



OMPA PROGRAM 02 RESPONSIBILITIES/PROGRAM INTEGRATION

Date

Assessment Date

Command Name

Command Briefed Date

Assessment completed by

Clinic Name

Program Purpose

The maintenance of a safe and healthful workplace is a responsibility of commands throughout the Navy. A successful program, one that truly reduces work-related risks and mishaps, results only when support and commitment to the program permeate every level of an organization from Navy Leadership to the deckplates. Occupational Medicine (OM) specialists assist commanders to ensure appropriate engagement and mission commitment to preventing occupational injuries and illnesses and to promoting health and productivity.

Program Goals

The goal of a successful *RESPONSIBILITIES PROGRAM/PROGRAM INTEGRATION* (Program 2) for Navy OM clinics includes:

1. Providing access to superior quality occupational health services in accordance with references (a) through (f) below.
2. Ongoing collection, analysis, and interpretation of occupational health-related data
3. Communication and collaboration of information to supervisors, employees, safety, human resources and other supporting roles of working populations within the assigned area of responsibility (AOR)
4. Identifying potential risks to health, thereby enabling timely interventions to prevent, treat, or control disease and injury.

SUPPORTING DATA

Regulations, Instructions, and References

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

Reference	Hardcopy	Electronic	None
(a) OSHA Directive: CSP-03-01-005 , (01/20) <i>"Voluntary Protection Program (VPP) Policies and Procedures Manual"</i>	Hardcopy	Electronic	None
(b) DOD Instruction 6055.05 , change 2 (08/18) <i>"Occupational and Environmental Health"</i>	Hardcopy	Electronic	None
(c) DOD 6055.05-M , change 3 (08/18) <i>"Occupational Medical Examinations and Surveillance Manual"</i>	Hardcopy	Electronic	None
(d) DOD Directive 6490.02 series , change 2 (08/17) <i>"Comprehensive Health Surveillance"</i>	Hardcopy	Electronic	None
(e) OPNAV M 5100.23 , (6/20) <i>"Navy Safety and Occupational Health (SOH) Program Manual"</i>	Hardcopy	Electronic	None
(f) BUMEDINST 5100.13F series , current (06/15)	Hardcopy	Electronic	None
(g) BUMED Occupational Medicine OMPA Metrics , see your regional OHN for current	Hardcopy	Electronic	None

Tracking and Program Management Tools INSTRUCTIONS

This Occupational Medicine Program Assessment (OMPA) tool is an interactive self-assessment of the responsibilities program or "program integration". This tool considers both subjective and objective data. In order to determine the status of your program, select the appropriate level of compliance with each of the questions below using the color-coded range noted at the end of this tool in the Dashboard Report section. Those questions that have no impact on the overall compliance for this program will not have the color-coded response option. For any response selection of amber or red, an explanation must be given in the space provided following the question. All selected scores will be automatically averaged at the end of the OMPA tool to provide you with an "overall" program status icon. *Complete the information for the time frame you are reporting.*

#	Assessment Questions	Response
02.01 <small>Non-count</small>	How many programs were selected for assessment on the OMPA Self-Assessment Checklist? <i>(Enter the total number checked)</i>	
02.02 <small>Non-count</small>	How many of those programs need improvement ? <i>(Enter # programs needing improvement or have a status of amber or red)</i>	
02.03 <small>Non-count</small>	How many of those programs had measurable improvement since the previous assessment? <i>(Enter # programs with measurable improvement up from amber or red)</i>	
02.04 <small>Non-count</small>	How many total commands or units (UIC/RUC) are included in your area of responsibility (AOR)? <i>(Enter the number of individual units (UIC) or Commands in your AOR)</i>	
02.05	Do you have access to Industrial Hygiene data for the UIC/RUCs in your AOR?	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="width: 20px; height: 20px; background-color: green;"></div> <div style="width: 20px; height: 20px; background-color: yellow;"></div> <div style="width: 20px; height: 20px; background-color: red;"></div> </div>

#	Assessment Questions	Response								
02.06	Are you a member of any Command Safety Committees? (<i>List Command and committee name below</i>)									
02.07	Is your command's DD 2272 (Department of Defense Occupational Health Protection Program Command Statement) current and posted in an easily viewed location?									
02.08	Do you have a process to allow employee and/or their representatives access to their occupational medical records?									
02.09 <i>Non-count</i>	Does your OM clinic maintain or have access to employee database (rosters, spreadsheets, ESAMS, ...) for medical surveillance program requirements? (Select the department that maintains the database from the choices below)									
	<table border="1"> <tr> <td>Occ Med</td> <td>IH</td> <td>Unknown</td> <td></td> </tr> <tr> <td>Safety</td> <td>Shared task</td> <td>Not kept</td> <td></td> </tr> </table>	Occ Med	IH	Unknown		Safety	Shared task	Not kept		
Occ Med	IH	Unknown								
Safety	Shared task	Not kept								
02.10 <i>Non-count</i>	Do you have a brochure, pamphlet, or other document that provides service information about your clinic for employees?									
OSHA VPP ITEM <i>Non-count</i>	"How are your licensed Occupational Medicine professionals involved in the hazard identification & analysis process?" (in accordance with reference (a) Section III, b2) <i>Briefly answer this question in the space below:</i>									

ADDITIONAL COMMENTS:

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

DASHBOARD REPORT

It is important to evaluate your program for successes and challenges. The results of this assessment will be reviewed by your local command OM consultant or regional OM program manager to better support your clinic. If the self-assessment reveals that your program needs improvement (you have a total program status of amber or red) you must complete the Performance Improvement Plan section below.

BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE

Click the button below to reveal your program dashboard color icon:

Click here to display your OMPA ICON for this program



General Color Dashboard Definitions

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

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

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

SUBMISSION and PRINT SECTION

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

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

CONGRATULATIONS!
YOU HAVE COMPLETED THE PROGRAM 02
RESPONSIBILITIES ASSESSMENT/PROGRAM INTEGRATION!

PROCESS IMPROVEMENT PLAN

If during the self-assessment process above you have determined that the PROGRAM INTEGRATION program needs improvement (or you have a total program status of <3) complete the following PIP. This is an ongoing plan that must be updated until your program status has improved to >3.

Date PIP initiated: _____

Describe your plan including steps for success in the box below then proceed to submission section:

Date of PIP update #1

Enter 1st PIP status and update information in box below:

HAS YOUR PROGRAM IMPROVED TO >3?

(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)

YES

NO

Date of PIP update #2

HAS YOUR PROGRAM IMPROVED TO >3?

(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)

YES

NO

Date of PIP update #3

HAS YOUR PROGRAM IMPROVED TO >3?

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

YES