

OMPA PROGRAM 17

ASBESTOS MEDICAL SURVEILLANCE PROGRAM (AMSP)

Date

Assessment Date

Command Name

Date of Cmd Brief

Completed By

Clinic Name

Program Purpose

The Asbestos Medical Surveillance Program (AMSP) is designed to identify signs and symptoms of asbestos related medical conditions as early as possible through periodic medical evaluations. The program also provides for identification of medical conditions which may increase the employee's risk of impairment from asbestos exposure and for counseling of workers on medical conditions related to asbestos exposure. Workers being assigned to an occupation with exposure to airborne concentrations of asbestos at or above the OSHA Permissible Exposure Limit (PEL), or Excursion limit for more than 30-days per year or where the employee will be performing asbestos abatement as outlined in references (a) through (c) for more than 30-days per year, will have pre-placement, annual and termination medical examinations.

Program Goals

The goals of a successful Navy Command or Medical Treatment Facility (MTF) Asbestos Medical Surveillance Program (AMSP) have many interrelated components between Industrial Hygiene, Safety, and Occupational Medicine. In accordance with references (a) through (j) below, the successful assessment of the medical components:

1. Identifying personnel (in coordination with IH and Safety representatives) in positions or work environments that require specific AMSP enrollment by current or past exposure limits.
2. Ensuring the medical examination content and documentation completed for the AMSP, includes all of the required information and are within regulatory compliance.
3. Performance of compliant and effective medical evaluations and/examinations INCLUDING the provision of required chest radiographic studies (digital radiographic chest x-rays for B-reading), spirometry, and field work evaluations that support the requirement for AMSP enrollment.
4. Ensuring that medical staff performing these evaluations and/or examinations are fully trained and understand the principles of asbestos exposure (symptoms and health effects), interpretive use of spirometry and respiratory assessments, exposure prevention or reduction methods, and medical documentation management according to their scope of practice.
5. Maintaining accurate tracking and written notification to the proper command employing office and/or safety representative for individual employee examination/evaluation results. OH clinic is responsible to ensure NAVMED 6260/5 and 6260/7 forms are forwarded to NMCPHC to be archived in the AMSP Database.

SUPPORTING DATA CHECKLIST

Regulations, Instructions, and References

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


HARDCOPY= A PHYSICAL BOOK OR PAPER VERSION IS AVAILABLE **ELECTRONIC**= ANY COMPUTER TYPE VERSION (INTERNET/CD/DESKFILE/SHAREPOINT)


(a) 29 CFR 1915.1001 (2011) <i>"Asbestos Shipyard"</i>	Hardcopy	Electronic	None
(b) 29 CFR 1926.1101 (2012) <i>"Asbestos Construction"</i>	Hardcopy	Electronic	None
(c) 29 CFR 1910.1001 (2012) <i>"Asbestos General Industry"</i>	Hardcopy	Electronic	None
(d) Standards Interpretation Notice OSHA (2012) <i>"Medical exams and chest roentgenograms (digital x-rays) under OSHA's Asbestos standards"</i>	Hardcopy	Electronic	None
(e) ILO Guidelines (2011) <i>"Guidelines for the use of the ILO International Classification of Radiographs of Pneumoconioses 2011 edition"</i>	Hardcopy	Electronic	None
(f) NIOSH Safety and Health Topic Webpages (2013) <i>"Asbestos"</i>	Hardcopy	Electronic	None
(g) DOD 6055.05M (05/07 change 4/17) <i>"Occupational Medical Examination and Surveillance Manual"</i>	Hardcopy	Electronic	None
(h) OPNAV M-5100.23 series (6/20) <i>"Navy Safety and Occupational Health (SOH) Program Manual, Chapter 17"</i>	Hardcopy	Electronic	None
(i) NMCPHC TM-OM 6260 (current) <i>"Medical Surveillance Procedures and Medical Matrix Manual--Programs 113, 115, & 116"</i>	Hardcopy	Electronic	None
(j) NMCPHC TM OEM 6260.96-2 (4/2017) <i>"Occupational Medicine Field Operations Manual"</i>	Hardcopy	Electronic	None

Tracking and Program Management Tools
INSTRUCTIONS

This Occupational Medicine Program Assessment (OMPA) tool is designed as an interactive self-assessment picture of the program being reviewed. This tool considers both the subjective and objective data collected, monitored, compiled, and evaluated by the individual completing the self-assessment. In order to best describe your score you will select the appropriate level of compliance with each of the questions provided below using a colored coded scoring range of the lowest score of 1/red (absolute system failure and noncompliance) to the highest score 5/green (perfect compliance and best practice methods). Those questions that have no impact on the overall average for this program will not have the scoring option. For any response selection of 3 or lower a validation or explanation comment must be provided in the comment space following the assessment question. All selected scores will be averaged at the end to provide you with an "overall" program score. Additional information for overall program score requirements are provided in the Scoring Report section.

Tracking and Program Management Tools
Complete the information for the time frame you are reporting.


#	Assessment Questions	Response
17.01	Are there employees within your Area of Responsibility (AOR) that are enrolled in the AMSP? (check in ESAMS, and IH reports) <i>(If you select "Not applicable" -- STOP --with this assessment and verify with your local program manager or regional nurse the need for you to complete this assessment tool)</i>	YES NO Not applicable
17.02	How many employees are tracked in the <u>CURRENT WORKER</u> AMSP?	
17.03	How many employees are tracked in the <u>PAST WORKER</u> AMSP?	
17.04	Explain how enrollment into the <u>current worker</u> AMSP for your AOR commands is determined in the space below?	
17.05	Do current AMSP workers have individual or aggregate group exposure date in their medical record? (If no, contact your supporting IH, or regional OHN) <i>Use the space below to validate score/response. For any response selection of 3 or lower a validation or explanation comment MUST be provided,</i>	 NA
17.06	Explain how the enrollment into the <u>past worker</u> AMSP for your Area of Responsibility (AOR) is determined in the space below?	

Tracking and Program Management Tools		
Complete the information for the time frame you are reporting.		
#	Assessment Questions	Response
17.07	Does your AOR employ contract personnel that require AMSP medical exams (provided in accordance with contract definitions)?	YES NO
17.08	<i>If Yes for item 17.07 above:</i> Have you verified current contract requirements? (medical surveillance for contractors is not normal)	
17.09	Does your clinic use the Medical Matrix program criteria (Manual/Online) to perform AMSP examinations? <i>If not, explain how you provide the required medical documentation.</i>	
17.10	Does your clinic or MTF have digital radiographic x-rays available or accessible for B-reader films? <i>If no, Please explain.</i>	YES NO
17.11	If you do not have digital radiographic x-rays available on site, describe how you obtain them for current workers in the box below?	

Tracking and Program Management Tools
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#	Assessment Questions	Response
17.12	<p>Does the OH clinic maintain a log of employees that require B-reads and tracks when the results have been received by the clinic and when reported to the provider?</p> <p><i>If no, please explain the system to track B-read results.</i></p>	<p>YES</p> <p>NO</p>
17.13	<p>Describe the process of how you request and obtain B-reader results for employees enrolled in the AMSP? If you have a local SOP that addresses this process attach a copy to the back of this sheet.</p> <hr/>	
17.14	<p>How frequently do you send a request to NMCPHC for authorization to ship your B-reader X-rays?(Select the option from the drop- down list to the right) Smaller volume clinics are not required to wait until you have a certain number of images. You may send a request for authorization when you receive an image.</p>	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
17.15	<p>By which method do you <i>REQUEST</i> authorization for shipment?</p>	<p><input type="radio"/> FAX</p> <p><input type="radio"/> E-MAIL</p> <p><input type="radio"/> MAIL</p>
17.16	<p>By which method do you <i>RECEIVE</i> authorization for shipment?</p>	<p><input type="radio"/> FAX</p> <p><input type="radio"/> E-MAIL</p> <p><input type="radio"/> MAIL</p>
17.17	<p>Are copies of completed NAVMED 6260/5 and 6260/7 sent to NMCPHC and originals filed in the patients Civilian Employee Medical Record?</p>	<div style="display: flex; justify-content: space-around;"> <div style="width: 20px; height: 20px; background-color: green;"></div> <div style="width: 20px; height: 20px; background-color: orange;"></div> <div style="width: 20px; height: 20px; background-color: red;"></div> </div>
17.18	<p>Are <i>abnormal</i> B-reader results provided to all enrollees, both current and past workers?</p> <p><i>If no, please explain</i></p>	<p>YES</p> <p>NO</p>

Tracking and Program Management Tools
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#	Assessment Questions	Response
17.19	Describe how you inform employees of abnormal B-reader results? If you have a local SOP that addresses this process attach it to the back of this sheet.	
17.20	Are <i>normal</i> B-reader results provided to all enrollees, both current and past workers? (if no explain below)	YES NO
17.21	Are current AMSP employees provided with a Physician's Written Opinion and Counseling at the time of their examination? <i>Use the space below to validate score/response. For any response selection of 3 or lower a validation or explanation comment MUST be provided,</i>	 NA
17.22	Are past worker AMSP employees provided with a termination exam upon removal from the program? <i>Use the space below to validate score/response. For any response selection of 3 or lower a validation or explanation comment MUST be provided,</i>	
17.23	How frequently do you audit your AMSP medical records? (Select the option nearest your response from the drop-down list to the right)?	

PROGRAM 17--ASBESTOS MEDICAL SURVEILLANCE PROGRAM SCORING 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, or 1) you must complete the Performance Improvement Plan Section of this OMPA tool.

**BASED ON YOUR SELECTED SCORES TO THE ASSESSMENT ITEMS ABOVE
YOUR OVERALL PROGRAM SCORE IS:**

General Scoring Grid Definitions

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

3 --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 level 5)

1 --System Failure. 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)*

When you have completed each block be sure to save an electronic copy for your records (and print a hard copy as needed for your chain of command). REMEMBER!! if your program has scored a "3" or less you **must** complete the PIPA portion at the end of this tool.

PROCESS IMPROVEMENT PLAN OF ACTION (PIPA)

If during the self-assessment process above you have determined that the ASBESTOS MEDICAL SURVEILLANCE PROGRAM (AMSP) program needs improvement (or you have a total program score of 3, or 1) complete the following PIPA. This is an ongoing plan that must be updated until your program score has improved to 5.

Date PIPA initiated:

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

Date of PIPA update #1

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

HAS YOUR PROGRAM IMPROVED TO A SCORE OF 5?

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

<input type="radio"/>	YES	<input type="radio"/>	NO
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Date of PIPA update #2

HAS YOUR PROGRAM IMPROVED TO A SCORE OF 5?

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

<input type="radio"/>	YES	<input type="radio"/>	NO
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Date of PIPA update #3

HAS YOUR PROGRAM IMPROVED TO A SCORE OF 5?

<input type="radio"/>	YES	<input type="radio"/>	NO
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(If YES no additional PIPA is needed. If NO --CONTACT YOUR PROGRAM MANAGER OR REGIONAL NURSE FOR ASSISTANCE)

Asbestos current worker (113)

Month:

FY:

	Program Elements	Yes	No	Comments
1	Occupational history 5100/15 completed and current			
2	Physical exam completed at correct periodicity			Exam is completed 30 days before or after termination of employment if not examined within the last year and again every 5 years up to age 34, every two years for ages 35-44, and annually for 45+
3	IH exposure assessment used for placement into program			
4	Med Matrix #113 in the medical record and complete			
5	Correct tests ordered for examination in PC Matrix/MMO			Spirometry, CXR w/B-reading
6	Abnormal tests appropriately followed-up			Appropriate follow up in most instances is giving a copy of the abnormal test to worker to take to PMD
7	PFT completed meeting NIOSH criteria			
8	NAVMED 6260/5, Periodic Health Evaluation for current or past exposed workers is in the MR and complete			
9	NAVMED 6260/7, B-reader, is in the MR and complete			
10	The MR is labeled "ASBESTOS" on the outside of the MR jacket			
11	Medical Questionnaire DD-2493-1 or DD-2493-2 is in the MR and complete			
12	Physician's Written Opinion is in the MR and complete			
13	Worker/supervisor/safety informed of medical clearance			5100/T

