



# Joint Task Force National Capital Region Medical **INSTRUCTION**

**NUMBER 1438.02**

**JUL 12 2012**

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J-3A

**SUBJECT:** Safety and Occupational Health (SOH) Program

**References:** See Enclosure 1

1. **PURPOSE.** This Instruction in accordance with the authority in References (a) through (d):
  - a. Establishes the Joint Task Force National Capital Region Medical (JTF CapMed) SOH Program in accordance with DoD Instruction 6055.1 (Reference (e)).
  - b. Updates policies, procedures, and responsibilities for administering a comprehensive JTF CapMed SOH Program under Reference (e) and DoD Directive 4715.1E (Reference (f)).
  - c. Implements the provisions of section 7902 of title 5, United States Code (U.S.C.); section 651 et seq. of title 29, U.S.C.; sections 1101 note, 1105, 1115 note, 1116-1119 of title 31, U.S.C.; Executive Order 12196; and section 1960 of title 29, Code of Federal Regulations (References (g) through (k)) as they apply to the JTF CapMed SOH program and is intended to aid in the reduction of government costs due to accidents and occupational illnesses.
  - d. Includes risk management, ground safety, occupational safety, and occupational health.
  - e. Excludes explosive safety covered under DoD 6055.09-M (Reference (l)) and fire prevention and protection covered under DoD Directive 6055.06 (Reference (m)).
2. **APPLICABILITY.** This Instruction:
  - a. Applies to JTF CapMed Headquarters (HQ), Fort Belvoir Community Hospital (FBCH), Walter Reed National Military Medical Center (WRNMMC) [hereafter, FBCH and WRNMMC are referred to as Medical Treatment Facilities (MTFs)], and the Joint Pathology Center (JPC).
  - b. Encompasses all JTF CapMed, MTF, and Center personnel. These provisions consider limitations on the applicability of References (h), (j), and (k) to the JTF CapMed. These

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limitations include the exemptions or exceptions from Department of Labor (DoL) oversight for military personnel, military-unique operations, and workplaces; specific conditions governed by other statutory authorities; and, in certain overseas areas, conditions governed by international agreements.

c. Does not apply generally to contractor personnel or contractor operations. Additional details are given in Enclosure 4. The contractor is directly responsible to federal or state Occupational Safety and Health Administration (OSHA) for the safety and health of contractors' employees including operations performed in the continental U.S. or its territories or possessions. See Enclosure 3 for evaluation of contractor exposures during wartime and peacekeeping operations.

3. DEFINITIONS. See Glossary

4. POLICY. It is JTF CapMed policy:

a. To eliminate accidents, deaths, and occupational illnesses by applying risk management strategies towards achieving an annual goal of significant reductions in all accidents and occupational injuries and illnesses, with the ultimate goal of zero accidents, no occupational injuries and illnesses, and compliance with JTF CapMed SOH standards and policies.

b. To reduce costs and eliminate unnecessary expenditures per the mandate in Reference (i).

c. To hold MTF Commanders and the JPC Director responsible for SOH program performance. Managers, supervisors, military personnel, and civilian workers are accountable for preventing accidents and workplace illness, but the ultimate safety of human and material resources is a command responsibility.

d. To prescribe and enforce standards and/or regulations applicable to those functions for which the JTF CapMed has statutory authority for SOH matters.

e. To require all construction projects to meet applicable safety, life safety, fire protection, and health standards.

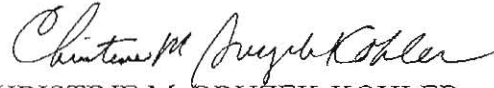
5. RESPONSIBILITIES. See Enclosure 2

6. PROCEDURES. Program requirements and procedures are contained in Enclosures 3 through 8.

7. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the Internet from the JTF CapMed Web Site at: [www.capmed.mil](http://www.capmed.mil).

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8. EFFECTIVE DATE. This Instruction is effective immediately.



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1. References
2. Responsibilities
3. JTF CapMed SOH Program Requirements and Procedures
4. SOH Considerations for JTF CapMed Contractor Personnel and Operations
5. JTF CapMed Personal Protective Equipment Program
6. JTF CapMed Ergonomic Program Requirements and Procedures
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8. Performance Evaluation

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ENCLOSURE 1REFERENCES

- (a) Deputy Secretary of Defense Memorandum, "Establishing Authority for Joint Task National Capital Region Medical (JTF CapMed) and JTF CapMed Transition Team (Unclassified)," September 12, 2007
- (b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region Medical," January 15, 2009
- (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
- (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
- (e) DoD Instruction 6055.1, "DoD Safety and Occupational Health (SOH) Program," August 19, 1998
- (f) DoD Directive 4715.1E, "Environment, Safety, and Occupational Health (ESOH)," March 19, 2005
- (g) Section 7902 of title 5, United States Code
- (h) Section 651 et seq. of title 29, United States Code
- (i) Sections 1101 note, 1105, 1115 note, and 1116-1119, 1982 and Supp 1998, of title 31, United States Code
- (j) Executive Order 12196, "Occupational Safety and Health Programs for Federal Employees," February 26, 1980
- (k) Part 1902 et seq., 1910.1020, and 1960 of title 29, Code of Federal Regulations
- (l) DoD 6055.09-M, "DoD Ammunition and Explosives Safety Standards," February 29, 2008
- (m) DoD Instruction 6055.06, "DoD Fire and Emergency Services (F&ES) Program," December 21, 2006
- (n) DoD Instruction 6055.05, "Occupational and Environmental Health (OEH)," November 11, 2008
- (o) DoD Instruction 6050.05, "DoD Hazard Communication (HAZCOM) Program," August 15, 2006
- (p) DoD Instruction 6055.07, "Mishap Notification, Investigation, Reporting, and Record Keeping," June 6, 2011
- (q) Sections 2012, 2021, 2121(b), and 2201(b) of title 42, United States Code
- (r) Section 941 of title 33, United States Code
- (s) Public Law 104-113, "National Technology Transfer and Advancement Act of 1995," March 7, 1996
- (t) DoD Instruction 5000.02, "Operation of the Defense Acquisition System," December 8, 2008
- (u) DoD Instruction 1400.25, "DoD Civilian Personnel Management System," December 3, 1996

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ENCLOSURE 2

RESPONSIBILITIES

1. MTF COMMANDERS AND CENTER DIRECTORS. MTF Commanders and Center Directors shall:

- a. Establish programs that implement the requirements and procedures of this Instruction.
- b. Institute systems to use the risk management process at all levels to prevent the accidental loss of personnel, facilities, weapon systems, and equipment during peacetime and wartime.
- c. Ensure that the planning, programming, budgeting, and execution system includes sufficient resources to effectively staff and implement the MTF or Center accident prevention program and occupational safety and health (OSH) program as required by References (g) and (h).
- d. Report to the J-3A any situation resulting from compliance with procedures in this Instruction that could impair the defense mission or adversely affect national security.
- e. Report, by an annual In-Progress Review (IPR), the status of their SOH programs to the J-3A.

2. COMMANDERS, DIRECTORS, SUPERVISORS, AND MANAGERS.

- a. Commanders, Directors, supervisors, and managers shall protect personnel, equipment, and facilities under their command by using the risk management process and ensure the effective implementation of safety and occupational health policies.
- b. Military and JTF CapMed civilian officials at each management level shall advocate a strong SOH program; provide their personnel safe and healthful working conditions; and provide education and training that will enable them to prevent accidents, injuries, and occupational illnesses.
- c. Leaders at all levels must ensure that risk management addressing safety and occupational and environmental health concerns is integrated in all aspects of operations, and not an add-on consideration.
- d. Performance evaluations of those responsible MTF and Center officials shall reflect personal accountability consistent with the duties of the position, with appropriate recognition of superior performance, and conversely with corrective administrative action for deficient performance. Enclosure 8 provides more detail on evaluations.

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3. NON-SUPERVISORY JTF CAPMED PERSONNEL. Non-supervisory JTF CapMed, MTF, and Center personnel shall support the SOH program. This shall include compliance with work safety and health standards, proper use of Personal Protective Equipment (PPE) and clothing, and prompt reporting to JTF CapMed management of unsafe conditions, hazardous exposure, or occupational injury or illness. Failure to comply can form the basis for adverse administrative action. Strong support and adherence to SOH programs should reflect favorably in personnel evaluations as it relates to the prevention of accidents, injuries, and occupational illnesses.



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ENCLOSURE 3JTF CAPMED SOH PROGRAM REQUIREMENTS AND PROCEDURES1. GENERAL ADMINISTRATION

a. SOH Staffing. Qualified SOH personnel shall be designated at levels of command consistent with the MTF or Center's organizational structure to serve as principal command SOH advisors, accident prevention policy and program developers, performance monitors, and points-of-contact for SOH matters.

b. Determinations. Each MTF and Center must determine:

(1) Whether to assign such SOH responsibility as a primary or collateral duty.

(2) What professional qualifications are necessary, noting that JTF CapMed recognizes licensure and professional registration or certification as evidence of competency and strongly supports all eligible JTF CapMed personnel to obtain the professional credentials described in subparagraph 2.a.(3)(b) of this Enclosure.

(3) The military or civilian status and grade levels of such officials.

(4) Whether to use Government personnel or contract-out certain SOH services.

(5) The size and professional mix of staffs.

c. Availability. MTFs and Centers will ensure that an SOH program for civilian and military personnel assigned under their supervision from another MTF or Center is provided.

d. Protection Against Reprisal

(1) As a matter of equity and to protect the integrity of both the hazard identification system and accident investigations, MTFs, and Centers will establish positive procedures to protect all JTF CapMed and contractor personnel from coercion, discrimination, or reprisals for participation in the SOH program. Such procedures shall include provisions to ensure individual anonymity, when requested; ensure prompt, impartial investigation of allegations of reprisal; and provide appropriate administrative action when such allegations are substantiated.

(a) The use of Inspector General channels to investigate such allegations is appropriate for military complaints.

(b) Civilian employee complaints shall be processed through the negotiated grievance procedure, if available; otherwise, through the administrative grievance procedure. Fact-finding investigations of allegations of reprisal raised under the civilian complaints procedures may be conducted by the Inspector General or other appropriate organizations.

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(2) Under the provisions of Reference (k), protection against reprisal extends specifically to the right of a JTF CapMed civilian to decline to perform an assigned task because of a reasonable belief that, under the circumstances, the task poses an imminent risk of death or serious bodily harm, coupled with a reasonable belief that there is insufficient time to seek effective redress through normal hazard reporting and abatement procedures. In this situation, both the affected employee and local management shall be entitled to the considered opinion of a qualified industrial hygiene, safety, fire prevention, or health professional to the extent of the hazard.

e. Dissemination of Information

(1) MTF and Center programs will ensure that all personnel have access to, and are informed of, the location, availability, and procedures to obtain SOH information. SOH information includes the location and means to contact the local SOH office or offices, technical data, applicable regulations, basic reference standards, specialized consultations, etc. See section 1910.1020 of Reference (k) for additional information on the collection and distribution of safety and health data (e.g., material safety data sheets).

(2) A poster with core text described in Reference (k) shall be conspicuously placed as part of meeting this information dissemination requirement. A customized electronic copy of the poster is available on both the OSHA Office of Federal Agency Programs and Office of the Deputy Under Secretary of Defense for Environmental Security (ODUSD(ES)) Internet websites. Users should fill in the appropriate local information prior to posting.

(3) MTF and Center programs shall also ensure job safety and health analyses, workplace visit reports, specific work safety and health procedures, precautions regarding hazards, planned corrective actions for hazards and interim protective measures, and hazard report forms are readily available in the workplace.

f. Reports, Recordkeeping, and Accident Investigations

(1) Access to Records. Within the JTF CapMed HQ, MTFs and Centers, the right of access to relevant civilian employee exposure and medical records shall be in accordance with Reference (k), regardless of any argument concerning the applicability of that part to federal agencies within the language of Reference (k).

(2) Required Elements. Required elements for reports, recordkeeping, and accident investigations are contained in DoD Instruction 6055.07 (Reference (n)).

(3) Contact with OSHA. The ODUSD(ES) is the sole interface with the OSHA national office for policy issues. The JTF CapMed HQ is the interface with the OSHA national office for technical issues.

g. Risk Management

(1) The risk management process shall be institutionalized and be an inherent part of all operations to address safety and occupational and environment health risks.

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(2) The standard for risk management is leadership at the appropriate level of authority making an informed decision to control hazards or accept safety or health risks. In those circumstances where local resources are not available to control residual risks, leaders will make conscious decisions to either accept the risk or elevate the risk decision to the next higher-level of leadership.

(3) The risk management process supplements, but does not supersede, compliance with federally mandated standards or regulations. In those instances when mission accomplishment and military necessity result in the requirement to make risk decisions to override standards, such decisions must be made at the appropriate level of command and based on full consideration of the safety, occupational health and environmental impacts (e.g., the level of risk, hazard involved, mode of entry, synergism, potentiating, exposure, and worst-case scenario). MTFs and Centers shall establish procedures to ensure that these decisions are documented, archived, and reevaluated on a recurring basis.

(4) In all operations, Commanders, Directors, leaders, and individual members will use the risk management process defined in this Enclosure to anticipate problems, identify hazards, assess hazards, develop controls, make risk decisions, and implement controls.

(5) Risk management techniques will be used in the planning and executing of training operations to ensure they are realistic yet do not exceed an acceptable level of risk for a non-combat situation.

## 2. SOH TRAINING, EDUCATION, AND QUALIFICATIONS

a. MTF and Center SOH training programs shall include the following requirements:

(1) For Commanders and senior management officials:

(a) Educate executive-level leaders as to the history and trends of SOH within their MTF or Center; the business advantages (cost and savings) of prevention; Executive Branch and departmental policies and initiatives; and the reasons for protecting people from occupational hazards and improving mission performance by eliminating accidents, injuries, and occupational illnesses.

(b) Train leaders, Commanders, and Directors at all levels in the risk management principles, tools, and techniques necessary to create and maintain a culture that promotes a safe and healthful work environment.

(2) For supervisors: Train the management skills needed to implement MTF and Center SOH policies and programs. These skills include fostering a workplace where hazards are identified and risks are managed, identifying and being able to teach subordinates to identify hazards and employ controls, safety motivation, accident reporting and investigation, development of other skills needed to implement the MTF or Center program at the working level, and enforcement action to ensure subordinate compliance.

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level, and enforcement action to ensure subordinate compliance.

(3) For full-time SOH personnel:

(a) Provide formal and informal training courses, educational programs, and other activities to enable personnel to function effectively as SOH advisors to Commanders, Directors, and management officials. Mandatory continuing education will consist of a blend of technical specialty, management, and leadership development courses. In addition, where feasible, personnel shall be offered, through a competitive selection process, professional military education, graduate-level SOH education, and developmental assignments within their MTF or Center, other Federal Agencies, and SOH professional organizations.

(b) Provide training and work assignments to encourage professional SOH credentialing. The JTF CapMed recognizes the importance of professional credentials in career development, technical competency, and SOH program effectiveness. Consequently, JTF CapMed urges all SOH personnel (military and civilian) to obtain licensure, registration, or certification, as appropriate, in their respective disciplines. These fields include:

1. Industrial hygiene - Certified Industrial Hygienist
2. Safety - Certified Safety Professional (CSP) and/or Certified Hospital Safety Professional (CHSP). Hospital safety professionals should have the choice to be a CSP or CHSP, preferably CHSP, due to the nature of the business of healthcare.
3. Occupational health nursing - Certified Occupational Health Nurse
4. Health physics - Certified Health Physicist
5. Engineering - Professional Engineer
6. Hearing conservation - Certified Audiologist (Certification of Clinical Competence in Audiology)
7. Certified Professional Ergonomist
8. Occupational Health and Safety Technologist

(4) For non-supervisory personnel: Train workers in the risk management process. Provide specialized job safety and health training appropriate to the work performed, including the provisions of relevant SOH standards, hazards associated with any materials used in the workplace or processes, hazard reporting, provisions of the MTF or Center SOH program, responsibility to follow safety and health procedures, and consequences of noncompliance.

(5) For Civilian Employee Representatives: Provide risk management training to prepare representatives to assist in the maintenance of safe and healthful workplaces. The extent of any such training shall depend on local needs.

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b. Additional specifics related to occupational health are found in DoD Instruction 6055.05 and DoD Instruction 6050.05 (References (n) and (o)).

3. LOCAL AREA HAZARDS SAFETY BRIEFING. MTFs and Centers shall develop and keep current pertinent safety and health briefings, to include unique local area conditions (e.g., driving conditions, driving laws, weather conditions, and any potential health problems or hazardous conditions on and off the installation). MTFs and Centers shall develop policy and procedures to ensure that all personnel visiting (e.g., temporary duty assignment, Guard and Reserve members reporting for training duty) receive this briefing prior to performing official duties or being released on personal time.

#### 4. SOH STANDARDS

##### a. General

(1) MTFs and Centers shall comply with the standards promulgated by OSHA under Reference (h) in all non-military unique operations and workplaces, regardless of whether work is performed by military or civilian personnel. MTFs and Centers may develop and apply standards that are alternate or supplemental to such OSHA standards, provided the approval procedures described in paragraph 4.c. of this Enclosure are followed.

(2) Although these OSHA-prescribed or approved standards are the primary measure of workplace safety and health, the MTFs and Centers will additionally ensure compliance with other applicable regulatory standards related to SOH and issued under statutory authority by the DoD or other federal agencies (such as the Departments of Transportation and Energy, the Environmental Protection Agency, the Nuclear Regulatory Commission, or the Food and Drug Administration), National Fire Protection Association, American Standards Institute, and the Joint Commission.

b. Joint-Use Facilities. When personnel of different MTFs and Centers and other Federal Agencies work in workplaces on the same installation, the MTFs and Centers and other federal agencies involved shall be governed by OSHA standards, including approved alternate standards, as a minimum, and host-agency standards. When other agency standards conflict with OSHA standards, the MTFs and Centers shall refer the matter through J-3A to the ODUSD(ES).

c. Evaluations of Workplaces and Operations. MTFs and Centers shall conduct safety and health evaluations of all workplaces and operations where JTF CapMed personnel are regularly employed at fixed installations. Inspections of workplaces and operations in contractor installations where fewer than 25 JTF CapMed personnel are employed shall be at the MTF or Center's discretion, based on existing conditions and potential risks. MTFs and Centers are required to ensure the health and safety of their personnel in the contractor facility. In addition, evaluations shall include determining if contractor operations jeopardize the safety and health of Government personnel and endanger Government property. Federal Acquisition Regulation (FAR) clause for SOH activities must be incorporated into the contract to address compliance



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Government personnel and endanger Government property. Federal Acquisition Regulation clause for SOH activities must be incorporated into the contract to address compliance with federal, state, and local SOH inspectable directives.

d. JTF CapMed, MTF, or Center Workplace Visits

(1) General. A qualified SOH employee will visit every MTF workplace per occupancy: non-patient administrative areas will be inspected annually, patient care areas will be inspected semi-annually, and high hazard areas (i.e., mechanical spaces, central processing plants, hazardous material storage, etc) will be inspected semi-annually. The exact nature of the visit is at the discretion of the local senior SOH professional or as directed by that official's higher headquarters. Visits are to be conducted more frequently based on factors such as the exposure to and potential severity of hazards, actual accident experience, special emphasis programs, changes in the organization's staffing or workplaces, or other event that increases risk of accidents and occupational illnesses. Military personnel and JTF CapMed civilian workers or their representatives should be encouraged to participate in these visits to assist in identifying unsafe or unhealthful working conditions. Also, the MTFs and Centers are required to schedule visits, based upon hazard analysis, to ensure the health and safety of their personnel working in JTF CapMed contractor facilities. Procedures shall be established to document and follow-up on the correction of deficiencies identified during a visit.

(2) Formal Inspections. MTFs and Centers will ensure formal SOH inspections of workplaces meet the requirements of Reference (k).

(3) Hazardous Duty and Environmental Differential Pay Evaluations. Upon request of the personnel office, qualified SOH personnel shall evaluate workplaces and working conditions. They will provide the personnel office a professional opinion on workplace conditions and make recommendations for reducing any hazards. MTFs and Centers will eliminate or reduce hazards that justify such pay.

(4) DoL Inspections and Investigations of DoD Working Conditions. In accordance with Reference (j), OSHA and National Institute for Occupational Safety and Health (NIOSH) officials acting as representatives of the Secretary of Labor, are authorized to conduct announced or unannounced inspections of all JTF CapMed, MTF, or Center workplaces.

(a) Such inspections may be in response to a complaint from a civilian employee or employee representative, in conjunction with any OSHA special emphasis program at installations with high workers' compensation claims rates, as part of OSHA's evaluation of MTF and Center SOH programs, to conduct civilian fatality investigations, or solely at the discretion of the Secretary of Labor.

(b) DoL representatives shall be admitted to conduct inspections at appropriate government workplaces without delay and at reasonable times. Employee representatives have the right to fully participate in the inspections as provided in References (j) and (k).

(c) DoL representatives will be directed to report to the MTF Commander or Center Director or the Commander's/Director's representative. DoL representatives are

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required to show identification and proof of appropriate security clearance if entry into closed/secure areas is required. A closing conference with the MTF Commander/Center Director, or that Commander's/Director's designee, shall be arranged before the DoL representative departs. The MTF Commander/Center Director will invite authorized representatives of civilian employees to attend the opening and closing conferences.

(d) DoL representatives will be provided access to all pertinent SOH information regarding workplaces consistent with national security requirements.

(e) MTF and Center programs will ensure prompt abatement of hazards and initiation of interim safeguards (see paragraph 4.e. of this Enclosure) as a result of valid notices of violation issued by a DoL representative. MTFs and Centers will ensure information on valid notices of violation is provided for inclusion in the Defense Environmental Information Exchange to avoid similar notices at other installations.

(f) MTF and Center programs will establish procedures for responding to DoL inspection reports and resolving conflicts. Conflicts not resolved at the MTF or Center level will be elevated to J-3A for resolution with the OSHA national office.

(5) Families of Accident Victims. After the accidental death of a civilian employee, OSHA may investigate and may issue a "Notice of Unsafe or Unhealthful Working Condition." OSHA Instructions provide the opportunity for an informal conference between OSHA, the employer (JTF CapMed), and the "employee representative" to review the merits of the Notice. On occasion, an OSHA representative may authorize family members to act as the "employee representative" and attempt to include those members in the informal conference with JTF CapMed, MTFs, or Centers. The JTF CapMed, MTFs, and Centers may challenge an OSHA decision to allow family members to act as the employee representative. The MTF or Center Commander, Director, or designee shall decide who are appropriate "employee representatives" for participation in informal conferences between OSHA and JTF CapMed.

e. Hazard Reports. Early detection of unsafe or unhealthful working conditions and subsequent reporting at the lowest working level possible to correct the hazard are important elements of injury and illness prevention. Accordingly, the MTFs and Centers Commander, Director or designee need to state who shall establish hazard identification and reporting programs that contain provisions to:

(1) Encourage personnel to make oral reports to supervisors as the most prompt and effective method of identification and make initial oral reports mandatory for imminent danger situations.

(2) Publicize the existence of the programs and inform all JTF CapMed personnel of their right and obligation to report hazardous situations to appropriate JTF CapMed officials. Full involvement of military and civilian personnel and, when applicable, labor organizations representing civilian personnel, is essential.

(3) Hold first-line supervisors primarily responsible for the application of risk management to the workplace, including reporting and correcting any hazardous condition

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observed or reported to them, enforcing all applicable safety and health practices, and reporting hazardous conditions promptly to a superior authority if immediate onsite correction is not possible.

(4) Simplify procedures for submitting written or oral reports of hazardous conditions to local safety and health officials. Ensure standard hazard report forms or electronic methods are available readily at workplaces for personnel to use, whether or not oral reports are made.

(5) Protect the identity of the person making a report if that person does not want his or her name revealed.

(6) Ensure the investigation of reports as soon as possible, but within 1 workday for imminent danger situations, 3 working days for potentially serious situations, and 20 working days for lesser conditions.

f. Hazard Abatement. MTFs and Centers shall follow a risk-based process as described in Enclosure 7 or equivalent to mitigate hazardous conditions in all JTF CapMed workplaces and operations. The process will ensure controls that reduce or eliminate hazards that pose higher risk of injury, occupational illness, or other accidental losses are higher priority than controls that result in rote compliance (e.g., not all instances of non-compliance with OSHA standards pose a true threat of harm to workers).

(1) Immediate action shall be taken to eliminate or reduce substantial hazards that constitute imminent danger situations (hazard severity Category I or II and accident probability Category A). Commanders, Directors, and managers shall stop work and withdraw exposed personnel until the above action is taken.

(2) MTF and Center programs will ensure Risk Assessment Code (RAC) 1, 2, or 3 hazards not corrected within timeframe specified in Enclosure 7 are included in a formal MTF or Center hazard abatement plan and any affected civilian employees are notified.

## 5. RISK MANAGEMENT PLANNING, PROGRAMMING, AND BUDGETING

a. MTFs shall plan, program, and budget resources to control hazards on a prioritized basis and in accordance with the Defense Planning Guidance.

b. When it is possible to identify and track SOH abatement project costs, MTFs and Centers will account for these expenditures. Information on hazard abatement expenditures and the backlog of any unfunded abatement projects will be maintained and would be useful for both internal and external SOH program review purposes.

6. DEFICIENCIES INVOLVING OTHER MTFs, CENTERS, OR OTHER FEDERAL AGENCIES. Correction of hazards that are the responsibility of another MTF, Center, or other Federal agency shall be brought to the attention of the appropriate party for corrective action. Problems that an MTF or Center cannot resolve shall be referred to the J-3A.



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## 7. COUNCILS AND CONFERENCES

### a. JTF CapMed, MTF, and Center SOH Councils

(1) JTF CapMed has opted not to establish SOH committees that conform to the provisions of Reference (j). At the MTF or Center level, the SOH committee and associated Working Groups, established under Reference (f), may include employee representatives and shall address SOH matters under the purview of this Instruction.

(2) Establishment of councils at MTF or Center, or at the local shop or division level is recommended, but shall be at the MTF or Center's discretion.

b. Safety and Health Conferences. Attendance and participation of JTF CapMed personnel (including appropriate employee representatives) in federal and professional society safety and health conferences are encouraged. MTFs or Centers that plan to sponsor SOH seminars or workshops should consider scheduling such meetings in conjunction with a major federal or professional society safety and health conferences.

## 8. GOALS, OBJECTIVES, MEASURES OF MERIT, AND SELF EVALUATION

a. To provide direction of effort and meaningful program evaluation, each MTF or Center and subordinate levels of command shall establish annual SOH goals and objectives.

b. MTFs and Centers will establish procedures to evaluate the effectiveness of SOH programs at all command levels at least annually as outlined in the Joint Commission Hospital Accreditation Standards (EC.04.01.01 Element of Performance 1). These evaluations will consider the impact of accident prevention efforts as determined from an analysis of data generated under Reference (p), and the accomplishment of MTF and Center goals and objectives.

c. MTFs and Centers will use, at a minimum, the following DoD Corporate Measures of Merit to identify performance trends and as a planning tool in accordance with Reference (e):

- (1) Military Accidental Fatality Rate
- (2) Civilian Lost-time Injury Rate (based upon DoL Federal Employee Compensation Act claims)
- (3) Permanent Threshold Shift Rate for hearing loss
- (4) Severity rate – lost workdays per 100 worker-years per year

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ENCLOSURE 4SOH CONSIDERATIONS FOR JTF CAPMED CONTRACTOR PERSONNEL AND OPERATIONS

1. GENERAL. JTF CapMed safety and health responsibilities in contractor plants and contractor operations on JTF CapMed property are generally limited to helping to ensure the safety of JTF CapMed-owned equipment; protection of the production base; protection of government property and on-site JTF CapMed personnel from accidental losses; and the protection of the public. The contractor is responsible for the safety and health of employees and protection of the public at contractor plants and work sites.

a. There are two reasons for MTF or Center oversight of some contractor operations. MTFs and Centers will ensure procedures are established to evaluate the benefit versus the legal and tort claims and compensation liability ramifications of acting as the controlling employer for a contract, when it is in the best interest of the JTF CapMed. Department oversight has historically contributed to lower accident rates among certain contractor employees, on-time delivery of products and services (increased readiness), and ultimate savings to the Government.

(1) Federal and State OSHA officials must be granted access to JTF CapMed contractor workplaces on JTF CapMed installations without delay and at reasonable times, except as otherwise provided in this Instruction.

(2) Reference (h) does not authorize the Secretary of Labor to assert authority over working conditions for which another federal agency, or any state agency acting under sections 2012, 2021, 2121(e), and 2201(e) of title 42, U.S.C. (Reference (q)), exercises statutory authority to prescribe or enforce standards or regulations affecting OSH.

(3) Pursuant to section 941 of title 33, U.S.C. (Reference (r)), when contractor work is performed aboard vessels in dry-dock or afloat within federal maritime jurisdiction, federal OSHA standards apply and inspections and investigations shall be performed by federal OSHA officials.

b. Contractors have the responsibility of responding to any citations issued by Federal or State OSHA officials for violations of applicable standards.

c. Full information regarding citations issued to contractors for violations of federal or state OSHA standards involving Government-furnished equipment, facilities, or other property shall be referred to the responsible Administrative Contracting Officer (ACO) for appropriate action.

2. PROCEDURES.

a. Contractors will not be provided advance notice of SOH inspections by Federal or state OSHA officials.

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b. Federal or state OSHA officials shall present appropriate identifying credentials and state the purpose of their visit to the MTF Commander or JPC Director, or that Commander/Director's authorized representative, and the ACO (if appropriate) before conducting an inspection of a JTF CapMed contractor workplace situated on a Government installation.

c. When federal or state OSHA officials require entry to a secure area and the classified material cannot be effectively covered, hidden, or otherwise effectively protected from disclosure, the following procedures shall apply:

(1) The contractor immediately will notify the OSHA official and the Government activity exercising security supervision over the contractor's workplace of the OSHA official's need for a personal security clearance to enter the closed area.

(2) In the case of a Federal OSHA official, the Government security activity, after verifying the need for a personal security clearance, shall contact the cognizant security office and request verification of the Federal OSHA official's personal security clearance. If the OSHA official's name is not on the list of cleared federal OSHA personnel furnished to the cognizant security office, that office shall contact the OSHA regional or area office and request an appropriately cleared OSHA official.

(3) In the case of a state OSHA official, the Government security activity, after verifying the need for a personnel security clearance, will, in coordination with the State OSHA official, request the cognizant security office to contact the nearest OSHA regional or area office for a cleared Federal OSHA official to conduct the necessary inspection of the closed area.

d. Federal and state OSHA officials shall be accompanied on their inspections and investigations by representatives of the Commander/Director and the ACO (as appropriate) and, where requisite security clearances are verified, may be accompanied by representatives of the contractor and that contractor's employees.

e. No photographs shall be taken by federal or state OSHA officials in secure areas of MTFs or Centers. Any photographic services for secure areas may be requested by such officials and may be provided by the Commander/Director or the appropriate ACO. Negatives and photographs shall be submitted to the appropriate MTF or Center security official, or that official's authorized representative, for security review before release to authorized federal or state OSHA officials.

f. The contractor is responsible for resolving issues related to citations or requests for delays, variations, tolerances, or exemptions of applicable SOH standards.

g. Federal or state OSHA officials shall have access to and be provided with copies of any MTF or Center records and reports pertaining to specific contractor accident investigations upon request.

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ENCLOSURE 5JTF CAPMED PERSONAL PROTECTIVE EQUIPMENT (PPE) PROGRAM1. PURPOSE. The JTF CapMed PPE program shall:

a. Meet the requirements of OSHA PPE standards under Reference (k) and provide PPE appropriate to the work situation at Government expense in situations such as:

(1) When engineering or management controls are not feasible or do not sufficiently eliminate the hazard.

(2) When development or installation of engineering controls is pending.

(3) When short-term, non-routine operations, for which engineering controls are not practical, occur.

(4) When emergencies are involved (e.g., spills including clean-up operations), ventilation malfunctions, emergency egress, and damage-control activities).

b. Use system safety principles to reduce the need for PPE through the proper design and procurement or modernization of equipment, and facilities under Public Law 104-113 (Reference (s)) and DoD Instruction 5000.02 (Reference (t)) to avoid safety and health hazards.

c. Ensure that payment of environmental differential pay or hazard pay differentials for civilian employees, when warranted, does not eliminate the responsibility to provide appropriate PPE and continue efforts to eliminate or reduce any hazardous conditions that justify such pay.

2. RESPONSIBILITIES. MTF Commanders and Center Directors will ensure that:

a. Workplaces are evaluated to determine PPE requirements. Qualified safety and health personnel shall perform these evaluations and recommend appropriate PPE.

b. PPE used conforms to SOH standards (e.g., DoD, NIOSH, or national consensus standards), including any certification and specification requirements and that personnel required to wear PPE are trained under Reference (k).

c. Instances of nonuse, misuse, or malfunction of PPE that result in injury or occupational illness to DoD personnel are identified. These deficiencies shall be reported as causal factors in the accident reporting system established by Reference (r), with sufficient detail to permit evaluation and correction of problems associated with the deficiencies.

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ENCLOSURE 6JTF CAPMED ERGONOMIC PROGRAM REQUIREMENTS AND PROCEDURES

1. WRITTEN PLAN. Each MTF and Center will prepare a written plan for a comprehensive ergonomic program. At a minimum, such programs will include goals and objectives, program interface with existing illness and injury prevention and medical programs, and the six critical elements for ergonomic intervention (workplace analysis, hazard prevention and control, health care management, education and training, evaluation, and acquisition). The degree of emphasis in each critical element will vary according to the specific hazards and concerns at each MTF and Center.

2. WORKPLACE ANALYSIS. Systematic passive and active surveillance will be used to identify musculoskeletal hazards and evaluate workplace risk factors. Where there is convincing evidence that musculoskeletal hazards exist, active surveillance will be used to identify, evaluate, and reduce the associated risks.

a. Musculoskeletal hazards shall be evaluated to determine occupational risk factors, potential work relatedness, and identify other workers potentially at risk.

b. Systematic passive surveillance shall include analyzing data provided in existing reports and data sources, such as routine injury and illness reports, log and summary of occupational injuries and illnesses, Federal Employees Compensation Act claims, medical and safety records, medical boards for military members, worker complaints, hazard reports, installation hazard abatement logs, grievances, and suggestions.

c. During workplace visits, personnel will look for musculoskeletal risk factors and identify the need for an ergonomics workplace analysis and intervention.

3. HAZARD PREVENTION AND CONTROL. Effective design or redesign of a task or workstation is the preferred method of preventing and controlling harmful stresses. The methods of intervention (in order of priority) to be used are process elimination, engineering controls, substitution, work practices, and administrative controls (e.g., adjustment of work-rest cycles, slowing work pace, task rotation).

a. The JTF CapMed does not recognize back support belts or wrist splints as PPE, or consider the use of these devices in the prevention of back or wrist injuries. These devices are considered medical appliances and may be prescribed by credentialed health care providers who are responsible for medical clearance, monitoring, and proper fit.

b. When appropriate, musculoskeletal hazards shall be assigned a RAC using the safety RAC scoring system described in Enclosure 7 and entered into the installation hazard abatement plan.

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4. HEALTH CARE MANAGEMENT. Each MTF and Center shall develop and implement written guidelines for early recognition, evaluation, treatment, assignment to light- or restricted duty, and follow-up for employees with work-related musculoskeletal disorders. These guidelines shall be used at the local level to develop written health care management protocols.

5. EDUCATION AND TRAINING. Each MTF and Center will develop, implement, and integrate ergonomic guidelines and standards into existing SOH training programs at the local level.

6. PROGRAM EVALUATION AND REVIEW. Each MTF and Center will be responsible for evaluating its ongoing ergonomic effort to measure the effectiveness of interventions and level of participation.

7. ACQUISITION. Each MTF and Center will consider ergonomic design criteria during procurement of weapon systems, facilities, and equipment to help reduce the life-cycle costs due to ergonomic injuries.

8. COMPUTER/ELECTRONIC ACCOMMODATIONS PROGRAM (CAP). Individuals with visual, hearing, dexterity, and cognitive disabilities may be provided assistive equipment for specific work situations at no cost to the worker. CAP assists MTFs and Centers in their efforts to educate personnel on ergonomic hazards and prevent musculoskeletal impairments.

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ENCLOSURE 7DERIVING RISK ASSESSMENT CODES (RAC)

Use the matrix and descriptive definitions below as a model to determine the RAC for safety and ergonomic hazards.

Table 1. RAC

Hazard Severity	Accident Probability			
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
I	1	1	2	4
II	1	2	3	4
III	2	3	4	5
IV	4	4	5	5

Table 2. Accident Probability

Code	Description
A	Likely to occur immediately
B	Probably will occur in time
C	Possible to occur in time
D	Unlikely to occur

Table 3. Hazard Severity

Code	Description
I	Death, permanent total disability or loss of facility or asset
II	Permanent partial disability, temporary total disability in excess of 3 months or major property damage
III	Lost-workday injury or compensable injury or minor property damage
IV	Minimal threat to personnel or property, first-aid, minor supportive medical treatment, but still a violation of a standard.

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Table 4. RAC Assignment

Code	Description
1	Critical – 24 hour
2	Serious – 72 hour
3	Moderate – 30 days
4	Minor – 30 days
5	Negligible – 30 days



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ENCLOSURE 8PERFORMANCE EVALUATION

1. APPLICABILITY. All military (officer and enlisted) and civilian employees will be appropriately evaluated on their SOH duties and responsibilities to accurately rate SOH performance measures. Evaluations of individuals responsible for the management of SOH programs will specifically include an evaluation of their SOH program management performance. Evaluations of civilian employees will comply with subchapter 430 of DoD 1400.25 (Reference (u)) and implementing MTF and Center performance management programs. Performance of SOH duties and responsibilities will be appropriately considered in other personnel actions.

2. OBJECTIVE. Evaluating SOH program management and SOH practices induces managers and supervisors to analyze people's efforts, increases awareness of SOH concepts, and gives incentives to incorporate safe practices on the job. Specific comments on the evaluation concerning SOH performance provides further reinforcement. Such use of evaluations directly supports mission success through the prevention of the accidents and illnesses that interrupt the mission, destroy assets, and harm personnel.

3. EVALUATIONS. Evaluations of SOH duties and responsibilities, including the rating scales used to measure performance, will be consistent with governing evaluation programs. Where applicable, evaluations will provide for measuring results in achieving a safe and healthful work environment and achievements in promoting SOH and adhering to SOH practices and procedures.

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GLOSSARYPART I. ABBREVIATIONS AND ACRONYMS

ACO	Administrative Contracting Officer
CAP	Computer/Electronic Accommodations Program
CHSP	Certified Hospital Safety Professional
CSP	Certified Safety Professional
DoL	Department of Labor
FAR	Federal Acquisition Regulation
FBCH	Fort Belvoir Community Hospital
HQ	headquarters
IPR	In-Progress Review
JPC	Joint Pathology Center
JTF CapMed	Joint Task Force National Capital Region Medical
MTFs	Medical Treatment Facility
NIOSH	National Institute for Occupational Safety and Health
ODUSD(ES)	Office of the Under Secretary of Defense for Environment Security
OSH	Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
PPE	Personal Protective Equipment
RAC	Risk Assessment Code
SOH	Safety and Occupational Health

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U.S.C. United States Code

WRNMMC Walter Reed National Military Medical Center

PART II. DEFINITIONS

Unless otherwise noted, the following definitions apply to the JTF CapMed SOH Program.

abatement. The act of elimination, reduction, or alleviation of a hazard.

accident. An unplanned event or series of events resulting in death, injury, occupational illness, or damage to or loss of equipment or property, or damage to the environment.

administrative control. Any procedure that significantly limits exposure by control or manipulation of the work schedule or manner in which work is performed.

CAP. The centrally-funded program to provide assistive technology and services to ensure people with disabilities have access to computer and telecommunications systems. JTF CapMed personnel with visual, hearing, dexterity, and cognitive impairments and individuals that develop disabling conditions may access CAP for services and equipment.

control. Action taken to eliminate hazards or reduce their risk.

engineering controls. Physical changes to work stations, equipment, materials, processes, production facilities, or any other relevant aspect of the work environment that reduce or prevent exposure to workplace risk factors. The use of PPE is not considered an engineering control.

ergonomics. The field of study that seeks to fit the job to the person, rather than the person to the job and includes the evaluation and design of workplaces, environments, jobs, tasks, equipment, and processes in relationship to human capabilities and interactions in the workplace.

evaluation. The process of ascertaining or judging the value or adequacy of an action or an outcome by careful appraisal of previously specified data in light of the particular situation and the goals or objectives previously established.

hazard. Any real or potential condition that can cause injury, illness, or death to personnel, or damage to or loss of equipment or property, mission degradation, or damage to the environment.

imminent danger. Conditions or practices in any workplace or operational area that pose a danger that reasonably could be expected to cause death or permanent total disability, significant mission degradation, system loss, or major property damages before such danger could be eliminated through normal procedures. (See hazard severity Category I or II and accident probability Category A, Enclosure 7.)

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inspection. The process of determining compliance with safety and health standards through physical surveys of workplaces, operations, and facilities.

JTF CapMed contractor. A non-Federal employee performing under a JTF CapMed, MTF, or Center contract, whether as prime contractor or subcontractor.

JTF CapMed contractor workplace. Any place, including a reasonable access route to and from, where work has been, will be, or is being performed by contractor employees under a JTF CapMed, MTF, or Center contract. "JTF CapMed contractor workplace" does not include any area, structure, machine, apparatus, device, equipment, or material therein with which the contractor employee is not required or reasonably expected to have contact, nor does it include any working condition for which OSHA jurisdiction has been preempted pursuant to section 4(b)(1) of Reference (g).

military. All U.S. military personnel on active duty, Reserve, or National Guard personnel on active duty or performing inactive duty training, Service academy cadets, Officer Candidates in Officer Candidates School, Reserve Officer Training Corps cadets when engaged in directed training activities, and foreign national military personnel assigned to MTFs and Centers.

military-unique workplaces, operations, equipment, and systems. DoD military and civilian operations and workplaces that are unique to the national defense mission. This includes combat and operation, testing, and maintenance of military-unique equipment and systems such as military weapons, military-unique aircraft, military-unique ships, submarines, missiles, early warning systems, military space systems, ordnance, and tactical vehicles. It also includes operations such as peacekeeping missions; field maneuvers; combat training; naval operations; military flight and missile operations; military-unique research, development, test, and evaluation activities; and actions required under national defense contingency conditions.

non-military-unique workplaces and operations. DoD military and civilian workplaces and operations that are comparable generally to those of the private sector. Examples include facilities involved and work performed in the repair and overhaul of weapons, vessels, aircraft, or vehicles (except for equipment trials); construction; supply services; civil engineer or public works; medical services; and office work.

occupational hazards. Hazards directly related to the work environment.

qualified SOH personnel. Civilian personnel who meet OPM Standards for Safety and Occupational Health Manager/Specialist GS-018, Safety Engineering Technician GS-802, Safety Engineer GS-803, Safety Technician GS-019, Aviation Safety Officer GS-1825, Air Safety Investigating Officer GS-1815, Fire Protection Engineer GS-804, Fire Protection Specialist/Marshall GS-081, Medical Officer GS-602, Health Physicist GS-1306, Industrial Hygienist GS-690, Occupational Health Nurse GS-610, Environmental Health Technician GS-699, and military personnel equally qualified when compared to the above OPM standards. For JTF CapMed civilian SOH personnel, OPM standards specified in Reference (j) apply. Qualifications for military and JTF CapMed civilian occupational health professionals are also described in Reference (q). Collateral duty military and civilian SOH personnel are those with technical knowledge needed to anticipate, recognize, and evaluate hazardous conditions and

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recommend corrective action.

residual risk. Risk remaining after controls have been identified and selected.

risk. Chance of adverse outcome or bad consequence, such as injury, illness, or loss. Risk level is expressed in terms of hazard probability and severity.

risk assessment. A structured process to identify and assess hazards. An expression of potential harm, described in terms of hazard severity, accident probability, and exposure to hazard. Sub-definitions follow:

hazard severity. An assessment of the expected consequence, defined by degree of injury or occupational illness, that could occur from exposure to a hazard.

accident probability. An assessment of the likelihood that, given exposure to a hazard, an accident will result. An accident probability is classified by an uppercase letter according to the criteria in section 1 of Enclosure 7.

exposure to hazard. An expression of personnel exposure that considers the number of persons exposed and the frequency or duration of the exposure.

Risk Assessment Code. An expression of the risk associated with a hazard that combines the hazard severity and accident probability into a single Arabic numeral as in section 1 of Enclosure 7.

risk decision. The decision to accept or not accept the risk(s) associated with an action made by the Commander, supervisor, or individual performing the action within the constraints of the law.

risk management. The JTF CapMed's principal structured risk reduction process to assist leaders in identifying and controlling safety and health hazards and making informed decisions. Risk management is a cyclical process that involves:

Identifying hazards.

Assessing hazards to personnel, equipment, and mission.

Developing controls.

Making risk decisions to eliminate all unnecessary risks. Determining which risks are acceptable and unacceptable from the standpoint of balancing benefit against the potential for accidental losses or harm (severity, likelihood of occurrence). The standard for risk management is leadership at the appropriate level of authority making an informed decision to either control hazards or accept risks. In those circumstances where local resources are not available to control residual risks, leaders will make a conscious decision to either accept the risk or elevate the risk decision to the next higher level of leadership.

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adjustments where necessary.

SOH. Includes programs, policies, plans, and activities designed to identify and control occupational hazards.

State OSHA Official. Investigator or compliance officer employed by a state that has an OSHA-approved OSH plan.

workplace risk factors (ergonomic). Actions in the workplace, workplace conditions, or a combination thereof that may cause or aggravate a pre-existing or work-related musculoskeletal disorder. Workplace risk factors include, but are not limited to: repetitive, forceful, or prolonged exertions; frequent or heavy lifting; pushing, pulling, or carrying of heavy objects; a fixed or awkward work posture; contact stress; localized or whole-body vibration; cold temperatures; and poor lighting. These workplace risk factors can be intensified by work organization characteristics such as inadequate work-rest cycles, excessive work pace and/or duration, unaccustomed work, lack of task variability, machine work, and piece rate.

workplace visit. A formal inspection, staff assistance visit, walk through survey, awareness briefing for the management and staff, risk management consultation, or any other activity that will enhance the safety of the people and the operation.

work-related musculoskeletal disorder (ergonomic). An injury or an illness of the muscles, tendons, ligaments, peripheral nerves, joints, cartilage (including intervertebral discs), bones, and/or supporting blood vessels in either the upper or lower extremities, back, or neck that is associated with workplace musculoskeletal risk factors and includes, but is not limited to, cumulative trauma disorders, repetitive strain injuries or illnesses, repetitive motion injuries or illnesses, and repetitive stress injuries or illnesses. Refers collectively to signs, persistent symptoms, or clinically-diagnosed work-related musculoskeletal disorders when they are caused or aggravated by exposure to workplace risk factors.