

DEPARTMENT OF THE ARMY  
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
1650 Cochrane Circle  
Fort Carson, Colorado 80913-4604

MEDDAC Regulation  
No. 385-10

JAN 20 2009

SAFETY  
**MEDDAC SAFETY PROGRAM**  
Supplementation of this regulation is prohibited.

**History.** This regulation supersedes MEDDAC Reg 385-10, MEDDAC Safety Program, dated 08 August 2007.

**Summary.** This Regulation assigns responsibilities and precedents to all clinical, administrative and professional staff assigned to the MEDDAC/DENTAC/VETCOM and subordinate Commands at Fort Carson, Pueblo, Pinon Canyon, Dugway and Tooele, here after referred to as the MEDDAC/DENTAC/VETCOM or simply MEDDAC, in reference to compliance with the Occupational Safety and Health Administration (OSHA) and other referenced publications.

**Applicability.** This applies to all Departments and personnel assigned or attached to the MEDDAC/DENTAC/VETCOM and subordinate Commands.

**Proponent and Exception Authority.** The proponent of this publication is the MEDDAC Safety Manager. The proponent has the authority to approve exceptions to this regulation that are consistent with conflicting directives.

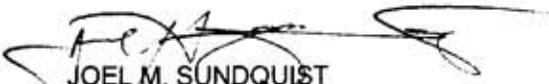
**Army Management Control Program.** This Regulation is not subject to the requirements as it contains no internal management control provisions.

**Suggested Improvements.** Users are invited to send comments and suggested improvements on DA Form 2028, (Recommended Changes to Publications and Blank Forms) to the Chief, Logistics Division, ATTN: MCXE-LOG-FM-S, Fort Carson, CO 80913-4604.

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1. **Purpose.** To establish a Safety Program for all personnel to control inherent hazards and to eliminate unsafe physical conditions and practices that may result in manpower or monetary loss to the government.

2. **Scope.** The Safety Program applies to all patients, visitors, students working under an approved ISSA/MOA/MOU, and military and civilian personnel. The provisions of this regulation in its entirety are applicable to all sections and personnel assigned or attached to the MEDDAC/DENTAC/VETCOM at Fort Carson, CO. It is also applicable to all MEDDAC personnel at Pueblo, Pinon Canon, CO. and Dugway, Tooele and Deseret, UT. All personnel assigned or attached to the MEDDAC/DENTAC/VETCOM are required to become familiar with this regulation so that they understand the safety program and are able to react appropriately during a safety emergency. Safety training is required to be conducted annually for all employees.

3. **References.**

- a. AR 385-10, The Army Safety Program
- b. AR 385-30, Mishap Risk Management
- c. AR 385-40, Accident Reporting and Records
- d. AR 40-5, Hearing Conservation Program
- e. DA Pamphlet 385-10, Army Safety Program
- f. DA Pamphlet 385-80, Hospital/Medical Facility Safety Management
- g. DoDI 6055.4, DoD Traffic Safety Program
- h. DoDI 6055.7, Accident Investigation, Reporting, and Recordkeeping
- i. DoDI 6055.07, Accident Investigation, Reporting, and Recordkeeping (Incorporating Change 1, dated 24April2008)
- j. OTSG/MEDCOM Policy Memo 08-012, 30 April 2008
- k. MEDCOM/OTSG Reg 385-2, U.S. Army Medical Command Safety Program
- l. Code of Federal Regulations
- m. Fort Carson Reg 385-10, Safety Program
- n. MEDDAC Reg 40-41, The Patient Safety Program
- o. MEDDAC Reg 40-69-1, Bloodborne Pathogen Exposure Control Plan
- p. MEDDAC Reg 40-5-6, Hazardous Waste/Hazardous Material Program
- q. MEDDAC Reg 11-9, Radiation Safety Program
- r. MEDDAC Reg 420-90, Fire Emergency and Prevention Plan
- s. Joint Commission (JC), Management of the Environment of Care Standard

4. **Policy.** The MEDDAC Commander authorizes the MEDDAC Safety Manager, MEDDAC Safety Specialist, Chief of Facilities Management Branch, and/or Facilities Engineer to intervene and take

corrective action when a hazardous condition (i.e. IDLH – immediately dangerous to life and health) exists that could result in personal injury or damage to equipment and/or buildings.

## 5. Responsibilities.

a. The MEDDAC Commander will:

(1) Appoint a MEDDAC Safety Manager.

(2) Appoint an Environment of Care/Safety Committee in accordance with Joint Commission (JC) and AR 385-10, The Army Safety Program. For composition and responsibilities of committee members, see MEDDAC Reg 15-1, Boards, Commissions and Committees.

(3) Incorporate the Army Readiness Assessment Program (ARAP) into the safety program. During the first ninety days of assuming command the entire command, to include your Warriors in Transition units, will participate in the ARAP assessment program. It is web-based and can be viewed at [www.crc.army.mil](http://www.crc.army.mil). Compliance is checked as part of the Organizational Inspection Program and Site Assistance Visits from GPRMC.

(4) Be the risk approval authority for any moderate risk activity within the MEDDAC.

(5) Brief all fatal and other Class A vehicle-related accidents to the first general officer in the chain of command.

(6) Complete the Commanders Safety Course (CSC)

(7) Ensure the motor vehicle accident prevention efforts according to the AR 385-10 are met. They are as follows:

(a) Ensure Army vehicle maintenance and required before, during, and after operation checks are carried out according to Army regulations, technical manuals (TMs), and operator's manuals.

(b) Collect, analyze, and evaluate motor vehicle operator behavior and accident data to identify where accident prevention efforts must be focused.

(c) Ensure that army motor vehicle (AMV) operators are selected, trained, tested, and licensed in accordance with Army regulations.

(d) Ensure AMV driver candidates meet state licensing requirements.

(e) Ensure senior occupants are familiar with their authority and responsibilities.

(f) Provide training, education, and motivation programs to prevent motor vehicle accidents.

These programs will encompass the on-duty and off-duty operation of motor vehicles and recreational vehicles.

(g) Ensure formal recognition of vehicle operators with outstanding safe driving records.

b. The Deputy Commander for Administration will appoint the Command Suite NCOIC, as the EC, NCOIC Representative.

c. The Troop Commander, Company Commander, and Subordinate Commanders will:

(1) Complete the Commander Safety Course (CSC).

(2) Integrate Composite Risk Management (CRM) in all operations and activities for MEDDAC, DENTAC, of VETCOM "sponsored" (on- or off-duty) events. The Company Commander for each unit is responsible for integrating CRM into their events.

(3) Brief any employee who will be participating in a military or training operation in and around water. The briefing will include Operations Safety around Water, chapter 12, DA PAM 385-10.

(4) Present Heat Injury Prevention and Cold Weather Injury Prevention during an NCOPD prior to the season commencing.

(5) Require POV inspections for all active duty military personnel prior to any three or four day weekend.

(6) Ensure motorcycle operators take the required MSF training prior to obtaining Installation driving privileges. When the 1SG, Company Commander, or Troop Commander hear of a soldier who will be buying a motorcycle or who has one not registered on the Installation, they shall request to see the MSF training card to verify training has been completed prior to operating the motorcycle.

d. The Chief, Logistics Division will exercise staff supervision over safety activities, to include the MEDDAC Safety Manager and Safety Specialist.

e. The responsibilities of the MEDDAC Safety Manager with assistance from the MEDDAC Safety Specialist include, but are not limited to, the following:

(1) Develop written policies and procedures designed to enhance safety within medical/dental/veterinary treatment facilities, to include grounds, to the maximum degree possible. Policies and procedures shall be reviewed as frequently as necessary, but at least every three (3) years.

(2) Assist, if requested, in the development of department safety rules and practices.

(3) Conduct Standard Army Safety and Occupational Health Inspections (SASOHI's). Identify environmental issues and develop recommendations for resolution.

(4) Coordinate all fire/safety related activities pertaining to the DENTAC/VETCOM with the DENTAC Executive Officer and the Veterinary Services Command.

(5) Establish an accident/incident reporting system to include a mechanism for investigating, evaluating and documenting occurrences. Accidents/injuries will be reported at each meeting of the Environment of Care Committee.

(6) Provide safety related training/information to NCOIC/supervisor and establish an on-going education program for all MEDDAC/DENTAC/VETCOM employees. This may include the use of suitably located safety information bulletin boards.

(7) Develop a reference library of applicable fire and safety standards.

(8) Direct ongoing organization-wide information about deficiencies and opportunities for improvement in the environment.

(9) Review Federal Employees Compensation Act (FECA) claims. A workman's compensation meeting consisting of the Workers' Compensation Administrator, FECA Investigator, Occupational Health Nurses, and the Safety Manager will convene when necessary to review accident/injury claims. Results of meetings will be reported to the EOC Committee, when necessary.

(10) Oversee the Ergonomics Program.

(11) Develop and submit an Individual Development Plan (IDP) for safety office personnel.

(12) Develop a Strategic Plan with goals and an implementation strategy. Conduct a quarterly review of the plan.

f. The Command Sergeant Major will:

(1) Be the MEDDAC Safety NCO.

- (2) Support the MEDDAC Safety Office by:
  - a) Allotting time in the Command Sergeant Major Meetings for a Safety Office presentation.
  - b) Relaying safety-related information to NCO's.
- g. The Command Suite NCOIC, will:
  - (1) Report directly to the Command Sergeant Major and Safety Manager on safety-related matters.
  - (2) Report any EC/Safety-related matters to the Safety Office within twenty-four hours of hearing them.
  - (3) Be the EC/Safety Committee NCOIC Representative
  - (4) Attend the Environment of Care (EC)/Safety Committee Meetings.
  - (5) Bring any EC/Safety issues brought up by NCO's and enlisted personnel to the EC/Safety Committee meetings.
  - (6) Provide EC/Safety information to NCO's to insure they are receiving current guidance.
- h. The Chief/Supervisor of each department, division, activity, clinic, etc., or his designated representative will:
  - (1) Report all injuries of military personnel (both on and off duty), civilian personnel, students (on duty only), visitors, and contractors to the MEDDAC Safety Office immediately.
  - (2) Investigate all accidents occurring within their area of responsibility and to personnel assigned to the area.
  - (3) Review reports of accidents and fires resulting in injuries to personnel and/or damage to equipment and property, and make recommendations to prevent further incidents.
  - (4) Review inspection reports of each branch/section and take appropriate action to implement recommendations to correct safety deficiencies.
  - (5) Respond, in writing, to inspection reports within the allotted time stating corrective action taken for each deficiency.
  - (6) Analyze all equipment to identify point-of-operation hazards and other hazards associated with moving belts and equipment and will provide guards or other means to protect operators and other personnel.
  - (7) Establish a department/clinic standing operating procedure (SOP) on safety for any area-specific issues not addressed in this regulation. All SOP's will be reviewed as frequently as necessary, but at least annually.
  - (8) Provide safety training as applicable to the respective department/section at least annually. Training must be documented. The Safety Office is available to assist/conduct the annual training.
  - (9) Maintain safety training documentation (rosters) for a minimum of twelve months.
  - (10) Ensure safety and occupational health responsibilities are considered in performance appraisals of all military and civilian staff.

(11) Ensure employees wear the required personal protective equipment (PPE), i.e., safety glasses, ear plugs, gloves, safety shoes, etc. Employees are required to be trained on PPE they utilize in their work area(s). Training must be documented. PPE requirements are outlined in Appendix B.

(12) Incorporate safe practices and procedures in all directives, regulations, and SOP's.

(13) Incorporate Composite Risk Management (CRM) into all Army processes and operations.

(14) Support the motor vehicle accident prevention efforts by:

(a) Enforcing standards of performance to ensure safety and consistency of Army Soldiers' vehicle operations.

(b) Ensuring an assistant driver is assigned when required by AR 385-10.

(c) Verifying that Army vehicle drivers meet rest, duty time, and the alcohol restriction requirements.

(d) Verifying whether Soldiers are taking prescription or non-prescription medication that may impair driving or alertness.

(e) Assessing driver performance periodically and use incentives to reward drivers with good driving records.

(f) Incorporating the principles of the CRM process into all motor vehicle-related duties and responsibilities.

(g) Report hazardous operating conditions of Army vehicles to the vehicle dispatcher (Logistics).

(15) Conduct a visual inspection each time upon entering the work space.

(16) Comply with all occupational safety and health rules, regulations, and standards, maintain PPE and ensure its use, and report any unsafe or unhealthful working conditions to the Safety Office.

i. Employees (military, civilian, contractors), students, and volunteers assigned to the MEDDAC/DENTAC/VETCOM will:

(1) Follow all applicable requirements outlined in this regulation.

(2) Report accidents/injuries to supervisor and the Safety Office immediately.

(3) Ensure all PPE is serviceable prior to use. Requirements are outlined in Appendix C.

(4) Use PPE in accordance with OSH and as required.

(5) Report all safety hazards (e.g., defective equipment, tripping hazards, etc.) to supervisor and the MEDDAC Safety Office immediately.

(6) Ensure good housekeeping practices are maintained in work area at all times.

j. Individuals observing an unsafe practice or act will report it to their supervisor and, if required, to the MEDDAC Safety Office immediately.

## **6. Accident/Injury Reporting and Investigating.**

a. All accidents/injuries involving staff (military, civilian, contractor, volunteers), patients, and visitors must be reported to the Safety Office immediately (within 24 hours of occurrence).

b. An Army accident is defined as an unplanned event, or series of events, which results in one or more of the following:

(1) Occupational illness to Army military or Army Civilian personnel.

- (2) Injury to on-duty Army civilian personnel.
- (3) Injury to Army military on-duty or off-duty.
- (4) Damage to Army property.
- (5) Damage to public or private property, and/or injury or illness to non-Army personnel caused by Army operations (the Army had a causal or contributing role in the accident).

c. Supervisors will conduct the initial accident investigation within one hour of notification of the incident. Results will be included in the EACH Accident Form and forwarded to the Safety Office. The Safety Office will follow-up on any issues arising from the investigation or investigate further as deemed necessary. Accident investigation information is to be used for accident prevention purposes only.

d. The following accidents will be investigated in accordance with DA Pam 385-40 by a board consisting of a minimum of three members:

- (1) All on-duty Class A and B accidents.
- (2) Any accident, regardless of class, that an appointing authority or the Commander, USACRC believes may involve a potential hazard serious enough to warrant investigation by a multimember board.
- (3) The following do not require a board investigation; however, they will be investigated by one or more officers, warrant officers, safety officers, NCO's, supervisors, or DA Occupational Safety and Health professional (GS-018/9 or higher).
  - (a) All off-duty military accidents.
  - (b) Class C and D ground accidents.

Safety accident investigation reports are official documents and will be used solely for accident prevention purposes. They may not be used as evidence or to obtain evidence in any disciplinary, administrative, or legal action. Any FOIA requests must be referred through command channels to the Commander, USACRC.

e. Non-supervisory personnel will notify the appropriate supervisor of all work-related accidents, injuries, and illnesses as soon as possible, but no later than the end of the shift or the day of occurrence. These mishaps include those related to duties performed while on Temporary Duty (TDY) status or, for civilian personnel, in any other location while in official duty status. For military personnel, these mishaps include injuries and occupational illnesses occurring on or off-duty.

f. All DoD fire losses will be reported through the National Fire Incident Reporting System (NFIRS) and may be reported under other reporting systems depending on the circumstances involved. If a fire occurs within the MEDDAC, DENTAC, or VETCOM, the Fort Carson Fire Department is responsible for reporting the incident. The MEDDAC Safety Office will report the incident up the chain of Command(s).

g. All Class A accidents and those accidents that result in inpatient hospitalization of three or more personnel will be reported immediately to the Commander. The Commander will then report such incidents in accordance with Enclosure 3 of DoDI 6055.07.

h. Military Personnel:

- (1) Report all (on or off duty) accidents/injuries to supervisor and the MEDDAC Safety Office immediately. This includes all POV accidents.
- (2) All military personnel will report to Evans Army Community Hospital Emergency Room for initial medical treatment. Exceptions: those stationed at Pueblo, Dugway, Tooele, and Deseret and those on leave, tdy, or other travel status and away from the Installation at the time of incident.
- (3) Bloodborne Pathogen exposure incidents require reporting to Occupational Health as soon as possible (within one hour of exposure). If after duty hours, report to the Emergency Room.
- (4) Complete an EACH Accident Form and forward to the MEDDAC Safety Office within twenty-four hours of incident.

i. Civilian Personnel:

(1) Report all on duty accidents/injuries to supervisor, MEDDAC Safety Office, Occupational Health, and Workers' Compensation Administrator immediately (within 8 hours).

(2) It is recommended that employees report to Evans Army Community Hospital Emergency Room for initial medical treatment for injuries which occurred on duty. **Employees are entitled to their choice of physicians.**

(3) All accidents/injuries which occur on duty will be reported on a Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation. Employee fills out the first page of the form and the supervisor fills out page 2. Once complete, the supervisor will enter it in the EDI (electronic system) and forward the signed form to the Workers' Compensation Administrator with a copy to MEDDAC Safety Office (within three days of incident).

(4) **Form CA-16 (Authorization for Examination and/or Treatment) is needed for medical treatment resulting from an on-the-job accident.** Form CA-16 can be obtained from the Safety Office and/or Workers Comp Office. Part A, items 1 through 11, will be completed by the supervisor; Part B will be completed by the attending physician when medical treatment is administered. This form is only needed if treatment is provided outside Evans Army Community Hospital/MEDDAC.

(5) All employees will be cleared through Occupational Health prior to returning to work, after medical care is obtained.

j. Accidents/injuries sustained by visitors/patients/etc. will be documented on the EACH Accident Form, and turned in to the MEDDAC Safety Office within three days of incident.

k. Students and Red Cross volunteers are authorized to receive complete medical care for injuries, to include needle sticks, sustained while training or doing volunteer work at the MEDDAC/DENTAC/VETCOM. Initial medical care will be received through the hospital (EACH) Emergency Room. Follow-up care will be coordinated with Occupational Health. Students will report injuries to school/training institute. All injuries will be reported to supervisor and an EACH Accident Form will be completed and sent to the MEDDAC Safety Office within three days of incident.

l. Contract employees go through their companies for filing accident/injury reports; however, they will also report (on the EACH Accident Form) all incidents to the MEDDAC Safety Office.

m. Routing of Accident/Injury Forms. Injury reports must be forwarded to the MEDDAC Safety Office within three (3) working days of injury.

n. Bloodborne Pathogen (BBP) Exposure. If you have any type of exposure to blood or other potentially infectious material (OPIM):

(1) Wash or flush the area immediately.

(2) Notify your supervisor within one hour of injury/exposure.

(3) Follow the procedures in MEDDAC Reg 40-69-1, Bloodborne Pathogen Exposure Control Plan.

(4) **Civilian:** Complete Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation. Report to the Emergency Room and Occupational Health. Recommend medical treatment be obtained in Evans Army Community Hospital Emergency Room; however, treatment location is optional to civilian employees. If it obtained elsewhere, the CA-16 will need to be completed.

(5) **Military:** Complete DA Form 689, Sick Slip, and report to the Emergency Room at Evans Army Community Hospital Emergency Room. Complete the EACH Accident Form and forward to the MEDDAC Safety Office within twenty-four hours of incident.

(6) **Civilian & Military:** Call and visit Occupational Health as soon as possible (within an hour of occurrence) to report circumstance, receive risk counseling and follow-up advice IAW MED REG 40-69-1, Bloodborne Pathogen and Exposure Control Plan.

o. Accident forms and instructions are located in all clinics/sections and in the Safety Office.

## 7. **Bicycle Safety.**

a. Bicycle helmets, approved by the Consumer Product Safety Commission (CPSC) will be worn by all personnel including Family members who ride bicycles on Army installations.

b. The wearing of headphones, earphones, or other listening devices while bicycling on or adjacent to roadways on DOD installation is prohibited.

c. When bicycling on roadways on DOD installations during hours of darkness or reduced visibility, bicycles will be equipped with operable head and taillights, and the bicyclist will wear a reflective outer garment.

8. **Bloodborne Pathogens Program** is located on the MEDDAC intranet page in MEDDAC Regulation 40-69-1.

## 9. **Contracting Safety.**

a. For Service and Supply contracts, the contracting officer/representative will add requirements as necessary to prevent the contractor activities from presenting a hazard to the public or Army personnel, property, or mission execution.

b. For Construction contracts, the contractor has the responsibility to submit a written site-specific safety plan for review by the FMB, Quality Control representative and the Safety Office prior to work beginning.

c. Contracts for construction or dismantling, demolition or removal of improvements must include the latest version of EM 385-1-1 as a requirement.

d. Contractors working in any MEDDAC, DENTAC, or VETCOM facility will submit a material safety data sheet for each chemical to be used on site, PRIOR to bringing said chemical on-site. Approval through the Facilities Management Branch, Safety Office, Environmental Science Officer, and possibly DECAM must be obtained.

e. The following will be considered for inclusion in all contracts:

All contractors are responsible for:

(1) Complying with applicable OSHA standards, DOD, Army, Federal, State, and local safety and health requirements.

(2) Having a system to identify and correct unsafe conditions and acts.

(3) Having a system to report unsafe or hazardous conditions caused by elements out of their control (i.e. adjacent process or work activity, public or Army personnel).

(4) Having a system to report all accidents, injuries, and illnesses occurring on the project.

(5) Having a system to investigate accidents and provide reports.

f. All contractors must also have a written site-specific plan for implementing OSHA standards, DOD, Army, Federal, State, and local safety and health requirements. The plan shall include:

- (1) Activity Hazard Analysis
- (2) Regular safety training for the workforce
- (3) Frequent and regular checks for compliance with contract safety requirements by contractor and subcontractor workforce.

(4) Daily records providing factual evidence of quality control activities for safety performance and state the following: items/areas checked, the results, and any instructions or corrective actions.

g. Prior to beginning on a contract, the contractor will meet with Logistics, Facilities Management Branch and/or the Safety Office for a safety brief.

#### **10. Electrical Safety.**

a. All non-medical electrical equipment/appliances will meet the OSHA requirements for use in a business occupancy. They will be UL (or equivalent) tested; will not be made "For Household Use Only"; and will have a "compliant" sticker indicating the NCOIC/Supervisor has approved use. These stickers can be obtained through the Safety Office.

b. Tamper-resistant outlets and/or covers will be installed IAW NFPA Standards. No other type of "child proof" covers shall be allowed.

c. Pediatric locations (wards, rooms, or areas) will be supplied with tamper resistant receptacles or shall employ a listed tamper resistant cover.

d. Properly dry hands prior to operating electrical equipment.

e. Do not unplug equipment by pulling on the cord.

f. Cords will be arranged to prevent a tripping hazard. If needed a cord protector will be used to cover the cord, protect it from wear/tear, and prevent trips.

g. Electrical equipment operators must know how to use and care for equipment properly by reading all instructions and specific handling information, and when necessary, be trained on its use.

h. Extension cords will not be used without prior approval by the Safety Manager. For use with medical equipment, approval must be given by the Medical Equipment Management Branch.

i. If an extension cord is necessary for use in a patient care area, it will be a heavy-duty, three-conductor cord with Underwriters Laboratory (UL) Hospital Grade connectors and approved for use by either the Safety Office or Medical Equipment Management Branch.

j. Two-wire extension cords are prohibited in any patient care area.

k. Extension cords of any type are prohibited in areas where flammables are used or stored.

l. Heat producing, non-medical, electrical appliances (i.e., toaster, coffee pot, microwave, etc.) will be visually inspected annually by the NCOIC/Supervisor. An inspection tag will be initialed and dated, then placed on the cord. Tags can be obtained from the MEDDAC Safety Office.

m. If electrical equipment is unserviceable, turn it in for repair/replacement.

n. Emergency electrical outlets will be clearly marked. All personnel will know the proper use of these outlets. (Emergency outlets are identified by red faceplates).

o. For further requirements and/or guidance concerning electrical safety, consult MEDDAC Reg 420-90, Fire Emergency and Prevention Plan and/or the MEDDAC Safety Office.

#### **11. Emergency Planning and Response.**

a. The goal of emergency planning is to protect life, health, property, and to restore normal operations as soon as possible.

b. Emergency planning procedures are outlined in the MEDDAC Medical Emergency Management Plan and the MEDDAC Security Plan.

c. Regular exercises are planned and executed by the S2/3.

d. Occupational Safety and Health risk assessments will be conducted by S2/3 for emergency drills/exercises.

**12. Environment of Care Committee.** The Environment of Care (EC) Committee and the Safety Committee are one and the same. As such, the terms are interchangeable when referring to the meetings.

a. It will convene bimonthly beginning with February. Meeting minutes are reviewed by the DCAS and signed by the MEDDAC Commander then maintained in the MEDDAC Safety Office. A copy of the minutes is forwarded to the Medical Management Branch.

b. The purpose of the EC/Safety Committee is to prescribe the policies, procedures and guidelines for planning, organizing, coordinating and controlling the implementation of the Environment of Care Management Plans which are compatible with the mission of the MEDDAC/DENTAC/VETCOM and in accordance with the requirements of higher headquarters. Functions of the EC/Safety Committee are:

1) To provide for the establishment and continued implementation of plans, policies and procedures for the conduct of the Environment of Care Management Plans within MEDDAC/DENTAC/VETCOM.

2) To promote, institute and maintain an awareness of safety and safety practices for all MEDDAC/DENTAC/ VETCOM personnel.

3) To encourage all supervisors, military and/or civilian, to apply safety precautions in their departments or sections.

4) To review and analyze issues brought to the EC/Safety Committee, develop recommended solutions and monitor their effectiveness.

5) To represent and advise the MEDDAC Commander on safety-related matters.

c. The EC/Safety Committee will be organized with representation, at a minimum, from the administration, preventive medicine service, medical staff, nursing staff, engineering and maintenance, emergency management, security, housekeeping, and nutrition care.

### **13. Ergonomic Program**

a. The Installation Safety Office has the overall responsibility for establishing and implementing an Ergonomic Program for the installation.

b. The following guidance is in addition to the installation program and will be applicable to the MEDDAC/DENTAC/VETCOM.

c. Ergonomic Hazards Prevention and Control can be accomplished through:

(1) Process Elimination. Elimination of the ergonomically demanding process essentially eradicates the hazard.

(2) Engineering Controls. Ergonomic engineering controls redesign the work site or equipment to fit the limitations and capabilities of workers.

(3) Substitution. Substituting a new work process or tool (without ergonomic hazards) for a work process with identified ergonomic hazards can effectively eliminate the hazard.

(4) Work Practices. Practices that decrease worker exposure to ergonomic risks include changing work techniques, providing employee conditioning programs, and regularly monitoring work practices. Also included are equipment maintenance, adjustment, and modification of current equipment or tools, as necessary.

(5) Proper Work Techniques. Proper work techniques include methods that encourage correct posture, use of proper body mechanics, appropriate use and maintenance of hand and power tools, and correct use of equipment and work stations.

(6) Administrative Controls. Administrative controls can be used to limit the duration, frequency, and severity of exposure to ergonomic hazards.

(7) PPE. PPE is not recommended for controlling exposure to ergonomic hazards because little research has been conducted to support claims of their usefulness. Wrist rests, back belts, back braces, and so on are NOT considered to be PPE.

d. The MEDDAC Safety Manager is the primary Ergonomic Compliance Officer. The alternate is the MEDDAC Safety Specialist.

e. Employees requesting an ergonomic survey must make the request to their supervisor. The supervisor will request the survey from the Safety Office.

f. The survey process is as follows:

(1) A survey is requested by the supervisor.

(2) A survey is scheduled with the employee.

(3) Once complete, a report is typed and sent to the Supervisor with a copy to the employee, Occupational Health, Industrial Hygiene, and Workers Compensation.

(4) Supervisor and employee have the responsibility to follow the recommendations.

g. If recommendations include obtaining and using items to assist in ergonomics, it is the responsibility of the NCOIC/Supervisor to take the corrective actions and to contact the surveyor for a resurvey to ensure the items are in place and adjusted as needed.

h. All personnel will consider ergonomics when designing, requesting, and/or ordering furniture. This includes those at Fort Carson, Pueblo, Dugway, Tooele, and Deseret.

i. All ergonomic-related furniture items will be sent through either the MEDDAC Safety Office or Industrial Hygiene for review and approval prior to the ordering.

j. Ergonomic furniture (workstations, chairs, keyboards, etc) purchased on behalf of an employee will be relocated (with coordination and approval from FMB) with the employee if they move from one workplace to another within Building 7500. The same applies to employees working within Building 7500 who subsequently move to a workplace outside the hospital. Employees departing MEDDAC employment lose all rights to any ergonomic furniture purchased on their behalf.

k. A log of each survey conducted by the Safety Office and copies of reports will be maintained in the Safety Office for two years.

**14. Facility Reuse and Closure.** These requirements are addressed at the Installation level. Any contractors working under a MEDDAC/MEDCOM Contract are informed of the possibility, due to the Army mission, of discovering/uncovering hazardous materials/wastes, to include chemical and explosives, even if a site is deemed "clean". If this occurs, all work stops and installation entities are notified. Steps, as the situation calls, are implemented.

**15. Fire Emergency and Fire Prevention.** Specific requirements for fire emergency and prevention are available in MEDDAC Reg 420-90, Fire Emergency and Prevention Plan.

## **16. Fire Safety.**

a. All employees shall be knowledgeable on procedures to follow and their specific responsibilities in event of a fire emergency. Procedures are outlined in MEDDAC Regulation 420-90, Fire Emergency and Prevention Plan.

b. All personnel must know the location of medical gas shut off valves in their area and know how to shut them off. In the event of a fire, the supervisor/charge nurse (the last person leaving the area) is responsible to ensure medical gases are shut off during final sweep of area. (Shut off gas valves by pulling handles toward you).

c. Flammable liquids will not be used for cleaning unless specifically designed for that use.

d. Smoking is unauthorized in all DOD Government facilities. All personnel will enforce and adhere to the Hospital Commander's No Smoking/No Tobacco/No Exception Rule, as outlined in MEDDAC REG 420-90.

## **17. Hazard Communication (HAZCOM).**

a. Emergency eye wash stations and showers must be flushed and tested weekly. These tests will be documented and are the responsibility of the section NCOIC/supervisor or Facility Maintenance Contractor, depending on location.

b. Emergency eye wash stations and showers will be kept clear and accessible at all times. Access and/or use will not be hindered by any object, equipment, etc.

c. All employees are required to follow the guidance and procedures in MEDDAC Regulation 385-10-1, Hazard Communication (HAZCOM) Program.

## **18. Hazard Surveillance Program.**

a. The MEDDAC Safety Manager or Specialist conducts Standard Army Safety and Occupational Health Inspections (SASOHI's) of all MEDDAC/DENTAC/VETCOM facilities IAW AR 385-10, The Army Safety Program. Inspections are conducted to identify safety deficiencies and/or hazards to facilities, equipment, and to critique staff knowledge concerning safety issues.

b. Inspection intervals are semi-annual for patient care areas and annual for all other areas. Inspection intervals are increased for areas where high hazards exist. These inspections are conducted quarterly and include: Logistics Materiel Branch, Logistics Equipment Management Branch, Central Materiel Supply, Radiology Department, Pathology Department, Nutrition Care Division, Emergency Room, Veterinary Services, and all Dental Clinics. If determined by the Safety Office, through a risk assessment based on previous inspections, injury data, etc. that the area is no longer "high risk" and in need of quarterly inspections, these sections will be placed back on the regular schedule unless or until more frequent inspections are required. Three basic areas are looked at during the inspections:

- 1) Documentation
- 2) Employee knowledge
- 3) Site review for hazards; verify appropriate safety equipment; and correct use of safety equipment, to include PPE

c. It is recommended that the Supervisor/NCOIC accompany the Safety Manager during inspection. Inspection report will list deficiencies, to include recommended corrective action, and forwarded to Department Chief/NCOIC for action. A response addressing corrective action taken is required to be returned to the Safety Office by the section/department/clinic NCOIC/Supervisor by the suspense date.

d. All immediate danger to life and health (IDLH) safety deficiencies or hazards that occurred shall be discussed and corrective action reviewed during Environment of Care Committee meetings.

e. Occupational Safety and Health Administration (OSHA) Poster 2203 or DD Form 2272, Job Safety and Health Protection, explains employee rights under OSHA. Poster is displayed on safety bulletin boards within hospital and in all outlying MEDDAC/DENTAC/VETCOM facilities.

f. Employees have a right to report any unsafe or unhealthful working condition. DA Form 4755, Employee Report of Alleged Unsafe or Unhealthful Working Conditions, may be used to report problem area(s). Report will be forwarded to MEDDAC Safety Office upon completion. The Safety Manager will investigate complaint within two (2) working days upon receipt of report.

g. Hospital maintenance contractor is responsible for maintaining all grounds and equipment surrounding Evans Army Community Hospital. Contractor administered by the Directorate of Public Works (DPW) maintains grounds and equipment surrounding outlying MEDDAC/DENTAC/VETCOM facilities located on Fort Carson, Pueblo, CO., and the Utah health clinics.

h. In addition to the inspections conducted by the MEDDAC Safety Office, supervisors are responsible for conducting periodic, documented inspections of their work area to identify hazards. Any hazards identified will be evaluated and tracked. Prompt action is required to correct significant-risk hazards.

#### **19. Hazardous Waste/Hazardous Material and Regulated Medical Waste Programs.**

a. Hazardous chemicals/materials shall not be stored in staff/patient lockers. Hazardous chemicals/materials are only authorized to be stored in approved storage areas/cabinets.

b. The Hazardous Waste/Hazardous Material Program will be managed IAW MEDDAC Reg 40-5-6, Hazardous Material/Hazardous Waste Management Program.

c. The Regulated Medical Waste Program will be managed IAW MEDDAC Reg 40-5-5, Management of Regulated Medical Waste (RMW).

d. The MEDDAC Clinics located at the Pueblo Chemical Depot, Dugway Proving Ground, Tooele Chemical Depot, and Deseret will follow the local installation policies, guidelines, and regulations on chemical safety management.

**20. Ignition Resistance Review of Furnishings.** Requirements are outlined in MEDDAC Reg 420-90, Fire Emergency and Prevention Plan.

#### **21. Indoor Air Quality (IAQ) Responsibilities.**

a. The Environment of Care Committee will:

(1) Address indoor air quality issues per the Occupational Safety and Health Administration (OSHA) and Joint Commission (JC) guidance.

(2) Refer IAQ issues of comfort, dust, temperature and humidity to the Industrial Hygiene Office for evaluation and other appropriate actions.

(3) Refer issues concerning hazardous materials and chemicals to the MEDDAC Safety Office or Environmental Science Officer for evaluation.

b. The Facilities Management Branch (FMB) and Hospital Facility Maintenance Contractor will:

(1) Provide regularly scheduled routine maintenance on all HVAC systems, room exhaust systems, and local exhaust systems.

(2) Investigate all complaints as prioritized by the FMB Chief. Priority will be placed on critical care areas (i.e., operating suites, recovery and isolation rooms) and patient care areas. Other complaints will be handled as soon as possible.

(3) Remediate/abate valid situations as expeditiously as possible.

(4) Route all ventilation system service contracts through the Industrial Hygiene Office for design review.

c. The MEDDAC Safety Manager will:

- (1) Receive complaints from MEDDAC staff.
- (2) Perform an initial data gathering investigation.
- (3) Request the assistance of the Industrial Hygiene Office when applicable, for identification of the problems and recommendations for improvement/remediation.

d. The Industrial Hygiene (IH) Office will:

- (1) Watch for and identify potential IAQ situations and initiate necessary actions to correct the situation when discovered.
- (2) Conduct annual ventilation surveys in operating suites, delivery and isolation rooms.
- (3) Conduct annual certification of all hoods within the MEDDAC/DENTAC/VETCOM facilities and local exhaust systems under IH control.
- (4) Ensure isolation room ventilation is adequate to prevent the spread of contagious diseases when these rooms house infectious patients.
- (5) Investigate IAQ complaints.
- (6) Make recommendations to supervisors, MEDDAC Safety Manager, FMB Chief and the chain of command, as necessary, for the remediation of IAQ issues.

e. NCOIC's and Supervisors will:

- (1) Receive IAQ complaints from their employees and refer these issues to the MEDDAC Safety Manager.
- (2) Ensure that ventilation grills and registers, in their respective areas, are not blocked with tape, cardboard or other materials that restrict airflow.
- (3) Follow proper procedures to ensure that laboratory hoods and local exhaust ventilation systems are working properly.

f. All personnel will report unusual gas odors to the hospital maintenance contractor immediately.

## **22. Job Hazard Analysis (JHA).**

a. A JHA analyzes individual tasks to increase the knowledge of hazards in the workplace and focuses on integration of accepted safety and health principles and practices into a particular operation. It focuses on hazards before they occur and the relationship between the worker, the task, the tools, and the work environment.

b. The JHA examines each basic step of a job to identify potential hazards and to determine the safest way to do the job.

c. The term "job" or "task" are interchangeable and mean a specific work assignment such as "operating a grinder". JHAs are not suitable for jobs defined too broadly or too narrowly.

d. The JHA has four basic stages:

- (1) Selecting the job to be analyzed.
- (2) Breaking the job down into a sequence of steps, this is very similar to a task analysis.
- (3) Identifying potential hazards.
- (4) Determining preventive measures to overcome these hazards.

e. The JHA does not consider the risk associated with the hazards identified.

f. Due to resources, time, and other practical constraints limiting analyzing all jobs, the Safety Office will identify the jobs and/or sections/areas/clinics with the greater need to be analyzed based on accident reporting history and professional knowledge.

g. The following factors will be considered when prioritizing the JHA completion:

- (1) Jobs where accidents occur frequently.
- (2) Jobs where accidents occur infrequently but result in disabling injuries.
- (3) The consequences of an accident, hazardous condition, or exposure to harmful substance are potentially severe.
- (4) Newly established jobs where hazards may not be evident or anticipated.
- (5) Modified jobs where changes in job procedures may have introduced new hazards.
- (6) Infrequently performed jobs and non-routine jobs.

h. Supervisors are responsible for completing a JHA for each job within their area of responsibility.

i. The Safety Office will review all completed, submitted JHA's and maintain a master file.

**23. Latex Allergy Policy.** The Latex Allergy Policy will be conducted IAW Appendix B of this regulation.

**24. Materiel Handling.**

a. Safe materiel handling will reduce the risk of material handling related injuries (sprains, back injuries, falls, over exertions, and so on).

b. Proper lifting techniques will be followed. Lift straight up using legs, not the back, hold the object close to the body. Do not twist. For objects, which are heavy, bulky, big, etc., ask for assistance; do not try to lift it alone.

c. Where mechanical handling equipment is used, sufficient safe clearances will be allowed for aisles, at loading docks, through doorways, and wherever turns or passage must be made.

d. Lifting devices will comply with OSHA Regulations regarding use, maintenance, training, etc.

e. Storage of materiel will not create a hazard. Bags, containers, bundles, etc stored in tiers will be stacked, blocked, interlocked, and limited in height so they are stable and secure against sliding or collapsing.

f. Heavier items will be stored on mid-range shelves.

g. Storage areas will be kept free from accumulation of materials that constitute hazards from tripping, fire, explosion, or pest harborage.

**25. Medical Device Recalls and Hazard Notices.** When medical device recalls and hazard notices from government agencies and manufacturers are received, the user of the item will be notified. As a general rule, Logistics Division, Equipment Management Branch, will take corrective action and the item will be withdrawn from use, returned to manufacturer, etc. Typical product recall notices for items other than medical devices will be investigated by the MEDDAC Safety Office, Facilities Management Branch, or Materiel Division and forwarded to the Equipment Management Branch, and other sections/departments which may be affected, for action if necessary.

**26. Motor Vehicle Safety (All Terrain Vehicles).**

a. An ATV, as defined by the DODI, is a motorized vehicle with three or four wheels, low pressure tires, a wheelbase of 50 inches or less, and overall weight of 600 pounds or less. An ATV has a handlebar for steering and a seat designed to be straddled.

b. When an ATV, golf cart, patient transport vehicle, etc is obtained by a section/clinic/company/battalion/etc assigned or attached to the MEDDAC/DENTAC/VETCOM, an SOP will be written prior to placing the vehicle in operation.

c. The SOP will be reviewed by the Facility Safety Office, Facility Management, Equipment Management, and if it will be used in conjunction with patients, the Patient Safety Officer.

d. The SOP will include, at a minimum, the following topics. Who, what, when, where, and how will all be addressed within.

- 1) Training (for driver, maintenance personnel, etc)
- 2) Safety Equipment (for the driver and passengers)
- 3) Vehicle Safety Equipment
- 4) Preventive Maintenance Schedule
- 5) Storage Requirements (location, re-charge?)
- 6) Service/driving route
- 7) Adverse Weather Safety (further precautions to take during rain, sleet, snow, hail, etc.)
- 8) The following PPE is mandatory for all persons while operating or riding as a passenger on an

ATV.

- a) DOT certified helmet, properly fastened under the chin.
- b) Impact or shatter resistant goggles or full-face shield properly attached to the helmet.
- c) Sturdy footwear (leather boots or over the ankle shoes are strongly encouraged)
- d) Long sleeved shirt or jacket, long trousers, and full-fingered gloves or mittens.

## **27. Motor Vehicle Safety (POV, AMV, Motorcycle).**

a. POV.

(1) All personnel operating or riding in motor vehicles shall wear safety belts. The vehicle operator is responsible for informing passengers of the safety belt requirement and the senior occupant is responsible for ensuring enforcement.

(2) Occupant protective devices (i.e. seatbelts) will be worn by all Soldiers driving or riding in a POV whether on or off the installation.

(3) Soldiers will report to the commander, any traffic violations received from traffic authorities, on or off post.

(4) All personnel, to include Family members, guests, and visitors, will wear occupant protective devices (i.e. seatbelts) at any time on an Army installation.

(5) The wearing of any portable headphones, earphones, or other listening devices (except for hands free cellular phones) while operating a motor vehicle on the installation is prohibited. The wearing of headphones or earphones while operating any motorized vehicle is prohibited in the State of Colorado.

(6) Vehicle operators on DOD installations and operators of Government-owned vehicles shall not use cellular phones unless the vehicle is safely parked or unless they are using a hands free device. The only exceptions to this prohibition are emergency responders, such as the ambulance.

(7) Vehicle operators will not operate a vehicle for 8 hours after consuming intoxicating beverages, or longer if residual effects remain.

b. AMV.

- (1) The senior occupant is responsible for the overall safety of the occupants. They will:

- (a) Ensure the vehicle is operated in a safe manner and in accordance with applicable AMV standards and traffic safety laws.
- (b) Ensure that the driver is licensed on the vehicle to be operated.
- (c) Prevent drivers who appear fatigued or who are physically, emotionally, or mentally impaired from operating a vehicle.
- (d) Ensure vehicle occupants use seatbelts at all times.
- (e) Ensure that drivers obey headphone and listening devices, operator distraction, and alcohol consumption restrictions.
- (f) Ensure the authorized seating capacity of the vehicle is not exceeded.
- (g) Report hazardous operating conditions of vehicles to the vehicle dispatcher (Logistics).

(2) Motor vehicle operators are responsible for the following:

- (a) Operating vehicle in a safe and prudent manner.
- (b) Reporting use of prescription or non-prescription medication that could reasonably impair driving or alertness to immediate supervisor.
- (c) Reporting hazardous operating conditions of vehicles to the vehicle dispatcher (Logistics).
- (d) Reporting accidents immediately to the supervisor and to the vehicle dispatcher (Logistics).
- (e) Ensure cargo is properly loaded and secured prior to and during transport.
- (f) Wearing installed restrain systems (seatbelts) and enforcing the requirement for passengers.
- (g) Safely ensuring highway warning devices (warning triangles) are properly displayed when the vehicle stops on or beside the traveled portion of the roadway.
- (h) Using ground guides per regulations (FM 21-60 and 21-305)
- (i) Soldiers will report to the Commander, any traffic violations received from traffic authorities, on or off post.

(3) Occupant protective devices (seatbelts) will be worn by:

- (a) All persons in an Army-owned motor vehicle on or off the installation.
- (b) All personnel, to include Family members, guests, and visitors, at any time on an Army installation.
- (c) All Soldiers driving or riding in a POV whether on or off the installation.

(4) Army motor vehicles will be maintained in a safe and serviceable condition.

(5) Before, during, and after vehicle operations, the driver will perform the appropriate safety checks as required by the Transportation Coordinator (Logistics).

(6) Any personnel (active duty Army military personnel at anytime on or off a DOD installation; all army civilian personnel in a duty status on or off a DOD installation; all personnel (to include contractor personnel) in a DOD-owned motor vehicle; and all persons (to include contractor personnel) at any time on an Army installation) operating or riding in an Army motor vehicle will review and follow all guidance outlined in AR 385-10, Chapter 11, Motor Vehicle Accident Prevention.

c. Ambulances will be parked for immediate response in a forward direction; backing will be avoided whenever possible.

d. AMV operators will be provided with at least 8 consecutive hours of rest during any 24-hour period.

e. AMV operators will not drive more than 10 hours in a duty period (including rest and meal breaks). If more than ten hours are needed to complete operations, commanders will assign to each vehicle an assistant driver who is qualified to operate the vehicle.

f. Other operations requiring assistant drivers are:

- (1) More than four hours of the mission is expected to be during darkness.
- (2) Use of a ground guide is anticipated and required.

- (3) Deteriorating weather or road conditions are expected.
- (4) Travel over unfamiliar terrain will require detailed en route navigation.

g. Motorcycle Safety.

(1) Operators of government-owned and privately-owned motorcycles (both street and off-road versions) on Army installations must be appropriately licensed to operate on public highways.

(2) Mini-bikes, pocket bikes, and similar vehicles do not meet Federal highway safety standards and therefore will not be operated on installation roads.

(3) Prior to operation of any motorcycle, Army personnel will successfully complete a Motorcycle Safety Foundation (MSF) or MSF-based rider safety course, or present documentation of previous attendance.

(4) Personnel who operate privately owned ATVs or motorcycles off-road should complete appropriate operator safety training.

(5) When operated on any DOD installation, in both on- and off-road modes, all privately owned motorcycles, mopeds, motor scooters, and ATVs (when equipped) must have headlights turned on at all times.

(6) Motorcycles shall be equipped with both a left-hand and right-hand rear view mirror mounted on the handlebar or fairing.

(7) The following PPE is mandatory for the following personnel while operating or riding as a passenger on a motorcycle, moped, or ATV: all Army military personnel at any time, on or off a DOD installation; all Army civilian personnel in a duty status, on or off a DOD installation; and all persons at any time on an Army installation.

- (a) Helmets, certified to meet DOT standards, must be properly fastened under the chin.
- (b) Impact or shatter resistant goggles, wraparound glasses, or full-face shield properly attached to the helmet must meet or exceed ANSI Safety Code Z87.1, for impact and shatter resistance.
- (c) Sturdy footwear, leather boots, or over the ankle shoes must be worn.
- (d) A long sleeved shirt or jacket, long trousers, and full fingered gloves or mittens designed for use on a motorcycle must be worn.
- (e) Reflective vest, strap, material, etc.
- (f) For off-road operations, operators and riders must use addition PPE, such as knee and shin guards and padded full fingered gloves.

(8) Motorcycle operators may wear motorcycle helmets equipped with operator-passenger intercom systems.

(9) The Motorcycle Mentorship Program is newly established on Fort Carson and the MEDDAC, DENTAC, and VETCOM encourage participation in the Installation program.

**h. Vehicle operators will not operate a vehicle for 8 hours after consuming intoxicating beverages, or longer if residual effects remain.**

**28. Off-the-Job Safety.**

a. Supervisors will promote off the job safety through various in-services addressing topics such as those listed below.

- (1) Biking
- (2) Boating/Kayaking/Jet-Skiing
- (3) Camping

- (4) Celebration of Holidays
- (5) Change of Seasons
- (6) Family Outings, Parties, and Celebrations
- (7) Family Safety Plans
- (8) Food
- (9) Hiking
- (10) Hunting/Fishing
- (11) Land Sports
- (12) Public Safety
- (13) Recreational Safety
- (14) Water Sports
- (15) Weather
- (16) Other topics. For example, other activities employees participate in such as rock climbing, parachuting, skiing, snowboarding, etc.

b. Training slides, information, and assistance can be obtained from the Safety Office.

### **29. OSHA Inspections.**

a. The MEDDAC Safety Manager or Safety Specialist is the MEDDAC, DENTAC, and VETCOM Commanders' OSH liaison.

b. If an inspector appears at the worksite, immediately contact the Safety Office. If neither the Safety Manager nor Safety Specialist is available, contact Logistics (6.7710/6.7864).

c. The appropriate individuals will then be contacted and guidance from the AR 385-10 (Chapter 17) and the DA PAM 385-10 (Chapter 8-6) will be followed.

### **30. Other Safety Requirements.**

a. Facilities.

(1) Personnel must notify Facility Management Branch prior to changing a rooms' occupancy.

(2) No "hand-made" or computerized signs are allowed to be used at Fort Carson MEDDAC facilities. All signs must be requested through Facilities Management Branch. This will assist in insuring the occupancy for rooms meets regulations/standards/guidelines.

(3) The facilities (built environment) are designed, built, and maintained to established criteria.

(4) Space, equipment and privacy for individuals served are determined and provided by Facilities Management Branch and MEDDAC Safety Office.

(5) Lighting and ventilation needs are reviewed and provided by Facilities Management Branch (FMB) and MEDDAC Safety Office.

b. Furnishings.

(1) Furniture, equipment, blinds, carpets, and floors will be kept in a good state of repair. Personnel will report any issues with such to the FMB.

(2) Desk drawers and file cabinets will be kept closed when not in use.

(3) Tops of file cabinets will be kept clear of objects that may fall.

(4) Safety rails in bathroom areas (toilets and shower/bath tub) will be present when required and securely fastened to the wall.

(5) Chairs, cartons, boxes or other substitutes will not be used in place of a stepladder to reach high objects.

(6) Defective equipment and/or furniture will be taken out of use and reported to the supervisor for repair or replacement as needed.

c. Further Requirements.

(1) Personal items brought in for use such as rugs will need supervisor approval. Two considerations need to be made. One is cleaning. Who will keep it clean and how often will it be cleaned. The other is flammability. Is it rated for use in that type of setting? This information is taken from the tag or informational pamphlet and from the regulations. For guidance on cleaning, contact the Housekeeping COR in Logistics. For information or guidance on fire rating, contact the Safety Office.

(2) Air fresheners brought in to the facilities for use, may only be a "neutral" scent, may not be the type that plugs into an outlet, and may not spray to release the freshener.

(3) Electric fans, microwave ovens, and sterilizers will be operated IAW their design.

(4) Power tools and equipment will not be left unattended.

(5) While seated, chair legs will remain on the floor.

(6) Numerous factors may exist which contribute to or cause accidents. Staff are encouraged to be alert for, correct, or report to their supervisor, any hazardous situation or mechanical discrepancy with equipment utilized on wards.

(7) All refrigerators will be labeled (Staff Food and Drink Only, Medications Only, etc). Lettering requests are made by contacting FMB.

(8) Consumption of food and/or drink is not allowed in an area/situation where hazardous chemicals are in use and/or blood/body fluids may be present.

(9) No employee, with the exception of Housekeeping and Maintenance Contractors, will work at a height requiring the use of a fall protection system.

(10) The fall hazards more commonly noted is the loading docks, ladders, and stairwells.

(11) All employees will utilize the stairs provided at the loading docks when ascending or descending the docks.

d. All areas will be kept free of clutter.

(1) All hallways and doorways will be kept free of unnecessary medical/non-medical equipment.

(2) All corridors and passageways are to be kept clear of tripping hazards such as electrical cords, open drawers, personal belongings, etc.

(3) Food service carts, medicine carts, over-bed tables, food trays, and related ward equipment will be placed in such a manner as to avoid creating a tripping hazard.

(4) The only items allowed in corridors, per NFPA 101, Life Safety Code, and MEDDAC Regulation 420-90, are: crash carts, janitor carts in use, and food service carts in use. The section/clinic must have procedures for removing these items from corridors upon activation of the fire alarm system.

e. Observe "wet floor" signs displayed by Housekeeping.

(1) NCOIC/Supervisor will provide staff and patients with instructions and precautions regarding traffic during waxing of floors by housekeeping.

(2) Housekeeping personnel must use appropriate warning signs when mopping to reduce possibility of staff/patient slipping or falling due to wet floors. Infractions of safety precautions by housekeeping personnel will be reported to COR, Housekeeping.

f. If a spill (not a chemical spill) is noticed on the floor of the facility, housekeeping will be notified immediately. To prevent possible injuries, the spill will not be left "unattended". Either mark it in some way or wait for housekeeping to respond.

g. Spills and breakage will be cleaned up immediately.

(1) Personnel will consult the MSDS for a hazardous chemical spill and report the spill to the Safety Manager.

(2) Razor blades, syringes, needles, and other sharp items will be properly used and disposed of in sharps containers.

h. Good housekeeping will be maintained at all times. Particular attention should be taken in break areas.

i. Fall Protection.

(1) When working six feet or more above ground, or the next lower level, fall protection will be provided as required by OSHA. The personnel working will also have the required training in the use and maintenance of said equipment.

(2) When using a ladder, the top will never be used as a step. The ladder will be repositioned if fifty-percent of the body is outside the ladder edge. For example, if reaching to the side and the belt buckle is at or outside the ladder, the ladder must be repositioned to prevent the ladder from tipping and/or personnel from falling.

(3) All ladders and step stools must have non-slip features where they connect with the floor.

### **31. Patient Safety.**

a. Safety in Patient Care Areas. For more information see MEDDAC Regulation 40-41, The Patient Safety Program.

(1) Adequate lighting will be provided in all work and patient care areas.

(2) Provide adequate support in lifting patients. Obtain help when lifting heavy or helpless patients.

(3) Use proper body mechanics when treating and/or lifting patients. A patient lifting device is provided for use by employees and will be used when the situation warrants it.

(4) When using heating pads (K-pads, warming blankets), always place a cover on the pad or wrap it in a towel.

(5) When using ice bags, always place a cover over the bag or wrap in a towel.

(6) Under no circumstance will towels be heated in microwave ovens.

(7) Bed rails and crib sides will be raised and/or secured in position following patient care.

(8) Beds of confused or elderly patients will be kept in the "low" position.

(9) Lamps will not rest on beds and no high wattage bulbs (over 60 watt) will be used in bed lamps.

(10) Hand rails/grab bars are required in patient showers/restrooms.

(11) NCOIC/Supervisor will provide staff instructions and safety precautions to take while assisting patients in showers, bath tubs, in and out of wheelchairs, and when patients operate wheelchairs. Precautions will be taken when personnel assist patients.

(12) Showers (patient and staff) will have a non-slip surface.

b. Attendance and Transportation of Patients.

(1) Wheels on beds, litters, and wheelchairs will be in the locked position whenever transferring patients to and from beds, litters, and wheelchairs. (Wheels on beds used for ambulatory patients should remain locked).

(2) Wheelchair patients will have a safety strap securely fastened, when in use. Wheelchairs will have footrests, a safety strap and brakes that operate properly. Any wheelchair not in proper operating condition or missing one of these safety features will be turned-in to Equipment Management Branch for repair.

(3) Patients on stretchers will be transported in a feet first direction.

(4) Patients will not be left unattended when lying on an examination table.

(5) Provide wheelchair patients adequate instructions in the use of wheelchairs. Caution patients against stepping on foot rest.

(6) Provide proper instructions for patients who use crutches.

c. Infant and Pediatric Patients.

(1) The side rails will be up when an infant or small child is in bed.

(2) Safety pins, small or potentially dangerous objects will not be left lying within reach of small children. Medications and electrical equipment will be kept out of their reach.

(3) Toys and clothing will be checked for loose buttons, items that could be swallowed, or items with removable paint.

(4) Hot water bottles and K-pads will not be used on an infant.

(5) Always test temperature of bath water (not to exceed 37-38 degree Celsius or 98-100 degree Fahrenheit) before bathing an infant or small child.

(6) All toys kept for use by patients and/or visitors will be cleaned and disinfected after use but at a minimum, daily. For more information, contact the Infection Control Office.

(7) Children will be supervised by a parent or guardian at all times; never left alone or unattended. Horseplay is not permitted.

(8) Children are not allowed to be seated on counters or desks, even if restrained in an infant seat.

d. Nurse Call System/Response.

(1) No employee will decrease the volume of a nurse call system.

(2) All employees will know how to rescue a patient who may be locked within a restroom. All will know the location and use of the key for restrooms within their area of responsibility.

e. Clinical Alarms.

(1) No employee will decrease the volume of a clinical alarm, whether on a system or piece of medical equipment.

(2) Medical Maintenance will test the clinical alarms on all equipment with that feature during the PM/Calibrations.

(3) FMB will test the alarms on their systems.

(4) Personnel will test medical equipment alarms prior to use to insure they are working and can be heard.

(5) Three sections are required to have a Clinical Alarm SOP. These are Mother-Baby Unit, Labor and Delivery, and Family Care Ward. All personnel in the section must review the SOP and know the special procedures/precautions for these areas.

**32. Pedestrian Safety.**

a. Any pedestrian crosswalks located within the facility parking areas will be marked and identified as such.

b. Individuals are not authorized to skate, jog, run, or walk on roadways during high traffic density and peak traffic periods. Use the walking/jogging trails that have been established around the installation.

c. Personnel running, not in troop formation, will wear reflective vests or belts during hours of limited visibility.

d. The wearing of portable headphones, earphones, ear or other listening devices while jogging/running, bicycling, or skating/skateboarding on or adjacent to roadways or roadway intersections on DOD installations is prohibited.

e. Approved protective headgear will be worn while using powered and non-powered scooters, skateboards, roller skates, and roller blades. Hand, elbow, and knee protection is highly recommended for these types of activities.

f. Issued personal protective equipment:

(1) Fluorescent or reflective PPE shall be provided to and used by all personnel who are exposed to traffic hazards as a part of their assigned duties, for example, marching/running/jogging troops, road guards, etc.

(2) Troop formations, during periods of reduced visibility, will post front and rear guards 30 meters in front and to the rear.

(3) Troop formations moving on roadways during periods of darkness will be provided flashlights with wand or luminescent chemical lights.

**33. Radiation Safety Program.** The Radiation Safety Program will be managed IAW MEDDAC Reg 11-9, Radiation Safety Program.

**34. Range Safety.**

a. When personnel attend the Range, a minimum of two fire extinguishers will be taken in the transport vehicle. These can be obtained from the Safety Office.

b. All personnel will follow the Installation Range Safety rules and regulations.

**35. The Respiratory Protection Program** for the MEDDAC is located on the Evans web page in MEDDAC Regulation 40-407.

**36. Safe Medical Devices Act.** When/if a piece of medical equipment and/or device is suspect in contributing to an adverse affect on a patient:

a. Employee will:

(1) Notify the Safety Office immediately (within the first hour) at 6.7371/4.5586/6.7710.

(2) Turn in the equipment/device and all consumables and disposables (any item used in conjunction with the equipment) within the hour to the Safety Manager for lockup and further testing. The equipment will be turned in as it was used. DO NOT change or adjust any settings/dials/etc on the equipment prior to turning in. Bring it as used during procedure in which incident occurred.

b. If after duty hours, weekend, etc., contact the AOD to call the Safety Manager via cell phone. Secure the equipment until it is picked up.

c. Refer to Appendix D for further information.

**37. Safety Awards Program.** The Safety Awards Program will be conducted IAW Appendix A of this regulation.

**38. Safety Documentation/Book(s).**

a. Every clinic/section/area will have a Safety Book that is kept available to all personnel, on all shifts, at all times. There are several options to select from. Whichever works best for your clinic may be selected.

(1) One book which contains all the items listed.

(2) Two books: a Fire Book which contains items (11, 12, 13, and 14) and a Safety/MSDS Book which contains the other items listed and "14".

(3) Three books: an MSDS Book which contains items (2, 3, 4, 5, 6, 7, and 14); a Safety Book which contains items (1, 8, 9, 10, and 14); and a Fire Book which contains items (11, 12, 13, and 14).

b. The book(s) will include the following items.

(1) Copy of the MEDDAC Regulation 385-10, MEDDAC Safety Program

(2) Copy of the MEDDAC Regulation 385-10-1, Hazard Communication (HAZCOM) Program

(3) Copy of the MEDDAC Regulation 40-5-5, Management of Regulated Medical Waste (RMW)

(4) Copy of the MEDDAC Regulation 40-5-6, Hazardous Material/Hazardous Waste Management Program

(5) Most recent (dated within last 12 months) copy of the Chemical Inventory

(6) All associated material safety data sheets

(7) MSDS data base search instructions

(8) Most recent copies of Inspection Reports and response (12 months)

(9) Accident Packet and Forms

(10) Copy of the most recent sign in roster for the Safety and the Life Safety/Fire Prevention Area-Specific Training.

(11) Copy of the MEDDAC Regulation 420-90, Fire Emergency and Prevention Plan

(12) Copies of Fire Inspections (12 months)

(13) Copies of Fire Exit Drill Reports (12 months)

(14) A Review Sheet in the front of each book

c. All items must be current.

d. All must be reviewed annually by all personnel who are assigned to the clinic/section. If any changes are made and/or new regulations made available, all personnel must review those changes.

e. The book(s) must be in place prior to a clinic/section opening (if in a new area/location or if a new clinic). At a minimum the book(s) must be in place and reviewed by all assigned personnel within two weeks of opening.

f. For assistance or clarification, contact the Safety Office.

### 39. **Safety Training.**

a. A safety briefing will be included in Hospital Newcomer Orientation and for all employees during Birth Month Training.

b. All employees will have an Environment of Care Initial Competency Assessment form located within their competency folders. These will be completed within two weeks of hire or re-assignment to another duty location.

c. Supervisors will provide in-services to employees and students on specific department/section safety programs and job related hazards. In-services will be conducted within two weeks for all new employees and on an annual basis thereafter. In-services shall be documented and maintained in employee competency files.

d. In-services and/or annual training can be scheduled by contacting the MEDDAC Safety Office. Information is available on a variety of safety related topics (on-duty and off-duty) and can be obtained upon request.

e. Training will also be given by the supervisors prior to holidays/long weekends.

f. Training is required per various regulations on many topics. Refer to Appendix F for the list of training required, frequency, and by whom. All affected personnel are required to maintain current training.

### 40. **Sharps Safety.**

a. Personnel must be aware of proper storage and disposal of needles and syringes.

(1) Needles and syringes will be stored in accordance with the MEDDAC Security Plan.

(2) Used needles, unused needles, and nay syringes with attached needles will be disposed of in sharps containers. The containers are located throughout the facilities and in most cases secured to the facility.

(3) Other sharps waste may be created. For example, glass vials. These need to be disposed of in puncture proof containers, not "regular trash".

b. Upon request, Housekeeping will provide puncture proof disposal containers for glass or sharps.

c. Housekeeping has the responsibility for changing out all sharps containers.

d. No covered sharps bracket will be left without a sharps container inside.

### 41. **Standards for Handling Medical Gases.**

General standards.

(1) Compressed gas cylinders will be separated (empty and full) and secured (either in racks or separate individual chains) at all times.

(2) Identify (tag) empty cylinders and store them separately from full or partially full cylinders. If stored in the same rack, a complete row must be blocked off to separate the full and empty cylinders. Signs on the rack (FULL and EMPTY) will be posted to indicate the storage side.

(3) Valve safety caps will be in place on stored cylinders (with threaded necks) until pressure regulator or needle valves are attached.

(4) Cylinder contents must be permanently identified on the cylinder, color coding alone is not acceptable. Tags may not be removed.

(5) Cylinders will not be moved on hand trucks, carts, or dollies (unless designed for such purpose) and never rolled, dragged or hand-carried.

(6) Employees must not attempt to repair cylinders or force stuck or frozen valves.

(7) Cylinders will only be used for their intended purpose.

(8) Cylinder storage will be protected from extreme heat, cold, and access by unauthorized personnel.

(9) Oxidizing gases (such as oxygen and nitrous oxide) will be stored separately from flammable gases or liquids.

(10) Flammables and combustible materials will not be stored with medical gases.

(11) Smoking is unauthorized in any area where flammable gases or liquids are used or stored.

(12) All oxygen will be tested for quality and composition upon arrival at the MEDDAC. This will be IAW MEDDAC Reg 40-61-3, Medical Services, Medical Gas Cylinders and Bulk Liquid Oxygen. This test will be documented on the tag (DD 1191) attached to the neck of each cylinder. Tags may not be removed.

(13) No adapters will be used to make a regulator fit a cylinder. Each cylinder has a specific receiver and to use any other provides potential for using the wrong gas/air.

42. **Standing Operating Procedures (SOP).** Safety standing operating procedures (SOP) for patient care and administrative areas are the responsibility of the NCOIC/Supervisor. The SOP will address any area-specific issues not covered in this regulation.

a. Areas/clinics/sections considered a "high risk" are required to have a site-specific SOP. These sections include: Logistics, Materiel Branch, Logistics, Equipment Management Branch, Central Materiel Supply, Radiology Department, Pathology Department, Nutrition Care Division, Emergency Room, Veterinary Services, and all Dental Clinics (an overall DENTAC SOP is acceptable if it addresses the issues for all clinics).

b. The draft SOP will be routed through the employees of the section/clinic/area and the Safety Office for review and comment.

c. The draft will also be sent to anyone else affected by the procedures (i.e. anyone with responsibilities noted).

- d. Once the draft is in final form, the Department or Section Chief will review and validate (sign/date).
- e. SOP's will be maintained in each department/section and reviewed as frequently as necessary, but at least every three years.
- f. An electronic version (word document) of the final SOP will be sent to the Safety Office.

#### **43. Strategic Planning and Goals.**

- a. Each fiscal year, the Safety Office will identify strategic goals and the plans required to achieve these goals. The goals will be based on higher-level goals (i.e. Army, MEDCOM) and will be consistent with the Army's goals that have been established by the Chief of Staff Army (CSA).
- b. The goals must be part of the Command/Organization's mission objectives. The goals will support overall Command objectives by helping keep personnel safe and ready for duty.
- c. Goals that directly affect the safety of personnel and directly support mission requirements will receive higher priorities. They will be measurable and discussed/approved in the Safety Committee.
- d. Once the goals are determined, a strategic plan to achieve each goal will be developed. This will also be sent through the Safety Committee.
- e. The Commander will be the final approving authority for the goals and subsequent plans.
- f. The status will be reported in the Environment of Care/Safety Committee. These minutes and reports are sent to the Commander for review and signature.

#### **44. TRiPS.**

- a. Prior to long weekends and as part of TRiPS, stress and fatigue is presented to Active Duty personnel during formation.
- b. If issues arise out of the POV Risk Assessment (TRiPS), the Company Commander will not approve the request.
- c. Any military personnel, prior to leave, pass, TDY, or PCS, will complete the POV Risk Assessment (TRiPS). The supervisors will review the soldiers planning, consult with them on their plans, and work with each soldier to reduce any unacceptable risk.
- d. Any civilian, prior to TDY which involves driving more than 50 miles or a PCS, will complete the POV Risk Assessment (TRiPS). The supervisors will review the planning, consult with them on their plans, and work with the individual to reduce any unacceptable risk.

#### **45. Unsafe and Unhealthy Working Conditions**

- a. Employees have a responsibility to report unsafe or unhealthy working conditions that they may uncover in their day-to-day activities.
- b. These must be reported to the Supervisor. If no action is taken or the employee is not satisfied with the response, the condition can be reported to the Safety Office via telephone, email, or by completing the DA Form 4755 and submitting this to the Safety Office.
- c. Once the reported condition is received, the Safety Office will investigate and send a response to the reporting individual (if known) within five days of receipt.

d. If the condition can not be abated within fifteen days (for safety violation) or thirty days (for health violations), notices will be posted by the supervisor in charge of the workplace in a prominent place where all affected personnel will readily see it.

e. A hazard abatement plan and a plan for improvement will be developed.

#### **46. Water Supplies.**

a. Potable water is purchased by Fort Carson from the City of Colorado Springs and distributed to the MEDDAC/DENTAC/VETCOM via the Directorate of Public Works (DPW) water distribution system. Colorado Springs ensures compliance under the Safe Drinking Water Act. Also, DPW performs random sampling on a monthly basis to ensure potability of the water.

b. The MEDDAC/DENTAC/VETCOM potable water supply will be protected from contamination resulting from back flow by the appropriate installation of vacuum breakers.

c. In the event that the MEDDAC/DENTAC/ VETCOM water supply is deemed nonpotable, an emergency bottled water supply will be provided through Logistics.

### **APPENDIX A DEFINITIONS**

Accident: Any unplanned event or series of events that result in death, injury, or illness to personnel, or damage to or loss of equipment or property.

Accident as defined by DoD: An unplanned event, or series of events, that results in damage to DoD property. Occupational illness to DoD military or civilian personnel, injury to DoD military personnel on- or off-duty; injury to on-duty DoD civilian personnel; damage to public or private property, or injury or illness to non-DoD personnel caused by DoD operations.

#### **Accident Classes:**

Class A: An Army accident in which the resulting total cost of property damage is \$1,000,000 or more; an Army aircraft or missile is destroyed, missing, or abandoned; or an injury and/or occupational illness resulting in a fatality or permanent total disability.

Class B: An Army accident in which the resulting total cost of property damage is \$200,000 or more, but less than \$1,000,000; an injury and/or occupational illness results in permanent partial disability, or when 3 or more personnel are hospitalized as inpatients as the result of a single occurrence.

Class C: An Army accident in which the resulting total cost of property damage is \$20,000 or more, but less than \$200,000; a nonfatal injury or occupational illness that causes 1 or more days away from work or training beyond the day or shift on which it occurred or disability at any time (that does not meet the definition of Class A or B and is a lost time case).

Class D: An Army accident in which the resulting total cost of property damage is \$2,000 or more, but less than \$20,000; a nonfatal injury or illness resulting in restricted work, transfer to another job, medical treatment greater than first aid, needle stick injuries and cuts from sharps that are contaminated from another person's blood or other potentially infectious material, medical removal under medical surveillance requirements of an OSHA standard, occupational hearing loss, or a work-related tuberculosis case.

Class E-F: aviation accident classes.

Army Accident: An Army accident is an accident that results in injury or illness to either Army or Non-Army personnel, and/or damage to Army or non-Army property, as a result of Army operations caused by the Army.

Army Motor Vehicle (AMV): Any vehicle that is owned, leased, or rented by DA and/or Reserve Components. A vehicle that is primarily designed for over-the-road operations. A vehicle whose general purpose is the transportation of cargo or personnel.

Emergency: An event for which an individual perceives that a response is essential to prevent or reduce injury or property damage.

Facility: An area within a building that provides appropriate protective barriers for persons working in the facility and the environment external to the facility, and outside of the building.

Hazard: Any actual or potential condition that can cause injury, illness, or death of personnel or damage to or loss of equipment, property, or mission degradation, or a condition or activity with potential to cause damage, loss, or mission degradation.

Hazard Analysis: A hazard analysis is a clear, systemic, concise, well defined, orderly, consistent, closed-loop, quantitative or qualitative and objective methodology used to identify possible hazards within a mission, system, equipment or process that can cause losses to the mission, equipment, process, personnel, or damage to the environment.

Hazardous Materials: Means any material that has been designated as hazardous and is required to be placarded or any quantity of material listed as a select agent or toxin. Substances that have hazardous characteristics such as flammable, corrosive, reactive, toxic, radioactive, poisonous, carcinogenic or infectious, having properties capable of producing adverse effects on the health and safety or the environment of a human being. Any substance or material that, when involved in an accident and released in sufficient quantities, poses a risk to people's health, safety, and/or property. These substances and materials include explosives, radioactive materials, flammable liquids or solids, combustible liquids or solids, poisons, oxidizers, toxins, and corrosive materials.

Hospitalization: Admission to a hospital as an inpatient for medical treatment.

Illness and/or Disease as defined by DoD: A non-traumatic physiological harm or loss of capacity produced by systemic; continued or repeated stress or strain; exposure to toxins, poisons, fumes, etc, or other continued and repeated exposures to conditions of the environment over a long period of time.

Imminent Danger: Conditions or practices in any workplace that pose a danger that reasonably could be expected to cause death or severe physical hardship before the imminence of such danger could be eliminated through normal procedures.

Inherent Risk: An existing or permanent hazard (such as voltage).

Injury: A traumatic wound or other condition of the body caused by external force, including stress or strain. The injury is identifiable as to time and place of occurrence and member or function of the body affected, and is caused by a specific event, incident, or series of events or incidents within a single day or work shift.

Inspection: Comprehensive survey of all or part of a workplace in order to detect safety and health hazards. It is also the process of determining compliance with safety and health standards through formal and informal surveys of workplaces, operations, and facilities.

Investigation: A systematic study of an accident, incident, injury, or occupational illness circumstance.

Job Transfer: When an employee/Soldier is assigned to a job other than his/her regular job for part of the day as a result of an injury or occupational illness.

Medical Treatment: Medical treatment is the management and care of a patient to combat disease or disorder. It does not include visits to a physician or licensed health care professional solely for observation or counseling, diagnostic procedures, or first aid.

Motor Vehicle Accident as defined by DoD: A DoD accident involving the operation of a motorized land vehicle by DoD personnel. A DoD accident involving the operation of a DoD-owned motorized land vehicle by non-DoD personnel while operationally controlled by a DoD Component.

Motorcycle: Powered 2- and 3-wheeled vehicles, including mopeds and motor-bikes.

Occupational Hazard: Conditions, procedures, and practices directly related to the work environment that creates a potential for producing occupational injuries and illnesses.

Occupational Illness: Non-traumatic physiological harm or loss of capacity produced by systemic infection; continued or repeated stress or strain; or other continued and repeated exposures to conditions of the work environment over a long period of time. For practical purposes, an occupational illness is any reported condition that does not meet the definition of an injury.

Occupational Injury: A wound or other condition of the body caused by external force, including stress or strain. The injury is identifiable as to time and place of the occurrence and a member or function of the body affected, and is caused by a specific event, incident, or series of events or incidents within a single day or work shift.

Off-Duty: Army personnel are off-duty when they:

- Are not in an on-duty status, whether on or off Army installations
- Have departed official duty station, TDY station, or ship at termination of normal work schedule
- Are on leave and/or liberty
- Are traveling before and after official duties, such as driving to and from work
- Are participating in voluntary and/or installation team sports
- Are on permissive (no cost to Government other than pay) TDY
- Are on lunch or other rest break engaged in activities unrelated to eating or resting.

On-Duty: Army personnel are considered on-duty, for purposes of Army accident reporting and recording, when they are:

Physically present at any location where they are to perform their officially assigned work. This includes those activities incident to normal work activities that occur on Army installations, such as lunch, coffee, or rest breaks, and all activities aboard vessels.

When being transported by DOD or commercial conveyance for the purpose of performing officially assigned work. This includes reimbursable travel in POVs for performing TDY, but not routine travel to and from work.

Participating in compulsory physical training activities (including compulsory sports) or other installation events.

Over-the-Road: Operation or driving on paved roads/highways.

Permanent Partial Disability: Any injury or occupational illness that does not result in death or permanent total disability but in the opinion of competent medical authority, results in the loss or permanent impairment of any part of the body, with the following exceptions:

- Loss of teeth
- Loss of fingernails or toenails
- Loss of tip of fingers or tip of toe without bone involvement
- Inguinal hernia, if it is repaired
- Disfigurement
- Sprains or strains that do not cause permanent limitation of motion

Permanent Total Disability: Any nonfatal injury or occupational illness that, in the opinion of competent medical authority, permanently or totally incapacitates a person to the extent that he or she cannot follow any gainful employment. The loss or loss of use of both hands, feet, eyes, or any combination thereof as a result of a single accident will be considered as permanent total disability.

Recordable Accident: An Army recordable accident is one which injuries or occupational illness result in:  
Death  
Days away from work

Restricted work activity  
Transfer to another job  
Medical treatment beyond first aid  
Loss of consciousness  
Significant injury or illness diagnosed by a physician or licensed health care professional  
Needlestick injuries and cuts from sharps that are contaminated with another person's blood or other potentially infectious material  
Medical removal under medical surveillance requirements of an OSHA standard  
Occupational hearing loss if the employee has experienced a work-related standard threshold shift (STS) in one or both ears and the employee's total hearing level is 25 dB or more about audiometric zero in same ear(s) as the STS  
Work-related tuberculosis

Residual Hazards: Hazards that are not eliminated by design.

Residual Significant Risk: Any risk remaining in a system after corrective actions have been executed.

Residual Risk: The levels of risk remaining after controls have been identified and countermeasures selected for hazards that may result in loss of combat power. Risks remaining after hazard mitigation measures have been applied.

Restricted Work Activity: Individual's injury is such that they are unable to perform their normal duties (for example, light duty).

Risk: Directly related to the ignorance or uncertainty of the consequences of any proposed action. Risk is an expression of possible loss in terms of hazard severity and hazard probability. Risk is the expected value of loss associated with a loss caused by a hazard expressed in dollars.

Risk Assessment: An evaluation of a risk in terms of loss should a hazard result in an accident and against the benefits to be gained from accepting the risk.

Risk Decision: The decision to accept or not accept the risk(s) associated with an action; made by the commander, leader, or individual responsible for performing that action and having the appropriate resources to control or eliminate the risk's associated hazard.

Safety: Freedom from those conditions that can cause death, injury occupational illness, or damage to, or loss of, equipment or property.

Sports: Includes activities associated with sports, regardless of whether the participation is on-duty or off-duty, Army supervised or unsupervised, and excludes hobbies. Examples: racquetball/paddleball, handball, softball, tennis, soccer, baseball, basketball, football, volleyball, skiing, swimming, scuba diving, golf, boating, hunting, fishing, marital arts, and canoeing.

Workplace: A place (whether or not within or forming part of a building, structure, or vehicle) where any person is to work, is working, for the time being works, or customarily works, for gain or reward. In relation to an employee, includes a place or part of a place, under the control of the employer.

Work-Related Injuries: Injuries or occupational illnesses incurred while performing duties in an on-duty status.

**APPENDIX B**  
**LATEX ALLERGY POLICY**

1. **PURPOSE:** To provide a latex safe environment for all patients, staff and visitors.
2. **SCOPE:** This policy applies to all MEDDAC/DENTAC/VETCOM personnel assigned to Fort Carson, Pueblo Health Clinic, Tooele Health Clinic, Dugway Health Clinic, and Deseret Health Clinic.
3. **Reference:**

MEDCOM Regulation 40-44, 6 June 2002

**4.PRINCIPLES**

a. The term latex mentioned in this policy will refer to natural rubber and should not be confused with synthetic rubber. Natural rubber latex (NRL) comes from the milky sap of the Brazilian rubber tree (*Hevea brasiliensis*). It is composed of rubber hydrocarbon particles suspended in a serum together with a non-rubber substances and water. During the production process, preservatives and accelerators are added which can increase the risk of sensitivity. Synthetic rubber does not contain protein.

b. NRL remains the best barrier against bloodborne pathogens. However, latex protein sensitivity is increasing not only among certain high-risk groups but also with the general population. In recent years latex allergy has been recognized as a significant problem for healthcare workers (HCW) as well as patients. HCW are at risk for developing latex allergy due to repeated use of and exposure to latex gloves. Latex hypersensitivity potentially impacts active duty personnel since NRL free equipment is not readily available in deployable hospital facilities nor is complete avoidance compatible with military readiness.

c. There are three types of reactions, which occur after a latex sensitive individual is exposed to latex.

(1) Irritant Contact Dermatitis results from the direct action of chemicals found in latex or other glove components on the skin. It is not directly mediated by the immune system. The extent of the reaction depends on other physical parameters. It initially presents as erythema, pruritus, and edema, followed by lichenified, crusted plaques on the exposed area.

(2) Type IV allergy to rubber accelerators and antioxidants is an allergic contact dermatitis largely limited to the sites of direct contact of latex to the skin. It is a form of delayed hypersensitivity. Type IV allergy accounts for up to 84% of all occupationally acquired rubber allergy.

(3) Type I NRL allergy can be triggered by contact with latex antigen via cutaneous, percutaneous, mucosal, and parenteral routes of delivery. The majority of systemic anaphylactic reactions occur after mucosal or parenteral exposure.

Table 1: Onset and Symptoms of Latex Sensitivity

	<b>Irritant Contact Dermatitis</b>	<b>Type IV Allergy</b>	<b>Type I Allergy</b>
<b>Onset</b>	Felt immediately. Progresses in 15-20 minutes. Resolves spontaneously in 1-2 hours.	Usually begins within 48-72 hours but can begin as quickly as 8 hours	Extremely variable. Ranges 5-290 minutes after exposure (typically 30 minutes)
<b>Clinical Signs and Symptoms</b>	Immediate, localized pruritus, discomfort and/or stinging over exposed area followed by redness swelling, wheal and flare reaction. May progress to Type IV or Type I	Redness and inflammation over exposed sites. Vesicular and blister formation.	Urticaria, pruritus, diaphoresis, nausea, vomiting, bronchospasm, hypotension, tachycardia, shock, laryngeal edema

(4). Many fruits are clinically involved in association with latex allergy. In addition to banana, avocado pear, and chestnut, several reports have implicated passion fruit, kiwi, papaya, pineapple, orange and other citrus fruit, apple, peach, grapefruit, raspberry, fig, walnut, hazelnut and almond, peanut, watermelon, tomato, celery, and rye flour. Obtaining a complete dietary history is essential in the screening for LA.

**5. RESPONSIBILITIES:**

a. Commander, MEDDAC is responsible for the establishment, implementation and overall supervision of a latex allergy detection and exposure control program.

b. Deputy Commander for Health Services will ensure that all Nursing Care Units (NCU) involved with patient care delivery follow the guidelines outlined in this policy.

c. Deputy Commander for Clinical Services will ensure that all providers follow the guidelines outlined in this policy.

d. All MEDDAC supervisors will ensure that:

(1) All staff personnel and volunteers receive LA education during inprocessing and document competency annually.

(2) All new health care workers/employees are screened by the Occupational Health Clinic for latex sensitivity/allergy (LS/A) and referrals initiated for current employees if symptoms develop.

(3) Latex free (LF) products are available for use by staff members with a documented LA.

(4) All areas involved with patient care will follow the process for LS/A patient identification.

(5) A latex safe environment is provided for high-risk patients in a private room without negative airflow unless admitted with airborne disease.

(6) The nursing care unit (NCU) will communicate to staff and ancillary services, i.e. Pharmacy, Laboratory, Dietary, Radiology, Respiratory and Housekeeping involved with the LA patient of their admission.

(7) All MEDDAC staff members and volunteers follow guidelines outlined in this policy.

e. Surgical Careline Nursing Director will ensure that:

(1) LA patients are scheduled for first case of the day.

(2) CMS is informed of LA case to ensure sets and supplies for the selected case are LF.

(3) All latex containing products are removed from the room and room is cleaned to remove all latex dust.

(4) Clearly visible signs are posted on the OR doors notifying staff of latex precautions.

f. Chief, Anesthesiology will ensure that:

(1) Only LF products are used for patients identified as LA.

(2) LF cart is placed in room.

g. Chief, Pharmacy Services will ensure that all of the medication prepared for the LA patient are LF or prepared by removing rubber stoppers on drugs not available in vials.

h. Chief, Occupational Health (OH) will:

(1) Utilize screening tool (MEDCOM Form 736-R) to identify new employees at risk for LS/A during inprocessing.

(2) Manage the duty status of staff members (military, civilian, and volunteers) identified through the screening process as potentially LS/A per OH Clinic protocol.

(3) Manage the duty status of civilian personnel identified through Workers Compensation Program as potentially having LS/A per OH Clinic protocol.

i. Chief, Logistics Division will:

(1) Obtain expendable latex free medical supplies as needed.

(2) Ensure the restock of the LF carts.

j. Chief, Emergency Medical Services will maintain an emergency crash cart with LF products.

k. Chief, Allergy/Dermatology Clinic will:

(1) Perform testing as necessary to determine LA.

(2) Document in patient or staff's consultation form/chart the test results.

l. Chief, Cardio/Respiratory and EKG will utilize supplies from the LF cart and LF crash cart

m. Administrative Officer of the Day (AOD) will provide access to the LF cart after normal duty hours.

n. All MEDDAC clinics will: Make the LA patient's appointment as early in the morning as possible. Sign out LF cart from Customer Service prior to the appointment. Prior to the patient entering, remove all latex products from the room and position the LF cart.

## 6. PROCEDURE:

### a. Identification:

(1) Identify and document patients who are known or suspected of having a LA.

(2) Upon admission, the Primary Care Provider (PCP) will identify a possible LA patient through a questionnaire of medical, surgical, and occupational history. All health care providers are essential in the identification of the possible LA patient.

(3) Confirmation diagnosis will be obtained through the Allergy or Dermatology Clinic.

(4) In an emergency situation, all high-risk LA patients, especially Type I reactions, should be treated with latex precautions and non-latex items.

### b. Documentation:

Document LA as follows:

Signs and symptoms

Note allergy in CHCS

Place LA sticker on chart

Place LA sign outside of door and in room above the head of the bed.

Document allergy to latex in the patient's chart under "Allergy".

Place purple LA band on patient

c. Disseminate LA information to CHCS, Pharmacy, Lab, OR, Anesthesia, Nutrition Care, Cardio/Respiratory, Radiology, Disease Management, Housekeeping, and other ancillary departments essential for patient care.

d. Patients with a history of Myelodysplasia, Spina Bifada, congenital urinary abnormalities, multiple surgeries, and occupational exposure to latex are at a high risk of being LS/A and will be treated as such without testing. A non-sensitive patient in a high risk group could become allergic at any time.

### e. Nursing Considerations and Procedure:

(1) Provide a latex safe environment for high-risk populations – a private room without negative airflow unless admitted with airborne disease.

(2) Remove all latex containing items from room. If there is a question about a product, remove it from the room and check with the physician. Avoid the use of all latex products. When in doubt, do not use the product.

(3) Sign out LF cart from Customer Service and place outside patient's room – noting emergency protocol drugs for the adult/pediatric patient is posted on cart.

(4) A LF crash cart will be signed out of Customer Service only if patient is classified as having a Type I allergy.

(5) Post LA signs on chart, door outside room, and above head of bed in room.

(6) Notify all ancillary departments of the precautions for the patient (e.g. pharmacy, laboratory, dietary, radiology, and housekeeping) prior to the patient's transfer there. The patient's chart will be flagged with a purple sticker that identifies LA. The patient will have a purple armband identifying LA. Notify the OR ASAP so that patient can be scheduled for first case.

(7) Tape all injection ports on I.V. bags with LF tape to prevent use. DO NOT INJECT OR WITHDRAW FLUID THROUGH THE RUBBER PORT. If medications must be injected into the bag, pull the tab off the I.V. bag and inject medications through there.

(8) Use only LF products from LF cart.

f. Standard Environmental Changes and Cleaning:

(1) Housekeeping, utilizing LF gloves and other LF supplies will terminally clean room prior to admission.

(2) Cover all cords in the room with roller gauze, kerlix or some other non-latex wrap. Use latex free tape to secure.

(3) Assess any item in the room for latex content. Assess any additional items prior to placing in the room.

(4) Bed, arm boards, positioning or prepping aids and equipment containing latex products will be covered with non-latex material (i.e. webril, stockinet, blankets, sheets, towels).

(5) Return/exchange the LF cart in Customer Service for restock daily except on weekends.

(6) LF cart can be obtained from Customer Service after normal duty hours by contacting the AOD.

(7) Use LF blood pressure cuffs if possible. If LF cuffs are not available, cover all rubber tubing, connections, and cuff with a plastic bag or kling in order that no latex comes in contact with the patient's skin

(8) Use a LF stethoscope. Cover tubing if unable to locate a LF scope.

(9) Cover mattress covers carefully and completely (they contain latex). Cover bumpers on stretchers.

(10) Cover latex chest tubing completely with kling or tape.

(11) Use LF syringes. Do not use pre-filled medicated syringes without first contacting the inpatient pharmacy. Ampoules should be used when possible. If not available, remove rubber stopper per pharmacy protocol.

g. Patient Education:

(1) Assess the patient's or family's knowledge of LA and provide them with verbal and written information. Provide them with a list of resources available in the community including support groups and/or LA contacts. Document appropriately.

(2) Ensure patient and family view educational film concerning LA before discharge. (Obtained from Infection Control Library)

(3) Patients identified as having LA are encouraged to wear a Medic Alert device and inform all health care contacts of LA.

(4) Patients are encouraged to maintain an emergency kit at home should it be necessary to call 911. The kit should be based on their personal provider's recommendation. Inform the emergency service ahead of time so they can note it on the 911 screen.

(5) Inform relatives and friends of LA to prevent exposure to latex items such as balloons.

(6) When traveling take the emergency LA kit with them.

h. Staff Education:

All government and contract employees and volunteers will receive mandatory education and training on LA. Documentation of the training will be in their competency files.

7. PROCEDURE FOR HOSPITAL PERSONNEL WITH LATEX ALLERGY:

a. Suspected LA employees will make an appointment with OH for screening and determination and documentation of any work limitations. Occupational Health, in conjunction with the Worker's Compensation Office, will provide education and counseling when indicated.

b. Employees who are highly LA, Type I, may need reassignment to a more controllable LF environment per OH and Worker's Compensation guidelines.

**Appendices:**

A – Inventory for Latex Free Cart

<u>DRAWER</u>	<u>ITEM</u>	<u>SIZE</u>	<u>UNIT</u>	<u>QUANTITY</u>	<u>STOCK #</u>
1	NASO AIRWAY	12	EA	2	18542012
1	NASO AIRWAY	26	EA	2	18542026
1	NASO AIRWAY	28	EA	2	18542028
1	NASO AIRWAY	30	EA	2	18542030
1	NASO AIRWAY	32	EA	2	18542032
1	NASO AIRWAY	34	EA	2	18542034
1	NASO AIRWAY	36	EA	2	18542036
1	ORO AIRWAY		EA	2	2560-2
1	ORO AIRWAY		EA	2	3105-2
1	ORO AIRWAY	MED	EA	2	32068-54-0
1	ORO AIRWAY	SML	EA	2	1168-2
1	ORO AIRWAY	90MM	EA	2	DYND60420
1	ORO AIRWAY	100MM	EA	2	DYND60425
1	DISP STETHOSCOPE (Alt: wrap regular stethoscope in Kerlix)		EA	2	300YELLOW

1	NASAL CANNULA	PED	EA	2	1602
1	NASAL CANNULA	ADULT	EA	2	1103
1	PURPLE ID BANDS		EA	4	
1	SIMPLE MASK	ADULT	EA	2	1083
1	SIMPLE MASK	PED	EA	2	1085
2	ET TUBE (CUFF)	6.5	EA	2	H-65 OR 349965
2	ET TUBE (CUFF)	7	EA	2	340070 OR 81070
2	ET TUBE (CUFF)	7.5	EA	2	340075
2	ET TUBE (CUFF)	8	EA	2	340080
2	ET TUBE (CUFF)	8.5	EA	2	340085
2	ET TUBE (UNCUFF)	3	EA	2	86223
2	ET TUBE (UNCUFF)	3.5	EA	2	100/141/035
<b><u>DRAWER</u></b>	<b>ITEM</b>	<b>SIZE</b>	<b>UNIT</b>	<b>QUANTITY</b>	<b>STOCK #</b>
2	ET TUBE (UNCUFF)	4	EA	2	86225
2	ET TUBE (UNCUFF)	4.5	EA	2	86226
2	ET TUBE (UNCUFF)	5	EA	2	86227
2	ET TUBE (UNCUFF)	5.5	EA	2	86228
3	IV CATH	16	EA	5	CATH INSYTH
3	IV CATH	18	EA	5	CATH INSYTH
3	IV CATH	20	EA	5	CATH INSYTH
3	IV CATH	22	EA	5	CATH INSYTH
3	IV CATH	24	EA	5	CATH INSYTH
3	OP SITES		EA	5	2457
3	SURG GLOVES	6.5	PR	5	30865
3	SURG GLOVES	7	PR	5	30870
3	SURG GLOVES	7.5	PR	5	30875
3	SURG GLOVES	8	PR	5	30880

3	TAPE	2	EA	2	1528-2
3	TAPE	3	EA	2	1528-3
3	TOURNIQUET		EA	3	
3	ACE WRAP	4	EA	2	
3	ACE WRAP	6	EA	2	
4	BP CUFF	ADULT	EA	2	CRIT
4	BP CUFF	SML AD	EA	2	CRIT
4	BP CUFF	INF/CH	EA	2	CRIT
4	BP CUFF	XL	EA	2	CRIT
4	BP CUFF	THIGH	EA	1	CRIT
4	BP CUFF	ADULT	EA	1	HP
4	BP CUFF	SML AD	EA	1	HP
4	BP CUFF	INF/CH	EA	1	HP
4	BP CUFF	XL	EA	1	HP
4	BP CUFF	THIGH	EA	1	HP
4	STOMACH TUBE	10	EA	2	
4	STOMACH TUBE	12	EA	2	
4	STOMACH TUBE	14	EA	2	
4	STOMACH TUBE	16	EA	2	
4	STOMACH TUBE	18	EA	2	
5	ENEMA TUBE		EA	2	2562
5	INFANT CATH (FEEDING TUBE)	5	EA	2	36410
5	INFANT CATH (FEEDING TUBE)	8	EA	2	36400
5	INTER CATH	16	EA	2	907216
5	INTER CATH	18	EA	2	907218
5	IRRIGATION SYRINGE		EA	3	309664

5	FOLEY CATH (ALL SILICONE)	8	EA	2	
5	FOLEY CATH (ALL SILICONE)	12	EA	2	165812
5	FOLEY CATH (ALL SILICONE)	14	EA	2	165814
5	FOLEY CATH (ALL SILICONE)	16	EA	2	175816
5	FOLEY CATH (ALL SILICONE)	18	EA	2	8887-637182
6	ECG ELECTRODE	ADULT	EA	2	2237
6	ECG ELECTRODE	PED	EA	2	2428-2
6	NRB MASK		EA	2	1059
6	AMBU BAG	ADULT	EA	2	
6	AMBU BAG	PED	EA	2	

**APPENDIX C  
PERSONAL PROTECTIVE EQUIPMENT**

**1. General Information.**

a. Personal protective equipment (PPE) used to comply with the OSHA standards will be provided by the Command and at no charge to the employee. This includes items used to protect from infectious agents.

b. The Command will pay for replacement PPE, except when the employee has lost or intentionally damaged the PPE.

c. If an employee requests to use different PPE which meets all requirements, and the employer decides to allow him/her to do so, then the Command is not required to pay for the item.

d. The PPE provided will be properly suited to protect against the hazards of the workplace and fit the employee.

e. PPE will be used and maintained in a sanitary and reliable condition by the employee. Defective or damaged PPE will not be used. It will be replaced immediately.

f. The user is responsible for inspecting their PPE prior to use.

g. Work area assessments are conducted by the supervisor to determine what type of PPE is needed and when it is needed.

h. Supervisors will train all employees required to wear PPE. The topics that will be covered are:

- (1) When PPE is necessary
- (2) What PPE is necessary
- (3) How to put on, take off, adjust, and wear PPE
- (4) The limitations of the PPE
- (5) The proper care, maintenance, useful life, and disposal of the PPE.

i. Each trained employee will demonstrate an understanding of the training and the ability to use PPE properly before being allowed to perform the work requiring the use of PPE.

j. Training is required prior to using the PPE and when there is a change in the PPE and/or its use.

k. The supervisor or Department Chief will determine if the PPE is kept in a secured locker, turned in at the end of the shift, or if this will be an individual employee decision.

l. If an employee fails to bring the PPE back to the workplace, they can be charged for replacement PPE.

m. Employers are not required to pay for:

- (1) Replacement PPE if an employee loses or intentionally damages the PPE issued
- (2) Uniforms, caps, or other clothing worn solely to identify a person as an employee is not considered PPE because such items are not being worn for protection from a workplace hazard
- (3) Denim coveralls, aprons, or other apparel worn solely to prevent clothing and/or skin from becoming soiled (unrelated to safety or health) are not considered to be PPE
- (4) Ordinary clothing used solely for protection from weather, such as winter coats, jackets, gloves, and parkas
- (5) Other ordinary clothing unrelated to protection for safety or health (long sleeve shirts and long pants, back belts, sturdy work shoes, sunscreen, sunglasses, dust masks used under the voluntary use provisions, etc).
- (6) Non-specialty safety-toe protective footwear and non-specialty prescription safety eyewear when permitted to be worn off the jobsite. "Non-specialty" indicates footwear and eyewear not of a type designed for special use on the job (i.e. rubber steel-toe shoes).

## **2. Eye and Face Protection.**

a. Eye and face protection is required when a potential for exposure to flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.

b. Safety glasses with side shields/protectors are required when there is a hazard from flying objects.

c. Chemical safety goggles are required when there is a potential for liquid exposure.

d. Employees who wear prescription lenses will be provided eye protection that incorporates the prescription in its design or eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses.

e. Eye and Face Protection will meet the ANSI Z87.1-1989 standards.

**3. Respiratory Protection.** For appropriate Respiratory Protection contact Industrial Hygiene.

**4. Head Protection.**

a. A protective helmet (hard hat) is required when working in areas where there is a potential for injury to the head from falling objects.

b. A protective helmet designed to reduce electrical shock is required when near exposed electrical conductors which could contact the head.

c. Protective helmets will meet the ANSI Z89.1-1986 standards.

#### **5. Foot Protection.**

a. Protective footwear is required in areas where there is a danger of foot injuries due to falling or rolling objects or objects piercing the sole, and where employees' feet are exposed to electrical hazards.

b. Protective footwear is requested through the supervisor/NCOIC.

c. Protective footwear will meet ANSI Z41-1001 standards.

#### **6. Hand Protection.**

a. Hand protection is required when there is potential for an employees' hands to be exposed to hazards such as skin absorption of harmful substances, severe cuts or lacerations, severe abrasions, punctures, chemical burns, thermal burns, and harmful temperature extremes.

b. Hand protection shall be selected based on the task, the hazards (potential and identified), the conditions present, and the performance characteristics of the protection.

#### **7. Hearing Protection.**

a. Hearing protection is required when working in a high noise area.

b. For further information on the Hearing Conservation Program, consult AR 40-5.

### **APPENDIX D**

## **SAFE MEDICAL DEVICE ACT PROCEDURES**

#### **1. REFERENCES.**

a. Food and Drug Administration (FDA), Safe Medical Devices Act (SMDA)

b. TB MED 750-1, Operating Guide for Medical Equipment Maintenance

#### **2. PURPOSE.**

a. To provide guidance and assign responsibility to all MEDDAC personnel to monitor and identify significant adverse events involving medical devices.

b. The SMDA provides a mechanism for the FDA and manufacturers to identify and monitor significant adverse events involving medical devices, so that problems may be detected and corrected in a timely manner.

#### **3. APPLICABILITY.**

a. This SOP applies to all personnel assigned or attached to the Fort Carson MEDDAC with duty in Building 7500 or any outlying MEDDAC building.

b. The SMDA requires device user facilities (hospitals) to report to the device manufacturer when the facility determines that a device has or may have caused or contributed to a patient death or serious injury. In the case of death, the facility must also send a report to the FDA. The FDA Form 3500A will be used and submitted within ten work days from the time that any medical personnel employed by or affiliated with the facility becomes aware that the device may have caused or contributed to a death or injury.

c. The following procedures apply to any MEDDAC medical equipment and/or device adverse occurrence(s) as defined by the FDA in the SMDA.

4. RESPONSIBILITIES. When/if a piece of medical equipment and/or device is suspect in contributing to an adverse affect on a patient:

a. Employee will:

(1) Notify the Safety Office immediately (within the first hour) verbally at 6.7371/4.5586/6.7710 and prepare an e-4106 Patient Incident Report as described and mandated in MEDDAC Regulation 40-41.

(2) Turn in the equipment/device and all consumables and disposables (any item used in conjunction with the equipment) to the Safety Manager for lockup and further testing within the first hour. The equipment will be turned in as it was used. DO NOT change or adjust any settings/dials/etc on the equipment prior to turning in. Bring it as used during procedure in which incident occurred.

(3) If after duty hours, weekend, etc., contact the AOD to call the Safety Manager via cell phone.

b. Upon notification, the Safety Manager will:

(1) Obtain a list of personnel involved.

(2) Contact Chief Medical Maintenance.

(3) Contact the Risk Management Office.

(4) Contact the Patient Safety Office.

(5) At the request of the Risk Manager, set up interview times with each individual who was in the room at the time the equipment was used.

(6) At the request of the Risk Manager and the Patient Safety Representative, attend the interviews of each individual to obtain their views on the events leading to and the actual occurrence.

(7) Complete the FDA Form 3500A and determine who must be notified (manufacturer and/or FDA).

c. Chief, Medical Maintenance will:

(1) Complete the medical equipment section of FDA Form 3500A.

(2) Testing and further procedures are outlined in the Medical Maintenance internal SOP.

d. Risk Management Officer will:

(1) Schedule and conduct the personnel interviews.

(2) Complete the clinical section of FDA Form 3500A.

e. Patient Safety Representative will:

- (1) Attend the personnel interviews.
- (2) Assist in completing the clinical section of FDA Form 3500A.

f. Other Actions Taken by the Safety Manager:

- (1) Maintain all records in the MEDDAC Safety Office for a period of two years.
- (2) Submit a semi-annual report on FDA Form 3419 on 1 January and 1 July of each year. If no incidents have occurred, no report is necessary.
- (3) The semi-annual report will include:
  - a. The FDA assigned reporting number;
  - b. Reporting year;
  - c. Reporting period;
  - d. Report date;
  - e. Complete name and address of the user facility;
  - f. Name, title, and address of the contact person;
  - g. Lowest and highest report numbers of the reports submitted to the FDA and/or manufacturer during the reporting period;
  - h. Total number of reports attached or summarized; and
  - i. Basic information about each reported event or a copy of the FDA Form 3500A that was submitted for each event.

5. If the adverse event is determined to not meet the FDA mandatory reporting requirements, the MEDDAC Command (Commander, DCA, DCCS, DCHS, or CSM) will decide if voluntary reporting will occur.

6. DEFINITIONS.

(1) Malfunction: The failure of a device to meet its performance specifications or to perform as intended. A malfunction is reportable when it is likely to cause or contribute to a death or serious injury if it were to recur. This SOP assumes that a malfunction will recur. A malfunction is reportable if any one of the following is true:

- a. The chance of it causing such event is not remote or minute;
- b. It affects the device in a catastrophic manner that may lead to a death or serious injury;
- c. It causes the device to fail to perform its essential function and compromises the device's therapeutic, monitoring, or diagnostic effectiveness, which could cause or contribute to a death or serious injury;
- d. The device involves a long-term implant or a device that is considered to be life-supporting, or life-sustaining;

e. The manufacturer takes or would be required to take action to reduce a risk to health as a result of the malfunction; or

f. A malfunction of the same type has actually caused or contributed to a death or serious injury in the past.

(2) Medical Personnel: any individual who:

a. Is licensed, registered, or certified by a state, territory, or other governing body to administer health care;

b. Has received a diploma or a degree in a professional or scientific discipline;

c. Is an employee responsible for receiving medical complaints or adverse event reports; or

d. Is a supervisor of such persons.

(3) Permanent: permanent damage or impairment is irreversible damage or impairment that is not trivial.

(4) Reportable Event: The adverse events or problems that the medical device regulation requires to be reported. These include patient deaths and serious injuries that medical devices have or may have caused or contributed to (i.e. the device may have directly caused the events or played a role in the events).

(5) Serious Injury: Three possible types:

a. Life threatening injuries;

b. Injuries that result in permanent damage or impairment; and

c. Injuries that require medical intervention to preclude permanent damage or impairment.

(6) User Facility Reporting Number: The number that uniquely identifies each report submitted by a user facility to manufacturers and FDA. The number consists of three parts:

a. The user facility's ten-digit Health Care Financing Administration (HCFA) number. If the HCFA number is less than ten digits, fill the remaining spaces with zeros;

b. The four digit calendar year in which the report is submitted; and

c. The four-digit sequence number of the reports submitted for the year, starting with 0001. For example: 1234567890-1996-0001.

6. POINT OF CONTACT. Questions in reference to SMDA should be directed to the MEDDAC Safety Manager, Logistics Division, ext 6.7371/4.5586/7710.

**APPENDIX E**  
**SAFETY AWARDS PROGRAM**

1. **Purpose.** To establish procedures and responsibilities for the operation of a safety awards program for the MEDDAC/DENTAC/VETCOM.

2. **General.**

a. Department of the Army and Medical Command policy is to recognize outstanding effort and achievement in the prevention of accidents. Supervisors will recognize their subordinates when significant contributions are made to the efficiency, economy, or improvement of operations through accident prevention.

b. Safety awards enhance Army operations and improve safety awareness through recognition and promotion of individual and organizational accident prevention measures and successes.

c. Awards are authorized for individuals, departments, divisions, and services on the basis of their total safety record. Employees who are eligible for awards will be recommended by their immediate supervisors or Department Chief.

(1) Recommendations for military personnel will be submitted on DA Form 638, Recommendation for Award to the MEDDAC Safety Office.

(2) Recommendations for civilian personnel will be submitted on memorandum through Department/Division Chief to the MEDDAC Safety Office.

(3) Recommendations for military and civilian personnel may also be submitted by the MEDDAC Safety Office to the Environment of Care/Safety Committee.

d. All recommendations will be forwarded to the MEDDAC Safety Office prior to being submitted to the Environment of Care/Safety Committee for review and final approval.

e. DA Pam 385-10 provides guidance on criteria, policies, and procedures for nominating units and individuals for the awards addressed in AR 385-10.

### 3. Responsibilities.

a. Supervisor/Department Chief.

(1) Determine the eligibility of individual for safety award.

(2) Submit names of qualified individual(s), type of award requested, and justification for the award to the MEDDAC Safety Office.

(3) Initiate paperwork for Time-Off Award. At the discretion of the nominating official, a time-off award can be given with the certificates described in the award listing below. Civilians may receive up to 8 hours time off and military may receive a three-day pass.

(4) Once the award is approved, prepare certificates and forward to the appropriate Command for signature.

b. Safety Manager.

(1) Monitor and coordinate the safety awards program.

(2) Submit recommendation(s) for award to the Environment of Care/Safety Committee for review and approval.

c. Environment of Care Committee will review all nominations and recommend action to approving authority. The approving authority is the nominees' Commander: MEDDAC Commander, WTB Commander, DENTAC Commander, or VETCOM Commander.

d. Human Resource Division will ensure a record of the award become a part of employee personnel file.

### 3. Types Of Awards.

a. Army Motor Vehicle (AMV) Safe Driver Award.

1) Description. DA Certificate of Merit for Safety (DA Form 1118), or U.S. Army Safety Award (DA Form 1119-1)

2) Eligibility. Soldiers, DA civilians, and DA Contract personnel assigned to the MEDDAC, DENTAC, or VETCOM, Fort Carson, who regularly drive Army Motor Vehicles (AMVs) in the performance of their daily duties are eligible for the AMV Safe Driver Award.

3) Requirement. Personnel who complete 365 consecutive days without an at-fault accident or traffic violations are eligible for this award.

4) Action.

- a) Initiators. Company Commanders/Activity Directors/Supervisors
- b) Nominations. Submit award nominations on official letterhead with award justification and verification memorandum for the Provost Marshal Office to the MEDDAC Safety Office.
- c) Approval Authority. MEDDAC Commander, DENTAC Commander, or VETCOM Commander
- d) Presentation. The approving authority will present the award at the appropriate awards ceremony.

**b. Privately Owned Vehicle (POV) Safe Driver Award.**

1) Description. DA Certificate of Merit for Safety (DA Form 1118), or U.S. Army Safety Award (DA Form 1119-1)

2) Eligibility. Soldiers, DA civilians, and DA Contract personnel, and their family members assigned to the MEDDAC, DENTAC, or VETCOM, Fort Carson, who regularly drive a Privately Owned Vehicle or ride a motorcycle, moped, or motor scooter are eligible for this award.

3) Requirement. Personnel and their family members who complete 365 consecutive days without an at-fault accident or traffic violations are eligible for this award.

4) Action.

- a) Initiators. Company Commanders/Activity Directors/Supervisors
- b) Nominations. Submit award nominations on official letterhead with award justification and verification memorandum for the Provost Marshal Office to the MEDDAC Safety Office.
- c) Approval Authority. MEDDAC Commander, DENTAC Commander, or VETCOM Commander
- d) Presentation. The approving authority will present the award at the appropriate awards ceremony.

**c. Safe Employee Award.**

1) Description. DA Certificate of Merit for Safety (DA Form 1118), or U.S. Army Safety Award (DA Form 1119-1)

2) Eligibility. Soldiers, DA civilians, and DA Contract personnel assigned to the MEDDAC, DENTAC, or VETCOM, Fort Carson are eligible for this award.

3) Requirement.

- a) Personnel who complete 365 consecutive days without any mishaps or incidents causing personnel injury or damage to government property are eligible for this award.
- b) Personnel who go beyond the average requirements in support of the Safety Program.

4) Action.

- a) Initiators. Company Commanders/Activity Directors/Supervisors
- b) Nominations. Submit award nominations on official letterhead with award justification to the MEDDAC Safety Office.
- c) Approval Authority. MEDDAC Commander, DENTAC Commander, or VETCOM Commander

d) Presentation. The approving authority will present the award at the appropriate awards ceremony.

**d. Safe Materiel Handling Equipment Award.**

1) Description. DA Certificate of Merit for Safety (DA Form 1118), or U.S. Army Safety Award (DA Form 1119-1)

2) Eligibility. Soldiers, DA civilians, and DA Contract personnel assigned to the MEDDAC, DENTAC, or VETCOM, Fort Carson, who regularly operate materiel handling equipment (forklifts, lifts, etc.) in the performance of their daily duties are eligible for this award.

3) Requirement. Personnel who complete 365 consecutive days without any mishaps or incidents causing personnel injury or damage to government property in operation of materiel handling equipment are eligible for this award.

4) Action.

a) Initiators. Company Commanders/Activity Directors/Supervisors

b) Nominations. Submit award nominations on official letterhead with award justification to the MEDDAC Safety Office.

c) Approval Authority. MEDDAC Commander, DENTAC Commander, or VETCOM Commander

d) Presentation. The approving authority will present the award at the appropriate awards ceremony.

**e. Safe Supervisor Award.**

1) Description. DA Certificate of Merit for Safety (DA Form 1118), or U.S. Army Safety Award (DA Form 1119-1)

2) Eligibility. Soldiers, DA civilians, and DA Contract personnel assigned to the MEDDAC, DENTAC, or VETCOM, Fort Carson, whose duties and responsibilities are designated as supervisory in nature.

3) Requirement. Supervisors who manage and supervise personnel within their area of responsibility for 365 consecutive days without any mishaps or incidents causing personnel injury or damage to government property are eligible for this award.

4) Action.

a) Initiators. Company Commanders/Activity Directors/Supervisors

b) Nominations. Submit award nominations on official letterhead with award justification to the MEDDAC Safety Office.

c) Approval Authority. MEDDAC Commander, DENTAC Commander, or VETCOM Commander

d) Presentation. The approving authority will present the award at the appropriate awards ceremony.

## **APPENDIX F TRAINING REQUIREMENTS**

a. Accident Reporting: All employees will be trained on procedures for reporting and responding to accidents. Annual

b. Additional Duty Safety Officer Course: This is located on the crc website. ADSOs must take the course within thirty days of initial appointment.

c. Area-Specific: All employees will be trained on identification of known and perceived hazards, hazard abatement process, reporting of unsafe and unhealthful working conditions, dangers of horseplay or practical jokes, special safety requirements, lessons learned from previous operations, and other area-specific hazards. Annual

d. Bloodborne Pathogens: All employees reasonably anticipated to have occupational exposure to blood or other potentially infectious materials. Training within ten days of initial assignment and annually thereafter.

e. Cold Weather Injury Prevention: All personnel, annually.

f. Commander's Safety Course: All Commanders and Company grade officers and below prior to assuming Command. Brigade and Battalion commanders must complete the course prior to attending a PCC.

g. Composite Risk Management Basic Course: All MEDCOM personnel.

h. Confined Space Entry (CSE): All entry supervisors, entrants, attendants, and rescue teams involved in any CSE work. Refer to the MEDDAC Regulation 385-10-2 for further guidance. This training is required up on assignment.

i. Driver Improvement Training: Shall reinforce positive attitudes and motivate persons who have been convicted of serious moving traffic violations or who have been determined to have been at fault in a traffic accident while operating a Government-owned vehicle on or off a DoD installation. Offenders shall be required to attend the course or lose installation-driving privileges.

j. Driver Training: All military personnel under 26 years of age who possess a driver's license shall be given a minimum of four hours of classroom instruction in traffic safety.

k. Electrical Safety-Related Work Practices: All employees who face a risk of electrical shock (i.e. electricians, blue collar supervisors, electronic technicians, etc) prior to beginning work.

l. Emergency Spill Response/HAZWOPER-Hazardous Waste Operations and Emergency Response: Safety Manager-annual refresher training.

m. Emergency Vehicle Accident Avoidance Training (EVAAT): Drivers of ambulances and buses will complete this training every three years.

n. Ergonomics: All employees performing activities that stress the body's capabilities (lifting, handling, carrying, rapid and frequent application of high grasping forces, repetitive hand/arm manipulations). The identification of these locations/jobs will be incorporated in the Job Hazard Analysis conducted by the supervisors. This is currently a training recommendation; however, Commanders must evaluate the need under the OSHA General Duty Clause.

o. Fall Protection: No employees of the MEDDAC/DENTAC/VETCOM should be in any position that requires fall protection systems training. This type of work is completed by contractors. Employees working with ladders or on/around the loading docks will need training during the annual area-specific training.

p. Fire Extinguisher Use: All employees must have annual fire extinguisher training to include the location of those in their area and a verbal description/instruction on how to use (PASS)

q. Fire Prevention: All employees must have this in their area-specific training. Required upon assignment and annually thereafter.

r. First Aid/CPR/AED: When a medical facility or physician is not available within five minutes, at least two first aid attendants shall be available on each shift, having current certification in first aid and CPR. Where AED's are stationed at worksites, employees must hold a CPR/AED certificate through the American Red Cross (ARC) or American Heart Association (AHA). CPR requires annual refresher training from ARC, bi-annual refresher (every two years) from the AHA or equivalent. AED refresher training is recommended quarterly.

s. Forklifts/Powered Industrial Vehicles: All employees operating forklifts, tow motors, platform lift trucks, and other powered industrial trucks. Initial training, every three years, and if any of the following occurs:

- 1) operator is involved in an accident or near miss;
- 2) operator has been observed driving in an unsafe manner;
- 3) operator is assigned a different type of truck;
- 4) operator needs additional training; or
- 5) when there are changes in the workplace that may affect safe operation of the truck.

t. Hazard Communication: All employees potentially exposed to hazardous chemical in the workplace. Initial training, whenever a change occurs, and annually thereafter.

u. Hazardous Materials and Waste: All employees must have annual training to identify materials used within their area, how to protect against exposure, how to dispose of unwanted/waste, cleaning up spills, proper storage, etc. Required upon assignment and annually thereafter.

v. Hazardous Waste Operations and Emergency Response: The Fort Carson Fire Department maintains the Spill Response Team and is the first responder for such incidents; however, the Safety Manager will maintain certification in HAZWOPER. Annual.

w. Hearing Conservation: All employees occupationally exposed to continuous sound levels equal to or greater than the 8-hour-time-weighted average of 85 decibels (dBA) or impact noise equal to or greater than 140 dBA. At the time of initial assignment and annually thereafter.

x. Heat Injury Prevention: All employees annually, prior to the summer season.

y. Intermediate Traffic Safety Training Course IIIA: All newly assigned soldiers less than 26 years of age are required to take this course.

z. Intermediate Traffic Safety Training Course IIIB: All soldiers less than 26 years of age are required to take this course 12-18 months after taking the IIIA.

aa. Ladders: All employees who use ladders. Initial training with retraining occurring as necessary to maintain employee understanding and knowledge for compliance.

bb. Laser and Radiation Hazards: All personnel involved with the use of ionizing radiation sources including tactical lasers. Annual training.

cc. Lifting/Back Injury Prevention: All employees will receive safe lifting training during their annual area-specific training, when there is a change in the workplace or equipment, and when there is an increase in the injury rate.

dd. Local Area Hazard Training Course II: All Army personnel who are newly assigned to an Army installation/theater will receive a briefing on the local driving hazards they may encounter while serving at this installation.

ee. LockOut/TagOut, Control of Hazardous Energy: All employees involved with hazardous energy control procedures. Initial training, change of job assignment, change in machines, equipment, or processes, when inspections reveal deviation from the procedure, and at least annually thereafter.

ff. Materiel Handling: All personnel with materiel handling as part of their job will receive training on the risks and mitigation of such risks. Annual.

gg. Motor Vehicle Accident Avoidance Training: All employees who drive government vehicles (including GSA contract vehicles), rental cars, or POV's while on official duty. Prior to assuming driving duties and every four years thereafter.

hh. Motor Vehicle Accident Avoidance (AA) course is offered on the crc website and required to be taken by new drivers as it is basic driver safety training. The Intermediate Traffic Safety Training Course IIIA and the Advanced Traffic Safety Training Course IIIB are also offered on the crc website. All newly assigned Soldiers less than 26 years of age are required to take the Intermediate course. Twelve to eighteen months after passing the intermediate course, all Soldiers less than 26 years of age will receive the Advanced Course. The Company Commander and 1SG will ensure this is implemented.

Motor Vehicle Accident Avoidance Sustainment/Remedial Training: The AAA DIP (AAA Driver Improvement Program) is used for remedial training purposes. All military personnel who receive a

serious traffic violation (includes most all except parking tickets) will be required to take this course. Company Commanders will work with the Safety Office to arrange classes to fulfill this training requirement.

ii. Motorcycle Mentorship Program: Inexperienced/new motorcycle operators must be mentored by experienced riders. One option is to participate in the Installation Mentorship Program.

jj. Motorcycle Safety Training: Army personnel, prior to operating any motorcycle, will successfully complete a Motorcycle Safety Foundation (MSF) or MSF-based approved motorcycle rider safety course. Anyone who operates a motorcycle on an Army installation must successfully complete a MSF-based rider safety course, or present documentation of previous attendance.

kk. New Employee/Arrival Orientation: All employees, to include temporary labor, summer-hires, co-ops, interns, students, and trainees. Upon initial hire.

ll. Personal Protective Equipment (PPE): All employees required to use PPE. Training is provided prior to initial use, each time new PPE is required (previous training becomes obsolete at this time), employee understanding is questioned, and as needed to maintain proficiency (at least annually).

mm. Portable Fire Extinguishers: No employee is required to use a fire extinguisher to fight a fire; therefore, no training is required. However, training is available on request to the Safety Office.

nn. Powered Hand Tools: All employees who use powered hand tools to include: hand and portable power operated and other hand held equipment and compressed air, and powder-actuated hand tools. Required to pass proficiency test prior to use of such tools and when employee understanding is questioned.

oo. Respiratory Protection: All employees requiring the use of respirators, regardless of length of use. Training is provided prior to initial use, each time new respiratory equipment is required, and as needed to maintain proficiency (at least annually). Additionally, annual fit-testing is also required.

pp. Risk Mitigation: All employees will be trained on safety requirements and mitigation techniques and controls particular to the operation or procedure. Prior to operation/procedure and when a change occurs.

qq. Stress and Fatigue Presentation: All employees, annually.

rr. Supervisor Traffic Safety Training Course IV: All newly assigned Army supervisors are required to take this instruction pertaining to their responsibilities.

ss. Walking and Working Surfaces: Training required in the use of ladders, guarding holes, floors, use of railings, toeboards, and stairways. Those exposed to and working around/in construction areas require this training before working in the area and when the employee understanding is questioned.