

Quarterly

*SPECIAL EDITION!
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November 2012

Army Industrial Hygiene News and Regulatory Summary

Editor's Note



Welcome readers to the November special edition of the *Army Industrial Hygiene News and Regulatory Summary*. This marks the second time that a special edition of this publication has been released. Congratulations to those who contributed articles to the last special edition. The feedback from readership on the content and topics in the August issue was positive. Please continue to submit articles or ideas for articles that you feel would be of interest to our audience.

This monthly newsletter is a subscriber based distribution. You can sign up to receive it using the contact information located on the last page.

Kind Regards,
Karla Simon
Editor



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Role of Occupational Health in IAQ Assessments

By Carol Tobias, Occupational Health Nurse, AIPH



“My worksite is making me sick! EVERYONE has a cough! EVERYONE has itchy eyes and a sore throat! This has been going on for weeks!” ...and the industrial hygiene (IH) staff member in a calm measured tone asks, “Have you or anyone else reported this to occupational health (OH)?”

Ask that question first! If they say yes – you need to have a conversation with your OH clinical staff about (lack of) communication; if they say no – insert an appropriate long pause. Then, even before going over to investigate, instruct all who feel their workplace is making them sick to contact OH. As a courtesy, call your preventive medicine partners at the clinic with a situational briefing.

What is the role of OH in a potential poor indoor-air quality epidemiological investigation? According to both AR 40-5

and DA PAM 40-11, occupational health programs, services, and capabilities will establish and provide, among other things ...Workplace epidemiological investigations (see citations at the end of the article). DA PAM 40-11 Chapter 5 gives specific guidance on roles of occupational health. In section 5–9, “Workplace epidemiological investigations:

- a. Commonly accepted epidemiological methods and tools are used to investigate incidences of infectious diseases, occupational illnesses, and injuries presumed to be associated with the workplace. Such investigations address both the acute and short-term health outcomes as well as chronic health and reproductive health impacts.
- b. Preventive medicine personnel conduct such workplace epidemiological investigations in coordination with safety personnel. These investigations are used to identify, assess, and document trends and analyze the occurrence and incidence of such illnesses and injuries. It is extremely important to determine whether the health outcomes are actual or perceived.”

Occupational health staff are not industrial hygiene trained, and cannot do thorough initial assessments and monitor the environment. But, following the characterization by industrial hygiene, OH

Role of Occupational Health Continued

and IH going out on a worksite visit together sends a message to employees that a team approach is being taken. Circumstances and situations described to the OH and IH team members are more likely to be consistent also.

Specific healthcare related roles OH staff serve at the worksite include observing employees for physical reactions in their workplace that may not occur in the clinic; and encouraging employees to come to the clinic to report health related symptoms not appropriate for worksite discussions. Occupational health staff can observe the worksite to determine if there is a place for employees to privately perform peak flow meter readings, and to determine if that will be a viable assessment option. Of course the converse is also true. Occupational health staff may observe that employees are not actually exhibiting clinical symptoms, or that symptoms are consistent with those being seen throughout the healthcare system. Direct observations provide better data to support or controvert a claim of occupational illness.

Occupational health also has a responsibility to collect and analyze data from epidemiological investigations to help make a determination as to the validity of occupational illness claims



A comprehensive data collection tool that includes the IH findings, patterns of work activities, patterns of health complaints, confounding factors, and individual health information will contribute to the accuracy of the determination. Occupational health has some excellent clinical screening tools for employees with complaints of poor indoor air quality. Attached below is an example of some of the questions a healthcare provider should ask when doing a worksite visit related to health complaints.

For more information about Army Institute of Public Health's Occupational and Environmental Medicine Portfolio or about the attached assessment tool, please contact us at USAPHC-OH65@amedd.army.mil.

Medical Evaluation for Indoor Air Complaints

History

Date: _____

Patient Name: _____ ID or SSN: _____

Job title: _____

Department/ Work Location: _____

Contact Phone (number and type – duty, cell, home): _____

Chief Complaint: _____

Current Medications (include regularly used over the counter medications):

History of Work Area Problems (visible mold, moisture incursions, recent renovations, recent move, ventilation issues noted, etc.): _____

Area or room where you spend the most time in the building:

Do any of your work activities produce dust or odor?

Yes No

Describe: _____

Office / workplace characteristics:

_____ Number of persons sharing same room/work area

_____ Number of windows in room/work area

Do windows open? Yes No N/A

Please rate room temperature

Poor	Average	Excellent
1	2 3 4	5

Do others smoke in / near your work area? Yes No

How many years or months have you worked in this area?

In this room/area? _____ years _____ months In this building? _____ years _____ months

Have coworkers complained about the work environment or been evaluated for related symptoms? Yes No

Do you:

Smoke Yes No

Have hay fever/pollen allergies? Yes No

Have skin allergies/dematitis? Yes No

Have asthma? Yes No

Have a cold/flu? Yes No



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- Have sinus problems? Yes No
- Have other allergies? Yes No
- Have history of allergy testing? (If yes, when? _____) Yes No
- Wear contact lenses? Yes No
- Have you seen a health care practitioner for any or all of your symptoms?** Yes No

When do you experience relief from these symptoms?

Name and Date: _____

Symptoms: Select any symptoms you have experienced in this building. More than one may apply

Symptom	Occasionally	Frequently	Daily	Worse at Work	Better Away from Work	New since start this job
Dizziness						
Dry, flaking skin						
Discolored skin						
Skin irritation						
Itching						
Nausea						
Sore Throat						
Sinus congestion						
Sneezing						
High stress levels						
Chest tightness						
Eye irritation						
Nose burning or irritation						
Cough						
Shortness of breath						
Wheezing						
Fainting						
Headache						
Fatigue/drowsiness						
Temperature too hot						
Temperature too cold						
Other specify						

When do these problems usually occur?

- TIME OF DAY** Morning Afternoon Evening
- DAY OF WEEK** S M T W TH F S
- MONTH** J F M A M J J A S O N D
- SEASON** Spring Summer Fall Winter

Name and Date: _____



How Leaders Can Reduce Stress Levels in Their Employees

By CPT Candice Hebert, Psychologist, AIPH

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."

John Quincy Adams

As a leader, you are in a position to influence your employee's job stress. Here are a few ways to assist you in reducing the level of job stress:

- **Have a clear vision and communicate it effectively to all employees.**

Clearly define your employees' roles and responsibilities. Share information with them and give them opportunities to provide feedback. Generally, when employees contribute input to the mission, it engenders a stronger commitment to the organization.

- **Motivate your employees. Express compassion, enthusiasm, and most of all, appreciation, to each employee.**

An effective leader can motivate their employees by acting as a role model, being attentive to their needs by serving as a mentor.

Celebrate their individual achievements, as well as the achievements of the team. This will instill pride and contribute to enhanced job satisfaction.



- **Walk in their shoes--view a situation from your employee's perspective. Assist in managing their stress.**

Inevitably, stressful situations will arise. This may not always be from the job, but from your employees' personal lives (marriage, caring for a sick or elderly relative, children, etc.). Take notice for indicators of stress in your employees. Revealing signs are anger, easily irritable, poor memory, and decrease quality of work, tardiness, increased sick days, fatigue, and poor time management. Provide a space for them to talk about their experience.

Do not argue or express disapproval of what they are feeling. Keep in mind that chronic stress can have a negative impact on your employee's physical and mental health. Share in their experience and talk out a solution together, such as reduced workload, assistance on projects, time off, and a referral to a counselor or coach.

- **Manage your own stress.**

Have you ever had an impulsive emotional reaction when you are angry and frustrated? Mental fatigue and time pressures can have unintended consequences. Your mood can affect your whole team. Take care of yourself by incorporating diet, and exercise in your daily routine. Seek a coach to help manage stress.

In summary, you have the training to deal with various situations and the ability to have a positive impact on your employees. Your leadership style can serve as a buffer against the harmful effects of stress in the work environment.

Industrial Hygiene Does Its Part for Vision Conservation

By Karla Simon, Industrial Hygienist, AIPH

As a part of our duties, industrial hygienists are members of the installation Vision Conservation and Readiness Team (VCRT). We regularly visit workplaces to identify hazards. During a walkthrough, we often observe common work tasks such as an electrician using hand tools, a lab technician mixing chemicals, a welder welding on steel pipe, a dip tank operator removing metal parts from a dipping basket, a dermatologist using a cryoprobe to remove a mole from a patient, or a dentist performing oral surgery. All of these workers are potentially exposed to eye hazards. Our workplace assessments not only help us to identify eye hazards, they also help us to make appropriate recommendations for eye protection. Employees' proper use of eye protection is a crucial part of the safety program.

Industrial hygienists

support the Vision Conservation and Readiness Program by:

- (1) Assessing and documenting eye hazards and the required eye protection used at a worksite.
- (2) Recommending engineering controls, administrative controls and/ or any additional eye protection needed to eliminate or control eye hazards.
- (3) Maintaining a current inventory of eye-hazardous areas.
- (4) Providing a list of personnel who work in eye-hazardous areas to the local Vision Conservation Manager.

We identify work areas that have insufficient lighting during worksite evaluations. Proper illumination not only supports visual acuity, thereby improving workplace safety, it is also beneficial to a worker's productivity and comfort. Lighting surveys are sometimes included in a onsite

ergonomics assessment. Proper lighting can reduce eyestrain and keep the affected employees from assuming awkward postures to compensate for glare or not enough lighting.

As members of the VCRT, the IH and Vision Conservation and Readiness Officer (VCRO) can develop a cooperative partnership to prevent eye injuries. This includes working together to evaluate the effectiveness of implemented controls, reviewing eye injury data trends, and conducting joint worksite evaluations. Working as a team, IH and VCRO can protect and save employees' eyesight. For more information about IH role in vision conservation consult *DA PAM 40-503, Industrial Hygiene Program* and *DA PAM 40-506, The Army Vision Conservation and Readiness Program*.



“As members of the VCRT, the IH and Vision Conservation and Readiness Officer (VCRO) can develop a cooperative partnership to prevent eye injuries.”

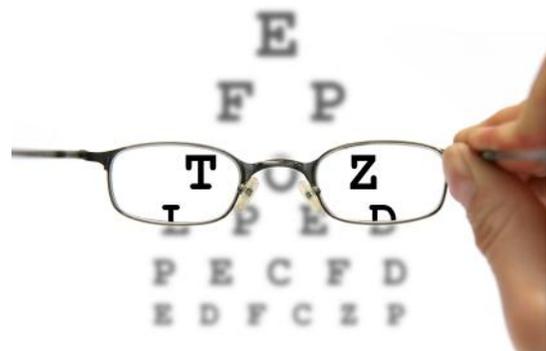
Vision Screening and Surveillance in the Workplace

By Dr. Michael Pattison, AIPH

Everyone is aware that vision and protecting that vision is important in the workplace. In spite of our best efforts, around 2000 workers are injured in this country each day with job-related eye injuries that require medical treatment according to the Centers for Disease Control and Prevention. In the Department of Defense (DoD), 169,772 eye injuries were reported over that past eleven years which averages to over 42 per day. The major causes within DoD were (1) other or not recorded or (2) due to machinery or tools. Surprisingly, war only ranked as the ninth most reported cause. While it probably is impossible to eliminate all of these injuries, many can be eliminated by simply ensuring that the controls and policies in place are effective and being enforced.

Most sites already have a vision or sight conservation program in place as required by law through OSHA and service specific policies and regulations. These programs assist in creating a safe work environment through the evaluation of the safety hazards, enforcing the wearing of proper eye and face protection, training and enforcing the use of good work practices. Also, when eye injuries do occur, it makes certain that employees are prepared for eye injuries with proper first aid kits and appropriate eye wash stations or sterile solution being available and in proper working order. Data management, while often tedious, is equally as important since

it can assist you in identifying if there is a concern. If the data shows a higher rate of eye injuries or that the rate of eye injuries is increasing, it may be time to place a greater emphasis on vision conservation.



In addition to reducing the rate of eye injuries, in today's work environment having good vision is becoming more and more critical with the increase in visual requirements when using the new technologies. As a result, vision screening programs and policies that assess vision performance standards for specific occupations are also becoming increasingly more important. Periodic vision screening should be an essential part of any occupational health program for all military and civilian employees.

The vision tests that should be performed during the screening should be based on the occupation and, in most cases, are job specific and common

Vision Screening Continued

sense can assist you in determining which to use. If you need additional assistance in deciding what should be evaluated, the U.S. Army Public Health Command has the *Vision and Safety Eyewear Guide For U.S. Army Civilian and Military Job Series, Technical Guide No. 006*, which is designed to serve as a starting place for selecting the appropriate vision performance standards and determining if safety eyewear is needed for many job series within DoD.



Everyone is required to have a vision test using both eyes together but testing each eye separately should also be considered in order to evaluate workers for potentially vision limiting conditions that can result in visual fatigue and discomfort which can make an employee less productive. For the same reason, it is also recommended that both distance and near vision be tested, especially for those over the age of 40 when we begin notice that we are losing that ability to focus to near. Other tests depend upon the job of the employee. A color vision deficiency, for example, may affect a worker's ability to perform their job in a safe and efficient manner so

it is recommended that a quick color vision test should be done prior to employment. And, since color vision perception does not normally change, any change should be a reason for referral. Testing depth perception is important for those performing jobs requiring fine hand-eye coordination. Other tests such as eye alignment or muscle balance testing, pupil testing and others may also be required. It should also be noted that glaucoma screenings are not part of the occupational vision screening since the diagnosis requires additional testing. This is one of the reasons that periodic comprehensive eye examinations should be recommended for all individuals with the frequency determined between the patient and doctor based on a number of factors such as age, health, and medications.

Military personnel are required to have their vision checked during their annual Periodic Health Assessment (PHA) but that evaluation may not test them for all of the job specific requirements necessary for them to perform their tasks effectively. For civilian workers, pre-employment, pre-placement and termination vision screenings should be performed to assist in making certain that workers are not placed in a situation of risk due to a vision deficiency. In addition, periodic vision screenings should be considered at times appropriate to the type of work performed, hazard exposures and any additional surveillance requirements as specified by policy or regulation. For example, civilian personnel working in eye-hazardous areas are expected to be screened every three years at a minimum.

Military and civilian employees who do not meet any of the minimum requirements for their particular job or employees whose visual

Vision Screening Continued

performance is less than expected for safe and effective job performance should be referred for a comprehensive vision examination or for further evaluation as required by regulation. Nondestructive Testing Inspector candidates, for example, who do not pass standard color vision tests can still be accepted if a supervisor determines that their color vision is sufficient to do the type of work being considered. For civilian workers who are referred to a civilian eye care doctor for a vision examination, however, who is responsible for paying for this examination varies and should be determined prior to the referral so that everyone understands the local policy.

Finally, to assist you with your program, it is recommended that you occasionally invite “outsiders,” those with knowledge of the requirements but not routinely involved such as the post optometrist to assess your program or to go to a site inspection with you in order to continuously improve your program by offering a new and different perspective. Also, consider putting together a Vision Conservation and Readiness Team as referenced in *DA PAM 40-506, The Army Vision Conservation and Readiness Program*. DA PAM 40-506 was created “to ensure military, civilian and contract employees... have the visual performance, optical devices, and ocular health necessary to perform their assigned activities in a safe and efficient manner.

The good news is that help is available if you want to know more. The first place to seek assistance is with the optometrists on post. Service specific requirements are available on line. For the Army, use AR 40-501, *Standards for Medical Fitness* and DA PAM 611-21,

Military Occupational Classification and Structure. For the Navy, use NEHC-TM-6260 – a computerized matrix program used to print individual physical examination requirements based upon the member’s job. For the USAF, use AFI 48-123, *Medical Examinations and Standards*. Finally, as stated earlier, a good resource for all services is Army Technical Guide No. 006, *Vision and Safety Eyewear Guide for U.S. Army Civilian and Military Job Series* available at www.dodvision.com.

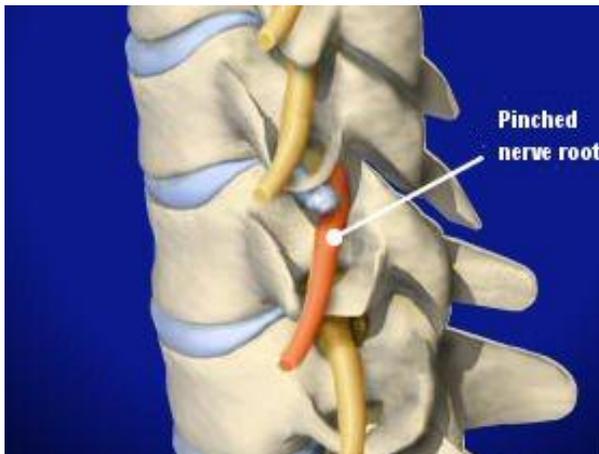
It is a guide that is specifically “intended for use by Occupational Health, Safety, Industrial Hygiene and Vision Care providers on U.S. Army installations.” DA PAM 40-506, *The Army Vision Conservation and Readiness Program* is also an excellent resource for providing guidance on establishing, maintaining and enhancing a vision conservation and readiness program.

The staff of the Tri-Service Vision Conservation and Readiness program teaches a Tri-Service Vision Conservation and Readiness Course to assist you. If interested, go to www.dodvision.com to sign up for a course, get on the waiting list or to obtain more information about the course. The course is taught either at Aberdeen Proving Ground or at your site if you have enough personnel interested in attending. Finally, the staff of the Tri-Service Vision is always available for any information regarding any aspect of the program or any questions about any aspect of Vision Conservation or Readiness. They can be reached at Tri-ServiceOptometry@amedd.army.mil or USAPHC-DCPM-Tri-Service@AMEDD.ARMY.MIL.

Finding and Fixing a Pain in the Neck

By Don Goddard, Ergonomist, AIPH

Soldiers' necks take a lot of abuse in the Army. Exposures include not only those commonly found in civilian jobs but also those associated with military specific jobs. Monitoring tasks that involve viewing video screens expose tissues to compressive forces for long durations. Running, jumping, parachuting and other highly energetic activities expose necks to abrupt mechanical stress. Soldiers' necks also suffer the consequences of chronic loading from headgear. The mechanical stresses from head supported mass significantly elevate the injury risk when paired with other risk factors such as non-neutral posture, jerk and jolt.



Neck side view with disc and facet joint displayed

Risk Identification.

When evaluating the physical activities of work, risks will be characterized better if you focus on anatomy! If you identify exposures that stress the intervertebral discs or facets joints you will

be able to improve the effectiveness of ergonomic interventions.

- Intervertebral discs. These are the special shock absorbers situated between the neck vertebrae. Their ability to yield provides flexibility and facilitates movement. When exposed to significant mechanical stress, disc cells die. These injuries accumulate over time and ultimately result in degenerative disc disease. Unfortunately, discs lack pain receptors so individuals fail to get feedback about the damage and continue to engage in hazardous activities.
- Facet joints. These are pairs of small joints located at the back of the spine and formed from projections from two adjacent vertebrae. Due to their special architecture, pressure within the facet joints is generally reduced when the head is bent forward and increased when the head is extended backwards. Facet joints sustain great pressure when the neck is extended while simultaneously bent and rotated to one side. This position concentrates stress on a single facet joint.

The following examples will help clarify the types of exposures that can produce either acute or chronic neck injury. Keep in mind, that the risk factors can affect both the intervertebral discs and facets joints at the same time.

Pain in the Neck Continued

- Non-neutral posture. Stress is lowest when the neck is maintained in neutral posture with the head straight and aligned with the lower spine. When the posture is deviated, particularly when bent forward or to the side more than 45 degrees or extended more than 30 degrees, injury risk increases. Here are some postures that should be avoided.
 - Using the neck to cradle objects such as bending the neck sideways to cradle a phone or a violin.
 - Holding the neck in extension for long periods such as performing overhead work while painting or working on a vehicle in a pit.
- Abrupt mechanical stress. The neck is exposed to this type of shock when the feet strike the ground while running or jumping. The ground reaction force travels from the ground, up through the pelvis and on to the spine. Significant jolt is generated when riding in a vehicle over rough roads, performing a parachute fall landing, firing weapons or operating a jackhammer.
- Whole body vibration. The neck receives whole body vibration when riding in vehicles or operating riding lawnmowers.
- Head supported mass. Wearing headgear for long periods, particularly if the gear does not distribute weight evenly this can occur from a helmet equipped with a night vision monocle. Significant stress is transmitted to the neck when Soldiers lie prone and assume the head posture needed to aim and fire a rifle. The combined effects of helmet weight and extended posture result in significant exposure.
- Special activities. There are certain activities that cause such significant neck stress that they should be avoided whenever possible: carrying loads balanced on the head, performing head stands, and doing bridging exercises such in encountered in wrestling or yoga.

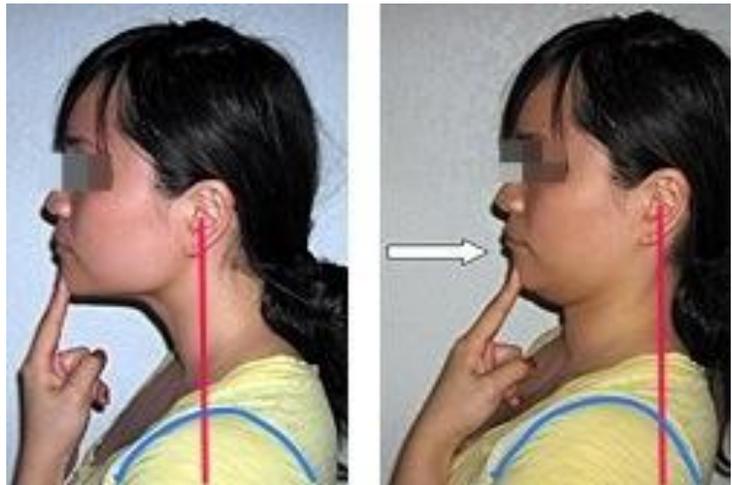
Risk Reduction.

There are a number of interventions that can reduce injury risk to the neck.

- Engineering controls. By far, the most effective risk reduction occurs when equipment or physical activities are designed in a way to reduce neck stress. These engineering controls often mitigate the hazard:
 - Design workstations with adjustable monitors that can be raised and lowered to match various users' statures
 - Construct headgear from lighter materials
 - Design headgear that evenly distributes loads
 - Design shoes with adequate shock absorption to reduce impacts from running and jumping
- Administrative controls. Although less effective, administrative controls may help reduce medical complaints and the incidence of chronic musculoskeletal conditions that arise later in life.

Pain in the Neck Continued

- Change the exposure schedule. Alter work schedules to reduce the total time workers are exposed to the hazard or to divide the exposure into discrete periods separated by less physically stressful activity. For example, landscaping jobs can be designed so that workers operate riding lawnmowers for certain periods separated by time devoted to another task such as edging, planting or tool maintenance.
- Neck exercise. Although exercise has not been proven to prevent neck injury it may help reduce symptoms or relieve mechanical stress by providing a short break from a mechanically stressful activity. Studies performed on jet pilots conducted by the North Atlantic Treaty Organization found that exposure to high G force, particularly when turning the helmeted head to view an adversary (checking the “6”) resulted in symptoms of neck pain and evidence of degenerative neck disorders. Performing special neck exercises helped reduce symptoms. The following exercise, performed for a couple of repetitions every 30 minutes may help reduce neck pain and headache.



Use your neck muscles to retract your head, keeping your chin level in the process. Hold 20 – 30 seconds. Relax. Repeat 4 – 6 times.

HIPAA is More than Birth Month Training

By Karla Simon, Industrial Hygienist, AIPH



Most DoD industrial hygienists think birth month training whenever HIPAA (Health Insurance Portability and Accountability Act) is mentioned. How does the HIPAA regulation pertain to your job? Industrial hygienists have to handle protected health information, and with that responsibility come an obligation to safeguard that information. The basic scenario involves asking employees for their names and Social Security numbers or their supervisors for their employees' names and Social Security numbers so that each employee's workplace exposures can be tracked in

DOEHRS-IH. The other is identifying employees who are in medical surveillance programs. Anyone handling protected health information is required to take HIPAA training. There are penalties that can be enforced if that obligation is not met. The US Department of Health and Human Services (HHS) Office of Civil Rights enforces the HIPAA privacy rule.

There have been HIPAA complaints sent to the HHS from civilian employees about the release of their employee medical examination results by a military treatment facility

(MTF) to their supervisors. The problem is that MTFs are not obtaining the necessary signatures on authorization forms from some employees when the medical examination is for purposes other than workplace surveillance, and work related disease and injury. This oversight can lead to violation of the confidentiality agreement.

There are understandable reasons for anyone to be guarded about the disclosure of such personal information. However, failure of federal employees to sign DD Form

HIPAA Continued

2870 can result in administrative or disciplinary action. The DD Form 2870 authorizes a MTF to enter the employee receiving medical care health data into the Medical Protection System (MEDPROS) and send the results to their servicing personnel office and/or supervisors. Examples of exams requiring employees' authorization include pre-employment, re-employment, emergency essential fitness for duty, and psychiatric exams.

There are some examinations that do not require an employee authorization because the disclosure of medical examination results is covered by other federal law or are exceptions by HIPAA. Those exceptions include employees enrolled in an OSHA mandated medical surveillance program, e.g. lead, asbestos, cadmium, noise; when medical surveillance is initiated for workplace exposures to determine if the exposures have resulted in adverse health effects, i.e., exposure results that are at or above an

occupational exposure limit action level; and whenever an employee has a work related injury or illness and undergoes a personnel policy examination to determine work capacity, i.e., return to work exam or assessment need for job accommodations.

To access the DOEHRS-IH database, individuals must have proof of HIPAA training. For those IHs that have a MTF as a client, remember Joint Commission has HIPAA requirements as part of the accreditation process. More information about HIPAA requirement can be

6025.18-R, *Health Information Privacy Regulation*, and AR 40-66, *Medical Records and Healthcare Documentation*.



Five Things You Really Need to Do to Improve Your DOEHRS-IH Data

By Paula Steven, Industrial Hygienist, AIPH



1. **Properly identify priority one shops.**

A priority one shop is one that requires an annual visit either because they are driven by regulations, has ventilation systems that control exposures, or is part of an occupational health stressor program. Examples of stressor programs are respiratory protection, vision conservation, and hearing conservation. Misidentification of shop priorities will impact your metrics by skewing the data or misrepresent the need for staff (improperly identified as understaffed or overstaffed) at your installation.

2. **Be a task master.** Have reoccurring master schedule tasks entered for every shop that your program office is

responsible for. At a minimum, there should be a periodic survey scheduled for every shop within your scope of work. Most priority one shops will have additional master schedule tasks such as sampling and ventilation. Remember, the master schedule is primarily a touch it once aspect of DOEHRs-IH. After initial setup, the program office manager need only to maintain oversight of the tasks, and add non-reoccurring tasks such as indoor air quality surveys and other onetime only tasks.

3. **Ensure the integrity of your data.**

Mistakes such as start dates that predate the actual time the staff member witnessed shop conditions or common process methods that do not align with what the staff member has named the process will lower or ruin the integrity of your data. Start dates should always be the date that the data was noted by the IH staff member. There have been dates entered into the system that not only predate DOEHRs-IH, but predate the birth of the shop personnel. The shop processes name field is a free field; however the process name should closely reflect the common process and method chosen from the pick lists.

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4. **Go all the way.** Failing to calculate the time-weighted averages (TWA) for samples that you have collected and entered into DOEHRs-IH excludes this data from your metrics. Data entry for all sampling events should be included in the calculation of the TWA. Don't forget the goal of data collection is to get to step 6 of the DoD Exposure Assessment Model and you cannot start step 6 without the TWAs.

5. **Cross the finish line.** Take the time to actually go into

your SEGs and assess your data. Don't get stuck in the rut of collecting and entering data and letting it sit there serving no purpose. It only takes six TWAs to conduct a quantitative assessment and only takes one TWA to perform a qualitative assessment. Take the final step with your data and improve your metrics.

