1. **HISTORY.** This is the first printing of this publication. It replaces already rescinded Health Services Command Supplement 1 to AR 385-10 (The Army Safety Program).

2. **PURPOSE.**
   
   a. This regulation prescribes U.S. Army Medical Command (MEDCOM) and Office of The Surgeon General (OTSG) Safety policy, responsibilities, and procedures to protect and preserve MEDCOM/OTSG personnel and property against accidental loss.

   b. This regulation mandates, explains, and expands MEDCOM/OTSG Safety and Occupational Health Program policies, procedures, and guidelines linked to selected portions of the Occupational Safety and Health Administration (OSHA), the Joint Commission on Accreditation of Health Care Organizations (JCAHO), as well as other Army safety policies.

3. **REFERENCES.** Required and related publications and prescribed forms are listed in appendix A.

4. **EXPLANATION OF ABBREVIATIONS AND TERMS.** Abbreviations and special terms used in this regulation are explained in the glossary.

5. **POLICY.** Safety is a Commander’s Program. Safety is not a logistics or a facilities function. Rather, safety is a leadership function and its focus is the stewardship of people, equipment, and facilities in support of mission. The following principles will be effectively integrated into all plans, programs, decision processes, operations, and activities:
a. Accidents are an unacceptable impediment to the MEDCOM/OTSG and healthcare missions. They adversely impact readiness, morale, and resources. However, should an accident or incident occur, the original plus one copy of the report will be sent to the Headquarters (HQ) MEDCOM/OTSG Safety Management, and after review forwarded to the U.S. Army Safety Center, Fort Rucker, Alabama.

b. Decision-makers at every level will employ the safety risk management process, as specified in AR 385-10 and MEDCOM Pamphlet (Pam) 385-6, to avoid unnecessary residual risk to missions, personnel, equipment, and the environment.

c. The acquisition of materials, equipment, facilities, and systems will maximize the use of engineering design to preclude unnecessary residual risk and control remaining residual risks.

d. Life-cycle safety will be considered in the acquisition, use, and disposal of chemicals and hazardous materials so as not to endanger or compromise health and safety or negatively impact the environment.

e. Appropriate action will be taken to expeditiously correct noncompliances with mandated standards, workplace hazards, and accident causes. To aid leaders and decision-makers at all levels in taking appropriate action, safety and occupational health managers and specialists will assign Risk Assessment Codes (RACs) to each safety finding as described in AR 385-10. These RACs must only be assigned by qualified safety personnel and they will be used to not only inform supervisor and/or decision-makers of the levels of risks associated with each finding, but also assist in the prioritization of work orders and repairs such that monies are spent to correct the worst hazards first.

f. Performance standards for military and civilian managers and supervisors will include accident prevention and occupational health (OH) responsibilities as a rating element. The success or shortcomings of managers or supervisory personnel in performing safety and OH responsibilities will be considered in MEDCOM civilian employee performance appraisals, officer evaluation reports, and enlisted evaluation reports and should be an item that is checked during each Standard Army Safety and Occupational Health Inspection (SASOHI). See AR 385-10, paragraph 4-1, for more discussion of SASOHI.

g. Safety Managers will coordinate with and support infection control, facility management, fire prevention, environmental protection, logistics, security, plans and operations (especially those staffs working on emergency preparedness plans), occupational health, preventive medicine, industrial hygiene, patient safety, quality assurance and risk management, radiation protection, and injury compensation staffs on matters of mutual concern.
h. Environment of Care (EOC), Patient Safety Committee, and Environment of Care Functional Management Team (ECFMT) will be a subcommittee reporting to the Activity Safety and Occupational Health Council (see 29 Code of Federal Regulation (CFR) 1960.36 and Department of Defense Instruction (DODI) 6055.1, E3.10.1.1). Safety and Occupational Health Councils will function as described in AR 385-10, paragraph 2-1, and will forward copies of committee minutes (preferably electronically) to HQ MEDCOM Safety Office within 30 days from the date of each meeting.

6. RESPONSIBILITIES.

a. Commander, MEDCOM/The Surgeon General (TSG) is responsible for overall safety of the command and will appoint a Safety Director with support staff to direct, resource, and evaluate all safety program activities to include biological-safety and the integration of safety risk management into the command. The Safety Director, MEDCOM is the principal consultant to the Commander, MEDCOM/TSG on safety matters.

b. The Safety Director is the MEDCOM/OTSG designated safety and occupational health official and will--

(1) Approve policies, issue directives, make recommendations, and issue guidance on MEDCOM safety, bio-safety programs and safety risk management integration.

(2) Initiate programs, actions, and taskings to ensure adherence to Department of the Army (DA) and Department of Defense (DOD) safety and OH policies.

(3) Review and evaluate programs for carrying out approved safety policies and conformance to standards.

(4) Serve on boards, committees, career promotion panels, and other groups pertaining to safety and represent the Commander, MEDCOM on safety matters both within and without the MEDCOM.

(5) Participate in the planning, programming, and budgeting of safety activities.

(6) Serve as MEDCOM’s Functional Chief Representative for the Safety and Occupational Health Management Career Program (CP) 12 as described in AR 690-950.

c. Commanders, Major Subordinate Commands (MSCs) will appoint a qualified Safety and Occupational Health Manager/Safety Engineer (job series 018 or 803) and support staff sufficient to--
(1) Administer and direct an effective safety program to provide a safe and healthful environment.

(2) Act as principal advisor to their commander, supervisors, and staff elements on all safety matters.

(3) Provide supervision of the Safety Office, staff supervision of subordinate safety offices, and serve as the safety activity CP-12 manager. Safety activity career program manager duties include but are not limited to mentoring subordinate safety managers; recommending or endorsing safety personnel for long-term training opportunities, to include completion of the medical safety course; and assisting in determining requirements for safety interns.

(4) Develop, coordinate, and disseminate safety program policy, direction, and guidance to all staff within their organization.

(5) Monitor the safety program effectiveness through implementation of an effective hazard surveillance program that meets the requirements of AR 385-10, 29 CFR 1960, 32 CFR 626, and 32 CFR 627. In general, use of MEDCOM Regulation (Reg) 1-2 is recommended.

(6) Support higher command and host installation commanders in developing specific plans and programs.

(7) Collect and distribute accident data and statistics relating to injuries, occupational illnesses, and damage related to Army operations.

(8) Budget for appropriate funding to provide for an effective accident prevention effort.

(9) Develop, recommend, or assist in formulation of safety countermeasures to prevent accidents and reduce risks to acceptable levels.

(10) Investigate and report accidents according to AR 385-40, MEDCOM, and local policy.

(11) Administer a program of specialized safety training courses including but not limited to ergonomics, risk management, hazard communication, confined space, lock-out-tag-out, and fire safety, as appropriate, for all those personnel with a need to know this information. This includes visitors, volunteers, student trainees, and, as deemed necessary, contractor personnel.

(12) Implement and monitor compliance with statutory requirements and national safety standards.
(13) Serve as the safety risk management advocate on the Command Staff, synchronize the risk management actions of risk management integrating agents, and provide periodic progress reports to the commander.

(14) Participate in the Federal Employees' Compensation Act (FECA) management of costs by providing information and recommended countermeasures concerning accidents/injuries/illnesses to the FECA coordinator in an effort to reduce employee injuries and reduce compensation costs for civilian personnel in accordance with (IAW) MEDCOM Reg 690-16.

d. Commander, U.S. Army Medical Department Center and School will ensure integration of safety risk management concepts (see FM 100-14 and MEDCOM Pam 385-6) into Army Medical Department systems, doctrine, programs of instruction, and training as appropriate.

e. Commander, U.S. Army Center for Health Promotion and Preventive Medicine will maintain a center of expertise for standards pertaining to the JCAHO and will provide JCAHO Medical Safety Management Consultation services to all medical department activities (MEDDACs). These services include but are not limited to--

(1) Provide on-site support to the field, upon request, in support of JCAHO EOC compliance.

(2) Provide ongoing support telephonically/electronically for safety and occupational health issues that require extensive/additional research.

f. Commanders, Regional Medical Commands (RMCs) are responsible for the overall safety of their commands and will appoint a qualified Safety and Occupational Health Manager/Safety Engineer (job series 018 or 803) who will, after making appropriate adjustments for scope of responsibilities, be responsible for the same areas described in paragraph 6c for MSC Commanders and, additionally will--

(1) Provide oversight, assistance, and records management of a regional fire safety program that focuses on JCAHO accreditation requirements and assist in developing life safety policies and procedures and interim life safety measures as needed.

(2) Provide guidance on and assist in the preparation for the safety aspects of the College of American Pathology evaluations and JCAHO inspections.

g. Commanders, U.S. Army Medical Centers (MEDCENs) are responsible for the overall safety of their command and will appoint a qualified Safety and Occupational Health Manager/Safety Engineer (job series 018 or 803) who will, after making appropriate adjustments for scope of responsibilities, be responsible for the same areas described in paragraph 6c for MSC Commanders and, additionally will--
(1) Perform duties as the Medical Treatment Facility (MTF) Fire Marshal.

(2) Understand, interpret, and help implement all the safety requirements required for accreditation by the JCAHO.

(3) Develop the Safety Management Plan, the Life Safety Management Plan, safety-related Plans for Improvement, and others as required.

(4) Interpret and provide annual evaluation (publish results in the MTF Safety Council Minutes) of the Safety Management and Life Safety Programs and Plans.

(5) Ensure compliance with National Fire Protection Association’s (NFPA) codes to include, but not limited to, 30, 70, 80, 99, and 101.

(6) Participate in the FECA management of costs by providing appropriate (see AR 385-40 for detailed guidance on providing information for purposes other than accident prevention and to functions not in the business of accident prevention) information concerning accidents/injuries/illnesses to the FECA coordinator in an effort to reduce employee injuries and reduce compensation costs for civilian personnel, which will ultimately increase the productivity of the work force (see MEDCOM Reg 690-16 for more detailed guidance).

(7) Serve as the Regional Safety Manager as appropriate and when directed by the RMC Commander. Dual service as both Regional Safety Director and MEDCEN Safety Director is not the ideal because safety is each individual commander’s responsibility. In order to adhere to the “unity of command” principal, safety responsibilities should not be subdivided. If this is nonetheless required, orders should be published covering the requirements of both positions, additional safety staff added, and the grade level of the safety director adjusted upward as deemed appropriate.

h. Commanders, MEDDACs will appoint a qualified Safety and Occupational Health Manager/Safety Engineer (job series 018 or 803) who will--

(1) Serve as the principal Safety and OH advisor to the MEDDAC Commander and, in general, perform (except on a smaller scale) similar duties and requirements prescribed in paragraph 6g above for MEDCEN Safety Managers.

(2) Follow the guidance disseminated by their corresponding RMC.

(3) Provide the required reports and information requested by their corresponding RMC.

(4) Use their corresponding RMC as the first line of support in Safety and OH matters.
i. Commanders at all levels will be responsible for protecting personnel, equipment, and facilities under their command; effective implementation of safety and occupational health policies; and the integration of the safety risk management process into all aspects of their operations.

j. In accordance with 29 CFR 1960, supervisory and operating personnel who direct or affect the actions of others will--

(1) Be responsible for accident prevention to the same extent that they are responsible for production or services.

(2) Maintain a safe and healthful workplace.

(3) Assure that employees under their supervision observe appropriate safety and occupational health rules and regulations, including the use of personal protective equipment (PPE) provided for their protection.

(4) Promptly evaluate and take action as required to correct hazards reported by employees or identified through accident investigation. They will not initiate or support reprisal action against employees who identify hazards, raise safety concerns, or engage in authorized safety and occupational health activities.

(5) Use the safety risk management process during the planning, preparation for, and execution of all operations for which they are responsible.

7. DEVIATIONS. Occasionally, the safety requirements of this regulation may be incompatible with mission accomplishment. In such cases, requests for deviation will be forwarded through command channels to the HQ MEDCOM Safety Management Office. All such requests must have ample justification and include a thoroughly documented risk assessment.

8. MEDCOM SAFETY PROGRAM STRUCTURE AND ACTIVITIES.

a. Organizational Structure. All MEDCOM safety offices will be structured according to this chapter. Commanders of organizations and activities large enough to support (resource) a full-time safety office will--

(1) Designate a qualified Safety and Occupational Health Manager/Safety Engineer (job series 018 or 803) as the command safety and occupational health official to exercise staff supervision over safety, safety risk management, and accident prevention activities. Duties performed by this official will include the full range of safety program management responsibilities prescribed in this regulation and in AR 385-10.

(2) Ensure that the designated command safety and occupational health official will be a member of the commander's special staff reporting directly to the commander
and not reporting through any other functional chief lower than the chief of staff and/or a deputy commander.

(3) Ensure their designated command safety and occupational health officials meet Office of Personnel Management Standards IAW MEDCOM Reg 690-15, for the positions of Safety and Occupational Health Manager/Safety Engineer (GS-018/803). All personnel assigned to hospital safety and occupational health positions will have at least annual, documented training in JCAHO EOC standards and/or implementation of these or equivalent standards.

(4) Organize and staff a comprehensive safety office under the direction of a designated command safety and occupational health manager. This office will organize and administer a safety program that includes the following:

(a) Hospital Safety (when applicable).
(b) Accident reporting.
(c) Workplace safety (as specific to the organization).
(d) Transportation safety.
(e) Family and off-the-job safety.
(f) Range safety (when applicable).
(g) Explosive safety (when applicable).
(h) Aviation safety (when applicable).
(i) Tactical safety (when applicable).
(j) Radiation safety (when applicable).
(k) System safety (when applicable).
(m) Hazard Surveillance Program.
(n) Chemical and Biological Safety (when applicable).
(o) Water Safety (when applicable).
(p) Ergonomics Program.
(q) Privately Owned Vehicle Program.

(5) Provide sufficient funds and other resources to carry out all responsibilities designated in this regulation to assure safety and OH program effectiveness. This staff will perform standard accident prevention functions and tasks as outlined in AR 385-10, Chapter 5. Safety, occupational health, fire prevention, environmental protection, and injury compensation, patient safety, infection control, and radiation protection staffs will work in close coordination on matters of mutual concern.

(6) Appoint additional duty or collateral duty safety personnel to perform required safety and accident prevention functions in research, industrial, veterinary, and dental and/or administrative units not staffed with full-time safety personnel. These unit safety personnel will--

(a) Be appointed on written orders and that will include a summary of duties.

(b) Be a commissioned officer at activity and higher unit levels.

(c) Be in the rank of staff sergeant or higher at section level.

(d) Have completed, or will complete, a local unit safety officer course within 90 days of appointment.

(e) Have 1 year or more retainability in the unit upon duty appointment.

(f) Give their safety officer duties not less than 10% of their available duty time.

(g) Report directly to the commander and safety manager/staff on safety-related matters.

(7) Appoint civilian collateral safety personnel as needed and will give training similar to that described for military personnel in paragraph (6)(d) above.

(8) Support efforts to develop military and civilian safety expertise through training programs, effective career development, and management procedures.

(9) Provide safety, occupational health, and related loss control services to tenant and satellite commanders in support of their statutory and regulatory responsibilities to include host nation statutory guidelines. Since installation commanders have responsibilities for safety of people, the environment, and public on their installation, tenant activities will establish, as necessary, local memorandums of understanding (MOUs) between host and tenant organizations to ensure necessary safety and OH responsibilities are addressed. MOUs will be reviewed, updated, and signed at least bi-annually.
(10) Provide safety services to U.S. Army Reserve units performing reserve duty in MEDCOM activities.

(11) Establish at MEDCEN, MEDDAC, and Clinics a Safety and Occupational Health Advisory Council (see 29 CFR 1960.36 and DODI 6055.1) composed of management and military and civilian operating personnel. This council will make recommendations to the commander and perform such additional safety and occupational health tasks as deemed appropriate by the commander.

(a) At the MTF level, councils will be chaired by the chief of staff/deputy commander for administration, or equivalent.

(b) Councils at the MTF level will meet at least quarterly. For all other MEDCOM activities, councils should meet at least semiannually or on the call of the chairperson. The minutes of the meetings will be published in a timely manner (generally within 30 days from the date of the meeting). Safety Council minutes will be forwarded to HQ MEDCOM Safety Management Office (electronic format preferred) within 30 days after meetings.

(c) The EOC and ECFMT committees will be subordinate to the MTF Safety Council and will submit their minutes to the MTF Safety Council for approval.

(12) Authorize use of official time for employees when participating in occupational safety and health (OSH) activities, including walkaround inspections.

b. Operational Procedures. Leaders and managers are responsible for integrating safety risk management into all Army processes and operations. Local/organic safety and occupational health staffs will either coordinate or provide safety risk management training (including annual refresher training), tools, and other related assistance. Leaders and managers will, through the exercise of their oversight duties--

(1) Ensure physical standards for facilities and equipment meet or exceed safety and health standards established in pertinent Federal, State, and local statutes and regulations; Army regulations; and JCAHO standards.

(2) Develop effective programs to reduce injuries and illnesses to ensure that--

(a) All injuries and illnesses have been thoroughly investigated and the facts from the investigation have been documented on appropriate reports and forms.

(b) Accident reports and compensation claim forms have been properly completed designating the injured employee's major command and servicing civilian personnel office.
(c) Compensation claims are reviewed, challenged, and controverted when appropriate.

(3) Establish procedures to ensure required PPE for all personnel, both military and civilian, are provided, used, and maintained (see AR 385-10, para 2-2j and 29 CFR 1910).

(a) Funding. When required, PPE will be funded from appropriated fund accounts available at the installation or activity.

(b) Issuance of special clothing and equipment to Army civilians. Commanders are authorized to requisition and issue special clothing and equipment on a temporary loan basis from any inventories, other than those of the Army Stock fund, to all direct-hire civilian employees. Special clothing and equipment include clothing and equipment needed for the protection of personnel to perform their assigned tasks efficiently under extreme conditions or situations. These include but are not limited to hazardous materials; medical wastes; blood-borne pathogens; deleterious animal, insect, parasitic, or amoebic life; or any combination of these conditions.

c. Prevention Program. Inspections and surveys of operations and facilities will be conducted annually/semiannually as required in all areas. Inspection procedures will emphasize use of interviews, operational reviews, performance testing, and similar techniques designed to detect high risks of both a behavior and environmental character at the earliest possible time. Before inspections are conducted, coordination with Preventive Medicine, Industrial Hygiene, Occupational Health, Fire Prevention officials, Radiation Protection, Quality Assurance & Risk Management, Patient Safety and Aviation Safety officials should be accomplished to identify and follow up on any and all safety-related findings previously made by any/all of these activities against the activity being inspected.

d. Oxygen. Activities procuring oxygen for medical purposes will test, monitor, and verify oxygen purity upon arrival (in accordance with NFPA Codes and Compressed Gas Association respective pamphlets) and affix a locally developed label to each oxygen container. This label will be signed and dated by the person performing the oxygen purity test ensuring its contents are not less than 99.0 percent, by volume. This testing and labeling must be accomplished before oxygen is put into use. (Note: Medical grade oxygen must contain a concentration not less than 99 percent oxygen by volume.)

9. MEDCOM PERSONNEL. All MEDCOM personnel, military and civilian, will--

a. Comply with safety and occupational health rules, regulations, and standards.

b. Use and maintain PPE provided for their protection.
c. Report any unsafe and unhealthful working conditions and accidents to their immediate supervisor.

d. Not use cell phones or hand-held units while driving vehicles on installations (unless using a hands-free unit).

10. SAFETY STANDARDS APPLICATION.

a. Standards.

   (1) All standards established by Department of Labor pursuant to sections 6 and 19 of Public Law 91-596 are adopted as MEDCOM safety standards and will be complied with in applicable MEDCOM workplaces. MEDCOM workplaces are generally comparable to private sector workplaces.

   (2) The U.S. Army Corps of Engineer safety and health requirements publication (Engineering Manual 385-1-1) applies to all MEDCOM construction operations incorporating 29 CFR 1926.

   (3) Commanders will apply OSHA and other non-DA regulatory or consensus safety and health standards to military-unique equipment, systems, operations, or workplaces, in whole or in part, insofar as practicable.

   (4) Certain operations are subject to mandatory safety standards or rules that derive from separate, specific statutory authority. The application of special functional standards does not exempt any workplace from other appropriate safety criteria. Thus, a workplace in a healthcare facility subject to special JCAHO safety standards is also subject to OSHA safety criteria for machine guarding, guard rails, eye protection, and so forth. Any publication that sets forth job safety requirements for such a workplace must take this into account.

   (5) In workplaces overseas where the Status of Forces Agreement requires that U.S. Armed Forces comply with host nation law which prescribes different safety standards, the latter standards take precedence if stricter. If host nation law is less strict or nonexistent, Army and MEDCOM requirements will apply.

   (6) Commanders will ensure that publications which implement JCAHO and Army safety and occupational health criteria--

   (a) Reach every MEDCOM workplace in a form appropriate to the specific operation.

   (b) Are understood and complied with by affected personnel and implementation is enforced by supervisors who have been trained on their responsibilities.
(c) Are applied in the procurement or renovation of material, equipment, systems, and facilities.

b. Conflicts. When standards in MEDCOM publications conflict with a legal standard such as OSHAct, or provide a lower degree of protection, the legal standard will apply. When the MEDCOM standards are equal to or exceed such requirements in providing workplace safety, the MEDCOM requirement will apply.

11. PROFESSIONAL DEVELOPMENT AND TRAINING (IAW MEDCOM Reg 690-15). Each safety staff within the MEDCOM has certain responsibilities to maintain professional competency and must be provided appropriate funding for such. In addition, support should be given where possible to the safety careerist in his/her pursuit of professional certification.
Appendix A
References

Section I
Required Publications

AR 385-10, Army Safety Program.
AR 385-40, Accident Reporting and Records.
AR 690-950, Career Management.
DODI 6055.1, DOD Safety and Occupational Health (SOH) Program.
FM 100-14, Risk Management.
29 CFR 1910, Occupational Safety and Health Standards.
29 CFR 1926, Safety and Health Regulations for Construction.
32 CFR 626, Biological Defense Safety Program.
NFPA 70, National Electrical Code.

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

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

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

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

Section II
Related Publications

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

AR 5-9, Area Support Responsibilities.

AR 10-5, Organization and Functions, Headquarters, Department of the Army.

AR 11-9, The Army Radiation Safety Program.

AR 40-5, Preventive Medicine.

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

AR 40-61, Medical Logistics Policies and Procedures.

AR 40-63, Ophthalmic Services.

AR 70-25, Use of Volunteers as Subjects of Research.

AR 385-16, System Safety Engineering and Management.


AR 385-61, The Army Chemical Agent Safety Program.

AR 385-69, Biological Defense Safety Program.

AR 420-90, Fire and Emergency Services.

AR 672-74, Army Accident Prevention Awards Program.

AR 700-141, Hazardous Material Information System.

AR 750-10, Army Modification Program.
DA Pam 40-503, Industrial Hygiene Program.

FM 21-20, Physical Fitness Training.

FM 100-22, Installation Management.

FM 101-5, Staff Organization and Operations.

TB MED 502, Occupational and Environmental Health--Respiratory Protection Program.

TB MED 575, Occupational and Environmental Health--Swimming Pools and Bathing Facilities.

**Section III**

**Prescribed Forms**

DD Form 2272, DOD Occupational Safety and Health Protection Program (Poster).


DA Form 4753, Notice No. ___ of Unsafe or Unhealthful Working Condition.

DA Form 4754, Violation Inventory Log.

DA Form 4755, Employee Report of Alleged Unsafe or Unhealthful Working Conditions.

DA Form 4756, Installation Hazard Abatement Plan.
# Glossary

## Section I

### Abbreviations

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<td>AR</td>
<td>Army Regulation</td>
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<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
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<td>CP</td>
<td>Career Program</td>
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<td>DA</td>
<td>Department of the Army</td>
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<td>DOD</td>
<td>Department of Defense</td>
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<td>DODI</td>
<td>Department of Defense Instruction</td>
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<td>ECFMT</td>
<td>Environment of Care Functional Management Team</td>
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<td>EOC</td>
<td>Environment of Care</td>
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<tr>
<td>FECA</td>
<td>Federal Employees’ Compensation Act</td>
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<td>HQ</td>
<td>Headquarters</td>
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<td>IAW</td>
<td>in accordance with</td>
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<td>JCAHO</td>
<td>Joint Commission on Accreditation of Healthcare Organizations</td>
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<td>MEDCEN</td>
<td>U.S. Army Medical Center</td>
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<td>MEDDAC</td>
<td>Medical Department Activity</td>
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<td>MEDCOM</td>
<td>U.S. Army Medical Command</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>MSC</td>
<td>Major Subordinate Command</td>
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<td>MTF</td>
<td>Medical Treatment Facility</td>
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<td>NFPA</td>
<td>National Fire Protection Association</td>
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<td>OH</td>
<td>occupational health</td>
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Section II
Terms

Controvert. To object to paying a claim or to dispute an employee’s right to receive continuation of pay.

DA contractor. A non-Federal employer engaged in performance of a DA contract, whether as prime contractor or subcontractor.

DA personnel:

a. Civilian. Includes Senior Executive Service, General Schedule, and Wage Grade employees (including National Guard and Reserve technicians); Nonappropriated Fund employees; Youth/Student Assistance Program employees, and foreign nationals directly employed by DOD components.

b. Military. Includes all military personnel on active duty, Reserve or National Guard personnel on active duty or on drill status, service academy midshipmen or cadets, Reserve Officer Training Corps cadets when engaged in directed training activities, and foreign national military personnel assigned to DOD components.

Evaluation. A specialized inspection designed to determine the effectiveness of a unit’s safety and health program.

Exposure. The frequency and length of time personnel and equipment are subjected to a hazard.
Hazard. Any actual or potential condition that can cause injury, illness, or death of personnel, damage to or loss of equipment, property, or mission degradation.

Inspection. The process of determining compliance with safety and health standards through formal and informal surveys of workplaces, operations, and facilities.

Life Cycle. The total phases through which an item passes from the time it is initially developed until the time it is either consumed in use or disposed of as being excess to all known material requirements.

Occupational hazard. Conditions, procedures, and practices directly related to the work environment that create a potential for producing occupational injuries or illnesses.

Qualified safety and health personnel. Includes persons who meet Office of Personnel Management standards for Safety and Occupational Health Manager/ Specialist, GS-018, and Safety Engineer, GS/GM-803. Other job specialties will provide support in their respective specialty areas (for example, Safety Engineering Technician, GS-802; Safety Technician, GS-019; Aviation Safety Officer, GS-1825; Air Safety Investigating Officer, GS-1815; Fire Protection Engineer, GS-804; Fire Protection Specialist/Marshal, GS-081; Medical Officer, GS-602; Health Physicist, GS-1306; Industrial Hygienist, GS-690; Occupational Health Nurse, GS-610; Environmental Health Technician, GS-699; or other personnel determined to be equally qualified as compared to the above Office of Personnel Management standards.

Risk management integration. The embedding of risk management principles and practices into Army operations, culture, organizations, systems, and individual behavior.

Safety Risk management. The process of identifying, assessing, and controlling risk arising from operational factors and making decisions that balance risk cost with mission benefits.

System Safety. Engineering the optimum, overall safety level of a system in operation including safety of operating personnel, surrounding equipment, and so forth.
The proponent of this publication is the MEDCOM Safety Management Office. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCSM, 2050 Worth Road, Suite 14, Fort Sam Houston, TX 78234-6014.

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