BY ORDER OF THE SECRETARY OF THE AIR FORCE

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Aerospace Medicine

OCCUPATIONAL AND ENVIRONMENTAL HEALTH PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This Air Force instruction (AFI) implements Air Force Policy Directive (AFPD) 48-1, *Aerospace Medicine Enterprise*, DoD Instruction (DoDI) 6055.05, *Occupational and Environmental Health* and is consistent with AFPD 90-8, *Environment, Safety, and Occupational Health (ESOH) Management and Risk Management.* It establishes procedures consistent with the guidance in AFI 91-202, *The US Air Force Mishap Prevention 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). Requests for waivers must be submitted through the chain of command to the appropriate Tier waiver approval authority. 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 provided by law or regulation to be specified in the 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, 7700 Arlington Blvd, Falls Church, VA 22042. Any organization may supplement this Instruction. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, Publications and Forms Management, Table 1.1 for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items. 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 Executive Order 9397 Relating to Federal Agency Use of Social Security Numbers*. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with *Air Force Records Disposition Schedule* located at **https://www.my.af.mil/afrims/afrims/afrims/rims.cfm**. Field activities must send implementing publications to the higher headquarters functional OPR for review and coordination before publishing

SUMMARY OF CHANGES

This interim change revises AFI 48-145 by (1) clarifying the OEH responsibilities for co-located installations, (2) changing the requirement to visit Category 2 workplaces, (3) correcting the responsibility for who initiates the AF Form 469 for pregnant workers, and (4) clarifying the requirements for PH to provide training. A margin bar (|) indicates newly revised material.

Chapter 1

PROGRAM OVERVIEW

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 6055.01, *DoD Safety and Occupational Health (SOH) Program* as implemented by AFPD 91-2, *Safety Programs* and AFI 91-202, all require 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 and provide all personnel safe and healthful 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 early in the acquisition process as capability requirements or gaps in accordance with Chairman of the Joint Chiefs of Staff Instruction (CJCSI) 3170.01H and during fielding and sustainment using the existing problem reporting processes (described in Chapter 3 of AFI 32-7086) to influence new or modified systems designs to preclude recurrence of these issues and to eliminate or mitigate identified OEH risks in existing systems. 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 on installation living quarters and aircraft. 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 and principles outlined in this AFI are 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. Requirements outlined in this AFI relative to ESOH Council and OEH Working Group 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 phenomena, 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 Reporting System – Industrial Hygiene (DOEHRS-IH) is the DoD approved OEH-MIS used to manage and archive OEH exposure data. The AF uses DOEHRS-IH to manage longitudinal exposure recordkeeping and reporting.

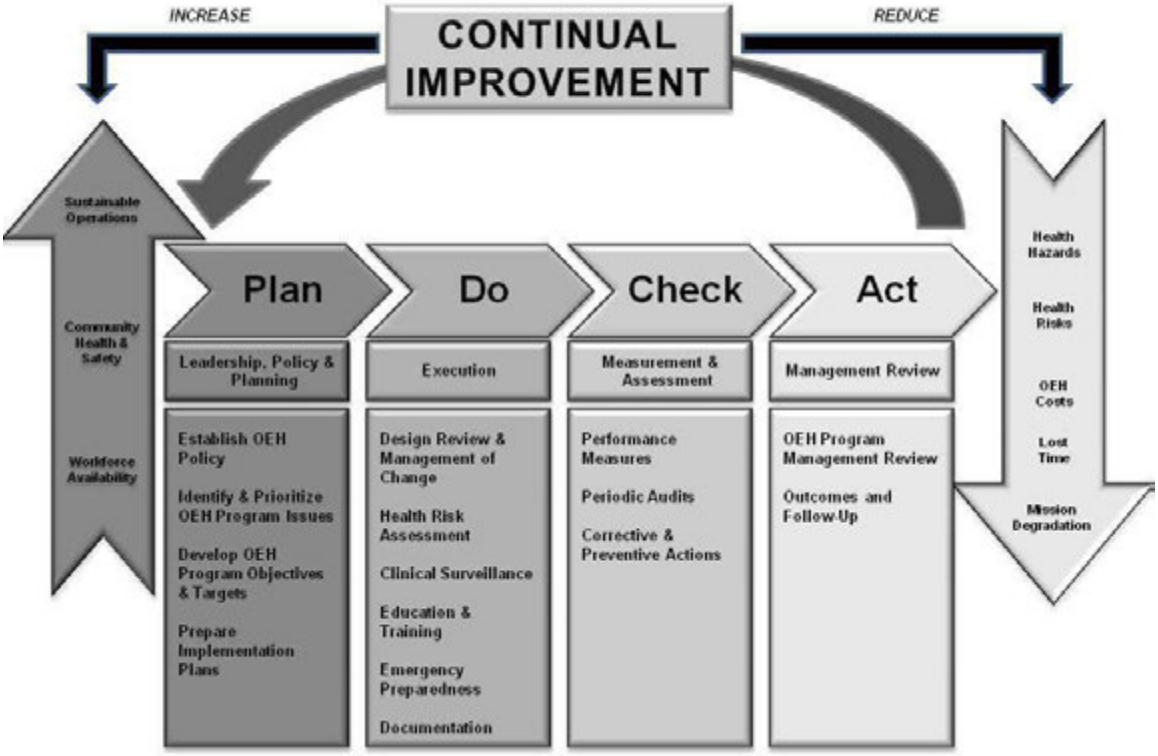
1.3.2. This AFI uses a management system approach (as illustrated in **Figure 1.1**) to ensure continual program improvement through clearly defined OEH roles and responsibilities,

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.

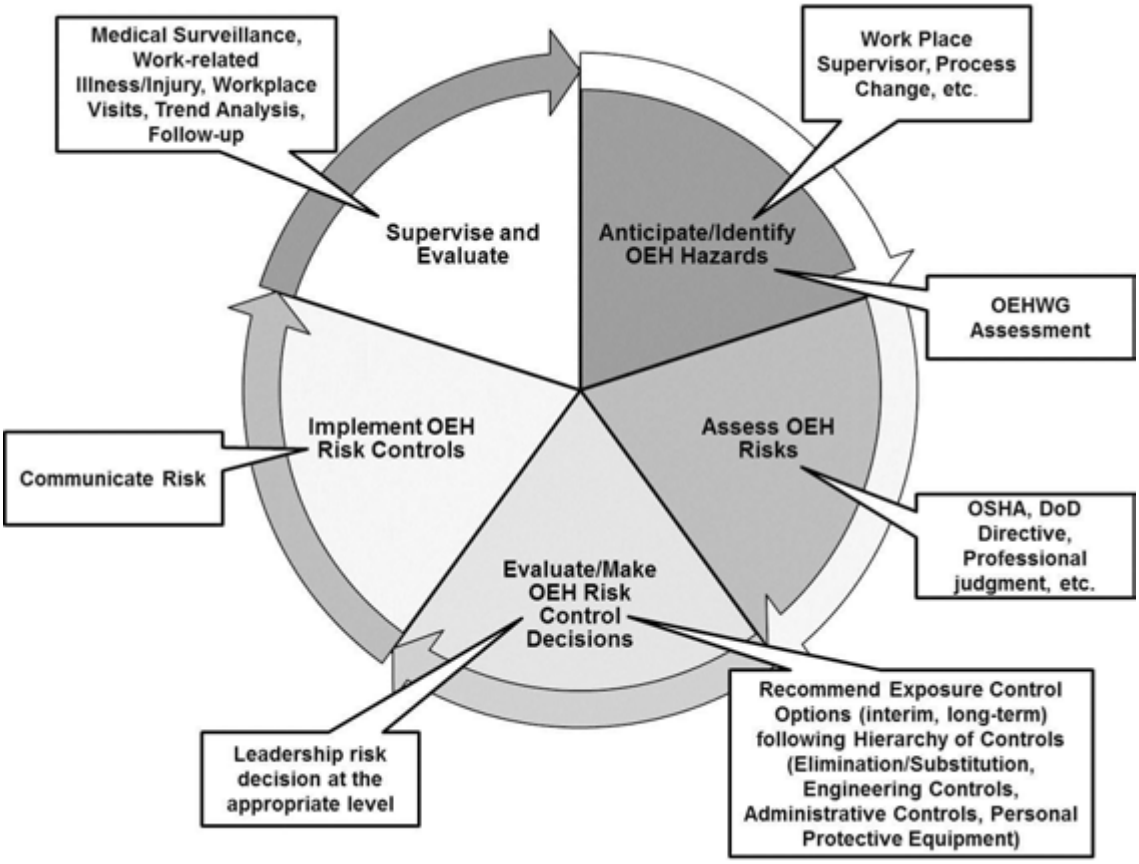
1.3.2.2. Evaluating the effectiveness of the OEH Program and determining how it affects the operational mission.

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

ROLES AND 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 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. 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 63-101/20-101, *Integrated Lifecycle Management* by the appropriate subject matter experts (SMEs).

2.4.4. Develops and monitors AF-level performance measures (metrics) to assess OEH Program effectiveness. Identifies metrics requiring DOEHRS-IH data quality report development to USAF School of Aerospace Medicine (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-IH technical, funding and management issues.

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

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

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

2.5. Air Force Medical Operations Agency (AFMOA/SGPB).

2.5.1. Plans, programs, and budgets for resources to accomplish and provides oversight for execution of BE programs.

2.5.1.1. Establishes a planning, programming and budgeting mechanism to advocate for and distribute environmental health surveillance funds to conduct environmental health surveillance and risk assessments. Validates MAJCOM and installation budget submittals for environmental health projects and oversees budgeting, programming, and execution of environmental health funds through the AF.

2.5.1.2. Establishes a planning, programming and budgeting mechanism to advocate for and distribute occupational health surveillance funds to conduct occupational health surveillance and risk assessments. Validates MAJCOM and installation budget submittals for occupational health projects and oversees budgeting, programming, and execution of occupational health funds through the AF.

2.5.1.3. Establishes a planning, programming and budgeting mechanism to maintain the DOEHRS-IH.

2.5.2. Monitors enforcement actions for trend analysis.

2.5.3. Identifies programmatic and policy implications and coordinates with AFMSA to collect/analyze installation level data in support of AFMSA needs.

2.5.4. Provides annual guidance to base and MAJCOM Bioenvironmental Engineers on standardized execution of the Program Management Review required by chapter six of this AFI.

2.5.5. Assists MAJCOMs, as requested, in conducting base-level virtual assessments including reviewing installation Self-Assessment Checklists.

2.6. Major Command Surgeon (MAJCOM/SG).

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

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

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

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

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

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

2.6.7. Ensures that each Geographically Separated Unit (GSU) within their Area of Responsibility (AOR) has a supporting MTF assigned IAW AFI 25-201 and DoDI 4000.19 to assist with the OEH Program as outlined in this AFI.

2.6.8. Plans and programs for DOEHRS-IH FUG representatives within the MAJCOM (if any) to attend FUG meetings.

2.6.9. Provides input to BE Corporate Board and DOEHRS-IH FUG regarding nominations or new DOEHRS-IH FUG members.

2.6.10. Ensures that at least one MAJCOM/SG staff member (i.e., PHO or 4E0X1 MFM) maintains an AFSAS user administrator account. This individual will grant AFSAS user administrator permissions for PH personnel at all bases within their command.

2.7. Installation Commander.

2.7.1. 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. (T-0)

2.7.2. Directs execution of the installation OEH Program through the installation ESOH Council IAW AFI 90-801. (T-1)

2.7.3. Ensures non-Defense Health Program (DHP) OEH 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 OEH costs of their employees. (T-1)

2.8. 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. (T-1)

2.9. Military Treatment Facility Commander (MTF/CC) / AF Ground Reserve Medical Unit Commander (RMU/CC)/Guard Medical Unit Commander (GMU/CC) (or local equivalent).

2.9.1. 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. (T-0)

2.9.2. Directs the installation OEH Program and ensures it is supported with adequate resources and staffing to implement the responsibilities outlined in this AFI. (T-0)

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

2.9.2.2. Coordinates with MAJCOM/SG to submit Program Objective Memorandum 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.

2.9.3. Ensures that timely care is provided for OEH-related injuries and illnesses. (T-3)

2.9.4. Ensures all medical staff who examine patients are aware of illnesses and injuries that may have a correlation to a hazardous OEH exposure. (T-2)

2.9.5. 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 (44UX) or an aerospace medicine specialist (48AX) is most appropriate; a flight surgeon or family practice physician with occupational health experience may substitute for a 44UX or 48AX. (T-1)

2.9.6. 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. (T-1)

2.9.7. Ensures the IOEMC (or a designated full-time medical representative for ARC installations) attends the Federal Employee Compensation Act (FECA) Working Group (if held on the installation), with Flight and Operational Medicine (FOM), BE and Public Health (PH) support and attendance as required. Medical participation will be IAW DoDI 1400.25, *DoD Civilian Personnel Management System*, Volume 810 – *Injury Compensation* and other military and civilian lost work/duty time initiatives. **Note:** For co-located AFRC units, 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 non-co-located AFRC installations will visit Category I work areas annually, preferably with staff from the full-time BE/PH Office. (T-0)

2.9.8. At co-located installations (i.e., host Regular Air Force installations with tenant AF Reserve units), the AF Ground RMU Commander is responsible for assuring a comprehensive OEH Program for Traditional Reserve members is available to include program elements accomplished by the Regular Air Force MTF and Ground RMU. In accordance with DoDI 4000.19, *Interservice and Intragovernmental Support*, a support

agreement between the host Regular Air Force MTF and collocated tenant Ground RMU will describe OEH Program responsibilities assigned to each. (T-0) The Regular Air Force MTF will provide the Ground RMU with the same quality and quantity of support as provided to all AF receivers, unless the Regular Air Force MTF and Ground RMU agree to different levels of support IAW AFI 25- 201, *Intra- Service, Intra- Agency, and Inter- Agency Support Agreement Procedures*. (T-1) In accordance with AFI 25- 201_AFRCSUP, the support agreement is forwarded to HQ AFRC/A4OP for review and approval. Depending on availability of active duty installation resources, the Reserve unit may be required to reimburse the active duty for OEH support provided. This does not apply to joint bases that have interservice memorandums of agreement or to ANG Units who are managed under the ANG Supplement to AFI 48-145. (T-0).

2.9.9. At non-co-located ARC installations (i.e., no active duty host installation), OEH Program responsibilities conferred to the ground RMU with UTC supporting Aerospace Medicine Functions and full-time Bioenvironmental Engineering/Public Health Office are a joint responsibility between the RMU Commander and the Mission Support Group (MSG) Commander. A Memorandum of Agreement between the RMU and MSG will describe OEH Program responsibilities assigned to each. The RMU Commander is responsible for assuring a comprehensive OEH Program is available for Traditional Reserve members to include program elements accomplished by the MSG. (T-0)

2.10. Chief of Aerospace Medicine (SGP).

2.10.1. Leads Aerospace Medicine execution of OEH Program responsibilities. (T-1)

2.10.2. Provides administrative and technical oversight of the OEH Program at supported GSUs and MUNSS sites. (T-1)

2.10.3. Establishes an OEHWG under the direction of the Aerospace Medicine Council. (T-1)

2.10.4. Ensures, at a minimum, representatives from FOM, BE and PH participate in OEHWG meetings. (T-1)

2.10.5. 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 Specialist (ICS). (T-1)

2.10.6. Ensures the OEHWG performs all required functions for workplaces at supported GSUs and MUNSS sites. (T-1)

2.10.7. Ensures Medical Surveillance Examination (MSE) scheduling, administration, reporting, and follow up are accomplished IAW paragraph 4.4. (T-1)

2.10.7.1. Ensures MTF medical providers are aware (or familiar with) the spectrum of potential occupational injuries/illnesses based on health risks associated with the installation. (T-1)

2.10.8. Ensures workers who require MSEs receive the appropriate exam. (T-1)

2.10.8.1. Effectively partners with unit commanders (or designees) to ensure MSEs are accomplished before they become overdue. (T-1)

2.10.8.2. Ensures that PH regularly communicates MSE compliance rates to medical and line commanders through the local ESOH Council. (T-1)

2.10.9. Ensures prompt medical support and consultation is provided to the ICS or to the ANG ICS and Human Resources Office (HRO), as requested. (T-1)

2.10.10. Works with supervisors, individuals and the ICS to expedite return-to-work and reduce worker compensation costs for injured employees at supported GSUs and MUNSS sites. (T-1)

2.11. FOM Flight Commander (or local equivalent).

2.11.1. Ensures FOM participates in the OEHWG. (T-1)

2.11.2. Supports the installation OEH Program through consultation and workplace visits. Category 1 workplace 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 workplace 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 potential hazardous exposures or other OEH issues (e.g. inadequate ventilation or noise control, no 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. (T-1) **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 standalone AFRC installations will visit Category I work areas annually, preferably with BE and PH.

2.11.3. 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 Complexes). For AFRC, the Reserve Medical Unit (RMU)/SGP may delegate to full-time Air Reserve Technicians the responsibility for ensuring MSEs are conducted based upon recommendations from the OEHWG as ultimately determined by the IOEMC. (T-2)

2.11.3.1. Assists healthcare providers (HCPs) in communication of MSE results to the worker within timeframes established by AF and/or regulatory requirements. (T-2)

2.11.3.2. Schedules any required follow-ups and monitors until completion. (T-2)

2.11.3.3. Ensures completion and documentation of all MSE results in the respective member's medical record. For AFRC, the RMU/SGP may delegate to full-time Air Reserve Technicians the responsibility for ensuring MSEs are conducted based upon recommendations from the OEHWG as ultimately determined by the IOEMC. (T-2)

2.11.4. 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. (T-2)

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

2.12.1. Assists commanders and supervisors with integrating OEH input into RM-based decision processes. (T-1)

2.12.2. Ensures OEH risk assessments are accomplished. (T-0)

2.12.2.1. Reviews new processes or operations at the earliest feasible stage to prevent or control potential OEH hazards. (T-1)

2.12.2.2. Investigates proposed changes to existing processes or operations, including equipment and facilities (including but not limited to construction plan reviews, the AF Form 332, *Base Civil Engineer Work Request*, or other base-specific process) for potential OEH hazards to AF personnel. (T-1)

2.12.2.3. 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). (T-0)

2.12.2.4. Recommends, evaluates and determines adequacy of OEH hazard controls to include product elimination or substitution, engineering and/or administrative controls and the appropriate use of Personal Protective Equipment when other options fail to mitigate the hazard. (T-0)

2.12.2.5. Identifies and assesses environmental health exposure pathways on military installations or assigned area of responsibility (AOR). Ensure personnel associated with exposure pathways are linked to populations at risk (PAR). (T-0)

2.12.2.6. 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. (T-1)

2.12.2.6.1. Reviews health risk assessment data and sampling strategies for quality and appropriateness. (T-1)

2.12.2.6.2. Reviews site health and safety plans. (T-0)

2.12.2.7. Effectively communicates OEH risks and recommended controls and/or corrective actions to organizational leadership, affected individual(s) and members of a related SEG. (T-1)

2.12.2.8. 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 and the host-nation agreements for OCONUS locations. (T-2)

2.12.3. Conducts Occupational and Environmental Health Site Assessment (OEHSA) for installations and/or AOR IAW AFTTP 3-2.82 and OEHSA technical guidance. (Deployed: T-0; In-garrison: T-2)

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

2.12.3.2. Annually presents the AOR consolidated conceptual site model (CSM) to the OEHWG (once per rotation to the SGP for deployed locations) and discusses updated surveillance activities in relation to the exposure pathways.

2.12.4. Provides incident response IAW AFI 10-2501, *Emergency Management Program*. (T-0)

2.12.5. Ensures DOEHRS-IH is used to manage OEH program data (includes archiving of deployment-related OEH exposure data as required by DoDI 6490.03) following the DOEHRS-IH usage guides as published by the USAFSAM. (T-0)

2.12.6. Completes deployment-specific OEH exposure documentation IAW Air Component Commander SG policy. (T-1)

2.12.7. Assesses and documents OEH exposures in Air Force Safety Automated System (AFSAS) for potential OEH-related illnesses identified by PH. (T-0)

2.12.8. Provides consultation and technical expertise to workplaces on potential OEH hazards, training and regulatory requirements when applicable. (T-1)

2.12.9. 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. (T-1)

2.12.10. Serves as OEH Program liaison to appropriate regulatory authorities, e.g., OSHA, as required. (T-2)

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

2.13.1. Serves as member of the OEHWG, providing consultation on recommended OEH MSEs, OEH training requirements, risk communication, and OEH surveillance. (T-0)

2.13.1.1. 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 threshold shifts (STS) and permanent threshold shifts (PTS)) 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. (T-0)

2.13.1.2. Conducts workplace/SEG visits for workplaces requiring investigation or supervisor and/or 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 STS and/or PTS should receive a visit from PH. (T-2)

2.13.1.2.1. On an annual basis, PH will conduct routine shop visits to 100% of Category 1 workplaces (as defined by BE). (T-1) Conduct routine shop visits to 100% of Category 2 workplaces at a minimum of every 24-30 months. When possible, the routine PH shop visit should be done in conjunction with the workplace routine or special surveillance conducted by BE. It is highly recommended/encouraged that PH visits Category 3 workplaces as necessary. Maintain all documentation from the shop visit in the file plan IAW AFMAN 33-363,

Management of Records. (T-2) Document the shop visit date in the electronic notes in the Occupational Health module in the Aeromedical Services Information Management System (ASIMS). (T-2)

2.13.1.2.2. 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. (T-3)

2.13.2. Manages the Occupational and Environmental Health Illness Program. (T-1)

2.13.2.1. Ensures all occupational and environmental illnesses reported to PH are investigated, initiated in AFSAS, and closed within 30 days IAW requirements in AFI 91-204, *Safety Investigations and Reports*. If the investigation cannot be completed within this 30-day period, then PH will request an extension from the SGP and annotate the extension in AFSAS. (T-1) **Exception:** Reportable hearing loss investigations in AFSAS will be closed within 7 calendar days of the confirmed permanent threshold shift. (T-0)

2.13.2.1.1. 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 all supporting data have been captured and documented. (T-1)

2.13.2.1.2. PH will monitor and track occupational illness investigations until completion in AFSAS. (T-1)

2.13.2.2. Provides OEH-related illness data to installation's ESOHC, FECA Working Group and any other appropriate venue, which address workers compensation issues. (T-1)

2.13.2.3. Ensures all appropriate information is available as needed for workers' compensation cases. (T-1)

2.13.3. Manages the Installation Fetal Protection Program. (T-1)

2.13.3.1. Ensures all pregnant military workers assigned to the base are interviewed (upon notification of pregnancy by worker, supervisor, laboratory, or military HCP) and ensures that all pregnant civilian workers are offered the same opportunity. (T-1)

2.13.3.2. Consults with BE, the HCP managing the pregnancy, and the IOEMC on potential or actual OEH threats. Initiates, if not already initiated by the provider, records health risks, and documents 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*. (T-1) If the AF Form 469 is initiated by PH then obtain the HCP signature. ASIMS automatically fowards the AF Form 469 to the Medical Standards Management Element to finalize, sign and forward to the profile officer for signature. (T-1)

2.13.4. Acts as a consultant to workplace supervisors for OEH training. In coordination with BE, reviews the workplace's training materials to ensure compliance with regulatory requirements and makes available standardized training materials to the workplace supervisors. During shop visits, PH reviews training materials with the supervisor, reviews documentation of worker training (e.g., AF Form 55), and assesses worker knowledge. In

addition, PH will proactively offer training assistance (materials, consultation) to non-MTF employees (e.g., first responders, life guards) at risk to bloodborne pathogen hazards. (T-2) **Note:** Ensure workplace supervisors are modifying standardized training material to include workplace and task specific details.

2.13.5. Provides administrative oversight of MSE program as directed by the IOEMC. (T-0)

2.13.5.1. Identifies appropriate MSEs triggered by regulatory authority and risk assessment activity based on OEHED. (T-0)

2.13.5.2. Produces an updated Clinical Occupational Health Exam Requirements (COHER) form using the Aeromedical Services Information Management System (ASIMS) Web application. The document is subject to modification and final approval by the IOEMC. (T-2)

2.13.5.3. Ensures that PH flight (or equivalent) works with supervisors, designated unit representatives or individual employees to maintain current SEG/workplace rosters using the Occupational Health Supervisor Module in ASIMS Web and schedule appointments. SEG/workplace rosters will be updated at a minimum of every 6 months. (T-2)

2.13.5.4. Provide updated copies of the COHER and OEHED to the physician completing the MSE. If PH completes the MSE (e.g., annual audiogram only), PH will file the appropriate documentation 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. (T-2)

2.13.5.5. Coordinates with supervisors to maximize MSE completion rates and to minimize impact on mission where possible. (T-2)

2.13.5.6. Tracks MSE completion rates and maintains records of show/cancellation rates and reports this information to the OEHWG. (T-2)

2.13.5.7. Provides unit commanders and unit health monitors access to their unit personnel MSE status and compliance via ASIMS Web. (T-2)

2.13.5.8. Reports currency rates for all units with personnel on the MSE program to the Aerospace Medicine Council (AMC) and at the installation ESOHC (or equivalent installation-wide meeting) IAW AFI 48-101, *Aerospace Medicine Enterprise*. (T-2)

2.13.6. Acts as MTF or ARC medical unit liaison to local/community health department. (T-2)

2.13.7. When supporting an LSMTF or MAS with no PH officer assigned, oversees the OEH epidemiology and PH 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. (T-2)

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

2.14.1. Appointed in writing 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). (T-1)

2.14.2. 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, FOM and ICS as required. (T-1)

2.14.3. 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. (T-1)

2.14.4. Determines work relatedness of suspected occupational and environmental illnesses in consultation with the worker, supervisor, BE, PH, FOM, 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. (T-1)

2.14.5. 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 workplace 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. (T-1)

2.14.6. 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. (T-1)

2.14.6.1. Represents the MTF or ARC medical unit at the installation's workers compensation working group, the Installation ESOHC and/or other AF forum where OEH illness data are discussed and used to approve or disapprove compensation. (T-1)

2.14.6.2. Leads medical participation in multi-disciplinary forums to reduce military and civilian lost workdays and injury rates. (T-1)

2.14.7. Periodically briefs or schedules another qualified flight surgeon to brief the professional staff on occupational illness and injury trends and related issues (e.g., recognition, prevention, care and reporting) based on local needs and frequency of staff turnover. (T-1)

2.14.8. Reviews and approves occupational "Fitness for Duty" determination examinations. (T-1)

2.15. OEHWG.

2.15.1. Includes BE, PH, FOM, and SE representatives as principal members and ensures workplace supervisors are invited to attend when their workplace MSE requirements are under review. Should consider other representatives such as ICS, where warranted. (T-1)

2.15.2. Reviews workplace categorization and consolidated CSM prioritization provided by the BE Flight Commander or equivalent and makes recommendations for changes. (T-1)

2.15.3. Recommends MSE requirements to the IOEMC; documents determinations in the OEHWG minutes. (T-1)

2.15.4. Implements procedures to investigate and report suspected OEH-related illness or injury. (T-1)

2.15.5. Ensures all OEH-related training requirements are identified and communicated to workplace supervisors by BE or PH. (T-1)

2.15.6. Tracks AF-level, MAJCOM-level and installation-specific OEH performance measures to assess the effectiveness of the installation OEH Program. (T-1)

2.15.7. 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. (T-1)

2.15.8. 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. (T-1)

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

2.16.1. 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. (T-3)

2.16.2. Coordinates with the supporting MTF/SGP for OEH Program support as needed to fulfill the requirements of this AFI. (T-3)

2.16.3. 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. (T-3)

2.16.4. Ensures scheduling of MSE and any required follow-up exams and reporting of findings and trends to the supporting MTF PH office. (T-3)

2.16.5. Ensures the PH office at the supporting MTF is informed promptly about each job-related illness or injury. (T-3)

2.16.6. Ensures timely notification is provided to the supporting MTF PH office for all employees who become pregnant. (T-3)

2.16.7. Ensures LSMTF providers participate in occupational illness investigations and fitness for duty (FFD) evaluations as managed by the supporting MTF IOEMC. (T-3)

2.16.8. Ensures LSMTF credentialed providers participate in the supporting MTF OEHWG. This may be via video-teleconference or telephone. (T-3)

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

2.17.1. 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. (T-3)

2.17.2. Coordinates with the supporting MTF/SGP for OEH Program support as needed to fulfill the requirements of this AFI. (T-3)

2.17.3. 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. (T-3)

2.17.4. Ensures the PH office at the supporting MTF is informed promptly about each job-related illness or injury. (T-3)

2.17.5. Ensures timely notification is provided to the supporting MTF PH office for all employees who become pregnant. (T-3)

2.17.6. Facilitates workplace supervisor communications with the credentialed providers from the supporting MTF as needed. (T-3)

2.17.7. Ensures medical staff participates in occupational illness investigations and FFD evaluations as managed by the supporting MTF IOEMC. (T-3)

2.18. DOEHRS-IH Functional User Group.

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

2.18.2. Participates in the DOEHRS-IH development process to include evaluating and testing system changes.

2.18.3. Identifies and recommends potential user changes and enhancements to AFMSA/SG3PB to improve DOEHRS-IH functionality.

2.19. USAFSAM Occupational and Environmental Health (USAFSAM/OE).

2.19.1. Provides specialized, technical consultation to assist in assessing and managing installation OEH Programs. (T-1)

2.19.2. 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. (T-1)

2.19.3. Identifies OEH risk reduction opportunities with AF-wide significance and evaluates costs/benefits. (T-1)

2.19.4. 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. (T-1)

2.19.5. Recommends AF-level OEH Program metrics to AFMSA/SG3PB. (T-1)

2.19.6. Serves as the AF DOEHRS-IH service-level administrator. (T-1)

2.19.7. Develops and maintains standard data sets (pick lists) and tables identified by AFMSA, AFMOA or MAJCOMs for use in the DOEHRS-IH. (T-1)

2.19.8. Develops and maintains ad hoc reports identified by AFMSA, AFMOA or MAJCOMs for use with the DOEHRS-IH. (T-1)

2.19.9. Fields, responds to and tracks questions and user-identified issues with the DOEHRS-IH and ad hoc reports and provides reports to AFMSA or AFMOA as requested. (T-1)

2.19.10. Develops and maintains DOEHRS-IH user guidance as requested by AFMSA or AFMOA. (T-1)

2.19.11. Maintains a master OEH exposure data repository through the DOEHRS-IH. (T-1)

2.19.12. Participates in the DOEHRS-IH FUG and plans and programs for FUG representative attendance at FUG meetings. (T-1)

2.19.13. Provides standardized recommendations for medical examinations based on exposures most commonly observed among given Air Force Specialty Codes (AFSCs). (T-1)

2.19.14. Provides technical consultative support to SAF/IE on OSD Emerging Contaminants Working group IAW DODI 4715.18, *Emerging Contaminants*. (T-1)

2.19.15. Provides AFSC-awarding and advanced OEH Program training to members of Aerospace Medicine, including appropriate DOEHRS-IH training. (T-1)

2.19.16. Ensures all aspects of OEH training are integrated with DOEHRS-IH data entry and information management training for Aerospace Medicine personnel. (T-1)

2.20. 937th Training Group. Ensures clinical staff is familiar with OEH Program requirements and processes. (T-1)

2.21. Injury Compensation Specialist (ICS).

2.21.1. 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). (T-0)

2.21.2. Shares appropriate workers compensation data with Ground Safety and OEH POCs to ensure prevention and reduction of lost workdays. (T-0)

2.22. Base Civil Engineer (BCE).

2.22.1. Establishes and maintains processes to ensure design and construction lead personnel involve BE 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. (T-1)

2.22.2. Provides BE access to work orders, 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.). (T-1)

2.23. Chief of the Installation Contracting Office.

2.23.1. 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: (T-0)

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

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

2.23.1.3. Subpart 23.8, *Ozone-Depleting Substances*;

2.23.1.4. Subpart 23.9, *Contractor Compliance with Environmental Management Systems*; and

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

2.23.2. Provides all design reviews and work order requests with potential OEH impact to installation personnel to the installation BE (or equivalent) for review and approval prior to allowing work to commence on a contract. (T-1)

2.24. Unit/Organizational Commander.

2.24.1. Provides workers a safe and healthy work environment that complies with all OEH program requirements. (T-0)

2.24.2. Supports installation and organizational level OEH objectives and targets. (T-0)

2.24.3. Implements corrective actions for identified OEH discrepancies. (T-1)

2.24.4. Ensures employees report for all scheduled MSEs. (T-3)

2.24.5. Appoints a Unit Health Monitor (UHM) to support coordination of MSE requirements. (T-1)

2.24.6. Arranges funding to support non-DHP medical assessments when required by federal law or to meet the needs of the USAF. (T-0)

2.24.7. Ensures unit personnel are trained on applicable components of the OEH program as described in section 4.5 of this AFI. (T-0)

2.25. Unit Health Monitor. Notifies unit personnel of due/overdue MSE requirements and monitors MSE status in coordination with unit CCs, workplace supervisors and PH. (T-1)

2.26. Workplace Supervisor.

2.26.1. Ensures all OEH hazards are abated to the maximum extent possible and that all Airmen comply with OEH requirements. (T-0)

2.26.2. Ensures required OEH hazard controls are implemented and functioning correctly; PPE is available and used correctly in the workplace; and instructs personnel on care/hygiene of their PPE. (T-0)

2.26.3. Ensures workplace compliance with applicable OEH regulatory and policy requirements. (T-0)

2.26.4. Informs BE, PH and/or preventive medicine personnel (as applicable in deployed locations) of changes to workplace equipment, practices and/or procedures that may impact exposure to OEH hazards. (T-1)

2.26.5. Conducts workplace-specific OEH hazard training, per regulatory or policy requirements; documents training in accordance with AFI 91-202. (T-0)

2.26.6. Consults with appropriate SMEs to ensure OEH hazard training meets or exceeds minimum requirements. (T-2)

2.26.7. Ensures that pre-placement examinations are completed before placing the individual to work (if possible) and NLT 60 days after starting work (unless governed by more stringent CFR requirements) and that post-placement examinations are completed when the employee terminates work activities. (T-0)

2.26.8. Notifies PH of members separating or retiring so that appropriate termination examinations can be completed. (T-0)

2.26.9. Ensures personnel requiring MSEs attend scheduled medical appointments. (T-3)

2.26.10. 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. (T-3)

2.26.11. Maintains accurate rosters of personnel assigned to the workplace by updating the Occupational Health Supervisor Module in ASIMS Web at least every 6 months (see paragraph 2.13.5.3.). (T-2)

2.26.12. Ensures PH, BE (or preventive medicine personnel as applicable when deployed) and ICS are informed promptly about each job-related illness and pregnancy (if notified by worker). (T-0)

2.26.13. Supports the OEH hazard identification and risk assessment process by ensuring active engagement of personnel with OEH professionals evaluating the workplace. (T-3)

2.27. Employee.

2.27.1. 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 PPE. (T-0)

2.27.2. Reports on time for scheduled MSE appointments. (T-3)

2.27.3. 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. (T-0)

2.27.4. Reports to supervisors and medical authority any occupationally related exposures or health conditions, and seeks medical care as required. (T-1)

2.27.5. Notifies supervisor and reports to PH upon learning of pregnancy. (T-1, applicable to military personnel only, optional for civilian employees)

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.

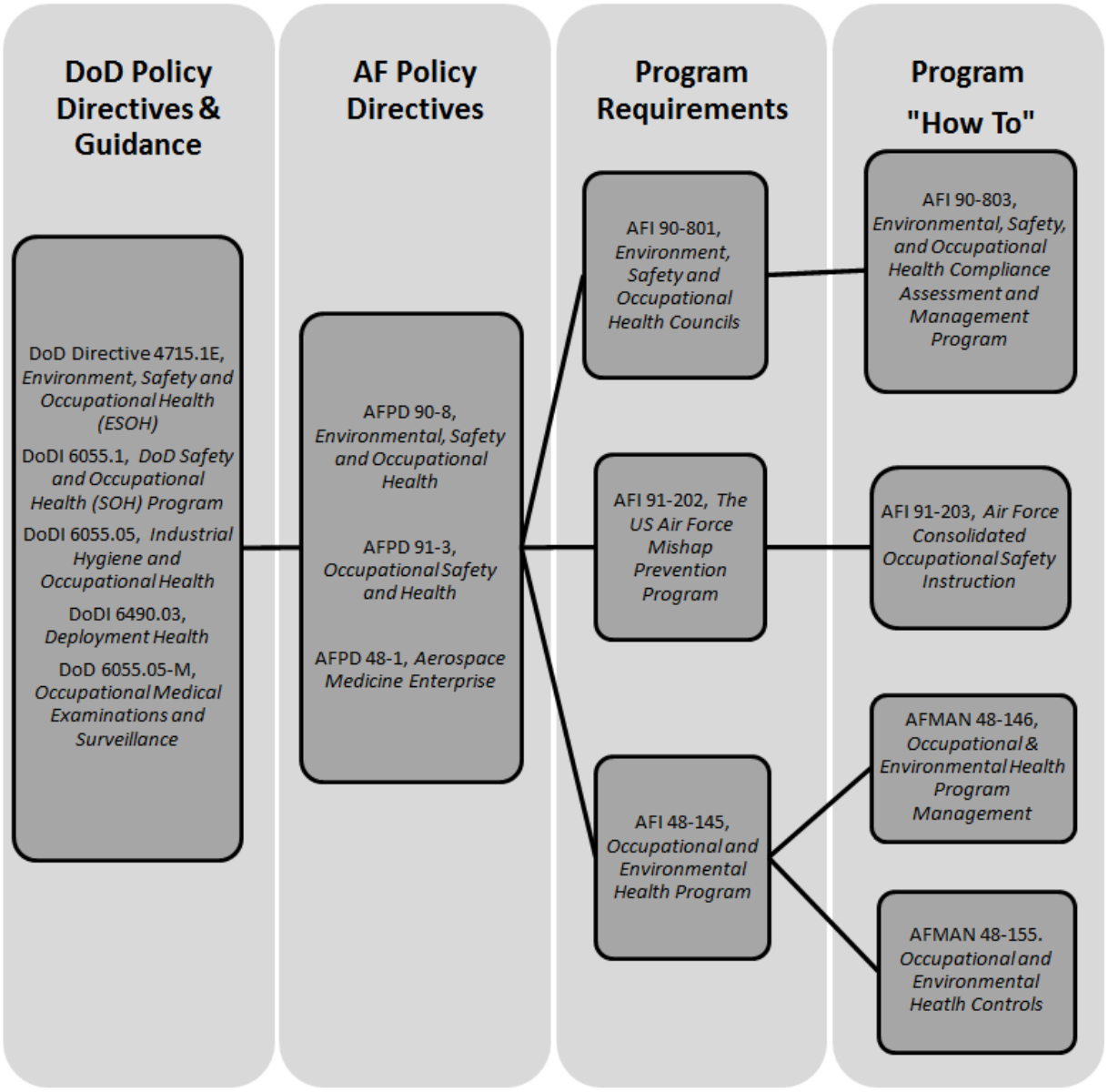
3.2.1.2. SAF/IEE ensures that OEH Program priorities, objectives and targets are reviewed and approved annually.

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

3.2.3. Installation. OEH SMEs incorporate HAF and MAJCOM 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. (T-1)

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. Elements of the AF OEH Program.



Chapter 4

EXECUTION

4.1. Purpose. Feedback from OEH program execution is used in the planning process to develop future OEH Program objectives and targets in order to improve overall effectiveness.

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. (T-1)

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.

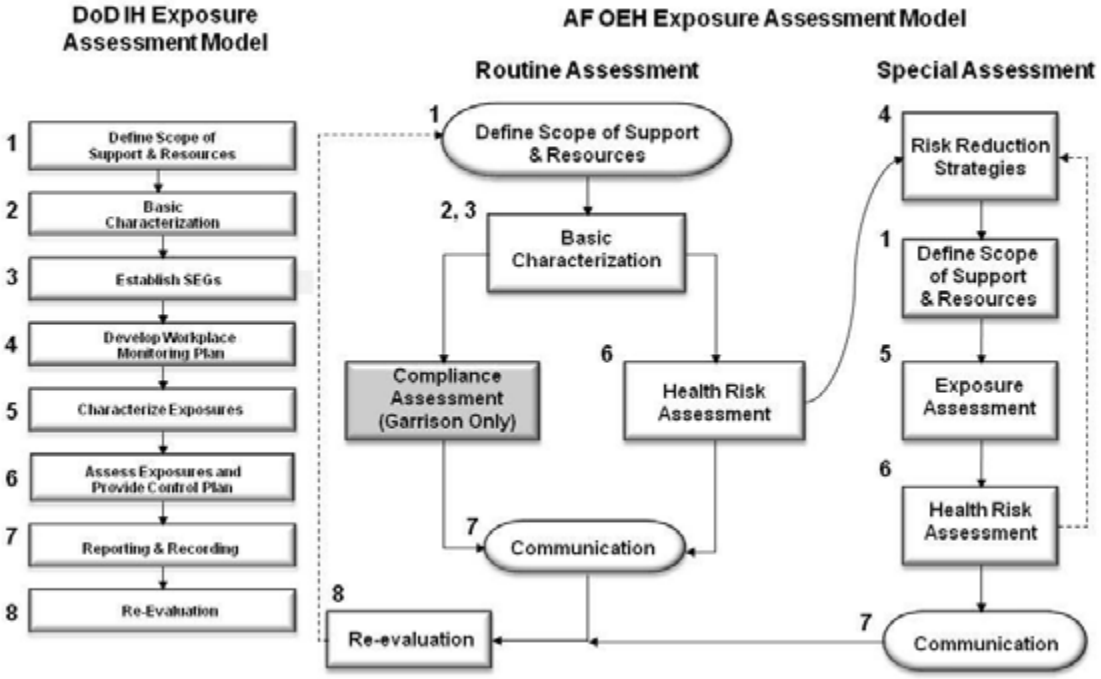
4.3.1.3. Evaluate the effectiveness of control options designed to minimize OEH-related exposure.

4.3.1.4. Accurately document OEH exposure(s) to ensure an accurate 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. 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. Detailed guidance on conducting routine assessment can be found in AFMAN 48-146 and technical guides written by USAFSAM SMEs and posted on the USAFSAM portal.

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

4.3.4. Special Assessment. A special assessment is typically a <u>quantitative</u> assessment that focuses resources on OEH-related hazards that require additional evaluation or classification. Detailed guidance on conducting special assessments can be found in AFMAN 48-146 and technical guides written by USAFSAM SMEs and posted on the USAFSAM portal.

Table 4.1. Workplace Categorization & Required Routine Assessment Frequency.

Considerations	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
	Routine OSHA Expanded Standard Requirements (e.g., 29 CFR 1910.1026, Chromium VI)	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	**Not to exceed every 12 months**	**Not to exceed every 30 months**	**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.

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 through the performance of all Occupational Medical examinations (MSE, FFD, Pre-placement, Injury/Illness and Termination) IAW 29 CFR 1910, DoDI 6055.05-M and AFMAN 48-146.

4.4.2. Data Standardization. OEH surveillance programs will be standardized across the Air Force as follows (T-1):

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

4.4.2.2. If the OEHED and MSE requirements (COHER) located in the employee's electronic medical record are not current, the office completing the examination (FOM 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).

4.5. 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. (T-0)

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.). (T-1)

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. (T-1)

4.5.2.3. Responsibilities associated with eliminating/reducing OEH risk and maintaining regulatory compliance. (T-1)

4.5.2.4. Potential negative outcomes related to departure from specified plans, procedures, checklists, etc. (T-1)

4.5.3. 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. (T-2)

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 Presidential Directives. (T-0)

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. (T-0)

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. 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. (T-0)

5.2. 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 (or equivalent) shall ensure an OEH PMR is conducted at least annually. (T-0)

6.2. 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 PMR must be documented IAW the template provided by AFMOA. (T-1)

THOMAS W. TRAVIS, Lieutenant General,
USAF, MC, CFS
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

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Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

OSHA Form 300, *Log of Work-Related Injuries and Illnesses*

OSHA Form 301, *Injury and Illness Incident Report*

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

ACGIH—American Council of Governmental Industrial Hygienists

AFI—Air Force Instruction

AFIA—Air Force Inspection Agency

AFMAN—Air Force Manual

AFMSA—Air Force Medical Support Agency

AFMS—Air Force Medical Service

AFPD—Air Force Policy Directive

AFRC—Air Force Reserve Command

AFSAS—Air Force Safety Automated System

AIHA—American Industrial Hygiene Association

AMC—Aerospace Medicine Council

AOR—Area of Responsibility

ASIMS—Aeromedical Services Information Management System

BCE—Base Civil Engineer

BE—Bioenvironmental Engineering

BEE—Bioenvironmental Engineer

CJCSI—Chairman of the Joint Chiefs of Staff Instruction

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-IH—Department of Defense Occupational & Environmental Health Reporting System–Industrial Hygiene

DRU—Direct Reporting Units

ESOH—Environment, Safety, and Occupational Health

ESOHC—Environmental, Safety, and Occupational Health Council

FAR—Federal Acquisition Regulations

FECA—Federal Employees' Compensation Act

FFD—Fitness For Duty

FOA—Field Operating Agency

FOM—Flight and Operational Medicine

FUG—Functional User Group

GSU—Geographically Separated Unit

HAZCOM—Hazard Communication

HCP—Health Care Provider

HRA—Health Risk Assessment

ICS—Injury Compensation Specialist

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

MSE—Medical Surveillance Exam

MTF—Military 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

OM—Occupational 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

PMR—Program Management Review

PPBE—Planning, Programming, Budgeting, and Execution

SEG—Similar Exposure Group

SG3PB—Bioenvironmental Engineering Branch within AFMSA

SME—Subject Matter Expert

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.

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.

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.

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.