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SECRETARY OF THE AIR FORCE**

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Aerospace Medicine

**OCCUPATIONAL AND ENVIRONMENTAL
HEALTH PROGRAM**



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This Air Force instruction (AFI) implements Air Force Policy Directive (AFPD) 48-1, *Aerospace Medical Programs*, DoD Instruction (DoDI) 6055.05, *Occupational and Environmental Health* and is consistent with AFPD 90-8, *Environment, Safety, and Occupational Health* (ESOH). It establishes procedures consistent with the guidance in AFI 91-301, *Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program*, for medical support requirements. This publication applies to all Air Force (AF) active duty personnel, civilian employees, Air Force Reserve Command (AFRC) Units and the Air National Guard (ANG). This Instruction does not apply to employees working under government contract or private contractors performing work under government contracts. Contractors are solely responsible for compliance with Occupational Safety and Health Administration (OSHA) standards and the protection of their employees unless otherwise specified in their contract. This AFI does not prohibit providing workplace sampling and survey information to contractors based on local arrangements. Send comments and suggested improvements on AF Form 847, *Recommendation for Change of Publication*, through channels, to AFMSA/SG3PB, 1500 Wilson Blvd, Arlington VA 20032-7050. Any organization may supplement This Instruction. This Instruction is consistent with Air Force Occupational Safety and Health (AFOSH) standards. This publication requires the collection and or maintenance of information protected by the Privacy Act (PA) of 1974. The authority to collect and/or maintain the records prescribed in this publication is Executive Order 12196, *Occupational Safety and Health Programs for Federal Employees*. Forms affected by the PA have an appropriate PA statement. System of records notice F044 AF SG E Medical Record System applies. This is authorized by 10 U.S.C., Chapter 55, *Medical and Dental Care*, 10 U.S.C., Sec 8013, *Power and Duties of the Secretary of the Air Force*, and Executive Order 9397 as amended by Executive Order 13478, *Amendments to*

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SUMMARY OF CHANGES

This document is substantially revised, incorporating major changes that address Limited Scope Medical Treatment Facility (LSMTF) and Medical Aid Station requirements, establish a management system approach to the Occupational and Environmental Health (OEH) Program, and clarify roles, responsibilities and applicability to deployed locations and reserve components.

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Chapter 1

INTRODUCTION

1.1. Purpose. The purpose of the AF OEH Program is to protect health while enhancing combat and operational capabilities. The program is designed to mitigate OEH-related health risks through the optimum application of Aerospace Medicine capabilities. It seeks to identify, assess and eliminate or control health hazards associated with day-to-day operations across the full life-cycle of acquisition, sustainment and support for weapons systems, munitions and other materiel systems. The OEH program is a key component of the AF ESOH program as directed in AFPD 90-8.

1.2. Overview.

1.2.1. Department of Defense (DoD) Instruction 6055.1, *Safety and Occupational Health (SOH) Program* as implemented by AFPD 91-3, *Occupational Safety and Health* and AFI 91-301, requires that every employee be provided with a work environment that is free from recognized hazards that cause or are likely to cause death, injury or illness. To ensure this objective is achieved, OEH hazards must be effectively anticipated, identified, evaluated, and controlled to enhance workforce availability and mission capability. Consistent, meaningful OEH assessment programs must be implemented to ensure exposures are adequately controlled to protect the health of DoD personnel. Commanders, civilian leaders and workplace supervisors, at each management level, are required to advocate for and demonstrate a leadership commitment to a strong OEH program, provide all personnel safe and healthy working conditions which prevent illness and injuries. An effective OEH program uses active hazard prevention and controls, and provides education and training that will enable personnel to recognize and prevent OEH-related injuries and illnesses. It is vitally important that OEH concerns and deficiencies be communicated to the acquisition community to inform new or modified systems designs, mitigate OEH risks and preclude recurrence of these issues. Finally, every Airman, which includes all civilian employees, has a responsibility to actively participate in their organization's OEH program.

1.2.2. This Instruction serves as the foundational document for the overall AF OEH Program. The specific program execution requirements are contained in supporting AF Manuals. This Instruction outlines standard procedures to effectively capture, analyze, document, and communicate information regarding OEH hazards and risks in the workplace. A workplace is defined as any environment where a potential OEH exposure may occur. A workplace may be administrative, industrial, or inclusive, to include living quarters. Operational considerations such as mission requirements and resource constraints, especially in deployed environments, may necessitate deviation from some organizational structures and processes outlined in this AFI. However, the OEH hazard identification, risk assessment and documentation process outlined in this AFI should be identical in both home station and deployed settings. This facilitates the establishment of an accurate longitudinal exposure record (LER) in accordance with Presidential Review Directive 5, *Improving the Health of Our Military, Veterans, and Their Families*. In addition, DoDI 6490.03, *Deployment Health* requires the creation and maintenance of an exposure assessment record for each DoD member's full career. More specifically, requirements outlined in this AFI relative to ESOH

Council, OEH Working Group and OEH Program planning, execution, monitoring, measuring, assessing and management review do not apply in deployed environments. This Instruction also provides guidance regarding the responsibility of AF occupational medicine to advise workers and supervisors regarding worker medical fitness to safely perform essential job functions.

1.2.3. The role of Aerospace Medicine relative to human occupational and environmental health focuses on health risk assessment (HRA) and associated health monitoring, sampling, and surveillance of actual and potential physical, chemical, biological and radiological hazards, man-made and naturally occurring, in the workplace and community environment. There are parts of the workplace and community environments that can be reasonably modified by short-term and long-term interventions to prevent or reduce human health impact and there are aspects of the natural environment that cannot. Aerospace Medicine personnel must take this under consideration when planning and executing an OEH HRA.

1.2.3.1. Examples of environmental factors suited to short- and long-term interventions are the modifiable aspects or impacts to human health of:

1.2.3.1.1. Air, water and soil impacted by biological, chemical or radiological agents.

1.2.3.1.2. Ionizing radiation, electromagnetic fields and noise.

1.2.3.1.3. Built environments, including industrial and administrative workplaces, facilities intended for community use and housing.

1.2.3.1.4. Behavior related to the availability of safe water and sanitation facilities, such as washing hands, and contaminating food with unsafe water or unclean hands.

1.2.3.2. Examples of environmental factors not well suited to reasonable interventions through the procedures established in this AFI are:

1.2.3.2.1. Social behaviors such as alcohol and tobacco consumption and diet.

1.2.3.2.2. The natural environments of vectors that cannot be reasonably modified (e.g. in rivers, lakes and wetlands).

1.2.3.2.3. Natural biological agents, such as pollen in the outdoor environment.

1.2.3.2.4. Person-to-person transmission that cannot reasonably be prevented through environmental interventions such as improving facilities, sanitary hygiene or the occupational environment.

1.3. Concepts:

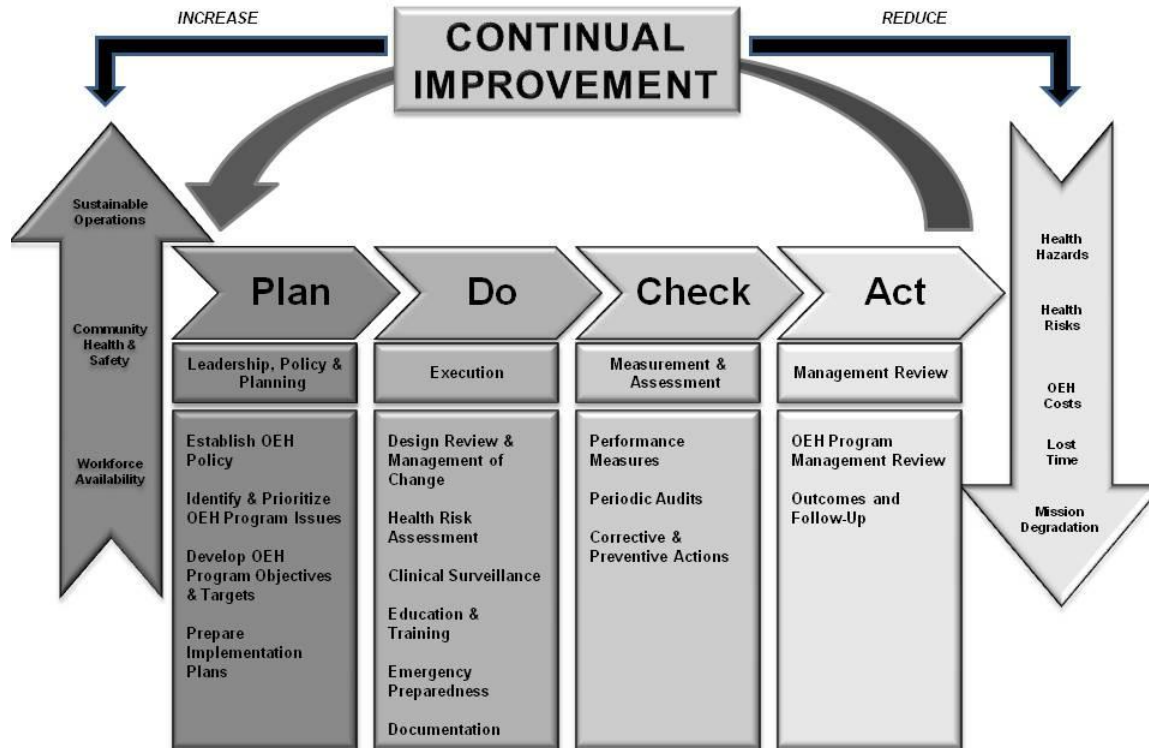
1.3.1. This Instruction prescribes the use of an AF-approved OEH Management Information System (OEH-MIS) to standardize and enhance data entry, management, and reporting. The Defense Occupational and Environmental Health Readiness System (DOEHRS) is the DoD approved OEH-MIS used to manage and archive OEH exposure data. The AF uses DOEHRS to manage longitudinal exposure recordkeeping and reporting.

1.3.2. This AFI uses a management system approach (as illustrated in **Figure 1.1.**) to ensure continual program improvement through clearly defined OEH roles and responsibilities, planning requirements, effective execution, and management review. It provides a structured framework using the plan-do-check-act (PDCA) cycle for:

1.3.2.1. Organizing and managing OEH functions and responsibilities to develop, implement and sustain required OEH capabilities.

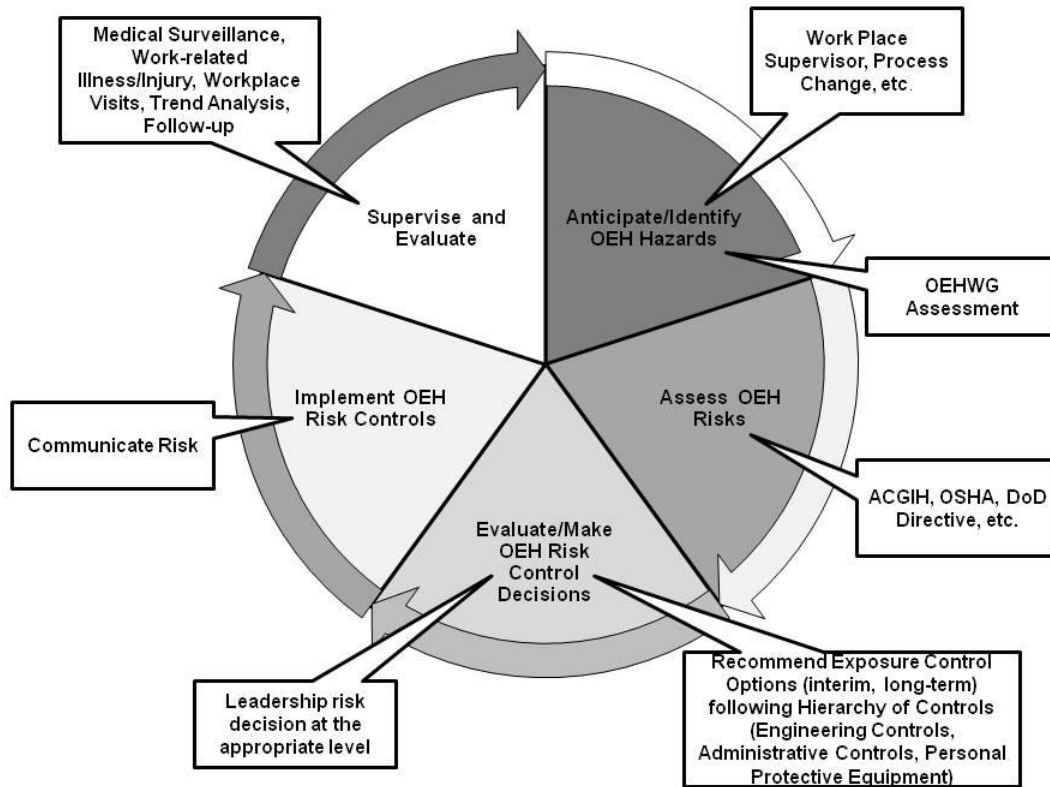
1.3.2.2. Evaluating the effectiveness of the OEH Program and determining how it affects the operational mission.

Figure 1.1. AF OEH Program Management.



1.3.3. OEH risks are communicated through the Risk Management (RM) process to engage installation leadership in OEH hazard reduction and resource prioritization. The overall OEH Program contribution to the supported organization’s RM process is depicted in Figure 1.2.

Figure 1.2. Risk Management.



1.3.4. Air Force Medical Service (AFMS) personnel play a key role in the RM process by identifying actual and potential health threats, assessing and determining significance of health risks, determining appropriate control measures, communicating health risk information and performing medical surveillance. Health risk assessment inputs augment the decision-making process by helping commanders, program managers and other decision makers to effectively apply the principles of RM outlined in DoDI 6055.05:

- 1.3.4.1. Anticipate/identify hazards,
- 1.3.4.2. Assess risks,
- 1.3.4.3. Evaluate/make risk control decisions,
- 1.3.4.4. Implement risk controls,
- 1.3.4.5. Supervise and evaluate.

Chapter 2

RESPONSIBILITIES

2.1. Assistant Secretary of the Air Force for Installations, Environment and Logistics (SAF/IE).

2.1.1. Develops policy and provides oversight of all matters pertaining to the formulation, review and execution of plans, policies, programs and budgets relative to the AF ESOH programs.

2.1.2. Serves as the Air Force Designated Agency Safety and Health Officer (DASHO) and principal AF representative on all Environment, Safety and Occupational Health (ESOH) issues with the OSD staff, federal agencies and Congress. Delegates ESOH program responsibilities, with exception of the DASHO duties, to the Deputy Assistant Secretary for Environment, Safety and Occupational Health

2.1.3. Co-chairs Headquarters Air Force (HAF) ESOH Council. Conducts senior level review of the AF OEH Program in accordance with AFI 90-801, *Environment, Safety, and Occupational Health Councils*.

2.2. Deputy Assistant Secretary for Environment, Safety, and Occupational Health (SAF/IEE).

2.2.1. As delegated by the SAF/IE, provides policy, guidance, direction and oversight of all matters pertaining to the formulation, review and execution of plans, policies, programs and budgets relative to the ESOH programs. Oversees implementation of those programs.

2.2.2. Conducts periodic program management reviews (PMRs) of the progress of the Air Force ESOH programs, at least annually. AF/SG provides the OEH PMRs no less than annually and upon request of the SAF/IEE. Reports the progress of the Air Force ESOH programs to the Deputy Undersecretary of Defense (Installations and Environment (DUSD (I&E))) through DUSD (I&E) periodic program management reviews.

2.3. Air Force Surgeon General (AF/SG).

2.3.1. Provides strategic direction and develops policy to execute the AF OEH Program.

2.3.2. Advocates for health risk assessment, surveillance and control requirements associated with health-based OEH programs through the medical and Line of the Air Force (LAF) Planning, Programming, Budgeting and Execution (PPBE) System.

2.3.3. Reports the status of the OEH program annually and on an as-requested basis to SAF/IE through a formal program management review.

2.4. Air Force Medical Support Agency (AFMSA/SG3P).

2.4.1. Assists AF/SG with developing policy to execute the OEH Program.

2.4.2. Plans, programs, and budgets for resources and provides oversight for execution of the OEH Program through the Aerospace Operations (AO) Panel. Supports OEH initiatives by validating requirements and technical needs.

2.4.3. Coordinates OEH technical expertise to acquisition program managers for the development, review, and coordination of the Programmatic Environment, Safety, and Occupational Health Evaluation (PESHE) IAW AFI 63-101, *Acquisition and Sustainment Lifecycle Management*.

2.4.4. Develops and monitors AF-level performance measures (metrics) to assess OEH Program effectiveness. Identifies metrics requiring DOEHRS data quality report development to USAFSAM to meet metrics reporting requirements.

2.4.5. Reviews OEH risk reduction opportunities and makes recommendations to assist LAF in executing effective resource prioritization.

2.4.6. Formally establishes a Functional User Group (FUG) to identify, prioritize, and support resolution of DOEHRS technical, funding and management issues.

2.4.7. Identifies and prioritizes DOEHRS technical and management issues to OSD for modification or other appropriate actions.

2.4.8. Distributes guidance and policy for use of DOEHRS in the AF.

2.4.9. Participates as member of the HAF Hazardous Material Management Process (HMMP) Team IAW AFI 32-7086, *Hazardous Materials Management*.

2.4.10. Establishes Bioenvironmental Engineering (BE) equipment standardization process and ensures consistent utilization.

2.5. Major Command Surgeon (MAJCOM/SG).

2.5.1. Establishes OEH Program medical support priorities and supplements to this AFI to execute MAJCOM mission requirements.

2.5.2. Assists AO Panel in the PPBE process by identifying and advocating for operational OEH requirements.

2.5.3. Supports OEH hazard identification, control, mitigation, or elimination considerations in the Air Force operational capability requirements development process.

2.5.4. Ensures OEH Program management performance monitoring across all bases within their command through the MAJCOM and installation ESOH Councils.

2.5.5. Disseminates information pertaining to policy and new or pending legislation within MAJCOM.

2.5.6. Coordinates with AFMSA/SG3P to identify and resolve OEH programmatic issues.

2.5.7. Assigns a supporting MTF for each Geographically Separated Unit (GSU) and Munitions Support Squadron (MUNSS) site (LSMTF, MAS, and GSU without LSMTF or MAS) within their Area of Responsibility (AOR) to assist with the OEH Program as outlined in this AFI.

2.5.8. Plans and programs for MAJCOM DOEHRS FUG representative attendance at FUG meetings.

2.5.9. Participates as member of the MAJCOM HMMP Team IAW AFI 32-7086.

2.6. Installation Commander.

2.6.1. Provides a safe and healthful workplace and community environment for all Air Force military and civilian personnel IAW DoD ESOH requirements and the AF ESOH Vision and Priorities as established in AFPD 90-8.

2.6.2. Monitors execution of the installation OEH Program through the installation ESOH Council IAW AFI 90-801.

2.6.3. Ensures non-Defense Health Program (DHP) medical requirements necessary for compliance with federal law or the needs of the AF are properly funded by the unit or organization to which the employee(s) in question belong(s). This applies only to the organizations and units that directly belong to the base. Supported GSUs and tenant organizations are responsible for supporting the non-DHP medical costs of their employees.

2.7. Installation Environment, Safety and Occupational Health Council (ESOHC). Provides senior leadership input and direction and senior management review of the installation OEH Program IAW the requirements of AFI 90-801 and this AFI.

2.8. Military Treatment Facility Commander (MTF/CC) (or local equivalent).

2.8.1. Provides OEH support to the Wing (or local equivalent) and supported units (as outlined in applicable host-tenant support agreements). Provides appropriate scope of OEH support through organic capabilities and ensures the quality of OEH program support to AF personnel through agreement with the joint base lead when in a supported relationship on a joint base.

2.8.2. Directs the installation OEH Program and ensures it is supported with adequate resources and staffing to implement the responsibilities outlined in this AFI.

2.8.2.1. Is responsible for the OEH Program at supported GSUs or MUNSS sites and ensures appropriate support is provided.

2.8.2.2. POMs for additional MTF personnel to meet the requirements to support assigned GSUs or MUNSS sites based on current manpower models and increased workload. **Note:** ANG or AFRC MTF/CC (or local equivalent) provides OEH support utilizing organic capabilities or through a host-tenant support agreement and retains overall responsibility for ensuring execution of OEH support to ANG or AFRC personnel.

2.8.3. Ensures that timely care is provided for OEH-related injuries and illnesses.

2.8.4. Assigns a physician in writing to serve as the Installation Occupational and Environmental Medicine Consultant (IOEMC) as well as the Chair, Occupational and Environmental Health Working Group (OEHWG). An occupational medicine physician (48EX) or an aerospace medicine specialist (48AX) is most appropriate; a flight surgeon or family practice physician with occupational health experience may substitute for a 48EX or 48AX.

2.8.5. Ensures the IOEMC performs the functions outlined in this AFI for supported GSUs or MUNSS sites if no flight surgeon or occupational medicine physician is assigned at the site.

2.8.6. Ensures all medical staff who examine patients are aware of illnesses and injuries that may have a correlation to an OEH exposure.

2.8.7. Ensures the IOEMC (or a designated full-time medical representative for ARC installations) attends the Federal Employee Compensation Act (FECA) Working Group, with Flight Medicine (FM), BE and Public Health (PH) support and attendance as required. Medical participation will be IAW DoD 1400.25-M, *DoD Civilian Personnel Manual*, Subchapter 810-Injury Compensation and other military and civilian lost work/duty time initiatives. **Note:** For AFRC installations, the responsibilities conferred to MTF/CC (or local equivalent) are split between the Reserve Medical Unit (RMU) Commander and the Mission Support Group Commander.

2.9. Chief of Aerospace Medicine (SGP).

2.9.1. Leads Aerospace Medicine execution of OEH Program responsibilities.

2.9.2. Provides administrative and technical oversight of the OEH Program at supported GSUs and MUNSS sites.

2.9.3. Establishes an Occupational & Environmental Health Working Group (OEHWG) under the direction of the Aerospace Medicine Council.

2.9.4. Ensures, at a minimum, representatives from FM, BE and PH participate in OEHWG meetings.

2.9.5. Ensures integration of OEHWG activities with other installation ESOH professionals, including but not limited to Safety, Civil Engineering, Fire and Emergency Services, Physical Therapy, and the Injury Compensation Program Administrator.

2.9.6. Ensures the OEHWG performs all required functions for workplaces at supported GSUs and MUNSS sites.

2.9.7. Ensures Medical Surveillance Examination (MSE) scheduling, administration, reporting, and follow up are accomplished IAW paragraph 4.4.

2.9.8. Ensures workers who require MSEs receive the appropriate exam.

2.9.8.1. Effectively partners with unit commanders (or designees) to ensure MSEs are accomplished before they become overdue.

2.9.8.2. Regularly communicates MSE compliance rates to medical and line commanders through the local ESOH Council.

2.9.9. Ensures prompt medical support and consultation is provided to the Injury Compensation Program Administrator (ICPA) or to the ANG Injury Compensation Specialist and Human Resources Office (HRO), as requested.

2.9.10. Works with supervisors, individuals and the ICPA to expedite return-to-work and reduce worker compensation costs for injured employees at supported GSUs and MUNSS sites.

2.10. Flight Medicine Flight Commander (or local equivalent).

2.10.1. Ensures FM participates in the OEHWG.

2.10.2. Supports the installation OEH Program through consultation and workplace visits. Category I Similar Exposure Group (SEG) work areas require a physician visit annually. A written report for each visit is attached to the OEHWG minutes and a copy sent to the

supervisor of the employees in the SEG NLT 60 days following the visit. Significant findings are communicated to BE and PH or Base Safety as soon as possible, but NLT 2 work days following discovery. BE and PH are notified of issues involving potential hazardous exposures (e.g. inadequate ventilation, noise control, no Material Safety Data Sheets available at workplaces, etc.). Base Safety is notified for safety specific issues (e.g. fall hazards, faulty eye wash station, etc.). When possible, worksite visits should be coordinated with BE and PH. **Note:** For co-located AFRC installations, a minimum of one flight surgeon visit to a Category I work area with appropriate written report is required for Readiness Skills Verification (RSV). Flight surgeons at stand alone AFRC installations will visit Category I work areas annually, preferably with BE and PH.

2.10.3. Ensures MSEs are conducted based upon recommendations from the OEHWG as ultimately determined by the IOEMC, unless there is an Occupational Medicine flight in the MTF. If there is an Occupational Medicine flight, its flight commander is responsible for ensuring this takes place (e.g., Air Logistics Centers).

2.10.4. Provides MSEs for MAS personnel and GSUs without assigned medical personnel as well as LSMTFs without credentialed providers. Ensures a flight surgeon or occupational health physician reviews all MSEs performed at supported LSMTF if no flight surgeon or occupational health physician is assigned to the LSMTF.

2.11. Bioenvironmental Engineering Flight Commander (or local equivalent).

2.11.1. Assists commanders and supervisors with integrating OEH input into RM-based decision processes.

2.11.2. Ensures OEH risk assessments are accomplished.

2.11.2.1. Reviews new processes or operations at the earliest feasible stage to prevent or control potential OEH hazards.

2.11.2.2. Investigates proposed changes to existing processes or operations, including equipment and facilities (through the AF Form 332, *Base Civil Engineer Work Request* process) for potential OEH hazards.

2.11.2.3. Assigns risk-level categorization to each workplace IAW [Table 4.1](#) and provides a complete list to the OEHWG (SGP for deployed locations) for review. Ensures personnel associated with identified workplaces are assigned to an appropriate Similar Exposure Group (SEG).

2.11.2.4. Recommends, evaluates and determines adequacy of OEH hazard controls to include administrative, engineering controls and the appropriate use of Personal Protective Equipment when all else fails to mitigate the hazard.

2.11.2.5. Evaluates risk related to environmental health issues that could result in adverse health outcomes (e.g., poor indoor air quality in a dormitory).

2.11.2.6. Provides health risk assessment technical review and support for plans and activities related to cleanup of sites contaminated with toxic and hazardous substances, low-level radioactive materials and other pollutants when it has been determined that a potential threat to AF worker and community health exists.

2.11.2.6.1. Reviews health risk assessment data and sampling strategies for quality and appropriateness.

2.11.2.6.2. Reviews site health and safety plans.

2.11.2.7. Effectively communicates health risks to the organizational leadership, the affected individual and members of a related SEG.

2.11.2.8. When supporting an LSMTF or MAS with no BE officer assigned, provides technical oversight for all OEH risk assessments at the GSUs or MUNSS sites. The level of involvement may range from simple oversight to performing the OEH assessments based on the technical expertise of the LSMTF or MAS personnel.

2.11.3. Executes Occupational & Environmental Health Site Assessment (OEHSAs) for area of responsibility (AOR) IAW AFMAN 48-154, *Occupational and Environmental Health Site Assessment*.

2.11.3.1. Accomplishes and maintains proficiency to accomplish the full spectrum of exposure pathway assessments/sampling necessary for OEHSAs.

2.11.3.2. Identifies sectors and populations at risk (PARs) to OEH hazards.

2.11.3.3. Annually presents the AOR consolidated conceptual site model (CSM) to the OEHWG and discusses updated surveillance activities in relation to the exposure pathways.

2.11.4. Provides incident response IAW AFI 10-2501, *Emergency Management Program*

2.11.5. Ensures DOEHS is used to manage OEH exposure and incident response data (includes archiving of deployment-related OEH exposure data as required by DoDI 6490.03).

2.11.6. Completes deployment-specific OEH exposure documentation IAW Air Component Commander SG policy.

2.11.7. Assesses and documents OEH exposures in Air Force Safety Automated System (AFSAS) for potential OEH-related illnesses identified by PH.

2.11.8. Provides consultation and technical expertise to work areas/workplaces on potential OEH hazards, training and regulatory requirements when applicable.

2.11.9. Serves as member of the OEHWG, providing consultation on OEH exposures and workplace-specific Occupational and Environmental Health Exposure Data (OEHEd) to the OEHWG. Provides a concise summary OEHEd document to the OEHWG for each SEG reviewed.

2.11.10. Serves as OEH Program liaison to appropriate regulatory authorities, e.g., OSHA, as required.

2.11.11. Participates as member of the installation HMMP Team IAW AFI 32-7086.

2.12. Public Health Flight Commander (or local equivalent).

2.12.1. Serves as member of the OEHWG, providing consultation on recommended OEH MSEs, OEH training requirements, risk communication, and OEH surveillance.

2.12.1.1. Conducts OEH surveillance and provides epidemiological analysis to the OEHWG to include as a minimum, a description of trends in OEH-related illnesses (to

include audiogram significant/permanent threshold shifts) and abnormal medical surveillance examination results (based on a records review). Analysis may also include trends in exposure incidents, injuries, clinic visits by type/AFSC/workplace, adverse pregnancy outcomes, etc. as deemed necessary and appropriate by the OEHWG.

2.12.1.2. Conducts workplace/SEG visits for workplaces requiring investigation or supervisor/worker education based on adverse epidemiological findings and adverse health events. For example, workplaces with a higher than expected number or proportion of workers with significant/permanent threshold shifts (STS/PTS) should receive a visit from PH. In addition, on an annual basis, PH will conduct routine shop visits to 100% of priority 1 workplaces (as defined by BE). When possible, the routine PH shop visit will be done in conjunction with the workplace closing conference conducted by BE. The PH shop visit schedule will be approved by the OEHWG chair and PH shop visit participation will be documented in the OEHWG meeting minutes.

2.12.2. Manages the Occupational and Environmental Health Illness Program (see paragraph 4.4.6. for detailed program elements).

2.12.2.1. Ensures all occupational and environmental illnesses reported to PH are investigated in a timely manner and documented in the Air Force Safety Automated System (AFSAS). PH will monitor and track occupational illness investigations until completion. After the provider makes the final determination on the illness report, and prior to closing an investigation, PH will review each illness record to ensure internal (within individual report) and external (compared with other similar illness reports) consistency and that quality supporting data have been captured and documented.

2.12.2.2. Provides OEH-related illness data to installation's ESOHC, FECA Working Group and any other appropriate venue, which address workers compensation issues.

2.12.2.3. Ensures all appropriate information is available as needed for workers' compensation cases.

2.12.3. Manages the Installation Fetal Protection Program

2.12.3.1. Interviews all pregnant female workers (military and civilian) assigned to the base (upon notification of pregnancy by worker, supervisor, laboratory, or military health care provider (HCP)).

2.12.3.2. Consults with BE, the military HCP managing the pregnancy, and the IOEMC on potential OEH threats, records health risks, documents and distributes recommended preventive actions on the AF Form 469, *Duty Limiting Condition Report* IAW AFI 44-102, *Medical Care Management* and AFI 10-203, *Duty Limiting Conditions*.

2.12.4. In conjunction with BE, acts as a consultant to workplace supervisors for OEH training. In coordination with BE, reviews and makes available training materials to workplace supervisors. PH will proactively offer training assistance (materials, consultation) to non-MTF workplaces with bloodborne pathogen hazards.

2.12.5. Provides administrative oversight of MSE program as directed by the IOEMC

2.12.5.1. Identifies appropriate MSEs triggered by regulatory authority and risk assessment activity based on OEHEd.

2.12.5.2. Produces an updated Clinical Occupational Health Exam Requirements (COHER) form (formerly AF Form 2766) using the Preventive Health Assessment and Individual Medical Readiness (PIMR) application. The document is subject to modification and final approval by the IOEMC.

2.12.5.3. Works with supervisors, designated unit representatives or individual employees to maintain current SEG/workplace rosters and schedule appointments. SEG/workplace rosters will be updated at a minimum of every 6 months.

2.12.5.4. Provide updated copies of the COHER and OEHD to the physician completing the MSE. If PH completes the MSE (e.g., annual audiogram only), PH will file the COHER and OEHD in the patient's hard copy medical record (or upload to the electronic medical record if resources allow) at the time of the patient's MSE.

2.12.5.5. Coordinates with supervisors to maximize MSE completion rates and to minimize impact on mission where possible.

2.12.5.6. Tracks MSE completion rates and maintains records of show/cancellation rates and reports this information to the OEHWG.

2.12.5.7. Provides unit commanders and unit health monitors access to their unit personnel OEHME status and compliance via the web link to Web Aeromedical Services Information Management System.

2.12.5.8. Reports currency rates for all units with personnel on the MSE program to the Aerospace medicine Council (AMC) and at the installation ESOHC IAW AFI 48-101, *Aerospace Medicine Operations*.

2.12.6. Acts as MTF or ARC medical unit liaison to local/community health department.

2.12.7. When supporting an LSMTF or MAS with no PH officer assigned, oversees the OEH epidemiology and FHM aspects of the OEH Program at the GSUs or MUNSS sites. The level of involvement may range from simple oversight to performing the functions based on the technical expertise of the LSMTF or MAS personnel.

2.13. Installation Occupational and Environmental Medicine Consultant (IOEMC).

2.13.1. Appointed by the Medical Group Commander and serves as Chair and approval authority for the OEHWG-recommended clinical MSE requirements, including pregnancy profiles IAW AFI 44-102 (this can be delegated to any flight surgeon as needed).

2.13.2. Provides medical oversight for the OEH program and ensures medically appropriate risk assessment and medical surveillance activities are conducted. Reviews reported and suspected OEH-related illnesses or injuries and provides necessary feedback to BE, PH, FM and ICPA as required.

2.13.3. Ensures the installation ESOHC receives an annual (or more frequently as directed) OEH Program review that at a minimum includes adverse trends and MSE completion rates.

2.13.4. Determines work relatedness of suspected occupational and environmental illnesses in consultation with the worker, supervisor, BE, PH, FM/OM, Primary Care Manager (PCM) and other appropriate agencies using guidelines in National Institute for Occupational Safety and Health (NIOSH) publication 79-116, *A Guide to the Work-Relatedness of Disease*, or

most current edition. Provider will document his/her comments and work relatedness determination in AFSAS.

2.13.5. Reviews all pregnancy AF Form 469s (military members) and other pregnancy-related correspondence (for federal civilian employees) to ensure that recommendations made adequately protect the worker and fetus from work place exposures and that work restrictions, based on medical condition and exposure, are consistently applied. Specific guidance is outlined in AFI 10-203 and AFI 44-102.

2.13.6. Recommends occupational illness and injury claims submissions to the Department of Labor based on work relatedness and to the Social Security Administration regarding Disability Retirement applications. (Garrison Only) At ANG installations, the FECA working group will make recommendations for submission to the Department of Labor.

2.13.6.1. Represents the MTF or ARC medical unit at the installation's workers compensation working group, the Installation ESOHC Council and or other AF forum where OEH illness data are discussed and used to approve or disapprove compensation.

2.13.6.2. Leads medical participation in multi-disciplinary forums to reduce military and civilian lost workdays and injury rates.

2.13.7. Periodically briefs professional staff on occupational illness and injury trends and related issues (e.g., recognition, prevention, care and reporting).

2.13.8. Reviews and approves occupational "Fitness for Duty" determination examinations.

2.14. Installation Occupational and Environmental Health Working Group.

2.14.1. Includes BE, PH, FM/OEM, and SE representatives as principal members and ensures workplace supervisors are invited to attend when their workplace MSE requirements are under review.

2.14.2. Reviews workplace categorization and consolidated CSM prioritization provided by the BE Flight Commander or equivalent and makes recommendations for changes.

2.14.3. Recommends MSE requirements to the IOEMC; documents determinations in the OEHWG minutes.

2.14.4. Implements procedures to investigate and report suspected OEH-related illness or injury.

2.14.5. Ensures all OEH-related training requirements are identified and communicated to workplace supervisors.

2.14.6. Tracks AF-level, MAJCOM-level and installation-specific OEH performance measures to assess the effectiveness of the installation OEH Program.

2.14.7. IAW AFI 90-801, paragraph 5.3.7, assists the Installation ESOHC with identifying and prioritizing requirements to optimize mission performance and minimize ESOH risk and cost.

2.14.8. Provides for a collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an ill/injured worker's health needs through communication and coordination of care to minimize delays in diagnosis, treatment, and return-to-work.

2.15. Limited Scope Medical Treatment Facility Officer in Charge (OIC).

- 2.15.1. Ensures that LSMTF staff provides OEH support as defined in this AFI to the extent possible within the scope of training, manpower and equipment available.
- 2.15.2. Coordinates with the supporting MTF/SGP for OEH Program support as needed to fulfill the requirements of this AFI.
- 2.15.3. Ensures credentialed LSMTF providers perform MSEs based on recommendations from the supporting MTF OEHWG. Credentialed providers at a LSMTF will have the same scope of responsibility as providers at the supporting MTF to include the appropriate evaluation, clinical management, referral and profile disposition for their patients.
- 2.15.4. Ensures scheduling of MSE and any required follow-up exams and reporting of findings and trends to the supporting MTF PH office.
- 2.15.5. Ensures the PH office at the supporting MTF is informed promptly about each job-related illness or injury.
- 2.15.6. Ensures timely notification is provided to the supporting MTF PH office for all employees who become pregnant.
- 2.15.7. Ensures LSMTF providers participate in occupational illness investigations and fitness for duty evaluations as managed by the supporting MTF IOEMC.
- 2.15.8. Ensures LSMTF credentialed providers participate in the supporting MTF OEHWG. This may be via video-teleconference or telephone.

2.16. Geographically Separated Unit Commander or Delegate (Medical Aid Station).

- 2.16.1. Ensures that MAS staff provides OEH support as defined in this AFI to the extent possible within the scope of training, manpower and equipment available.
- 2.16.2. Coordinates with the supporting MTF/SGP for OEH Program support as needed to fulfill the requirements of this AFI.
- 2.16.3. Ensures compliance and facilitates scheduling of MSE and required follow-up exams and reporting of findings and trends to the PH office at the supporting MTF.
- 2.16.4. Ensures the PH office at the supporting MTF is informed promptly about each job-related illness or injury.
- 2.16.5. Ensures timely notification is provided to the supporting MTF PH office for all employees who become pregnant.
- 2.16.6. Facilitates workplace supervisor communications with the credentialed providers from the supporting MTF as needed.
- 2.16.7. Ensures medical staff participates in occupational illness investigations and fitness for duty evaluations as managed by the supporting MTF IOEMC.

2.17. DOEHRS Functional User Group.

- 2.17.1. Assists AFMSA/SG3PB with identifying, prioritizing, and resolving DOEHRS technical, funding, and management issues. The DOEHRS FUG Chair will define its purpose, responsibilities and membership through a written charter, which is approved by AFMSA/SG3PB.

2.17.2. Participates in the DOEHRS development process to include evaluating and testing system changes.

2.17.3. Identifies and recommends potential user changes and enhancements to AFMSA/SG3PB to improve DOEHRS functionality.

2.18. USAF School of Aerospace Medicine Occupational and Environmental Health (USAFSAM/OEH).

2.18.1. Provides specialized, technical consultation to assist in assessing and managing installation OEH Programs.

2.18.2. Performs and/or assists with on-site evaluations, sampling, analysis, health risk assessment and mitigation to support DoD, AF, MAJCOM and installation OEH programs, as requested. Develops and maintains processes to validate and prioritize requests and submits to AFMC/SG3PB and AFMSA/SG3P for review and approval annually.

2.18.3. Identifies OEH risk reduction opportunities with AF-wide significance and evaluates costs/benefits.

2.18.4. Analyzes AF-wide, MAJCOM and installation OEH data (garrison and deployed locations) to identify significant trends, answer questions/requests and provide annual summary analyses (exposure and outcome based) to the AF/SG, Combatant Command Air Component, MAJCOM and MTF or ARC medical unit staff.

2.18.5. Recommends AF-level OEH Program metrics to AFMSA/SG3PB.

2.18.6. Serves as the AF DOEHRS service-level administrator.

2.18.7. Develops and maintains standard data sets (pick lists) and tables identified by AFMSA/SG3PB for use in the DOEHRS.

2.18.8. Develops and maintains ad hoc reports identified by AFMSA/SG3PB for use with the DOEHRS.

2.18.9. Fields, responds to and tracks questions and user-identified issues with the DOEHRS and ad hoc reports and provides monthly reports to AFMSA/SG3PB.

2.18.10. Develops and maintains DOEHRS user guidance as requested by AFMSA/SG3PB.

2.18.11. Maintains a master OEH exposure data repository through the DOEHRS.

2.18.12. Participates in the DOEHRS FUG and plans and programs for FUG representative attendance at FUG meetings.

2.18.13. Provides standardized recommendations for medical examinations based on exposures most commonly observed among given Air Force Specialty Codes (AFSCs).

2.18.14. Provides technical consultative support to SAF/IE on OSD Emerging Contaminants Working group IAW DODI 4715.18, *Emerging Contaminants*.

2.19. USAF School of Aerospace Medicine Force Development (USAFSAM/OED).

2.19.1. Provides AFSC-awarding and advanced OEH Program training to members of Aerospace Medicine, including appropriate DOEHRS training.

2.19.2. Ensures all aspects of OEH training are integrated with DOEHRS data entry and information management training for Aerospace Medicine personnel.

2.19.3. Participates in the DOEHRS FUG and plans and programs for FUG representative attendance at FUG meetings.

2.20. 882d Training Group (Sheppard AFB, TX). Ensures clinical staff is familiar with OEH Program requirements/processes.

2.21. Wing/Base Ground Safety. Documents and reports OSHA Reportable occupational illnesses and injuries on the OSHA Form 300, *Reportable Injury/Illness Log*, or electronic equivalent. (Garrison Only)

2.22. Injury Compensation Program Administrator (ICPA).

2.22.1. Performs workers compensation duties IAW DoDI 1400.25-V810 to expedite return-to-work and reduce compensation costs. At ANG installations, this responsibility lies within the State Human Resources Office (HRO).

2.22.2. Shares appropriate workers compensation data with Ground Safety and OEH POCs to ensure prevention and reduction of lost workdays.

2.23. Base Civil Engineer (BCE).

2.23.1. Establishes and maintains processes to ensure design and construction lead personnel involve BE and PH in all design review stages (conceptual, intermediate and final), pre-construction meetings, pre-final and final inspections to identify and address potential OEH concerns related to new construction and facility modification projects.

2.23.2. Provides BE access to drawings, specifications and contractor submittals related to any real property systems that either produce or are designed to control or reduce OEH hazards (e.g. industrial paint corrosion control booths (blasting and painting), industrial ventilation systems, HVAC systems, noise control devices, etc.).

2.24. Chief of the Installation Contracting Office.

2.24.1. Includes installation-specific OEH program requirements into contracts that have potential health impact to installation personnel in order to comply with all statutes, regulations and instructions for managing OEH hazards. Any contract requiring inclusion of Federal Acquisition Regulation (FAR) Part 23, *Environment, Energy and Water Efficiency, Renewable Energy Technologies, Occupational Safety, and Drug-Free Workplaces* contract clauses, specifically those required by the following subparts, shall be considered as having potential health impact to installation personnel:

2.24.1.1. Subpart 23.3, *Hazardous Material Identification and Material Safety Data*;

2.24.1.2. Subpart 23.6, *Notice of Radioactive Material*;

2.24.1.3. Subpart 23.9, *Contractor Compliance with Toxic Chemical Release Reporting*; and

2.24.1.4. Subpart 23.10, *Federal Compliance with Right-to-Know Laws and Pollution Prevention Requirements*.

2.24.2. Provides all design reviews and work order requests with potential OEH impact to installation personnel to the installation Bioenvironmental Engineer (or equivalent) for review and approval prior to allowing work to commence on a contract.

2.25. Unit/Organizational Commander.

2.25.1. Provides workers a safe and healthy work environment that complies with all OEH program requirements.

2.25.2. Supports installation and organizational level objectives and targets.

2.25.3. Implements corrective actions for identified OEH discrepancies.

2.25.4. Ensures employees report for all scheduled MSEs.

2.25.5. Appoints a Unit Health Monitor (UHM) to support coordination of MSE requirements.

2.25.6. Arranges funding to support non-DHP medical assessments when required by federal law or to meet the needs of the USAF.

2.25.7. Ensures unit personnel are trained on applicable components of the OEH program as described in section 4.5 of this AFI.

2.26. Unit Health Monitor. Notifies unit personnel of due/overdue MSE requirements and monitors MSE status in coordination with unit CCs, workplace supervisors and PH.

2.27. Workplace Supervisor.

2.27.1. Ensures all OEH hazards are abated to the maximum extent possible and that all Airmen comply with OEH requirements.

2.27.2. Ensures required OEH hazard controls are implemented and functioning correctly, and personal protective equipment is available and used correctly in the workplace; instructs personnel on care/hygiene of their personal protective equipment.

2.27.3. Ensures workplace compliance with applicable OEH regulatory and policy requirements.

2.27.4. Informs BE, PH and/or preventive medicine personnel (as applicable in deployed locations) of changes to workplace equipment or practices and procedures that may impact exposure to OEH hazards.

2.27.5. Conducts workplace-specific OEH hazard training, per regulatory or policy requirements; documents training in accordance with AFI 91-301.

2.27.6. Consults with appropriate subject matter experts to ensure OEH hazard training meets or exceeds minimum requirements

2.27.7. Ensures that pre- and post-placement health requirements are completed before placing the individual to work and when the employee terminates work activities.

2.27.8. Notifies PH of members separating or retiring so that appropriate termination examinations can be completed.

2.27.9. Ensures personnel requiring MSEs attend scheduled medical appointments.

2.27.10. Makes every effort to either attend in person or have a knowledgeable representative attend the OEHWG review of their workplace MSE requirements when invited to participate.

2.27.11. Maintains accurate rosters of personnel assigned to the workplace; provides complete roster updates to OEH personnel at least every 6 months and upon request (see paragraph 2.12.5.3). Ensures personnel movement between workplaces is updated in MILPDS and civilian personnel systems and notifies OEH personnel of any newly assigned or separating/retiring personnel.

2.27.12. Ensures PH, BE (or preventive medicine personnel as applicable when deployed) and ICPA are informed promptly about each job-related illness and pregnancy (if notified by worker).

2.27.13. Supports the OEH hazard identification and risk assessment process by ensuring active engagement of personnel with OEH professionals evaluating the workplace.

2.28. Employee.

2.28.1. Understands OEH aspects of work performed and complies with all OEH risk mitigation strategies and program requirements, including training, work practices and the proper use, maintenance and storage of personal protective equipment.

2.28.2. Reports on time for scheduled MSE appointments.

2.28.3. Reports changes that may impact exposure to OEH hazards to the appropriate supervisor; actively participates in workplace health hazard identification and health risk assessments, to include wearing sampling/monitoring equipment.

2.28.4. Reports to supervisors and medical authority any occupationally related exposures or health conditions, and seeks medical care as required.

2.28.5. Notifies supervisor and reports to PH upon learning of pregnancy.

Chapter 3

PLANNING

3.1. Overview. The planning process identifies and prioritizes OEH program issues (hazards, risks, program deficiencies and opportunities for improvement) to establish objectives, identify risk reduction opportunities and ensure OEH program improvement.

3.2. Planning.

3.2.1. HAF.

3.2.1.1. AF/SG3P establishes/communicates OEH Program priorities to MAJCOM/SG, including specific objectives and targets. HAF develops procedures for establishing and/or reviewing legal and other requirements, objectives and targets, communications and data gathering, assessments, management review and reporting.

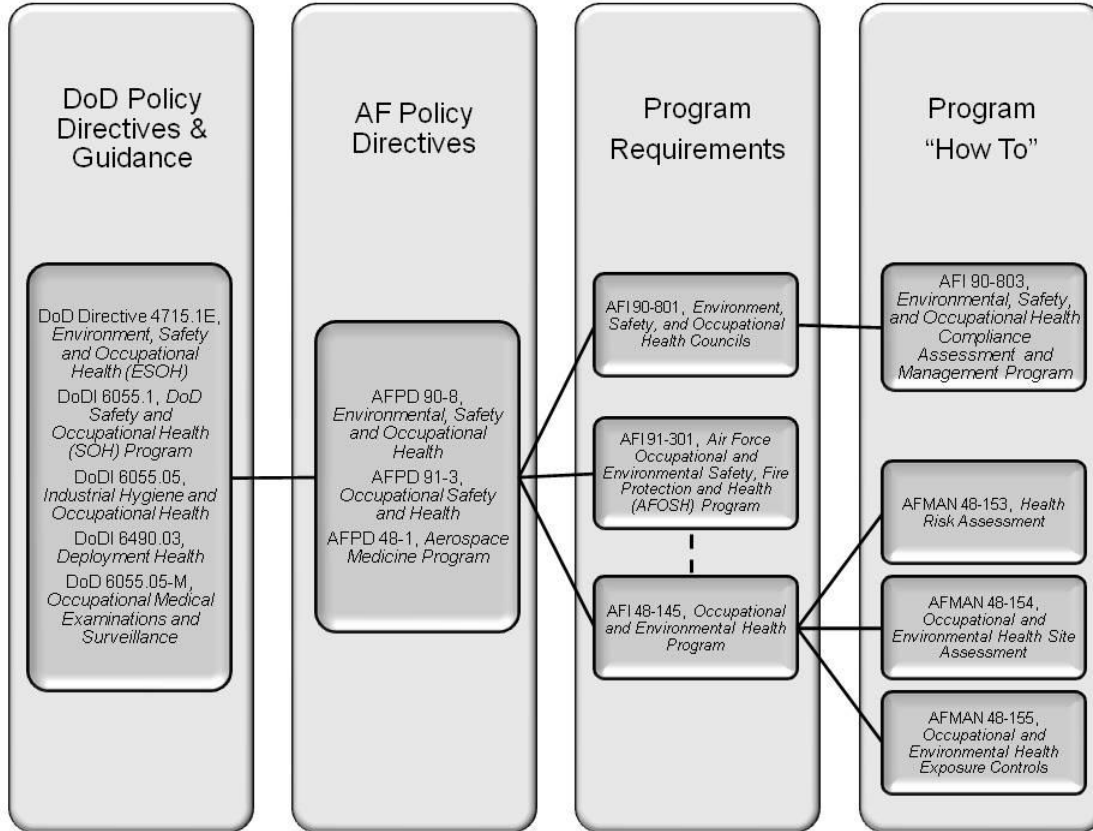
3.2.1.2. HAF ESOHC co-chairs review and approve OEH Program priorities, objectives and targets annually.

3.2.2. MAJCOM. MAJCOM/SG communicates OEH Program priorities, objectives and targets to installation OEH staff (FM, BE and PH). MAJCOM/SG may establish specific OEH Program objectives/targets as necessary/appropriate.

3.2.3. Installation. OEH SMEs incorporate HAF priorities, targets and objectives into the installation OEH program. Installations may establish installation-specific objectives/targets if necessary/appropriate. The Installation Commander, as the ESOHC Chair, reviews and approves installation-specific OEH Program priorities, objectives and targets annually.

3.3. OEH Program Policy. AF OEH Program policy articulates senior leadership's vision for the OEH Program. AF OEH policy and guidance is prepared, documented and published through the AF information management process as outlined in AFI 33-360, *Publications and Forms Management*. OEH policy and guidance consists of both directive and non-directive documents issued at all levels of organization and incorporated into the 10-, 32-, 40-, 48-, 90- and 91-series of publications, reflecting the cross-functional elements of the OEH Program. The most critical elements of the AF OEH Program are contained in 90-series and 48-series publications, as illustrated in Figure 3.1. These documents are supported by AFIs, AFMANs, AFPAMs and other policy instruments as needed to establish and maintain all the key compliance, risk reduction and continual improvement elements of the OEH Program. MAJCOM and installation-level supplements to these documents may be published as needed to address organization-specific aspects.

Figure 3.1. AF OEH Program Policy Structure.



Chapter 4

EXECUTION

4.1. Purpose. Feedback from OEH program execution is used in the planning process to improve development of future OEH Program objectives and targets.

4.2. Design Review and Change Management. Effective design review and change management prevents OEH-related injuries\illnesses by identifying hazards and associated risks before they are introduced into the workplace or community environment.

4.2.1. BE, with assistance from other Aerospace Medicine functional experts, will accomplish OEH design review, including, but not limited to, the following activities: design, construction, operation, maintenance and decommissioning.

4.2.2. Design review includes a prospective Health Risk Assessment (HRA) accomplished IAW this AFI and AFMAN 48-153, *Health Risk Assessment*.

4.2.3. Design review will account for all federal, state, local and host nation OEH requirements and guidance as well as those unique to the DoD and AF (e.g. Whole Building Design Guidance (WBDG), Unified Facility Criteria (UFC), Engineering Technical Letters (ETLs), etc.).

4.2.4. The following conditions will necessitate a design review or change management process:

4.2.4.1. New or modified equipment and/or facilities.

4.2.4.2. New or revised procedures, work practices, design specifications or standards.

4.2.4.3. Material changes (e.g. industrial chemicals). Hazardous material will be managed through the installation Hazardous Material Management Program Team (HMMPT) IAW AFI 32-7086.

4.2.4.4. Significant changes to workplace organizational structure and staffing, including the use of contractors. Contract operations may not impact adjacent Air Force employees and vice versa. OEH support will not be extended to contractor employees or their activities; that is a responsibility of the contractor's management.

4.2.4.5. Modification of OEH hazard control measures (e.g. engineering controls and Personal Protective Equipment (PPE)).

4.2.4.6. New or revised OEH standards or regulations.

4.3. OEH Process Assessment.

4.3.1. Purpose. OEH process assessment enhances overall mission effectiveness by protecting AF personnel from OEH hazards/risks. Process assessment provides a framework to:

4.3.1.1. Integrate AF OEH Program objectives with AFMS desired effects and capabilities.

4.3.1.2. Effectively employ the DoD Industrial Hygiene Exposure Assessment Model to prioritize assessment efforts on operations/activities posing the greatest OEH risk.

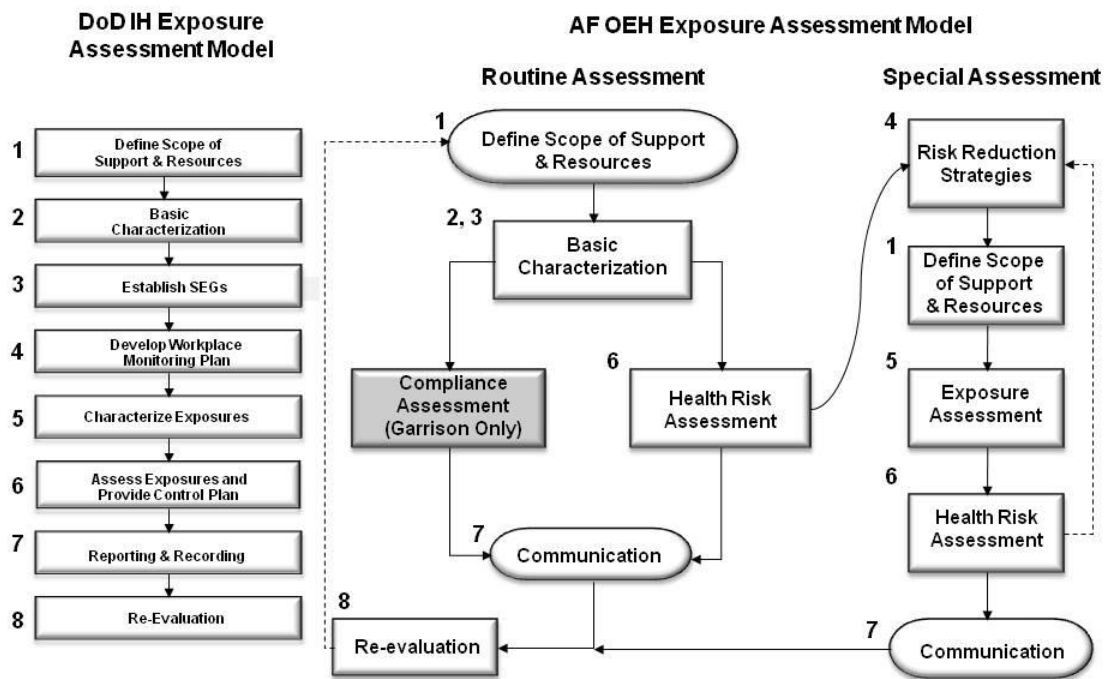
4.3.1.3. Evaluate the effectiveness of control options designed to minimize OEH-related exposure.

4.3.1.4. Accurately document OEH exposure(s) to ensure an accurate Longitudinal Exposure Record (LER) for all AF personnel.

4.3.1.5. Ensure commanders comply with applicable federal, state or host-nation, and local regulations, standards and requirements, as applicable.

4.3.2. Process Description. The AF implementation of the DoD Industrial Hygiene Exposure Assessment Model is illustrated in Figure 4.1. The DoD model consists of eight major elements, all of which are incorporated into the AF OEH Exposure Assessment Model. Implementation is organized into two basic courses of action: Routine and Special Assessment.

Figure 4.1. Air Force OEH Exposure Assessment Model.



4.3.3. Routine Assessment.

4.3.3.1. The routine assessment is a qualitative and/or quantitative assessment conducted to identify and scope the processes employed/activities encountered when executing the unit's mission. The potential health hazards and associated risks should be scoped to the extent that the workplace can be categorized, exposure pathways recognized and

additional health risk assessment requirements identified. The information collected during routine assessment is used to focus limited resources in a prioritized manner. Routine assessments are designed to be short-duration, and identify/prioritize the need for more in-depth (special) assessment. During routine assessment, BE will identify: new workplace processes or environmental exposure pathways; potential OEH risks; data required to characterize these risks; additional evaluations needed to obtain required data; existing hazard controls; and compliance with OEH Program and regulatory requirements. Information obtained from the health risk assessment is then conveyed to the appropriate organization for information/action. The principle purpose is to:

4.3.3.1.1. Identify OEH support requirements;

4.3.3.1.2. Identify potential OEH hazards related to processes/activities; and

4.3.3.1.3. Assign a qualitative risk to each hazard. (Use confidence in exposure characterization and controls for workplace exposures; use RM for exposure pathways due to environmental activities.)

4.3.3.1.4. Identify any health hazard or exposure that may require a design change or modification to an existing weapons system to eliminate/mitigate the hazard.

4.3.3.2. Compliance assessment activities performed within routine assessment may facilitate Environmental, Safety and Occupational Health Compliance Assessment and Management Program (ESOHCAMP) completion and credit for OHCAMP requirements may be taken if routine assessments meet the requirements of AFI90-803, *Environmental, Safety and Occupational Health Compliance Assessment and Management Program*.

4.3.4. Special Assessment. A special assessment is typically a quantitative assessment that focuses resources on OEH-related hazards that require additional evaluation or classification. During this assessment, BE further characterizes health risk through specific additional monitoring. The results of additional monitoring are interpreted by comparison with applicable health-based exposure standards. Information obtained from the health risk assessment is then conveyed to the appropriate organization for information/action. The principle purpose is to:

4.3.4.1. Quantify potential exposures identified during routine assessment;

4.3.4.2. Perform periodic control evaluations, e.g., ventilation surveys, to maintain confidence in the effectiveness of established controls;

4.3.4.3. Evaluate unscheduled requests, e.g., pregnancy evaluations, OEH illness/injury investigations, etc;

4.3.4.4. Provide follow-up action on recommendations or direction from the OEHWG;

4.3.4.5. Sustain compliance with regulatory requirements;

4.3.4.6. Provide commander and affected individuals with a summary of the outcome of the assessment, plans for additional evaluations and recommended actions to reduce hazard/risk to acceptable levels.

4.3.5. OEH Process Assessment Steps. The paragraphs below list the major steps necessary to accomplish routine and special assessments.

4.3.5.1. Define Scope of Support and Resources.

- 4.3.5.1.1. Identify organizations (industrial shop, environmental sector, etc.) that require support.
- 4.3.5.1.2. Capture organization demographics.
- 4.3.5.1.3. Receive unscheduled requests for surveys.
- 4.3.5.1.4. Program and budget.
- 4.3.5.1.5. Schedule and suspense.

4.3.5.2. Basic Characterization.

- 4.3.5.2.1. Review previously collected data, including a quality assessment of the data.
- 4.3.5.2.2. Identify applicable processes.
- 4.3.5.2.3. Associate actual/potential OEH hazards with processes.
- 4.3.5.2.4. Identify/evaluate controls designed to address each OEH hazard.
- 4.3.5.2.5. Establish one or more SEGs based on the processes performed by each affected group and associated potential exposures. Establish one or more PARs based on potential exposure pathways due to environmental activities.
- 4.3.5.2.6. Assign personnel performing the process to a SEG, as appropriate; PARs do not have personnel assigned.

4.3.5.3. Health Risk Assessment.

- 4.3.5.3.1. Assess hazard exposure using confidence in existing controls and in hazard characterization
- 4.3.5.3.2. Determine operational health risk using Severity and Probability.
- 4.3.5.3.3. Identify OEH risk reduction strategies.
- 4.3.5.3.4. Prioritize assessment based on the RM process.
- 4.3.5.3.5. Schedule and suspense required special assessment.

4.3.5.4. Compliance Assessment (**Garrison Only**).

- 4.3.5.4.1. Identify applicable checklist items for the specific workplace.
- 4.3.5.4.2. Answer checklist questions for applicable OEH Program areas, e.g., Respiratory Protection Program (RPP), etc.

4.3.5.5. Exposure Assessment.

- 4.3.5.5.1. Measure/estimate exposure
- 4.3.5.5.2. Compare exposure measurements/estimates to appropriate Occupational and Environmental Exposure Limit (OEEL).
- 4.3.5.5.3. Determine acceptability of exposure:
 - 4.3.5.5.3.1. Acceptable; document and verify periodically through routine

assessment.

4.3.5.5.3.2. Unacceptable; provide control recommendations as necessary using the hierarchy of controls that include, in order of preference and effectiveness; hazard elimination, product substitution, engineering controls, administrative controls and PPE.

4.3.5.5.3.3. Uncertain; gather additional information through qualitative and quantitative assessment.

4.3.5.6. Communication.

4.3.5.6.1. Generate routine and/or HRA assessment reports.

4.3.5.6.2. Update workplace OEHD; attach exposure pathway data/reports to OEHSA survey.

4.3.5.7. Re-evaluation.

4.3.5.7.1. Consolidate requirements and update annual planning.

4.3.5.7.2. Repeat health risk assessment process, including re-assessment of control effectiveness.

4.3.5.7.3. Establish procedures for BE to identify significant process changes.

4.3.6. Workplace Categorization & Assessment Frequency. Table 4.1 is a tool for categorizing workplaces based on potential OEH risk to workers and determining routine assessment frequency. The categorization decision rests with the BE Flight Commander (or equivalent), in consultation with the OEHWG. The characteristics listed here, coupled with local priorities, should be integrated with RM principles outlined in DoDI 6055.05 to aid in decision-making. Note the characteristics listed here are not “all inclusive” and are meant as guidelines. BE shall document any locally devised rationale/categorization plan as well as categorization (application of the plan) for each workplace using the DOEHRS. Prioritize special assessments, periodically review the list of special assessment requirements and adjust priority based on risk, or as required by local requirements/conditions. Deployed locations will follow surveillance requirements established within their respective areas of operation by the Combatant Command Air Component Surgeon.

4.3.7. OEHSA Exposure Pathway Prioritization and Assessment Frequency. The RM process is used to prioritize the potential completed exposure pathways identified in the CSM. Any DoD-recognized variations of the hazard probability and severity definitions are acceptable in determining the risk rating; the prioritization decision rests with the BE Flight Commander (or equivalent), in conjunction with the OEHWG (or equivalent). BE Flight Commander (or equivalent) will review the OEHSA within three months of arrival on location and annually thereafter.

4.3.8. See Table 4.1. below. The required routine assessment frequency establishes a minimum requirement. A workplace should be visited/assessed as frequently as necessary to adequately identify, assess and control specific OEH hazards. The decision to exceed the established minimum assessment frequency is made by the base BEE, in consultation with the OEHWG

Table 4.1. Workplace Categorization & Required Routine Assessment Frequency.

	Workplace Priority		
	1 – High	2 – Medium	3 – Low
	Hazards poorly defined or poorly controlled; work environment or processes unstable	Hazards well defined and controlled; work environment and processes stable	No hazards; work environment and processes stable
	Inherent OEH risk present with medium to high hazard potential	Inherent OEH risk present with relatively low hazard potential	Non-existent or negligible sources of OEH risk present
	Regulatory assessment requirements, e.g., asbestos (29 CFR 1910.1001)	Minimal potential for hazards to go out of control or create significant risk	Full OEH regulatory compliance
	Requirement for special purpose occupational exams, other than audiograms	Requirement for annual audiograms	
	Potential for significant OEH regulatory non-compliance	Potential for OEH regulatory non-compliance	
Required Assessment Frequency (In Months)	Every 12	Every 30	Locally Determined

4.4. Occupational and Environmental Health Clinical Surveillance. The objective of OEH clinical surveillance is to protect AF workers by detecting potential failure in controlling exposure(s). A secondary objective is to protect AF workers by detecting disease at or before the point it becomes clinically evident. Historically, bases have developed individual risk assessment and clinical surveillance guidelines. Emphasis is shifting to focus on a corporately developed assessment process to allow greater confidence in OEH hazard characterization across the AF. Medical surveillance data for specific potential exposures will become more uniform as the capability to broadly assess and analyze OEH-related hazards improves.

4.4.1. Occupational Medicine. Occupational medicine supports AF mission objectives by helping optimize workforce availability and the OEH Program with direct clinical functions (tertiary preventive medicine), and illness prevention activities (primary and secondary prevention). This is accomplished by:

4.4.1.1. Identifying worker fitness and limitations for tasks, i.e., New Hire/Special Purpose/Fitness for Duty Examinations;

4.4.1.2. Preventing illness through clinical medical surveillance, i.e., performing MSEs and assisting with/consulting on workplace surveillance;

4.4.1.3. Identifying and supporting prompt treatment of OEH-related injuries and illnesses and rehabilitation to minimize disability and impairment. At ANG and AFRC installations, provide referral to employee's primary care physician or Military Healthcare System if on Air National Guard/Reserve active duty status or as appropriate. For full time Active Guard/Reserve (AGR), Air Reserve Technician (ART) and DoD civilian personnel, see Para 2.13.6.

4.4.1.4. Providing medical consultation and case management for occupationally ill/injured civilians and military members. **Note:** Reserve component Occupational Medicine Program is limited in scope, precluding civilian non-occupational assessment and treatment (i.e., New Hire/Special Purpose/Fitness for Duty Examinations, etc.).

4.4.2. Medical Surveillance Examinations. Descriptions and requirements for MSEs are presented in the OSHA Standards (29 CFR 1910), DoD 6055.05-M, *Occupational Medical Surveillance Manual*, the US Navy's Medical Matrix (available from the Navy and Marine Corps Public Health Center), and other current and accepted guidance. The general types of exams are:

4.4.2.1. Baseline Examination (Pre-placement).

4.4.2.1.1. Baseline MSEs are performed before commencement of a specific job to assess an employee's medical condition and biological indicators prior to potential exposure to work place hazards. This allows for the identification of potential changes that may be due to future work place exposures and enables decision making to protect the health of the employee and the other members of the SEG. It also is necessary to determine the worker's ability to meet certification requirements or published standard requirements for the job in question (e.g. respirator program participation, firefighter certification etc.) Ideally these medical examinations should be done before commencement of work. However, if the individual has already started work, these examinations will be completed within 60 days of assignment unless more stringent requirements exist.

4.4.2.1.2. Baseline exams should be accomplished prior to job placement for all workers permanently or temporarily assigned to the work area for 30 or more days per year unless more stringent requirements exist, e.g., respirator users must receive a baseline examination regardless of anticipated duration of work.

4.4.2.2. Periodic Examination. Periodic MSEs are accomplished to identify changes in health status and may include medical monitoring to detect evidence of unacceptable exposure including biological changes indicative of an OEH-related illness or injury.

4.4.2.3. Termination of Exposure. An MSE is accomplished upon termination of exposure such as a Permanent Change of Station or transfer to another workplace; if the person is continuing in the same job at the next assignment, a termination examination may not be necessary. Normally, the examination requirements will be the same as for the periodic examination. Generally, if a periodic MSE was accomplished within the last 180 working days, a termination of exposure MSE will not be required unless more stringent requirements exist, e.g., asbestos workers must have termination exam within +

30 days of termination. Not all exposures require termination exams. Proper documentation of a termination exam is important in preventing future compensation costs. Termination of exposure exams are used for hazards with predominately acute effects.

4.4.2.4. Termination of Employment. Per some OSHA expanded standards or AF polices, a termination of employment exam is required when the employee worked in a job after leaving a SEG and then retires or separates from the AF.

4.4.3. MSE Requirements.

4.4.3.1. The OEHWG reviews the OEHED provided by BE. The OEHED summarizes the type of work performed, the workers' overall OEH exposure, and required controls.

4.4.3.2. OEHWG will identify regulatory and additional MSE requirements, e.g. requirements in union agreements and/or local contracts.

4.4.3.3. The OEHWG will document and track MSE requirements for all workplaces.

4.4.4. MSE Scheduling, Reporting and Follow-up.

4.4.4.1. PH will work with the supporting clinic, supervisors, designated unit representatives or individual employees to schedule appointments.

4.4.4.2. PH will coordinate with supervisors to maximize completion rates and to minimize impact on mission where possible.

4.4.4.3. PH will validate personnel assignments in PIMR.

4.4.4.4. PH will track completion and maintain records of show/cancellation rates for clinical surveillance. Air Force Air Reserve Components' installations MSE scheduling, reporting, and follow-up is accomplished by the Reserve Medical Unit.

4.4.4.5. FM will help HCPs communicate results of the MSE to the worker within timeframes established by AF and/or regulatory requirements.

4.4.4.6. FM will schedule any required follow-ups and monitor until completion.

4.4.4.7. FM will ensure completion and documentation of all MSE results in the respective member's medical record

4.4.5. Data Standardization. OEH surveillance programs will be standardized across the Air Force as follows:

4.4.5.1. FM will review the OEHED and MSE requirements prior to each MSE. The requirements must be those approved by the IOEMC.

4.4.5.2. If the OEHED and MSE requirements (COHER) located in the employee's electronic medical record are not current the most current available versions at the time of examination of personnel assigned to category 1 and 2 workplaces, the office completing the examination (FM, Occupational Medicine Services, or PH) will locate and file the current information in the hard copy medical record (or upload and attach to the electronic medical record if resources allow).

4.4.6. OEH Illness Program Management.

4.4.6.1. Supervisors, military personnel and DoD civilian employees are responsible for minimizing OEH-related risks and reporting illnesses and injuries.

4.4.6.2. All medical personnel who examine (or see) patients should be aware of illnesses that have a correlation to OEH exposures. DoD 6055.05-M has a list of sentinel events related to workplace exposure.

4.4.6.3. Workers and other beneficiaries suspected of having OEH-related illnesses will be referred to PH. PH will document and track suspected OEH-related illnesses; Ground Safety will document and track suspected occupational injuries.

4.4.6.4. PH will use AFSAS to record, report, and trend OEH illness data.

4.4.6.4.1. PH will validate demographic (including component status) and specific case information to ensure each record is accurate and as complete as possible.

4.4.6.5. BE, PH and the HCP work cooperatively to complete the OEH illness investigation process.

4.4.6.5.1. PH performs the patient and workplace supervisor interviews. The HCP may engage if needed.

4.4.6.5.2. BE accomplishes the OEH investigation and documents findings in AFSAS.

4.4.6.6. The IOEMC makes the final determination on the work-relatedness for a suspected OEH-related illness after review of the information provided by BE and PH.

4.4.6.7. The IOEMC will document the decision in the patient's medical records and in AFSAS.

4.4.6.8. PH will forward occupational illness information to the OSHA 300 log via AFSAS (illness reports which are closed as "occupationally-related" illnesses are automatically included on the OSHA 300 log).

4.5. Education and Training.

4.5.1. Unit/organizational commanders will ensure general OEH awareness training is provided to all personnel (military and civilian). BE routine and special assessment reports, as well as workplace-specific Hazard Communication (HAZCOM) training provided IAW AFI 90-821, *Hazard Communication*, will be used to meet this requirement for workplaces where OEH risk assessments are required.

4.5.2. Unit/organizational commanders will establish a procedure, with assistance from the installation OEH staff, to make personnel aware of:

4.5.2.1. OEH policy and procedures (i.e. plans, instructions, checklists, etc.).

4.5.2.2. Significant OEH aspects, regulatory compliance issues and actual/potential impacts associated with work accomplished under their authority, and mission related benefits of improved OEH Program performance.

4.5.2.3. Responsibilities associated with eliminating/reducing OEH risk and maintaining regulatory compliance.

4.5.2.4. Potential negative outcomes related to departure from specified plans, procedures, checklists, etc.

4.5.3. Forums such as commander's call and staff meetings, as well as products such as unit policy memorandums and newsletters are acceptable methods for delivering general OEH awareness education and training.

4.5.4. OEH Program training will be documented on AF Form 55, *Employee Safety and Health Record*, in the Integrated Maintenance Data System (IMDS) or in other AF-approved systems that track/verify training is accomplished.

4.6. Emergency Preparedness. Installations will plan for and develop procedures to prevent and/or respond to foreseeable emergencies, natural and man-made, applicable to their workplace operations in accordance with AFI 10-2501.

4.7. Documentation. Personnel must have access to the most current documents and records. Document control and records management are critical elements of an efficient management system. Installations shall follow AFMAN 33-363 to establish and maintain an effective OEH records management program. Those responsible for managing OEH documents and records will maintain strict compliance with the requirements of 29 Code of Federal Regulations (CFR) 1904, *Recording and Reporting Occupational Injuries and Illness* and 29 CFR 1910.1020, *Access to Employee Exposure and Medical Records*. Personnel will be briefed and provided access to their personal exposure records and workplace evaluations by their supervisor and copies of records will be provided upon request.

Chapter 5

MEASUREMENT AND ASSESSMENT

5.1. Performance Measurement. An effective monitoring/assessment program can identify significant deviations from “steady-state” OEH program performance. This may provide early indications the OEH Program is not performing at optimum effectiveness/efficiency.

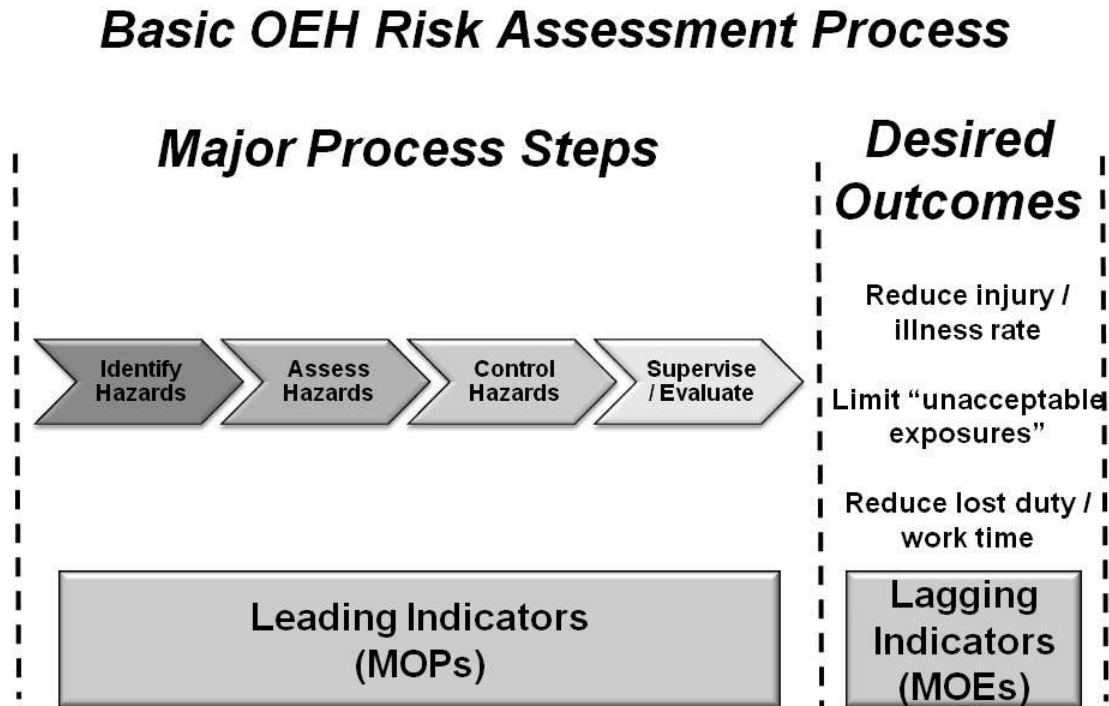
5.1.1. Measure of Effectiveness (MOE). A MOE is also known as a “lagging” or “coincident” indicator, a.k.a., outcomes or outcome measures. MOEs can be developed to measure effectiveness in achieving objectives and targets across the entire enterprise or be tailored to measure the effectiveness of a single process or project. Examples of OEH Program MOEs include: reducing unacceptable exposure events; occupational injury and illness rates; time needed to implement corrective action; number of regulatory non-compliance events; lost duty/work time; and worker compensation costs.

5.1.2. Measure of Performance (MOP). A MOP is also known as a “leading” indicator, a.k.a., input or input measure. MOPs are designed to measure how well essential activities designed to maintain program effectiveness are being performed. Like MOEs, MOPs can be developed to measure performance across a large enterprise or tailored to the requirements of a specific project or process. Examples of OEH Program MOPs include: accomplishing scheduled assessments; MSE completion rate; resource availability; education and training completion; and implementing/sustaining OEH controls.

5.1.3. **Figure 5 1** provides a notional illustration of the use of MOPs and MOEs to evaluate OEH Program effectiveness. Each MOP and MOE will have an assigned objective, target and established thresholds to determine when the measurement reaches an undesirable level. In this example, how well the major process steps (MOPs) achieve assigned objectives and targets will directly impact the desired outcomes (MOEs).

5.1.4. Installations shall track operational performance using established/accepted HAF and MAJCOM OEH performance measures. Installations may also develop/adopt performance measures designed to achieve installation-unique objectives and targets.

Figure 5.1. Notional MOPs and MOEs for OEH Process Assessment.



5.2. OEH Program Evaluation.

5.2.1. Internal Assessment. Internal assessments are conducted locally by workplaces and organizations with key roles in planning and executing the OEH Program. Data/information collected through the following activities is considered a valid OEH Program internal assessment:

5.2.1.1. Tier 1 and 2 OHCAMP activities performed IAW AFI 90-803.

5.2.1.2. OEH Program-specific assessments performed by BE, PH and FM IAW AFI 44-119, *Medical Quality Operations*.

5.2.1.3. Any other internal assessment accomplished locally to specifically evaluate OEH Program effectiveness.

5.2.2. External Assessment. External assessments are performed by personnel not assigned to the organization being assessed. They are designed to assess the overall effectiveness of the OEH Program. Data/information collected through the following activities is considered a valid OEH Program external assessment:

5.2.2.1. Tier 3 OHCAMP activities as performed IAW AFI 90-803.

5.2.2.2. Air Force Inspection Agency (AFIA) inspections and evaluations of any elements of the OEH Program.

5.2.2.3. Air Force Audit Agency audits designed to assess any component(s) of the OEH Program across the AF or at MAJCOM- or installation-level.

5.2.2.4. OEH inspection visits by federal, state, local and overseas regulatory agencies.

5.2.2.5. Staff Assist Visits (SAVs).

5.3. Corrective and Preventive Actions.

5.3.1. Hazard Abatement. The risk-based hazard abatement process described in DoDI 6055.1 will be followed to ensure that hazards posing a higher risk of injury or illness will be given a higher priority for control and/or elimination.

5.3.1.1. Expedited corrective measures will be taken in situations where identified health hazards could be expected to cause fatality, serious injury or illness in the near term if left uncorrected.

5.3.1.2. Interim corrective actions must be taken when corrective and preventive actions for an identified health hazard will require a significant period of time to implement. These health hazards will be placed into the formal installation hazard abatement plan.

5.4. Feedback to the Planning Process. The results of monitoring, measurement and assessment activities, including audits, incident investigations and corrective and preventive actions, will be addressed in the planning process and the management review.

Chapter 6

MANAGEMENT REVIEW

6.1. Purpose. The Program Management Review (PMR) allows for leadership at HAF, MAJCOM and installation-level, along with OEH Program leaders and process owners, to critically evaluate OEH Program performance and implement improvements. HAF, MAJCOM and installation ESOHCs shall conduct an OEH PMR at least annually. Semi-annual ESOHC meets the requirements for the PMR.

6.2. Management Review Inputs. At all levels, the PMR will consider:

- 6.2.1. Progress in risk reduction
- 6.2.2. Effectiveness of OEH process assessment
- 6.2.3. Effectiveness in identifying and correcting root causes of OEH Program deficiencies
- 6.2.4. Status of corrective and preventive actions
- 6.2.5. Changing circumstances, including developments in legal and other requirements related to OEH aspects
- 6.2.6. Follow-up actions from OEH Program internal assessments, external assessments and previous management reviews
- 6.2.7. The extent to which objectives and targets have been met
- 6.2.8. Recommendations for improvement

6.3. Outcome and Follow-Up. Senior leadership at all levels will provide appropriate direction for correcting noted deficiencies, including the need for investment, policy revision and adjustments to objectives and targets. Performance measures will be reviewed during the ESOHC for appropriateness and relevance, and adjusted as necessary to drive performance toward established OEH Program objectives and targets. The review must be documented. ESOHC minutes meet the requirement for documenting the PMR.

CHARLES B. GREEN
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Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

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AF Form 55, *Employee Safety and Health Record*

AF Form 332, *Base Civil Engineer Work Request*

AF Form 469, *Duty Limiting Condition Report*

AF Form 3952, *Chemical Hazardous Material Request Authorization Form*

Abbreviations and Acronyms

AFI—Air Force Instruction

AFIA—Air Force Inspection Agency

AFMAN—Air Force Manual

AFMSA—Air Force Medical Support Agency

AFMS—Air Force Medical Service

AFOSH—Air Force Occupational and Environmental Safety, Fire Protection and Health

AFPD—Air Force Policy Directive

AFRC—Air Force Reserve Command

AIHA—American Industrial Hygiene Association

AMC—Aerospace Medicine Council

AOR—Area of Responsibility

ASIMS—Aerospace Information Management System

BE—Bioenvironmental Engineering

BEE—Bioenvironmental Engineer

COHER—Clinical Occupational Health Exam Requirements

CSM—Conceptual Site Model

DoD—Department of Defense

DoDD—Department of Defense Directive

DoDI—Department of Defense Instruction

DOEHRS—Department of Defense Occupational & Environmental Health Readiness System

DRU—Direct Reporting Units

ESOH—Environment, Safety, and Occupational Health

ESOHC—Environmental, Safety, and Occupational Health Council

ESOHCAMP—Environmental, Safety, and Occupational Health Compliance Assessment and Management Program

FAR—Federal Acquisition Regulations

FECA—Federal Employee Compensation Act

FM—Flight Medicine

FOA—Field Operating Agency

FUG—Functional User Group

GSU—Geographically Separated Unit

HAZCOM—Hazard Communication

HCP—Health Care Provider

HRA—Health Risk Assessment

ICPA—Injury Compensation Program Administrator

IMDS—Integrated Maintenance Data System

IOEMC—Installation Occupational & Environmental Medicine Consultant

LAF—Line of the Air Force

LER—Longitudinal Exposure Record

LSMTF—Limited Scope Medical Treatment Facility

MAS—Medical Aid Station

MOE—Measure of Effectiveness

MOP—Measure of Performance

MSE—Medical Surveillance Exam

MTF—Medical Treatment Facility

MUNSS—Munitions Support Squadron
NIOSH—National Institute for Occupational Safety and Health
OEEL—Occupational and Environmental Exposure Level
OEH—Occupational & Environmental Health
OEHED—Occupational & Environmental Health Exposure Data
OEHSA—Occupational & Environmental Health Site Assessment
OEHWG—Occupational & Environmental Health Working Group
OEM—Occupational and Environmental Medicine
OH—Occupational Health
OSHA—Occupational Safety and Health Administration
PAR—Population at Risk
PCM—Primary Care Manager
PESHE—Programmatic Environment, Safety and Occupational Health Evaluation
PH—Public Health
PIMR—Preventive Health Assessment and Individual Medical Readiness
PMR—Program Management Review
PPBE—Planning, Programming, Budgeting, and Execution
PPE—Personal Protective Equipment
SEG—Similar Exposure Group
SG3PB—Bioenvironmental Engineering Branch within AFMSA
SOH—Safety and Occupational Health
UHM—Unit Health Monitor
USAFSAM—United States Air Force School of Aerospace Medicine

Terms

Activity—See Process

Air Force Civilian—A civilian federal employee of the AF: Senior executive service (SES), general manager (GM), general schedule (GS), and federal wage system (FWS) employees, including ANG and USAFR technicians; scientific and technical; administratively determined; US citizen employees in Panama; non-appropriated fund employees; Youth and Student Assistance Program employees; and foreign nationals employed by the Air Force under a direct or indirect hire arrangement. NOTE: Excludes Army-Air Force Exchange Service (AAFES), Defense Commissary Agency (DeCA), and Defense Finance and Accounting Service (DFAS) employees.

Air Force Military—All military personnel on active duty with the US Air Force; Air National Guard and Air Force Reserve personnel on active duty or in drill status; US Air Force Academy

cadets; Reserve Officers' Training Corps cadets when engaged in directed training processes; and foreign national military personnel assigned to the US Air Force.

Air Force Worker—Collective group comprised of Air Force Military and Civilian personnel.

Aspects—OEH aspects are features or characteristics of an activity, product or service that affect or can affect occupational and environmental health.

Clinical Surveillance—The process by which workers receive Occupational & Environmental Health Medical Examinations, which are designed and conducted, based on an assessment of workers' identified OEH risks. The results of these examinations are analyzed to determine if Air Force operations are adversely affecting the health of the workers. Clinical surveillance is also required in specific instances to meet OSHA requirements for medical monitoring. Additionally, clinical surveillance can be used to assess the adequacy of protective measures.

Confidence in Controls—A qualitative and/or quantitative determination of how well and how consistently an OEH hazard is being controlled.

Confidence in Hazard Characterization—A qualitative and/or quantitative determination of the adequacy of OEH hazard data for reaching sound conclusions regarding exposure.

Geographically Separated Unit (GSU)—A unit that is not at the same physical location or installation as the parent unit.

Health Risk Assessment (HRA)—A HRA is the process of identifying, evaluating actual or potential health risks, and developing options for controlling environmental and occupational health (OEH) threats in specific populations or locations over time. (See AFMAN 48-153, *Health Risk Assessment*, 28 Mar 2007 for additional information).

Limited Scope Medical Treatment Facility (LSMTF)—LSMTFs are medical elements, flights, or small medical squadrons with a credentialed medical provider that do not provide the scope of services found in a medical group. LSMTFs are typically assigned to a line squadron or group (e.g. Air Base Squadron, Mission Support Group or Air Base Group). In some cases, a LSMTF may report directly to a wing or MAJCOM.

Longitudinal Exposure Record (LER)—A comprehensive record of all occupational and environmental exposures for a full working lifetime; applies to all DoD personnel.

Measure of Effectiveness (MOE)—An observable outcome-based measure closely related to established strategic objectives and targets being evaluated. MOEs are also known as “lagging” or “coincident” indicators because changes are the result of changes in a number of leading indicators.

Measure of Performance (MOP)—An observable indicator used to assess progress towards achievement of established objectives and targets. MOPs are also known as “leading” indicators because they are usually measured at the process level and are designed to allow for pre-emptive actions to improve the chances of achieving established objectives and targets.

Medical Aid Station (MAS)—A small medical element without a credentialed medical provider and typically located at a GSU or MUNSS site.

Munitions Support Squadron (MUNSS)—A geographically separated unit responsible for receipt, storage, maintenance and control of United States War Reserve Munitions in support of the North Atlantic Treaty Organization and its strike missions. See AFI 21-200.

Objectives—Objectives are derived from program goals and are well-defined, specific and quantifiable statements of the desired results of the program.

Occupational and Environmental Health Site Assessment (OEHSA)—The OEHSA is the key operational health tool for producing data or information used for health risk assessments (HRA) and to satisfy OEH surveillance requirements. OEHSAs focus on collecting site-specific data to identify potential or actual exposure pathways during bed down, employ, and sustainment of air and space forces. (See AFMAN 48-154, *Occupational and Environmental Health Site Assessment*, 28 Mar 2007 for additional information)

OEH-Related Illness or Injury—A suspected or confirmed adverse health event caused or aggravated by employment as described in Occupational Injury and Illness Reporting Guidelines for Federal Agencies (OMB 1200-0029). OEH-related illness or injury also includes biological changes indicative of overexposure to a hazard.

Population at Risk—The population or a subset of the population that is at risk of experiencing an event or being exposed to a health threat during a specified period and at a specified location.

Process—Any item of work or situation that may pose a risk and may require evaluation and control; the lowest level of work that may require evaluation to assess exposure and associated controls. Not all processes are associated with a physical location, e.g., working near the flight line may constitute a process. The terms Activity and Process are synonymous.

Routine Assessment—A qualitative and/or quantitative assessment that identifies health hazards and associated risks to focus limited resources in a prioritized manner.

Special Assessment—Typically a quantitative assessment that focuses resources on OEH-related hazards that require additional evaluation or classification based on information gained during routine assessment.

Targets—The specific target values for performance measures designed to measure progress towards established objectives, e.g. reduce occupational illness by 2% over previous FY.

Unit Health Monitor—An individual appointed by the Unit Commander to ensure that medical surveillance exams are scheduled and completed by individuals in their organization in a timely manner, and communicates the status of medical exams completion to the Commander, supervisors in the organization and to Public Health.

Workplace—Any environment where a potential OEH exposure may occur. A workplace may be administrative, industrial, or all encompassing, e.g., any setting where an OEH exposure may occur while deployed.