

Directed Acyclic Graph – DAG (Narrative)

The primary spaceflight hazard associated with the EVA Risk is the **Hostile Closed Environment** in which crewmembers don protective spacesuits and journey outside the vehicle to perform mission-related tasks. Activity involving rovers or other planetary surface exploration vehicles is excluded from this risk; the Dynamic Loads Risk covers these injuries. Secondary hazards include **Distance from Earth** and **Altered Gravity** that impact EVA design and crewmembers' health and performance support. All hazards, including **Radiation** exposure and **Isolation and Confinement**, can result in cognitive function decrements or injury to crewmembers.

- The central issues in the EVA Risk are **Environmental Injury**, **Musculoskeletal Injury**, and **Task Performance**. The numbers, types, and severities of injuries that occur during EVA affect **Individual Readiness** and **Crew Capability** by introducing functional impairments that can affect **Task Performance**. These injury categories are explicit in the Medical Risk DAG, and **Medical Treatment Capability** determines the extent to which the consequences of these injuries can be mitigated in mission.
- Contributing factors to **Environmental Injury** include **Suit Failure** and Decompression Sickness – **DCS (Risk)**, which incorporates the occurrence of ebullism and arterial gas embolism.
- Contributing factors to **Musculoskeletal Injury** include **Suit Failure**, **Fall Height** (either from poor vehicle design or mission task attributes), **Tool Design** (such as in Apollo missions where many astronauts complained of hand injuries), and **Procedure Design**. There is a weak level of evidence supporting the association between **Musculoskeletal Injury** and **Long-Term Health Outcomes**, which is also associated with **Surveillance** programs and the ability to **Detect Long Term Health Outcomes**.
- When severe, these injuries can lead to **Loss of EVA Content**, which increases the likelihood of **Loss of Mission Objectives** and **Loss of Mission**, especially in short-duration missions. Additionally, they can lead to **Incapacitation/Crew Rescue** during an EVA, which increases the likelihood of **Loss of Crew Life**.
- **Individual Readiness** and **Crew Capability** are also affected by design and operational decisions and their consequences. **Cognitive Function** and **Fatigue** are dependent on
 - EVA Operations:
 - **Planned EVA Content** and **EVA Task Timeline**. Are they feasible and appropriate?
 - **EVA Duration**. How long do they last?
 - **EVA Frequency**. How many and how often?
 - **EVA Decision Support**. Is decision support effective at cognitive unloading?
 - All components of **EVA Operations**, **Altered Gravity** environment (microgravity, lunar, or Martian), **Hostile Closed Environment**, crewmembers' **Physical Status**, **Previous Injury** – either old or incurred during prior EVAs, and **Suit Habitability** contribute to the **Workload** that crews experience during their EVAs.
 - **Cognitive Function** is also associated with **Isolation and Confinement** and **Radiation** issues such as solar particle events.
- **Training** can affect the likelihood of having a **Previous Injury** as well as **Crew Capability** through a practiced understanding of movement and exertion limitations during an EVA. Both **Individual Factors**, which are commonly screened for during **Astronaut Selection**, and the **Dynamic Loads (Risk)** during a landing phase prior to EVA activity also influence the likelihood of a **Previous Injury**.
- **Distance from Earth** affects the mass, power, volume, and data bandwidth available to the **Crew Health and Performance System** that enables **Medical Treatment Capability** and **Physiologic Monitoring Capability** – such as ear exams done to ensure the crew can effectively clear prior to starting an EVA—and subsequently affects **EVA Decision Support** and the ability to **Detect EVA Readiness** thereby giving

crewmembers the green light to begin an EVA.

- The **EHSO (Risk)** interfaces with many factors, including **Vehicle Design, Suit Design, Training, Fall Height, Tool Design,** and **Procedure Design**. Inadequate attention to Human System Integration at the mission, vehicle, and suit level is expected to affect EVA-related injury and performance substantially.

