

DEPARTMENT OF THE ARMY
US ARMY MEDICAL DEPARTMENT ACTIVITY
Fort Huachuca, Arizona 85613-7079

MEDDAC Memorandum
No. 385-1

15 September 2006

Safety
THE SAFETY PROGRAM

	Para	Page
HISTORY-----	1	1
PURPOSE-----	2	1
SCOPE-----	3	1
REFERENCES-----	4	1
RESPONSIBILITIES-----	5	2
POLICY-----	6	12
ORGANIZATION AND PROGRAM ELEMENTS-----	7	13
ADDITIONAL INFORMATION ON REQUIREMENTS-----	8	14
STATEMENT OF AUTHORITY-----	9	14
APPENDIX A Accident Reporting and Record-keeping-----		A-1
APPENDIX B Accident Prevention Awards Program-----		B-1
APPENDIX C Electrical Extension Cords and Adapters-----		C-1
APPENDIX D Privately Owned Electrical Equipment---		D-1
APPENDIX E Safety Training Program-----		E-1
APPENDIX F MEDDAC/DENTAC Areas of Inspection-----		F-1
APPENDIX G Civilian Resource Conservation-----		G-1
APPENDIX H Space Heaters/Heating Devices-----		H-1
APPENDIX I Generic Safety Training Outline-----		I-1
APPENDIX J References-----		J-1

1. History. This issue publishes a revision of this publication.

2. Purpose.

2.1 To establish responsibilities in the USAMEDDAC Safety Program. The program is designed to protect and preserve military, civilian, and contract (hereafter included as civilian) personnel resources against accidental loss.

2.2 To serve as the basis for future command policy statements and/or letters of instruction on matters concerning Occupational Safety and Health (OSH).

3. Scope. This Memorandum applies to all patients, visitors, staff and tenants at the U.S. Army Medical Department Activity (MEDDAC), USA Dental Command, USA Veterinary Command and Veteran Affairs Clinic, Fort Huachuca, Arizona. (here after referred collectively as MEDDAC)

4. Reference. See Appendix J.

* This memorandum supersedes MEDDAC MEMO 385-1 dated 13 September 2004

5. Responsibilities.

5.1 The USAMEDDAC Commander, Fort Huachuca will:

5.1.1 Ensure an effective Safety Program is established, implemented and maintained to provide patients, visitors, and staff a safe and healthful environment.

5.1.2 Designate a Safety Manager to develop, implement, manage, and maintain a comprehensive Safety Program.

5.1.3 Appoint a Safety Committee chaired by the Deputy Commander for Administration (DCA).

5.1.4 Organize the Office of the Safety Manager as a separate element per AR 385-10. The Safety Manager will be a special staff officer and report directly to the Commander on all matters related to occupational safety and health.

5.1.5 Designate in writing an alternate Safety Manager to assist the Safety Manager in executing the Command Safety Program. Ensure the individual has one-year retainability in unit.

5.1.6 Delegate authority to the Chairperson and Safety Manager through the Safety Committee to intervene and initiate immediate corrective action when a hazardous condition exists that poses a threat to life or health.

5.1.7 Direct that safety responsibilities are included as a rating element in the performance standards of all officers, NCOs, and civilian supervisors according to AR 385-10, 29 CFR 1910 and CFR 1926.

5.1.8 Address requests for deviation from specific safety requirements to HQ MEDCOM, ATTN: MCSM.

5.1.9 Comply with host installation's safety and fire prevention directives that do not conflict with MEDCOM directives.

5.1.10 Ensure funds are provided to promote safety and accident prevention.

5.2 Deputy Commander for Administration will:

5.2.1 Serve as the Chairperson of the Safety Committee and Champion of the Environment of Care Functional Area Assessment Team (EOC FAAT).

5.2.2 Make quarterly reports on committee activity to the JCAHO Integration Committee (JIC).

5.2.3 Approve the Safety Committee minutes.

5.3 Chief of Logistics will manage the following programs:

5.3.1 Equipment Management Program.

5.3.2 Utility Management Program.

5.3.3 Supply Management Program.

5.3.4 Establish criteria for evaluating effectiveness of the Environment of Care (EOC) programs listed above.

5.3.5 Provide the Safety Committee with annual program effectiveness review for the Equipment and Utilities Programs.

5.3.6 Implement process to track work orders and project status. Keep Safety Committee informed of progress.

5.3.7 Maintain a Hazardous Chemical Inventory according to MEDDAC Memo 385-2, Hazard Communication Program (HAZCOM).

5.3.8 Maintain and supervise equipment and grounds within 5 feet of buildings. Coordinate activities with Directorate of Installation Support for areas beyond the 5-foot limit.

5.3.9 Assist the Safety NCOs in developing training outlines for the Equipment and Utilities Management Programs.

5.3.10 Implement and measure at least one performance standard for each EOC program listed above (5.3.1, 5.3.2, and 5.3.3).

5.3.11 Report and take action on equipment and product safety recalls when notified by regulatory agencies.

5.3.12 Ensure activity abatement plans are developed, maintained, and reviewed according to AR 385-10.

5.4 Chief, Preventive Medicine, Wellness, and Readiness Service (PMWARS) will:

5.4.1 Provide Industrial Hygiene (IH) support for the Occupational Health Program.

5.4.2 Manage the Hazardous Material/Waste Management Program and provide technical expertise and assistance for Hazardous Waste Management issues to MEDDAC personnel.

5.4.3 Manage the Occupational Health Program to provide pre-placement, termination and other required physical examinations.

5.4.4 Maintain a database through the Department of Defense Occupational and Environmental Health Readiness System-Industrial Hygiene(DOEHRS-IH) of MEDDAC/DENTAC/VET Services personnel who use Personal Protective Equipment (PPE) (i.e. hearing, eye, respiratory, etc.) Provide the following upon request to MEDDAC/Installation Safety Offices:

5.4.4.1 Name of employee.

5.4.4.2 Social Security Number of employee.

5.4.4.3 Date of birth.

5.4.4.4 Date of fit test.

5.4.4.5 Date medical surveillance was accomplished.

5.4.4.6 Last date of training.

5.4.4.7 Work location.

5.4.5 Establish criteria for evaluating and reviewing the effectiveness of the Hazardous Material/Waste Program.

5.4.6 Provide the Safety Committee with annual program effectiveness review for Hazardous Material/Waste Program.

5.4.7 Implement and monitor at least one performance standard for Hazardous Material/Waste Program per JCAHO Standards.

5.5 The Safety Committee will:

5.5.1 Meet as frequently as required by the Chairperson but not less than bimonthly.

5.5.2 Analyze identified Occupational Safety and Health hazards and elements of the environment of care issues.

5.5.3 Annually evaluate the effectiveness of the following programs:

5.5.3.1 Safety Management,

5.5.3.2. Security Management,

5.5.3.3. Emergency Management,

5.5.3.4 Hazardous Material/Waste Management,

5.5.3.5 Life/Fire Safety Management,

5.5.3.6 Medical Equipment Management, and

5.5.3.7 Utilities Management.

5.5.4 Maintain liaison with Infection Control and Risk Management Committees for exchange of information.

5.5.5 Be composed as outlined in MEDDAC Memo 15-1.

5.5.6 Approve the list of Standard Operating Procedures (SOP) the Safety Manager submits at least every three years.

5.5.7 Review and approve all Department Safety and Fire SOPs annually.

5.6 The Safety Manager will:

5.6.1 Be appointed in writing by the Commander.

5.6.2 Administer the Safety Program for the MEDDAC Commander.

5.6.3 Provide the Commander with information on funds needed to operate the Safety Program.

5.6.4 Be trained according to AR 385-10.

5.6.5 Develop and implement a Safety and Environment of Care environmental surveillance program to ensure patient care areas are surveyed at least every six months and other areas at least

annually to identify environmental deficiencies, hazards, and unsafe practices. Each environment of care program will be incorporated into the surveillance program.

5.6.6 Be appointed as the Radiation Protection Officer.

5.6.7 Assist in the development of Safety Standard Operating Procedures (SOPs). Ensure all Safety SOPs are reviewed annually. Safety SOPs will be maintained in department/clinic Safety Binders located in work areas.

5.6.8 Investigate and report accidents per AR 385-40, Accident Reporting and Records.

5.6.9 Manage the Safety Promotion, Training, and Awards Program.

5.6.10 Act as the Commander's designated Occupational Safety and Health Official and represent the activity during all phases of an inspection visit by Department of Labor.

5.6.11 Immediately upon receipt of an OSHA-2H, (Notice of Violation) send copies through MEDCOM to HQDA (DACS-SF), WASH DC 20310-0300, and furnish a copy to Commander, USASC, ATTN:CSSC-PR, Ft Rucker, AL 36362-5363.

5.6.12 Assist Safety NCOs in the investigation of DA Form 4755 (Employee Report of Alleged Unsafe or Unhealthy Working Conditions) involving personnel, operations, equipment, procedures, and/or facilities as required.

5.6.13 When applicable, investigate and report violations of OSHA Standards on DA Form 4754 (Violations Log) or equivalent. DA Form 4753 (Notice of Unsafe or Unhealthy Working Condition) will be used to post notices of OSHA violations.

5.6.14 Conduct Standard Army Safety and Occupational Health Inspections (SASOHI) of all workplaces in the MEDDAC and DENTAC annually. Patient care areas will be inspected semiannually.

5.6.15 Assemble, summarize, and present the top three violations of the inspection to the Safety Committee annually.

5.6.16 Maintain documentation for the Safety Program.

5.6.17 Immediately notify HQ MEDCOM, MCSM of any inspection visit by a Department of Labor (DOL) representative.

5.6.18 Establish criteria for evaluating and reviewing the effectiveness of the Safety Program.

5.6.19 Provide the Safety Committee with an annual program effectiveness review for Safety Program.

5.6.20 Implement and measure one performance standard per year per JCAHO Standard.

5.6.21 Be familiar with major safety agencies, both governmental and non-governmental.

5.6.22 Take necessary action when potential and/or existing hazardous conditions exist that could result in personnel injury or death.

5.6.23 Develop and maintain a reference library of pertinent documents and publications as related to the Safety Program.

5.6.24 Conduct a Hazardous Communication Program per 29 CFR 1910 and 1926 OSHA Standards.

5.7 The Alternate Safety Manager will:

5.7.1 Be appointed in writing by the Commander.

5.7.2 Assist the Safety Manager in executing the Safety Program.

5.7.3 Function as the Safety Manager when the Safety Manager is absent due to leave, illness, or TDY.

5.7.4 Have one-year retain ability in unit upon assignment.

5.8 The Chief, Mobilization, Education, and Training, and Security (METS) will:

5.8.1 Provide administrative support by scheduling training and classrooms, placing training classes on training schedules and providing audio and video equipment for the Safety Training Program.

- 5.8.2 Develop, plan, and test the Emergency Management Plan (EMP) at least semiannually and provide a summary report of findings and corrective action to the Safety Committee.
- 5.8.3 Develop performance improvement documentation for the EMP.
- 5.8.4 Provide the Safety Committee with an annual program effectiveness review for the EMP.
- 5.8.5 Assist Safety NCOs in developing training outlines for the EMP and Security Training.
- 5.8.6 Coordinate New Employee Orientation and annual training.
- 5.8.7 Coordinate and arrange for training on common pieces of medical equipment.
- 5.8.8 Implement and measure at least one performance standard for the EMP program per JCAHO Standards.
- 5.9 The Chief/OIC of each department will:
 - 5.9.1 Appoint a Safety NCO and ensure this individual has one-year retainability in the unit.
 - 5.9.2 Ensure a department/clinic safety SOP is developed and reviewed at least annually.
 - 5.9.3 Ensure in-processing safety briefings and annual training classes are conducted and documented for all assigned personnel.
 - 5.9.4 Ensure Personal Protective Equipment (PPE) is available, in operational condition, that training is provided to personnel, and used when required.
 - 5.9.5 Ensure accidents are investigated and reported in accordance with Appendix A, Accident Reporting and Recordkeeping.
 - 5.9.6 Ensure compliance with all safety memorandums, policies, and procedures.
 - 5.9.7 Nominate staff for safety awards in accordance with Appendix B, Accident Prevention Awards Program.
 - 5.9.8 Ensure safety is a rating element for all Officers, NCOs and civilian supervisors.

5.9.9 Ensure employees are scheduled and receive occupational health examinations as required by their job series.

5.9.10 Support the Safety NCOs and Safety Manager in administering the Safety Program.

5.10 The Raymond W. Bliss Army Health Center (RWBAHC) Laboratory Officer will:

5.10.1 Be appointed in writing as Laboratory Safety Officer and have one-year retainability in unit.

5.10.2 Develop, implement and enforce the Laboratory Safety Program in compliance with the College of American Pathologists (CAP) standards and this memorandum.

5.10.3 Ensure the development and implementation of a Chemical Hygiene Plan for the Laboratory.

5.11 The Safety NCO/Alternate Safety NCO will:

5.11.1 Be appointed in writing as Safety NCO/Alternate Safety NCO.

5.11.2 Attend the Safety NCO training course within 90 days of their appointment to the position of Primary/Alternate Safety NCO.

5.11.3 Be familiar with the RWBAHC Safety Program memorandums.

5.11.4 Conduct monthly safety inspections of assigned area and document the results on RWBAHC Monthly Safety Inspection Record (RWBAHC Form 505).

5.11.5 Conduct a quarterly safety meeting, document the meeting on a memorandum with date, subject of training and attendance roster (roster needs to show names of all personnel in unit and reason for absence if not signed in).

5.11.6 Conduct site-specific training programs addressing the seven Environments of Care (EOC) areas (as applicable to the department/clinic). Document the training per the MEDDAC training memorandum. This training will be conducted upon initial assignment and annually thereafter.

5.11.7 Develop a department/clinic Safety SOP and review/revise annually.

5.11.8 Enforce the RWBAHC safety memorandums.

5.11.9 Complete and post (as required) DA 4753, Notice of Unsafe or Unhealthy Working Condition.

5.11.10 Report and correct unsafe or unhealthy working conditions to prevent occupational injuries and illnesses.

5.11.11 Maintain a safety binder with a copy of the following as a minimum:

5.11.11.1 Appointment Orders Memorandum.

5.11.11.2 Command Tobacco Use Policy.

5.11.11.3 Safety SOP for section.

5.11.11.4 MEDDAC Memorandum 385-1, Safety Program.

5.11.11.5 MEDDAC Memorandum 385-2, HAZCOM Program.

5.11.11.6 MEDDAC Memorandum 200-1, Hazardous Materials and Waste Management Program.

5.11.11.7 MEDDAC Memorandum 420-1, Life/Fire Safety Program.

5.11.11.8 Copies of Monthly Safety Inspection Record, RWBAHC Form 505, maintain for three years.

5.11.11.9 Copies of Monthly Life/Fire Inspection Record, RWBAHC Form 504, maintain for three years.

5.11.11.10 Copies of Fire Exit Evaluation Record, RWBAHC Form 411, maintain for three years

5.11.11.11 Quarterly Safety, HAZCOM, and Life/Fire Safety training records.

5.11.12 Maintain a Safety Bulletin Board with a minimum of the following posted:

5.11.12.1 Command Tobacco Use Policy.

5.11.12.2 DOD Occupational Safety and Health Protection Program, DD Form 2272.

5.11.12.3 Safety grams, safety awareness posters, etc.

5.11.13 Investigate and report all accidents involving their personnel or units in accordance with Appendix A. Within 72 hours forward a MEDCOM Form 754-R, Incident/Injury/Near Miss Report and a Federal Employees Notice of Traumatic Injury and Claim for Continuation of Pay/compensations (CA-1) to Safety Office.

5.11.14 Assure safety reminders, posters, booklets, and brochures are provided for personnel.

5.11.15 Perform a job hazard analysis for each occupational specialty within their department/clinic and review/revise as necessary but at least annually.

5.11.16 Have available the education book with documentation of training in the seven EOC areas.

5.11.17 Identify department personnel who need PPE, when the PPE was issued and the date when training was conducted.

5.11.18 Ensure the Hazardous Chemical Inventory database located in the Safety Office is updated annually.

5.11.19 Ensure the PPE database located in PMWARS is updated annually with the following information:

5.11.19.1 The employee's name.

5.11.19.2 Employee's SSN.

5.11.19.3 Employee's date of birth.

5.11.19.4 Date medically cleared for use (if use of respirator is required).

5.11.19.5 Date fit test was conducted (for personnel required to use a respirator).

5.11.19.6 Date employee was trained on use and care PPE.

5.12 All DA personnel, military and civilian will:

5.12.1 Learn and comply with RWBAHC Safety and Occupational Health policies, memorandums, and procedures.

5.12.2 Use and maintain safety equipment, PPE provided and follow procedures/directions necessary for their own protection.

5.12.3 Immediately report any unsafe and unhealthful working conditions to their immediate supervisor or the Safety Manager verbally or using DA Form 4755, Employee Report of Alleged Unsafe or Unhealthful Working Condition.

6. Policy. The following principles will be effectively integrated into all RWBAHC plans, programs, decision processes, operations, and activities:

6.1 Accidents are an unacceptable impediment to mission, readiness, morale, and resources; hence their prevention will be aggressively pursued.

6.2 Decision-makers at every level will employ risk management techniques to reduce the risk of injury to personnel and/or property damage.

6.3 The acquisition of materials, equipment, facilities, and systems will maximize the use of engineering design to prevent or control unacceptable risks.

6.4 Life cycle safety considerations will be considered in acquisition, use, and disposal of chemicals and hazardous materials so as not to endanger or compromise public health and safety.

6.5 Appropriate action will be taken to quickly correct discrepancies with mandated standards, workplace deficiencies and hazards that may lead to accidents.

6.6 Performance standards for officers, NCOs and civilian supervisors will include safety responsibilities as a rating element. The success of these individuals in meeting their safety responsibilities will be evaluated as part of their performance appraisals.

6.7 Personnel potentially exposed to health hazards in the workplace will be included in the Occupational Health Program. Safety personnel will work closely with Industrial Hygiene and

Occupational Health staff to ensure the adequacy of the Occupational Health Program.

6.8 Federal civilian employees who have experienced a work related injury/illness (will be rendered first aid treatment for minor injuries by the Adult Family Care Clinic (AFCC) from 0730-1600 Monday through Friday Work related injuries requiring first aid treatment occurring 1000-1400 Saturday, Sunday, or holidays will be referred to the Weekend/After Hours Clinic. Injuries that are more serious will- remove all this) be referred to the Emergency Room of the Sierra Vista Community Hospital.

7. Organization and Program Elements.

7.1 The Safety Office will be structured according to MEDCOM/OTSG 385-2. The Safety Manager will be a member of the Commander's special staff, reporting directly to the Commander on all safety matters.

7.2 The Safety Manager will manage a comprehensive, efficient Safety Office. This office will consist of the following major Safety Program elements:

7.2.1 Accident investigation and reporting.

7.2.2 Inspection: Standard Army Safety and Occupational Health Inspections (SASOHI) of RWBAHC activities will be conducted at least once a year (except patient care areas, which will be semiannually).

7.2.3 Fire Prevention.

7.2.4 Hazard Communication.

7.2.5 Safety Education and Training.

7.2.6 Laboratory Safety.

7.2.7 Safety Awards and Promotions.

7.2.8 Civilian Resource Conservation.

7.2.9 Hazardous Communication.

7.2.10 Electrical Safety.

7.2.11 Patient and Visitor Safety.

- 8. Additional Information On Requirements.
 - 8.1 Accident Reporting and Record Keeping (see Appendix A).
 - 8.2 Accident Prevention Awards Program (see Appendix B).
 - 8.3 Electrical Extension Cord and Adapters (see Appendix C).
 - 8.4 Privately Owned Electrical Equipment (see Appendix D).
 - 8.5 Safety Training Program (see Appendix E).
 - 8.6 Areas of Inspection (see Appendix F).
 - 8.7 Civilian Resource Conservation (see Appendix G).
 - 8.8 Space Heaters/Heating Devices/Eyewash Stations (see Appendix H).
 - 8.9 Generic Safety Training Outline (see Appendix I).
 - 8.10 References (see Appendix J).

9. Statement of Authority. The MEDDAC/DENTAC/VET Services Commanders authorize the Deputy Commander for Administration and the RWBAHC Safety Manager to take immediate action to stop any action that presents a threat to life or health within the Commands.

The proponent for this Memorandum is the RWBAHC Safety Office. Users are invited to send comments and suggested improvements on DA Form 2028 directly to Commander U.S. Army MEDDAC, ATTN: MCXJ-DCA-SAF Fort Huachuca, Arizona 85613-7079

FOR THE COMMANDER:

OFFICIAL:

GREGORY A. SWANSON
LTC, MS
Deputy Commander
for Administration

ROBERT D. LAKE
Information Management Officer

DISTRIBUTION: A

Appendix A
Accident Reporting and Recordkeeping

A-1. Purpose. To establish policies, procedures and assign responsibilities for investigating, reporting, and recording accidents/incidents.

A-2. References.

a. AR 40-66, Medical Record and Quality Assurance Administration, current edition.

b. AR 385-40, Accident Reporting & Records, current edition.

A-3. Responsibilities.

a. The Safety Manager will:

(1) Ensure forms are prepared per AR 385-40, Accident Reporting and Records, and provide support for accident investigations and report preparation as required.

(2) Ensure the SAFETY STAFF USE ONLY section of each DA Form 285 AB-R is completed.

(3) Maintain an occupational injuries and illnesses log (OSHA 300 or equivalent) and a file of accident reports.

(4) Review and analyze accident reports to identify trends, problems and recommend accident prevention measures.

b. The Administrative Officer of the Day will: Notify the MEDDAC Commander, Post Staff Duty Officer, MEDDAC Personnel Division, SGM, and Medical Company First Sergeant after normal duty hours of all fatal accidents.

c. The Military Medicine Clinic (MMC) Family Care Clinic (FCC) and the Weekend and Holiday Clinic (WAHC) staff, as well as the injured employee's supervisor, will:

(1) Ensure a DA Form 285-AB-R is completed for all military and civilian personnel and a CA-1 for all DA civilian personnel upon arrival following an accident.

(2) Forward a copy of all DA Forms 285-AB-R and CA-1 involving MEDDAC military and civilian accidents to the Safety

Manager. A copy of the completed CA-1 will be sent to the Occupational Health Nurse (OHN) and the Safety Manager for all civilian employees. (remove paragraph c. these are Safety NCO duties)

d. Supervisor/Safety NCO will:

(1) Ensure all accidents are investigated (to include motor vehicle accidents) to obtain the facts, circumstances, and recommend corrective action.

(2) Prepare the proper forms on each accident in their area per 385-40.

(a) Make telephonic notification to the Safety Manager within one hour. A MEDCOM Form 754-R will be prepared and forwarded to the Safety Manager within 72 hours days after the accident

(b) The supervisor will investigate the Form CA-1/CA-2 for a civilian employee job-related injury/illness. The supervisor will complete the Supervisor's Report portion. Upon completion the original form will go to the Installation FECA Administrator at the CPAC and copies will be forwarded to the Occupational Health Nurse and Safety Manager NLT 24 hours after the accident.

(c) DA Form 4106, Report of Unusual Occurrence, will be completed (and forwarded to Risk Management and the Safety Manager) to report injuries experienced by patients and visitors during visits. DA Form 4106 will also be completed when an equipment failure or user error occurs in connection with a patient. In accordance with AR 385-10 the Safety Manager will review the incidents. Information contained in these reports will be used for investigating and reporting patient visitor accidents and equipment problems involving patients.

e. All DA military personnel will: Immediately report every injury, on and off duty, to their direct supervisor.

f. All DA civilian personnel will:

(1) Immediately report every job related injury to their direct supervisor.

(2) Report to the Adult Family Care Clinic, Weekend/After Hours Clinic, or (delete this part) Sierra Vista Community Hospital Emergency Room (depending on severity and time delete this part) the same day the job injury occurs.

(3) Initiate Form CA-1 for a traumatic injury or CA-2 for an occupational illness. Forms should be turned in to the supervisor as soon as possible, but not later than 30 days following the injury or illness.

A-4. Policy.

a. Safeguarding Accident Information.

(1) Accident investigation reports are official documents that contain limited use information. They will be used solely for accident prevention purposes.

(2) Accident reports and the privileged documents contained therein may not be used as evidence or to get evidence in any disciplinary action.

b. Release of Information from Accident Investigation Reports: All written requests under the provisions of the Freedom of Information Act (FOIA) for information from or copies of limited use accident investigation reports or general use reports will be referred to the RWBAHC FOIA Official located in the Information Management Division.

c. Reportable Accident and Incidents: An unplanned event or series of events resulting in one or more of the following are reportable to the Safety Manager:

(1) Damage to Army property valued at \$2,000 or more.

(2) Injury (fatal or nonfatal) to on or off-duty military personnel.

(3) Injury (fatal or nonfatal) to on-duty civilian personnel employed by the Army when incurred while performing duties in a work compensable status.

(4) Occupational illness (fatal or non-fatal) to military personnel and civilian employees employed by the Army.

(5) Any injury (fatal or nonfatal) or illness to non-Army personnel or any damage to non-Army property as a result of Army operations.

A-5. Point of Contact is the Safety Manager 533-5909.

Appendix B
Accident Prevention Awards Program

B-1. Purpose. To establish an awards program that will recognize and reward individuals for noteworthy contributions to accident prevention. Consideration for an award is open to all personnel.

B-2. Reference. AR 672-74, Army Accident Prevention Awards Program.

B-3. Individual Accident Prevention Awards.

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

(1) Eligibility requirements: An individual must make significant contributions to the Army accident prevention effort.

(2) Nominations: Nominations will be forwarded through the chain of command to the USASC, ATTN: CSSC-PD, Fort Rucker, AL 36362-5363, no later than 1 December of each year.

(3) Documentation: A narrative description will be submitted with the nomination according to AR 672-74, Army Accident Prevention Awards Program.

(4) Award: Plaque.

b. United States Army Safety Guardian Award

(1) Eligibility requirements: An individual must, through extraordinary individual action in an emergency situation, accomplish one of the following:

(a) Prevent an imminent danger situation.

(b) Minimize or prevent damage to Army property.

(c) Prevent injury to personnel.

(2) Nominations: Nominations will be forwarded through the chain of command to the USASC, ATTN: CSSC-PD, Fort Rucker, AL.

(3) Documentation: Nomination AR 672-74.

(4) Award: DA Form 5777 (U.S. Army Safety Guardian Award).

c. Director of Army Safety Special Award of Excellence

(1) Eligibility requirements: An individual must demonstrate exemplary leadership in safety within their Occupational Specialty.

(2) Nominations: Impact award, no nomination process.

(3) Documentation: Follow-up documentation is required per AR 672-74.

(4) Award: Plaque.

d. United States Army Motor Vehicle Driver Safety Award.

(1) Eligibility requirements: A nominee must complete the following without any "at fault" military or civilian on-duty vehicle accident or moving traffic violations:

(a) 12 months or 10,000 miles of Army administrative vehicle operation.

(b) 10 months or 8,000 miles of Army administrative vehicle operation.

(2) Nominations: Nominations will be submitted through the Safety Manager.

(3) Award: DA Form 1119 (Certificate of Achievement in Safety).

e. Quarterly Safety Incentive Award.

(1) Eligibility requirements: An individual must make significant contributions to the accident prevention effort.

(2) Nominations: Nominations will be forwarded to the Safety Manager.

15 September 2006

MEDDAC Memo 385-1

(3) Documentation: Nomination will include a memorandum with a narrative description of the individual's achievements. The nomination will be factual and concise. Supervisors will prepare nominations.

(4) Award: MEDCOM Certificate of Achievement and name on the safety award plaque.

B-4. Point of Contact is the Safety Manager, 533-5909.

Appendix C
Electrical Extension Cords and Adapters

C-1. Policy. The use of electrical extension cords and adapters within the health center is forbidden without prior approval of the Safety Office. They may be authorized provided the following criteria are met.

a. Areas of use. May be used in Administrative and clinical areas for temporary use only. A work order must be submitted to Logistics to install additional receptacles if needed.

b. All extension cords must meet the following requirements when approved for use:

(1) Three prong grounded plug and a maximum length of 15 feet.

(2) Two extension cords are allowed per circuit, total capacity of equipment must not exceed rating of circuit breaker.

(3) Connecting extension cords together is prohibited.

c. Extension cords are authorized for temporary use only. The only exception is multi-plug surge protector adapters for computers or necessary equipment. Fusible or circuit breaker type multi-strip adapters with a maximum of six outlets will be permitted for use.

d. Three to two prong adapters are prohibited.

C-2. Guidance.

a. Area chiefs should review this policy and ensure the Safety NCO has inspected all electrical equipment.

b. Offices, clinics, administrative and other working areas will be arranged to maximize use of existing electrical outlets.

C-3. Point of Contact is the Safety Manager, 533-5909.

Appendix D
Privately Owned Electrical Equipment

D-1. Health Center Staff are discouraged from bringing personal small appliances into the work area. All efforts should be made to procure small appliances through regular supply channels.

D-2. Small appliances purchased through regular supply channels will be checked upon receipt by Logistics. These items will further be checked during regularly scheduled safety inspections.

D-3. Small appliances brought from home are required to be checked by the section Safety NCO before being used.

D-4. Personal appliances will be checked for general serviceability and UL or other applicable electrical standard markings.

D-5. The Safety NCO will maintain an inventory list of all personal appliances brought from home. This list will include the initial inspection date (date brought in), description of the item, and the location of the item. Inventories will be updated annually.

D-6. Point of Contact is the Safety Manager 533-5909.

Appendix E
Safety Training Program

E-1. All new personnel will be given a general orientation to the Safety Program at the monthly New Employee Orientation. Supervisors will make every effort to accomplish this within 30 days after the employee reports for duty. The following subjects will be addressed:

- a. Structure of the Safety Office.
- b. Goals of the Safety Program.
- c. Management Responsibilities.
- d. Employee Rights under OSHA.
- e. Employee Responsibilities.
- f. The top three accident types within the MEDDAC.

E-2. Employees will receive site-specific safety training during their orientation at the section level within three working days. A New Employee Site-Specific Safety Orientation form will be completed and a copy filed in the CAF folder and the Safety Office. The following will be addressed as applicable to the section:

- a. Hazards of work area and measures taken to limit effects.*
- b. Safe working practices to minimize impact.*
- c. Hazardous Material/Waste, Site Specific Hazard Communication.*
- d. Accident Reporting procedures and forms.*
- e. Personal Protective Equipment needed in section.
- f. Compressed Gas Safety.
- g. Office Safety.
- h. Inspections: requesting, who does, frequency.*

- i. Reporting Unsafe or Unhealthful Work Conditions.*
- j. Electrical Safety.*
- k. Section accident experience.*
- l. Fire prevention and control including emergency plan and evacuation procedures, and location of fire extinguisher, alarms, exits and assembly areas.*

* Denotes common items that must be addressed in unit specific training.

E-3. Annual safety training for all personnel will be conducted via the intranet and will be managed by Mobilization, Education and Training (MET) Division. The training will include the subjects from E-1 above.

E-4. Annual section specific training will include items from E-2 above (as required) and areas from the Environment of Care (EOC) as required. Listed below are other safety training topics Safety NCO's may consider for training topics.

- a. Motor vehicle/motorcycle safety. Emergency vehicle safety, if applicable.

- b. Holiday safety.

- c. Seasonal safety including hot, cold, and sports injury prevention.

E-5. The training requirements for non-Environment of Care (EOC) topics can be met through lectures, videotape programs, slide programs, handouts, and safety-grams. A copy of the safety training memorandum, attendance roster and lesson plan will be maintained in the education book at the unit level. EOC training will be documented as spelled out in the MEDDAC Training Memorandum.

E-6. Contact the Safety Manager, 533-5909 for materials and/or assistance or questions on safety. For other EOC areas contact the program manager for the area.

Appendix F
Areas of Inspection

<u>Location</u>	<u>Responsible Person</u>
F-1. BLDG 30009 Veterinary Services	Safety NCO
F-2. BLDG 30010	Safety NCO
F-3. BLDG 30015	Safety NCO
F-4 BLDG. 45001 - Raymond W. Bliss Army Health Center	
3 rd Floor:	Safety Monitor
2 nd Floor:	Safety NCO
1 st Floor:	
c. Family Care Clinics	Safety NCO
d. Pediatric Clinic	Safety NCO
e. Immunization/Allergy Clinic	Safety NCO
f. Patient Administration	Safety NCO
g. Laboratory	Safety NCO
h. Pharmacy	Safety NCO
i. Radiology	Safety NCO
j. Library Area	Safety
Monitor	
Basement:	
k. Internal Medicine	Safety NCO
l. Information Management	Safety Monitor
m. Company/Personnel Division/METS	Safety NCO
n. Operating/PACU/CMS	Safety NCO
o. Specialty Clinic	Safety NCO
p. Logistics, (FM,Med Maint.,HK)	Safety NCO
q. VA Clinic	Safety Monitor

F-5	BLDG 45005	Runion Dental Clinic	Safety NCO
	BLDG 51005	Dental Headquarters (Riley Barracks)	Safety NCO
		PMWARS	Safety NCO
F-6	BLDG 45006	Ambulatory Care Clinic	
	a.	Occupational Health Clinic	Safety NCO
	b.	Physical Therapy	Safety NCO
	c.	Optometry Clinic	Safety NCO
	d.	Orthopedic Clinic	Safety NCO
F-7	PX	Pharmacy	Safety NCO
F-8	BLDG 51101	Military Medicine Clinic	Safety NCO
F-9	BLDG 80405	Ray Clinic	Safety NCO
F-10	BLDG 22414	Alcohol, Substance Abuse Program Clinic (ASAP)	Safety NCO
F-11	BLDG 45022	Warehouse	Safety NCO
F-11	BLDG 45020	IMD Classroom	Safety Monitor
F-12	BLDG 45004	Contractor Shop	Safety NCO
F-13	BLDG 83509A	MI Student Clinic	Safety NCO

Appendix G
Civilian Resource Conservation

G-1. Purpose. To establish policies and procedures and assign responsibilities for Civilian Resource Conservation. This applies to all personnel.

G-2. References.

a. AR 40-3, Medical, Dental and Veterinary Care, current edition.

b. AR 40-5, Preventive Medicine, current edition.

G-3. Responsibilities.

a. The USAMEDDAC commander will:

(1) Designate the Safety Manager as the Civilian Resource Conservation manager.

(2) Hold supervisors accountable for Civilian Resource Conservation through an effective unit safety program.

(3) Ensure Department of the Army (DA) civilian employees who have experienced a work related injury/illness seek medical treatment the same day of their injuries (24 hours).

(4) Ensure all DA civilian employees are provided with personal protective clothing and equipment (PPE) and occupational medical surveillance.

b. The DENTAC/Vet Services Commander will:

(1) Hold supervisors accountable for Civilian Resource Conservation through an effective unit safety program.

(2) Ensure Department of the Army (DA) civilian employees who have experienced a work related injury/illness seek medical treatment the same day of their injuries (24 hours).

(3) Ensure all DA civilian employees are provided with personal protective clothing and equipment (PPE) and occupational medical surveillance.

c. The Safety Manager will:

- (1) Serve as the Civilian Resource Conservation manager.
- (2) Ensure all staff is briefed on issues pertaining to Civilian Resource Conservation during annual training and New Employee Orientation.
- (3) Review the facts and circumstances surrounding every accident resulting in a lost time claim for compensation.
- (4) Meet with the immediate supervisor of each injured employee to get a full account of the accident and determine the adequacy of the corrective measures taken to prevent a recurrence and make appropriate recommendations.
- (5) Review accident data to determine if injured or ill civilian employee received medical treatment on the same day of injury (24 hours).
- (6) Review and analyze safety reports/accident data to identify trends/problems and recommend countermeasures, as well as monitor actions designed to reverse negative trends.
- (7) Provide safety education and training targeted towards prevention of accidents/injuries.
- (8) Review reported facts of each employee claim for injury/illness.

d. Supervisors will:

- (1) Support the Safety Program as well as Civilian Resource Conservation.
- (2) Hold employees accountable for observing established safety memorandums, procedures, and practices applicable to their job.
- (3) Ensure all hazardous work conditions are properly reported and follow-up action is completed to ensure elimination or control of identified hazardous conditions.

(4) Ensure adequacy of all safety SOPs and that employees are aware of the safety requirements for all work tasks.

(5) Ensure employees follow safety requirements and required PPE is used.

(6) Provide employee work place safety training.

(7) Accompany injured employee to the Occupational Health Clinic to ensure prompt medical evaluation.

(8) Report all accidents/injuries to the Safety Manager.

(9) Investigate all accident/injury claims and take appropriate corrective action to prevent their recurrence.

(10) Ensure facts on OWCP forms (CA-1, CA-2, etc.) are properly investigated, fully documented and accurately reported. Complete and submit all required claim forms in a timely manner.

(11) Request assistance from Safety Manager in lost time injury investigations as necessary.

(12) Inform Federal Employee Compensation Act (FECA) claims administrator (CPO) if they suspect grounds for contra-version of an employee's claim and assist in preparing the documentation needed for contra-version of claims.

(13) Place injured employees in light duty assignments, if available.

h. All employees will:

(1) Report all hazardous work conditions to their direct supervisor and/or the Safety Manager. Follow all safety requirements to include the use of PPE.

(2) Report immediately all on-the-job injuries to the supervisor and seek initial medical evaluation promptly (the day of injury-within 24 hrs) at the MEDDAC (preferred 1st stop).

(3) Complete and submit to their supervisor all required FECA compensation forms in a timely manner. Report to attending physician for all medical attention and submit a Duty Status Report, Form CA-20, to supervisor after each physician's visit.

(4) Accept offers of light duty assignment commensurate with injury related restrictions as determined by medical authorities, or take appropriate leave.

Appendix H

Space Heaters/Heating Devices/Emergency Eyewash and Showers

I-1. Portable space heaters are prohibited in the health center. They may be permitted in other buildings if approved by the Fire Marshall in writing. The heating elements are limited to not more than 212⁰ F (100⁰ C).

I-2. Any specialized heating devices used for medical procedures must be inspected and approved by medical maintenance before using.

I-3. Emergency Eyewash and Shower Equipment: All eyewash and shower equipment shall be activated weekly for three minutes to flush the line and to verify proper operation. The testing procedures will be documented on the Weekly Emergency Eyewash and Shower Equipment Maintenance Record. The record will be posted next to the equipment. Ensure the eyewash is not connected to a hot water line.

Appendix I
Generic Safety Training Outline

The safety-training outline for section specific training will cover at least the following topics as appropriate for the unit.

J-1. Safety Program structure:

a. RWBAHC Safety Manager (who this is, when and how do you contact).

b. Department/Clinic Safety NCO (who this is, when and how do you contact).

J-2. Goal of Safety Program:

a. Provide safe and healthful work environment.

b. Prevent accidents and illness.

c. Prevent/minimize personnel injury and property damage incidental to RWBAHC operations.

J-3. Employee rights:

a. To report unsafe unhealthful work conditions.

b. What form to use/where located.

c. No reprisal for reporting safety problems.

d. Be allowed time to participate in Safety Program.

e. Comment on program.

J-4. Employee responsibility:

a. Learn RWBAHC Safety Memorandum/unit Safety SOP.

b. Follow safety memorandums and procedures.

c. Use Personal Protective Equipment as required.

d. Attend training classes at RWBAHC/Unit level.

J-5. Safety Education and Training Program:

a. Inform employee of when and what training will be provided.

(1) New Employee Orientation is general in nature and conducted by the Safety Manager

(2) Annual safety training is conducted via the intranet and monitored by METS.

(2) Section specific done by Section Safety NCO

b. Hazard Communication Standard (HAZCOM)
(refer to MEDDAC Memo 385-2 for specifics of what to cover).

c. Safe Use of Equipment (Medical/General).

d. Fire Safety and Prevention (training/who does and when).

J-6. Accident reporting:

a. Report procedures.

b. Forms to use (MEDCOM Form 754-R, CA-1, CA-2, CA-20 and DA 285 for Class A & B accidents only, etc.).

c. Time frames (1 hour telephonic notification, 72 hours for MEDCOM FORM 754-R to be completed).

d. Civilian Resource Conservation FECA (Cost in personnel/dollars).

J-7. Hazards of the work area:

a. What are the hazards (physical, chemical, biological) an employee may be exposed to?

b. What measures can/have been taken to reduce/eliminate the hazard.

c. How do employees report hazardous situations (DA Form 4755).

J-8. Personal Protective Equipment:

- a. Type, where located and proper use.
- b. What it protects against.
- c. Care and cleaning.
- d. Is medical surveillance required?
- e. Who provides training on use.

J-9. Compressed Gas Safety:

- a. Types of gas stored.
- b. Proper way to store.
- c. Separation of empty cylinders from full cylinders.
- d. Labeling of cylinders (name of gas, is full, in use or empty).

J-10. Office Safety:

- a. Preventing cumulative trauma disorders (carpal tunnel).
- b. Eliminating possible tripping hazards.
- c. Electrical Hazards.
- d. Housekeeping.

J-11. Inspections:

- a. Frequency.
- b. Who does them.

J-12. Reporting unsafe or unhealthful work conditions:

- a. Who to report to (supervisor, Safety NCO and Safety Officer).
- b. Form to use and where located.
- c. How to submit to NCO or anonymously.

J-13. Unit Accident experience:

- a. Most common type of injury.
- b. Methods to protect employees from injury.

J-14. Electrical Safety:

- a. Use of extension cords (temporary only).
- b. Liquids around electrical equipment.
- c. Emergency power outlets (location and use).

Outline must be detailed enough to show personnel are taught their responsibilities and actions in safety.

Appendix J
References

Section 1
Required Publications

AR 385-10, Army Safety Program.

AR 385-40, Accident Reporting and Records.

AR 690-950, Career Management.

AR 385-55, Prevention of Motor Vehicle Accidents.

AR 40-3, Medical, Dental and Veterinary Care.

AR 40-66, Medical Record Administration and Health Care
Documentation

AR 190-5, Motor Vehicle Traffic Supervision

AR 672-74, Army Accident Prevention Awards Program.

DODI 6055.1, DOD Safety and Occupational Health (SOH) Program.

FM 100-14, Risk Management

29 CFR 1910, Occupational Safety and Health Standards

29 CFR 1926, Safety and Health Regulations for Construction

29 CFR 1960, Basic Program Elements for Federal Employee
Occupational Safety and Health Programs and related matters.

NFPA 30, Flammable & Combustible Liquids Code, current edition.

NFPA 70, National Electrical Code, current edition.

NFPA 80, Standard for Fire Doors, Fire Windows, current edition.

NFPA 99, Standard for Health Care Facilities, current edition.

NFPA 101, Life Safety Code, current edition.

Public Law 91-596, pertains to workplace safety and health, and requires employers to provide employment free of recognized hazards and to comply with OSHA regulations.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Standards, current edition

MEDCOM Reg 1-2, U.S. Army Medical Command Organizational Assessment Program Policy.

MEDCOM/OTSG 385-2, U.S. Army Medical Command Safety Program

MEDCOM Reg 690-15, Safety Career Program Management.

MEDCOM Reg 690-16, Federal Employees' Compensation Act (FECA).

MEDCOM Pam 385-6, Force Protection XXI Protection: Commander and Staff Risk Management Card.

College of American Pathology (CAP) Standards.

MEDDAC Memorandum 15-1, Committee Structure

MEDDAC Memorandum 385-2, HAZCOM Program.

MEDDAC Memorandum 420-1, Life/Fire Safety Management Program.

MEDDAC Memorandum 380-3, MEDDAC/DENTAC Security Program.

MEDDAC Memorandum 200-1, Hazardous Material/Waste Management Program.

RWBAHC Emergency Management Plan.

MEDDAC Memorandum 420-5, Utilities Management Plan.

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.

AR 5-9, Area Support Responsibilities.

AR 11-9, The Army Radiation Safety Program.

AR 40-5, Preventive Medicine.

AR 40-10, Health Hazard Assessment Program in Support of the Army Material Acquisition Decision Process.

AR 420-90, Fire and Emergency Services

AR 700-141, Hazardous Material Information System.

MEDCOM Supplement 1 to AR 40-3, Medical , Dental, & Veterinary Care, Sep 2002

MEDCOM Supplement 1 to 385-55, Prevention of Motor Vehicle Accidents.

MEDCOM 40-35, Management of Regulated Medical Waste (RMW).

MEDCOM Reg 40-41, The Patient Safety Program.

MEDCOM Reg 40-42, U.S. Army Medical Command Radiation Safety Program.