



# OMPA PROGRAM 29

## REPRODUCTIVE HAZARD ASSESSMENT PROGRAM

Date  
Assessment Date

Command Name

Date of Command Brief

Assessment completed by

Clinic Name

### Program Purpose

To minimize reproductive risk and hazard exposures to all DON personnel.

### Program Goals

Pregnancy should not restrict tasks normally assigned to DON servicewomen or civilian employees, but may impact their ability to perform routine tasks associated with their current position and/or billet and may require temporary reassignment as appropriate. The establishment and maintenance of work sites that allow servicewomen to perform their assigned tasks, without adverse job-associated consequences, are primary responsibilities of the command. Included is the elimination of detectable hazards and the prevention of occupational illness and injury. Although each command worksite or unit is evaluated for actual or potential reproductive hazards during the Industrial Hygiene survey, it is the responsibility of Occupational Medicine to review and assess individual personnel for direct risks that have referred for evaluation. In accordance with references (a) through (l) a successful Navy OM Reproductive Hazards Assessment Program should include the following elements:

- a. Review all personnel monitoring of workplaces that have identified reproductive or developmental hazards according to the most current IH survey and/or Safety Inspection findings.
- b. Consistent communication with medical providers, safety, and IH to offer all at-risk personnel the opportunity for OM reproductive assessments and/or worksite consults.
- c. Provide written documentation addressing individual worker and supervisor statements regarding reproductive and developmental hazards or stressors following a referral or evaluation.
- d. Provision of clear, rationalized, and written recommendations for safeguarding the health and safety of the worker (active duty or civilian) to supervisors and command leadership as needed.
- e. Offer consultative assistance to command leadership for limited or light duty assignment programs and other health safety experts referrals as needed (such as safety, preventive medicine, environmental health, industrial hygiene, audiology, radiation health, or toxicology).

### SUPPORTING DATA

#### Regulations, Instructions, and References

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

<b>(a)</b> <a href="#">OSHA Safety and Health Topics</a> (2021) <i>"Reproductive Hazards"</i>	Hardcopy	Electronic	None
<b>(b)</b> <a href="#">NIOSH Working Group Report</a> , (03/06) <i>"Implementing a national occupational reproductive research agenda--decade 1 &amp; beyond"</i>	Hardcopy	Electronic	None
<b>(c)</b> <a href="#">NIOSH Publication 99-104</a> , (02/99) <i>"The Effects of Workplace Hazards on Female Reproductive Health"</i>	Hardcopy	Electronic	None
<b>(d)</b> <a href="#">NIOSH Publication 96-132</a> , (01/96) <i>"The Effects of Workplace Hazards on Male Reproductive Health"</i>	Hardcopy	Electronic	None
<b>(e)</b> <a href="#">ACOEM Task Force on Reproductive Toxicology</a> (4/11) <i>"Reproductive and Developmental Hazard Management Guidelines"</i>	Hardcopy	Electronic	None
<b>(f)</b> <a href="#">OPNAVINST 6000.1D</a> , (6/18) <i>"Navy Paternal Leave Program"</i>	Hardcopy	Electronic	None
<b>(g)</b> <a href="#">NAVADMIN 129/21</a> (6/21) <i>"PRT Postpartum Policy"</i>	Hardcopy	Electronic	None
<b>(h)</b> <a href="#">MILPERSMAN 1740-020</a> , (01/21) <i>"Information Concerning Pregnant Members"</i>	Hardcopy	Electronic	None
<b>(i)</b> <a href="#">OPNAV 5100.23</a> (current) <i>"Chapter 29--Occupational Reproductive Hazards"</i>	Hardcopy	Electronic	None
<b>(j)</b> <a href="#">NMCPHC - TM - OEM 6260.01D</a> (5/2019) <i>Reproductive and Developmental Hazards: A Guide for Occupational Health Professionals</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

(I) "Reproductive Hazard Management of Pregnant Personnel"

**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
29.01	Does your command have an instruction and/or an OM clinic policy that specifically addresses management of pregnant personnel and reproductive hazard assessments? (Provide details in reference (I) above)	
29.02	Do you review Industrial Hygiene surveys for potential or actual risks related to reproductive or developmental hazards?	
29.03	Do you provide OM worksite visits to those work spaces that have identified reproductive and/or developmental hazards?	
29.04	Are workers (both male and female) provided education regarding the risks and prevention of reproductive hazard exposures in those work areas identified as at risk?	
29.05	Are personnel provided the opportunity for OM consultation with a provider to evaluate reproductive hazards and risk as needed?	
29.06	Describe your reproductive hazard communication and notification process in the space below:	
29.07	Do you provide individualized reproductive and developmental hazard risk counseling to pregnant (or planning for pregnancy) personnel that have been referred to you for assessment?	

#	Assessment Questions	Response		
29.08	From the list to the right, to which group(s) of personnel do you provide reproductive and developmental hazard risk training or counseling? <i>Select all that apply--if "other" is selected describe below:</i>	Active Duty	Civilian	Other
29.09	Does your reproductive and developmental counseling include review and discussion of the following documents (at a minimum)?: (1) NAVMED 6260/8--Occupational Exposure of Reproductive or Developmental concern--Supervisor Statement (2) NAVMED 6260/9--Occupational Exposure of Reproductive or Developmental concern--Workers Statement Use the space below to validate score/response. For any response selection of 3 or lower a validation or explanation comment MUST be provided,			
29.10	Does your reproductive and developmental counseling disposition include the following: (1) Written documentation addressing individual worker and supervisor statements regarding reproductive or development hazards and stressors. (2) Clear, rationalized, and written recommendations for safeguarding the health and safety of the worker ) to supervisors and command leadership. For any response selection of 3 or lower a validation or explanation comment MUST be provided.			
29.11	Describe how you communicate your review and recommendations to workers, supervisors, and/ or command leadership in the space below:			
29.12	Do you follow-up and track pregnant workers after completing initial counseling to monitor changes or recommendations to reduce reproductive and developmental risk exposures?			
29.13	Does your worksite or personnel compliance monitoring and tracking method address trends for increased areas of risk or pockets of increased hazard exposure results?			
29.14	Do you brief command leadership and safety of monitoring statistics and trends resulting from reproductive and developmental hazards assessments? <i>(Describe how you brief command leadership and safety in the space below)</i>			
29.15	Does your Command or clinic provide medical records audits for the Reproductive Hazard Assessments according to reference (a) through (l)? <i>Describe your audit method 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**

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 29**  
**REPRODUCTIVE HAZARD ASSESSMENT**  
**PROGRAM!**

## 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