



OMPA PROGRAM 21 LEAD

Date

Assessment Date

Command Name

Date of Command Brief

Assessment completed by

Clinic Name

Program Purpose

The lead program is designed to identify, through biological monitoring, individual employees exposed to metallic lead, all inorganic lead compounds and organic lead soaps. Early detection of signs and symptoms can prevent damage to the nervous system, kidneys and reproductive systems of both males and females. It can also prevent exposure to the unborn fetus.

Program Goals

- The goals of a successful Lead program are:
1. Pre-placement physical of the employee prior to starting lead work.
 2. Semi-annual blood lead monitoring, with appropriate follow-up to the employee per regulations.
 3. Follow-up medical evaluations based on results of the blood lead analysis and physician opinion.
 4. Termination physical when the employee either leaves lead work, separates or retires.

SUPPORTING DATA

Regulations, Instructions, and References

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

Reference	Hardcopy	Electronic	None
(a) 29 CFR 1910.1025 Series "OSHA Lead Standard for General Industry"	Hardcopy	Electronic	None
(b) 29 CFR 1926.62 Series: "OSHA Lead Standard for Construction Industry"	Hardcopy	Electronic	None
(c) OPNAVINST 5100.23 series, current "Navy Safety and Occupational Health (SOH) Program Manual"	Hardcopy	Electronic	None
(d) NMCPHC-TM-OM 6260 "Medical Surveillance Procedures Manual and Medical Matrix"	Hardcopy	Electronic	None
(e) DoD Instruction 6055.05-M, change 3 current 8/31/2018 "Occupational Medical Examinations and Surveillance Manual"	Hardcopy	Electronic	None
	Hardcopy	Electronic	None
	Hardcopy	Electronic	None

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
21.01	Does a copy of the Physician Written Opinion go to the employee, supervisor and safety officer?	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 33%; background-color: green;"></div> <div style="width: 33%; background-color: yellow;"></div> <div style="width: 33%; background-color: red;"></div> </div>
21.02	Are results of Biological monitoring documented in the medical record?	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 33%; background-color: green;"></div> <div style="width: 33%; background-color: yellow;"></div> <div style="width: 33%; background-color: red;"></div> </div>
21.03	Are Blood Lead and ZPP lab tests completed and documented every six months?	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 33%; background-color: green;"></div> <div style="width: 33%; background-color: yellow;"></div> <div style="width: 33%; background-color: red;"></div> </div>
21.04	Is appropriate follow-up documented for a blood lead concentration at or above 10 mcgs/100g blood?	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 33%; background-color: green;"></div> <div style="width: 33%; background-color: yellow;"></div> <div style="width: 33%; background-color: red;"></div> </div>
21.05	Was employee notified in writing within 5 working days of receipt of BLL results at 20mcgs/dL or above?	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="width: 33%; background-color: green;"></div> <div style="width: 33%; background-color: yellow;"></div> <div style="width: 33%; background-color: red;"></div> </div>

#	Assessment Questions	Response
21.06	Was Industrial Hygiene notified in writing?	
21.07	Are employees removed from lead exposure if initial BLL was 20-29 mcgs/dL and repeat BLL results are at or above 20 mcgs/dL or a single BLL at or above 20 mcgs/100dL.	
21.08	Are blood lead analysis done by a laboratory participating in Centers for Disease Control and Prevention Proficiency testing program? (OSHA list of laboratories approved for Blood Lead analysis)	

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



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 21
LEAD!!

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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