

National Guard Pamphlet 40-11

Occupational Health

**ARNG
OCCUPATIONAL
HEALTH
PROGRAM**

**National Guard Bureau
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SUMMARY of CHANGE

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ARNG Occupational Health Program
30 October 2015

- o This is a new publication.

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Occupational Health

ARNG OCCUPATIONAL HEALTH PROGRAM

By Order of the Secretary of Army:

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History. This is a new pamphlet.

Summary. This pamphlet provides guidance and summarizes policy for the administration and management of the Army National Guard (ARNG) Occupational Health (OH) Program in accordance with (IAW) the Occupational Safety and Health Act (OSHA), Executive Order (EO) 12196, Department of Defense Directives (DODD) 1000.3 and 1010.10, Department of Defense Instructions (DODI) 6050.5, 6055.1, 6055.2, 6055.5, 6055.8, 6055.11, and 6055.12, Department of Defense Manual (DODDM) 6055.5-M, Army Regulation (AR) 40-5, AR 40-66, DA PAM 40-11 and National Guard Regulation (NGR) 40-5.

Applicability. This pamphlet applies to the ARNG. For the purpose of this pamphlet, The Adjutants General (TAG) are installation commanders. The term State includes the Territories and the District of Columbia.

Proponent and exception authority. The proponent of this pamphlet is the Office of the Chief, Surgeon Preventive Medicine (ARNG-CSG-P.) The proponent has the authority to approve exceptions to this pamphlet that are consistent with controlling law and regulations.

Army management control process. This pamphlet is subject to the requirements of AR 11-2, Managers' Internal Control Program. A checklist is provided in appendix B.

Supplementation. Supplementation is prohibited without prior approval from ARNG-CSG-P.

Suggested improvements. Users are invited to send comments and suggested improvements on a DA Form 2028 (Recommended Change to Publications and Blank Forms) directly to the ARNG Readiness Center, ARNG-CSG-P, 111 South George Mason Drive, Arlington, VA 22204.

Distribution. A, B, C, D, and E. Distribution is intended for all command levels.

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Glossary

Chapter 1

General

1-1. Purpose

This pamphlet describes the OH mission required by the OSHA of 1970, EO 12196, policy, and professional practice. It provides guidance for implementing core components of the ARNG OHP and defines the role of the OH Nurse (OHN), as the manager of the program.

1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and terms used in this pamphlet are defined in the glossary.

1-4. Responsibilities

- a. Director, ARNG (DARNG). The (DARNG) will:
 - (1) Oversee the development and management of the Preventive Medicine program.
 - (2) Support integration of the Preventive Medicine Program into all ARNG disciplines.
 - (3) Receive reports and updates from ARNG-CSG on performance of Preventive Medicine Programs.
 - (4) Through delegation of program management to ARNG-CSG, ensure effective compliance, controls, and program assessments for evaluating statutory and regulatory requirements.
- b. ARNG-CSG will:
 - (1) Advise the DARNG concerning the status of the Preventive Medicine Program.
 - (2) Plan, program, and budget to support the Preventive Medicine requirements.
 - (3) Develop and implement policies and procedures for efficient management and effective use per statutory and regulatory requirements.
- c. For additional responsibilities see NGR 40-5.

1-5. Authorities

The following documents summarize the lines of authority that establish the OHP.

a. EO 12196, Title 3, CFR requires the head of each Federal agency to establish an OSH program for Federal employees. The EO further provides that Federal agency Occupational Safety and Health (OSH) programs will comply with standards established by the U.S. Department of Labor (USDOL) under Section 6 of the OSHA of 1970. These standards are found in Part 1960, Title 29 CFR. The EO excludes military personnel and uniquely military equipment, systems, and operations.

(1) These documents implement Public Law 91–596, which requires the executive branches of Government to establish OSH programs that are consistent with standards promulgated by the USDOL.

(2) Private employers, including contractors on ARNG installations, may be subject to State OSH laws, depending on jurisdiction. For further information regarding specific jurisdictional relationships and authority, contact the installation or major command staff judge advocate.

b. DODI 6055.01 and DODI 6055.05 provide general guidance and policies for implementation of the OSH program and are applicable to military and civilian personnel.

c. AR 40–5 directs, establishes, and defines the Preventive Medicine Program for the DA.

d. AR 385–10 directs, establishes, and defines the Army Safety Program.

e. NGR 40-5 directs, establishes, and defines the OHP for the ARNG.

Chapter 2

Program Resources

2-1. Staffing

- a. *Personnel requirements.* States should operate with qualified OH staff by—
 - (1) Recruiting, training, and maintaining occupational health staff to fill all authorized positions.
 - (2) Managing staff members' professional development, and enforcing the maintenance of professional certifications and licensures.
- b. *Program personnel qualifications.*

(1) Legal and professional nursing practice accountability requires the GS-0610, OHN position to be staffed by a licensed Registered Nurse.

(2) Adequate staffing for the OHP is required by AR 40-5, and DA PAM 40-11. Responsibilities and roles are outlined in NGR 40-5, Chapter 2.

(3) The following positions may comprise minimum staffing for the ARNG OHP:

(a) OHN GS-12, works with medical oversight from the State Surgeon.

(b) Industrial Hygiene Technician (General Schedule) GS-09.

(c) OH Technician GS-08.

2-2. Training

Training Requirements. To facilitate compliant OHPs, States should hire an OHN certified by the American Board for OHNs. OHNs will accomplish the following training per DA PAM 40-11, paragraph 5-23:

a. Occupational Health/Fundamentals of Occupational Medicine Course (6H-F20). The 6H-F20 course is a two-phase course that provides knowledge and skills essential for active and reserve Army Medical Department (AMEDD) officers and Department of Defense (DOD) civilians with responsibilities in administering OHP. Phase I Distance Learning instruction is web-based with course testing completed on the Internet Virtual Schoolhouse. Applicants must apply through Army Training Requirements and Resource System (ATRRS) AMEDD Center and School.

b. OSHA Compliance Course. Provides orientation to OSHA CFR, standards, hazard recognition and abatement techniques. Applicants can apply through OSHA or an equivalent 80 hour course.

c. DOD Hearing Conservation Course. Course meets Council for Accreditation in Occupational Hearing Conservation and Defense Occupational and Environmental Health Readiness System-Hearing Conservation training requirements. Applicants apply through DOD, United States Army Public Health Command (USAPHC) or U.S. Navy Certification-32 Hr Course with a 5 year recertification requirement.

d. Occupational Vision Course. Course provides technological aspects of administering an Installation Occupational Vision Conservation Program. Applicants can apply through USAPHC.

e. Basic Industrial Hygiene Principles. Course providing basic knowledge of Industrial Hygiene (IH) techniques in the anticipation, recognition, evaluation, and control of OH hazards. Applicants can apply through ATRRS USAPHC/AMEDD 6H-F11 OSHA approved, or equivalent course.

f. Respiratory Protection Course. Course provides understanding of respiratory protection program elements IAW the 29 CFR 1910.134. Applicants may apply through OSHA, or equivalent course.

g. Fiscal Law. Course provides an understanding of fiscal responsibilities and budget management of OH funds. Applicants may apply through their state USPFO.

h. And any other training deemed relevant by the NGB Chief of Occupational Health, as described in the ARNG OHP Handbook.

2-3. Funding

The OHN will—

a. Prepare an annual prioritized budget based on OHP needs IAW ARNG strategic priorities. The budget should address all appropriate areas allowable under the Acquisition Management Systems Control Officer (AMSCO) to include training, medical surveillance exams, equipment, supply needs, medical contracts, and office supplies.

b. Submit the budget plan to the USPFO and ARNG-CSG, and participate in the budgeting process.

c. Secure supplemental means of funding for the program. Installation commanders and tenant activities may fund OH efforts for travel duty, specialized training, specialized equipment, personnel costs (temporary or authorized), and other needs as deemed necessary.

d. Use of OH funds will be used IAW AMSCO as listed in DFAS 37-100 and are limited to the full time Military Technician work force and cannot be used for medical treatment.

2-4. Equipment

Equipment requirements will be consistent with the scope of OHP activities and the availability of other resources.

2-5. Facilities

OHP requirements necessitate adequate facilities space for OH services, to include:

a. Private office space to comply with the Privacy Act of 1974 and HIPAA for confidential counseling of employees.

b. Adequate storage space in a locked drawer behind a locked door to secure medical records per 76 FR 53923 (August 30, 2011).

Chapter 3

Management of the Occupational Health Program Core Elements

3-1. Civilian Employee Medical Records/OSHA Recordkeeping

A comprehensive OHP will keep chronological and cumulative records of workplace exposures, injuries and illnesses preventing employees from performing the full functional requirements of their job. It includes personal and OH histories, exposure records, medical surveillance records, and the written opinions and evaluations generated by healthcare providers in the course of examinations, treatment, and counseling. These records will be maintained for the duration of employment. All records are initiated, maintained, and retired IAW current regulatory guidance, and will be reviewed IAW AR 40-66 for accuracy, timeliness, completeness, clinical pertinence, and adequacy.

3-2. Occupational Medical Examinations

Occupational Medical Examinations will be developed, implemented, managed and evaluated by the OHN IAW DoD 6055.05-M C1.3.3

a. *Pre-Placement Evaluations.* The OHP will determine if an employee meets the functional requirements of the position before assignment to the workplace.

b. *Return to Work Illnesses and Injury Management.* The OHP will case manage occupational illnesses and injuries of eligible military technicians to ensure they are able to perform the functional duties of their position description by facilitating recovery through early and timely intervention and collaboration with an interdisciplinary team to develop recovery/treatment plan, light duty restrictions, and projected length of disability in IAW the Privacy Act of 1974.

c. *Hazard-Based Medical Surveillance.* The OHP will establish and maintain a hazard-based medical surveillance program to provide baseline, periodic, and termination examinations to all Federal Employees exposed to health hazards above the exposure action level within the work environment. (OSHA 3162-12R 2009)

d. *Providers.* In the absence of a board certified Occupational Medicine provider, the DOD 6055.05-M recommends the use of the Medical Matrix for medical surveillance examinations by an otherwise unrestrictedly licensed medical provider IAW State law. The medical provider should be board certified or board eligible in either internal medicine or family practice, or any subspecialty thereof. In lieu of either board certification or eligibility as specified above, the medical provider should have at least three years of full time clinical experience in adult primary care.

3-3. Epidemiology

Epidemiology focuses on trends and patterns of illness and injuries and factors that influence their incidence within defined populations. Epidemiological investigations may be conducted after occurrence of suspected or proven occupational illnesses or injuries. Identification of apparently excessive numbers and rates of occupational injuries and illnesses and their causes will be reported to safety personnel and senior leadership as deemed appropriate. OHNs are frequently requested to examine such situations and make recommendations. See AR 40-5, para 5-11; DA PAM 40-11, chapter 6.

Chapter 4

Management of Programs Ancillary to Occupational Health

4-1. General

This chapter summarizes the ancillary OH programs that may be implemented after core program elements are established and as resources permit.

4-2. Industrial Hygiene

The OHN serves as the liaison between the Regional Industrial Hygienists (or their contractors) and shop personnel to coordinate industrial hygiene surveys of facilities in the absence of dedicated state IH resources.

4-3. Health Promotion and Wellness

If funding permits, the OHN will implement a Health Promotion and Wellness Program. The program's goals are to decrease worker's compensation costs, maximize readiness of dual-status technicians, and improve work performance.

4-4. Ergonomic and Cumulative Trauma Prevention

An effective ergonomics program will prevent cumulative injuries and illness by eliminating or reducing workers' exposure to workplace musculoskeletal trauma, fatigue, errors and unsafe practices by adopting the job and workplace to the workers' capabilities and limitations. The ergonomics program prevents musculoskeletal disorders, and therefore increases the overall productivity of the workforce, reduces worker's compensation claims and associated costs, and preserves the full time employee workforce.

4-5. First Aid and Automated Defibrillator/Cardiopulmonary Resuscitation Training

Automated Defibrillator/Cardiopulmonary Resuscitation (AED/CPR) Training is provided to the Federal Employee workforce in high hazard areas, i.e. electronics and avionics, as required by applicable standards. The State Surgeon should approve supplies contained in the first aid kit.

4-6. Other Programs Not Organic to Occupational Health

There are other programs that may be assigned to the OHP under State discretion. It is important to note that the core elements listed in Chapter 3 are priority to the OH mission. The assignment of collateral responsibilities, not related to OH, and without sufficient resourcing, will greatly diminish the statutory compliance of the OHP. Examples of additional duties not organic to OH are: Radiation Safety Program, Line of Duty, payroll processing, Field Sanitation, and many other tasks traditionally assigned to other departments.

Chapter 5 Quality Assurance

5-1. Internal Program Assessments

The OHP will use the management internal control process IAW AR 11-2. These results will be used to recognize and target program strengths and weaknesses, and plan for program improvements. Additionally, internal assessments will better prepare the OHP for mandatory assessments by external entities.

5-2. External program assessments

The OHP will participate with external program assessments deemed necessary by the NGB to ensure program compliance, responsible resource allocation, and fiscal transparency

Appendix A References

Section I Required Publications

AR 11-2

Managers' Internal Control Program, (Cited page i, para 5-1 pg 4)

AR 40-5

Preventive Medicine, (Cited para 1-4 a., para 1-5 c.)

AR 40-66

Medical Record Administration and Healthcare Documentation, (Cited para 3-1 pg 3)

DOD 6055.05-M

Occupational Medical Examinations and Surveillance Manual, w/change 1, (Cited para 3-2 pg 3)

DODI 6055.01

DOD Safety and Occupational Health (SOH) Program, (Cited para 1-4 pg 1)

DODI 6055.05

Occupational and Environmental Health (OEH), (Cited para 1-4 pg 1)

Executive Order (EO) 12196

Occupational Safety and Health Programs for Federal Employees (Cited para 1-2 pg 1)

NGR 40-5

The Army National Guard Preventive Medicine Program, (Cited para 2-1 pg 1)

Public Law 91-596

Occupational Safety and Health Act (OSHA) of 1970, 29 Dec 70 (rev. 29 U.S.C. 651 et seq. 1976]; also, Title 29, CFR, Part 1910.20, Occupational Safety and Health Act of 1970. (Cited para 1-4 pg 1)

Section II

Related Publications

5 CFR Part 339

Medical Qualification Determinations

5 CFR 930.108

Periodic Medical Evaluation.

5 U.S. Code Chapter 81

Compensation for Work Injuries

20 CFR PART 10

Claims for Compensation under the Federal Employees' Compensation Act, as Amended

29 CFR 1910

Occupational Safety and Health Standards

29 CFR 1960

Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters

76 FR 53923 Privacy Act of 1974

Department of Homeland Security ALL034 Emergency Care Medical Records System of Records Notice

ANSI S1.4

Specifications for Sound Level Meters, 2006

ANSI S3.6

Specification for Audiometers, 2010

ANSI Z117.1

Safety Requirement for Confined Spaces, 2009

ANSI/ISEA Z87.1

American National Standard for Occupational and Educational Eye and Face Protection Devices, 2010. ISEA is the International Safety Equipment Association.

ANSI Z136.1

Safe Use of Lasers, 2014

ANSI S1.43

Specifications for Integrating-Averaging Sound Level Meters, 2007

ANSI Z358.1-2014

Emergency Eyewash and Shower Equipment

AR 11-34

The Army Respiratory Protection Program

AR 40-3

Medical, Dental, and Veterinary Care

AR 40-5

Preventive Medicine

AR 40-10

Health Hazard Assessment Program in Support of the Army Materiel Acquisition Process

AR 40-63

Ophthalmic Services

AR 40-68

Clinical Quality Management

AR 40-400

Patient Administration

AR 40-501

Standards of Medical Fitness

AR 340-21

The Army Privacy Program

AR 385-10

Army Safety Program

AR 600-63

Army Health Promotion

DA PAM 40-501

Army Hearing Program

DA PAM 40-11

Preventive Medicine

DA PAM 40-503

The Army Industrial Hygiene Program

DA PAM 40-506

The Army Vision Conservation and Readiness Program

DODD 5000.01

The Defense Acquisition System

DODI 6050.05

DOD Hazard Communication (HAZCOM) Program

DODI 6055.12

Hearing Conservation Program (HCP)

Federal Employees Compensation Act (FECA)

FM 4-02.17

Preventive Medicine Services

FM 8-55

Planning for Health Service Support

Letter, US Department of Labor (DOL)

(Directorate of Compliance) Subject: Federal Agency Recordkeeping Guidelines

OSHA 3162-12R 2009

Screening and Surveillance: A Guide to OSHA Standards

NGR 385-10

Army National Guard Safety Program

Nuclear Regulatory Commission (NRC) Form 3

Notice to Employees

State Nurse Practice Act

TB MED 509

Spirometry in Occupational Health Surveillance

TB MED 521

Occupational and Environmental Health Management and Control of Diagnostic, Therapeutic, and Medical Research X-Ray Systems and Facilities

TB MED 524

Control of Hazards to Health from Laser Radiation

TB MED 525

Control of Hazards to Health from Ionizing Radiation Used by the Army Medical Department

Section III

Prescribed Forms

This section contains no entries.

Section IV

Referenced Forms

This section contains no entries.

Appendix B

Management Control Evaluation

B-1. Purpose

The purpose of this evaluation is to assist commanders in evaluating key management controls outlined below (with medical personnel evaluating these key controls or resulting evaluation certified by some medical officer/official). This evaluation should be used at the following levels: Headquarters, ARNG, direct reporting units, major subordinate commands, and installations. It is not intended to cover all controls, but you must evaluate all controls applicable to your activity.

B-2. Instruction

Answers must be based on the actual testing of key management controls (for example, document analysis, direct observation, sampling, simulation, other). Answers that indicate deficiencies must be explained and corrective action indicated in supporting documentation. These key management controls must be formally evaluated at least once every 5 years. Certification that this evaluation has been conducted must be accomplished on DA Form 11-2-R (Management Control Evaluation Certification Statement).

B-3. Test Questions

- a.* Do you have adequate staffing (OHN, OH Tech) with the appropriate training to execute the minimum requirements of a OHP?
- b.* Does OH collaborate with key stakeholders (Safety, IH, HRO, State Surgeon, OHAC Representatives)?
- c.* Do you have a local written SOP for all programs and services required by regulation?
- d.* Do you have a written medical surveillance program?
- e.* Are workers enrolled/dis-enrolled in/from hazard-based medical surveillance programs using data received from IH surveys that require action per regulatory guidance?
- f.* Are technician records initiated, maintained, and retired IAW regulatory requirements?
- g.* Are you executing your budget according to the spend plan provided to NGB?
- h.* Do you measure the effectiveness of the OHP to ensure that it is fiscally and regulatory compliant?
- i.* Does the State Industrial Hygiene Program (IHP) have a dedicated Industrial Hygiene Technician IAW with annual manning document provided by NGB to the State?
- j.* Does the IHP use the IH Master Schedule developed with the ARNG Regional IH Office to schedule a survey of every workplace?
- k.* Does the IHP ensure all worksites are evaluated annually?
- l.* Are written reports of sampling results, survey information, ventilation measurements, and recommendations to customers reviewed and finalized by the Regional IH prior to final report input to the ARNG IH information archiving system?
- m.* Does the IHP retain, track, and provide the command with Risk Assessment Codes derived from IH evaluations?
- n.* Does the IHP conduct follow-up evaluations on all operations that exceed standards (i.e. Action Levels, Occupational Exposure Limits, Short Term Exposure Limits, Noise, etc) in accordance with the applicable regulation?
- o.* Does the IHP identify training requirements by reviewing workplace evaluations?
- p.* Does the IHP evaluate workplaces/processes to determine if workers require Personal Protection Equipment (PPE), including respiratory protection, and recommend types of PPE based on assessment of the workplace hazards?
- q.* Is an IHP staff person appointed to the state Safety and OH Committee?
- s.* Does the IHP coordinate with the Facility Management Office to ensure participation in the design review process for proposed new systems and modifications to existing systems during conceptual design phases of all projects (30/60/90)?

B-4. Supersession

This evaluation replaces the checklists (DA Circular 11-88-7).

B-5. Comments

Help make this a better tool for evaluating management controls. Submit comments to ARNG Readiness Center, ARNG-CSG-P, 111 South George Mason Drive, Arlington, VA 22204.

Glossary

Section I Abbreviations

AMEDD

Army Medical Department

AMSCO

Acquisitions Management Systems Control Officer

AR

Army Regulation

ARNG

Army National Guard

ARNG-CSG

Office of Chief, Surgeon

ARNG-CSG-P

Office of Chief, Surgeon Preventive Medicine

ATTRS

Army Training Requirements and Resource System

CFR

Code of Federal Regulations

DA

Department of the Army

DA Pam

Department of Army Pamphlet

DFAS-IN

Defense Finance and Accounting Service—Indianapolis Center

DODD

Department of Defense Directive

DODI

Department of Defense Instruction

DOEHRS

Defense Occupational and Environmental Health Readiness System

DOL

Department of Labor

EO

Executive Order

FM

Field manual

GS

General Schedule

IAW

In accordance with

IH

Industrial Hygiene

IHP

Industrial Hygiene Program

NGR

National Guard Regulation

PPE

Personal Protection Equipment

OH

Occupational Health

OHN

Occupational Health Nurse

OSHA

Occupational Safety and Health Administration

OHS

Occupational Safety and Health

TAG

The Adjutants General

TDA

Tables of distribution and allowances

USAPHC

United States Army Public Health Command

USC

United States Code

USDOL

U.S. Department of Labor

USPFO

United States Property and Fiscal Officer

6H-F20

Occupational Medicine Course

Section II Terms

Ergonomics

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

Industrial hygiene

The science and art devoted to anticipation, recognition, evaluation, and control of those environmental factors or stresses arising in or from the workplace, that may cause sickness, impaired health and well-being, or significant discomfort and inefficiency among workers.

Medical surveillance

The ongoing systematic collection, analysis, and interpretation of medical data essential to evaluating, planning, and implementing public health practice and prevention that is closely integrated with the timely dissemination of this data to those who need to know. Medical data related to individual patient encounters and the summary of portions of the data in the calculation of DNBI rates for a defined population for the primary purposes of prevention and control of health and safety hazards.

Occupational and environmental health surveillance

The continuous process of assessing potential exposures and health effects, recommending health risk reduction options, and evaluating the effectiveness of health risk reduction methods for chemicals of concern, weapons of mass destruction, pathogens, disease vectors (such as, arthropods and rodents), and radioactive materials in air, soil, water, and food. It also includes surveillance of health effects from heat, cold, nonionizing radiation (such as, radio frequency, microwave and laser), ionizing radiation sources, noise, and psychological stressors. It includes coordination and information transfer with agencies responsible for surveillance of safety hazards (such as, ground, vehicle, and aviation) and environmental management actions to comply with U.S. or host nation environmental compliance, cleanup, and pollution prevention laws and regulations.

Occupational and environmental health threat

Any condition that could result in exposures of any Army personnel to chemical, biological, radiation, and physical hazards in any aspect of military operations in garrison and during deployments. In deployments, occupational and environmental health threats include but are not limited to—

- a.* Accidental or deliberate release of non-weaponized TIMs, hazardous physical agents, ionizing and nonionizing, radiological hazards, as well as direct hazard effects from weaponized chemical/biological/radiological/nuclear/explosive (CBRNE) devices, and the residue from the use of CBRNE devices.
- b.* Environmental hazards to include physical hazards and vector- and arthropod-borne threats, residues, or agents naturally occurring or resulting from previous activities of U.S. forces or other concerns, such as non-U.S. military forces, enemy forces, local national governments, or local national agricultural, industrial, or commercial activities.
- c.* The TIMs or hazardous physical agents, such as noise or ionizing and nonionizing radiation hazards, currently being generated as a by-product of the activities of U.S. forces or other concerns, such as non-U.S. military forces, enemy forces, local national governments, or local national agricultural, industrial, or commercial activities.
- d.* Combat and operational stress.

Section III

Special Abbreviations and Terms

This section contains no entries.