DEPARTMENT OF THE ARMY
Headquarters, United States Army Medical Department Activity
Fort Leonard Wood, Missouri 65473-8952

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Safety
USA MEDDAC/DENTAC/VETCOM SAFETY MANAGEMENT PROGRAM

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*This regulation supersedes USA MEDDAC Reg 385-10, 15 April 2008.

Chapter 1
Purpose

1-1. History. This issue publishes a revision of this regulation.

1-2. Purpose. This regulation prescribes policies, responsibilities, and procedures to protect patients, visitors, staff, and government property of the Medical Activity (MEDDAC), Dental Activity (DENTAC), and Veterinary Command (VETCOM) against accidental loss or injury. This regulation is not exhaustive and other referenced and

applicable safety and health standards must be consulted when necessary for appropriate guidance and requirements, such as Department of Defense (DOD) Instructions, Occupational Safety and Health Administration (OSHA) Standards, Joint Commission, National Fire Protection Association (NFPA), and other applicable directives. This regulation mandates Army Safety Program policies, procedures, and guidelines into one comprehensive safety program.

1-3. References. Required and related publications are listed in Appendix A.

1-4. Abbreviations. Abbreviations used in this publication are located in the Glossary.

1-5. Applicability. This regulation applies to all military, civilian, contract, and volunteer personnel assigned or attached to MEDDAC/DENTAC/VETCOM.

1-6. General.

a. This regulation standardizes MEDDAC/DENTAC/VETCOM policies, responsibilities, and procedures to protect and preserve personnel and property against accidental loss. It provides for public safety incident to Army operations and activities, and gives guidance for safe and healthy workplaces, procedures, and equipment. This regulation assures statutory and regulatory compliance for MEDDAC/DENTAC/VETCOM.

b. The MEDDAC Commander, DENTAC Commander, VETCOM Commander and the Executive Board believe in a strong commitment to the maintenance of a safe and healthy hospital environment for our patients, employees, and visitors. This commitment has been evidenced by the development and support of the Environment of Care (Safety) Committee (EOCC) composed of members representing a cross-section of divisions and services within MEDDAC/DENTAC/VETCOM. This committee continues to lead in the development of policies and programs which affect all areas and provide guidance in the safe performance of duties.

c. In an effort to maintain a safe environment, each staff member is required to comply with the Safety and Health Standards and with the policies and procedures that apply to their job responsibilities.

d. The EOCC is authorized, through the Chairperson or the Safety Officer, to take action when a hazardous condition exists that could result in personal injury to individuals or damage to equipment or buildings.

e. As a member of the community, MEDDAC shares a responsibility to assist local agencies in the event of a disaster. To meet this responsibility, new employees are oriented to the MEDDAC Emergency Preparedness Plans and to the drills which are performed to maintain a state of preparedness in the event of a disaster.

Chapter 2
Responsibilities

2-1. MEDDAC/DENTAC/VETCOM Commanders. The commanders are ultimately responsible for the protection of personnel (patients, visitors, and staff), facilities, and equipment under their command and for the effective implementation of Safety and Occupational Health policies and programs. They will:

a. Designate a qualified Safety and Occupational Health Manager/Safety Engineer.

b. Ensure that personnel assigned to the hospital safety and occupational health positions have at least annual, documented training in Joint Commission Environment of Care standards and/or implementation of these or equivalent standards.

2-2. GLWACH Safety Officer. By authority of the MEDDAC Commander, the GLWACH Safety Officer has the management responsibility for the safety program and performs the following:

a. Plans, develops, and directs all elements of MEDDAC safety and occupational health, Fire/Life Safety Program, and provides consulting service to DENTAC and VETCOM, as appropriate.

b. Monitors and evaluates the effectiveness and implementation of requirements set forth in this and other pertinent safety, fire safety, and occupational health standards policies/procedures and ensures consistency is maintained with installation and higher echelon safety and occupational health requirements.

c. Conducts and documents periodic safety and fire safety inspections/surveys of MEDDAC/DENTAC/ VETCOM facilities. Patient care facilities are inspected semiannually and all other facilities annually.

d. Analyzes all identified hazards and DA Form 4755 (Employee Report of Alleged Unsafe or Unhealthy Working Condition) to determine and assign a degree of risk involved and makes appropriate recommendations for abatement of each hazard. Recommends interim protection for affected personnel, when necessary, and assists supervisors in preparing hazard abatement plans as appropriate, in coordination with Occupational Medicine, Occupational Health, and Industrial Hygiene.

e. Reviews and advises supervisors on investigation of all accidents that result in personal injury or government property damage and recommends appropriate countermeasures to preclude similar occurrences. Maintains records of accidents and incidents in accordance with DA Pam 385-40.

f. Determines, in coordination with Occupational Health, the procurement and distribution of safety and occupational health promotions, awards, and educational materials within the command.

g. Maintains a reference library of current applicable OSHA, DOD, DA, MEDCOM, installation, consensus, and local safety and occupational health regulations, standards, codes, policies, and procedures.

h. Reviews all DA Form 4283 (Facilities Engineering Work Request) and all engineering drawings/plans for renovation or construction pertaining to MEDDAC, DENTAC, and VETCOM in coordination with Occupational Health. Ensures appropriate safety and health considerations and requirements are addressed and incorporated into the design criteria and/or work to be accomplished.

i. Coordinates with and supports Infection Control; Facility Management; Fire Prevention; Environmental; Logistics; Security, Plans and Operations (emergency preparedness plans); Occupational Health; Preventive Medicine; Industrial Hygiene; Patient Safety; Quality Assurance and Risk Management; Radiation Protection; and Injury Compensation staff on matters of mutual concern.

j. Reports in writing pertinent EOCC findings and recommendations to the Executive Board, administration, medical and nursing staffs, divisions, and services involved. Will ensure that committee minutes are forwarded through Western Regional Medical Command Safety Officer to the MEDCOM Safety Office within 30 days from the date of each meeting.

k. Use the safety risk management process to identify risks to patients, visitors, and staff. Processes may include Hazard Vulnerability Assessments, Workplace Risks Assessments, Construction Risk Analysis, and Failure Mode Analysis.

l. The Safety Manager is authorized and responsible to act when hazardous conditions exist, which could result in personal injury to individuals or damage to equipment or buildings.

2-3. EOCC. Serves as the collective governing body for all MEDDAC/DENTAC/VETCOM departments, divisions, and services regarding safety and health concerns. Committee membership will be in accordance with MEDDAC Reg 15-1. The committee oversees compliance with accreditation standards and will make appropriate recommendations to the Commander and perform safety and occupational health tasks as directed by the Commander or EOCC chairperson.

a. Environment of Care Functional Management Team (ECFMT) will be a subcommittee reporting to the EOCC.

b. The EOCC will meet no less than every other month or on call of the chairperson. The ECFMT will meet as needed.

c. The authority of the EOCC is established by a memorandum from the MEDDAC Commander and endorsed by the Deputy Commander for Clinical Services to intervene when life-threatening situations exists.

d. EOCC will develop and recommend policies and procedures necessary to enhance the safety of medical care personnel, patients, visitors, and other personnel who enter a medical, dental, or veterinary facility.

2-4. Collateral Duty Safety Officer/Noncommissioned Officer (NCO). Chiefs of all departments, divisions, services and DENTAC/VETCOM commanders will appoint in writing a Collateral Duty Safety Officer/NCO who will:

a. Act as safety officer/noncommissioned officer for their respective areas of responsibility and ensure fire wardens are assigned for all areas under their control. Liaison will be maintained with the GLWACH Safety Officer on all fire, safety, and occupational health concerns.

b. Be responsible for accident prevention to the same extent that they are responsible for production or services and keep the commander and/or department/division/service chief apprised of all aspects of the unit department/division/service safety programs.

c. Ensure a safe and healthy work environment is maintained in their areas of responsibility by conducting periodic spot inspections and recording at least monthly results of their inspection on MEDDAC Form 963 (Quarterly Fire Drills and Fire/Safety Inspections). The MEDDAC Form 963 will be used each month to conduct fire/safety inspections of all work areas and to record quarterly fire drills. The MEDDAC Form 963 will be forwarded to the GLWACH Safety Office no later than the 10th day of the month following the prior quarter (for example, 10th of January, April, July, October). Fire drill evaluations will be sent to the Safety Office by the close of business following the fire drill.

d. Ensure employees are informed of, properly trained in, and observe safety and occupational health requirements relating to their work environment and duty positions. This includes Material Safety Data Sheets (MSDS) for each hazardous material, the use of protective clothing and equipment, and appropriate disposal of hazardous waste. Annually certify, on Unit Orientation Checklist, that employees know hazards of the job and their responsibilities under Joint Commission, OSHA, and the Army Safety Program.

e. Promptly evaluate and take necessary action to correct safety hazards/deficiencies reported by employees, identified during safety and health inspection/surveys, or identified through accident investigations and analyses.

f. Ensure all accidents are reported and investigated/analyzed. Ensure that accident prevention measures are implemented in accordance with this regulation and DA Pam 385-40.

g. Ensure that relevant safety and health regulations, policies, and procedures are readily accessible to all personnel on all shifts, including, but not limited to the following:

(1) This regulation.

(2) MEDDAC Reg 385-4.

(3) MEDDAC Reg 420-3.

(4) DD Form 2272 (DOD Safety and Occupational Health Program). This poster will be affixed in a conspicuous location in the work area.

(5) MSDS.

(6) Department, division, and service safety and health related Standing Operating Procedures (SOPs). Safety SOPs will be reviewed annually, revised if necessary, and a copy furnished to the GLWACH Safety Officer

with changes that have been made. Formal review by the GLWACH Safety Office will be completed every 3 years. During the annual review, the reviewer will sign the first page with the date showing when the review was completed. The EOCC will be briefed in accordance with Joint Commission standard on status of all SOPs during the annual program management review.

h. Maintain a complete set of the MEDDAC Emergency Management Plan (EMP) and participate in all drills in accordance with the EMP. Develop emergency operation procedures for assigned division or activities. Plans should cover mitigation, preparedness, response, and recovery (for example, utility outages, break in supply chain, loss of staff, mass casualty, etc).

i. Maintain a hazard communication (HAZCOM) binder and comply with instructions and procedures contains within these plans.

j. Ensure plans for area modifications that involve construction, engineering, equipment, and/or configuration changes are coordinated with the GLWACH Safety Officer before plans are finalized.

k. Ensure all safety, occupational health, and fire safety requirements, including MSDS, are included in purchase requests for all materials/equipment ordered (chemicals, compressed gases, electrical/non-electrical machinery, furniture, draperies, curtains, decorations, etc.)

l. Ensure all personnel have received training on general safety, fire safety, and HAZCOM within 30 days from date of hire. Newcomer training is provided via AMEDD Personnel Education and Quality System (APEQS). Questions about newcomers/APEQS may be addressed to the GLWACH Department of Hospital Education or the department level NCOIC. Job specific fire/safety training must be completed upon reporting to the work location.

2-5. Supervisors.

a. Support the Command Safety Program and all elements of the Civilian Resource Conservation Program (CRCP).

b. Hold employees accountable for observing established safety and occupational health regulations/ procedures/practices applicable to their specific position.

c. Ensure all hazardous work conditions are properly reported and follow-up actions are completed to ensure elimination or control of noted hazardous conditions.

d. Ensure the adequacy of all safety SOPs and ensure employees are aware of the safety requirements for all work tasks completed.

e. Ensure employees comply with safety requirements for all work performed and that required personal protective equipment is used.

f. Provide employee education/training regarding safety and health hazards in the work place. Document this training on MEDDAC Form 649 (Employee Safety and Health Training Record).

g. Assist safety and health professionals in deciding who among their employees to include in the Occupational Health Program and ensure they receive all required medical surveillance.

h. If an employee is injured, accompany injured employee to the emergency room to ensure prompt medical evaluation. Use of the GLWACH facilities for treatment of occupational injuries/illnesses is encouraged. Ensure GLWACH Safety Office is promptly notified of all occupational injuries for civilians and all injuries for military.

i. Report all accidents/injuries to the GLWACH Safety Officer and Occupational Health Manager. DA Form 4106 (Incident Report) will be completed for all mishaps. Department of Labor forms (CA forms) will be completed for all DA civilian injuries. Military accidents or injuries on or off the job will require a DA Form 285-AB (U.S. Army Abbreviated Ground Accident Report (AGAR)).

j. Investigate all accident injury claims and take corrective action to prevent recurrence. Appear before the CRCP Injury Management Committee to present information regarding the injury/incident, employee work practices, grounds for controverting, if any, preventive measures, and other information as requested.

k. Ensure statements on Federal Employees Compensation Act (FECA) compensation forms are properly investigated, fully documented, accurately reported, completed, and submitted in a timely manner.

l. Investigate and complete appropriate forms for all lost time injuries. (See DA Pam 385-40 and DA Form 285 AB)

m. Inform FECA claims administrator if you suspect grounds for controverting an employee's claim.

n. Assist FECA claims administrator in preparing documentation needed for controverting claims.

o. Consider placing injured employees in any available light duty assignments commensurate with injury-related restrictions set by federal medical authorities or private physician.

p. Monitor HAZCOM programs for their area of responsibility and ensure chemical inventory and current MSDS are available for all hazardous chemicals in the work area.

q. Ensure that performance standards for military and civilian supervisory personnel include accident prevention and safety and occupational health responsibilities as critical rating elements. The success or shortcomings of supervisory personnel in performing these responsibilities will be addressed in Army civilian employee performance appraisals, officer evaluation reports, and noncommissioned officer evaluation reports.

r. Ensure safety briefings are conducted at least monthly for personnel assigned. The briefings will be documented and retained by the supervisor for 1 year.

2-6. Employees.

a. Report all known or suspected hazardous work conditions/procedures to immediate supervisor and/or the GLWACH Safety Officer.

b. Comply with all safety requirements outlined for each work site to include use of personal protective equipment (PPE).

c. Immediately report all on-the-job injuries or illnesses to the supervisor and seek initial medical evaluation at the GLWACH emergency room.

d. Complete and submit to supervisor all required FECA compensation forms in a timely manner.

e. Report to attending physician for all necessary medical attention and submit Form CA 17 (Duty Status Report) to supervisor after each relevant medical appointment.

f. Accept offers of light duty assignment commensurate with injury-related restrictions determined by federal medical authorities, private physician, or take appropriate leave.

2-7. Chief, Logistics Division.

a. Coordinate all construction plans, engineering drawings, and contracts for GLWACH/DENTAC/VETCOM and contractor activities with the GLWACH Safety Officer and with the Chief, Preventive Medicine for review. Construction plans/drawings include tentative facility modifications, renovations, and new facility design for all GLWACH/DENTAC/VETCOM buildings and grounds.

b. Coordinate all DA Form 4283 with the GLWACH Safety Officer for review to ensure appropriate Risk Assessment Codes are assigned, safety and health considerations are addressed, and a document trail is established for status review of work request involving work environmental hazards.

c. Ensure compliance with environment of care equipment and utilities management program standards for all health care facilities.

d. Ensure coordination/information exchange is maintained with the GLWACH Safety Officer and Occupational Health Committee concerning all utility and equipment systems problems related to safety and health.

e. Route requests for hazardous material through GLWACH Safety Officer for approval prior to ordering.

f. Ensures that all utility outages are properly coordinated with users, the command, and safety personnel prior to discontinuation of service. In the event of an unplanned outage, ensure that the situation is properly evaluated, backup plans are implemented in a timely manner, and users are notified of the problem and the anticipated time required to restore the interrupted service.

g. Ensures logistical support for Emergency Management for supplies and services is properly documented in the hospital's Emergency Management Plan.

h. Ensure coordination/information exchange is maintained with the GLWACH Safety Officer and the GLWACH EOCC concerning all aspects of utility management in accordance with Comprehensive Accreditation Manual for Hospitals (CAMH) standards and takes or coordinates necessary corrective actions relating to such hazards, testing, education, and training, and brief the EOCC on status.

i. Ensure that relevant electrical equipment safety requirements are implemented and maintained in accordance with this regulation.

j. Manages Equipment Recall Program in accordance with the Safe Medical Devices Act of 1990 (see MEDDAC Reg 750-1). Ensures that staff is appropriately notified for equipment recalls and that equipment is removed immediately from the equipment inventory and from the patient care areas. Ensure that actions are appropriately documented and reported to the EOCC.

k. Ensure that SF 380 (Reporting and Processing Medical Material Complaint/Quality Improvement Report) will be used in the submission of all medical material complaints. SF 380 will also be submitted to the Defense Personnel Support Center in accordance with instructions in AR 40-61 and SB 8-75-S1. The use of the SF 380 is not limited to devices but also includes pharmaceuticals.

2-8. Troop Command, S-3.

a. Ensure that pertinent safety and occupational health considerations are incorporated into all aspects of field training exercises and internal/external disaster plans. Safety briefings will be given before each exercise to all personnel involved.

b. Coordinate all actions concerning EMP addressed in standards with the GLWACH Safety Officer and brief the GLWACH EOCC.

c. Coordinate required safety training for MEDDAC/DENTAC/VETCOM personnel to include initial safety orientation for newly assigned/hired personnel and annual refresher training for all assigned personnel. Documents and maintains training records for all MEDDAC/DENTAC/VETCOM personnel. Newcomer's Orientation will be within 30 days of their start date. Training will include:

(1) Review of Hospital Safety Management Plan.

(2) General hospital safety.

(3) Fire safety.

(4) Back injuries.

(5) Handling medical waste.

(6) Exposure Control Plan.

(7) Radiation safety.

(8) Use of PPE.

(9) Disposal of needles and sharps.

(10) HAZCOM Program training.

(11) Accident injury/property damage reporting.

(12) Patient safety. This training is in addition to area specific training provided by supervisors and documented in the competency assessment folders.

(13) Coordinate, publish, and maintain an EMP and a Security Management Plan per Joint Commission requirements. The plan will cover mitigation, preparedness, response, and recovery. The EMP shall be tested in accordance with all applicable codes and standards.

2-9. Chief, Preventive Medicine.

a. Ensure coordination and information exchange is maintained with the GLWACH Safety Officer and the EOCC on all safety, hazardous materials, occupational health, and industrial hygiene concerns relevant to facilities and occupants and brief committee as appropriate.

b. Coordinate all hazardous material requests in a timely manner and present recommendations to the GLWACH Safety Office.

c. Ensure coordination/information exchange is maintained with the GLWACH Safety Officer and the EOCC concerning all aspects of hazardous materials and waste management in accordance with Joint Commission standards. Coordinates necessary corrective actions relating to such hazards, education, training, and brief the EOCC on status.

2-10. Chief, Medical Equipment Maintenance Branch.

a. Ensure coordination/information exchange is maintained with the GLWACH Safety Officer and the EOCC concerning all aspects of medical equipment management in accordance with CAMH standards and takes or coordinates necessary corrective actions relating to such hazards, testing, education, training, and brief the EOCC on status.

b. Ensure that relevant electrical equipment safety requirements are implemented and maintained in accordance with paragraph 9 of this regulation.

Chapter 3
Accident Reporting, Investigation, and Analysis

Reporting accidents, investigations, and analysis:

a. Supervisors and company commander will report to the GLWACH Safety Officer all accidents that involve one or more of the following:

(1) Injury or death to on and off-duty military personnel, on-duty civilian employees,on-duty volunteers, or on -duty contractor/housekeeping employees.

(2) Injury to patients or visitors while in MEDDAC/DENTAC/VETCOM facilities or when injured in accidents involving MEDDAC/DENTAC/VETCOM operations.

(3) Occupational illnesses involving on-duty military, civilian, volunteers, or contractor/housekeeping personnel will be reported to GLWACH Emergency Room (ER) for evaluations.

(4) Property damage to MEDDAC/DENTAC/VETCOM facilities, vehicles or equipment.

(5) Fires involving MEDDAC/DENTAC/VETCOM facilities or equipment.

(6) Army motor vehicle accidents occurring on or off post.

(7) Privately owned vehicle (POV) accidents involving on and off-duty military personnel. POV accidents involving on-duty civilian employees when POV is being used for official business.

b. Reporting accidents to the GLWACH Safety Officer is required by public law and Army regulation. To ensure that prompt, effective investigation, analysis, and corrective action/accident prevention measures are implemented, supervisors and company commander will:

(1) Immediately report all on-duty accidents, regardless of severity, to the GLWACH Safety Officer (6-9471). (Report off-duty mishaps to Administrative Officer of the Day (AOD) immediately upon discovery.

(2) Immediately peport to the GLWACH Safety Officer and the Chief of Staff all serious/catastrophic accidents, regardless of when they occur, (for example, those resulting in fatality, permanent disability, hospitalization of three or more personnel in a single occurrence, or major property damage (10K or more)). During non-duty hours report mishaps to the AOD who will make appropriate notification.

c. Supervisors will complete the following reports/forms and forward to the GLWACH Safety Officer not later than 1 working day following the mishap.

(1) MEDDAC Form 889 (Record of Injury). For all on the job injuries and occupational illnesses involving military, civilian, contractors, and volunteers. This form will be used for all military off-duty accidents/injuries.

(2) Form CA-1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation). For all civilian on-duty injuries, the employee or someone acting on employee’s behalf completes this form and forwards to the Safety Office.

(3) Form CA-16 (Authorization for Examination and/or Treatment). Occupational Health Clinic, Preventive Medicine, must issue this form as required for treatment.

d. Supervisors and/or company commander will ensure DA Form 285-AB is completed for all recordable accidents as required by DA Pam 385-40. DA Form 285-AB will be reviewed/ initialed by the immediate supervisor and appropriate department/division chief. Company Commander will complete Section F for off-duty mishaps reported under their command. Final review will be completed by the Chief of Staff for off–duty. DENTAC/VETCOM Executive Officer will review for the representative commander on their recordable accidents. Instructions for preparing DA Form 285-AB are available in the GLWACH Safety Office.

e. The supervisor will ensure required notifications are accomplished in accordance with AR 385-10 paragraph 3-6 and MEDCOM Supplement 1 to DA Pam 385-40 using the Report of Serious Accident format.

f. For Class A and B mishaps, the supervisor and/or immediate commander or their representative will notify GLWACH Safety Office (6-9471) during duty hours. GLWACH Safety or immediate commander will notify MANSCEN Staff Duty Officer (563-6126) and GLWACH AOD.

Chapter 4
Training and Education

a. Supervisors will orient new employees to the GLWACH Safety Program prior to job assignment to the new duty location. The orientation will include, as a minimum, review and discussion of this regulation, MEDDAC Reg 385-4, MEDDAC Reg 420-3, and all other safety policies and procedures relevant to them as indicated on the Orientation Checklist. Briefing must include general safety, fire safety, HAZCOM, PPE, hazards of the job, and Material Safety Data Sheets.

b. Supervisors will provide training in the following areas:

(1) An annual review of relevant safety and health regulations, policies, and procedures referenced in paragraph 6.d. of this regulation.

(2) Annual fire safety, electrical safety, and other safety and health topics pertinent to the work environment.

(3) DOD HAZCOM Program training to employees whose work involves hazardous materials prior to job assignment. Refer to MEDDAC Reg 385-4 for specific training requirements.

(4) Motor vehicle driver in accordance with AR 385-55.

(5) Equipment user and equipment maintainer training, in accordance with Chapter 7 of this regulation.

(6) Other necessary training on procedures or equipment those employees may be required to use in performance of their duties.

c. Training will be documented in the employee's competency assessment folders.

Chapter 5
Electrical and Equipment Safety

5-1. Patient Care Equipment.

a. The Medical Maintenance Branch, Logistics Division, will service/maintain, test, and inspect all patient care equipment used for the diagnosis, treatment, monitoring, and care of patients in accordance with NFPA 99, manufacturer's recommendations, and other pertinent requirements. An inventory will be maintained for all such equipment along with documentation for all maintenance, tests, and inspections performed in accordance with Joint Commission requirements. Patient care areas will be identified and an annual review completed by Chief, Medical Maintenance, and the GLWACH Safety Officer. Failure of medical treatment equipment to function normally will be immediately reported to the Medical Maintenance Branch for repairs/adjustments.

b. Personally owned patient care electrical equipment is not allowed to be used at GLWACH.

5-2. Non-Patient Care Electrical Equipment in a Patient Care Setting/Applications.

a. All personally owned electrical appliances (radios, hairdryers, curling irons, laptop computers, etc.) must have written approval by the Medical Maintenance Branch or Safety Office prior to use. See Appendix B for sample memorandum requesting use of such equipment.

b Certain facility owned equipment used in inpatient care areas will be inspected and tested in accordance with NFPA 99, prior to initial use. The following types of appliances will be included in this program:

(1) Maintenance appliances (for example, drills, saws, etc.).

(2) Portable fans.

(3) Televisions.

(4) Other equipment/appliances as determined by the EOCC.

c. All contractor-owned housekeeping equipment (for example, buffers, vacuum cleaners, etc.), will be inventoried and have documented visual inspections and tests performed in accordance with NFPA 99, prior to initial use and annually thereafter.

d. The GLWACH Safety Officer, section officer in charge (OIC) or non-commissioned officer in charge (NCOIC) will inventory and visually inspect, prior to use, certain facility-owned and staff (personally) owned equipment/appliances used in non-patient care areas. The following appliances are included in this program:

(1) Refrigerators.

(2) Appliances with heating elements(for example, coffee pots, microwave ovens, etc.). No appliance that has exposed heating elements capable of reaching 212 degrees Fahrenheit will be allowed.

(3) Other appliances as determined by the EOCC.

e. The following types of equipment/appliances are exempt since they should not impose a significant risk to patients, staff, or visitors during normal use:

(1) Computers.

(2) Televisions and radios in clinics and other locations where they are not intended to contact patients.

(3) Typewriters.

(4) Clocks.

(5) Pencil sharpeners.

(6) Calculators.

f. Orientation and annual continuing education/training will be given for all users to maintain skills for safe use of fixed and portable equipment used for the diagnosis, treatment, monitoring, and care of patients. This requirement applies to individuals who are not thoroughly familiar with the use/orientation of a particular piece of equipment and who may not use the equipment often enough to maintain competency in its use. Department, division, and service chiefs will be responsible for implementing this program. Documentation for this training/education will be posted.

g. General electrical safety procedures will be implemented to preclude and eliminate all fire, shock, and other safety hazards. Some general requirements are given below and in MEDDAC Reg 420-3.

(1) Electrical cords will not be routed across an aisle/walkway or otherwise impose a tripping hazard.

(2) Electrical cords will not be routed through holes in walls, ceilings, or floors, and will not run through doorways, windows, or similar openings.

(3) The user will visually inspect electrical equipment on a routine basis to identify any hazardous defects. If any of the following defects are identified, immediately remove the equipment from service, attach a warning label or tag to it, and coordinate necessary repair, replacement, or turn–in procedures:

(a) Equipment with loose or cracked chassis.

(b) Equipment with frayed/worn cords.

(c) Equipment with energized or moving parts that are not properly protected or guarded.

(d) Equipment that blows a fuse or trips a circuit breaker.

(e) Equipment that causes the slightest shock when touched.

(f) Equipment that is sparking or smoking. In this case a suspected fire is evident, and the GLWACH Fire Plan will be implemented.

(4) All personnel will be familiar with the means of properly disconnecting electrical power from equipment used in the work areas, including:

(a) Equipment on/off switches.

(b) Equipment electrical cords/plugs.

(c) Circuit breaker panels and switches.

5-3. Preventive Maintenance and Testing of Non-Medical Equipment and Power Distribution System.

a. Responsibilities:

(1) Chief, Facilities Management Branch will:

(a) Coordinate with the appropriate activities to schedule inspection and testing of the electrical power distribution system so as to disrupt activities to the minimum extent possible.

(b) Maintain a record of all inspections and testing performed.

(c) Coordinate with supporting activities to ensure compliance by inspecting and testing items and areas as required by the Joint Commission.

(d) Reports of inspections and testing performed on the electrical distribution system and its components are received, when requested.

(e) The Facility Management Branch will conduct complete inspections of the entire electrical system upon installation and at least annually thereafter.

(f) Electrical power outlets in critical care areas as defined in commander's designation letter will be tested annually by the hospital maintenance contractor. Facilities Management Branch will maintain record of testing. This testing is in addition to electrical outlet testing conducted by the Medical Maintenance Branch when performing maintenance on patient medical equipment.

(2) GLWACH Safety Office will review electrical safety procedures during annual inspections to ensure requirements contained in this regulation are understood and observed.

(a) The periodic inspection will encompass correction of deviations or inadequacies.

(b) Where lockout is used for electrical safety, the periodic inspection will include a review between the inspector and each authorized employee of that employee's responsibilities under the procedure being inspected.

(c) Where tagout is used for electrical safety, the periodic inspection will include a review between the inspector and each authorized/affected employee of the responsibilities under the procedure being inspected, and the elements set forth in 29 CFR 1910.

(d) Inspection should identify the machine or equipment on which the electrical procedure was being used, the date of the inspection, the employees included in the inspection, and the person performing the inspection.

(3) Supervisors will:

(a) Perform a survey to locate and identify all electrical isolating devices which apply to the equipment to be locked/tagged out. More than one power source; for example, electric or mechanical, may be involved.

(b) Notify all affected employees that a lockout/tagout system is going to be used and the reason for it. Inform the authorized employee of the type and magnitude of energy that the machine or equipment uses and of the hazards involved.

(c) Ensure proper procedures are followed.

(d) Ensure instruction of authorized employees, with a list by name/job title, in the safety significance of the lockout/tagout procedure. Ensure instruction of each new or transferred/affected employee and other potentially affected employees in the purpose and use of the lockout/tagout procedure. Maintain a list of affected employees with the workstation, telephone numbers, and a record of the training.

(e) Supervisors will initiate the following procedures for machines and equipment to be serviced/maintained and ensure they are followed:

(i) Shut down an operating machine or item of equipment by the normal stopping procedure (depress stop button, open toggle switch, etc).

(ii) Isolate equipment from its energy source(s) by operating the switch, valve, or other electrical isolating device(s). Stored energy (such as that in springs, elevated machine members, rotating flywheels, hydraulic systems, and aft, gas, steam or water pressure, etc.) must be dissipated or restrained by repositioning, blocking, bleeding down, etc.

(iii) Lockout/tagout the electrical isolating devices with assigned individual lock(s) or tag(s).

(iv) Operate push-button or other operating control(s) to ensure the equipment will not operate, that no personnel are exposed, and to check on having disconnected the energy source(s). CAUTION: Return operating control(s) to neutral or off position after the test. The equipment is now locked out/tagged out.

(v) Check the area around machines or equipment after the service/maintenance is complete and equipment is ready for normal production operations to ensure no one is exposed.

(vi) Remove lockout/tagout devices after all tools have been removed from the machine or equipment, guards have been reinstalled, and employees are in the clear. Operate the electrical isolating device(s) to restore power to the machine or equipment.

(vii) Have each individual place their own personal tagout device on the electrical isolating device(s) if more than one individual is required to lockout/tagout equipment. When an electrical-isolating device will not accept multiple locks or tags, a multiple lockout/tagout device (hasp) may be used. For lockout, a single lock may be used with the key when placed in a lockout box or cabinet which allows the use of multiple locks to secure it. Each employee will use their own lock to secure the box or cabinet. If individual no longer needs to maintain their lockout protection, they will remove their lock.

(viii) Lockout/tagout all equipment to protect against accidental or inadvertent operation when such operation could cause injury. Do not attempt to operate any switch, valve, or other electrical-isolating device where it is locked out/tagged out.

Chapter 6
Medical and Compressed Gas Safety

6-1. Responsibilities.

a. Chief, Logistics Division, will:

(1) Ensure safe bulk oxygen handling and safe cylinder handling procedures are implemented.

(2) Ensure a written SOP is established for receipt, storage, and issue of oxygen in cylinders.

(3) Recommend to the commander candidates eligible to serve as oxygen purity concentration (OPC) monitors. Also, identify to the commander those personnel authorized to document oxygen concentrations. Commander will appoint OPC monitors in writing.

(4) Oversee the OPC monitor in the execution of their duties.

b. OPC monitor will:

(1) Implement medical oxygen policies and procedures. Develop and maintain local regulations or SOPs which incorporate local procedures for implementing the Oxygen Program. Procedures will include:

(a) Responsibilities of the OPC monitor.

(b) Training requirements for those individuals designated by the commander to document the concentration of oxygen received in cylinders.

(c) Actions to be taken and who must be notified at the time of delivery if the oxygen contains less than 95.0 percent by volume of oxygen.

(2) Maintain current appointment orders for OPC monitor and those personnel authorized to document oxygen concentrations. Destroy appointment orders when superseded.

(3) Ensure the oxygen analysis is performed at the time of delivery. The results of the test will be recorded on DD Form 1191 (Warning Tag for Medical Oxygen Equipment) and affixed to each cylinder. Data to appear on the DD FM 1191 will include:

(a) Calendar date of quality check.

(b) Quality of oxygen expressed in percent (for example, 95 percent).

(c) Initials of individual accomplishing check.

(4) Ensure medical maintenance personnel properly calibrate and maintain oxygen analyzers in accordance with local maintenance procedures.

(5) Train designated personnel in using the oxygen analyzer. A record of training (military and civilian) will be documented in the OPC monitor's files. Personnel assigned to perform the test will receive initial training before performing any purity confirmations and will be provided refresher training as often as the OPC monitor determines it is needed.

c. Medical Maintenance Branch will:

(1) Calibrate oxygen analyzers.

(2) Develop maintenance procedures to ensure the analyzers operate effectively.

(3) Train the OPC monitor in using the oxygen analyzer. Provide a record of the training (military or civilian) to the OPC Monitor for retention in the OPC monitor's files. The OPC monitor will train those personnel assigned to perform the test.

6-2. Required Safety Practices For Handling Medical Gases. See Appendix C.

6-3. Storage and Handling of Compressed Gas Cylinders.

a. Responsibilities.

(1) It is the responsibility of each individual clinic, service, or division to abide by the written standards established in this publication. Infractions of standards herein will be promptly reported to the individual's supervisor for corrective action.

(2) Individuals issuing compressed gas cylinders to patients for authorized use on an outpatient basis will ensure the recipients are familiar with these safety standards.

b. General. Manufacturers of gas cylinders and the firms which fill them are held responsible by several regulatory agencies to ensure the cylinders are safe, properly identified, have certain safety features, and the gases are of the purity necessary for medicinal or other uses. Despite the best construction, safety features, and testing, accidents can happen. For example, oil and certain gases could combine with explosive violence, safety valves could be made ineffective by striking them, or gases could become contaminated by the feedback of foreign matter. Due to these potential hazards surrounding compressed gas cylinders, personnel will become familiar with the pertinent rules for handling them.

c. Issue and Control. The Logistics Division will control compressed gas cylinders.

d. Storage. The following general rules of safety apply when storing compressed gas cylinders.

(1) Storage areas will not be accessible to unauthorized personnel.

(2) All personnel authorized entry to gas cylinder storage areas will be thoroughly trained in the proper handling of cylinders and related equipment.

(3) Storage areas will be kept free of combustible material except what is necessary for proper packaging.

(4) Explosion-proof lights will be utilized in bulk storage areas.

(5) Smoking will be prohibited in storage areas or where compressed gas is in use.

(6) Empty cylinders will be tagged and physically separated from full ones.

(7) Compressed gas cylinders will not be stored in the vicinity of electrical equipment which is unsafe to use with flammables.

(8) The quantity on hand in a clinic, service, or division will not exceed an estimated 1 day supply.

(9) Cylinders will be secured in a rack or to an immobile object except when necessary for movement.

(10) Compressed gas cylinders containing oxidizing agents; for example, oxygen and nitrous oxide, will not be stored or handled near cylinders of flammable gases such as propane.

(11) All bulk storage areas will be well ventilated.

e. Cylinder Inspection Procedures. The following actions will be taken prior to receiving or using any compressed gas cylinder:

(1) The type of gas contained in the cylinder will be identified by the individual receiving the cylinder. Identification of cylinders will be performed by the Materiel Branch upon initial receipt from the manufacturer/contractor and by using activity personnel upon issue from the Property Services Branch.

(2) The hydrostatic test date, which is stamped on the cylinder shoulder, will be checked to ensure the date has not been exceeded. The date will be checked at the same time the cylinder content identification is performed.

(3) The outside of the cylinder will be checked for excessive rust around the valve. In addition, the valve will be opened and shut with the user listening to detect if any gas is escaping after the valve is closed.

6-4. Safe Handling Procedures.

a. Valve protection caps will always be secured on the cylinder when not in use.

b. Cylinders will not be dropped or allowed to strike one another.

c. Cylinders will never be lifted by grasping the valve or valve protection cap.

d. Cylinders will not be utilized where sparks or flames could come in contact with them and their associated equipment or where the temperature exceeds 130 degrees F.

e. Cylinders will be secured in a rack or to an immobile object except when necessary for movement.

f. Oil, grease, or any other flammable substances will not be used on cylinders or associated equipment.

g. Safety devices in valves or cylinders will not be disturbed.

h. Prior to installing a regulator, the cylinder valve will be opened one-half turn to clean any dust or debris.

i. When installing regulators, personnel will ensure the regulator threads properly fit the union or valve. Force will not be used to connect them.

j. Cylinder valves will be opened slowly to prevent a sudden discharge of gas. During use, the valve will be opened fully and then closed one-half turn. This adjustment will ensure the valve is free for rapid use should the need arise.

k. If a valve leak is discovered, the valve will be closed immediately. If the leak persists after closing, the cylinder will be moved to the outside and isolated away from the building or roadways. Personnel from Material Branch will be notified immediately.

l. If there is a leak between a cylinder and its regulator, the adjustment nuts will not be tightened until the cylinder valve has been closed and time has been allowed for the gas in the regulator to escape.

m. Gas cylinders will not be secured to moveable equipment. Large cylinders will be transported in recessed handcarts or handcarts with chains.

n. Valves will be closed when gas is not being used.

6-5. Identification. Gas cylinders will be identified as follows:

a. Oxygen (Medical)---Green with white collar and cap with “OXYGEN” written on the label.

b. Nitrous Oxide---Blue with “NITROUS OXIDE” written on cylinder and the label.

c. Carbon Dioxide---Gray or silver with “CARBON DIOXIDE” on label or written on the tank.

d. Oxygen (non-medical)---Green with “OXYGEN” written on the label.

e. Acetylene---Orange with “ACETYLENE” written on the label.

f. Nitrogen---Blue with “NITROGEN” written on tank.

g. Propane---No specific color, normally labeled.

h. Breathing Air---Black with “BREATHING AIR” written on cylinder and label.

i. Calibration Gas---Silver with label annotating percent of gases in cylinder.

6-6. Training. Training will be conducted on a semi-annual basis to ensure personnel are aware of storage, inspection, and handling procedures as well as the hazards associated with compressed gas cylinders. Clinics/services/divisions utilizing or handling compressed gas cylinders will conduct this training. Training will be documented and filed within these individual areas. During hazard surveillance inspections, the Safety Officer will observe activity procedures to ensure cylinders are handled in a safe and proper manner. The results of the inspection will provide an indication as to the effectiveness of the training.

6-7. Safe Practices in Anesthetizing Locations.

a. This paragraph applies to all anesthetizing locations as defined in NFPA 99 and NFPA 70. These locations consist of the following:

(1) Surgery, Operating Room (OR).

(2) Delivery, Obstetrics.

(3) ER.

(4) Oral Surgery (Hospital Dental Clinic).

(5) Urology Clinic.

b. General. All anesthetizing locations will be non-flammable anesthetizing locations.

(1) The entrances to all anesthetizing locations will be identified by prominently posted signs reading “RESTRICTED TO NON-FLAMMABLE INHALATION ANESTHETIC AGENTS”.

(2) The use of flammable anesthetizing agents is prohibited in this facility.

(3) The use or storage of any of the following flammable agents or germicides will be prohibited from all operating rooms, delivery rooms, and other anesthetizing locations in the hospital:

(a) Cyclopropane.

(b) Divinyl Ether.

(c) Diethyl Ether.

(d) Flourxene.

(e) Ethyl Chloride.

(f) Ethylene.

c. Equipment.

(1) No electrically powered equipment, except that judged by the Biomedical Maintenance Branch as being in compliance with NFPA 99 will be utilized in anesthetizing locations.

(2) The staff will be required to submit for inspection and approval (by Biomedical Maintenance Branch) any special equipment they wish to introduce into anesthetizing locations. Such equipment will meet the requirements for protection against electric shock.

(3) Photographic lighting equipment will be of the totally enclosed type or so constructed as to prevent the release or escape of sparks or hot particles.

d. Practice.

(1) If cautery, electro-surgery, or other hot or arching devices is to be used during an operation, flammable germicides or flammable fat solvents (alcohol or acetone) will not be applied for preoperative preparation of the skin.

(2) When the ground contact signal (red light) flashes and/or the audible warning sounds, the surgical procedure and anesthetic will be concluded as soon as safely possible. The last electrical device plugged in will be disconnected. Use of all other electrically powered equipment not necessary for patient monitoring will be discontinued. Following completion of the operation, the operating room in which the signal was activated will not be used until a report has been received from the Biomedical Maintenance Branch indicating the electrical defect has been remedied.

e. Anesthesia Machine. The anesthesia machine is a complex apparatus used for the administration of inhalation anesthetic agents to include oxygen.

(1) Only credentialed members of the Anesthesia Service will operate the anesthesia machine.

(2) The anesthesia machine is maintained routinely by the anesthesia providers who operate the machines. The machines will be serviced periodically by the manufacturer and Biomedical Maintenance Branch.

(3) The anesthesia machines will have at least one source of oxygen. This can be a large cylinder, one or two cylinders, or a pipeline supply.

(4) An oxygen analyzer will be used to ensure the proper delivery of oxygen.

(5) The Pin-Index Safety System will be utilized on all anesthesia machine yokes and gas cylinders.

(6) The anesthesia machine will have a waste anesthetic gas system which can exhaust collected gases to the outside of the facility.

f. Enforcement. It is the responsibility of the Chief, Anesthesia and Operative Service; Chief Nurse Anesthetist; or the OR supervisor and the EOCC to enforce the above policy.

Chapter 7
Motor Vehicle Accident Prevention

a. Personnel (military, civilian, and volunteers) required to drive Army/government motor vehicles will attend formal classroom instruction in accident avoidance prior to being assigned to drive such vehicles. Certification of training is required prior to vehicle dispatch; recertification is required every 4 years. Additionally, individuals involved in "at fault" Army/government motor vehicle accidents will be given remedial training.

b. All personnel will use safety belt/restraint systems at all times while operating government or privately owned vehicles in accordance with AR 190-5 and AR 385-55. NOTE: State law requires all motor vehicle occupants to wear manufacturer installed safety restraint systems.

c. All government vehicle operators will perform before, during, and after operation checks to ensure safe vehicle operation is not compromised. This includes (but is not limited to) proper functioning of all vehicle equipment; for example, steering, windshield wipers, horn, mirrors, safety belt/restraint systems, brakes, lights, signaling, or water leaks, and any other condition likely to cause personal injury or failure of a vehicle component. A vehicle identified with any safety defects will be considered "not mission capable" until properly repaired.

d. Drivers involved in government vehicle accidents, regardless of circumstances or accident severity, will immediately report the accident to the police department under whose jurisdiction they fall (Military Police/local police department) and will complete SF Form 91 (Operator Report of Motor Vehicle Accident). A copy of each SF Form 91 will be provided to the GLWACH Safety Officer within 5 working days after the accident. All pertinent requirements of Chapter 3 of this regulation will be followed. DA Form 285 (Technical Report of U.S. Army Ground Accident) will also be completed as appropriate.

e. Supervisors may annually recognize safe government vehicle operators by nominating them for safe driving award. Written justifications/nominations will be submitted to the GLWACH Safety Officer.

f. Supervisors will ensure that POV accident prevention training is given to all military personnel prior to holiday periods. As a minimum, the following topics will be included:

(1) Major causes of accidents.

(2) How to avoid a collision with another vehicle (defensive driving techniques).

(3) The effects of drugs and alcohol on driving skills.

(4) How to control fatigue when driving.

(5) Pedestrian safety precautions.

(6) Special hazards concerning motorcycles.

(7) Utilize the travel risk planning system available through the United States Army Combat Readiness/Safety Center.

g. All supervisory personnel will review more comprehensive requirements given in AR 385-55 as they apply to their area of responsibility and ensure that their affected personnel are knowledgeable of (and implement) such requirements.

h. For safe operation of emergency medical service (EMS) ambulances and patient transport vehicles (PTV), see Appendix D.

Chapter 8
Safety Promotion and Awards

Safety Promotion and Awards Program will be implemented in all departments, divisions, services, and DENTAC/VETCOM. Supervisors will ensure the following is accomplished within their area of responsibility.

a. Safety promotional materials such as posters, publications, pamphlets, bulletins, incentive items, etc., will be posted or provided to their personnel to maintain/stimulate safety awareness and motivation as appropriate, prior to holiday periods.

b. Individuals with significant contributions in accident prevention will be nominated to receive a safety award. A written justification for safety award nominations will include a brief narrative of the specific contribution(s) the nominee(s) made to the Safety Program, will be entitled "Recommendation For Safety Award", and will be forwarded through the GLWACH Safety Officer for presentation to the EOCC. Significant contributions in accident prevention include but are not limited to the following:

(1) Identifying and reporting/coordinating correction for an unsafe act or an unsafe condition that could have resulted in injury and/or property damage.

(2) Initiating procedural/work operations change(s) that reduce or eliminate an existing hazard exposure potential to patients, staff, or visitors (for example, substitution of less hazardous materials/chemicals that perform virtually the same mission function, incorporation of additional /more stringent administrative, engineering or environmental controls, etc).

(3) Assisting in various aspects of the Safety Program in addition to an individual's normal duty responsibilities, preparing safety education packages for training or distribution, or preparing/revising safety SOP.

(4) Army motor vehicle drivers with at least 12 consecutive months of safe driving.

Chapter 9
NCO Safety

All NCOs are responsible for the safety of their Soldiers. NCOs must ensure that Soldiers are properly trained and perform to required standards. Deviations from integral mission safety and health standards can cause serious injury, loss of life, significant property damage, and unnecessary mission interference. MEDDAC/DENTAC/ VETCOM senior NCOs will:

a. Serve as safety officers within their areas of responsibility, in accordance with MEDCOM Commander policy letter. All NCOs will review this and other pertinent safety and health regulations and familiarize themselves with all criteria necessary to educate and motivate safe performance of their subordinates both on and off duty.

b. Conduct daily inspections of their duty locations to identify, correct, and eliminate unsafe acts and unsafe conditions. Special attention will be given (but not limited to) electrical, fire, compressed gas, and hazardous materials safety concerns.

c. Conduct safety training and briefings for their subordinates concerning off duty safety and health concerns. This training will be conducted a minimum of twice a year prior to seasonal outdoor activity and environmental changes relating to winter and summer and prior to holidays. Training will include (but not be limited to) the following:

(1) POV accident prevention (refer to Paragraph 7 of this regulation).

(2) Sports accident prevention (for example, inherent hazards of each sport, warm up exercises, a review of common sports injuries and how to preclude their occurrence, etc).

(3) Family safety and health concerns in/around the home and recreational activity safety.

(4) NCOs will work closely with the GLWACH Safety Officer and coordinate all safety and health related problems or questions with the Safety Office.

Chapter 10
Contractor Safety

Supervisors and Contracting Officer Representatives shall have a written safety program and are responsible to ensure that all contractor operations within (or on the exterior grounds of) MEDDAC/DENTAC/VETCOM facilities:

a. Comply with all relevant Environmental Protection Agency, Nuclear Regulatory Commission, OSHA Standards, 29 CFR 1910, 29 CFR 1926, and other applicable federal safety and health standards.

b. Comply with all relevant state, city, or county safety and health standards or regulations.

c. Comply with all relevant Army safety and health regulations, policies, and procedures.

d. All contractor work operation plans/requirement documents will be coordinated with/reviewed by the GLWACH Safety Office prior to new or renewal contractor operations.

e. Compliance with MEDDAC Reg 385-12.

Chapter 11
Fire Safety Program

Specific requirements and responsibilities are outlined in FLW Reg 420-2 and MEDDAC Reg 420-3.

Chapter 12
Hazardous Materials/Hazards Communication

Specific requirements and responsibilities are outlined in MEDDAC Reg 385-4, MEDDAC Pam 40-24, and MEDCOM Reg 40-35.

Chapter 13
Protective Clothing and Equipment

Immediate supervisors are responsible to ensure that all their affected personnel are provided necessary protective clothing and equipment.

a. Protective clothing and equipment necessary to fully protect staff, visitors, and patients from accidental injury or disease due to MEDDAC/DENTAC/VETCOM operations will be provided and utilized by all affected personnel.

b. Requests for purchase or issue of hearing protection and/or respiratory protective equipment will be coordinated through GLWACH Industrial Hygiene Services (329-8724).

c. Requests for purchase of protective eyewear (safety glasses, goggles, etc.) and/or protective footwear will be coordinated through the GLWACH Safety Officer and Occupational Health Clinic.

d. Requests for all other protective clothing and equipment will be reviewed by the GLWACH Safety Officer to ensure applicable criteria have been addressed.

Chapter 14
Respiratory Protection Program

The MEDDAC/DENTAC/VETCOM Respiratory Protection Program will comply with AR 11-34 and MEDDAC Reg 385-6. Chiefs of all departments, divisions, services, and other supervisory personnel will ensure the following requirements are implemented:

a. Include respirator use in SOPs when a specific work process necessitates respiratory protection with guidance and approval from the GLWACH Safety Officer and Industrial Hygiene, Preventive Medicine Division. When it is suspected that respiratory protection is needed to protect personnel from a specific work operation, consultation will be made with the aforementioned entities for a final determination. In the interim, no personnel will perform the suspect operation(s).

b. Prior to an individual being assigned to a job requiring the use of a respirator, they will be medically evaluated to determine if they are physically and psychologically able to perform work while wearing prescribed respiratory protection. MEDDAC OP 345 (Respirator Medicine Evaluation Questionnaire) will be completed and returned to Occupational Health.

c. No respirator will be used without prior approval. The approval process, at a minimum, will consist of specific, appropriate respirator selection, worker acceptance factors, respirator wearer training, and fit and leak testing criteria as specified in AR 11-34 and MEDDAC Reg 385-6. This requirement will be coordinated with the GLWACH Safety Officer and Industrial Hygiene, Preventive Medicine Division. Once approved, the respirator will only be used for its intended purpose.

d. Records of respirator training and fit and leak testing for supervisors and relevant workers will be maintained by respective supervisors in coordination with and with guidance from the GLWACH Safety Officer and Industrial Hygiene, Preventive Medicine Division.

e. Restrictions:

(1) Contact lenses will not be worn with full face piece respirators.

(2) Respirators equipped with a face piece will not be worn if facial hair interferes with the sealing surfaces of the face piece and the face, or if the facial hair interferes with valve functions of the respirator.

f. Each area and operation requiring the use of respiratory protective equipment will be marked/identified to alert personnel of the safety and health risks associated with the work process involved and the type of respirator needed. This requirement will be coordinated with the Safety Officer and Industrial Hygiene, Preventive Medicine Division.

g. Personnel required to use the respirators will:

(1) Be familiar with AR 11-34 and MEDDAC Reg 385-6, pertinent job sites SOPs, and the respirator to be used.

(2) Use respirators in accordance with instructions and training provided.

(3) Perform positive and negative pressure tests each time the respirator is to be used to ensure proper fitting/seal and valve function in accordance with manufacturer's recommendations.

(4) Ensure that necessary maintenance and cleaning of assigned respirators is accomplished and/or coordinated by the supervisor.

(5) Properly store, protect, and secure the respirator in an approved/designated location.

(6) Notify the supervisor in the event it is suspected or known that a respirator is ineffective or in need of replacement (or if it is suspected that respiratory protection is needed for a particular operation). In the interim, do not perform or otherwise be exposed to the hazardous or suspected hazardous operation.

Chapter 15
Lockout/Tagout Program

a. The GLWACH Safety Office will review energy control procedures during annual inspections to ensure requirements contained in this regulation are understood and observed.

(1) The periodic inspection will encompass correction of deviations or inadequacies.

(2) Where lockout is used for energy control, the periodic inspection will include a review between the inspector and each authorized employee of that employee's responsibilities under the procedure being inspected.

(3) Where tagout is used for energy control, the periodic inspection will include a review between the inspector and each authorized/affected employee of the responsibilities under the procedure being inspected and the elements set forth in 29 CFR 1910, Paragraph (c) (7) (ii).

(4) Inspection should identify the machine or equipment on which the energy control procedure was being used, the date of the inspection, the employees included in the inspection, and the person performing the inspection.

b. Supervisors will:

(1) Perform a survey to locate and identify all energy isolating devices which apply to the equipment to be locked/tagged out. More than one energy source (for example, electrical or mechanical) may be involved.

(2) Notify all affected employees that a lockout/tagout system is going to be used and the reason for it. Inform the authorized employee of the type and magnitude of energy that the machine or equipment uses and of the hazards involved.

(3) Ensure proper procedures are followed.

(4) Ensure instruction of authorized employees, with a list by name/job title, in the safety significance of the lockout/ tagout procedure. Ensure instruction of each new or transferred/affected employee and other potentially affected employees in the purpose and use of the lockout /tagout procedure. Maintain a list of affected employees with the workstation, telephone numbers, and a record of the training.

c. Supervisors will initiate the following procedures for machines and equipment to be serviced/maintained and ensure they are followed:

(1) Shut down an operating machine or item of equipment by the normal stopping procedure (depress stop button, open toggle switch, etc.).

(2) Isolate equipment from its energy source(s) by operating the switch, valve, or other energy isolating device(s). Stored energy (such as that in springs, elevated machine members, rotating flywheels, hydraulic systems, and aft, gas, steam, or water pressure, etc.) must be dissipated or restrained by repositioning, blocking, bleeding down, etc.

(3) Lockout/tagout the energy isolating devices with assigned individual lock(s) or tag(s).

(4) Operate push-button or other operating control(s) to ensure the equipment will not operate, that no personnel are exposed, and to check on having disconnected the energy source(s). CAUTION: Return operating control(s) to neutral or off position after the test. The equipment is now locked out/tagged out.

(5) Check the area around machines or equipment after the service/maintenance is complete and equipment is ready for normal production operations to ensure no one is exposed.

(6) Remove lockout/tagout device(s) after all tools have been removed from the machine or equipment, guards have been reinstalled, and employees are in the clear. Operate the energy isolating device(s) to restore energy to the machine or equipment.

(7) Have each individual place their own personal tagout device on the energy isolating devices(s), if more than one individual is required to lockout/tagout equipment. When an energy-isolating device will not accept multiple locks or tags, a multiple lockout/tagout device (hasp) may be used. For lockout, a single lock may be used with the key then placed in a lockout box or cabinet which allows the use of multiple locks to secure it. Each employee will use their own lock to secure the box or cabinet. As a person no longer needs to maintain their lockout protection, that person will remove their lock.

(8) Lockout/tagout all equipment to protect against accidental or inadvertent operation when such operation could cause injury. Do not attempt to operate any switch, valve, or other energy-isolating device where it is locked out/tagged out.

Chapter 16
Confined Space Program

Confined Space Program is managed by the Post Safety Office per FLW Reg 385-6 and MEDDAC Reg 385-6.

Chapter 17
Patient and Visitor Safety

To ensure optimum safety for our patients and visitors, all staff must be thoroughly familiar with the responsibilities under AR 385-10, AR 420-90, FLW Reg 420-2, MEDDAC Reg 385-4, MEDDAC Reg 420-3, and this regulation. Specifically, OICs, NCOICs, and supervisors will:

a. Report all patient/visitor incidents using the electronic version of DA Form 4106 located on computer desktop.

b. Notify the GLWACH Safety Officer of any safety hazards reported by visitors and patients.

c. Evaluate the patient call system if oxygen is being administered to the patient. Since some call systems are not for use in oxygen-enriched areas, ensure the appropriate call system is being used when administering oxygen.

d. Report all slips and falls to Patient Safety (6-1705), who briefs the EOCC on all falls. The most effective control is basic housekeeping. Spills must be cleaned immediately, obstructions must be removed, and staff must be alert to maintaining a safe environment not only for the patient and visitors, but for themselves as well. Report any potential hazard to the GLWACH Safety Office (6-9471).

Chapter 18
Bloodborne Pathogens

All aspects of bloodborne pathogens are covered under 29 CFR 1910 and MEDDAC Reg 40-5-1. Occupational Medicine and/or Infection Control will serve as consultants on policies/procedures related to the bloodborne pathogen standard and the GLWACH Exposure Control Plan.

Chapter 19
Accident/Injury/Property Damage Reporting

19-1. Purpose. To establish procedures for investigating and reporting all accidents which result in injury requiring treatment by a medical care provider or which result in damage to government property or equipment.

19-2. Applicability. Accident/injury reporting applies to both civilian and military personnel.

a. Active duty military personnel are considered to be on-duty at all times for accident/injury reporting purposes. Therefore, all injuries to military personnel whether actually performing assigned military duties or not will be investigated and reported.

b. Supervisors of military personnel who incur an injury requiring medical treatment will complete a Record of Injury Report and furnish the report to the MEDDAC Accident/Injury Reporting Officer within 2 working days. The supervisor, not the injury victim, will complete the Record of Injury Report. Non-lost times means less than 1 working day lost because of the injury. All injuries require DA Form 285 or DA Form 285-AB.

c. DA Form 285 or DA Form 285-AB will be completed by the injured individual's supervisor within 2 working days. Form will be typed or neatly printed. The Safety Office will assist the supervisor in completing the form, if needed.

d. Supervisors of military personnel whose injuries result in convalescent leave will ensure an accident investigation is conducted and the proper report is completed prior to the injured individual departing on convalescent leave. This is necessary to ensure reports are submitted to the Army Safety Center within the established suspense.

e. When possible, supervisors will develop meaningful, practical, and verifiable corrective actions to prevent recurrence of the accident/injury.

19-3. Civilian Injuries. In accordance with Federal Law, DOD, DA policy, and MEDCOM regulations, only injuries incurred by civilian employees while on duty will be investigated and reported. The requirement to conduct an investigation is for accident prevention purposes, and that requirement is in addition to Department of Labor requirements used for compensation purposes.

a. Supervisors of civilian employees who incur an injury while on duty will complete a Record of Injury Report and furnish the completed report to the Safety Office within 2 working days. The injury report is a separate requirement from CA series forms as required by the Department of Labor. However, the Safety Officer may at their discretion waive the requirement for DA Form 285 or DA Form 285-AB if a copy of the CA series form is submitted.

b. Supervisors must develop and implement practical, effective, and verifiable corrective action to prevent recurrence of injury producing accidents/conditions.

19-4. Damage to Government Property. Damage to government property including but not limited to medical care equipment and motor vehicles whether due to misuse, carelessness, intentional acts, or resulting from or compounded by equipment failure will be reported.

a. The Chief, Property Services Branch, Logistics Division, will furnish reports of damage or suspected damage to all government property/equipment which is turned in through supply channels for repair/replacement. Damage reports will be submitted bi-monthly to the Safety Office in the form of a memorandum and will include a description of the equipment/property, identity of the hand receipt holder, and description of the damage.

b. All military vehicle accidents (MVA) are reportable. MVAs will be reported using DA Form 285 or DA Form 285-AB. A copy of the police report will be attached.

c. In accordance with DA Pam 385-40, accident/injury and/or property damage investigations will be conducted for prevention purposes only. The information obtained will not be used for disciplinary purposes or to establish pecuniary liability.

19-5. Patient Incident Reporting Protocol. It is the responsibility of the person in charge of each area to ensure that all injuries, occupational illness, or property damage to patients or visitors have an incident report filled out.

a. DA Form 4106 will be used to report all incidents.

b. Incident reports will be forwarded to the Continuous Quality Improvement Officer for appropriate action.

Chapter 20
Electromagnetic Interference

20-1. Purpose. To establish policy within MEDDAC to protect sensitive medical equipment from the effects of electromagnetic interference, which may be caused by the use of mobile radios, hand-held two-way "brick" radios, cellular telephones, portable telephones, and remote control games.

20-2. Scope. Applicable to all personnel, patients, visitors, delivery persons, volunteers, and any others who may enter a MEDDAC/DENTAC/VETCOM facility.

20-3. Personnel with Responsibility for Compliance.

a. Immediately report any electronic/electric equipment malfunctions of an unexplained nature to Medical Maintenance. An immediate survey of the area near the equipment shall be made following an incident to determine if cellular telephones, two-way radios, or remote control games were present or in use. This information will also be forwarded to Medical Maintenance.

b. To ensure electromagnetic capability when buying new/replacement equipment, all CEEP/MEDCASE purchases will be reviewed by Medical Maintenance.

20-4. Procedures.

a. The use of cellular telephones, portable telephones, two-way radios, and remote control games by personnel is prohibited in the following areas of Building 310. All of these items must be turned to the off position, even if not in use.

(1) Operatory Suites.

(2) Recovery Room.

(3) Intensive Care Unit.

(4) Ward 3C (Labor and Delivery, Birthing Rooms).

(5) ER.

b. The use of cellular telephones, portable telephones, two-way radios, and remote control games by all personnel is prohibited within 3 feet of medical electrical equipment in other patient care areas.

c. The only exception to this policy is the use of two-way radios by emergency responders (Military Police, EMS, Fire Department, LB&B Contract Facility Maintenance Personnel, etc.) in the performance of their duties.

d. This policy does not prohibit the use of these items by personnel while in administrative areas.

APPENDIX A
References

Section I
Publications

DoDI 6055.7, Accident Investigation, Reporting and Recordkeeping

AR 11-34, The Army Respiratory Protection Program

AR 40-5, Preventive Medicine

AR 40-61, Medical Logistics Policies

AR 190-5, Motor Vehicle Traffic Supervision

AR 385-10, The Army Safety Program

AR 420-1, Army Facilities Management

AR 600-55, The Army Driver and Operator Standardization Program (Selection, Training, Testing, and Licensing)

AR 700-68, Storage and Handling of Liquefied and Gaseous Compressed Gases and Their Full and Empty Cylinders

DA Pam 385-40, Army Accident Investigation and Reporting

DA Pam 385-80, Hospital/Medical Facility Safety Management

SB 8-75-S1, Department of the Army Supply Bulletin, Army Medical Supply Information

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

MEDCOM Reg 385-2, MEDCOM Safety Program

FLW Reg 190-5, Motor Vehicle Traffic Supervision on Fort Leonard Wood

FLW Reg 385-6, Safety Program

FLW Reg 420-2, Post Fire Regulation

MEDDAC Pam 40-24, Hospital Waste Management

MEDDAC Pam 385-4, USA MEDDAC Hazard Communication Program

MEDDAC Reg 15-1, Authorized Committees

MEDDAC Reg 40-5-1, Bloodborne Pathogen Exposure Control Plan

MEDDAC Reg, 385-6, Respiratory Protection Program

MEDDAC Reg 385-12, Policies and Procedures for Preconstruction Risk Assessment

MEDDAC Reg, 420-3, Fire Protection and Evacuation Plan

MEDDAC Reg 750-1, Commanders Medical Maintenance Directive

29 CFR 1910, General Industry

29 CFR 1926, Construction Standards

NFPA 30, Flammable and Combustible Liquids Code

NFPA 70, National Electrical Code

NFPA 99, Standard for Health Care Facilities

NFPA 101, Life Safety Code

Joint Commission Comprehensive Accreditation Manual for Hospitals

Section II
Forms

DA Form 285, Technical Report of U.S. Ground Accident

DA Form 285-AB, U.S. Army Abbreviated Ground Accident Report (AGAR)

DA Form 4106, Incident Report

DA Form 4283, Facilities Engineering Work Request

DA Form 4755, Employee Report of Alleged Unsafe or Unhealthy Working Condition

DD Form 1191, Warning Tag for Medical Oxygen Equipment

DD Form 2272, DOD Safety and Occupational Health Program

SF 91, Operator Report of Motor Vehicle Accident

SF 380, Reporting and Processing Medical Material Complaint/Quality Improvement Report

MEDDAC Form 649, Employee Safety and Health Training Record

MEDDAC Form 889, Record of Inquiry

MEDDAC Form 963, Quarterly Fire Drills and Fire/Safety Inspection

MEDDAC OP 345, Respirator Medical Evaluation Questionnaire

Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Form CA-2, Notice of Occupation Disease and Claim for Compensation

Form CA-6, Official Supervisor's Report of Employee's Death

Form CA-16, Authorization for Examination and/or Treatment

Form CA-17, Duty Status Report

APPENDIX B
Non-Patient Care Electrical Appliance Use Request

OFFICE SYMBOL

MEMORANDUM THRU Chief (of respective Department, Division, Service)

FOR GLWACH Safety Officer

SUBJECT: Request for Approval of Use of Personally Owned Non-Patient Care Electrical Appliance.

1. Reference: MEDDAC Reg 385-10.

2. I, (full name), request the use of the following non-patient care electrical appliance for my personal use. Required information is additionally included.

a. Type of electrical appliance:

b. Manufacturer name:

c. Model: Serial Number:

d. Underwriters Laboratory (UL) listed: Yes No

e. Exact location use (if approved): Bldg# Room#

3. If approved, I understand that I am responsible to ensure this appliance is safely used and maintained to preclude any fire, shock, or other safety hazard. I will immediately remove the appliance from use in my work area if any electrical parts become exposed (electrical cord, heating elements, other chassis components) or otherwise damaged or in need of repair. I will use the appliance only in the approved location and will not connect an extension cord to it. I understand that the approved use of this appliance can be terminated at any time by my supervisor or other authorized individuals (for example, GLWACH Safety Officer, Occupational Health Manager, Post Fire Inspector).

SIGNATURE BLOCK

APPROVED / DISAPPROVED
GLWACH Safety Officer and Occupational Health Manager

APPENDIX C
Required Safe Practices For Handling Medical Gases

(Adopted from the Compressed Gas Association, Inc., a consensus standard organization recognized by OSHA)

General Rules:

1. Never permit oil, grease, or other readily combustible substances to come in contact with cylinders, valves, regulators, gauges, hoses, and fittings. Oil and certain gases such as oxygen or nitrous oxide may combine with explosive violence.

2. Never lubricate valves, regulators, gauges, or fittings with oil or any other combustible substances.

3. Do not handle cylinders or apparatus with oily hands or gloves.

4. Connections to piping, regulators, and other appliances should always be kept tight to prevent leakage. Where hose is used, it should be kept in good condition.

5. Never use an open flame to detect gas leaks. Leak detection instruments or commercial leak detector solutions should be used.

6. Prevent sparks or flame from any source from coming in contact with cylinders and equipment.

7. Never interchange regulators or other appliances used with one gas with similar equipment intended for use with other gases.

8. Fully open the cylinder valve when the cylinder is in use.

9. Never attempt to mix gases in cylinders. (Mixtures should be obtained already prepared from recognized suppliers.)

10. Before placing cylinders in service, any paper wrapping should be removed so that the cylinder label is clearly visible.

11. Identify the gas content by the label on the cylinder before using. If the cylinder is not identified to show the contacts, return the cylinder to the supplier without using.

APPENDIX D
Safe Operation Of Emergency Medical Service Ambulance and Patient Transport Vehicles

1. References:

   a. AR 385-55, Prevention of Motor Vehicle Accidents.

   b. AR 190-5. Motor Vehicle Traffic Supervision.

   c. AR 600-5, Motor Vehicle Driver and Equipment Operator Selection, Training, Testing, and Licensing.

   d. MEDCOM Supplement to AR 385-55.

   e. FLW Reg 190-5, Motor Vehicle Code.

2. EMS ambulance drivers are required to complete an emergency vehicle driver training program. This additional training is to ensure competency in the safe operation of ambulances. At a minimum, the training will include applicable laws and regulations (DA, federal, state, and local), safe operating/defensive driving practices under

normal and emergency conditions, and driver vehicle inspection and primary preventive maintenance. The following topics will be included in the program and all individuals will be knowledgeable of them prior to being road tested to be certified as ambulance drivers:

a. Local and state traffic regulations.

b. Selection of routes and building identification.

c. Vehicle inspection and operator preventive maintenance.

d. Use of radios and communication procedures.

e. Operation of emergency warning equipment (lights and sirens).

f. Parking and backing.

g. Negotiating traffic (intersections, yielding right-of-way, passing other vehicles, etc.).

h. Road conditions.

i. Handling unusual situations (adverse weather, collisions, skids, vehicle malfunctions, placement of warning devices, etc.).

j. Inspection and maintenance of life support equipment.

k. Driving to the scene, precautions while at the scene, directing traffic.

l. Driving with a patient aboard.

m. Highway warning kits.

3. All known and posted state and local traffic laws and regulations will be followed.

a. Operators of ambulances WILL NOT exceed the legal speed limit for such vehicles at any time.

b. The use of red lights and/or sirens will be considered by the operator as a REQUEST for other vehicles to yield right-of-way.

c. Under no circumstances will the use of warning devices be interpreted by the operator to mean that such devices gives them clearance to operate the vehicle without regard for life, property, and local/state traffic law.

4. Required ambulance vehicle safety equipment (other than life support equipment and emergency warning lights and sirens):

a. Safety lap belt and shoulder harness for driver and front seat passenger. Safety lap belt for patient compartment attendants and other occupant seats.

b. Six highway type flares (30 minute size).

c. Two flashlights (with at least one in the patient compartment).

d. One five pound dry chemical multipurpose fire extinguisher.

e. Two “No Smoking” signs in the patient compartment.

5. Required vehicle safety equipment for PTVs:

a. Safety lap belt and shoulder harness for driver and front seat passenger. Safety lap belt for all rear occupant seats.

b. Six highway type flares (30 minute size).

c. One flashlight.

d. One five pound dry chemical multipurpose fire extinguisher.

6. Other requirements:

a. Ambulances will be positioned a minimum of 50 feet from parked or operating aircraft and a minimum of 50 feet from accident sites with a danger of spilled fuel or other highly flammable or explosive material.

b. Ambulances and PTVs with deteriorated seals or rusted body parts could result in life threatening levels of carbon monoxide entering/collecting in the patient and driver compartments. Coordination will be made with Preventive Medicine personnel to conduct semiannual tests under full working conditions to determine the presence of carbon monoxide and other exhaust gases.

c. A dismounted ground guide will be used when backing an ambulance into position, due to restricted rear vision of the driver. Ground guides must be in view of the driver at all times when backing.

d. The following supporting references and documentation will be maintained in the GLWACH ER:

(1) This regulation.

(2) AR 385-55 (with MEDCOM Supplement).

(3) AR 600-55.

(4) Copies of DA Form 348.

(5) Copies of daily vehicle inspections.

GLOSSARY

AGAR Abbreviated Ground Accident Report

AOD Administrative Officer of the Day

APEQS AMEDD Personnel Education and Quality System

CAMH Comprehensive Accreditation Manual for Hospitals

CRCP Civilian Resource Conservation Program

DA Department of the Army

DENTAC Dental Activity

DOD Department of Defense

ECFMT Environment of Care Functional Management Team

EMP Emergency Management Plan

EMS Emergency Medical Service

EOCC Environment of Care Committee

ER Emergency Room

FECA Federal Employee Compensation Act

HAZCOM Hazardous Communication

MEDCOM Medical Command

MEDDAC Medical Department Activity

MSDS Material Safety Data Sheet

MVA Motor Vehicle Accident

NCO Noncommissioned Officer

NFPA National Fire Protection Association

OIC Officer In Charge

OPC Oxygen Purity Concentration

OR Operating Room

OSHA Occupational Safety and Health Administration

POV Privately Owned Vehicle

PPE Personal Protective Equipment

PTV Patient Transport Vehicle

SOP Standard Operating Procedure

VETCOM Veterinary Command

The proponent of this publication is the Safety Office. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, USA MEDDAC, ATTN: MCXP-S, 126 Missouri Avenue, Fort Leonard Wood, Missouri 65473-8952.

FOR THE COMMANDER:

MARGARET J. TOILLION
LTC, MS
Deputy Commander for Administration

MERRY L. ROSS
Adjutant

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