**(Model SOP)**

**United States Army**

**Name of the Clinic**

 **Occupational Health**

**(OFFICE SYMBOL) SOP No.\_\_\_\_\_\_**

 **Effective Date\_\_\_\_\_**

**Date Removed from Service\_\_\_\_\_**

**INDOOR AIR QUALITY COMPLAINT**

 **PURPOSE**

This SOP is intended as a guidance document for the supervisor of an employee or Service member with an environmental health (specific to indoor air quality) complaint associated with their workplace.

1. **SCOPE**

 This SOP applies to all Service members, DA Civilians, and contract employees.

**3. REFERENCES**

1. DoDI 6055.1, DoD Safety and Occupational Health (SOH) Program, 19 August, 1998.
2. DoDI 6055.05, Occupational and Environmental Health (OEH), 11 November, 2008.
3. AR 40-5, Preventive Medicine, 25 May 2007.
4. AR 385-10, Army Safety Program, 02 Jul, 2013.
5. DA PAM 40-11, Preventive Medicine, 22 Jul, 2005.

**4. ABBREVIATIONS / TERMS**

COR - Contract Officer Representative

CEMR - Civilian Employee Medical Records

DPW - Department of Public Works

KO - Contract Officer

IH- Industrial Hygiene

ISMO - Installation Safety Management Office

 OSHA- Occupational Safety and Health Administration

OHC- Occupational Health Clinic

OHN-Occupational Health Nurse

OHP-Occupational Healthcare Provider

PM - Preventative Medicine

SOP - Standard Operating Procedure

**5. PROCEDURES**

NOTE: IF A WORKER OR SERVICE MEMBER IS EXPERIENCING LIFE-THREATENING SYMPTOMS SUCH AS TROUBLE BREATHING OR CHEST PAINS, CALL 911 IMMEDIATELY.

1. If a DA Civilian employee or Service member is experiencing NON-EMERGENCY symptoms that they suspect are attributed to the conditions of their workplace (e.g., allergic reaction to suspected mold or other air contaminants), the supervisor will:
2. Contact (name of OHC) at (phone #) to schedule an appointment or walk-in for evaluation / treatment by the OHP.
3. Report the complaint to (installation name) ISMO and/or IH at (phone #) for hazard tracking and assessment for possible abatement.
4. If a contract worker is experiencing NON-EMERGENCY symptoms that they suspect are attributed to the conditions of their workplace, the on-site supervisor and/or contract officer representative (COR) will:
5. Advise the individual to contact their parent company and arrange to be evaluated / treated by a company-designated or personal healthcare provider. The COR should contact the contracting officer to make the contracting officer aware of the situation.
6. For other non-DoD stakeholders at (name of installation), if the OHC is responsible for seeing occupationally ill or injured personnel, the procedure outlined in paragraph A. above will be followed. If the OHC is not responsible, personnel at these facilities will follow their own protocol but the OHC should maintain regular, informal contact with OH personnel at these facilities to monitor any outbreaks that potentially may affect DoD and/or contract workers on (name of installation).
7. If the OHP determines that the working environment may be contributing to the symptoms:
8. The reviewing OHP will contact the ISMO, IH, and/or the building manager and recommend a service order be submitted with (installation name) DPW.
9. The OHP may also recommend medical surveillance of affected workers and design and implement a surveillance program regarding the specific health hazard.
10. If the presence of air contaminants is suspected by the OHP (e.g., chemical odors, visible signs of mold, etc.) without the demonstration of symptoms by building occupants, the building manager will be notified by the OHP. The building manager may still contact the ISMO and/or IH at (phone #) to request an investigation / assessment of potential health hazards in the area.
11. The point of contact for this document is (name of POC) and can be reached at (phone #, email).