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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) is consistent with 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). This Instruction does not apply to employees working under government contract. 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 subject to local arrangements. Send comments and suggested improvements on AF Form 847, *Recommendation for Change of Publication*, through channels, to Air Force Medical Support Agency Bioenvironmental Engineering Branch (AFMSA/SG3PB), 7700 Arlington Blvd, Falls Church, VA 22042. Any organization may supplement this Instruction. Field activities must send implementing publications to the higher headquarters functional OPR for review and coordination before publishing. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, and 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

Instruction requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by 10 U.S.C., Section 8013, *Power and Duties of the Secretary of the Air Force*, 10 U.S.C., Chapter 55, *Medical and Dental Care*, Executive Order 12196, *Occupational Safety and Health Programs for Federal Employees*, and Executive Order 9397 as amended by Executive Order 13478, *Amendments to Executive Order 9397 Relating to Federal Agency Use of Social Security Numbers*. The applicable SORN F044 AF SG E Medical Record System is

available at: <http://dpclo.defense.gov/Privacy/SORNS.aspx> Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual 33-363, Management of Records, and disposed of in accordance with the Air Force Records Disposition Schedule located in the Air Force Records Information Management System.

SUMMARY OF CHANGES

This revision incorporates programmatic changes in accordance with updates to AFI 90-201, *The Air Force Inspection System*, and AFI 90-801, *Environment, Safety and Occupational Health Councils* and better aligns Air Force programs with the American Industrial Hygiene Association’s (AIHA) strategy in assessing and managing occupational exposures. It adds Program Management Review (PMR) requirements for Occupational and Environmental Health (OEH) programs. Additionally this AFI shifts some of the specific elements of the OEH program to AFMAN 48-146, *Occupational and Environmental Health Program Management*. It also introduces the concept of “Total Exposure Health” (TEH) into Occupational and Environmental Health.

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Chapter 1

PROGRAM OVERVIEW

1.1. Purpose. The purpose of the AF OEH Program is to protect the health and welfare of our workforce and community environments while enhancing combat, operational capabilities, and ensuring adherence to Occupational Safety and Health Administration (OSHA) standards. 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 occupational and environmental health exposures and/or 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* require that every employee be provided with a work environment that is free from recognized hazards that pose an unacceptable risk of causing death, injury or illness. OEH hazards must be anticipated, recognized, evaluated, controlled, and communicated to enhance workforce availability and mission capability. Reliable and meaningful OEH assessment programs must be implemented to ensure exposures are adequately controlled. 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) 3170.01I, *Joint Capabilities Integration and Development System*, and AFPD 90-8, Environment, Safety, and Occupational Health Management and Risk Management. It is equally important that concerns and deficiencies be communicated during fielding and sustainment to eliminate or mitigate identified OEH risks in existing systems. For systems in sustainment, work with the affected workplace and the installation Hazardous Materials Management Process (HMMP) team to use the existing deficiency reporting process or the Air Force Technical Order Form 22, Technical Manual Change Recommendation and Reply Process. (refer to AFI 63-101/20-101, *Integrated Life Cycle Management*) Finally, all personnel have 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 Policy Directives, Instructions and Manuals as listed in [attachment 1](#). This instruction outlines standard procedures to effectively capture, analyze, document, and communicate OEH hazards and risks in the workplace and community environments. A workplace may be administrative, industrial, or both; it also includes non-traditional workplaces, such as aircraft and other service vehicles. In some instances, the surrounding environment may pose an

environmental health exposure risk that must be assessed and documented, such as in the case of vapor intrusion into a workplace or installation 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 and principles outlined in this AFI are identical in both home station and deployed settings. This facilitates the establishment of an accurate individual longitudinal exposure record 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 Airman's full career. Requirements outlined in this AFI relative to ESOH Council and OEH Working Group (OEHWG) do not apply in deployed environments. This Instruction also provides policy regarding the responsibility of AF occupational medicine to advise workers and supervisors regarding worker medical fitness to safely perform essential job functions. This AFI also mandates the use of the Defense Occupational and Environmental Health Readiness System – Industrial Hygiene (DOEHRS-IH) for documentation of all OEH exposures. It also mandates OEH Program Management Review requirements for the Aerospace Medicine Enterprise (AME).

1.2.3. The role of the AME 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 environments. 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 impacts and there are aspects of the natural environment that cannot. AME personnel can take exposure outside the workplace 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. The AF's and Surgeon General's Total Exposure Health (TEH) program aims to capture individual workplace, environmental and lifestyle exposures using advances in science, technology, and informatics to prevent disease and improve health and well-being. The AME is not currently equipped to implement the TEH concept but personnel should be aware of this Air Force Medical Service (AFMS) Strategic Priority. Examples of exposures not currently suited to reasonable capture but would be included in the future TEH program are:

1.2.3.2.1. Lifestyle choices such as alcohol, tobacco consumption and diet.

1.2.3.2.2. The natural environments of vectors (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.

1.2.3.2.5. Off-duty OEH exposures such as hazardous noise.

1.3. Concepts:

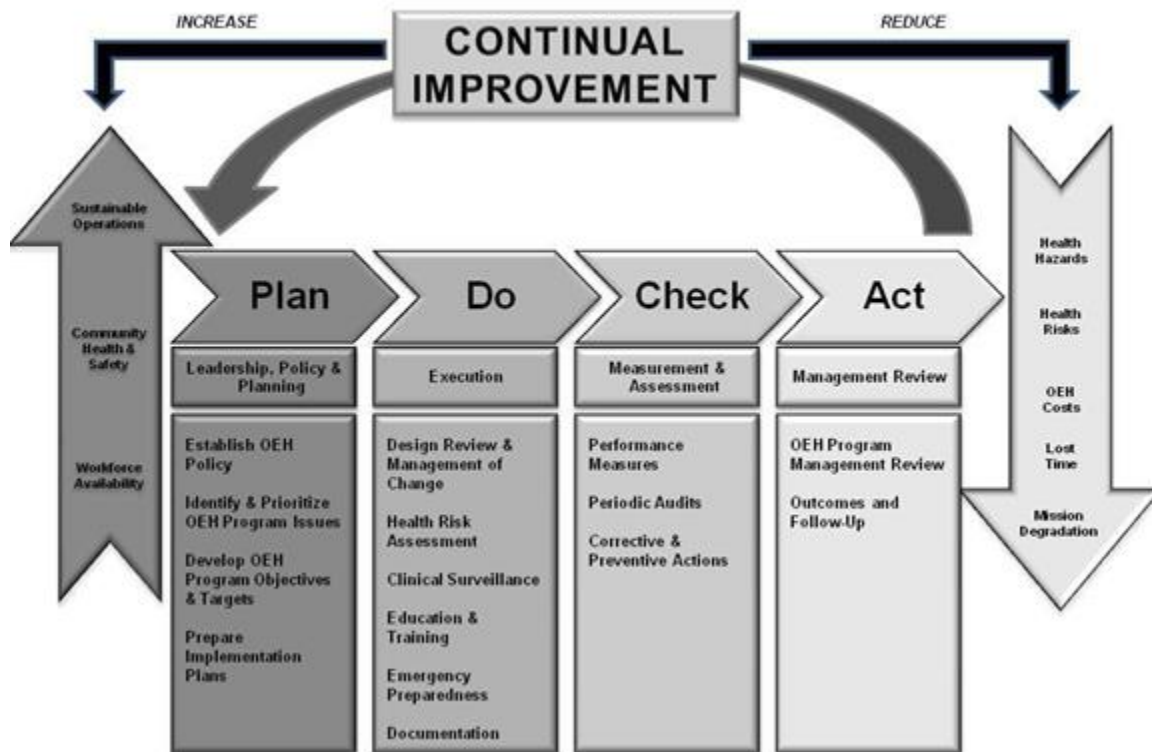
1.3.1. The AF uses DOEHRS-IH to manage longitudinal exposure recordkeeping and reporting.

1.3.2. This AFI requires the use of 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 cycle for:

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

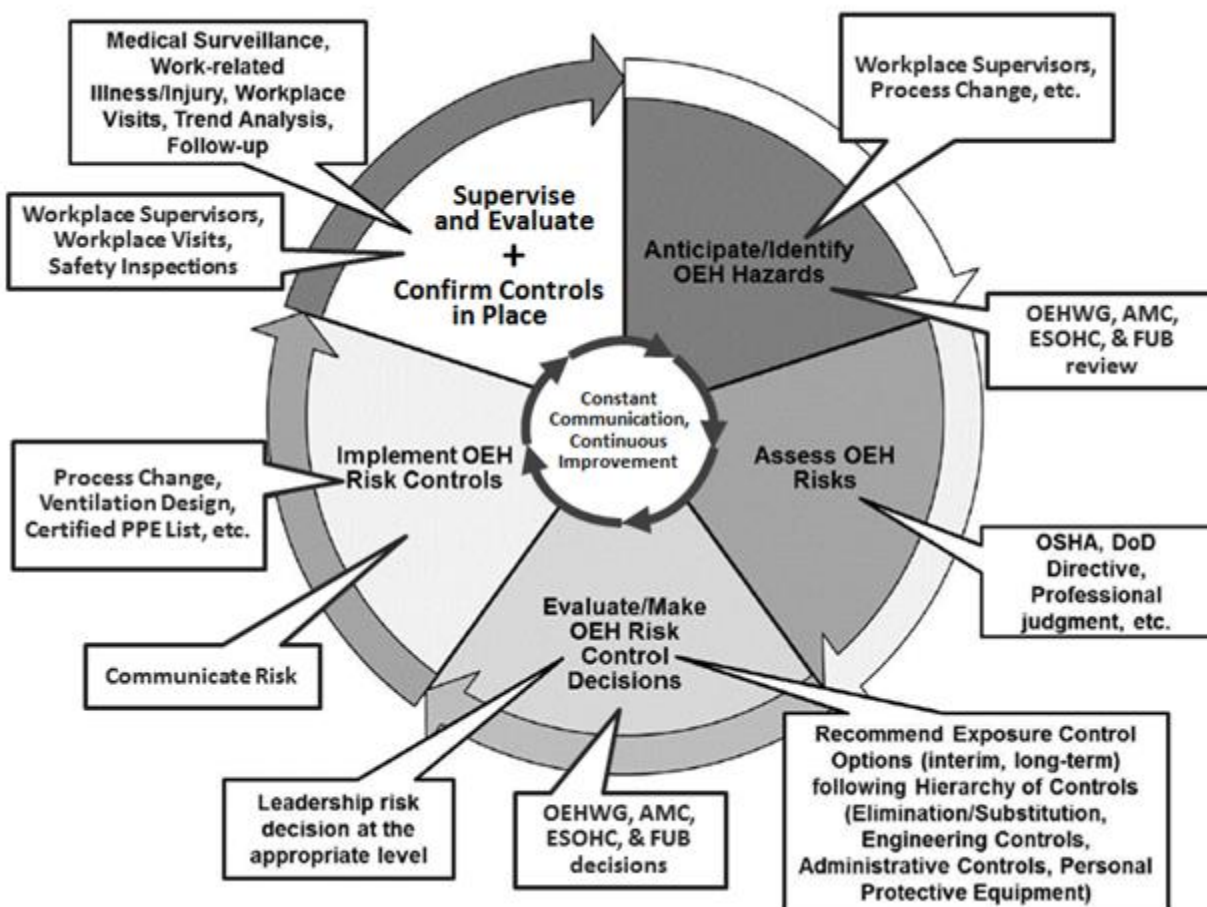
1.3.2.2. Evaluating the effectiveness of the OEH Program and determining how it supports the operational mission.

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 exposure and hazard reduction and resource prioritization. The overall OEH Program contribution to the supported organization's RM process is depicted in **Figure 1.2**. The OEH Program expands upon the AF RM process to align with AIHA's and the National Academy of Science's risk assessment protocols. Specifically, the OEH RM process adds "Confirm Controls in Place" as a component of step five in the AF RM process "Supervise and Evaluate". Additionally, the OEH RM process adds an inner circle to emphasize that constant communication and continuous improvement must occur throughout each one of the five steps.

Figure 1.2. The OEH Risk Management Cycle.



1.3.4. AFMS personnel play a key role in the RM process by identifying actual and potential exposures and health threats, assessing and determining significance of those exposures and health risks, determining appropriate control measures, communicating exposure and health risk information, and performing medical surveillance. Exposure and health risk assessment information enhance 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 and AFI 90-802:

1.3.4.1. Anticipate and identify exposures/hazards,

- 1.3.4.2. Assess hazards to determine 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 Energy (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 AF 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 infrastructure.

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.

2.1.4. Ensures the OEH program management review is conducted at all levels annually.

2.2. Deputy Assistant Secretary of the Air Force for Environment, Safety, and Infrastructure (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 and approves them annually.

2.2.2. Conducts PMRs of the progress of the AF ESOH programs, at least annually. Reports the progress of the AF ESOH programs to the Assistant Secretary of Defense (Energy, Installations, and Environment) (ASD (EI&E)) through ASD (EI&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 exposure and health risk assessment, surveillance and control requirements associated with health-based OEH programs through the medical and Line of the AF (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 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.

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).

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

2.4.6. Appoints representatives to the DOEHRS Services Functional Working group who in turn identify and prioritize DOEHRS-IH technical and management issues to OSD for modification or other appropriate actions.

2.4.7. Distributes policy for use of DOEHRS-IH in the AF.

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

2.4.9. Plans, programs, and budgets for resources to accomplish and provides oversight for execution of AME programs.

2.4.9.1. Establishes a planning, programming and budgeting mechanism to advocate for and distribute OEH surveillance funds to conduct OEH surveillance and risk assessments, as well as to educate and train OEH personnel on these programs. Validates MAJCOM and installation budget submittals for OEH projects and oversees budgeting, programming, and execution of OEH funds through the AF.

2.4.9.2. Establishes a planning, programming and budgeting mechanism to maintain the DOEHRS-IH support functions.

2.4.10. Monitors OEH enforcement actions for trend analysis.

2.4.11. Identifies programmatic and policy implications and coordinates with the MAJCOMs to collect/analyze MAJCOM level data.

2.4.12. Provides annual guidance to base and MAJCOM AME personnel on standardized execution of the Program Management Review required by chapter six of this AFI.

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

2.4.14. Reviews MAJCOM PMRs for trend analysis for input into OEH policy decisions.

2.5. Major Command Surgeon (MAJCOM/SG).

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

2.5.2. Assists Aerospace Operations 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 AF 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 the MAJCOM by communicating to installation OEH staff.
- 2.5.6. Coordinates with AFMSA/SG3P to identify and resolve OEH programmatic issues.
- 2.5.7. Ensures that each Geographically Separated Unit (GSU) within their Area of Responsibility (AOR) has a supporting Military Treatment Facility (MTF) assigned IAW AFI 25-201, *Intra-Service, Intra-Agency, and Inter-Agency Support Agreements Procedures*, and DoDI 4000.19, *Support Agreements*, to assist with the OEH Program as outlined in this AFI.
- 2.5.8. Ensures that at least one MAJCOM/SG staff member (i.e., PHO or 4E0X1 MFM) maintains an Air Force Safety Automated System (AFSAS) user administrator account.
- 2.5.9. Identifies programmatic and policy implications within the MAJCOM and collects/analyzes installation-level data to be rolled up eventually at AFMSA.
- 2.5.10. Sends applicable continual evaluation, staff assistance visits, and enforcement action reports to AFIA (Air Force Inspection Agency) Medical Core Team for review prior to the UEI Capstone. (T-1)
- 2.5.11. Ensures, through the MAJCOM ESOH Council, the MAJCOM OEH PMR is briefed and signed by the MAJCOM ESOH Council Chair and forwarded to AFMSA/SG3P.
- 2.5.12. Ensure appropriate BE support for the MAJCOM and installation Hazardous Material Management Process (HMMP) activities IAW AFI 32-7086, Hazardous Material Management.

2.6. Installation Commander.

- 2.6.1. Provides a safe and healthful workplace and community environment for all military and civilian personnel IAW DoD ESOH requirements (T-0) and the AF ESOH Vision and Priorities as established in AFPD 90-8. (T-1)
- 2.6.2. Reviews all completed installation OEH program management reviews (PMR). (T-2)
- 2.6.3. Directs execution of the installation OEH Program through the installation ESOH Council IAW AFI 90-801.
- 2.6.3.1. Ensures the ESOH Council distributes the installation OEH PMR to the MAJCOM ESOH Council. (T-1)
- 2.6.4. 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). (T-1) 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)

2.7. Installation Environment, Safety, and Occupational Health (ESOH) Council.

2.7.1. 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)**

2.7.2. Annually, provides a consolidated OEH PMR to the installation commander for review. **(T-2)**

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

2.8.1. Provides OEH support to the installation (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)**

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

2.8.2.1. Is responsible for the OEH Program at supported GSUs or Munitions Support Squadron (MUNSS) sites and ensures appropriate support is provided. **(T-2)**

2.8.2.2. 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. **(T-2)** **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. **(T-2)**

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

2.8.4. 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)**

2.8.5. Shall assign 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). **(T-1)**

2.8.5.1. 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)**

2.8.6. 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)**

2.8.7. Ensures the IOEMC (or a designated full-time medical representative for ARC installations) attends the Federal Employee Compensation Act (FECA) Working Group or equivalent (if held on the installation), with Flight and Operational Medicine, BE, and Public Health (PH) support and attendance as required. **(T-0)** 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.

2.8.8. At co-located installations (i.e., host Regular AF 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 AF MTF and Ground RMU. **(T-2)**

2.8.8.1. In accordance with DoDI 4000.19, a support agreement between the host Regular AF MTF and collocated tenant Ground RMU will describe OEH Program responsibilities assigned to each. **(T-0)**

2.8.8.2. The Regular AF MTF will provide the Tenant AFRC unit with the same quality and quantity of support as provided to all AF receivers, unless the Regular AF MTF and Ground RMU agree to different levels of support IAW AFI 25-201. **(T-1)**

2.8.8.3. In accordance with AFI 25-201_AFRCSUP, *Intra-Service, Intra-Agency, and Inter-Agency Support Agreement Procedures*, the support agreement is forwarded to HQ AFRC/A4OP for review and approval.

2.8.8.4. Depending on availability of active duty installation resources, the Reserve unit may be required to reimburse the active duty for OEH support provided. **Note:** 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)**

2.8.9. At non-co-located ARC installations (i.e., no active duty host installation), OEH Program responsibilities conferred to the ground RMU with Unit Type Code (UTC) supporting Aerospace Medicine Functions and full-time BE/PH 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)**

2.8.10. Ensures that the medical group purchases the most current edition of the AIHA's *A Strategy for Assessing and Managing Occupational Exposures* and the AME incorporates the associated guidelines into their operations. **(T-3)** This comprehensive document outlines strategies for accomplishing occupational health monitoring programs.

2.9. Chief of Aerospace Medicine (SGP).

2.9.1. Leads the AME execution of OEH Program responsibilities. **(T-1)**

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

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

2.9.4. Ensures, at a minimum, representatives from Flight and Operational Medicine, BE, and PH participate in OEHWG meetings. **(T-1)**

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 Specialist. **(T-1)**

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

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

2.9.7.1. 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)

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

2.9.8.1. Effectively partners with unit commanders (or designees) to ensure MSEs are accomplished before they become overdue. (T-3)

2.9.8.2. Ensures that PH regularly communicates MSE compliance rates to medical and line commanders through the local ESOH Council. (T-3)

2.9.9. Ensures prompt medical support and consultation is provided to the Injury Compensation Specialist or to the ANG Injury Compensation Specialist and Human Resources Office, as requested. (T-1)

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

2.9.11. Ensures OEHWG produces a consolidated OEH PMR that is presented at the ESOH Council, approved by the installation commander and forwarded to the MAJCOM ESOH Council. (T-1) OEH PMR shall include locally determined pertinent information from Flight and Operational Medicine, BE, and PH PMRs. (T-1)

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

2.10.1. Annually assess program effectiveness by reviewing and reporting occupational health key indicators as required by AFI 48-101, *Aerospace Medicine Enterprise*, and applicable policy directives, instructions, and manuals. (T-1)

2.10.2. Complete OEH Self-Assessment Communicators in Management Internal Control Toolset (MICT) IAW AFI 90-201. (T-1)

2.10.3. Complete Flight and Operational Medicine -specific PMR and present at OEHWG for incorporation into the overall OEH PMR. (T-1)

2.10.4. Serves as a member of the OEHWG, providing consultation on recommended OEH MSE and risk communication. (T-1)

2.10.5. Supports the installation OEH Program through consultation and workplace visits. Category 1 workplaces require a physician visit annually. **Note:** for the ANG if no Flight Surgeon is available or, if no Flight Surgeon assigned, a non-flight surgeon physician or mid-level provider will visit all Category 1 workplaces.

2.10.5.1. 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. (T-3)

2.10.5.2. Significant findings are communicated to BE and PH or installation Safety as soon as possible, but NLT 2 work days following discovery. (T-1) 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.). (T-1) Installation Safety is notified for safety specific issues (e.g. fall hazards, faulty eye wash station, etc.). (T-1)

2.10.5.3. 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 1 work area with appropriate written report is required for Readiness Skills Verification (RSV). Flight surgeons at standalone AFRC installations will visit Category 1 work areas annually, preferably with BE and PH. (T-1)

2.10.6. 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. (T-2) 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.

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

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

2.10.6.3. Ensures any abnormalities identified during the MSE are properly and appropriately addressed and documented in the individual's medical record. (T-1)

2.10.6.4. 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)

2.10.7. Provides MSEs for Medical Aid Station (MAS) personnel and GSUs without assigned medical personnel as well as Limited Scope Medical Treatment Facilities (LSMTF) without credentialed providers. (T-2) 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)

2.10.8. Perform duties as outlined in Base Operations Medicine Clinic Implementation Plan. (T-2)

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

2.11.1. Annually assess program effectiveness by reviewing and reporting occupational health key indicators as required by AFI 48-101, *Aerospace Medicine Enterprise*, and policy referenced in [attachment 1](#). (T-1)

2.11.2. Completes OEH Self-Assessment Communicators in MICT as required locally. (T-1)

2.11.3. Completes BE-specific Program Management Review (PMR) and present at OEHWG for incorporation into the overall OEH PMR. (T-1)

2.11.4. Assists commanders and supervisors with integrating OEH input into risk-based decision processes. (T-3)

2.11.5. Serves as member of the OEHWG, providing consultation on OEH exposures and workplace-specific Occupational and Environmental Health Exposure Data (OEHED). Provides DOEHRS-IH OEHED documents to the OEHWG for each Similar Exposure Group (SEG) reviewed. (T-0) Provides the personnel listing to Public Health to ensure the most up-to-date SEG rosters in Aeromedical Services Information Management System (ASIMS). (T-1)

2.11.6. Ensures OEH exposure and risk assessments are accomplished using procedures outlined in AFMAN 48-146 and published Common Operating Practices (COPS). (T-1)

2.11.6.1. Assigns risk-level categorization to each workplace and provides a complete list to the OEHWG (SGP for deployed locations) for review. (T-0) Completes routine assessments according to assessment frequency requirements in [para 4.3.3.2](#). (T-1) Ensures personnel associated with identified workplaces are assigned to an appropriate SEG in DOEHRS-IH. (T-0)

2.11.6.2. Identifies and assesses OEH exposure pathways on military installations or within the AOR (which may include areas such as geographically separated ranges, recreational areas, or units stationed at another nation's installation, etc.). (T-1)

2.11.6.3. In consultation with MAJCOM/SGPB, Remedial Project Managers, and USAFSAM, provides exposure and 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)

2.11.6.3.1. Ensures that exposure and health risk assessment data and sampling strategies are reviewed for quality and appropriateness. (T-1)

2.11.6.3.2. Ensures applicable health portions of on-site health and safety plans are reviewed. (T-0)

2.11.6.4. Communicates OEH exposure, health risks, recommended controls, and/or corrective actions to Squadron Commanders, workplace supervisor, affected individual(s), and members of a related SEG. (T-1)

2.11.6.5. 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. (T-2) 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.

2.11.7. Conducts an annual OEHSA at installations and/or AOR in DOEHRS IAW AFTTP 3-2.82_IP and OEHSA technical guidance. (Deployed: T-0; In-garrison: T-1) Additionally, completes annual OEHSA updates for any supported sites to include Geographically Separate Units. (Deployed: T-0; In-garrison: T-1)

2.11.7.1. In conjunction with the drinking water consumer confidence report, presents the consolidated conceptual site model to the OEHWG (once per rotation to the SGP for deployed locations) (T-2) and discusses updated surveillance activities in relation to the

exposure pathways at AMC discretion. Presents relevant OEHS information to the ESOH Council as needed. (T-2)

2.11.7.2. Assess exposure pathways and conduct specialized assessment if data or information collected from baseline activities or initial screening has identified potential OEH risk. (T-2)

2.11.8. Provides incident response IAW AFI 10-2501, *Emergency Management (EM) Program Planning and Operations*, and documents all pertinent information in the DOEHS-IH incident reporting module. (T-0)

2.11.9. Ensures DOEHS-IH is used to manage OEH program data (includes archiving of deployment-related OEH exposure data as required by DoDI 6490.03) following the DOEHS-IH Student Guide/User Manual and DOEHS Data Entry and Report Guides (DERGs) as published by the USAFSAM. (T-0)

2.11.10. Assesses and documents OEH exposures for investigations related to mishaps and OEH-related illnesses as identified by a physician. (T-0) Adds the appropriate remarks in the occupational health notes section in the AFSAS to ensure accurate OSHA reporting for the AF. (T-1) To obtain an AFSAS account, contact local MAJCOM designated AFSAS administrator. Adds comprehensive documentation of all exposures and surveillance performed in the completion of an illness or mishap-related assessment to DOEHS as part of the worker's Longitudinal Exposure Record. (T-0)

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

2.11.12. Serves as OEH Program liaison to appropriate regulatory authorities, e.g., OSHA, as required. (T-1)

2.11.13. Investigates proposed changes to existing processes or operations, including equipment hazardous material usage (IAW AFI 32-7086, *Hazardous Materials Management* authorization) and facilities (including, but not limited to construction plan reviews, the AF Form 332 *Base Civil Engineer Work Request*, AF Form 813, *Request for Environmental Impact Analysis*, or other base specific process) for potential OEH hazards to AF personnel. (T-1)

2.11.14. Upon notification of pregnancy of a worker by Public Health, performs a workplace hazard evaluation, by process, on potential or actual OEH threats as part of the installation Fetal Protection Program IAW AFI 10-203, *Duty Limiting Conditions*, Paragraph 3-5. (T-1)

2.11.15. Plans and programs for resources to support OEH mission requirements. Specific resources the BE should purchase (but is not limited to) the current versions of the American Conference of Governmental Industrial Hygienist's (ACGIH) *Threshold Limit Value (TLV) and Biological Exposure Indices (BEIs)*, ACGIH's *Documentation of the TLVs and BEIs*, *Patty's Industrial Hygiene*, *Industrial Ventilation: A Manual of Recommended Practices*, *SAX's Dangerous Properties of Industrial Materials*, and *Health Physics and Radiological Health*.

2.11.16. Works with the Weapon System Maintenance organization when the BE identifies an OEH hazard associated with equipment, processes, or materials used by that organization to sustain and operate a weapon system. If the equipment, process, or material is controlled

by technical data (technical orders, technical manuals, technical specifications, etc.) that is owned by the Acquisition Program Office that has configuration control of the system, the BE works with the system Maintenance organization to contact the owning Program Office to submit an appropriate change request to eliminate or mitigate the hazard. Change requests to eliminate or mitigate a hazard can take the form of a Deficiency Report (reference paragraph 5.2.2.8.3 of AFI 63-101/20-101) or a Technical Manual Change Recommendation (AFTO 22). Attempts to make changes to weapon system equipment, processes, or materials without formal prior Program Office approval can result in unintended consequences that involve even greater safety and OEH risks

2.11.17. Provide BE HMMP team participation IAW AFI 32-7086 and Environmental Management System cross-functional team participation IAW AFI 32-7001, *Environmental Management*.

2.11.18. Appoint/ID an individual(s) to attend the Civil Engineer Work Request Review Board (T-3)

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

2.12.1. Annually assess program effectiveness by reviewing and reporting occupational health key indicators as required by AFI 48-101, *Aerospace Medicine Enterprise*, and applicable policy directives, instructions, and manuals. (T-1)

2.12.2. Complete OEH Self-Assessment Communicators in MICT as required locally. (T-1)

2.12.3. Complete PH-specific PMR and present at OEHWG for incorporation into the overall OEH PMR. (T-1)

2.12.4. Serves as a member of the OEHWG, providing consultation on recommended OEH Medical Surveillance Examination (MSE), OEH training requirements, risk communication and OEH clinical surveillance. (T-1)

2.12.4.1. Conducts OEH epidemiological analysis and provides this data 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). (T-2) 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.

2.12.4.2. Conducts workplace/SEG visits for workplaces requiring investigation or supervisor and/or worker education based on adverse epidemiological findings and adverse health events. (T-2) For example, workplaces with a higher than expected number or proportion of workers with STS and/or PTS should receive a visit from PH.

2.12.4.3. On an annual basis, PH will conduct routine shop visits to 100% of Category 1 workplaces (as defined by BE). (T-2) Conduct routine shop visits to 100% of Category 2 workplaces at a minimum of every 30 months. (T-2) The routine PH shop visit should be done in conjunction with the workplace routine or special assessments 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. (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)

- 2.12.4.3.1. 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)
- 2.12.5. Manages the Occupational and Environmental Health Illness Program. (T-1)
 - 2.12.5.1. 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*. (T-1) 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)
 - 2.12.5.1.1. 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)
 - 2.12.5.1.2. PH will monitor and track occupational illness investigations until completion in AFSAS. (T-1)
 - 2.12.5.1.3. PH will ensure the completed AF Form 190 from AFSAS is filed in the patient's hard copy medical record or uploaded to the electronic medical record if resources allow (T-2).
 - 2.12.5.2. Provides OEH-related illness and exposure data to installation's ESOH Council, FECA Working Group or equivalent and any other appropriate venue, which address workers compensation issues. (T-1)
 - 2.12.5.3. Ensures all appropriate information is available as needed for workers' compensation cases. (T-1)
- 2.12.6. Manages the Installation Fetal Protection Program. (T-1)
 - 2.12.6.1. Ensures all pregnant military workers assigned to the base are interviewed (upon notification of pregnancy by worker, supervisor, laboratory, or military healthcare providers) and ensures that all pregnant civilian workers are offered the same opportunity. (T-1)
 - 2.12.6.2. Consults with BE, the healthcare providers managing the pregnancy, and the IOEMC on potential or actual OEH threats. (T-1) 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. (T-1) If the AF Form 469 is initiated by PH then obtain the healthcare providers signature. ASIMS automatically forwards the AF Form 469 to the Medical Standards Management Element to finalize, sign, and forward to the profile officer for signature. (T-1)

2.12.7. 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. **(T-3)** 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 blood-borne pathogen hazards. **(T-3)**

Note: Ensure workplace supervisors are modifying standardized training material to include workplace and task specific details. PH will only perform training for contractor employees when it is negotiated in the contract and coordinated with the Contracting Officer. -

2.12.8. Provides administrative oversight of MSE program as directed by the IOEMC. **(T-1)**

2.12.8.1. Identifies appropriate MSEs triggered by regulatory authority, exposure, and risk assessment activity based on OEHD. **(T-0)**

2.12.8.2. Produces an updated Clinical Occupational Health Exam Requirements (COHER) form using the ASIMS Web application. **(T-1)** The document is subject to modification and final approval by the IOEMC. **(T-1)** After completion routine surveillance or when changes are made to the COHER, briefs the COHER for the SEG in conjunction with the OEHD for the corresponding SEG at the OEHWG. **(T-1)**

2.12.8.3. 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 schedules audiogram appointments. SEG/workplace rosters shall be updated a minimum of every 3 months and shall be sent to BE. **(T-2)**

2.12.8.4. Provide updated copies of the COHER and OEHD to the physician completing the MSE. **(T-2)**

2.12.8.5. Coordinates with supervisors to maximize MSE completion rates and to minimize impact on mission where possible. **(T-3)**

2.12.8.6. Tracks MSE completion rates and maintains records of no-show/cancellation rates for audiograms and reports this information to the OEHWG as applicable. **(T-2)**

2.12.8.7. Provides unit commanders and unit health monitors access to their unit personnel MSE status and compliance via ASIMS Web. **(T-3)**

2.12.8.8. Reports currency rates for all units with personnel on the MSE program to the AMC and at the installation ESOH Council (or equivalent installation-wide meeting) IAW AFI 48-101. **(T-3)**

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

2.12.10. 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)**

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

2.13.1. 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)**

2.13.2. Provides medical oversight for the OEH program and ensures medically appropriate risk assessment and medical surveillance activities are conducted. **(T-1)** Reviews reported and suspected OEH-related illnesses or injuries and provides necessary feedback to BE, PH, Flight and Operational Medicine and Injury Compensation Specialist as required. **(T-1)**

2.13.3. Ensures the installation ESOH Council receives an annual (or more frequently as directed) OEH Program review that at a minimum includes adverse trends and MSE completion rates. **(T-1)**

2.13.4. Determines work relatedness of suspected occupational and environmental illnesses in consultation with the worker, supervisor, BE, PH, Flight and Operational Medicine, 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. **(T-1)** Provider will document his/her comments and work relatedness determination in AFSAS. **(T-1)**

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 workplace exposures and that work restrictions, based on medical condition and exposure, are consistently applied. **(T-1)** 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. **(T-1)** (Garrison Only) At ANG installations, the FECA working group or equivalent will make recommendations for submission to the Department of Labor. **(T-1)**

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

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

2.13.7. 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)**

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

2.13.9. Serve as Operational Medicine Flight Commander or Operational Medicine Medical Director, or both, unless SGP is IOEMC. **(T-2)**

2.14. Occupational and Environmental Health Working Group (OEHWG).

2.14.1. Includes BE, PH, Flight and Operational Medicine, IOEMC, and Safety representatives as principal members and ensures workplace supervisors are invited to attend when their workplace MSE requirements are under review. **(T-1)** Should consider other representatives such as Injury Compensation Specialist, where warranted.

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

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

2.14.4. Ensures OEHD and COHER are filed in hard copy medical record (or upload to the electronic medical record if resources allow) IAW AFI 41-210 for all workers enrolled in OEH program. **(T-0)**

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

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

2.14.7. Tracks AF-level, MAJCOM-level and installation-specific OEH performance measures to assess the effectiveness of the installation OEH Program IAW AFI 48-101. **(T-1)**

2.14.8. Assists the Installation ESOH Council with identifying and prioritizing requirements to optimize mission performance and minimize ESOH risk and cost IAW AFI 90-801. **(T-1)**

2.14.9. 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-3)**

2.14.10. Review DOEHRS-IH OEHD documents provided by BE and corresponding COHER from ASIMS. **(T-1)**

2.14.11. Provides a consolidated OEH PMR to the ESOH Council. **(T-1)**

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. **(T-3)**

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

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. **(T-3)**

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. **(T-3)**

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

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

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

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

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. (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 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)

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

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

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

2.16.7. Ensures medical staff participates in occupational illness investigations and fitness for duty evaluations as managed by the supporting MTF IOEMC. (T-3)

2.17. Working Groups

2.17.1. Assist AFMSA/SG3PB in the resolution of issues assigned by governance structure. Working groups established by governance will be considered mandatory. (T-2)

2.18. USAFSAM Occupational and Environmental Health, (USAFSAM/OE).

2.18.1. Provides reach back technical and scientific expertise as directed by SAF/IEE, AFMSA/SG3PB, RIC, and the AME to assist in assessing and managing AF and installation OEH Programs. (T-1)

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 projects that have AF-wide impacts and submits to AFMSA/SGP on an annual basis (e.g. CATM study). (T-1)

2.18.3. Identifies OEH risk reduction and elimination opportunities with AF-wide significance and evaluates costs/benefits. Presents any courses of action (COA) to respective career-field Corporate Boards. (T-1)

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 SAF/IE, AF/SG, Combatant Command Air Component, MAJCOM, and MTF or ARC medical unit staff. (T-1)

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

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

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

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

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

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

2.18.11. Participates in the DOEHRS-IH functional user group and plans and programs for representative attendance at meetings. (T-3)

2.18.12. Serve as AFMSA/SG3PB technical representative to DOEHRS-IH development process to include evaluating and testing system changes. (T-2)

2.18.13. Provides standardized recommendations for medical examinations based on exposures most commonly observed among given Air Force Specialty Codes (AFSCs). (T-3)

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

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

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

2.18.17. Conducts an annual OEH PMR and provides results to AFMSA/SG3P. (T-1)

2.19. Air Force Inspection Agency/Surgeon General (AFIA/SG).

2.19.1. Identify trends from inspection assessments and brief respective Corporate Boards. (T-1)

2.19.2. Provide medical core team inspectors at each UEI for wings with medical units IAW AFI 90-201. (T-1)

2.19.3. Capture lessons learned/improvements and forward any recommendations to AFMSA/SGP to incorporate into policy changes. (T-1)

2.20. Injury Compensation Specialist.

2.20.1. 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. (T-0)

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

2.21. Base Civil Engineer.

2.21.1. 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 including Medical Facility projects and work orders. (T-1)

2.21.2. 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)

2.22. Chief of the Installation Contracting Office.

2.22.1. 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 Workplace* contract clauses, specifically those required by the following subparts, shall be considered as having potential health impact to installation personnel: (T-0)

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

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

2.22.1.3. Subpart 23.8, *Ozone-Depleting Substances and Greenhouse Gases*;

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

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

2.22.2. Invite BE to all pre-contract kick-off meetings for construction (to include new construction, building modifications, etc.). (T-1)

2.22.3. Ensures BE review and approval prior to allowing work to commence on any contract. (T-1)

2.23. Unit/Organizational Commander.

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

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

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

2.23.4. Ensures employees accomplish initial, periodic, and termination Medical Surveillance Examination (MSE) IAW with workplace COHER form and report for all scheduled MSEs. (T-0)

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

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

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

2.23.8. At a minimum, completes applicable OEH Self-Assessment Communicators in MICT semi-annually. **(T-3)**

2.23.9. Serves as the validator, or delegates within the unit, for all Occupational Health related Self-Assessment Communicators assigned. **(T-3)**

2.24. 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)**

2.25. Workplace Supervisor.

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

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

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

2.25.4. 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 as soon as possible, but no later than 30 days. **(T-1)**

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

2.25.6. Consults with PH and/or BE to ensure OEH hazard training meets or exceeds minimum requirements. **(T-2)**

2.25.7. Ensures that pre-placement medical 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)**

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

2.25.9. Ensure personnel complete required MSEs. **(T-0)**

2.25.10. Attend in person or have a knowledgeable representative attend the OEHWG review of their workplace MSE requirements when invited to participate. **(T-3)**

2.25.11. Maintains accurate rosters of personnel assigned to the workplace by updating the Occupational Health Supervisor Module in ASIMS Web at least every 3 months (see [paragraph 2.12.8.3](#)). **(T-2)**

2.25.12. Ensures PH, BE (or preventive medicine personnel as applicable when deployed), and the Injury Compensation Specialist are informed promptly about each job-related exposure, illness and pregnancy (if notified by worker). **(T-0)**

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

2.25.14. Completes applicable OEH Self-Assessment Communicators in MICT and forward any findings and/or issues/concerns to BE. **(T-1)**.

2.26. Employee.

2.26.1. 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)**

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

2.26.3. 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)**

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

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

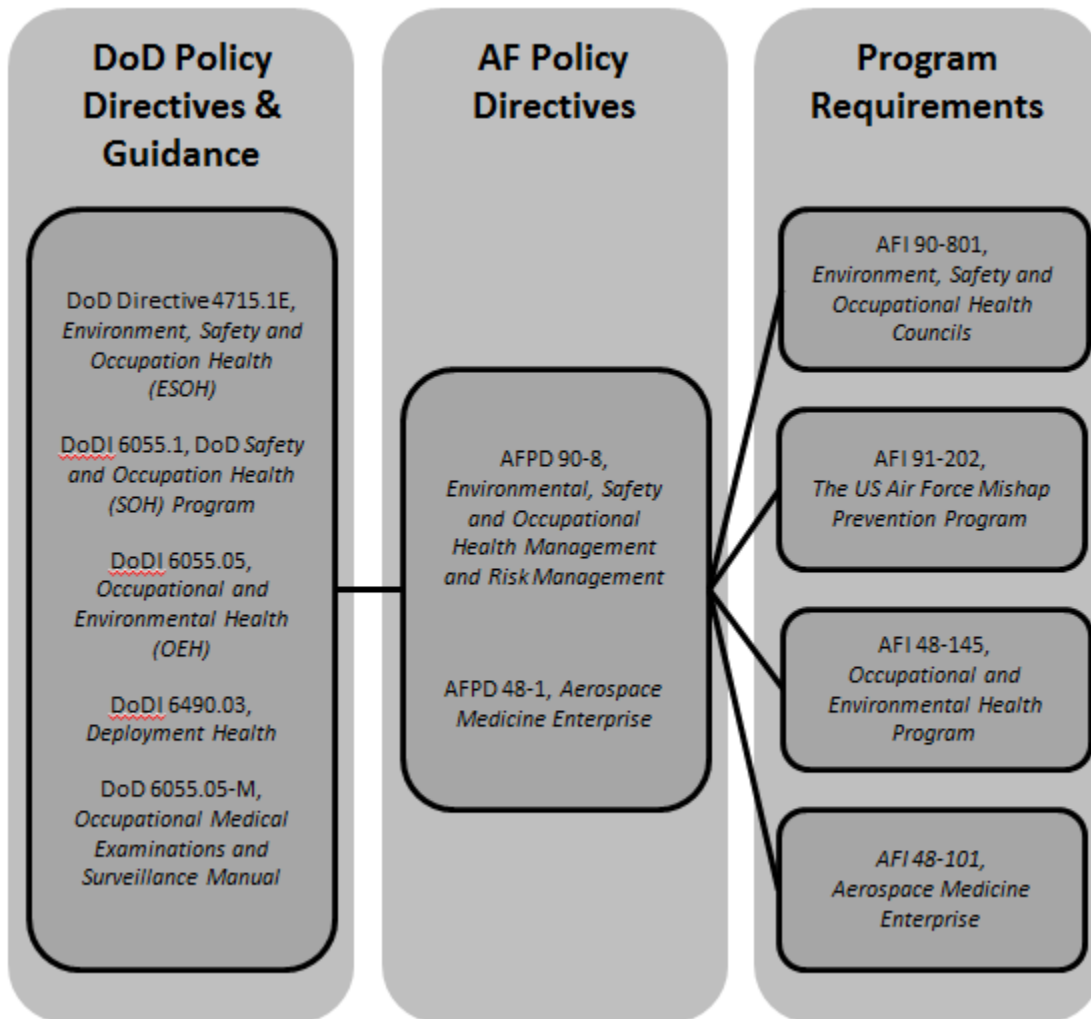
Chapter 3

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. AF OEH Program policy articulates senior leadership's vision for the OEH Program. Routine Survey, compliance sampling, and other requirements should be identified and tracked to completion.

3.2. Supporting Policy Elements. OEH policy and guidance consists of both directive and non-directive documents issued at all levels and is 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, and other policy instruments to establish and maintain all the key compliance, risk reduction and continual improvement elements of the OEH Program. These supporting documents (e.g. AFI 91-203, *Consolidated Occupational Safety Instruction*, AFMAN 48-146, etc.) provide the "How To" instructions to implement the policy directives and program requirements. MAJCOM and installation-level supplements to these documents may be published as needed to address organization-specific aspects of the OEH program.

Figure 3.1. Key Elements of the AF OEH Program.



Chapter 4

EXECUTION

4.1. Overview. The OEH program includes six key elements to ensure successful execution and continuous improvement. The following paragraphs describe how those elements contribute to future goals and objectives.

4.2. Design Review and Change Management. Effective design review 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 and process change reviews, including, but not limited to the following activities: design, construction, operation, maintenance, and decommissioning. (T-2)

4.2.2. The following are examples of conditions that should trigger a review: new or modified technology, equipment, or facilities; new or revised procedures, work practices, or design specifications; different types and grades of materials; significant changes to the workplace's organizational structure and staffing including use of contractors; modification of health and safety devices and equipment; and new or revised health and safety standards or guidelines. Refer to AFMAN 48-146 for detailed OEH program execution.

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/processes posing the greatest OEH risk, as well as utilize the American Industrial Hygiene Association (AIHA) Exposure Assessment Strategy for guidance in managing these assessment priorities.

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

4.3.1.4. Accurately document potential OEH exposure(s) to ensure an accurate Longitudinal Exposure Record 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. Utilize the DoD Industrial Hygiene Exposure Assessment Model. (T-0) Implementation is organized into two basic courses of action: Routine and Special Assessment.

4.3.2.1. Routine Assessment. The routine assessment is a normally a qualitative assessment that includes collecting and organizing basic information needed to

characterize the workplace, work force, and environmental agents. Detailed guidance on conducting routine assessment can be found in AFMAN 48-146 and technical guides written by USAFSAM/OE and posted on the USAFSAM Environmental, Safety, and Occupational Health Service Center portal (<https://hpws.afrl.af.mil/dhp/OE/ESOHSC/index.cfm>).

4.3.2.1.1. Workplaces will be categorized as High (CAT 1), Medium (CAT 2), or Low (CAT 3) priority. (T-0)

4.3.2.1.2. Workplaces will be assessed every 12 (High), 30 (Medium), or 48 (Low) months, at a minimum. (T-2)

4.3.2.1.3. The decision to perform a routine assessment more often than the established minimum assessment frequency is made by the base Bioenvironmental Engineer (BEE), in consultation with the OEHWG.

4.3.2.2. Special Assessment. A special assessment is preferably a quantitative assessment that focuses resources on OEH-related hazards that require evaluation or classification. Once initial baseline assessments have been established, BE flights should focus the majority of their efforts on special assessments for OEH exposures. Detailed guidance on conducting special assessments can be found in AFMAN 48-146 and technical guides written by USAFSAM/OE and posted on the ESOH Service Center portal.

4.4. Occupational and Environmental Health Clinical Surveillance. The objective of OEH clinical surveillance is to protect AF workers from adverse exposures 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, fitness for duty, Pre-placement, Injury/Illness, and Termination) IAW 29 CFR 1910, *Occupational Safety and Health Standards*, DoDI 6055.05-M and AFMAN 48-146.

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

4.4.2.1. Flight and Operational Medicine will review the Occupational and Environmental Health Exposure Data (OEHED) and MSE requirements prior to each MSE. (T-1) The requirements must be those approved by the IOEMC. (T-1)

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 (Flight and Operational Medicine 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) IAW AFI 41-210. (T-0) Previous copies of OEHED and Clinical Occupational Health Exam Requirements (COHER) shall not be removed from the worker's medical record. (T-0)

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). The Job Safety Training Outline (JSTO) is the primary means for OEH training and must include the workplace-specific Hazard Communication (HAZCOM) training provided IAW AFI 90-821, *Hazard Communication*. Additionally, BE routine and special assessment reports must be made available to all employees. Organizational commanders should periodically evaluate the effectiveness of OEH training including hazard identification, safe work practices, and use of PPE. (T-0)

4.5.2. 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-3) Emergency response incidents will be assessed for environmental health hazards and documented appropriately in DOEHRS-IH by the installation BE. (T-0)

4.7. Documentation. Installations shall follow AFMAN 33-363 to establish and maintain an effective OEH records management program. (T-1) 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)**

5.1.2. Measures should be designed according to the hazards in the workplace. Examples include the reduction of average exposure levels, the rate and timeliness of completion of corrective actions, completion of required training to include demonstration of employee knowledge.

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 ESOH Councils (or equivalent) shall ensure an OEH PMR is conducted and briefed at least annually. **(T-1)** The PMR shall include, among other information: progress in the reduction of risk; effectiveness in programs to identify, assess, and prioritize risk and system deficiencies; effectiveness in addressing the underlying causes of risks and system deficiencies; input from employees and employee representatives; status of corrective and preventive actions and changing circumstances; follow-up actions from audits and previous management reviews; extent to which objectives have been met; and performance of the management system relative to the expectations. **(T-1)**

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 ESOH Council 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 AFMSA. **(T-1)**

DOROTHY A. HOGG
Lieutenant General, USAF, NC
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

- 29 CFR 1904 *et seq.*, *Recording and Reporting Occupational Injuries and Illnesses*
- 29 CFR 1960 *et seq.*, *Basic Program Elements for Federal Employee Occupational Safety and Health Program and Related Matters*
- 29 CFR, *Labor*
- 40 CFR, *Protection of Environment*
- CJCSI 3170.01I, *Joint Capabilities Integration and Development System*
- AFPD 48-1, *Aerospace Medicine Enterprise* 23 Aug 2011
- AFPD 90-1, *Policy Formulation* 6 Oct 2010
- AFPD 90-8, *Environment, Safety, and Occupational Health Management and Risk Management* 2 Feb 2012
- AFPD 91-2, *Safety Programs* 1 May 2017
- AFI 10-203, *Duty Limiting Conditions* 20 Nov 2014
- AFI 10-2501, *Air Force Emergency Management Program* 19 Apr 2016
- AFI 21-200, *Munitions and Missile Maintenance Management* 2 Jan 2014
- AFI 25-201, *Intra-Service, Intra-Agency, and Inter-Agency Support Agreement Procedures* 18 Oct 2013
- AFI 32-7020, *The Environmental Restoration Program* 7 Nov 2014
- AFI 32-7086, *Hazardous Materials Management* 4 Feb 2015
- AFI 33-360, *Publications and Forms Management* 1 Dec 2015
- AFI 40-201, *Managing Radioactive Materials in the US Air Force* 17 Sep 2014
- AFI 44-102, *Medical Care Management* 17 Sep 2014
- AFI 48-101, *Aerospace Medicine Enterprise* 8 Dec 2014
- AFI 48-105, *Surveillance, Prevention, and Control of Disease and Conditions of Public Health or Military Significance* 15 Jul 2015
- AFI 48-123, *Medical Examination and Standards* 5 Nov 2013
- AFI 48-127, *Occupational Noise and Hearing Conservation Program* 26 Feb 2016
- AFI 48-144, *Drinking Water Surveillance Program* 21 Oct 2014
- AFI 63-101/20-101, *Integrated Life Cycle Management* 9 May 2017
- AFI 90-201, *The Air Force Inspection System* 21 Apr 2015
- AFI 90-801, *Environment, Safety, and Occupational Health Councils* 4 Aug 2016

AFI 90-821, *Hazard Communication* 27 Jan 2014

AFI 91-202, *The US Air Force Mishap Prevention Program* 24 Jun 2015

AFI 91-203, *Air Force Consolidated Occupational Safety Instruction* 15 Jun 2012

AFI 91-204, *Safety Investigations and Reports* 12 Feb 2014

AFMAN 33-363, *Management of Records* 1 Mar 2008

AFMAN 48-138, *Sanitary Control and Surveillance of Field Water Supplies* 1 May 2010

AFMAN 48-146, *Occupational & Environmental Health Program Management* 9 Oct 2012

AFMAN 48-154, *Occupational and Environmental Health Site Assessment* 28 Mar 2007

AFMAN 48-155, *Occupational and Environmental Health Exposure Controls* 1 Oct 2008

AFTTP 3-2.82_IP, *Occupational and Environmental Health Site Assessment*

Base Operational Medicine Clinic Implementation Plan

AIHA Publication *A Strategy for Assessing and Managing Occupational Exposures*, 4th Ed., or most current

CJCSI 3170.01I, *Joint Capabilities Integration and Development System*

DODD 4715.1E, *Environment, Safety, and Occupational Health (ESOH)*

DODI 6055.01, *Safety and Occupational Health (SOH) Program*

DODI 6055.05, *Occupational and Environmental Health*

DODI 6490.03, *Deployment Health*

DODI 1400.25, *DoD Civilian Personnel Management System, Vol 810, Injury Compensation*

DOD 6055.05-M, *Occupational Medical Examinations and Surveillance Manual*

Executive Order 12196, *Occupational Safety and Health Programs for Federal Employees*.

New OSHA Injury and Illness Recordkeeping and Reporting Requirements webpage:

www.osha.gov/recordkeeping/index.html

NIOSH Publication 79-116, *A Guide to the Work Relatedness of Disease*, January 1979

NSTC/PRD-5 Presidential Review Directive 5, *Improving the Health of Our Military, Veterans, and Their Families*

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 190, *Occupational Illness/Injury Report*

AF Form 332, *Base Civil Engineer Work Request*

AF Form 469, *Duty Limiting Condition Report*

Abbreviations and Acronyms

AFI—Air Force Instruction

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

AME—Aerospace Medicine Enterprise

AOR—Area of Responsibility

ASIMS—Aeromedical Services Information Management System

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

DERG—Data Entry and Report Guide

DoD—Department of Defense

DoDD—Department of Defense Directive

DoDI—Department of Defense Instruction

DOEHRS-IH—Department of Defense Occupational & Environmental Health Readiness System—Industrial Hygiene

ESOH—Environment, Safety, and Occupational Health

FAR—Federal Acquisition Regulations

FECA—Federal Employees' Compensation Act

GSU—Geographically Separated Unit

HAZCOM—Hazard Communication

HRA—Health Risk Assessment

IMDS—Integrated Maintenance Data System

IOEMC—Installation Occupational & Environmental Medicine Consultant

LAF—Line of the Air Force

LSMTF—Limited Scope Medical Treatment Facility

MAJCOM—Major Command

MAS—Medical Aid Station

MICT—Management Internal Control Toolset

MSE—Medical Surveillance Exam

MTF—Medical Treatment Facility

MUNSS—Munitions Support Squadron

NIOSH—National Institute for Occupational Safety and Health

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

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

SOH—Safety and Occupational Health

TEH—Total Exposure Health

UTC—Unit Type Code

USAFSAM—United States Air Force School of Aerospace Medicine

Terms

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; laboratory demonstration; administratively determined; US citizen employees in Panama; non-appropriated fund

employees; Youth and Student Assistance Program employees; and foreign nationals employed by the AF 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 AF 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.

Exposure—The intensity, frequency, and length of time personnel are subject to a hazard. [Source DODI 6055.05]

Exposure Assessment — A qualitative or quantitative determination of the exposure to one or more Occupational and Environmental Health hazards experienced by a specific population-at-risk, a similar exposure group (SEG), or an individual; determination can be based on a variety, or combination, of exposure measurement methods to include personal exposure monitoring including, but not limited to, personal biomarkers, unit-level or SEG exposure monitoring, area monitoring (e.g., environmental sampling), extrapolation of monitoring from similar settings, and/or mathematical exposure modeling or simulations; the sophistication of the exposure assessment is contingent upon available time, measurement technology, and the level of technical expertise of the personnel performing the exposure assessment

Exposure Guideline — An exposure concentration of an Occupational and Environmental Health hazard for individuals, units, or similar exposure groups that is related to a specified health or operational impact, or the avoidance of such impacts; exposure guidelines support nearly all kinds of risk assessment activities; whereas, exposure limits are used specifically to support compliance decisions. Examples include: Operational Exposure Guidelines (OEGs), Military Exposure Guidelines (MEGs), Acute Emergency Guideline Levels (AEGs), Emergency Exposure Guidance Level (EEGLs), and Short-Term Public Emergency Guidance Level (SPEGLs)

Exposure Limit — The concentration and/or duration of exposure to an Occupational and Environmental Health hazard to which individuals, or similar exposure groups, may be exposed without triggering a compliance-related risk management action. Usually such limits are based fully, or in part, on the expectation of avoiding the development of any adverse health outcomes

within the exposed population; see Environmental Exposure Limit and Occupational Exposure Limit

Health Risk Assessment (HRA)—A HRA is the process of identifying and defining dose-response relationships and hazard criteria, collecting all "relevant and reliable" exposure information to refine the hazard criteria, and to characterize the risks associated with "realistic" combinations of hazards and exposures.

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.

Individual Longitudinal Exposure Record (ILER)—A specific individual's Longitudinal Exposure Record (LER)

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 assessment that includes collecting and organizing basic information needed to characterize the workplace, work force, and environmental agents. Information is gathered that will be used to understand the tasks being performed, materials

being used, processes being run, and controls in place so that a picture of exposure conditions can be made.

Special Assessment—A special assessment is preferably a quantitative assessment that focuses resources on OEH-related hazards that require evaluation or classification and involves all components of AIHA’s exposure 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.

Total Exposure Health (TEH)—Integrates the identification, surveillance, and documentation of workplace, environment and lifestyle exposures to improve “Health Situational Awareness” and advance the health and well-being of all AF beneficiaries.

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.

Vapor Intrusion—The migration of vapor-forming chemicals from any subsurface source into an overlying building.

Vector—Living organisms that can transmit infectious diseases between humans or from animals to humans.

Workplace—Any occupational 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.