



OMPA PROGRAM 15

RESPIRATOR USER CERTIFICATION PROGRAM

Date

Assessment Date

Command Name

Date of Command Brief

Assessment completed by

Clinic Name

Program Purpose

In the control of occupational diseases caused by the breathing of air contaminated with harmful dust, fumes, mists, gases, sprays, or vapors the primary objective is to prevent atmospheric contamination. This can normally be accomplished by various engineering or administrative controls (i.e. ventilation, substitution of less toxic materials, etc.). When effective engineering or administrative controls are not feasible, or while being instituted, the use of appropriate respiratory protection will be used to ensure personal protection.

Program Goals

- According to OSHA 1910.134(e)(1) "Employers shall provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. The employer may discontinue an employee's medical evaluations when the employee is no longer required to use a respirator. A successful Navy Command or Medical Treatment Facility (MTF) Respiratory Protection Program (RPP) includes collaborative components from Industrial Hygiene, Safety, Environmental Health, and Occupational Medicine in accordance with references (a) through (l) below. Although this OMPA self-assessment tool focuses primarily on the Occupational Medicine evaluation/examination components, it is important for OM professionals to understand and acknowledge the important elements of the whole RPP process including:
- a. Familiarity of the local Command instruction that outlines the RPP protocol for the identification of hazards requiring the use of respirators well as respirator selection, fit testing, maintenance, and management.
 - b. Provision of appropriate medical evaluation and mandatory respirator medical evaluation questionnaire documentation.
 - c. Provision of NIOSH certification pulmonary function testing as needed.
 - d. Understanding of the available approved respirators used by the working populations under surveillance or respirator user certification supported programs.
 - e. Be able to identify all responsible Respiratory Protection Program Managers (RPPM) and respirator fit testing personnel within the area of responsibility (AOR).
 - f. Provide appropriate statistical information to Industrial Hygiene, Safety, Environmental, and RPPM officers for program support.
 - g. Be able to investigate occupational injuries or illnesses related to ineffective, inappropriate, or non-existent respirator use.

SUPPORTING DATA

Regulations, Instructions, and References

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

(a) OSHA Directive: CSP-03-01-005, (01/20) <i>"Voluntary Protection Program (VPP) Policies and Procedures Manual"</i>	Hardcopy	Electronic	None
(b) 29 CFR 1910.134 (current) <i>"Respiratory Protection"</i>	Hardcopy	Electronic	None
(c) 29 CFR 1910 (Docket #H-371), (12/03) <i>"Respiratory Protection for M. Tuberculosis"</i>	Hardcopy	Electronic	None
(d) OPNAV 5100.23G (06/20) <i>"Chapter 15--Respiratory Protection"</i>	Hardcopy	Electronic	None
(e) NMCPHC IH FOM, TM6290.91-2 (5/21) <i>"Industrial Hygiene Field Operations Manual"</i>	Hardcopy	Electronic	None
(f) NMCPHC Technical Manual, 6260.9A (4/17) <i>"Occupational Medicine Field Operations Manual"</i>	Hardcopy	Electronic	None
(g) Medical Surveillance Procedures NMCPHC-TM OEM 6260 (1/21) <i>"Medical Surveillance Procedures Manual and Medical Matrix"</i>	Hardcopy	Electronic	None
(h) ANSI/AIHA Z88.6-2006 (2006) email your local IH for ANSI standards <i>"Respiratory Protection - Respirator Use - Physical Qualifications for Personnel"</i>	Hardcopy	Electronic	None
(i) NIOSH (website, current) <i>"Respirator Trusted-Source Information"</i>	Hardcopy	Electronic	None
(j) Navy Safety Center (website, current) <i>"Respiratory Protection Management"</i>	Hardcopy	Electronic	None

Local Command Instructions

Enter local instruction number in space provided--must be reviewed and updated (as needed) **annually** for a Yes response.

Last Updated

YES



NO

(k) "Respiratory Protection Program"

**Tracking and Program Management Tools
INSTRUCTIONS**

This Occupational medicine Program Assessment tool is designed as an interactive self-assessment picture of the program being review. Using the color coded scoring range of 1/RED (absolute system failure and noncompliance) to the highest score 5/GREEN (perfect compliance and best practice methods). Any score 3 or lower will require a validation comment in the space provided. This does not mean you cannot add comments of your choice .

#	Assessment Questions	Response
15.01	Does your Command have an instruction that addresses the local policies and procedures required for the Respiratory Protection Program (RPP) that is reviewed at least annually? <i>(Be sure to complete the information requested for reference (k) above)</i>	
15.02	Has you Commanding Officer appointed a Respirator Protection Program Manager (RPPM) in writing for your facility or clinic?	
15.03	It is important for OM clinics to collaborate with RPPMs and Fit-testing personnel throughout the area of responsibility (AOR). Please provide the name(s) and contact information for those individuals for your AOR in the space below.	
15.04	Does your facility or clinic use the Medical Matrix Program 716-- Respirator User Certification Exam format to complete individual user certification?	
15.05	Does your facility or clinic utilize the mandatory respirator user medical history questionnaire required by reference (a) as Appendix C? <i>(If the MMO SF 600 used and the DATA GRID 5100/15 Medical Surveillance Questionnaire is current for each employee this is ensured)</i>	
15.06	Does your facility or clinic use the completed OPNAV 5100/35 containing the medical written recommendation to worker and command, unit/activity RPPM?	
15.07	Does your facility or clinic perform the Respirator User medical evaluation at the required periodicity (at a minimum) : Age 15 to 34: every 5 years Age 35 to 44: every 2 years Age 45 and over; annually.	

#	Assessment Questions	Response
15.08	Per section B1507 of OPNAVINST-M 5100.23 military personnel, who have been confirmed as "Fit for Full Duty" and having a current annual Periodic Health Assessment (PHA), are deemed medically qualified for use of all types of respirators. The phrase "Fit for Full Duty" is interpreted as having no deployment limiting conditions. This is consistent with a "fully or partially medically ready status" of the Individual Medical Readiness (IMR) classification described in BUMED Notice 6110, Tracking and Reporting Individual Medical Readiness Data.	<div style="display: flex; justify-content: space-around;"> True False </div>
15.09	Describe how your Command or clinic verifies that an Active Duty member is "Fit for Full Duty" on a current PHA in the space below:	
15.10	Does your Command or clinic require all other PHA duty status members complete the Respirator User Certification examination?	
15.11	Does your Occupational Medicine clinic provide NIOSH spirometry for those respirator users that require it?	
15.12	Are the NIOSH Spirometry certificates for those performing PFTs for respirator examinations current according to reference (a) through (i)?	
15.13	Please list your NIOSH certified personnel and the expiration date of their training certificate in the space below:	
15.14	To help determine your training needs for NIOSH spirometry please indicate how many staff need the initial NIOSH training and the refresher course in the spaces below: Number of staff needing the initial NIOSH spirometry training course Number of staff needing the refresher NIOSH spirometry training course	
15.15	Does the spirometry equipment used in your Command or clinic meet the required ATS and NIOSH Standards for screening spirometry equipment? <i>Please provide the make and model of your approved NIOSH spirometers below:</i>	
15.16	Does your Command or clinic provide medical records audits for the Respirator User Certification Program according to reference (a) through (i)? <i>Describe your audit method in the space below:</i>	
15.17	In accordance with references (a) through (k) tracking of workload is important for support to OM clinics throughout Navy Medicine. In the box to the right enter how many Respirator User Certificate Exams your Command or clinic performed during this evaluation period.	
15.18	Enter the number respirator user certification examination records were audited during this evaluation period in the space to the right (<i>The percentage of records audited will display in the bottom box to the right</i>)	

ADDITIONAL COMMENTS:

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

DASHBOARD REPORT

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

BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE

YOUR SCORE



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 15
RESPIRATOR USER PROGRAM
ASSESSMENT!

PROCESS IMPROVEMENT PLAN

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

Date PIP initiated: _____

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

Date of PIP update #1

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

HAS YOUR PROGRAM IMPROVED TO >3? <i>(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)</i>	YES	NO
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Date of PIP update #2

HAS YOUR PROGRAM IMPROVED TO >3? <i>(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)</i>	YES	NO
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Date of PIP update #3

HAS YOUR PROGRAM IMPROVED TO >3? <i>(If YES no additional PIP is needed. If NO --CONTACT YOUR COMMAND OM CONSULTANT OR REGIONAL MANAGER FOR ASSISTANCE)</i>	YES
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