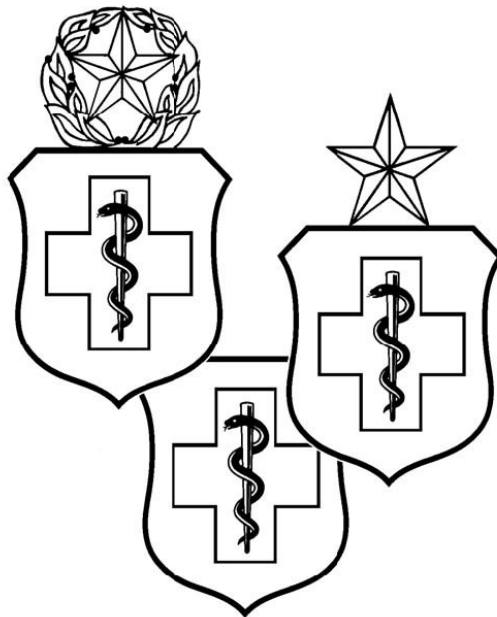


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PUBLIC HEALTH SPECIALTY
FORCE HEALTH MANAGEMENT
SPECIAL PROCEDURES



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QTP 4E0X1-2

PUBLIC HEALTH SPECIALTY

Volume 2: Force Health Management Special Procedures

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Air Force Safety Automated System (AFSAS)

SUBJECT AREA: Task, Knowledge and Technical References

TASK(S): AFSAS

CFETP/STS REFERENCES(S) 4.g.(2).(d).

EQUIPMENT REQUIRED: Computer with internet access
AFSAS account access
AFSAS training module

TRAINING REFERENCE(S): AFSAS Users Guide, current version
AFSAS training module

REMARKS/NOTES: Ensure trainee has an active AFSAS account

OBJECTIVE: Given the training resources, equipment, and trainer demonstration, the trainee will be able to use AFSAS.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

AFSAS

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Log into AFSAS https://afsas.kirtland.af.mil		
2. State the purpose of AFSAS (tool for investigating and reporting occupational illnesses)		
3. Review all menu tabs on the left (My To Do List, Analytics, Occupational Illness, Pubs & Refs, Admin, Feedback, Help)		
4. <u>Account Role Request</u> : Update personal information and select appropriate role(s), then click 'Update Account'		
5. Request the following permissions: AFSAS Basic acct, Occ Illness Data Viewer, Occ Illness: Message, Occ Illness: Public Health, Workspace: US Air Force		
PROCEDURE		
1. Initiate investigation once member is referred by HCP for suspected occupationally related condition. (Also review Emergency Room/Acute Care clinic logs and Physical/Occupational Therapy logs for suspected occupationally related conditions)		
2. Check AHLTA for initial encounter with Healthcare Provider and contact patient		
3. Conduct interview with patient and patient’s supervisor (include symptoms, suspected agents/conditions present in workplace, exposures (occupation/non-occupational related).		
4. In the AFSAS menu:		
a. Click “Occupational Illness” and then click “Create New Investigation” to cases		
b. Input patient’s Demographic information (ensure every block is complete) and save		
c. In the “Manage Investigators” tab, click “Add New Investigator		
d. Investigators: click Add New Investigators and select an assigned person under PH, BE and Provider (Note: Investigators must include PH, BE and a provider)		
e. Once complete click “Done with Investigators”		
f. Case Information: complete each section, to include a one liner and narrative summary (Select link provided in AFSAS for one liner examples)		
g. Medical Information: (as detailed as possible)		

h. Illness Information: verify information in ALHTA and with Patient		
i. Manage Body Parts: Add new body part, using the drop down select the body part affected. When complete select “Done with body parts”.		
j. Once complete click “Done with body parts”		
k. Patient Reported PPE: Add new patient reported PPE. Fill out all information, then select save and run validation.		
POST PROCEDURE		
1. File a copy of AF Form 190 and SF 513 in the patient’s electronic medical record		
2. Discuss common Occupational Exposures (also provide trainee examples of occupational illness investigations conducted at current duty station)		
FINAL RESULT		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

Conduct Deployment Health Risk Assessment

SUBJECT AREA: Deployment Health

TASK(S): Conduct deployment health risk assessment

CFETP/STS REFERENCES(S) 6.a.(1).

SYSTEMS REQUIRED: Computer with internet access

TRAINING REFERENCE(S): AFI 10-403, *Deployment Planning and Execution*
AFI 41-106, *Medical Readiness Planning and Training*
AFI 48-105, *Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance*, 1 March 2005
Air Force Reporting Instructions Tool (AFRIT)
<https://aef.afpc.randolph.af.mil/AFRIT/Afrit.aspx>
Armed Forces Pest Management Board (AFPMB): Disease Vector Ecology Profiles (DVEPS):
<http://www.afpmb.org/content/disease-vector-ecology-profiles>
Centers for Disease Control and Prevention (CDC) Travelers' Health website <http://wwwnc.cdc.gov/travel/>
National Center for Medical Intelligence (NCMI) Environmental/Chemical Health and Infectious Disease Risk Assessments: <https://www.ncmi.detrick.army.mil/>
Public Health Kx Travel Medicine User Guide: <https://kx.afms.mil/kj/kx7/PublicHealth/Pages/travel-medicine.aspx>
Shoreland Travax®: <https://kx2.afms.mil/Pages/default.aspx>
World Factbook: <https://www.cia.gov/library/publications/resources/the-world-factbook/index.html>
World Health Organization (WHO) website: <http://www.who.int/countries/en/>

REMARKS/NOTE: Some internet resources require CAC access

OBJECTIVE: Given the training resources, equipment, and trainer demonstration, the trainee will be able to conduct a deployment health risk assessment.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document task competency upon completion of the evaluation in the trainee's AFTR.
Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM		
PROCEDURE	SAT	UNSAT
1. Determine the country or Area of Responsibility (AOR) for the Risk Assessment		
2. Use available resources and websites to assess the true risk: Pre-deployment, during deployment, and post deployment for the AOR		
3. Use the following resources to research the following topics: Endemic Diseases, Environmental Factors, Hazardous Insects & Vector-borne Diseases, Hazardous Plants, Animals, & Zoonotic Diseases, Vaccine and Chemoprophylaxis, Occupational Health, Disease Incidence/Prevalence, Morbidity/Mortality, Endemic/Epidemic Risk Factors, Countermeasures, and CBRN, Local Medical Capabilities/Limitations, Food and Water concerns, etc.		
a. Armed Forces Pest Management Board (AFPMB): Disease Vector Ecology Profiles (DVEPS): http://www.afpmb.org/content/disease-vector-ecology-profiles		
b. (CDC) Travelers' Health website http://wwwnc.cdc.gov/travel/		
c. National Center for Medical Intelligence (NCMI) Environmental/Chemical Health and Infectious Disease Risk Assessments: https://www.ncmi.detrick.army.mil/		
d. Public Health Kx Travel Medicine User Guide: https://kx.afms.mil/kj/kx7/PublicHealth/Pages/travel-medicine.aspx		
e. Shoreland Travax®: https://kx2.afms.mil/Pages/default.aspx		
f. World Factbook: https://www.cia.gov/library/publications/resources/the-world-factbook/index.html		
g. World Health Organization (WHO) website: http://www.who.int/countries/en/		
POST PROCEDURE		
1. Explain how health risk assessments are used (to provide a clear picture of the entire spectrum of medical issues and briefing all service members to include medical commanders at all stages of the contingency-pre, during, and post deployment)		
FINAL RESULT	SAT	UNSAT

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps

of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

Prepare and Conduct Deployment Health Threat Briefings

SUBJECT AREA:	Deployment Health
TASK(S):	Prepare and Conduct Deployment Health Threat Briefings
CFETP/STS REFERENCES(S)	6.a.(2).
EQUIPMENT REQUIRED:	Computer with internet access
TRAINING REFERENCE(S):	<p>AFI 10-403, <i>Deployment Planning and Execution</i> AFI 41-106, <i>Medical Readiness Planning and Training</i> AFI 48-105, <i>Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance</i>, 1 March 2005 Air Force Reporting Instructions Tool (AFRIT) https://aef.afpc.randolph.af.mil/AFRIT/Afrit.aspx Armed Forces Pest Management Board (AFPMB): Disease Vector Ecology Profiles (DVEPS): http://www.afpmb.org/content/disease-vector-ecology-profiles Centers for Disease Control and Prevention (CDC) Travelers' Health website http://wwwnc.cdc.gov/travel/ National Center for Medical Intelligence (NCMI) Environmental/Chemical Health and Infectious Disease Risk Assessments: https://www.ncmi.detrick.army.mil/ Public Health Kx Travel Medicine User Guide: https://kx.afms.mil/kj/kx7/PublicHealth/Pages/travel-medicine.aspx Shoreland Travax®: https://kx2.afms.mil/Pages/default.aspx World Factbook: https://www.cia.gov/library/publications/resources/the-world-factbook/index.html World Health Organization (WHO) website: http://www.who.int/countries/en/</p>
OBJECTIVE:	Given the training resources, equipment, and trainer demonstration, the trainee will be able to prepare and conduct Deployment Health Threat briefings.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and all recurring evaluations should be documented in the AFTR.

PERFORMANCE ITEM		
PREPARATION	SAT	UNSAT
4. Review the following websites to gather medical intelligence on deployment location:		
h. Armed Forces Pest Management Board (AFPMB): Disease Vector Ecology Profiles (DVEPS): http://www.afpmb.org/content/disease-vector-ecology-profiles		
i. (CDC) Travelers' Health website http://wwwnc.cdc.gov/travel/		
j. National Center for Medical Intelligence (NCMI) Environmental/Chemical Health and Infectious Disease Risk Assessments: https://www.ncmi.detrick.army.mil/		
k. Public Health Kx Travel Medicine User Guide: https://kx.afms.mil/kj/kx7/PublicHealth/Pages/travel-medicine.aspx		
l. Shoreland Travax®: https://kx2.afms.mil/Pages/default.aspx		
f. World Factbook: https://www.cia.gov/library/publications/resources/the-world-factbook/index.html		
n. World Health Organization (WHO) website: http://www.who.int/countries/en/		
2. Compile the following data on the deployment location:		
a. Review the Reporting Instructions for required Medical Countermeasures Briefing topics at https://aef.afpc.randolph.af.mil/AFRIT/Afrit.aspx (i.e. location information, climate, vectors, food & water safety, etc.)		
b. Utilize additional references for additional guidance/information (i.e. policy letters, recent issues/events for specific deployed location, etc.)		
3. Use compiled data to create a deployment health threat briefing (i.e. PowerPoint presentation, talking paper, word document, etc.)		
PROCEDURE		
2. Conduct deployment health threat briefing:		
a. Display prepared presentation on multimedia (i.e. slides, PowerPoint, etc.) if available		
b. Brief health protection topics and location-specific threats with countermeasures (at a minimum briefing must cover mandatory topics listed on the Reporting Instructions)		
POST PROCEDURE		
1. Ensure documentation of deploying attendees		
FINAL RESULT	SAT	UNSAT

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

Prepare and Conduct Pre/Post Deployment Health Clearances

SUBJECT AREA:	Deployment Health
TASK(S):	Prepare and conduct pre/post deployment health clearances
CFETP/STS REFERENCES(S)	6.a.(3).
EQUIPMENT REQUIRED:	Computer with internet access ASIMS account access AHLTA account access
TRAINING REFERENCE(S):	AFI 10-203, <i>Duty Limiting Conditions</i> AFI 10-403, <i>Deployment Planning and Execution</i> AFI 41-210, <i>Tricare Operations and Patient Administration Functions</i> AFI 44-170, <i>Preventive Health Assessment</i> AFI 48-101, <i>Aerospace Medicine Operations</i> AFI 48-122, <i>Deployment Health</i> AFI 48-123, <i>Medical Examinations and Standards</i> Air Force Reporting Instructions Tool (AFRIT) Deployment-Related Health Assessments Program Guide Deployment Medical Clearance Guide Medical Standards Directory
OBJECTIVE:	Given the training resources, equipment, and trainer demonstration, the trainee will be able to conduct pre/post deployment health clearances.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

**PREPARE AND CONDUCT PRE/POST
DEPLOYMENT HEALTH CLEARANCES**

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Log into ASIMS		
2. State the purpose for preparing and conducting deployment health clearances (to ensure fit and ready forces and detecting disqualifying defects/conditions)		
3. Explain the roles of the UDM, UHM, and the ancillary clinics in the deployment clearance process (Mental Health, Dental, PCM Team, MEB Office, etc...)		
PROCEDURE		
1. In the ASIMS Main Menu, click “DMC Menu”		
a. Select “Deployment Tasker List” (created by PH or UDM)		
b. Select a deployment tasking from listing		
c. click “Deployers” and select a patient NOTE: If a deployment record has already been created for patient, click “DeplRec” and proceed to item h		
d. Return to ASIMS Main Menu, select “Deployment” and click “Find by SSN or DoD Nbr”		
e. Click “Add Deployment”		
f. Select appropriate country from Deployment Template List		
g. Input estimated deployment dates and click “Add”		
h. Navigate to Individual Status page, review the IMR requirements needed and document the findings in electronic medical record or locally approved form (SF 600, etc)		
i. Review profiles for mobility restrictions or ALC 1/2/3 (Flag restrictions for PCM)		
j. Describe the process for requesting deployment waivers (PCM coordinates request w/ MEB, MEB office sends PH waiver approval/disapproval)		
k. Explain local procedures for ensuring patient is cleared through all required ancillary clinics (Mental Health, Dental, Lab, Immunizations, PCM Team, etc...)		
l. Conduct deployment health threat briefing for patient’s deployment location		
m. Describe procedures on packaging 2766 with all required paperwork and issuing to patient		

n. Explain what the Deployment Health element documents in the electronic medical record (all deployment clearance actions: education, ensuring IMR compliance/all deployment clearance requirements complete, packaged 2766 with all required paperwork issued to patient, etc...)		
POST PROCEDURE		
1. DRHA #2 was reviewed for completion and signed by a provider		
a. Referrals: If indicated, input T-Con or schedule the member for an appointment to have issue(s) addressed by their PCM within specified time frame		
b. DRHA #2 was placed in electronic or hard copy medical record		
2. In ASIMS, complete the following:		
a. Screen IMR requirements and notify member of due/overdue items to include post deployment serum		
b. Open the deployment record, update the Operation, Processing, TB Prevention, Malaria and FHPPP tabs		
c. Close the record with appropriate disposition (i.e. deployment complete, did not deploy, did not return, etc.)		
FINAL RESULT	SAT	UNSAT

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

Conduct Peer Review

SUBJECT AREA:	Deployment Health
TASK(S):	Conduct Peer Review
CFETP/STS REFERENCES(S)	6.a.(9).
EQUIPMENT REQUIRED:	Computer with internet access ASIMS account access AHLTA account access Medical Record
TRAINING REFERENCE(S):	AFI 10-403, <i>Deployment Planning & Execution</i> AFI 48-101, <i>Aerospace Medicine Enterprise</i> AFI 48-122, <i>Deployment Health</i> DoDI 1404.10, <i>DoD Civilian Expeditionary Workforce</i> DoDI 6490.03, <i>Deployment Health</i> DoDI 6490.07, <i>Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees</i> DoDI 6490.12, <i>Mental Health Assessments for Service Members Deployed in Connection with a Contingency Operation</i> Deployment Medical Requirements for DoD Civilian Personnel, https://kx2.afms.mil/kj/kx3/DeploymentHealth/Pages/DoDGSCivilianPersonnel.aspx
OBJECTIVE:	Given the training resources, equipment, and trainer demonstration, the trainee will be able to conduct a Deployment Health peer review.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Log into ASIMS		
2. Log into AHLTA		
3. State the purpose for conducting a technician level peer review (whether process is flowing smoothly; all procedures are being followed; paperwork is being completed correctly, findings reported to leadership for process improvements)		
4. Identify minimum requirement for review (random sampling, 10%, regular recurring basis—i.e monthly/quarterly)		
PROCEDURE		
1. In ASIMS, complete the following:		
a. Click on “Deployment”		
b. Look up patient by SSN or DoD Nbr		
2. Verify the following was completed:		
a. DRHA #1 was completed within 120 days of deployment		
b. Routine/Country specific immunizations were up-to-date as of RDD		
c. HIV/Pre-Deployment Serum drawn within 120 days of RDD		
d. Labs were on file (Blood Type, Sickle Cell, G6PD, and DNA)		
e. PHA was current as of RDD		
f. Dental Exam was current as of RDD		
3. If applicable profiles were identified and addressed by PCM/Wavier authority		
a. Medical Equipment (gas mask inserts were issued)		
b. Red Alert dog tags were issued and documented in ASIMS (if needed)		
c. Automated Neuropsychological Assessment Metric (ANAM) was accomplished within timeframe IAW AOR reporting instructions		
d. Force Health Protection Prescription Products (FHPPP) (Anti Malaria pills, BW/CW kits) were prescribed for the length of deployment (if applicable)		
e. Females only: Pap was reviewed/pregnancy test was done within 30 days of RDD		
f. Occupational Health exams were completed and current IAW AOR reporting instructions (if applicable)		
g. Electronic DD Form 2766 in ASIMS was updated		
4. Open the deployment record and verify the following was updated in the processing tabs:		

a. Operation (estimated deployment dates, HIV date, Mental Health Review date, NCA date)		
b. Processing Tab (Pre/Post Deployment blocks are filled out)		
c. Malaria Tab (if applicable)		
d. FHPPP Tab (if applicable)		
e. Deployment record was closed out in ASIMS		
5. DRHA #2 (DD Form 2796) was completed by a provider, printed, and placed in the members medical record		
6. Referrals were addressed by the members PCM within the specified time frame (if applicable)		
7. Verify the member was prescribed Post-Deployment Anti-Malaria medication (if applicable)		
8. Verify BW/CW kits were turned in		
9. Verify Post-Deployment serum was drawn upon return prior to R&R		
10. DRHA #3 (DD Form 2900) was completed by provider between 90 and 180 days after return from deployment		
11. DRHA #4 (DD Form 2987) was completed by provider between 181 days and 545 days after return from deployment (can be completed in conjunction with PHA)		
12. DRHA #5 (DD Form 2987) was completed by a provider between 546 and 910 days after return from deployment (can be completed in conjunction with PHA)		
13. For civilian Pre-deployment requirements use the following link to get the Civilian Pre- Deployment checklist. https://kx2.afms.mil/kj/kx3/DeploymentHealth/Pages/DoDGSCivilianPersonnel.aspx Note: Scroll to the bottom and select Pre-Deployment Medical Requirements Checklist for DoD/GS Civilian Personnel. This checklist can be used to conduct a Civilian pre-deployment peer review.		
POST PROCEDURE		
1. Explain local procedures for routing peer review results through Chain of Command (documented/reported to SGP/SGH, executive committees, i.e. AMC, PHWG, ECOMS, Pro Staff, etc.)		
FINAL RESULT	SAT	UNSAT

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

Perform Occupational Health Shop Visits

SUBJECT AREA: Occupational Health: Functions and Responsibilities

TASK(S): Perform occupational health shop visits

CFETP/STS REFERENCES(S) 6.c.(1).(d)

EQUIPMENT REQUIRED: Local Shop Visit Form
Facility Folder, if applicable

TRAINING REFERENCE(S): AFI 48-145, *Occupational & Environmental Health Program*

OBJECTIVE: Given the training resources, equipment, and trainer demonstration, the trainee will be able to perform occupational health shop visits.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to safety of personnel at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Obtain applicable supplies (Shop Visit Checklist/local forms, Shop Folder)		
2. Review previous shop visit, if available		
3. State the purpose for performing shop visits (establish rapport, trends identified, category 1 shop, etc.)		
4. Determine the type of shop visit you're going out on (routine, close scrutiny, follow-up)		
5. Generate an ASIMS report with MSE compliance and trend analysis data to provide to the shop supervisor		
6. Review the shop folder/BE's case file and identify items of importance to discuss with the shop supervisor (schedules, personnel roster, Safety Data Sheets (SDS), Medical Surveillance Exam (MSE), compliance, occupational illnesses, and trend analysis findings)		
PROCEDURE		
1. Upon arrival, trainee met with the shop supervisor and/or shop members		
2. Trainee observed/annotated the following during the shop visit:		
a. Verified shop specific training and required education material is available for shop members, to include Safety Data Sheets (SDS)		
b. Reviewed supervisor's training documents and ensured training was documented on the AF Form 55 for all workers		
c. Discuss hazards and exposure concerns with shop members		
d. Verify shop personnel rosters		
e. Assessed PPE compliance and storage procedures		
f. Answered any questions the workers had		
POST PROCEDURE		
1. Trainee documented shop visit findings on the AF Form 2754 and shop visit form to include the following:		
a. Supervisor's name and phone number		

b. Date of visit		
c. Workplace operations observed during the visit		
d. PPE compliance		
e. Training compliance		
f. Issues that arose, if applicable		
2. Trainee gave shop supervisor correspondence, to include:		
a. New educational material		
b. Updated OEHD and COHER		
c. Updated shop personnel roster		
d. MSE compliance report		
e. Any other relevant information		
3. Notified base safety and BE of any safety concerns		
4. Trainee ensured follow-up actions were corrected		
5. Trainee ensured that all data was briefed at the Occupational and Environmental Health Working Group (OEHWG)		
FINAL RESULT	SAT	UNSAT

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

Identify Educational Requirements Based on Bioenvironmental Surveys

SUBJECT AREA: Occupational Health: Functions and Responsibilities

TASK(S): Identify educational requirements based on Bioenvironmental surveys

CFETP/STS REFERENCES(S) 6.c.(2).(c).(1).

EQUIPMENT REQUIRED: Computer with internet access
ASIMS account access
Occupational and Environmental Health Exposure Data (OEHD)
DoD 6055.05-M, Occupational Medical Examinations and Surveillance Manual

TRAINING REFERENCE(S): AFI 48-101, *Aerospace Medicine Operations*
AFI 48-145, *Occupational & Environmental Health Program*
DoD 6055.05-M, Occupational Medical Examinations and Surveillance Manual

REMARKS/NOTES: Trainer will provide sample shop data to the trainee; recommend using data from an actual shop.

OBJECTIVE: Given the training resources, equipment, and trainer demonstration, the trainee will be able to identify educational requirements based on Bioenvironmental surveys.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to safety of personnel at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee’s AFTR. Initial and document all recurring evaluations in the trainee’s AFTR.

IDENTIFY EDUCATIONAL REQUIREMENTS BASED ON BIOENVIRONMENTAL SURVEYS

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Log into ASIMS		
2. State the purpose for identifying educational requirements based on BE surveys (identify hazards and recommend controls/education)		
PROCEDURE		
1. Given a shop survey/OEHED, perform the following tasks:		
a. Locate the shop’s risk category		
b. Find and discuss the shop’s workplace summary		
c. Identify the health hazards in the shop		
d. Name the recommended controls/training for the shops health hazards		
e. Communicate if the shop has any OSHA Expanded Standards		
2. Using the <i>DoD 6055.05-M, Occupational Medical Examinations and Surveillance Manual</i> , perform the following tasks:		
a. List the target organs for your shop’s health hazards		
b. Identify educational requirements based on the shops exposure data		
FINAL RESULT	SAT	UNSAT

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

***INVESTIGATE AND REPORT
OCCUPATIONAL ILLNESSES***

- SUBJECT AREA:** Occupational Health
- TASK(S):** Investigate and Report Occupational Illnesses
- CFETP/STS REFERENCES(S)** 6.c.(3).(c)
- EQUIPMENT REQUIRED:** Computer with internet access
ASIMS account access
AHLTA/CHCS account access
AFSAS account access
- TRAINING REFERENCE(S):** *AFI 48-101, Aerospace Medicine Operations*
AFI 48-145, Occupational and Environmental Health Program
AFI 91-204, Safety Investigations and Reports
AFMAN 48-146, Occupational and Environmental Health Program Management
- OBJECTIVE:** Given the training resources, equipment and trainer demonstration the trainee will be able report occupational illness

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR record. Initial and all recurring evaluations should be documented in the AFTR record.

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Log into ASIMS		
2. Log into AHLTA		
3. Log into AFSAS		
4. Give examples other sources of occupational illness data (Emergency Room Logs and Physical/Occupational Therapy Logs)		
PROCEDURES		
5. Initiate investigation once member is referred by HCP for suspected occupationally related condition. (Also review Emergency Room/Acute Care clinic logs and Physical/Occupational Therapy logs for suspected occupationally related conditions)		
6. Check AHLTA for initial encounter with Healthcare Provider and contact patient		
7. Conduct interview with patient and patient’s supervisor (include symptoms, suspected agents/conditions present in workplace, exposures (occupation/non-occupational related).		
8. In the AFSAS menu:		
d. Click “Occupational Illness” and then click “Create New Investigation” to cases		
e. Input patient’s Demographic information (ensure every block is complete) and save		
f. In the “Manage Investigators” tab, click “Add New Investigator		
d. Investigators: click Add New Investigators and select an assigned person under PH, BE and Provider (Note: Investigators must include PH, BE and a provider)		
e. Once complete click “Done with Investigators”		
f. Case Information: complete each section, to include a one liner and narrative summary (Select link provided in AFSAS for one liner examples)		
g. Medical Information: (as detailed as possible)		
h. Illness Information: verify information in ALHTA and with Patient		

i. Manage Body Parts: Add new body part, using the drop down select the body part affected. When complete select “Done with body parts”.		
j. Once complete click “Done with body parts”		
k. Patient Reported PPE: Add new patient reported PPE. Fill out all information, then select save and run validation.		
l. View Validation Results and correct any items in red		
m. Explain next steps in process after validation (Contact BE to notify them of open investigations, BE completes Workplace Evaluation tab to include results of workplace evaluation, shop hazards, controls and practices, any applicable measurements and assessment of protective measures)		
n. Explain next step after BE has completed their investigations (Contact assigned provider to notify them of open investigations and forward to for completion of illness validation tab)		
9. Ensure provider completes disposition/documentation using SF Form 513 and AF Form 190 (once occupational illness is confirmed, AFSAS will automatically generate AF Form 190) to include determined treatment options and job restrictions		
10. Check OSHA 300 log within 7 calendar days to ensure occupational illness case appears on log		
POST PROCEDURE		
1. File a copy of AF Form 190 and SF 513 in the patient’s electronic medical record		
2. Annotate case details on AF Form 2754 in ASIMS		
3. Notify shop supervisor of investigation status		
4. Report findings to OEHWG		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

CONDUCT PEER REVIEW

SUBJECT AREA:	Occupational Health
TASK(S):	Conduct Peer Review
CFETP/STS REFERENCES(S)	6.c.(3).(d)
EQUIPMENT REQUIRED:	Computer with internet access ASIMS account access AHLTA/CHCS account access AFSAS account access
TRAINING REFERENCE(S):	AFI 48-101, <i>Aerospace Medicine Operations</i> AFI 48-145, <i>Occupational and Environmental Health Program</i> AFI 91-204, <i>Safety Investigations and Reports</i> AFMAN 48-146, <i>Occupational and Environmental Health Program Management</i>
OBJECTIVE:	Given the training resources, equipment, and trainer demonstration, the trainee will be able to conduct a peer review.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Log into ASIMS		
2. Log into AHLTA		
3. Log into AFSAS		
4. State the purpose for conducting a technician level peer review (whether process is flowing smoothly, all procedures are being followed, paperwork/software updates are being completed correctly, findings reported to leadership for process improvements)		
5. Identify minimum requirements for review (random sampling, at least 5%, regular recurring basis—i.e. weekly/bi-weekly)		
PROCEDURES		
1. Per local procedures, select at least 5% of occupational illnesses to review (review time frames established by local procedures)		
2. Review all sources of data to include: OSHA 300 log, AFSAS report, local spreadsheet, DOEHRS-HC and AHLTA/CHCS, etc. for accuracy and to make sure all reports correspond with the each other		
3. In the AFSAS menu:		
a. Click “Occupational Illness” and then click “Search Investigations” to locate cases		
b. Enter patient demographics and click “Search Illness Reports” to view case		
c. Identify whether the occupational illness investigation is closed(investigation status column)		
d. Click icon to view AF Form 190 (action column)		
4. Review the AF Form 190 for the following information:		
a. Patient Identification (correct name, SSN, Organization, Occupation, etc.)		
b. Incident/Illness Data (correct exposure/illness date(s), duration and accurate description of symptoms at onset of illness)		
c. Medical Data (correct data to include: diagnosis, classification, date/time or initial treatment/diagnosis, medical facility, disposition and remarks)		
d. Environmental Data (accurate/detailed description of job tasks that resulted in exposure to hazardous materials/agents)		
e. Case Classification (occupational incident, injury/illness, workplace identifier)		
5. Verify the following information:		

a. Ensure patient's confirmed Occupational Illnesses was reported on the OSHA 300 Log within 7 days of case closure		
b. Ensure completed AF Form 190 and SF Form 513 is filed in the member's hard copy medical record (or uploaded electronically into AHLTA).		
c. Ensure occupational illness information is documented on the AF Form 2754 in ASIMS (excluding PII)		
POST PROCEDURE		
1. Explain local procedures for routing peer review results through Chain of Command (documented/reported to SGP/SGH, executive committees, i.e. AMC, PHWG, ECOMS, Pro Staff, etc.)		
FINAL RESULT	SAT	UNSAT

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

Identify Occupational Health Exam(s) and Regulatory Requirements

SUBJECT AREA: Occupational Health

TASK(S): Identify occupational exam(s) and regulatory requirements

CFETP/STS REFERENCES(S) 6.d.(3).

EQUIPMENT REQUIRED: Computer with internet access
ASIMS account access
Shop OEHED

TRAINING REFERENCE(S): AFI 48-145, *Occupational Health Program*
AFMAN 48-146, *Occupational & Environmental Health Program Management*
DOD 6055.05-M, *Occupational Medical Examinations and Surveillance Manual*
29 CFR 1910, *Occupational Safety and Health Standards*

OBJECTIVE: Given the training resources, equipment, and trainer demonstration, the trainee will be able to identify occupational exam(s) and regulatory requirements.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFT

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Log into ASIMS		
2. State the purpose for identifying occupational health exams and regulatory requirements (protect workers from industrial hazards and comply with laws)		
3. Retrieve current OEHD from BE and review current COHER in ASIMS		
PROCEDURE		
1. On the OEHD:		
a. Review the Exposure Group (located under the Workplace Description)		
b. Identify the health hazards		
c. Determine whether health hazard is an OSHA Expanded Standard (hazard will be highlighted in red)		
d. Explain the regulatory limit, measured exposure, and exposure determination for each hazard (<i>Regulatory Limit</i> = amount of the hazard a worker is allowed to be exposed to in an 8-hr TWA, <i>Measured Exposure</i> = the workers actual exposure, <i>Exposure Determination</i> = tells us if the hazard is above the OEEL)		
e. Identify all exposures over the regulatory limit (this will be highlighted in red and labeled <i>above the OEEL</i>)		
2. Using the DOD 6055.05-M, look up each hazard and identify the following:		
a. Target organs associated with each hazard		
b. Medical surveillance criteria (member's exposed to hazards over the regulatory limit/OEEL)		
c. Required exams/frequency (pre-placement, annual, special purpose, termination, etc.)		
d. Required medical history and special criteria that must be included (respiratory, skin, history of smoking, etc.)		
e. Physical exam elements (what the provider should focus on)		
f. Required special procedures (specific labs, x-rays, audiograms, etc.)		
g. Other required elements (immunizations or declination of immunizations, medical documentation from provider/member, medical written opinions, etc.)		

3. In ASIMS, generate/create a new COHER using the information gathered from the OEHED and DOD 6055.05-M		
a. From the main menu, click OH tab		
b. Click “Add Workplace”		
c. Enter WPID and workplace name		
d. Select link “Edit Default” (blue font)		
e. Click “Add Exam” and add appropriate exam		
f. Edit “Age Start, Age Stop, One time, Frequency, Pre-placement, termination, Sex, and Rationale”		
g. Add “Workplace Remarks” Select update when completed		
h. Select “Edit Workplace”		
i. Edit “Unit, Report Category, AF 2755, AMC Chair, Review date, Firefighter shop, Noise ECL, Rick Category, and Exams Required”		
j. Select “Generate 2766”		
k. Review PDF file for accuracy and correct any errors as needed		
l. Print out the COHER		
POST PROCEDURE		
1. Explain the process for getting the COHER approved and signed (it gets presented at OEHWG for approval, SGP/OEHWG Chairperson signs)		
2. Describe where COHER’s are filed (in ASIMS, and in the worker’s medical record at the time of the medical surveillance exam)		
FINAL RESULT	SAT	UNSAT

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

Conduct Occupational Health Trend Analysis

SUBJECT AREA: Occupational Exam

TASK(S): Conduct occupational health trend analysis

CFETP/STS REFERENCES(S) 6.d.(7).

EQUIPMENT REQUIRED: Computer with internet access
ASIMS account access
AFSAS account access
AHLTA account access
DOEHRS-HC account access

TRAINING REFERENCE(S): AFI 48-145, *Occupational Health Program*
AFI 91-203, *Air Force Consolidated Occupational Safety Instruction*
AFMAN 48-146, *Occupational & Environmental Health Program Management*
AFOSH STD 48-20, *Hearing Conservation Program*
DODI 6055.05-M, *Occupational Medical Examinations and Surveillance Manual*
29 CFR 1910, *Occupational Safety and Health Standards*

OBJECTIVE: Given the training resources, equipment, and trainer demonstration, the trainee will be able to conduct an occupational health trend analysis.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Log into ASIMS		
2. Log into DOERHS-HC		
3. Log into AHLTA		
4. Log into AFSAS		
5. State the purpose for conducting occupational health trend analysis' (to detect adverse trends and recommend controls/education)		
6. Determine the number of medical records (for Category 1 workplaces) that need to be reviewed (reference AFMAN 48-146, table 5.1.)		
7. For all other shops, explain local procedures for the number of records to be reviewed within a shop		
PROCEDURE		
1. Review electronic or hard copy medical record for the following:		
a. Exam compliance (frequency, content of exam)		
b. Abnormal findings (STS/PTS, labs, PFTs, etc.)		
c. Occupational Illnesses and Injuries (AF 190's in AFSAS)		
2. In ASIMS, perform the following steps:		
a. Review the abnormal exams report		
b. Calculate the exam completeness (# of records reviewed, % of records with all exam requirements met)		
c. Calculate the percentage of records indicating abnormal findings		
3. In DOEHRHS-HC, complete the following:		
a. Review reports for problem audiograms, STS, PTS, and OSHA reportable rates		
b. Calculate the number of annual audiograms conducted (STS, PTS, OSHA reportable hearing loss percentage), and follow-up rates within the last year for the shop		
4. Review local logs for pregnancy profile compliance (profiles were closed in required timeframe)		
5. Calculate the following metrics:		
a. Number/percentage of workers with occupational illnesses (and injuries if available) for each shop		
b. Number/percentage of overdue exams		

c. Number/percentage of abnormal exams (audiograms, labs, specialty exams, etc.)		
d. Identify the number of pregnancy profiles that met the required timeframes and the number that exceeding the required time between start to finish		
6. Document shop findings on a local OEHWG template used for trend analysis?		
POST PROCEDURE		
1. For each shop, document the trend analysis on the AF Form 2754 in ASIMS to include the following: the date the trend analysis was conducted, issues/trends that were identified for OEHWG discussion, and name of technician performing the trend analysis		
2. Explain the disposition process for the trend analysis (it gets presented at OEHWG, shop visits/plan of action are scheduled if needed, etc.)		
3. Explain the process for corrective action when adverse trends are identified (the OEHWG will identify a plan for further investigation, determine underlying cause(s) (if any), document findings in the OEHWG minutes, and communicate findings and recommendations with the workplace supervisor or SEG leader and the unit commander)		
FINAL RESULT	SAT	UNSAT

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

***Conduct Occupational Health Medical Exam (OHME)
Peer Review***

- SUBJECT AREA:** Occupational Health
- TASK(S):** Conduct OHME Peer Review
- CFETP/STS REFERENCES(S)** 6.d.(8).
- EQUIPMENT REQUIRED:** Computer with internet access
ASIMS account access
AHLTA account access
Shop OEHD
Shop COHER
- TRAINING REFERENCE(S):** AFI 48-123, *Medical Examinations and Standards*
AFI 48-145, *Occupational Health Program*
AFMAN 48-146, Occupational and Environmental Health Program Management
AFOSH Standard 48-20, *Occupational Noise and Hearing Conservation Program*
DODI 6055.05-M, *Occupational Medical Examinations and Surveillance Manual*
29 CFR 1910, *Occupational Safety and Health Standards*
- OBJECTIVE:** Given the training resources, equipment, and trainer demonstration, the trainee will be able to conduct a peer review.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Log into ASIMS		
2. Log into AHLTA		
3. Obtain current Shop OEHD and review		
4. Obtain current Shop COHER and review in ASIMS to identify the current required Occupational Health Exams (Reference DODI 6055.05-M as needed)		
5. State the purpose for conducting a technician level Occupational Health peer review (whether process is flowing smoothly, all procedures are being followed, paperwork is being completed correctly, findings reported to leadership for process improvements)		
PROCEDURE		
1. Per local procedures, select at least 5% of Occupational Health Exams to review (at random)		
2. In ASIMS Main Menu, select “Find Person” to locate a patient		
3. Verify the following was updated for the OHME (in ASIMS):		
a. All required Occupational Health Exams for patient are listed on the current shop COHER		
b. Exams listed in ASIMS match the appropriate frequency listed on the current Shop COHER (pre-placement, annual, termination)		
c. Initial exam was conducted within 30 days (audiogram) or 60 days (all other Occupational Health Exams) of the patient beginning duties in their assigned shop		
d. Annual or other frequency exams were conducted annually or at appropriate frequency IAW Shop COHER		
e. Date(s) results recorded in ASIMS match dates that occupational exam were conducted/documentated in AHLTA		
f. Exam results recorded in ASIMS match Healthcare Provider’s documentation of exam results in AHLTA (i.e. if Provider indicate an exam was abnormal, exam was marked abnormal in ASIMS and brief note was added under notes section to indicate next follow-up due, etc)		
4. Verify the following was updated using locally approved SF 600 or electronic medical record:		
a. Education provided (to include earplug fitting for audiograms)		

b. Copy of shop OEHED and COHER place in electronic or hard copy medical record		
POST PROCEDURE		
1. Explain local procedures for routing peer review results through Chain of Command (documented/reported to SGP/SGH, executive committees, i.e. OHWG, AMC, ECOMS, Pro Staff, etc.)		
FINAL RESULT	SAT	UNSAT

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

Conduct Peer Review

SUBJECT AREA: Hearing Conservation Program

TASK(S): Conduct Peer Review

CFETP/STS REFERENCES(S) 6.f.(1).(h).

EQUIPMENT REQUIRED: Computer with internet access
ASIMS account access
DOEHRS account access
AFSAS account access
Locally approved peer review form

TRAINING REFERENCE(S): AFOSH STD 48-20, *Hearing Conservation Program*

OBJECTIVE: Given the training resources, equipment, and trainer demonstration, the trainee will be able to conduct a peer review.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Log into ASIMS		
2. Log into AHLTA		
3. Log into AFSAS		
4. Log into DOEHRS-HC		
5. State the purpose for conducting a technician level Hearing Conservation peer review (whether process is flowing smoothly, all procedures are being followed, paperwork is being completed correctly, findings reported to leadership for process improvements)		
6. Identify minimum requirement for review (random sampling, 10%, regular recurring basis—i.e monthly/quarterly) (include Referrals, STS, PTS, OSHA Reportable, Fit and Risk, Special Purpose, Reference and Annual Audiograms)		
7. Pull the complete hard copy medical records for all the hearing tests selected for review		
PROCEDURE		
1. Query and review the following DOEHRS Reports: <ul style="list-style-type: none"> a. Referrals b. STS c. PTS d. OSHA Reportable hearing exams 		
2. Explain the process and review where the STS and PTS audiograms and referrals are being logged, tracked, and followed-up (i.e. within less than 30 days)		
3. Explain the process and review where the OSHA reportable hearing tests are logged (AFSAS, excel, etc.), tracked and reported (i.e. within 7 days in AFSAS and/or OSHA 300 log)		
4. Open ASIMS, review the Abnormal Results Report under the Occupational Health Menu. Review all abnormal results pertaining to hearing (abnormal audiograms, follow ups and hearing loss)		
5. Open AFSAS, review all AF Form 190's pertaining to hearing loss (ensure completion within 7 days of confirmation of PTS by Audiologist)		
6. Ensure that DOEHRS Reports, AFSAS, and abnormal exams in ASIMS, and local HCP logs are being tracked for timely and compliant completion. (Note any discrepancies on a tracking sheet, log, etc.)		
7. Verify all reports and logs reviewed are corresponding with each other		
8. Conduct audiogram review and verify the following:		

a. HCP log, ASIMS report, and medical record accurately reflect the hearing test in review		
b. Current OEHED and COHER placed in the member's medical record		
c. DD Form 2215 filed in the member's medical record (including: all reference exams, such as initial, change in service or re-established baselines)		
d. DD Form 2216 filed in the member's medical record (including: all annual, close scrutiny, termination, pre/post deployment and follow-ups)		
e. DD Form 2215 and/or DD Form 2216 have a matching SF 600 and/or AHLTA note for disposition, education, and hearing protection fitting (Note: All hearing tests must now have an AHLTA note)		
f. AF Form 1753 filled out and filed in the member's medical record (This includes a reference and/or a referral AF Form 1753 as needed)		
g. If applicable, the AF Form 1672, SF 600, or SF 513 referral form is filled out in DOEHRS and filed in the medical record with the HCDC disposition		
h. If applicable, audiology evaluation is filed in the member's medical record (follow-up conducted per the HCDC's recommendation/disposition and filed in the member's medical record)		
i. If applicable, the AF Form 190 is filed in the member's medical record		
j. If applicable, the Fitness and Risk was completed and a MFR was sent to the Squadron CC and Shop Supervisor		
k. If applicable, the PTS letter was sent to the member within 21 days and the shop supervisor within 10 days of notification		
POST PROCEDURE		
1. Explain local procedures for routing peer review results through Chain of Command (documented/reported to SGP/SGH, executive committees, i.e. OEHWG, AMC, ESOH, ECOMS, etc.)		
2. All findings are documented on a locally approved peer review form		
FINAL RESULT	SAT	UNSAT

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

Monitor Personnel Exposed to Bloodborne Pathogens

SUBJECT AREA:	Medical Treatment Facility/Base Employee Health Program
TASK(S):	Monitor personnel exposed to bloodborne pathogens
CFETP/STS REFERENCES(S)	6.g.(2).
EQUIPMENT REQUIRED:	Computer with internet access ASIMS account access AHLTA/CHCS account access Medical Record
TRAINING REFERENCE(S):	AFI 44-108, <i>Infection Prevention and Control Program</i> AFI 48-101, <i>Aerospace Medicine Enterprise</i> AFI 48-105, <i>Surveillance, Prevention and Control and Conditions of Public Health or Military Significance</i> AFI 91-204, <i>Safety Investigations and Reports</i> Current Centers for Disease Control and Prevention (CDC) Guidelines CDC Interpretation of Hepatitis B Serologic Test Results CDC Interpretation of Results of Tests for Hepatitis C Virus (HCV) Infection and Further Actions CDC TB Fact Sheets: Testing for Tuberculosis Local Bloodborne Pathogen Exposure Control Plan OSHA Directive CPL 02-02-069, <i>Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens</i> 29 CFR 1910.1030, <i>Bloodborne Pathogens</i>
OBJECTIVE:	Given the training resources, equipment and trainer demonstration the trainee will be able to monitor personnel exposed to bloodborne pathogens.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

**MONITOR PERSONNEL EXPOSED TO
BLOODBORNE PATHOGENS**

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Log into ASIMS		
2. Log into AHLTA		
3. Explain local protocols for identifying, monitoring and reporting bloodborne pathogen (BBP) exposure per local instructions (MDGIs, OIs)		
4. Explain first step of accepting/reviewing BBP paperwork from appropriate clinic (IAW local instructions)		
5. Identify procedures for each of the following circumstances: a. Source patient is unknown (i.e. assess risk/PEP) b. Source patient is known and laboratory tests have not been drawn c. Source patient is known and laboratory tests are pending		
6. Explain factors utilized to determine follow-up testing requirements and frequency (i.e. high risk source patients, Hepatitis B immunity, type of exposure)		
PROCEDURE		
1. Explain local procedures for a BBP Exposure patient interview		
2. State purpose of BBP Exposure patient interview (accuracy of information, education regarding the risk of acquiring infection due to exposure)		
3. In the ASIMS Main Menu, click “MEHP Menu”		
4. Click “BBP Menu”		
5. Click “Find Person” to locate a patient (enter patient SSN)		
6. Click “New Incident”		
7. Enter or transcribe BBP Exposure Incident information (i.e. location, type/brand of device, explanation of incident, post exposure lab results, whether source patient is considered high risk)		
8. Based on Healthcare Provider recommendations, input required follow-up labs into ASIMS		
9. Click “Update”		
10. Upon follow-up lab testing, enter lab results into ASIMS		
11. State the time frame in which the Healthcare Provider's Written Opinion must be provided to the patient (within 15 days of evaluation)		
12. Identify local procedures for completion and documentation of Healthcare Provider’s Written Opinion		

13. Explain local instructions for documenting Public Health actions in AHLTA/medical record		
POST PROCEDURE		
1. Explain the follow-up tracking process and how to update ASIMS and close case upon completion of follow-up lab results		
2. Explain local mishap reporting procedures and how Public Health verifies incidents appear on the OSHA 300 log		
3. State which meeting Public Health provides data regarding occupational exposures (Infection Control Committee)		
FINAL RESULT:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

Bloodborne Pathogen Exposure Peer Review

SUBJECT AREA: Medical Treatment Facility/Base Employee Health Program

TASK(S): Conduct Peer Review of Bloodborne Pathogen Exposure

CFETP/STS REFERENCES(S) 6.g.(6).

EQUIPMENT REQUIRED: Computer with internet access
ASIMS account access
AHLTA/CHCS account access
Medical Record

TRAINING REFERENCE(S): AFI 44-102, *Medical Care Management*
AFI 44-108, *Infection Prevention and Control Program*
AFI 48-101, *Aerospace Medicine Enterprise*
AFI 48-105, *Surveillance, Prevention and Control and Conditions of Public Health or Military Significance*
AFI 91-204, *Safety Investigations and Reports*
Current Centers for Disease Control and Prevention (CDC) Guidelines
CDC Interpretation of Hepatitis B Serologic Test Results
CDC Interpretation of Results of Tests for Hepatitis C Virus (HCV) Infection and Further Actions
CDC TB Fact Sheets: Testing for Tuberculosis
Local Bloodborne Pathogen Exposure Control Plan
OSHA Directive CPL 02-02-069, *Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens*
29 CFR 1910.1030, *Bloodborne Pathogens*
Local Bloodborne Pathogen Exposure Control Plan

OBJECTIVE: Given the training resources, equipment, and trainer demonstration, the trainee will be able to conduct a peer review.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

6. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Log into ASIMS		
2. Log into AHLTA/CHCS		
3. Select a Bloodborne pathogen exposure case for peer review and request Patient’s medical record (Per local procedures)		
4. State purpose for conducting a technician level peer review (whether process is flowing smoothly, all procedures are being followed, paperwork is being completed correctly, findings reported to leadership for process improvements)		
5. Identify minimum requirement for review (random sampling, at least 10%, regular recurring basis—i.e monthly/quarterly)		
PROCEDURE		
1. In the ASIMS Main Menu, click “MEHP Menu”		
2. Click “BBP Menu”		
3. Click “Find Person” to locate a patient (enter patient SSN)		
4. Verify that the Bloodborne pathogen exposure (in ASIMS) was updated with the following:		
a. Patient demographics where entered correctly		
b. Exposure date was entered		
c. Verified source patient risk factors (SF600 or AHLTA) and ensure high risk check box is marked as needed		
d. Exposure location was entered (i.e. Immunizations Clinic)		
e. Exposure Reason was entered (i.e. Needle Stick)		
f. Type of Device was entered (i.e. 30g Needle)		
g. Brand of Device was entered (i.e. Becton Technologies)		
h. Post Exposure HIV/Hep B Surface Ab results were entered		
i. Entered Explanation of Incident (i.e. patient’s summary of incident, any available facts regarding the incident, source patient and patient’s lab results, source patient’s potential risk factors, follow-up dates)		
5. IAW Healthcare Provider recommendations, verify that the Bloodborne pathogen exposure (in ASIMS) was updated with the following:		
a. Required follow-up tests were identified		

b. Date of Next follow-up (open cases)		
c. Date follow-up test were completed and the results		
d. Verify case is marked as closed		
6. Verify that the patient's electronic medical record (i.e. SF 600, IAW local policy) was updated with the following:		
a. Exposed employee evaluated by a provider		
b. All required items were documented in the employee's post-exposure evaluation (IAW CFR 1910.1030/AFI 44-108)		
c. Source patient was known or unknown		
d. Required labs were ordered for both the patient/source patient		
e. Patient/Source patient's lab results/risk assessment (Ensure there is no Personally Identifiable Information from the source patient)		
f. Date follow-up test were completed and the results		
g. The 15-day Healthcare Provider's written opinion contained all required components (IAW CFR 1910.1030/AFI 44-108)		
h. The Healthcare Provider's written opinion was conveyed to the employee and filed/documentated in the patient's medical record		
i. Provider signed initial and all follow-up AHLTA encounters		
POST PROCEDURE		
1. Explain local procedures for routing peer review results through Chain of Command (documented/reported to SGP/SGH, executive committees, i.e. OHWG, AMC, ECOMS, Pro Staff, etc.)		
FINAL RESULT	SAT	UNSAT

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____

Conduct Peer Review

SUBJECT AREA:	Reproductive Health Program
TASK(S):	Conduct Peer Review
CFETP/STS REFERENCES(S)	6.h.(5).
EQUIPMENT REQUIRED:	Computer with internet access ASIMS account access AHLTA/CHCS account access
TRAINING REFERENCE(S):	<i>AFI 10-203, Duty Limiting Conditions</i> <i>AFI 44-102, Medical Care Management</i> <i>AFI 48-101, Aerospace Medicine Enterprise</i> <i>AFI 48-145, Occupational and Environmental Health Program</i> <i>AFMAN 48-146, Occupational and Environmental Health Program Management</i>
OBJECTIVE:	Given the training resources, equipment, and trainer demonstration, the trainee will be able to conduct a peer review.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.
2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.
3. Use the performance checklist to ensure all steps of the task are accomplished.
4. Document task competency upon completion of the evaluation in the trainee's AFTR. Initial and document all recurring evaluations in the trainee's AFTR.

PERFORMANCE ITEM	SAT	UNSAT
PREPARATION		
1. Log into ASIMS		
2. Log into AHLTA/CHCS		
3. State the purpose for conducting a technician level Reproductive Health Program peer review (whether process is flowing smoothly, all procedures are being followed, paperwork is being completed correctly, findings reported to leadership for process improvements)		
4. Identify minimum requirement for review (random sampling, 10%, regular recurring basis—i.e. monthly/quarterly)		
5. Request patient’s medical record for review (if applicable/based on local procedures)		
PROCEDURE		
Active Duty-Fetal Protection Cases:		
1. In ASIMS Main Menu: Open patients AF Form 469		
2. Administrative Workers: Initial AF Form 469 was issued within 5 duty days of notification to PH of a positive pregnancy via lab or SF 513 <i>Note: If administrative only profile, skip to task number 4.</i>		
3. Industrial Workers: Initial AF Form 469 was issued within 15 duty days of notification to PH of a positive pregnancy via lab or SF 513		
a. Patient information was forwarded to BE for workplace evaluation		
b. BE’s written workplace evaluation was based the most current OEHED or a specific contact with the shop supervisor		
c. AF Form 469 was modified based on workplace-specific hazards identified by BE		
4. Public Health interviewed/contacted the supervisor and verified the patient’s duties (review SF 600 or other locally approved form)		
5. Initial AF Form 469 included standard Duty/Mobility/Fitness Restrictions (AF Template in ASIMS)		
6. Public Health coordinated with the IEOMC and the Women’s Health/OB GYN provider or PCM to finalize the duty limitations on the AF Form 469		
Civilian Fetal Protection Cases:		
1. Explain the notification process for recommending restrictions for civilians (referral by supervisor or Civilian Personnel Office)		

2. Public Health interviewed/contacted the supervisor and verified the patient's duties (review SF 600 or other locally approved form)		
3. BE's written workplace evaluation was based the most current OEHD or a specific contact with the shop supervisor		
4. In the MFR, the pregnant worker was advised of the following: a. Recommended changes to worker's duties based on BE's evaluation b. If the pregnant worker's provider is a civilian, recommendations were reviewed by a military medical provider (through FHM/MSME) c. MFR was reviewed/signed by the IEOMC d. MFR was sent to the employee and a copy was filed in the medical record		
POST PROCEDURE		
1. Explain local procedures for routing peer review results through Chain of Command (documented/reported to SGP/SGH, executive committees, i.e. AMC, OEHWG, ECOMS, Pro Staff, etc.)		
FINAL RESULT	SAT	UNSAT

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc. If the trainee performed all steps of the task satisfactorily, document the results in the trainee's AFTR.

Trainee Signature/Date: _____ / _____

Trainer Signature/Date: _____ / _____

Certifier Signature/Date: _____ / _____