

NATO UNCLASSIFIED

STANDARDS-RELATED DOCUMENT

SRD-9 to AJMedP-4

PREVENTIVE MEASURES FOR AN OCCUPATIONAL HEALTH PROGRAMME

Edition A, Version 1

MAY 2025



NORTH ATLANTIC TREATY ORGANIZATION

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NORTH ATLANTIC TREATY ORGANIZATION (NATO)

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NATO LETTER OF PROMULGATION

23 May 2025

1. The enclosed Standards-Related Document, SRD-9 to AJMedP-4, Edition A, Version 1, PREVENTIVE MEASURES FOR AN OCCUPATIONAL HEALTH PROGRAMME, which has been approved in conjunction with AJMedP-4 by the nations in the MILITARY COMMITTEE MEDICAL STANDARDIZATION BOARD, is promulgated herewith.
2. SRD-9 to AJMedP-4, Edition A, Version 1 is effective upon receipt.
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4. This publication shall be handled in accordance with C-M(2002)60.



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PREFACE

1. Health hazard¹ is any element, within a defined space and time, that has the potential to cause harm to health. Health Threat² is a circumstance that can cause harm to health, and linked to an adversary's intent and/or capability, as well as a target's vulnerability. Health Risk³ is the combination of the probability of an incident occurring and the potential health consequences it may have.
2. Hazards and risks in the military environments include physical (e.g., noise, etc.), chemical (e.g., fuel, toxic chemicals and carcinogens), biological (e.g., infectious agents such as bacteria like tuberculosis, tularemia, cholera, etc.; viruses such as hepatitis B and C viruses, smallpox, SARS-CoV; and toxins like botulism), radiological, and nuclear agents, as well as other organizational/operational agents encountered in conflict or combat zones.
3. Allied Joint Medical Force Health Protection Doctrine (AJMedP-4) states that occupational hazards and risks are diverse and often require specialized knowledge and equipment to identify and manage. For this reason, occupational health activities are ideally managed through a dedicated occupational health program.
4. The topic related to occupational hazards can be found in STANAGS:
STANAG 2235 AMedP-4.8 Pre- and Post-Deployment Health Assessments
STANAG 2535 AMedP-4.1 Deployment Health Surveillance.
5. This standards-related document (SRD) details the recommended standards and procedures for hazard protection and reduction of health risks to personnel of NATO forces who are occupationally exposed to noxious agents. These agents include but not limited to, toxic chemicals, air and water pollutants, infectious microorganisms, and hazardous radiation. Environmental hazards are not included into this document as they are covered in SRD-12 to STANAG 2561 AJMedP-4 Force Health Protection Doctrine.
6. The custodian for this SRD is Poland, with the USA serving as co-custodian. The Point of contact is the current Polish representative in the FHP working group.

¹ AJMedP-3, Allied Joint Medical Doctrine For Medical Intelligence, 2020, 2-3

² Ibid.

³ Ibid.

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CHAPTER 1 INTRODUCTION

1.1. INTRODUCTION AND AIM

The aim of this document is to standardize preventive measures in order to minimize occupational health risks for personnel deployed in NATO missions. It is intended to serve as a general guide for nations for establishing or modifying their occupational health programs.

Participating nations agree to incorporate the preventive measures set out in the following paragraphs when establishing an occupational health program.

1.2. ROLES

Ensuring safe and hygienic working conditions is the employer's responsibility.

At its 110th Session in June 2022, the International Labour Conference decided to include “a safe and healthy working environment” in the International Labour Organization's framework of fundamental principles and rights at work. It also designated the Occupational Safety and Health Convention, 1981 (No. 155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) as fundamental Conventions.

According to the published information, all Members, even if they have not ratified these two conventions, have an obligation arising from their membership in the International Labour Organization (ILO) to respect, promote and realize, in good faith and in accordance with the ILO Constitution, the principles concerning the fundamental right to a safe and healthy working environment.⁴

Employees and subordinates, unless national legislation provides otherwise, are obliged to comply with occupational health and safety regulations and rules.

⁴ The International Labour Organization's website, accessed December 5, 2024

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CHAPTER 2
OCCUPATIONAL HEALTH PROGRAMME AND IMPLEMENTATION**2.1. FUNDAMENTAL RULES TO APPLY**

Preventive measures to be adopted are based on the following principles:

- 1) Personnel should be provided with a healthy working environment in which occupational health risks are eliminated or at least controlled.
- 2) The first step for an occupational health program is to identify, assess, characterize, and then manage health occupational risks as defined by National Academy of Sciences in 1983: “risk assessment is the characterization of the potential adverse effects of human exposure to the environmental hazard.”
- 3) When practicable, hazards and risks should be eliminated or minimized by substitution of comparable material, limitation of exposure duration (i.e., working time) or through engineering or administrative controls.
- 4) Estimated risks should be consequently reduced to an acceptable level, first through technical measures.
- 5) Personnel exposed to risks that cannot be reduced through technical measures must be informed, trained, and protected by personal protective equipment (PPE).
- 6) After these preventive measures, occupational health supervision of exposed workers should be carried out through occupational health surveillance.

2.2. PREVENTIVE MEASURES

The Occupational Health Programme must include at least the following preventive measures:

- a) The establishment of a pre-employment /pre-placement medical examination program intended to discern the physiological and medical status of a worker and to determine whether the individual should be exposed to the potential hazards and stresses associated with the work. During the pre-employment / pre-placement medical examination, the individual's vaccination coverage and immunity against infectious diseases to which the person may be exposed are evaluated.

- b) Immunization status review against infectious diseases that an individual may be exposed to shall be conducted at the following times: Pre-employment / Pre-placement, Job transfer, Pre-deployment, Periodic surveillance examinations, and when medical threat assessments indicate the presence of a new infectious agent that personnel might be exposed to. If there are gaps in vaccination coverage against relevant infectious diseases, it is recommended to supplement them accordingly.
- c) The establishment of a periodic medical examination, medical screening, biological monitoring, or sickness absence survey, as appropriate, for exposed personnel during employment to ensure continued fitness for the job. The scope and frequency of this routine will depend on the nature of the work and the potential risks to which the worker is exposed. Follow-up should also be provided after employment if identified risks may cause long-term adverse effects.
- d) Medical surveillance needs to:
 - Rely on current evidence based medical guidelines.
 - Be recorded with, at least, these data: exposures, working history, previous and current health problems, objective examination, laboratory and instrumental findings, final outcomes of biological monitoring, and adopted preventive measures.
- e) The aim of the medical surveillance is also to find out early health problems or occupational diseases during medical surveillance in order to reduce exposure to noxious agents or to remove personnel from job at risk.
- f) Initial and periodic surveys by qualified personnel of the environment where toxic substances are used to ensure the adequacy of protective measures (engineering controls and personal protective equipment) and, where appropriate, to recommend substitution with less toxic substances.
- g) A periodic survey by qualified personnel of potentially hazardous physical agent environments to ensure the adequacy of protection against harmful exposure. Where appropriate, the use of engineering control and/or modifications, or limitation of exposure, should be undertaken.
- h) The formulation of permissible exposure limits for stated work periods to toxic substances and physical agents. These limits will be based on international or national criteria, taking into account exceptional operational requirements.

The training and education of personnel who are exposed to potential health hazards at work, with particular emphasis on the measures required to prevent injury and illness.

2.3.IMPLEMENTATION OF THE DOCUMENT

This document will be considered to have been implemented when the measures established in section 2.2. have been incorporated into national regulations, orders, instructions or manuals.

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REFERENCES

Allied Joint Publications

STANAG 2528 AJP-3.14 Allied Joint Doctrine for Force Protection
STANAG 2228 AJP-4.10 Allied Joint Doctrine for Medical Support
STANAG 3680 Specific Terminology in the NATOTerm Database

Allied Joint Medical Publications

STANAG 2561 AJMedP-4 Allied Joint Medical Force Health Protection Doctrine
STANAG 2547 AJMedP-3 Allied Joint Medical Doctrine for Medical Intelligence

Allied Medical Publications

STANAG 2235 AMedP-4.8 Pre- and Post-Deployment Health Assessments

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