDHA) PROGRAM

References:

- (a) DoD Instruction 6490.03, Deployment Health
<http://www.dtic.mil/whs/directives/corres/pdf/649003p.pdf>
- (b) NAVMED Policy 06-004, Implementation of the Post Deployment Health Reassessment Policy in Navy Medicine Facilities
<http://www.pdhealth.mil/dcs/pdhra.asp>
- (c) HA Policy 05-011, Post Deployment Health Reassessment
<http://www.pdhealth.mil/dcs/pdhra.asp>
- (d) SECNAVINST 6120.3 Periodic Health Assessment for Individual Medical Readiness
http://www.nmcphe.med.navy.mil/downloads/tobacco/SECNAVINSTRUCT61203_Sep%2007.pdf
- (e) BUMED Concept of Operations; Deployment Health
<http://www.globalsecurity.org/military/agency/navy/cno.htm>
- (f) PDHA DD Form 2795; Pre Deployment Health Assessment
http://www.pdhealth.mil/dcs/DD_form_2796.asp
- (g) IG MTF Accreditation Standards
<http://www.dtic.mil/whs/directives/corres/rtf/602513x.rtf>
- (h) Electronic Data Health Assessment (EDHA Electronic Data System), Navy and Marine Corps Public Health Center
http://www.pdhealth.mil/dcs/DD_form_2796.asp

References:	Program Element:	Yes	No	Comments
	a. Does the PDHA Coordinator receive notification of all active duty (AD) member(s) identified to deploy within a standard timeframe of no less than 30 days and no greater than 60 days from deployment notification (Exception: Short-notice Deployment Taskers)?			
	b. Has the electronically generated POMI deployment list been received and validated?			
	c. Was the AD health record and IMR applicable electronic data systems (EDS) (MRRS, SAMS, (IMR-LITE, etc.) reviewed?			
	(1) Periodic Health Assessment for Individual Medical Readiness (PHA-IMR)			
	(a) Business practice rules			
	(b) Current within 12 months			
	(2) Immunizations (IMM)			
	(a) POLIO (IPV/OPV)			
	(b) TD			
	(c) Influenza Vaccination			
	(d) MMR			

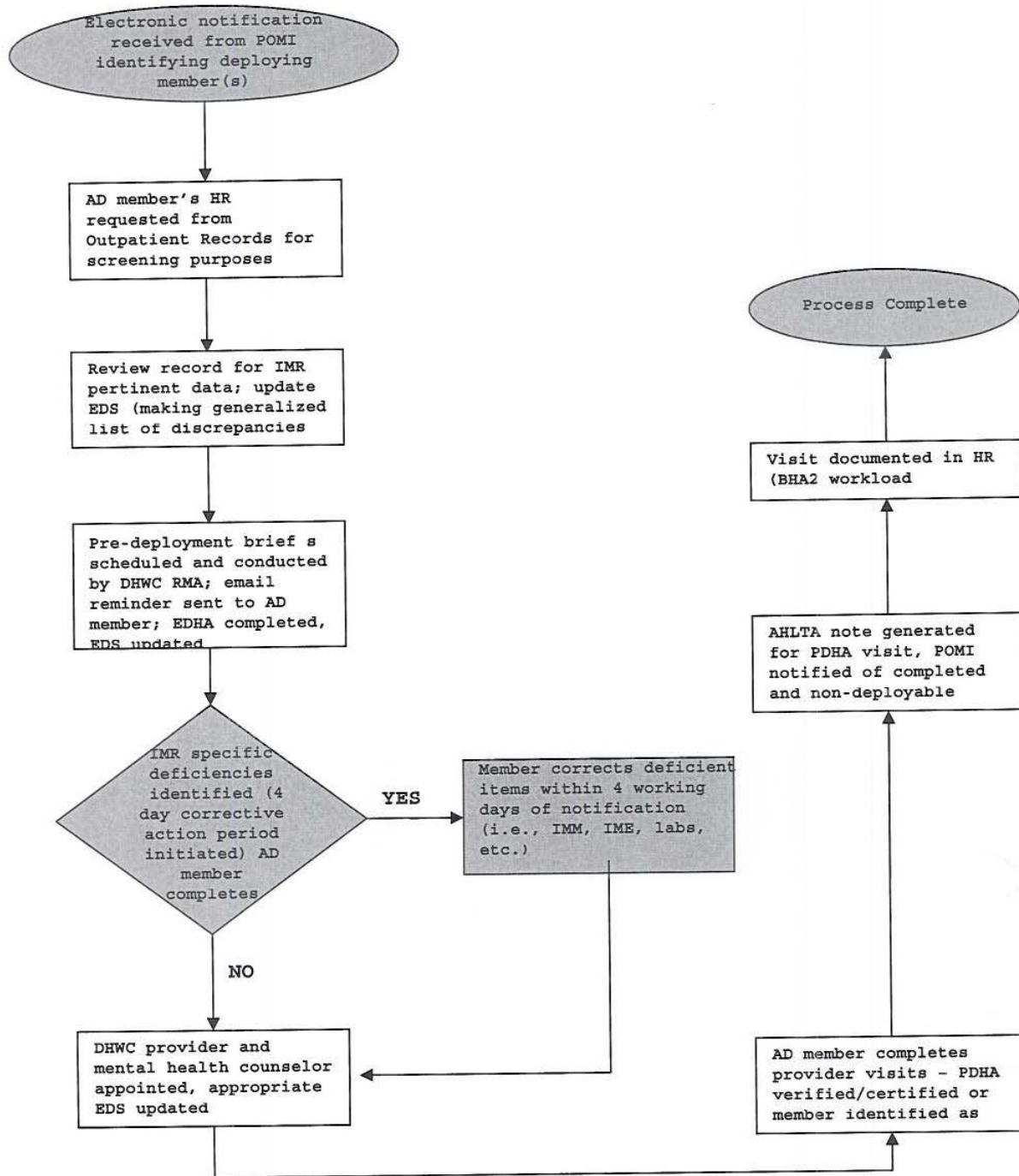
	(e) Hepatitis A* (completed series)			
	(f) Hepatitis B* (completed series) or *TWINRIX			
	(g) PPD (current within one year)			
	(h) Deployment Specific			
	(1) Anthrax			
	(2) Meningococcal			
	(3) Smallpox			
	(4) Yellow Fever			
	(3) Labs			
	(a) HIV (current within 12 months)			
	(b) G6PD			
	(c) Sickle Cell			
	(d) DNA			
	(e) Blood Type/Rh Factor			
	(f) Female-Specific			
	(1) Urine HCG			
	(4) Individual Medical Equipment (IME) (Note: AD individual must have the following items during pre-deployment screen, otherwise Deployment Health will track for date of completion)			
	(a) Glasses (2 pair)			
	(b) Gas Mask Inserts			
	(c) Ballistic Eyewear			
	(d) Red Dog Tags			
	(5) Dental Class Identified			
	(a) Must be Dental Class 1 or 2			
	(6) Deployment Limiting Conditions:			
	(a) Review AD member's Health Record for SF 600's identifying the following disqualifying factors (not all inclusive)			
	(1) Musculoskeletal injuries (CENTCOM disqualifiers)			
	(2) Behavioral health disqualifiers			
	(3) Chronic medical conditions			
	(a) Migraine headaches			
	(b) Back injuries, etc.			
	(4) Chronic medication(s)			
	d. Was a pre-deployment brief conducted?			
	e. Was the mandatory pre-deployment screening/assessment conducted and did the member receive and complete the following:			
	(1) Deployment Health Folder (6-part)			
	(2) DD 2766, Adult Care Summary Sheet			

	(3) DD 2795, Pre-deployment Screen (after completed electronically in the EDHA system)			
	(4) IMR Checklist			
	(5) Pre-deployment Verification Checklist (obtained from MRRS)			
	(6) Identified pre-screening deficient items corrected			
	f. Was the member instructed on pre-deployment process?			
	(1) DD 2795 completion			
	(a) Original placed into member's medical record and a copy placed into member's Deployment Health Folder (6-part)			
	(b) DD 2795 can only be verified and completed by the designated credentialed provider			
	g. Was the member notified of any IMR discrepancies identified during the assessment process? What process is used to track, identify, assess, document, and notify POMI and command of any outstanding issues. For example, "The member will be granted 7 working days to complete required deficient items. Items are entered into tracer spreadsheet for tracking purposes and monitored daily. Any discrepancies will be identified, assessed, and documented via the provider. POMI Officer is notified of any outstanding issues.			
	h. Did the member complete the delinquent items within the specified time frame?			
	i. Was the EDS, medical record, and deployment health folder updated with current data? Note: EDS is current system appointed by the DoD/BUMED for purposes of deployment health tracking and reporting.			
	j. Was a mental health screen completed on pre-deployment member identified for deployment at the same time as the PDHA provider visits (this is accomplished IAW DODI 6490.03 and recorded into appropriate EDS)?			
	k. Did the member complete visit(s) with both the provider and mental health counselor/provider for verification and certification of appointed pre-deployment screening/assessment?			

	(1) Electronically completed DD 2795 (in Electronic Deployment Health Assessment System – overseen by NMCPHC out of Norfolk, VA) is printed out for insertion into the member’s health record			
	(a) Provider reviewed and signed copy to			
	(1) Health record			
	(2) Copy to Deployment Health Folder (6-part)			
	(b) AHLTA generated SF 600 printed and placed into member’s health record (Two scenarios listed)			
	(1) AD member cleared for deployment by provider			
	(2) AD member continues to have outstanding IMR/deployment issues. Issues/items are identified, tracked, and reported to completion.			
	(c) Reports generated and routed through the chain of command regarding:			
	(1) Number of AD processed through PDHA screening/assessment process			
	(2) Number that completed assessment successfully			
	(3) Number that did not complete assessment successfully			
	(4) Identification of services referred out			
	(5) Number of consults generated because of deficient or identified items required, not being completed			
	(6) Number of members requiring mental health work-up			
	(7) Number of AD members screened as non-deployable			
	(8) Number of RVUs			
	(d) Workload capture and accountability			

24. PRE-DEPLOYMENT HEALTH ASSESSMENT (PDHA)

Process Flowchart



REFERENCES:

[American National Standard for Respiratory Protection-Respirator Use, Physical Qualifications for Personnel](#)

<http://www.cdc.gov/niosh/nas/ppt/Standards/Standards.htm>

[5 CFR Medical Examinations](#)

http://www.access.gpo.gov/nara/cfr/waisidx_09/5cfr339_09.html

[5 CFR 339 Subpart C - Medical Evaluation](#)

<http://ecfr.gpoaccess.gov>

[20 CFR part 701 Longshoremen's and Harbor Workers](#)

<http://ecfr.gpoaccess.gov>

[29 CFR 1910.1001 series and 1926.1001 series](#)

http://www.access.gpo.gov/nara/cfr/waisidx_08/29cfrv5_08.html

http://www.access.gpo.gov/nara/cfr/waisidx_08/29cfr1926_08.html

[29 CFR 1910.1025 series LEAD](#)

http://edocket.access.gpo.gov/cfr_2007/julqtr/29cfr1910.1025.htm

[29 CFR 1926.62 series LEAD](#)

http://edocket.access.gpo.gov/cfr_2008/julqtr/29cfr1926.62.htm

[29 CFR 1910.1030 Bloodborne Pathogens](#)

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=e342bcc53f44eae2b7cc6642edb3e189&rgn=div8&view=text&node=29:6.1.1.1.1.1.1.26&idno=29>

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=e342bcc53f44eae2b7cc6642edb3e189&rgn=div8&view=text&node=29:6.1.1.1.1.1.1.26&idno=29>

[29 CFR 1910.134 series Respiratory Protection](#)

http://edocket.access.gpo.gov/cfr_2008/julqtr/29cfr1910.134.htm

[29 CFR 1920.2 of 01 Jul 08 Variances](#)

http://edocket.access.gpo.gov/cfr_2008/julqtr/29cfr1920.2.htm

[29 CFR 1910.20 "Access to Employee Exposure and Medical Records"](#)

http://www.access.gpo.gov/nara/cfr/waisidx_07/29cfr1910a_07.html

[BUMED Concept of Operations; Deployment Health](#)

<http://www.globalsecurity.org/military/agency/navy/cno.htm>

[BUMEDINST 611 Navy Medical Department Health Promotion and Wellness Program](#)

<http://navymedicine.med.navy.mil/Files/Media/directives/6110.13A.pdf>

[BUMEDINST 5430.8](http://navymedicine.med.navy.mil/Files/Media/directives/5430.8.pdf) of 10 August 07 BUMED Organizational Manual
<http://navymedicine.med.navy.mil/Files/Media/directives/5430.8.pdf>

[BUMEDINST 6200.16](http://navymedicine.med.navy.mil/Files/Media/directives/6200-16.pdf) [Prevention of Latex Sensitization](#) Among Health Care Workers and Patients Oct 1999
<http://navymedicine.med.navy.mil/Files/Media/directives/6200-16.pdf>

[BUMEDINST 6224.8A](http://navymedicine.med.navy.mil/Files/Media/directives/6224-8A.pdf) of 12Feb2009“[Tuberculosis \(TB\) ControlProgram](#)”
<http://navymedicine.med.navy.mil/Files/Media/directives/6224-8A.pdf>

[BUMEDINST 6230.15A](http://navymedicine.med.navy.mil/Files/Media/directives/6230.15A.pdf), 29 Sep 06, “[Immunizations and Chemoprophylaxis](#)”
<http://navymedicine.med.navy.mil/Files/Media/directives/6230.15A.pdf>

[BUMEDINST 6280.1A](http://navymedicine.med.navy.mil/Files/Media/directives/6280-1A.pdf) 21 Jan 94 “[Management of Infectious Waste](#)”
<http://navymedicine.med.navy.mil/Files/Media/directives/6280-1A.pdf>

[BUMEDINST 6600.10](http://navymedicine.med.navy.mil/Files/Media/directives/6600-10A.pdf) series [Dental Infection Control Program](#)
<http://navymedicine.med.navy.mil/Files/Media/directives/6600-10A.pdf>

[BUMED letter of 28 Oct 05 on the "Civilian Employee Injury Compensation and Department of Defense Pipeline Reemployment Programs"](http://www.cpms.osd.mil/ASSETS/D9426309BE2B48C2ABB84E376136EA38/PipelineGuide.pdf)
<http://www.cpms.osd.mil/ASSETS/D9426309BE2B48C2ABB84E376136EA38/PipelineGuide.pdf>

[CPL 2.106 Enforcement Procedures and Scheduling Occupational Exposure to Tuberculosis 9 Feb 96](http://www.osha.gov/pls/oshaweb/owadis.show_document?p_table=DIRECTIVES&p_id=1586)
http://www.osha.gov/pls/oshaweb/owadis.show_document?p_table=DIRECTIVES&p_id=1586

[Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report “Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Settings, 20 Dec 05, Volume 54.](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e)
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e

Compensation Act (Nonappropriated Fund Instrumentalities Act)

[Department of the Navy Office of Civilian Personnel Management Force Management Oversight Council Strategic Plan](http://www.donhcs.com/LinkClick.aspx?fileticket=%2Fgq6m3MM%2BpQ%3D&tabid=137)
<http://www.donhcs.com/LinkClick.aspx?fileticket=%2Fgq6m3MM%2BpQ%3D&tabid=137>

[DoD 1400.25-M, Civilian Personnel Manual Subchapter 810, of 12 April 05](http://www.dtic.mil/whs/directives/)
<http://www.dtic.mil/whs/directives/>

DoDINST, DoD Hearing Conservation Program (HCP), Number 6055.12, 5 March, 2004

<http://www.dtic.mil/whs/directives/corres/pdf/605512p.pdf>

[DoD Instruction 6490.03, Deployment Health](#)

<http://www.dtic.mil/whs/directives/corres/pdf/649003p.pdf>

[DoD Pipeline Reemployment Program Guide of 20 December 2005 from Civilian Personnel Management Services Injury & Unemployment Compensation Division](#)

<http://www.cpms.osd.mil/ASSETS/D9426309BE2B48C2ABB84E376136EA38/pipelineguide.pdf>

[Electronic Data Health Assessment \(EDHA Electronic Data System\), Navy and Marine Corps Public Health Center](#)

http://www.pdhealth.mil/dcs/DD_form_2796.asp

[HA Policy 05-011, Post Deployment Health Reassessment](#)

<http://www.pdhealth.mil/dcs/pdhra.asp>

[IG MTF Accreditation Standards](#)

<http://www.dtic.mil/whs/directives/corres/rtf/602513x.rtf>

[Injury Compensation for Federal Employees, Pub. CA-810](#) Chief, Bureau of Medicine and Surgery, 12000 Ser 3b 421/041 of 21 June 1991 “Occupational Health Participation in FECA Cost Containment.”

Chief, Bureau of Medicine and Surgery, 12800 52/0129 of 11 July 1990 “Commanding Officers’ Guide to the Federal Employees Compensation Act Program.”

Joint Commission Manual The site is CAC enabled and does not require a username or password.

<https://tlib.med.navy.mil/>.

[Joint Commission CAMH, current edition](#)

<http://www.jointcommission.org/>

[NAVMEDCOMINST 6320.3B 14 May 87 Medical and Dental Care of Eligible Persons at Medical Treatment Facilities \(MTFs\)](#)

<http://navymedicine.med.navy.mil/files/media/directives/6320-38b.pdf>

MCO 6260.1F, April 5, 2000, Marine Corps Hearing Conservation Program

<http://www.marines.mil/news/publications/Documents/MCO%206260.1E.pdf>

[Medical Surveillance Procedures Manual and Medical Matrix, \(NMCPHC Technical Manual\), current edition](#)

MedicalMatrix(Edition9)June 2007

http://www-mcphc.med.navy.mil/downloads/occmcd/MedicalMatrix_7_2007.pdf

[MMWR, December26, 1997/46\(RR-18\); 1-42](#)

Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC),

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm>

[MMWR, June 29, 2001/50\(RR 11\); 1-42](#) Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

MMWR, [September 30, 2005/54\(RR09\); 1-17](#) Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis, MMWR

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5409a1.htm>

NAVMED P-117, current edition Staffing

<http://navymedicine.med.navy.mil/Files/Media/mmd/MMDChapter08.pdf>

[NAVMED P5055](#), current edition Radiation Health Protection Manual

<http://navymedicine.med.navy.mil/Files/Media/directives/5055.pdf>

[NAVMED Policy 06-004](#), Implementation of the Post Deployment Health Reassessment Policy in Navy Medicine Facilities

<http://www.pdhealth.mil/dcs/pdhra.asp>

[Navy and Marine Corps Public Health Center](#) Technical Manual NEHC-TM-OEM 6260.01B (July 2008), Reproductive and Developmental Hazards: A Guide for Occupational Health Professionals

<http://www-nehc.med.navy.mil/downloads/ocmed/Repro2008final.pdf>

[NIOSH Decision Logic NIOSH Publication 87-108](#), October 2004, as amended

<http://www.cdc.gov/niosh/docs/2005-100/default.html>

[NIOSH Spirometry](#)

<http://www.cdc.gov/niosh/topics/spirometry>

[OASD Memo: Hepatitis B Immunization](#) Policy for Department of Defense Medical and Dental Personnel 23 Oct 96 <http://www.vaccines.mil/documents/47519970327Hep%20B.pdf>

[Occupational Medicine Field Operations Manual \(FOM\)](#) Operation Manual NM

[Office of Civilian Resources message of 11 Aug 05 "Reducing Lost Production Days due to On-the-job injuries"](#)

http://www.cpms.osd.mil/pipeline/pipeline_whatnews.aspx

[OPNAVINST 12810.1](http://safetycenter.navy.mil/instructions/osh/navsoP-3674.pdf) of 26 Jan 90 “Federal Employees’ Compensation Act (FECA) Program”
<http://safetycenter.navy.mil/instructions/osh/navsoP-3674.pdf> (for link copy and paste into browser)

[OPNAVINST 5100.23](http://safetycenter.navy.mil/instructions/osh/510023/default.htm) series Navy Safety and Occupational Health (SOH) Program Manual
<http://safetycenter.navy.mil/instructions/osh/510023/default.htm>

[OPNAVINST 6000.1C](http://doni.daps.dla.mil/Directives/06000%20Medical%20and%20Dental%20Services/06-00%20General%20Medical%20and%20Dental%20Support%20Services/6000.1C.PDF), Navy Guidelines Concerning Pregnancy and Parenthood, June 2007
<http://doni.daps.dla.mil/Directives/06000%20Medical%20and%20Dental%20Services/06-00%20General%20Medical%20and%20Dental%20Support%20Services/6000.1C.PDF>

[OSHA Issues New Enforcement Guidance to Protect Workers against Hazards of Tuberculosis](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=1142)
[12 Feb 96](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=1142)
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=1142

[Periodic Health Assessment](http://www-nehc.med.navy.mil/Deployment_Health/deploymenthealth_overview.aspx) for Individual Medical Readiness
http://www-nehc.med.navy.mil/Deployment_Health/deploymenthealth_overview.aspx

[PDHA DD Form 2795](http://www.pdhealth.mil/dcs/DD_form_2796.asp); Pre Deployment Health Assessment
http://www.pdhealth.mil/dcs/DD_form_2796.asp

[SECNAVINST M-5210.1](http://doni.daps.dla.mil/SECNAV%20Manuals1/5210.1.pdf) “Records Management Manual”
<http://doni.daps.dla.mil/SECNAV%20Manuals1/5210.1.pdf>

[SECNAVINST 6120.3](http://www.nmcphc.med.navy.mil/downloads/tobacco/SECNAVINSTRUCT61203_Sep%2007.pdf) Periodic Health Assessment for Individual Medical Readiness
http://www.nmcphc.med.navy.mil/downloads/tobacco/SECNAVINSTRUCT61203_Sep%2007.pdf

[SECNAVINST 12792.4](http://www.combatindex.com/mil_docs/pdf/secnav/12000/12792-4.pdf) of 1 Dec 89 “Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome in the Department of the Navy Civilian Workforce”
http://www.combatindex.com/mil_docs/pdf/secnav/12000/12792-4.pdf

[Section C of Basic Multiple Award Task Order \(MATO\) Contract](http://www.ed.gov/fund/contract/about/MatoInfo.doc)
<http://www.ed.gov/fund/contract/about/MatoInfo.doc>

[Series “ATS/ERS Task force: Standardization of Lung Function testing, Vol 26 No. 1,2,3, and 5”](http://erj.ersjournals.com/cgi/reprint/26/1/153.pdf)
<http://erj.ersjournals.com/cgi/reprint/26/1/153.pdf>

[U.S. Department of Labor, Occupational Safety and Health Latex](http://www.osha.gov/SLTC/latexallergy/index.html)
<http://www.osha.gov/SLTC/latexallergy/index.html>

Occupational Health Department
Naval Health Clinic, _____

NOISE
Program Elements FY__

		YES	NO	COMMENTS
1	Is IH exposure or Occupational exposure used for placement into program			
2	Occupational history, 5100/15, completed/current			
3	Is the correct PC Matrix (#503) in the Medical Record (MR) and complete			
4	Are audiograms being performed for: Reference (DD2215), Annual Monitoring and Termination (DD2216)			
5	All abnormal audiograms are follow-up per OPNAVINST 5100.23(series) Chapter 18			
6	Is Hearing Conservation training documented to personnel on: 1)elements and rational of HCP 2) Use and maintenance of HPD 3) Command HCP and their responsibilities 4) off duty practices to protect hearing 5) How hearing loss affects employability, retention, job performance and career progression.			
7	All audiometric technicians have current certifications and are displayed; periodic competencies are current			
8	All audiometers used have a current calibration (DD2217)			
9	All booths used for audiometric testing have a current certification			
10	Records are up loaded into the Data Repository at least monthly			
11	Occupational Health Clinic staff has the knowledge and the ability to download from the Data Repository			
12	DOEHRS data is backed up at least weekly			

Occupational Health Department
Naval Health Clinic, _____

NAVAL CRIMINAL INVESTIGATIVE SERVICE
Program Elements FY___

		YES	NO	COMMENTS
1	Is the physical exam completed at correct periodicity			
2	Occupational history, 5100/15, completed/ current			
3	Is the PC Matrix # 713 in the medical record (MR)			
4	Communication to worker/ supervisor/safety whether worker is cleared/not cleared by medical			
5	Correct tests are ordered for examination as required in PC Matrix			
6	Abnormal tests are appropriately followed-up, appropriate f/u in most instances is giving a copy of the abnormal test to worker to take to his/her PMD.			
7	Immunizations are current * Hepatitis B (+ titer results in MR)			*Signed declination waiver is required
8	Worker meets audiometric standards and is referred to the audiologist when he/she does not meet audiometric standards			

Records screened for compliance

Date	Last Name	Last 4SSN	1	2	3	4	5	6	7	8

Occupational Health Department
 Naval Health Clinic, _____

IONIZING RADIATION
Program Elements FY ____

		YES	NO	COMMENTS
1	Is worker placed in program by radiation safety officer			
2	Is the physical exam completed at correct periodicity			
3	Occupational history, 5100/15, completed/ current			
4	Is NAVMED 6470/13 in the medical record (MR) and complete according to form instructions			
5	Correct tests are ordered for examination as required by P-5055			
6	Abnormal tests are appropriately followed-up			
7	Communication to worker/ supervisor/safety whether worker is cleared/not cleared by medical			

Records screened for compliance

Date	Last Name	Last 4SSN	1	2	3	4	5	6	7

Occupational Health Department
Naval Health Clinic, _____

**NOISE – FOLLOW UP OF +STS (#1 AND/OR #2)
Program Elements FY_____**

		YES	NO	COMMENTS
1	Is IH exposure or Occupational exposure used for placement into program			
2	Occupational history, 5100/15, completed/current			
3	Is the correct PC Matrix (#512) in the Medical Record (MR) and complete			
4	Are audiograms being performed after + Significant Threshold Shift (STS) on DD2216 follow-ups per OPNAVINST 5100.23 (series) Chapter 18 recommendations			
5	Appropriate referrals are generated to Audiologist and/or ENT as indicated			
6	Referral are routed back to Occupational Health to ensure completion of evaluation and/or treatment			
7	Written notification of Permanent +STS is completed to patient and supervisor			
8	Medical Record is updated with Audiologist/ENT recommendations as needed			
9	OSHA log maintained of reportable losses			

Occupational Health Department
 Naval Health Clinic, _____

FOODSERVICE WORKERS
Program Elements FY_____

		YES	NO	COMMENTS
1	Do any of the answers on medical history cause concern?			
2	Are there any abnormalities on the skin examination?			
3	Frequency of the exam up to date?			*baseline only required
4	Is PC Matrix in medical record?			

Records screened for compliance

Date	Last Name	Last 4SSN	1	2	3	4

Occupational Health Department
Naval Health Clinic, _____

HERBICIDES
Program Elements FY_____

		YES	NO	COMMENTS
1	Is the physical exam completed at correct periodicity			
2	Occupational history, 5100/15, completed/ current			
3	Is the PC Matrix # 216 in the medical record (MR) and complete			
4	Communication to worker/ supervisor/safety whether worker is cleared/not cleared by medical			
5	Correct tests are ordered for examination as required in PC Matrix			
6	Abnormal tests are appropriately followed-up, appropriate f/u in most instances is giving a copy of the abnormal test to worker to take to his/her PMD.			

Records screened for compliance

Date	Last Name	Last 4SSN	1	2	3	4	5	6

Occupational Health Department
Naval Health Clinic, _____

HEALTHCARE WORKERS
Program Elements FY ____

		YES	NO	COMMENTS
1	Are stressor-specific and special examinations provided per written requirements			
2	Are immunizations current: documented MMR, Td, Polio, Varicella and Hepatitis B series			Hepatitis and Flu declination forms required
3	Hepatitis B series completed?			
4	Hepatitis B surface antibodies obtained?			
5	Is Annual TST or 2 step TST for new employees documented?			
6	Are correct procedures ordered for examination as required in PC Matrix			
7	Is OPNAV 5100/15 current			

Records screened for compliance

Date	Last Name	Last 4SSN	1	2	3	4	5	6	7	Comments

Occupational Health Department
Naval Health Clinic, _____

HAZARDOUS WASTE WORKERS/EMERGENCY RESPONDERS
Program Elements FY_____

		YES	NO	COMMENTS
1	Is baseline EKG/Lipid Profile in Medical Record			
2	EKG/LIPID Profile done once past age 40			
3	Frequency of exam correct			
4	Are correct procedures ordered for examination as required in PC Matrix			
5	Is OPNAV 5100/15 current			

Records screened for compliance

Date	Last Name	Last 4SSN	1	2	3	4	5	Comments

Occupational Health Department
 Naval Health Clinic, _____

**EXPLOSIVE MATERIAL HANDLERS (721)
 AND
 EXPLOSIVE MOTOR VEHICLE OPERATORS (720)
 Program Elements FYFY_____**

		YES	NO	COMMENTS
1	Are stressor-specific and special examinations provided per written requirements			
2	Are baseline Tests/labs in Medical Record per program requirements			
3	EKG/Lipid Profile done once past age 40			
4	Are correct procedures ordered for examination as required in PC Matrix			
5	Is OPNAV 5100/15 current			

Records screened for compliance

Date	Program	Last Name	Last 4SSN	1	2	3	4	5

Occupational Health Department
Naval Health Clinic, _____

**CHILD CARE WORKER
Program Elements FY _____**

		YES	NO	COMMENTS
1	Is there documentation of required immunizations MMR/Td/Polio and Varicella			
2	Has Hepatitis B series been offered			*Declination form mandatory
3	If Hepatitis B given, was series completed			
4	Were Hepatitis B surface Antibodies obtained after series completed			
5	Td/Tdap current			
6	Annual PPD/TST current			
7	Is PC Matrix in medical record			

Records Screened for compliance

Last name	Last 4SSN	1	2	3	4	5	6	7

Occupational Health Department
 Naval Health Clinic, _____

BLOODBORNE PATHOGENS
Program Elements FY___

		YES	NO	COMMENTS
1	Is there an infection control program which includes quality assurance, occupational health and safety programs			
2	Is there a written exposure control plan (ECP)			
3	Does the ECP reflect implementation relating to engineering controls			
4	Is there a written procedure that is clinic specific for treating and follow-up of patients who have sustained an exposure to blood and/or body fluids			
5	Are all OH clinic staff aware of the written procedure for treating and follow-up of patients who have sustained an exposure to blood and/or body fluids at your clinic			
6	A Hepatitis B vaccination and post exposure evaluation and follow-up program exists			
7	Do employees who decline HBV sign a declination form			
8	Occupational history, 5100/15, completed/current			
9	Is the correct PC Matrix # 178 is in the medical record (MR) and complete			
10	Communication to worker/ supervisor/safety whether worker is cleared/not cleared by medical			
11	Correct tests are ordered for examination as required in PC Matrix			
12	Abnormal tests are appropriately followed-up, appropriate f/u in most instances is giving a copy of the abnormal test to worker to take to his/her PMD			
13	Physician's Written opinion for Occupational Exposure to Blood and /or body fluids is completed and in the MR			

Occupational Health Department
 Naval Health Clinic, _____

**ASBESTOS (Past Worker)
 Program Elements FY _____**

		YES	NO	COMMENTS
1	Is IH exposure assessment or valid past history of exposure used for placement into program			
2	Is the physical exam completed at correct periodicity			
3	Occupational history, 5100/15, completed/ current			
4	Is the correct PC Matrix (#115, or #116) in the medical record (MR) and complete			
5	Communication to worker/ supervisor/safety whether worker is cleared/not cleared by medical			
6	Correct tests are ordered for examination as required in PC Matrix			
7	Abnormal tests are appropriately followed-up, appropriate f/u in most instances is giving a copy of the abnormal test to worker to take to his/her PMD			
8	PFT completed meeting NIOSH criteria			
9	NAVMED 6260/5, Periodic Health Evaluation for current or past exposed workers is in the MR and complete			
10	NAVMED 6260/7, B-reader, is in the MR and complete			
11	The MR is labeled "ASBESTOS" on the outside of the MR jacket			
12	For current workers-Medical Questionnaire DD-2493-1 or DD-2493-2 is in the MR and complete			
13	For current workers-Physician's Written Opinion is in the MR and complete	N/A	N/A	*NOT REQUIRED FOR PAST EXPOSURE

