DEPARTMENT OF THE ARMY

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Safety

SAFETY AND OCCUPATIONAL HEALTH PROGRAM

1. **REFERENCES:** See Appendix A.

2. **PURPOSE:** This pamphlet establishes the policies, procedures, and responsibilities for implementing the U.S. Army Europe Regional Medical Command (ERMC) Safety and Occupational Health Program.

3. **SCOPE:** This pamphlet is applicable to all organizational elements of the U.S. Army Europe Regional Medical Command to include the Heidelberg MEDDAC, the Wuerzburg MEDDAC, the Landstuhl Regional Medical Center (LRMC), and all outlying clinics within each geographic area of responsibility.

4. **POLICY:**

a. Reduce and keep to a minimum accidental manpower and monetary losses.

b. Provide a safe and healthful environment at all times for all ERMC personnel, personnel under ERMC operational control, and for patients and visitors to all ERMC facilities.

c. Implement risk management procedures throughout all ERMC operations and activities.

d. Have leader's implement the inclusion of safety and occupational health responsibilities for consideration in evaluation reports and performance appraisals.

5. **RESPONSIBILITIES:**

a. The Commanding General is the ERMC Safety Officer. He is responsible for the safety and welfare of all personnel under his command, and for the safe use of all equipment and property under his control.

b. The Command Sergeant Major (CSM) is the ERMC Safety NCO. He is responsible for the safety and welfare of all soldiers in the ERMC, and for the safe use of all equipment and property within the command.

c. The ERMC Safety Manager is responsible for developing, implementing, and managing the ERMC Safety Program IAW Army regulations, European Union (EU) standards, and Host Nation requirements. Other duties include:

(1) Advises the ERMC Commander and staff on the local implementation of the Army Safety Program and Environment of Care (EOC) related standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

(2) Participates in the ongoing organization-wide collection of information about deficiencies and opportunities for improvement in safety and in other management programs related to the Environment of Care.

(3) Reviews summaries of deficiencies, problems, failures, and user errors related to safety and other Environment of Care management programs.

(4) Reports to the MEDCOM Safety Office on findings, recommendations, and actions taken on any serious safety hazard which could be life threatening.

(5) Conducts surveys and inspections of ERMC facilities to evaluate effectiveness of safety/EOC management programs to detect safety hazards and unsafe work practices, and to recommend corrective actions.

(6) Manages the Centralized Accident Investigation, Ground (CAIG) program for the command.

(7) Determines and analyzes accident trends, problem areas, and recommends corrective actions.

(8) Monitors the implementation of Safety and Environment of Care training programs.

(9) Participates in promotion of special safety campaigns.

(10) Authorized to intervene whenever safety hazards or unsafe work practices are detected that pose an immediate threat to life or health and/or pose a threat of damage to equipment, buildings, and other property.

(11) Ensures that the ERMC Commander is briefed on all on and off-duty fatal accidents and that the first colonel in the chain of command conducts a comprehensive assessment of every fatal or serious injury (Class A and B [See Chapter 4, para 5, 6, 7 and 8 for definition of the four classes of accidents]) POV accident.

(12) Ensures that all soldiers and civilians within the ERMC are trained on Risk Management utilizing the U.S. Army Safety Center Chain Teaching Packet.

d. Commanders of subordinate units will implement and manage their safety programs IAW this pamphlet and ERMC Pam 385-3, Environment of Care.

e. MEDDAC/MEDCEN Safety Managers will:

(1) Establish a safety and health program.

(2) Publish a Safety Program SOP (Policies and Procedures) and a Safety Management Plan.

(3) Conduct a Safety and Environment of Care Committee IAW JCAHO standards and ERMC Pam 385-3.

(4) Verify safety officers down to company level are appointed on orders and have been trained and briefed on their duties.

(5) Establish procedures for the investigation, preparation and submission of accident reports.

(6) Establish and conduct a Safety and Environment of Care orientation program to ensure military and civilian personnel are aware of the Army Safety and JCAHO Environment of Care standards and requirements.

(7) Implement a safety awards program.

(8) Conduct annual safety assistance visits with all outlying health clinics as part of the Command Inspection Program within each MEDDAC/MEDCEN's area of responsibility.

(9) Conduct an annual Standard Army Safety and Occupational Health inspection (SASOHI) for the hospital.

(10) Analyze all hazards identified and apply Risk Assessment procedures IAW AR 385-10.

(11) Implement an Ergonomics program IAW ERMC Pam 385-4.

(12) Forward an electronic copy of all Safety and Environment of Care Council meeting minutes via email to the ERMC Safety Manager not later than two weeks after the date of the council meeting. The ERMC Safety Office will forward them to the MEDCOM Safety Management Office.

(13) Maintain an accident log (equivalent OSHA Form 200) for the organization for military, US civilian and local national personnel. Submit an electronic quarterly summary of recordable accidents to the ERMC Safety Office at the end of each quarter.

(14) Provide safety training on a periodic basis to all designated local national safety representatives.

(15) Ensure use and implementation of the "Privately Owned Vehicle Risk Management Toolbox" and the "Leaders Guide to Using the POV Toolbox."

(16) Provide timely and pertinent safety awareness information to include holiday safety, POV and Motor Vehicle safety, etc.

(17) Ensure that the first colonel in the chain of command conducts a comprehensive assessment of every fatal or serious injury (Class A and B) POV accident. This assessment will describe what happened, why it happened, and how it could have been prevented (pre-accident phase, accident phase, and post-accident phase).

(18) Provide tools to leaders to ensure that "at risk" soldiers are evaluated and identified using the Next Accident Assessment prior to long holiday weekends. The Next Accident Assessment can be found at: http://www.per.hqusareur.army.mil/

CHAPTER 1

SAFETY AWARDS PROGRAM

1. **GENERAL.**

a. The Heidelberg and Wuerzburg MEDDAC and the Landstuhl Regional Medical Center (LRMC) will establish, fund, and administer a safety awards program for their headquarters and their subordinate health clinics.

b. Safety Awards will be programmed and budgeted annually.

2. **DEPARTMENT OF THE ARMY AWARDS.** Department of the Army award nominations will be routed through the local MEDDAC/MEDCEN Safety Office to the ERMC Safety Office. These awards include:

a. Chief of Staff, Army, Award for Excellence in Safety.

b. United States Army Safety Guardian Award.

c. Director of Army Safety Special Award of Excellence.

3. **MACOM AWARDS.** MACOM awards are outlined in AR 672-74. All nominations will be routed through the local MEDDAC/MEDCEN Safety Office to the ERMC Safety Office. These awards include:

a. Award of Excellence in Safety Plaque. This plaque is awarded by the MACOM commander for a three-year accident free record.

b. Army Accident Prevention Award of Honor in Safety. DA Form 5758 is presented by the MACOM commander for a two-year accident free record.

c. Army Accident Prevention Award of Accomplishment in Safety. DA Form 5775 is presented by the MACOM commander to units for an accident free year.

d. Commanding General's Special Safety Award. DA Form 5776 is presented by the MACOM commander to units for exemplary safety performance.

4. **USAREUR SAFETY AWARDS.** All USAREUR employees (soldiers, U.S. and local national (LN) employees) in the Army in Europe are eligible for command wide recognition and awards. Employees of other units and activities and public citizens who have made significant contributions to the Army in Europe mission also may be nominated for awards. All nominations will be routed through the local MEDDAC/MEDCEN Safety Office to the ERMC Safety Office. Types of USAREUR Safety awards include:

a. **Outstanding Accomplishment in Accident Free Driving**. This award honors one military and one civilian driver who drove the most accident free miles (in excess of 25,000 miles) in one fiscal year.

b. **Outstanding Contribution to Accident Prevention.** This award honors the individual or team who, as nonsafety professionals, made the most significant contribution to accident prevention in one fiscal year. The contribution must have saved command resources through personal prevention initiatives and actions.

c. **Outstanding Contribution to Operational Safety.** This award honors the individual or team who, as nonsafety professionals, made the most significant contribution to the safety aspects of force protection during military exercises or actual operations in one fiscal year. The contribution must have saved the lives of unit personnel, contributed to mission accomplishment, or improved readiness through hazard identification and risk management processes.

d. **Outstanding Contribution in Promoting Off Duty Safety and Health.** This award honors one military and one civilian individual or team who, as nonsafety professionals, made significant contributions in promoting recreational, sports, off duty personal, or family safety. The contributions must have saved the lives of military personnel, civilian employees, or their family members through prevention measures or initiatives.

e. **Outstanding Unit Accomplishment in DUI and Vehicle Accident Prevention.** This award honors the military unit that has the most consecutive months with no driving under the influence (DUI) offenses and no class A or B vehicle accidents.

f. Nomination requirements include the following:

(1) DA Form 1256 with a commanders endorsement.

(2) List of previous cash and honorary awards.

(3) A statement signed by the EEO officer.

(4) Proposed citation.

g. Details on the requirements for submission of the USAREUR safety awards can be found in USAREUR Circular 672-1, Commanding General, USAREUR/7A, Annual Incentive Awards Ceremony at the following web address: http://www.aeaim.hqusareur.army.mil/library/cir/672-1.htm/

5. **ERMC SAFETY OFFICE.**

a. Provide safety incentive awards for distribution within the ERMC.

b. Process requests to the MEDCOM and to the Department of the Army. Return completed certificates along with incentive awards to the unit for an appropriate award ceremony.

c. Provide hospital employees safety incentive awards for proactive safety initiatives or acts, which result in enhanced mission accomplishment and soldier safety.

6. **INCENTIVE AWARDS PROGRAM.**

a. The ERMC Safety Office will maintain a Safety Incentive Awards Program that will reward personnel for contributions to the overall ERMC Safety Program.

b. A supply of incentive awards will be provided to the ERMC command group for their use in awarding ERMC personnel.

c. Upon request, incentive awards may be provided to commanders of each MEDDAC/MEDCEN.

CHAPTER 2

RISK MANAGEMENT

1. GENERAL. All soldiers and civilians must be trained in Risk Management utilizing the U.S. Army Safety Center's Risk Management Chain Teaching presentation. This presentation is available on CD-ROM or can be found on the following web page: www.per.hqusareur.army.mil. In the risk management process, leaders will consider the likelihood of an accident occurring and the degree to which injury or equipment damage is possible. There are no concrete rules for assessing risk. The bottom line is that leaders have some flexibility in mission planning and execution thereby reducing the probability or severity of an accident occurrence.

2. FOUR BASIC RULES OF RISK MANAGEMENT.

a. Integrate risk management into the early stages of the planning process.

b. Accept no unnecessary risks.

c. Make risk decisions at the proper level.

d. Accept risks only if the benefits outweigh the potential cost.

3. THE FIVE STEP RISK MANAGEMENT PROCESS.

a. Step 1 - ***Identify hazards in major events:*** This step occurs during the earliest planning phase of an operation. Hazards must be identified for each course of action. Determine the mission essential tasks required to accomplish the mission/activity and list the hazards that have been identified on the risk assessment worksheet.

b. Step 2 - ***Assess Hazards:*** Determine the level of risk involved in each task by looking at paragraph 6 of this chapter, Risk Code Matrix. This demonstrates the probability and severity of accident occurrence. Complete the risk assessments for each hazard by assessing the probability and severity of each hazard. Annotate the risk (low, moderate, high, extremely high) in column number six on the worksheet.

c. Step 3 - ***Develop Controls & Make Risk Decisions:*** Whenever risks can not be eliminated, leaders will control them by developing and using control measures. A control measure is developed for each hazard to enhance mission accomplishment and avoid unnecessary safety restrictions. List all control measures in column number seven on the worksheet. Make risk decisions for the selected courses of actions and accept the risk level or elevate the risk decision to the proper level.

d. Step 4 – ***Implement Controls:*** Choose the best control measures to reduce the risk potential to an acceptable level. Integrate them into the appropriate paragraphs of the operation order. Implement control measures during mission execution. List the residual risk and any remarks on the worksheet.

e. Step 5 - ***Supervise and Evaluate:*** Evaluate the effectiveness of the control measures. Eliminate, modify and/or adjust control measures as necessary to meet changing situations. Capture and disseminate lessons learned from mishaps and near mishaps for future use.

4. TYPES OF RISK ASSESSMENTS: There are two types of risk assessments available. The hasty risk assessment and the deliberate risk assessment.

a. The steps in a **hasty risk assessment** are the same as a normal assessment except they are done quickly on the ground before an operation occurs or after an operation has been changed. The use of a hasty risk assessment should be limited to situations where preparation time is extremely limited and a deliberate assessment cannot be done. The results of a hasty risk assessment are not as good as a deliberate risk assessment.

b. The **deliberate risk assessment** is used early in the planning stages of a mission. It is continually reviewed and changed as the mission planning evolves. Once this worksheet has been completed the commander and staff will be able to determine the overall risk level for the entire operation and defer risk management decisions to the proper level of command. The overall risk level is the same as the highest residual risk for any single task.

6. RISK CODE MATRIX. Force Protection requires that each leader and soldier know and use the five steps and four rules of risk management.

a. Identify each task and the hazards associated with that task. Go to the Risk Assessment Code Matrix and identify what the severity effect of the hazard is for that task in the left column. Identify the hazard probably in the top row. The intersection of the severity column and probability row will be the initial risk annotated on the risk assessment worksheet.

Risk Assessment Code Matrix

	HAZARD PROBABILITY				
SEVERITY	FREQUENT A	LIKELY B	OCCASIONAL C	SELDOM D	UNLIKELY E
CATASTROPHIC I	EXTREMELY HIGH	EXTREMELY HIGH	HIGH	HIGH	MODERATE
CRITICAL II	EXTREMELY HIGH	HIGH	HIGH	MODERATE	LOW
MODERATE III	HIGH	MODERATE	MODERATE	LOW	LOW
NEGLIGIBLE IV	MODERATE	LOW	LOW	LOW	LOW

b. Standard definitions to assist in determining the severity and hazard probability.

(1) RISK LEVELS

(a) EXTREMELY HIGH RISK - Loss of ability to accomplish mission.

(b) HIGH RISK - Significantly degrades mission capabilities in terms of required mission standards.

(c) MODERATE RISK - Degrades mission capabilities in terms of required mission standards.

(d) LOW RISK - Little or no impact on accomplishing the mission.

(2) SEVERITY

(a) CATASTROPHIC - Death or permanent total disability, system loss, or major property damage.

(b) CRITICAL - Permanent partial disability, temporary total disability in excess of three months, major system damage, significant property damage.

(c) MODERATE - Minor injury, lost workday accident, compensable injury or illness, minor system damage, minor property damage.

(d) NEGLIGIBLE - First aid or minor supportive medical treatment, minor system impairment.

(3) PROBABILITY

(a) FREQUENT; Occurs often, continuously experienced.

(b) LIKELY; Occurs several times.

(c) OCCASIONAL; Occurs sporadically.

(d) SELDOM; Unlikely, but could occur at some time.

(e) UNLIKELY; Can assume it will not occur.

CHAPTER 3

ACCIDENT REPORTING AND INVESTIGATION

1. RECORDABLE ACCIDENTS.

a. Army Motor Vehicle (AMV) accidents which result in a fatal or disabling injury to military or civilian personnel (US/LN), or a combined damage cost of $2,000 or more to an AMV or other private property.

b. Privately Owned Vehicle (POV) accidents which result in a fatal or disabling injury to military personnel, or fatal injury to other than Army personnel.

c. Any accident that results in a full lost workday injury or occupational illness to military personnel on/off duty, or on duty Army civilian employees, or when five or more personnel are admitted for inpatient care in a hospital for the same accident.

d. Accidents which result in damage to Army property, equipment, or private property as a result of Army operations or fire and where the estimated damage cost is $2,000 or more.

2. ACCIDENT NOTIFICATION

a. All recordable accidents in the following categories will be reported through ERMC command channels, to this headquarters, ATTN: MCEU-S, on either a DA From 285-AB-R (AGAR), DA Form 285, or the automated version. An information copy of the accident report must be submitted to the local ASG/BSB safety office.

(1) Army Motor Vehicle accidents

(2) POV Accidents

(3) At least one lost work day

(4) Property Damage greater than $2,000

(5) All fire related accidents

(6) All Class A and Class B accidents

b. The commander who first becomes aware of any Class A or B, on or off duty accident, will immediately notify the ERMC chain of command. Telephonic notification will utilize the DA Form 7306-R, Telephonic Notification of Ground Accident form. The ERMC Safety Office will immediately notify the MEDCOM and USAREUR Safety Office of all Class A or B accidents. Class C and D on duty accidents will be reported to the ERMC Safety Office during duty hours at DSN: 371-3350.

c. The ERMC Safety Office will complete all telephonic notification of accidents to the United States Army Safety Center (USASC). Individual units will not directly notify the USASC. If the Safety Center elects not to investigate the incident, all Class A and B on duty ground accidents will be investigated by a Centralized Accident Investigation Board (CAIG) in accordance with AR 385-40.

3. ACCIDENT REPORTING.

a. **Military Accident Reporting.**

(1) DA Form 285, U.S. Army Accident Report. Is completed for Class A or B on duty accidents. The DA Form 285 is also used to report selected vehicle, equipment, and structural fires in accordance with AR 385-40. Completed reports will be forwarded within 7 days to HQ, ERMC Safety Office, ATTN: MCEU-S, CMR 442, APO AE 09042.

(2) DA Form 285-AB-R (AGAR), Abbreviated Ground Accident Report. Is completed for all Class C and D on duty accidents, and all off duty accidents. The first line supervisor or unit safety representative of the individual involved in an accident must immediately investigate the facts and circumstances of each accident, and is responsible for preparation and timely submission of accident reports. Full time and additional duty safety personnel will provide assistance, and review completed reports prior to submission. All commanders will furnish through the chain of command the original report for all C and D, on or off duty accident reports to the ERMC Safety Office within 7 days of accident occurrence. ERMC Safety will forward the original report to the USASC, retain a copy, and provide one additional copy to USAREUR and MEDCOM Safety.

(3) DA Form 285-AB-R (AGAR), Abbreviated Ground Accident Report. Is completed for all off duty soldier fatalities (Class A off duty accident). Off duty soldier fatalities do not require a CAIG board to be appointed. The commander of the unit experiencing the accident will appoint an investigating officer and will conduct an investigation utilizing the DA Form 285-AB-R. Reports will be completed and forwarded to ERMC Safety not later than 7 days after the date of the accident. In addition to a DA Form 285-AB-R, for every fatal and serious injury involving a POV accident, the unit Commander will also complete on a separate memorandum, a Commanders Assessment. This assessment will determine what happened,

why it happened, and how it could have been prevented. It will include the following three paragraphs: pre-accident phase, accident phase, and post-accident phase. The ERMC Safety Manager is the approving authority for all fatal Class A off duty accident reports. Upon approval, ERMC Safety will forward the original report and one copy to USAREUR and MEDCOM Safety.

b. **Local National Employee Accident Reporting.**

(1) AE Form 385-40A (Unfallanzeige – LN Accident Report).

(2) AE Form 385-40B (Anzeige des Unternehmers über eine Berufskrankheit – Report of the Employer Regarding an Occupational Illness).

(3) Local National employees must report the following incidents to their immediate supervisor without delay:

(a) Any injury resulting from an on the job accident.

(b) Any injury resulting from an accident while commuting to or from work that requires medical treatment.

(c) Any occupational disease that requires medical treatment as diagnosed by a competent physician.

(4) Supervisors of local national employees will report an incident meeting the above criteria to the Safety Office, Occupational Health Nurse and the Industrial Hygienist supporting their facility within 2 hours of receiving notification an accident occurred.

(5) Supervisors or designated representatives in the supervisory chain will conduct an investigation to determine the causes and contributing factors to the injury or occupational disease. The following personnel will participate in the investigation:

(a) Representative of the local works council.

(b) An appointed LN safety representative (Sicherheitsbeauftragter).

(c) A Safety Office representative.

(6) The first lieutenant colonel (or O-5 equivalent) in the employee's supervisory chain of command will review each job related accident or occupational disease case to ensure appropriate measures are taken to correct any problems.

(7) An early report of an on the job injury, accidental injury or occupational disease in the best interest of the employee. The sooner the BAFU (Bundesausführungsbehörde für Unfallversicherung (Federal Accident Insurance Agency) is informed of the injury the sooner it can provide medical treatment and monetary benefits to the employee.

c. **Civilian Employee Accident Reporting.**

(1) DOL, CA Form 1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation.

(2) DOL, CA Form 2, Federal Employees Notice of Occupational Disease and Claim for Compensation.

(3) DOL Form 16, Authorization for Examination and/or Treatment.

(4) These forms should be submitted to both the MEDDAC/MEDCEN Safety Office and to the hospital civilian personnel office. The hospital civilian personnel office will then forward the original to the local CPAC.

3. ACCIDENT LOG/OSHA FORM 200. Each MEDDAC/MEDCEN is required to maintain a log of recordable Army injuries and occupational illnesses on either an OSHA 200 From (Log of Federal Occupational Injuries and Illnesses) or an equivalent automated form. All civilian injuries and occupational illnesses covered under FECA (Federal Employees Compensation Act) and all recordable on and off duty military injuries will be listed on this log.

CHAPTER 4

CENTRALIZED ACCIDENT INVESTIGATION, GROUND (CAIG) PROGRAM

1. The Centralized Accident Investigation Ground (CAIG) Program within the ERMC is designed to provide accurate and complete documentation of accident events, determine causal factors and recommend corrective actions.

2. On duty Class A and B ground accidents will be investigated using the procedures outlined in AR 385-40, DA PAM 385-40, and this section. Other classes of accidents may be investigated utilizing CAIG procedures as directed by the ERMC Commander.

3. The ERMC Commanding General is the CAIG Board appointing authority and will appoint a board president (a field grade officer), recorder and additional technical members as necessary.

4. Appointment to a CAIG board constitutes a full time duty assignment until the completed report has been reviewed, approved, and out briefed to the ERMC Commander. Board members will not be members of the same unit experiencing the accident. The ERMC Executive Officer will appoint members of the board in writing.

5. A Class A ground accident is an on duty accident in which the cost of property damage totals $1,000,000 or more, or an injury and/or occupational illness results in a fatality or permanent total disability (soldier or civilian including local nationals).

6. A Class B ground accident is an accident which results in a total cost of property damage of $200,000 or more, but less than $1,000,000, an injury and/or occupational illness that results in a permanent partial disability, or when five or more personnel are hospitalized as inpatients as the result of a single occurrence.

7. A Class C ground accident is an accident in which the resulting total cost of property damage is $10,000 or more, but less than $200,000; a nonfatal injury that causes any loss of time from work beyond the day or shift on which it occurred; or a nonfatal occupational illness that causes loss of time from work.

8. A Class D ground accident is an accident in which the resulting total cost of property damage is $2,000 or more but less than $10,000.

9. The ERMC Safety Office will:

   a. Brief the board president on his duties and responsibilities.

   b. Monitor the safety investigation and ensure the final report complies with regulatory requirements.

   c. Provide technical advice during all phases of the investigation.

d. Coordinate outbriefs at the ERMC level and above and ensure proper distribution of completed reports.

e. Staff the CAIG report for approval.

f. Publish lessons learned.

10. Unit Commander will:

a. Secure the accident scene until arrival of the CAIG board.

b. Collect and secure the items listed in Appendix G of DA Pam 385-40 and Chapter 4 of AR 385-40, securing all information until arrival of the CAIG board president.

c. Attempt to segregate personnel involved in the accident from all other personnel and each other. Obtain written statements from involved personnel as soon as possible after the accident and hold for the CAIG board president.

11. CAIG Board President will:

a. Perform all duties described in Chapter, DA Pam 385-40.

b. Assemble and brief the accident board and commence the investigation within 24 hours of notification.

c. Provide initial and weekly updates to the ERMC Safety Office.

d. Prepare and conduct the accident investigation out brief to the ERMC Commander to obtain approval of the report.

12. Report Distribution. The ERMC Safety Office will forward one copy of the report to HQ, USAREUR, ATTN: AEAGA-SA, APO AE 09014 and the original to HQ, MEDCOM, ATTN: MCSM, 2050 Worth Road, Fort Sam Houston, Texas 78234-6000. MEDCOM Safety will forward the original to the United States Army Safety Center for input into the Army Safety Management Information System and retain one copy. The remaining copy will remain on file at the ERMC Safety Office.

CHAPTER 5

HAZARD COMMUNICATION PROGRAM

1. GENERAL. The Hazard Communication Standard was issued by the Occupational Safety and Health Administration (OSHA) in 1983 and revised in 1987. Executive Order 12196, 1980 and 29 CFR 1910 provide the authority for implementing this standard within the Federal sector. The Hazard Communication Standard provides for the safe and healthful environment of employees working with hazardous materials and chemicals in the workplace. It requires that personnel be informed about hazardous chemicals in the work environment and that they be given proper training to work safety with these materials.

2. RESPONSIBILITIES. Commanders at all levels will establish a Hazard Communication Program that includes the following elements:

a. A written program which includes policies and procedures.

b. Initial training for employees working with hazardous materials and chemicals will occur before the employee begins work. Training for new hazardous materials will occur before implementing use in any section, ward or clinic for all employees. Annual refresher training for these employees will occur for those working with hazardous materials, regulated medical waste or hazardous waste.

c. Material Safety Data Sheets available to employees in their work area for all hazardous materials and chemicals used. All MSDSs must be available in English and the local language of the host nation country.

d. Proper labeling of containers of hazardous materials and chemicals. All labels must be in English and the host nation language. If there are employees that do not speak English or the host nation language, then the information must be provided to them in a language that they understand. Containers must be individually labeled and displayed in such a manner that employees can easily identify the hazardous substance contained within.

e. Written inventory of all hazardous materials and chemicals. The chemical inventory must include at least the following information: chemical name, common name, quantity on hand, physical hazard, health hazard, and location.

CHAPTER 6

TACTICAL SAFETY

1. FIRE PREVENTION IN DEPLOYED ENVIRONMENTS.

a. Review safety requirements in USAREUR Pamphlet 385-15 when planning and executing field training exercises.

b. Appoint a fire marshal for each bivouac area.

c. Appoint a fireguard for each tent.

d. Fire Marshals will conduct fire inspections IAW AR 420-90 para 6-9. All tent and bivouac areas are considered extra hazardous occupancy facilities.

e. Fire Marshals and Safety Managers will work together to ensure units provide a pre-deployment briefing that includes safety and fire safety in a field environment.

f. Develop and implement a field fire alarm system. A 15lb dry chemical fire extinguisher, shovel, and ax will be available at selected fire points for every eight tents.

g. Inform soldiers of the location of fire points.

h. Ensure soldiers receive enough training to operate space heaters safely and are licensed IAW AR 600-55. Soldiers who do not receive training and who are not licensed cannot operate space heaters.

i. A fire guard is required when using a tent heating stove at night. If several tents are set up a roving fire guard may be used. The roving fire guard will check each tent once per hour for fire hazards, proper stove operations, and asphyxiation hazards.

j. POL storage areas will not be located within 50 feet of tents. When possible, POL storage areas will be located at a lower elevation than bivouac areas.

k. Stovepipe flaps will be rolled back and secured before stoves are operated.

CHAPTER 7

OCCUPATIONAL HEALTH PROGRAM

1. VISION PROTECTION PROGRAM.

a. Commanders will:

(1) Establish a vision protection program when eye hazards have been identified during safety and health inspections.

(2) Ensure eye hazardous areas are properly identified with placards or signs.

(3) Approve written SOPs governing the preservation of eyesight.

(4) Ensure a program evaluation is conducted to determine the effectiveness of the program.

(6) Ensure personnel are provided with personal protective equipment for eye safety.

(7) Refer personnel assigned duties in an eye hazardous area or occupation to the Occupational Health Nurse assigned to the hospital for vision screening.

b. MEDDAC/MEDCEN Safety Managers will:

(1) Coordinate with the Industrial Hygienist for identification of areas, operations, and occupations where eye protection is required.

(2) Coordinate with the Industrial Hygienist for assistance and advice in the selection of proper eye protection devices to protect employee vision.

(3) Conduct random hazard surveillance surveys to determine the continued effectiveness of the vision protection program.

2. HEARING CONSERVATION PROGRAM.

a. Commanders will:

(1) Establish a hearing conservation program when noise hazards have been identified during safety and health inspections.

(2) Approve written SOPs governing hearing protection.

(3) Ensure a program evaluation is conducted to determine the effectiveness of the program.

(4) Ensure all personnel use approved hearing protection when exposed to hazardous noise.

(5) Refer personnel assigned duties in a noise hazardous area or occupation to the Occupational Health Nurse assigned to the hospital for audiometric testing

b. MEDDAC/MEDCEN Safety Managers will:

(1) In conjunction with the Industrial Hygienist, identify high hazard areas and post them in accordance with DA Pam 40-501, Hearing Conservation.

(2) Identify individuals assigned to work in those areas.

(3) Identify individuals by Military Occupational Specialty (MOS) for inclusion in the unit audiometric monitoring plan.

(4) Establish administrative controls to ensure periodic audiometric tests are administered to those individuals on the hearing conservation program.

(5) Ensure there is a training program that includes health education material and annual briefings on the consequences of exposure to high noise levels.

(6) Ensure supervisors strictly enforce the use of hearing protection devices by all personnel working in high noise hazard areas.

The proponent agency of this publication is the Safety Manager, HQ, U.S. Army Europe Regional Medical Command. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Cdr, U.S. Army Europe Regional Medical Command, ATTN: MCEU-S, CMR 442, APO AE 09042.

FOR THE COMMANDER:

Aaron T. Steele

AARON T. STEELE
Captain, MS
Adjutant

1 APPENDIX
A - REFERENCES

DISTRIBUTION:
A

APPENDIX A

REFERENCES

CAMH	Comprehensive Accreditation Manual for Hospitals, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), current edition
NFPA 101	Life Safety Code, 1997
NFPA 10	Standard for Portable Fire Extinguishers
NFPA 13	Standard for Installation of Sprinkler Systems, 1996
NFPA 30	Standard for Flammables and Combustibles
NFPA 70	National Electric Code, 1996
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