OMPA PROGRAM 187
SILICA MEDICAL SURVEILLANCE PROGRAM

Date

Assessment Date

Command Name

Date of Command Brief

Completed By

Clinic Name

Program Purpose

The Silica Surveillance Program is designed to identify signs and symptoms of silica 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 silica exposure and for counseling of workers on medical conditions related to silica exposure. Workers being assigned to an occupation with exposure to airborne concentrations of silica at or above the OSHA Permissible Exposure Limit (PEL) for more then 30-days per year.

Program Goals

The goals of a successful Navy Command or Medical Treatment Facility (MTF) Silica Medical Surveillance Program have many interrelated components between Industrial Hygiene, Safety, and Occupational Medicine. In accordance with references 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 Silica enrollment by current or past exposure limits.
2. Ensuring the medical examination content and documentation completed for the Silica, includes all of the required information and are within regulatory compliance.
3. Performance of compliant and effective medical evaluations and/or 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 Silica enrollment.
4. Ensuring that medical staff performing these evaluations and/or examinations are fully trained and understand the principles of silica 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 1910.1053 (2018) *"Respirable Crystalline Silica "*	Hardcopy	Electronic	None
(b) ILO Guidelines (2011) *"Guidelines for the use of the ILO International Classification of Radiographs of Pneumoconioses 2011 edition"*	Hardcopy	Electronic	None
(c) NIOSH Safety and Health Topic Webpages (2015) *"Engineering Controls for Silica in Construction"*	Hardcopy	Electronic	None
(d) DOD 6055.05M (05/07 change 4/17) *"Occupational Medical Examination and Surveillance Manual"*	Hardcopy	Electronic	None
(e) OPNAV 5100.23 series (12/05) *"Navy Safety and Occupational Health (SOH) Program Manual, Chapter 17"*	Hardcopy	Electronic	None
(f) NMCPHC TM-OM 6260 (current) *"Medical Surveillance Procedures and Medical Matrix Manual--Program 187"*	Hardcopy	Electronic	None
(g) NMCPHC TM OEM 6260.9A (4/2017) *"Occupational Medicine Field Operations Manual, B-reads and Asbestos X-rays"*	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
187.01	Are there employees within your Area of Responsibility (AOR) that are enrolled in the Silica Medical Surveillance Program? (check in ESAMS, and IH reports) *(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 assesment tool)*	YES NO Not applicable
187.02	How many employees are tracked in the Silica Medical Surveillance Programs?	
187.03	Explain how enrollment into the Silica Medical Surveillance Program for your AOR commands is determined in the space below?	
187.04	Do current Silica workers have individual or aggregate group exposure date in their medical record? (If no, contact your supporting IH, or regional OHN) *Use the space below to validate response.*	YES NO
187.05	Does your clinic use the Medical Matrix program criteria (Manual/Online) to perform Silica Medical Surveillance Program examinations? If not, explain how you provide the required medical documentation.	YES NO

Tracking and Program Management Tools		
Complete the information for the time frame you are reporting.		
#	Assessment Questions	Response
187.06	How frequently do you audit your Silica medical records? *(Select the option nearest your response from the drop- down list to the right)*?	
187.07	Are Silica Medical Surveillance employees provided with a Physician's Written Opinion and Counseling at the time of their examination? *Use the space below to validate score/response.* *For any response selection of 3 or lower a validation or explanation comment MUST be provided,*	YES NO NA
187.08	Are *normal* B-reader results provided to all enrollees? (if no explain below)	YES NO
187.09	Does you clinic or MTF have digital radiographic x-rays available or accessible for B-reader films? *If no, Please explain.*	YES NO
187.10	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.	YES NO
187.11	If you do not have digital radiographic x-rays available on site, describe how you obtain them for current workers in the box below?	

#	Assessment Questions	Response
	Tracking and Program Management Tools *Complete the information for the time frame you are reporting.*	
187.12	Does the OH clinic maintain a log of employees that require B-reads and tracks when the results have been received by the clinic? *If no, please explain the system to track B-read results.*	YES NO
187.13	Describe the process of how you request and obtain B-reader results for employees enrolled in the Silica Medical Surveillance Program? If you have a local SOP that addresses this process attach a copy to the back of this sheet.	
187.14	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.*	
187.15	By which method do you *REQUEST* authorization for shipment?	○ FAX ○ E-MAIL ○ MAIL
187.16	By which method do you *RECEIVE* authorization for shipment?	○ FAX ○ E-MAIL ○ MAIL
187.17	Are copies of completed NAVMED 6260/5 and 6260/7 sent to NMCPHC and originals filed in the patients Civilian Employee Medical Record?	🟩🟧🟥
187.18	Are *abnormal* B-reader results provided to all enrollees? *If no, please explain*	YES NO

PROGRAM 187--SILICA 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* <u>must</u> *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 SILICA MEDICAL SURVEILLANCE PROGRAM 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)

○	YES	NO

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)

○	YES	NO

Date of PIPA update #3

HAS YOUR PROGRAM IMPROVED TO A SCORE OF 5?

YES	NO

(If YES no additional PIPA is needed. If NO --CONTACT YOUR PROGRAM MANAGER OR REGIONAL NURSE FOR ASSISTANCE

Occupational Health Department
Clinic Location _____

SILICA Current #187
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 Medical Matrix Online (#187) in the medical record (MR) and complete			
5	Communication to worker/supervisor/safety whether worker is cleared/not cleared by medical (5100/T)			
6	Correct tests are ordered for examination as required in Medical Matrix Online			
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 and copy sent to NMCPHC			
10	NAVMED 6260/7, B-reader, is in the MR and complete and a copy sent to NMCPHC			
11	The MR is labeled "SILICA" on the outside of the MR jacket			
12	Medical Questionnaire DD-2493-1 or DD-2493-2 is in the MR and complete			
13	Physician's Written Opinion is in the MR and complete	N/A	N/A	*NOT REQUIRED FOR PAST EXPOSURE

Records screened for compliance: Silica

Date	Last Name	Last 4SSN	1	2	3	4	5	6	7	8	9	10	11	12