

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT CARSON, COLORADO 80913-4604

MEDDAC Regulation
No. 385-10

APR 08 2004

SAFETY
MEDDAC SAFETY PROGRAM
Supplementation of this regulation is prohibited.

History. This regulation supersedes MEDDAC Reg 385-10, MEDDAC Safety Program, dated 10 October 02.

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

Applicability. This applies to all assigned or attached personnel.

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

Army management control program. This Regulation is not subject to the requirements as it contains no internal management control provisions.

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

FOR THE COMMANDER:
OFFICIAL:


MARK A. CHIN
LTC, MS
Deputy Commander for
Administrative Services


JOEL M. SUNDQUIST
GS-12, DAC
Chief, Telecommunications
and Administrative Services

DISTRIBUTION:
A

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

2. **References.**

- a. AR 385-10, The Army Safety Program
- b. AR 385-40, Accident Reporting and Records
- c. Code of Federal Regulations
- d. Joint Commission on Accreditation of Health Care Organization (JCAHO), Management of the Environment of Care Standard.

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

4. **Policy.** The MEDDAC Commander authorizes the MEDDAC Safety Manager to intervene and take corrective action when a hazardous condition (i.e. IDLH – immediately dangerous to life and health) exists that could result in personal injury or damage to equipment and/or buildings.

5. **Responsibilities.**

a. The MEDDAC Commander will:

(1) Appoint a MEDDAC Safety Manager.

(2) Appoint an Environment of Care Committee in accordance with Joint Commission on Accreditation of Health Care Organization (JCAHO). For composition and responsibilities of committee members, see MEDDAC Reg 15-1, Boards, Commissions and Committees.

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

c. The responsibilities of the MEDDAC Safety Manager include, but are not limited to, the following:

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

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

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

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

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

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

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

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

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

d. The Chief/Supervisor of each department, division, activity, clinic, etc., or his designated representative will:

(1) Report all injuries of military personnel (both on and off duty), and civilian personnel and students (on duty only) to the MEDDAC Safety Office immediately. See paragraph 9 of this regulation.

(2) Review reports of accidents and fires resulting in injuries to personnel and/or damage to equipment and property, and make recommendations to prevent further incidents.

(3) Review inspection reports of each branch/section and take appropriate action to implement recommendations to correct safety deficiencies.

(4) Establish a department/clinic standing operating procedure (SOP) on safety for any area-specific issues not addressed in this regulation. All SOP's will be reviewed as frequently as necessary, but at least annually.

(5) Provide safety training as applicable to the respective department/section at least annually. Training must be documented.

(6) Ensure safety and occupational health responsibilities are considered in performance appraisals of all military and civilian staff.

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

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

e. Employees and students assigned to the MEDDAC/DENTAC/VETCOM will:

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

(2) Report accidents/injuries to supervisor immediately.

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

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

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

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

6. **Environment Of Care Committee.** The Environment of Care (EOC) Committee will convene bimonthly on the first Wednesday of the month, beginning with February. Meeting minutes are reviewed by the MEDDAC CDR and signed by the DCAS then maintained in the MEDDAC Safety Office. A copy of the minutes is forwarded to the Quality Support Division. Purpose of the EOC Committee is to prescribe the policies, procedures and guidelines for planning, organizing, coordinating and controlling the implementation of the Environment of Care Management Plans which are compatible with the mission of the MEDDAC/DENTAC/VETCOM in accordance with the requirements of higher headquarters. Functions of the EOC Committee are:

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

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

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

d. To review issues brought to the EOC Committee, determine recommended solutions and monitor their effectiveness.

e. To represent and advise the MEDDAC Commander on matters.

7. Indoor Air Quality (IAQ) Responsibilities.

a. The Environment of Care Committee will:

(1) Address indoor air quality issues per the Joint commission on Accreditation of Healthcare organizations (JCAHO) guidance.

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

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

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

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

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

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

(4) Route all renovation, repair and construction design specifications, and all ventilation system service contracts through the Industrial Hygiene Office for design review.

c. The MEDDAC Safety Manager will:

(1) Receive complaints from MEDDAC staff.

(2) Perform an initial data gathering investigation.

(3) Request the assistance of the Industrial Hygiene office for identification of the problems and recommendations for improvement/remediation.

d. The Industrial Hygiene (IH) Office will:

(1) Watch for and identify potential IAQ situations and initiate necessary actions to correct the situation when discovered.

(2) Conduct annual ventilation surveys in operating suites, delivery and isolation rooms.

(3) Conduct annual certification of laboratory hoods and local exhaust systems under IH control.

(4) Ensure isolation room ventilation is adequate to prevent the spread of contagious diseases when these rooms house infectious patients.

(5) Investigate IAQ complaints.

(6) Make recommendations to supervisors, MEDDAC Safety Manager, FMB Chief and the chain of command, as necessary, for the remediation of IAQ issues.

e. NCOIC's and Supervisors will:

(1) Receive IAQ complaints from their employees and refer these issues to the MEDDAC Safety Manager.

(2) Ensure that ventilation grills and registers, in their respective areas, are not blocked with tape, cardboard or other materials that restrict airflow.

(3) Follow proper procedures to ensure that laboratory hoods and local exhaust ventilation systems are working properly.

8. Safety Training.

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

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

c. In-services and/or annual training can be scheduled by contacting the MEDDAC Safety Office. Literature is available on a variety of safety related topics and can be obtained upon request by contacting the MEDDAC Safety Office.

9. Hazard Surveillance Program.

a. The MEDDAC Safety Manager conducts Standard Army Safety and Occupational Health Inspections (SASOHI's) of all MEDDAC/DENTAC/VETCOM facilities IAW AR 385-10, The Army Safety Program. Inspections are conducted to identify safety deficiencies and/or hazards to facilities, equipment, and to critique staff knowledge concerning safety issues. Inspection intervals are semi-annual for patient care areas and annual for all other areas. Inspection intervals may be increased for areas where high hazards exist.

b. Supervisor/NCOIC will accompany Safety Manager during inspection. Inspection report will list deficiencies, to include recommended corrective action, and forwarded to Department Chief/NCOIC for action. Report will be maintained in the Safety Office for three (3) years.

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

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

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

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

10. Accident/Injury Reporting And Investigating.

a. Military Personnel:

(1) Report all (on or off duty) accidents/injuries to supervisor and the MEDDAC Safety Office immediately. Also report all POV accidents.

(2) All personnel will report to Evans Army Community Hospital Emergency Room for initial medical treatment.

(3) Bloodborne Pathogen exposure incidents require reporting to Occupational Health as soon as possible.

(4) Complete an EACH Accident Form and forward to the MEDDAC Safety Office.

b. Civilian Personnel:

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

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

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

(4) **Form CA-16 (Authorization for Examination and/or Treatment) is needed for medical treatment resulting from an on-the-job accident.** Form CA-16 can be obtained from the supervisor. Part A, items 1 through 11, will be completed by the supervisor; Part B will be completed by the attending physician when medical treatment is administered.

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

c. Accidents/injuries sustained by visitors will be documented on QA Form 4106 and the EACH Accident Form, and turned in to the MEDDAC Safety Office.

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

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

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

(1) Wash or flush the area immediately.

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

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

(4) **Civilian:** Complete Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation. Obtain Form CA-16, Authorization for Examination and/or Treatment, and report to the Emergency Room and Occupational Health. Recommend medical treatment be obtained in Evans Army Community Hospital Emergency Room.

(5) **Military:** Complete DA Form 689, Sick Slip, and report to the Emergency Room at Evans Army Community Hospital Emergency Room.

(6) Call or visit Occupational Health as soon as possible to report circumstance, receive risk counseling and follow-up advice IAW MED REG 40-69-1, Bloodborne Pathogen and Exposure Control Plan.

g. Accident forms and instructions are located in all areas.

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

12. Water Supplies.

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

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

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

13. Standards For Handling Medical Gases.

a. General standards.

(1) Compressed gas cylinders, empty or full, will be secured at all times.

(2) Valve safety caps will be in place on cylinders until pressure regulator or needle valves are attached.

(3) Cylinder contents must be permanently identified on the cylinder, color coding alone is not acceptable.

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

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

(6) Identify (tag) empty cylinders and store them separately from full or partially full cylinders.

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

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

(9) Oxidizing gases will be stored separately from flammable gases or liquids.

(10) Combustible material will not be stored with medical gases.

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

(12) All oxygen will be tested for quality and composition upon arrival at the MEDDAC. This will be IAW MEDDAC Reg 40-61-3, Medical Services, Medical Gas Cylinders and Bulk Liquid Oxygen.

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

14. Hazardous Waste/Hazardous Material Program.

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

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

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

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

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

18. Standing Operating Procedures (SOP). Safety standing operating procedures (SOP) for patient care and administrative areas are the responsibility of the NCOIC/Supervisor. It should address any area-specific issues not covered in this regulation. Site-specific SOP's for unique operations within the Materiel Distribution Branch, Equipment Management Branch, Central Material Supply, Radiology Department, Veterinary Services, Dental Clinics and the Pathology Department will be the responsibility of the NCOIC/supervisor. SOP's will be maintained in each department/section and reviewed as frequently as necessary, but at least annually.

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

20. Other Safety Requirements.

a. The Environment of Care.

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

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

(3) Space, equipment and privacy for individuals served are determined and provided.

(4) Lighting and ventilation needs are reviewed and provided.

b. Furniture, equipment, blinds, carpets and floors will be kept in good state of repair.

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

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

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

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

c. Electric fans, microwave ovens, and sterilizers will be operated IAW their design. Lamps will not rest on beds and no high wattage bulbs (over 60 watt) will be used in bed lamps.

d. All areas will be kept free of clutter.

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

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

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

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

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

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

f. Precautions will be taken when personnel assist patients.

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

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

g. Spills and breakage will be cleaned up immediately.

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

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

h. Good housekeeping will be maintained at all times. Particular attention should be taken in break areas. Counters and sinks should be wiped after each use. Microwave ovens, stoves and refrigerators will be cleaned weekly, at a minimum.

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

(1) Questionable medical equipment, those with problems or in need of repair will be taken out of use and turned-in to Equipment Management Branch immediately.

(2) Heavier items will be stored on mid-range shelves.

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

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

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

21. **Electrical Safety.**

a. All electrical equipment will be grounded with a three (3) prong plug or have double insulated wire.

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

c. Personnel will avoid standing on wet floor when connecting, operating, or disconnecting electrical equipment.

d. Properly dry hands prior to operating electrical equipment.

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

f. Cords will be arranged to prevent a tripping hazard.

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

h. Extension cords will not be used without prior approval by the Safety Manager.

i. Heat producing appliances (i.e., toaster, coffee pot, microwave, etc.) will be inspected annually by the NCOIC/Supervisor. An inspection tag will be placed on the cord. Tags can be obtained from the MEDDAC Safety Office.

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

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

22. **Needle And Syringe Safety.**

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

b. Needles and syringes must be stored in a locked cabinet/area.

c. Used needles will not be recapped, broken or shorn.

d. Used and new needles and syringes with needles will be disposed of in sharps containers. These are located in patient rooms and work areas. Housekeeping personnel collect and dispose of the sharps containers. They also replace with a new container.

e. Other sharp instruments will be disposed of in the same manner as needles and syringes.

f. If needed, housekeeping will provide puncture proof containers for glass disposal.

23. Fire Safety.

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

b. Flammable liquids will not be used for cleaning.

c. Report all unusual gas odors to the hospital maintenance contractor immediately.

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

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

24. Patient Safety.

a. Safety in Patient Care.

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

(2) Use proper body mechanics when treating and/or lifting patients.

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

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

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

(6) For guidance on the use of Posey devices and restraints, refer to MEDDAC Policy 56, Use of Restraints and Safety Devices.

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

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

b. Attendance and Transportation of Patients.

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

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

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

(4) I.V. poles will be secured tightly to the wheelchair or litter.

(5) Transport patients on stretchers in a feet first direction.

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

(7) Provide proper instructions for patients who use crutches. (Instruction is to be provided by Physical Therapy during normal duty hours).

c. Infant and Pediatric Patients.

- (1) Never prop the bottle in the infant's mouth.
- (2) Until an infant is old enough to roll over by itself, recommended position of infant is right side or back.
- (3) Never leave an infant or small child in bed with the side rails down.
- (4) Never leave safety pins, small or potentially dangerous objects lying within reach of small children.
- (5) Keep medications out of reach of children.
- (6) Check toys and clothing for loose buttons, items that could be swallowed, or items with removable paint.
- (7) Always check croupettes for a continuous flow of oxygen or mist, if ordered.
- (8) Never use a hot water bottle or K-pad on an infant.
- (9) Keep electrical equipment out of child's reach.
- (10) Always test temperature of bath water (not to exceed 37-38 degree Celsius or 98-100 degree Fahrenheit) before bathing an infant or small child.
- (11) When bathing a baby, always maintain a firm hold on the child. Use a towel at the bottom of the tub to reduce slippage.
- (12) All toys kept for use by patients and/or visitors must be cleaned and disinfected after use but at a minimum, each day.
- (13) Children must be supervised by parent or guardian at all times; never left alone or unattended. Horseplay is not permitted.
- (14) Children are not allowed to be seated on counters or desks, even if restrained in an infant seat.

25. Hazard Communication.

- a. Ensure all hazardous chemical containers are labeled (identify chemical name, manufacturer and hazard) and stored properly. Ensure secondary containment for hazardous chemicals requiring this.
- b. Maintain inventory (identify chemical name and manufacturer) of all hazardous chemicals used in work area.
- c. Maintain a material safety data sheet (MSDS) for each hazardous chemical on your inventory. MSDS's must be readily accessible to all employees at all times.
- d. Emergency eye wash stations and showers must be flushed and tested weekly. These tests will be documented and are the responsibility of the section NCOIC/supervisor.
- e. Refer to MEDDAC Reg 385-10-1, Hazard Communication (HAZCOM) Program for further HAZCOM information standards.

APPENDIX A
SAFETY AWARDS PROGRAM

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

2. **General.**

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

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

(1) Recommendations for military personnel will be submitted on DA Form 638, Recommendation for Award.

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

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

3. **Types Of Awards.**

a. The Certificate of Merit for Safety Award, DA Form 1118, is authorized for individuals, departments, divisions, and services on the basis of their total accident prevention safety record for the fiscal year.

(1) Military and civilian personnel who complete one (1) year of operation of any Army motor vehicle without an accident.

(2) Department, division, service that completes one year without a lost-time injury and have not had any major or minor accidents.

b. The U.S. Army Safety Award, DA Form 1119, is authorized to individuals for superior safety performance for the fiscal year. This award is presented to individuals who have enhanced the safety program above and beyond the call of regular job performance.

c. Time Off Awards will be given to individuals who meet requirements in para 3.a. and 3.b. above. Civilian personnel will receive an 8-hour Time Off Award; Military personnel will receive a 3-Day Pass.

4. **Responsibilities.**

a. Supervisor/Department Chief.

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

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

(3) Initiate paperwork for Time Off Award.

- b. Safety Manager.
 - (1) Monitor and coordinate the safety awards program.
 - (2) Submit recommendation for award to the Environment of Care Committee for review and approval.
 - (3) Prepare certificates and forward to Command for signature.
 - (4) Forward certificate and Time Off Award to Division Chief for issue to employee.
- c. Personnel Division will ensure a record of the award become a part of employee personnel file.
- d. Environment of Care Committee will review all nominations and recommend action to approving authority.
- e. Approving authority for MEDDAC is the Activity Commander.

APPENDIX B

PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. General Information.

a. Personal protective equipment (PPE) will be provided by the Command and at no charge to the employee.

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

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

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

e. Supervisors will train all employees required to wear PPE. These topics will be covered:

(1) When PPE is necessary

(2) What PPE is necessary

(3) How to put on, take off, adjust, and wear PPE

(4) The limitations of the PPE

(5) The proper care, maintenance, useful life, and disposal of the PPE.

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

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

2. Eye And Face Protection.

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

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

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

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

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

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

4. Head Protection.

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

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

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

5. Foot Protection.

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

b. Protective footwear is requested through the Chief, Equipment Management Branch.

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

6. Hand Protection.

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

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

7. Hearing Protection.

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

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

APPENDIX C

VEHICLE SEAT BELT/PROTECTIVE EQUIPMENT

1. Prevention of motor vehicle accidents is everyone's responsibility. Army Regulation 385-55, Prevention of Motor Vehicle Accidents, contains requirements for Army personnel, military and civilian, who operate motor vehicles. All personnel shall follow the following requirements:

a. Motor Vehicles.

(1) Military and civilian personnel riding in privately owned vehicles (POV's) on government installations and operators and passengers riding in government owned vehicles on or off a government installation will wear seat belts if installed in vehicle.

(a) The vehicle operator is responsible for informing passengers of the seat belt requirement. The senior occupant is responsible for ensuring enforcement.

(b) The driver is responsible for ensuring enforcement of seat belt use for civilian employees when it is not clear who the senior occupant is.

(3) Military Police will check and ensure personnel are complying with this policy. Commanders will be furnished with names of personnel not wearing seat belts.

(3) Department Chiefs/supervisors will ensure that the vehicle seat belt policy is thoroughly understood by everyone in their department.

b. Motorcycles.

(1) Military personnel will wear a properly fastened approved helmet on and off a military installation when they operate or ride as a passenger on a motorcycle or moped.

(2) Military personnel will wear proper eye protection, full fingered gloves, long trousers, long sleeve shirt or jacket, high visible garments (bright color for the day and reflective for night), and leather boots or over-the-ankle shoes whenever or wherever they operate or ride a motorcycle.

(3) Civilian personnel must wear a helmet while operating or riding as a passenger and will wear the same protective clothing specified for military personnel while operating a motorcycle on a military installation or while on government business off the installation.

c. Wearing headphones or earphones while driving a POV, motorcycle, bicycle or moped on roads and streets on Army installations is prohibited. Wearing headphones or earphones while operating any motorized vehicle is prohibited in the State of Colorado.

d. Bicycle operators are required to wear helmets on all Department of Defense installations. Helmets must meet American National Standards Institute (ANSI) standards. Commanders will encourage bicycle operators to wear high visibility garments (reflective vest). Military personnel found to be riding bicycles without wearing a helmet will be cited by the Military Police for a violation of Article 92, UCMJ, failure to obey a written order or regulation. Family members will be transported to the sponsors location and the sponsor will be cited under the same article. Civilian personnel riding on the installation without a helmet will be escorted to the nearest gate.

2. The Provost Marshal's Office (PMO) will enforce vehicle seat belt use and protective equipment requirements for personnel operating vehicles on post.