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From: Commanding Officer, Navy Environmental Health Center

Subj: OCCUPATIONAL HEALTH PROGRAM EVALUATION GUIDE (OHPEG)

Ref: (a) BUMEDINST 5100.13 of 1 Sep 93  
(b) BUMEDINST 5450.157 of 15 Jun 92

Encl: (1) OHPEG

1. Enclosure (1) is designed for occupational health (OH) physicians and nurses conducting command evaluations and consultations per references (a) and (b). The OHPEG is a standardized tool to facilitate dialogue between experienced OH physicians/nurses and their counterparts to assess program effectiveness. While it is not designed as a "self-evaluation tool," the OHPEG may be useful to experienced OH professionals in program evaluation.

2. The OHPEG will be updated annually by OH physicians and nurses who consult or augment inspection teams to evaluate program effectiveness.

3. For further information and input for OHPEG improvement, please contact OH nurses at your respective Navy Environmental and Preventive Medicine Units (NAVENPVNTMEDUs): Anita Steckel, NAVENPVNTMEDU SIX, DSN 471-9505 or (808) 471-9505, Lois Moody, NAVENPVNTMEDU FIVE, DSN 526-9344 or (619) 556-9344 or Martha Murray, NAVENPVNTMEDU TWO, DSN 564-7671 or (804) 444-7671.



P. D. BARRY

Distribution:  
Occupational Health Physicians  
Occupational Health Nurses

# Occupational Health Program Evaluation Guide

## Introduction

PURPOSE: This document is designed for use by occupational health (OH) physicians and nurses to facilitate dialogue between knowledgeable consultants or inspectors and command personnel to assess the status of OH programs.

BACKGROUND: The Occupational Health Program Evaluation Guide (OHPEG) was developed in response to a need for consistency among professionals' performing consultative oversight and inspections. OH consultants must provide standard, consistent direction based on current regulations, while inspectors need a reliable tool to measure program effectiveness.

INTENDED USE: The OHPEG is designed for use by OH subject matter experts. The references used are current at the time of distribution. It is not designed as a self-evaluation tool since the OHPEG elements are not all inclusive but rather designed to serve as a trigger to the qualified consultant or inspector.

UPDATE: The first revision was completed in March 1996 and will be reviewed annually with new programs added as needed. Review will be done by individuals who are consulting or augmenting teams for OH. Contributions from interested OH professionals in the field are encouraged. Suggestions for revision and additions can be sent to:

Officer in Charge  
ATTN: Occupational Health Program Evaluation Guide (OHPEG)  
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## MEDICAL SURVEILLANCE PROGRAMS

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### References:

- (a) 5 CFR Subpart C - Medical Examinations
- (b) 29 CFR 1910.20 "Access to Employee Exposure and Medical Records"
- (c) OPNAVINST 5100.23 series
- (d) Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current editions

In accordance with reference (a), agencies may establish medical evaluations and tests related to occupational and environmental exposures or demands. Per reference (b), employees or their representatives have a right of access to relevant exposures and medical records. Per reference (c), all facilities shall use reference (d) for medical surveillance and certification examinations. Medical surveillance examinations should be based primarily on industrial hygiene (IH) assessment, recorded on SF 600s and placed in the medical record per reference (c). Medical record review elements are included in the Medical Records section of this guide.

### References:

### Program Element:

- |                       |     |  |
|-----------------------|-----|--|
| (a)                   | a.  | Are stressor-specific and special examinations provided per written requirements?                                  |
| (c) 0801.b.(1)        |     |  |
| (d)                   |     |  |
| (c) 0803.2.c.(1)      | (1) | Preplacement. (Baseline)   |
| (c) 0803.2.c.(2)      | (2) | Periodic   |
| (c) 0803.2.c.(3)      | (3) | Termination  |
| (c) 0803.1.a.(1)      | (4) | Acute exposures/situational  |
| (a) 339.301 b (1) (d) | (5) | Transfer/reassignment  |
| (a) 339.301 b (1) (d) | (6) | Reduction in force   |
| (c) 0801.b.           | b.  | Is IH exposure assessment used for placement on medical surveillance?  |
| (a) (2)(a)(e)         | (1) | Do medical records contain IH consultations  |
| (b)                   |     | (e.g., personal monitoring data), records of exposure to physical (e.g., noise), biological, and chemical hazards? |
| (c) 0803.3            |     |  |

## MEDICAL SURVEILLANCE PROGRAMS

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### References:

(c) 0801.b.(2)

(c) 1101.(d)

### Program Element:

d. Are medical surveillance lists generated by the command safety office compared with IH surveys to ensure proper placement?

e. Do contracts contain all occupational protections mandated by OSHA, CDC and DOD for contract employees?

1. Is occupational health involved in writing/reviewing of service contracts?

2. If the MTF provides these services, is there a mechanism for reimbursement?

## SURVEILLANCE REVIEW AND STRATEGIC PLANNING

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### References:

(a) OPNAVINST 5100.23 series

One of the greatest challenges to occupational health (OH) clinical providers is to develop meaningful public health interventions based on their clinical and laboratory observations. This requires interaction with many other disciplines including industrial hygienists, safety professionals, radiation health officers, and preventive medicine technicians. Only with a multidisciplinary approach can the clinical workload of the OH clinic result in improvements to the health and safety of the workforce as a population.

### References:

### Program Element:

- |                  |  |
|------------------|--|
| (a) 8101.a.      | a. Are OH staff educating and/or assisting other medical staff regarding the identification, evaluation and follow-up of occupational injuries/illnesses?  |
| (a) 0803.1.a.(4) | b. Is there a mechanism to identify clusters or multiple employees with similar symptoms?  |
| (a) 0803.1.b.(9) | c. Are there mechanisms of analysis of findings, e.g., graphing, tabulating, discussion at command level meetings?   |
| (a) 8101.b.(4)   | d. Is there a mechanism for multidisciplinary development of resolution of identified problems? (bidirectional interdisciplinary communication re: injury/illness, epidemiology, analysis and prevention)? |
| (a) 8101.b.(4)   | e. What feedback is given relating to the results of trending?   |

## SURVEILLANCE REVIEW AND STRATEGIC PLANNING

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Interest item:

Occupational asthma is 1 of 13 non-regulatory priorities targeted by OSHA for action plan development. Latex allergy is targeted as a potential exposure for 1.4 million health care workers (HCWs). Per OPNAVINST 5100.23D, OH professionals are to diagnose and treat acute and chronic injuries/illnesses and detect early indicators of excessive exposures caused by the work environment. "Latex Allergy and Anaphylaxis-What To Do" published in the Journal of Intravenous Nursing Vol. 18, No.1, Jan/Feb 1995 is one of numerous publications addressing latex allergies. A few symptoms of latex allergy include:

- Skin allergies
- Asthma
- Anaphylactic shock
- Hives
- Sneezing, rhino-conjunctivitis
- Food allergies (avocados, bananas, kiwi, melons, tomatoes)

Questions of interest:

1. Are HCWs with potential latex allergies reporting to OH, infectious disease, military sick call, allergy or the dermatology clinic for these sensitivities?
2. Are HCWs reporting latex allergies to safety?
3. Is latex allergy training provided for HCWs?

## OCCUPATIONAL REPRODUCTIVE HAZARDS

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### Reference:

- (a) OPNAVINST 5100.23 series
- (b) Navy Environmental Health Center Technical Manual  
NEHC-TM92-2, Reproductive Hazards in the Workplace: A  
Guide for Occupational Health Professionals, current edition

The role of occupational health (OH) in evaluating occupational reproductive hazards is to provide a process for screening, medical surveillance and communication of risk to the employee and employer.

### Additional reference:

OPNAVINST 6000.1A, Management of Pregnant Servicewomen, 21 Feb 89

### Reference:

### Program Element:

- |                               |  |
|-------------------------------|--|
| (a) 2903.c. (3)               | a. Are pregnant employees encouraged to process through OH for evaluation and consultation of potential reproductive hazards?              |
| (a) 2903.c.(1)                | b. Are OH professionals receiving training relative to reproductive hazards?   |
| (a) 2903.d.                   | c. Is there a process in place for concerned personnel to receive counseling about adverse reproductive effects of occupational exposures? |
| (a) 2903.d.<br>(b) Appendix E | d. Is a questionnaire evaluating employees' exposure to hazards of reproductive concern reviewed by OH?                                    |
| (a) 2903.d.(2)                | e. Does OH participate in the evaluation of infertility and adverse pregnancy outcomes?  |
| (a) 2903.d.(2)                | f. Do OH professionals periodically analyze any reproductive trends relative to stressors in the work environment?                         |

## ASBESTOS MEDICAL SURVEILLANCE PROGRAM

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### References:

- (a) 29 CFR 1910.1001 series and 1926.1001 series
- (b) SECNAVINST 5212.10A "Mandatory Retention of Insulation/Asbestos Related Records"
- (c) OPNAVINST 5100.23 series
- (d) Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current editions

### References:

### Program Element:

- |   |   |
|---|---|
| (a)<br>(c) 1709.d.(1)(c)                | a. Are "B" Reader chest X-ray film examinations taken, processed and shipped using current NAVENVIRHLTHCEN protocols? |
| (c) Appendix 17-F                       | b. Do MTFs have NAVENVIRHLTHCEN radiographic equipment and technique certification?                                   |
| (b) Enclosure (1) B-7<br>(c) 1709.g.(9) | c. Are asbestos medical records, including "B Reader" x-rays, maintained or archived as required?                     |
| (c) 1709.d.(4)                          | d. Is appropriate counseling provided for abnormal findings?  |
| (a) 1709.g.<br>(d) 4-23; 4-24           | e. Asbestos Medical Surveillance Program (AMSP) medical record review:<br>See next page.                              |

**ASBESTOS MEDICAL SURVEILLANCE PROGRAM MEDICAL RECORD REVIEW**

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	CURRENT WORKERS	PAST EXPOSED WORKERS
1) DD 2493-1 OSHA. Initial Medical Questionnaire.	X	
2) DD 2493-2 OSHA. Periodic Medical Questionnaire.	X	
3) NAVMED 6260/5. Periodic Health Evaluation.	X	X
4) SF 519. X-ray Report.	X	X
5) NAVMED 6260/7. "B" Reader X-ray.	X	X
6) OPNAV 5100/15. Medical Surveillance Questionnaire.	X	X
7) Pulmonary Function Graph.	X	X
8) NAVMED 6150/20. Summary of Care Entry.	X	X
9) "Asbestos" label for Medical Record and X-ray jacket.	X	X
10) Physicians written opinion.	X	

	Years since first asbestos exposure	Age of Employee 15 to 35	Age of Employee 35 to 45	Age of Employee 45+	
	0 to 10	every 5 years	every 5 years	every 5 years	
	10+	every 5 years	every 2 years	every year	

**NOTE:** Chart refers to frequency of chest x-ray for "current" exposure and frequency of evaluation for "past" exposure workers. The frequency of evaluation for "current" workers is annual.



## SPIROMETRY

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### References:

- (a) OPNAVINST 5100.23 series
- (b) American Thoracic Society Standards for Spirometry, current edition

The quality of spirometry depends upon the individual performing the tests. Responsibilities of individuals' performing spirometry include obtaining valid spirometry, calibration and maintenance of equipment and appropriate referral and follow-up of abnormal results.

### References:

### Program Element:

- |                  |   |
|------------------|---|
| (a) 0803.2.a.(3) | a. Have individuals performing spirometry successfully completed a NIOSH-approved course?   |
| (a) 0803.2.a.    | b. Is appropriate referral made for abnormal findings?  |
| (a) 0803.2.a.    | (1) Is counseling documented?   |
| (b)              | c. Is there a spirometry quality assurance program which includes periodic review of quality of spirogram, time and volume calibration? |
| (a) 0803.2.a.(3) | d. Does equipment meet specifications?  |

## LEAD

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### **References:**

- (a) 29 CFR 1910.1025 series and 1926.1025 series as amended
- (b) OPNAV 5100.23 series
- (c) Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current editions

Individuals shall be placed in the lead medical surveillance program when industrial hygiene (IH) surveillance indicates that they perform work or are likely to be exposed to concentrations at or above the action level 30 days a year. Although impact is minimal, OSHA construction standards may apply in some instances, and the medical surveillance requirements differ from the general industry standard.

### **References:**

### **Program Element:**

- |                     |  |
|---------------------|--|
| (a)                 | a. Is physician's written opinion used?  |
| (b) 2108.b.(3)(c)3  |  |
| (b) 2108.d.         | b. Are results of biological monitoring documented in the medical record?  |
| (a)                 | (1) Blood lead/ZPP every 6 months?   |
| (b) 2108.b.(2)      |  |
| (c)                 |  |
| (b) 2108.b.(3)      | c. Is appropriate follow-up documented for a blood lead concentration at or above 30 ug/100g?  |
| (b) 2108.c.(1)      | (1) Was employee notified in writing within 5 working days of receipt of results?<br>(2) Was IH notified?  |
| (b) 2108.b.(3)(a)   | d. Are employees removed from work involving lead if the blood lead exceeds 60 ug/100g or the average of the last three blood lead measurements is equal to or exceeds 50 ug/100g whole blood? |
| (b) 2108.c.(2)      | e. Are personnel counseled regarding abnormalities and medical record entry recorded and countersigned by the employee?  |
| (a) 2108.b.(1)(c)1. | f. Are blood lead analyses done by a laboratory participating in the Centers for Disease Control and Prevention proficiency testing program?   |

## CADMIUM

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### References:

- (a) 29 CFR 1910.1027 series and 1926.1027 series
- (b) Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current editions

Personnel shall be placed in the cadmium medical surveillance program based on either **CURRENT** or **PREVIOUS** exposure to cadmium. Frequency of periodic examinations is determined by the results of biological monitoring.

### References:

### Program Element:

- (a) a. Are workers with past exposures identified for required screening?
- (a) b. Does medical examination include the  
(b) required elements, and is appropriate biological monitoring performed?
- (a) (1) Is a copy provided to the  
employee?
- (a) c. Are previously exposed workers  
(b) removed from medical surveillance based on results of biological monitoring tests?
- (a) d. Is a physician's written opinion  
(b) used?
- (a) e. Is appropriate follow-up provided  
for abnormal results?

## HEARING CONSERVATION PROGRAM

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### References:

- (a) 5 CFR Subpart C - Medical Examinations
- (b) 29 CFR 1910.134 series, as amended
- (c) OPNAVINST 5100.23 series

### Additional reference:

MCO 6260.1D, April 1993, Marine Corps Hearing Conservation Program

A comprehensive hearing conservation program (HCP) is designed to prevent hearing loss of workers. Periodic testing, referral and follow-up are important components of the program.

### References:

### Program Element:

- |                     |    |                                      |
|---------------------|----|--------------------------------------|
| (a)                 | a. | Are audiograms being performed for:  |
| (c) 1802.5.b.       |    | Reference                            |
| (c) 1802.5.c.       |    | Monitoring                           |
| (c) 1802.5.d.       |    | Termination                          |
| (a) 339.301(1)(d)   |    | Transfer/Reassignment                |
| (a) 339.301(1)(d)   |    | Reduction in Force (RIF)?            |
| (b) Subchapter S6-6 | b. | Is noise dosimetry recorded in the   |
| (c) 0803.3.a.(2)(e) |    | medical record?                      |
| (c) 1802.5.e.(1)    | c. | Is there a written notification of a |
|                     |    | significant threshold shift (STS) to |
|                     |    | the employee within 21 days?         |
| (c) 1802.5.(d)(e)   | d. | Is there appropriate referral of     |
| (c) 1802.5.(e)(1)   |    | individuals with STS?                |
|                     |    | (1) Is STS reported to the OSH       |
|                     |    | office notified for entry on OPNAV   |
|                     |    | 5102/7 or equivalent (Log of         |
|                     |    | Navy Injuries and Occupational       |
|                     |    | Illnesses)?                          |
| (c) 1802.6          | e. | Are individuals in the HCP fitted    |
|                     |    | with hearing protection devices?     |
| (c) 1802.5          | f. | Are technicians, audiometers and     |
|                     |    | booth, certifications current?       |



## RESPIRATOR USER CERTIFICATION PROGRAM

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### References:

- (a) 29 CFR 1910.34 series, as amended
- (b) OPNAV 5100.23 series
- (c) Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current edition

### Additional reference:

NIOSH Decision Logic NIOSH Publication 87-108, May 1987

Medical evaluations are required to ensure that employees who are assigned to wear respirators are physically able to perform work assignments without danger to themselves or others.

### References:

- (a) (3)(b)(10)
- (b) 1513.b.(1)(b)
  
- (b) 1513.b(1)
- (c)

### Program Element:

- a. Is a questionnaire for potential respirator user completed?
  
- b. Is the recall frequency appropriate?

Age 15 to 34: every 5 years.  
Age 35 to 44: every 2 years.  
Age 45 and over: annually.

- (b) 1513.b.(1)(e)

- c. Is a medical statement made noting whether the individual is qualified for respirator use, qualified with restrictions (specified) or not qualified?

## FEDERAL EMPLOYEES COMPENSATION ACT

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### References:

- (a) 5 CFR 339 Subpart C - Medical Evaluation
- (b) OPNAVINST 5100.23 series
- (c) NAVMEDCOMINST 6320.3B 14 May 89 Medical and Dental Care of Eligible Persons at Medical Treatment Facilities (MTFs)
- (d) Chief, Bureau of Medicine and Surgery, 12000 Ser 3b 421/041 of 21 June 1991 "Occupational Health Participation in FECA Cost Containment"
- (e) Chief, Bureau of Medicine and Surgery, 12800 52/0129 of 11 July 1990 "Commanding Officers' Guide to the Federal Employees Compensation Act Program"

### Additional references:

Injury Compensation for Federal Employees, Pub. CA-810

20 CFR, U.S. Department of Labor, Office of Workers Compensation, April 1988

OPNAVINST 12810.1 of 26 Jan 90 "Federal Employees Compensation Act Program"

Assistant Secretary of Defense memo, 25 May 1995, Tricare Health Services Plan

BUMED ltr Ser 24B/5U240237 of 20 Dec 95

Agencies may require employees applying for or receiving compensation to report for a medical examination per reference (a). Reference (b) provides for occupational health (OH) aggressive case management and cost containment. It also instructs that occupationally injured employees shall first report to the MTF for administrative purposes, except when treatment delay is detrimental to the employee. References (c) through (e) address assignment of MTF responsibilities and eligibility for treatment information. Reference (d) includes a protocol for proactive OH intervention and Federal Employees Compensation Act (FECA) cost containment.

### References:

- (a) 339.301(1)(c)
- (b) 1411.a.

### Program Element:

- a. Does MTF provide examinations as required by management?
- b. Do all occupationally injured/ill employees first report to the MTF with a

FEDERAL EMPLOYEES COMPENSATION ACT

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References:

(a) 1411.c.(6)  
(c) Page A-8, Chp F

(b) 0803.1.a.(1)  
(d)  
(e)

(b) 0803.1.b.(5) & (7)  
(d)

(b) 0803.1.b.(8)  
(d)  
(e)

Program Element:

c. Is MTF staff making their initial evaluations and follow-up care accessible and the preferred choice to federal employees for work-related injuries and illnesses?

d. Is there a procedure in place to provide instructions on treatment and follow-up at the OH unit or MTF?

e. Do OH nurses/physicians assist MTF and serviced commands with case management of lost time injuries to improve employees health and productivity?

f. Do OH nurses/physicians participate in injury compensation reduction efforts (committees) at the MTF and serviced commands?

## BLOODBORNE PATHOGENS

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### References:

- (a) 29 CFR 1910.1030 series
- (b) SECNAVINST 12792.4 of 1 Dec 89 "Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome in the Department of the Navy Civilian Workforce"
- (c) OPNAVINST 5100.23 series
- (d) BUMEDINST 6230.15, 1 Nov 95, "Immunizations and Chemoprophylaxis"

### Additional references:

Medical Surveillance Procedures Manual and Medical Matrix, (NEHC Technical Manual), current editions

OSHA Directorate of Compliance Programs, Occupational Exposure to BBP Interpretive Quips, Jan 1994 edition

Navy Environmental Health Center (NAVENVIRHLTHCEN) ltr 6260 Ser 3212/2145 of 11 Mar 92 "Bloodborne Pathogens" (BBPs).

BUMED 6280.1A 21 Jan 94 "Management of Infectious Waste"

The BBP is a multidisciplinary team program which was implemented to provide protection for employees potentially exposed to blood and other infectious materials.

### References:

### Program Element:

- |                                      |   |
|--------------------------------------|---|
| (a)                                  | a. Is there a written exposure control plan?  |
| (b) (1)(i)                           |   |
| (c) Appendix 28-c                    |   |
| (a)                                  | b. Is there a written procedure which includes:                                     |
| (c) 2803.d.                          |   |
| (c) 2803.d.(1)                       | (1) Locations and likelihood of exposure.   |
| (c) 2803.d.(2)                       | (2) Schedule and method of implementation for departments with differing exposures. |
| (c) 2803.d.(3)                       | (3) Hepatitis B vaccination and post-exposure evaluation and follow-up program.     |
| (d) Sect C, paras 21.3, 22, and 3122 |   |

provided to communicate hazards.

BLOODBORNE PATHOGENS

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References:

Program Element:

- |                                   |   |
|-----------------------------------|---|
| (c) 2803.d.(5)                    | (5) Stipulation of the need for signs with the biohazard symbol.  |
| (c) 2803.d.(6)                    | (6) Training and medical record keeping requirements.   |
| (c) 2803.d.(7)                    | (7) List of job classifications in which it is reasonable to anticipate occupational exposure to blood and other potentially-infectious materials (OPIM)?   |
| (c) 2808.                         | c. Is there a written procedure to ensure that workers involved in an exposure incident report for a medical evaluation that includes:  |
| (c) 2808.a.(1)                    | (1) The most current US Public Health Service guidelines.   |
| (c) 2808.a.(2)                    | (2) Explanation of the circumstances of the exposure incident.  |
| (c) 2808.a.(3)                    | (3) Exposed individuals counseled regarding confidentiality of results of source testing?   |
| (a) (f)(2)(iv)                    | d. Do employees who decline HBV sign a declination form?  |
| (a) (g)(2)(viii)<br>(c) 2807      | e. Are training content and completeness documented and maintained for required period?   |
| (b) (4)(b)<br>(c) 2808.a.(2)      | f. Is civilian consensual HIV testing performed <u>ONLY</u> for post-exposure occupational injury?  |
| (c) 1101<br>(d) Sect C, Para 22.3 | g. Do existing contracts state who ensures compliance with BBP regulations for potentially exposed contract workers?<br>(1) Do contract personnel "check in" through OH to ensure compliance with OSHA regulations for all health care workers? |

## TUBERCULOSIS MEDICAL SURVEILLANCE

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### References:

- (a) U.S. Department of Labor OSHA ltr of 8 Oct 93  
"Enforcement Policy and Procedures for Occupational  
Exposure to Tuberculosis"
- (b) OSHA Issues New Enforcement Guidance to Protect Workers  
against Hazards of Tuberculosis 12 Feb 96
- (b) Centers for Disease Control and Prevention Morbidity  
and Mortality Weekly Report "Guidelines for Preventing  
the Transmission of Mycobacterium Tuberculosis in  
Healthcare Facilities, 28 Oct 94, Volume 43.
- (d) OPNAV 5100.23 series
- (e) BUMEDINST 6224.8 of 8 Feb 93 "Tuberculosis (TB) Control  
Program"
- (f) BUMEDINST 6230.15 "Immunizations and Chemoprophylaxis"  
1 Nov 95

### Additional reference:

CPL 2.106 Enforcement Procedures and Scheduling Occupational  
Exposure to Tuberculosis 9 Feb 96

The TB control program is designed to protect all  
employees at medical and dental treatment facilities (MTFs  
and DTFs) who have the potential for exposure to  
tuberculosis.

### References:

### Program Element:

- |                    |                                      |
|--------------------|--------------------------------------|
| (a)                | a. Do MTFs have a policy, infection  |
| (b)                | control manual or exposure           |
| (c) Page 8-23      | control plan which includes:         |
| (e)                |                                      |
| (b)                | (1) The risk assessment plan.        |
| (c) Page 10        |                                      |
| (e) Appendix A & B |                                      |
| (a)                | (2) Identification of negative       |
| (c) Page 32        | pressure rooms, if required.         |
| (a)                | (3) Mechanism for early              |
| (c) Page 10        | recognition, diagnosis and           |
| (e)                | management of suspected TB patients? |
|                    | (4) Respiratory Protection Program?  |
| (b)                |                                      |
| (c) Page 33        |                                      |

## TUBERCULOSIS MEDICAL SURVEILLANCE

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### References:

- (b)
- (c) Page 61-65
- (e)
- (f)
  
- (a) Enclosure (d)
- (b) Page 63
  
- (c) Page 12, 14
- (e) Enclosure (2)
  
- (b)
- (c) Page 21
- (d)
  
- (d) 1101.
- (f) Sect C para 22.3

### Program Element:

- b. Is there a PPD screening program in place for all MTF/DTF employees with documentation in the medical record?
  
- c. Is the "Two Step" PPD procedure testing used when required?
  
- d. Is there a mechanism in place for follow-up of converters?
  
- e. Is training provided, documented and maintained at the facility?
  
- f. Do existing contracts state who ensures compliance with TB regulations for contract workers exposed to TB?
  - (1) Do contract personnel "check in" through OH to ensure compliance with OSHA regulations for all health care workers (HCWs)?
  
- g. Are HCWs aware of the need to prevent TB transmission in immunocompromised personnel? Does individual and group training address this increased risk?
  
- h. Are HCWs ensuring notification of local/state public health authorities per local/state policies?

## MEDICAL RECORDS

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### References:

- (a) 29 CFR 1910.20 series
- (b) SECNAVINST 5212.5C "Archiving Records to Federal Records Centers and The National Civilian Personnel Centers"
- (c) OPNAVINST 5100.23 series
- (d) NAVMED P 117, Manual of the Medical Department

Medical records contain information concerning the health status of employees. The National Personnel Records Center (NPRC) offers training workshops which can be tailored for individual agencies. Topics include retiring of OPF/EMF to CPR, Files Improvement, Records Disposition and Managing Electronic Records. For information, contact NPRC at (314) 425-5764.

### References:

### Program Element:

- |               |    |   |
|---------------|----|---|
| (a)           | a. | Is the individual employee's medical record made available only after execution of the proper documents?  |
| (c) 0803.3.b. |    |   |
| (b)           | b. | Are medical records (including asbestos records) retired per current instructions using SF Form 66-D?   |
| (d) 16-23     |    |   |
| (d)           | c. | Does the Summary of Care Form, NAVMED 6150/20 (Rev. 1-94), list appropriate occupational health (OH) programs, including enrollment and termination data? |
| (d) 16-3      | d. | Are military medical records reviewed for OH programs during check-in and verification?   |
| (d) 16-23     | e. | Do civilian employees report/detach through OH for record verification of required programs?  |
| (d)           | f. | Are appropriate OH program labels such as "Asbestos" or "Occupational Health" on the outside of the medical record?                                       |

## MEDICAL RECORDS

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**Reference:**

(d) 16-11

(d) 16-9

(d) 16-23

**Program Element:**

- g. Is the management of OH medical records integrated under one medical records administrator for the command?
- h. Are medical records adequately safeguarded?
- i. Are efforts being made to change medical records to the Four-Part Outpatient Medical Record Jacket?

## ORGANIZATION AND STAFFING

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### References:

- (a) OPNAV 5310.14D Pers 51 of 4 May 93 "Efficiency Review (ER) Process For Total Force Shore Manpower Requirements Determination Policy and Procedures"
- (b) OPNAVINST 5100.23 series
- (c) NAVMED P-3006 Financial Management Handbook

### Additional references:

Department of the Navy Office of Civilian Personnel Management  
12511.OC/610 of 30 Sep 93, "Standard Position Descriptions"

Department of the Navy 5110 ltr 5100 Ser 454C/3U594462 of  
Sep 93, "Guidance on Occupational Safety and Health  
Programs Under Downsizing and Base Closure"

Integral to the proper establishment of a comprehensive NAVOSH program is the premise that the occupational health (OH) function will be administered by Navy OH professionals. The first additional reference contains OH nurse position descriptions. This reference is included for the inspectors' use if OH nurse classification or nurse practice issues arise.

### References:

### Program Element:

- |               |   |
|---------------|---|
| (a)           | a. Has an ER been done? Is staffing based on the ER summary and recommendations?  |
| (b) Chapter 3 | b. Does OH staffing meet guidelines?<br>(1) If not, what impact does this have on program effectiveness?<br>(2) What is being done to address any problems?         |
| (c)           | c. Is the department head an active participant in budgeting for OH?  |
| (b)           | d. Are funds adequate to meet program needs?<br>(1) If not, what impact does this have on program effectiveness?<br>(2) What is being done to address any problems? |
| (b)           | e. Are non-mandated services being provided at the expense required services?   |

## HEALTH PROMOTION

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### References:

- (a) SECNAVINST 6100.5 series
- (b) OPNAVINST 6100.2 series
- (c) BUMEDINST 6110.13 series
- (d) OPNAVINST 5100.23 series

This is a multidisciplinary program. This guide assesses the role of occupational health (OH) and availability for referrals from the OH department.

### References:

### Program Element:

- |             |  |
|-------------|--|
| (c) 3.b.(2) | a. Does OH have a role in the Command Health Promotion (HP) program? |
| (c) 3.b.(2) | b. Are HP evaluations and classes available for OH referrals?        |

## ERGONOMICS

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### Reference:

(a) OPNAVINST 5100.23 series

Occupational Health's role in ergonomics is to perform medical monitoring and workplace assessments to support the command's injury prevention and cost containment programs.

### References:

### Program Element:

- |                |   |
|----------------|---|
| (a) 2306.a     | a. Are health care providers (occupational medicine physicians, physician assistants, nurse practitioners, occupational health nurses and technicians) conducting work place visits to obtain knowledge of operations and work practices? |
| (a) 2308.g.(1) | b. Does the facility monitor CTD trends using appropriate logs or records?  |
| (a) 2308.g.(2) | c. Does the facility verify low risk of light duty assignments?   |
| (a) 2308.g.(3) | d. Does the facility provide health education for personnel with a past history or current symptoms of CTD?   |
| (a) 2308.g.(4) | e. Does the facility assist line activities in the rehabilitation of CTD cases and the implementation of limited or light duty programs?  |
| (a) 2308.g.(5) | f. Does the facility assist in the development of physical requirements for positions?  |

## OCCUPATIONAL IONIZING RADIATION MEDICAL SURVEILLANCE PROGRAM

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### References:

(a) NAVMED P5055, current edition

**Radiation workers** receive preplacement, reexamination, situational, separation and termination physical examinations.

**Non-Radiation workers** such as visitors, messengers, emergency response personnel, dentists, dental technicians, nurses, explosive disposal team members, and other employees whose exposure is truly **sporadic** are not required to have a physical exam (P/E). Ref (a), Chapter 2, 2-2 (1).

### Reference:

### Program Element:

- (a)
- a. Have deficiencies from the most recent radiation safety evaluation of medical records been corrected?

**CERTIFICATION, TRAINING, AND USE OF  
NON-PHYSICIAN PROVIDERS**

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**References:**

- (a) OPNAV 6400.1A of 11 Feb 93 "Certification, training and use of IDCs"
- (b) NAVMED P-117, current edition

Independent Duty Corpsmen (IDCs) assigned to MTFs must be assigned primarily to clinical duties to maintain their skills and operational readiness.

**References:**

**Program Element:**

- |     |   |
|-----|---|
| (a) | a. Are all IDCs providing direct or indirect care supervised by a physician?  |
| (b) | b. Are physical examinations performed by non-physician providers counter-signed by a physician?                        |
| (b) | c. Are there written, current protocols for assessments performed by nurses, not requiring physician counter-signature? |

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Questions of Interest:

1. Are Occupational Health Nurses performing assessments?
2. Are there current, written protocols signed by a physician?
3. Do protocols state that physician counter-signature is not required on assessments?

APPENDIX A

**REFERENCES**

5 CFR Subpart C - Medical Examinations

29 CFR 1910

OPNAVINST 5100.23 series

Medical Surveillance Procedures Manual and Medical Matrix, current editions

SECNAVINST 5212.10A "Mandatory Retention of Insulation/Asbestos Related Records"

American Thoracic Society Standards for Spirometry, current editions

NAVMEDCOMINST 6320.3B 14 May 89 "Medical and Dental Care of Eligible Persons at Medical Treatment Facilities (MTF)

Chief, Bureau of Medicine and Surgery, 12000 Ser sb 421/041 of 21 June 1991 "Occupational Health Participation in FECA Cost Containment"

Chief, Bureau of Medicine and Surgery, 12800 52/0129 of 11 July 1990 "Commanding Officers' Guide to the Federal Employees Compensation Act Program"

U.S. Department of Labor OSHA ltr of 8 Oct 93 "Enforcement Policy and Procedures for Occupational Exposure to Tuberculosis"

Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Healthcare Facilities, 28 Oct 94, Volume 43

BUMEDINST 6224.8 of Feb 93 "Tuberculosis (TB) Control Program"

SECNAVINST 5212.5C "Archiving Records to Federal Records Centers and the National Civilian Personnel Centers"

NAVMED P117, Manual of the Medical Department

OPNAV 5310.14D pers 51 of 4 May 93 "Efficiency Review (ER)

Process for Total Force Shore Manpower Requirements Determination Policy and Procedures"

NAVMED P3006 Financial Management Handbook

SECNAVINST 6100.5 series

OPNAVINST 6100.2 series

BUMEDINST 6110.13 series

NAVMED P5055 series

OPNAV 6400.1A of 11 Feb 93 "Certification, Training and Use of IDCs

NAVMED P-117

#### **ADDITIONAL REFERENCES**

OPNAVINST 6000.1A, Management of Pregnant Servicewomen, 21 Feb 89

MCO 6260.1D, April 1993, Marine Corps Hearing Conservation Program

NIOSH Decision Logic NIOSH Publication 87-108 May 1987

Injury Compensation for Federal Employees, Pub. CA 810

20 CFR, U.S. Department of Labor, Office of Workers Compensation, April 1988

OPNAVINST 12810.1 of 26 Jan 90 "Federal Employees Compensation Act Program"

Assistant Secretary of Defense memo, 25 May 1995, Tricare Health Services Plan

BUMED ltr Ser 24B/5U240237 of 20 Dec 95

OSHA Directorate of Compliance Programs, Occupational Exposure to BBP Interpretive Quips, January 1994 edition

Navy Environmental Health Center (NAVENVIRHLTHCEN) ltr 6260 Ser 3212/2145 of 11 Mar 92 "Bloodborne Pathogens" (BBPs)

BUMED 6280.1A 21 Jan 94 "Management of Infectious Waste"

CPL 2.106 Enforcement Procedures and Scheduling Occupational

Exposure to Tuberculosis 9 Feb 96

Department of the Navy Office of Civilian Personnel Management  
12511.0C/610 of 30 Sep 93, "Standard Position Descriptions"

Department of the Navy 5110 ltr 5100 Ser 454C/3U594462 of Sep 93,  
"Guidance on Occupational Safety and Health Programs Under  
Downsizing and Base Closure"