

National Guard Regulation 40-5

Medical Services

The Army National Guard Preventive Medicine Program

**National Guard Bureau
Arlington, VA 22204
15 February 2013**

UNCLASSIFIED

SUMMARY of CHANGE

NGR 40-5

The Army National Guard Preventive Medicine Program

o This is a new publication.

Medical
The Army National Guard Preventive Medicine Program

By Order of the Secretary of the Army:

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General, USA
Chief, National Guard Bureau

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History. This is a new regulation.

Summary. This regulation incorporates the provisions of Army Regulation (AR) 40-5, National Guard Regulation (NGR) 600-43, and integrates the Occupational Safety and Health Administration (OSHA) requirements into the Army National Guard (ARNG) Preventive Medicine Program.

Applicability. This regulation applies to the ARNG. For the purpose of this regulation, each State Adjutant General is an installation commander. The term “State” includes the Territories and the District of Columbia.

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

Army Management Control Process. This regulation is subject to the requirements of AR11-2. 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 Department of Army (DA) Form 2028 (Recommended Changes to Publications and Blank Forms) directly to ARNG-CSG-P, Arlington Hall Readiness Center, 111 South George Mason Drive, Arlington, VA 22204-1382.

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

Contents (listed by paragraph and number)

Chapter 1

General, page 1

Purpose • 1-1, *page 1*

References • 1-2, *page 1*

Explanation of abbreviations and terms • 1-3, *page 1*

Responsibilities • 1-4, *page 1*

Preventive medicine policies • 1-5, *page 1*

Preventive medicine functional areas • 1-6, *page 1*

Chapter 2**Responsibilities, page 2**

Chief, National Guard Bureau • 2-1, *page 2*
Director, Army National Guard • 2-2, *page 2*
Chief Surgeon • 2-3, *page 1*
Chief, Preventive Medicine • 2-4, *page 2*
Chief, Occupational Health • 2-5, *page 2*
Chief, Industrial Hygiene • 2-6, *page 3*
Regional Industrial Hygienist • 2-7, *page 3*
Chief, Health Promotion • 2-8, *page 4*
State/Territory/ DC Adjutant General • 2-9, *page 4*
State Surgeon • 2-10, *page 4*
State Occupational Health Nurse (OHN) • 2-11, *page 5*
State Preventive Medicine Officer • 2-12, *page 5*
State Industrial Hygiene Technician • 2-13, *page 5*
Human Resource Office • 2-14, *page 6*
Commanders at all levels • 2-15, *page 6*
ARNG managers and supervisors at all levels • 2-16, *page 6*
ARNG Soldiers and ARNG personnel • 2-17, *page 7*
Facility Management Office • 2-18, *page 7*
US Property and Fiscal Contracting Office • 2-19, *page 7*
Others • 2-20, *page 8*

Appendixes

- A. References, *page 9*
- B. Management Control Evaluation, *page 11*

Glossary

Chapter 1

General

1-1. Purpose

This regulation defines Preventive Medicine and directs the establishment and describes policies for the specific parts of the ARNG Preventive Medicine Program and its services.

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 special terms used in this regulation are explained in the glossary.

1-4. Responsibilities

This regulation assigns responsibilities for:

- a.* Improving and sustaining health and welfare of the ARNG for military operations, including joint and combined operations.
- b.* Promoting safe and healthful practices for all ARNG personnel and activities including support of State civilian authorities and public safety programs.
- c.* Identifying or developing military-unique occupational and environmental health (OEH) standards, criteria, and guidelines.
- d.* Providing guidance, resources, services, technical support, strategy, doctrine, and oversight.
- e.* Conducting routine workplace surveys to create a healthful work environment that is free from recognized chemical, physical, or biological hazards that cause or are likely to cause death or illness.
- f.* Conducting comprehensive, coordinated military health surveillance and OEH activities to include medical surveillance for ARNG personnel throughout their time in service.
- g.* Implementing DA Regulations, Department of Defense Directives (DODD) and Department of Defense Instructions (DODI), including those listed in appendix A. Additional responsibilities are listed in Chapter 2.

1-5. Preventive medicine policies

It is ARNG policy to provide each employee with a healthy work environment that is free from any recognized chemical, physical, or biological hazard that may cause or is likely to cause death or illness. To this end, the ARNG will:

- a.* Enhance and sustain optimal levels of the health and fitness of all ARNG personnel by applying the principles of population medicine to promote health, and minimize the impacts of diseases and injuries.
- b.* Adhere to federal, state, and host nation laws, regulations, and guidance governing during peacetime in non-deployed situations and during training exercises, except for uniquely military equipment, systems, and operations as authorized in Executive Order 12196. These statutes and regulations also apply during military operational deployments and war unless specifically exempted by the appropriate authority based on the tactical situation. Contractors, whose personnel are using Government-furnished facilities will, similarly adhere to federal, state, and host nation laws, regulations, and guidance governing OEH.
- c.* Educate ARNG leaders to make informed risk decisions about Preventive medicine risks and consider, in all risk decisions, health risks to personnel arising from short-term and long-term exposures across the full spectrum of operations.
- d.* Inform ARNG personnel and co-located contractor personnel of health threats, risks, and appropriate unit and individual preventive countermeasures using health risk communication techniques.

1-6. Preventive medicine functional areas

The components and scope of ARNG Preventive medicine functional areas direct the development and implementation of specific Preventive medicine Programs.

- a.* Occupational Health Program (OHP). The ARNG-OHP consists of capabilities and activities necessary to anticipate, identify, assess, communicate, mitigate, and control occupational disease and injury threats. This includes management of the risks to personnel from exposures encountered at their worksite in garrison and field settings. Occupational health hazards include risks from chemical, biological, radiological, physical, and psychological threats.
- b.* Industrial Hygiene Program (IHP). The ARNG-IHP works cooperatively with other ARNG programs (such

as, Safety) to eliminate or control workplace health hazards to prevent occupational related illnesses, injuries, or deaths to Soldiers and civilian workers. This includes characterizing workplace exposure to potential health hazards, which facilitates exposure-based medical surveillance and occupational healthcare and compliance with OSHA and other applicable federal and state laws and codified regulations.

c. Health Promotion and Wellness Program (HPWP). The ARNG-HPWP will be implemented in accordance with (IAW) NGR 600-63. ARNG-HPWP goals are to maximize readiness, war fighting ability, and work performance. Objectives include enhancing the well-being of all ARNG Soldiers, civilians, and family members; and encouraging lifestyles that improve and protect physical, and behavioral health. This includes a combination of health education and related policies, organizational, social, behavioral, and health care activities and initiatives.

d. Environmental Health Program (EHP). The ARNG-EHP consists of capabilities and activities necessary to anticipate, identify, assess, and control risks of immediate and delayed-onset Disease Non-Battle Injury to personnel from exposures encountered in the environment. These exposures include risks from chemical, biological, radiological, and physical hazards.

Chapter 2 Responsibilities

2-1. Chief, National Guard Bureau (NGB-ZA)

NGB-ZA will provide executive leadership to the ARNG to establish the ARNG Preventive Medicine Program. This responsibility includes ensuring compliance with AR 40-5, the Occupational Safety and Health Act of 1970 (PL 91-596), and coordination with other Headquarters, Department of the Army staff agencies and the State Adjutants General on workplace accident and occupational illness prevention. Authority over the program is delegated to the Office of the Chief, Surgeon (ARNG-CSG).

2-2. Director, ARNG (ARNG-ZA)

ARNG-ZA will:

- a.* Require the integration of the Preventive Medicine Program into all ARNG disciplines.
- b.* Receive reports and updates from ARNG-CSG on performance of Preventive Medicine Programs.
- c.* Brief program shortcomings, funding shortages, and staffing shortages to the ARNG-CSG.
- d.* Require ARNG to utilize local controls and program assessments for evaluating agency statutory and regulatory compliance.
- e.* Establish sufficient staff positions to adequately carry out program requirements.

2-3. ARNG-CSG

ARNG-CSG will:

- a.* Execute and provide oversight of Preventive medicine activities outlined in this regulation and provide leadership, proponentcy, policy, prioritization, oversight, and coordination for ARNG-wide Preventive Medicine Programs and services.
- b.* Receive reports and updates from the ARNG-CSG-P and brief program success, shortcomings and resolution of funding and staffing shortages to ARNG-CSG.
- c.* Support the resourcing for manpower and budget to ensure the support of Preventive medicine activities is consistent with Department of Defense (DOD) and DA policies and guidance.

2-4. ARNG-CSG-P

ARNG-CSG-P has staff responsibility for the supervision and implementation of the Preventive Medicine Programs and will:

- a.* Provide policies, health standards and guidance, and recommendations to the State Surgeons to protect personnel from health hazards present in the workplace and training areas.
- b.* Plan, program, budget, and oversees the execution of resourcing and medical aspects.
- c.* Develop guidance that allows commanders to quantify and mitigate health risks resulting from exposures to occupational and environmental hazards.
- d.* Determine and direct the use of appropriate preventive measures for disease and injury control.

2-5. Chief, Occupational Health (ARNG-CSG-P-OH)

ARNG-CSG-P-OH will:

- a.* Develop, implement, standardize, and direct the ARNG-OHP.
- b.* Formulate policies, provide advisory assistance, and conduct program evaluations.
- c.* Plan, direct, monitor, and evaluate the ARNG-OHP according to specific state needs, resources and regulatory requirements.
- d.* Identify funding and manpower requirements to ensure ARNG-OHPs are adequately resourced.
- e.* Monitor regulations, directives, and training doctrines to ensure adequate occupational health concepts are integrated into all ARNG activities.
- f.* Ensure distribution of career development and continuing education opportunities for ARNG Safety and Occupational Health Managers, Occupational Health Nurses (OHN), Health Technicians, and other designated occupational health personnel.
- g.* Serve as the liaison for OHNs, Preventive Medicine Chief and the ARNG-CSG, and ARNG-CSG-P.
- h.* Advise and provide consultative services to State/Territory OHNs, state officials, and senior management personnel regarding ARNG-OHP requirements.
- i.* Represent the ARNG in inter-agency meetings and coordinate programs with other military and federal agencies.

2-6. Chief, Industrial Hygiene (ARNG-CSG-P-IH)

ARNG-CSG-P-IH will:

- a.* Develop, implement, standardize, and direct the ARNG-IHP to include oversight of regional industrial hygienists.
- b.* Formulate policies, provide advisory assistance, and conduct program evaluations.
- c.* Identify funding and manpower requirements necessary to ensure program is adequately resourced.
- d.* Monitors regulations, directives, and training doctrines to ensure adequate IHP concepts are integrated into all ARNG activities.
- e.* Establish, and coordinate field ARNG-IHP guidance to provide workplace prevention counter measures for all aviation and ground operations.
- f.* Conduct selected ARNG-IHP surveys to review operating and training procedures and initiate actions necessary for eliminating inherent or accident producing hazards.
- g.* Ensure annual workplace inspections are conducted by ARNG personnel, US Army Public Health Command (PHC) or qualified contractors who have received formal training in workplace hazard recognition and are qualified to identify, document, and analyze the significance of the hazards discovered during the inspection.
- h.* Encourage career development and distribute continuing education opportunities.
- i.* Advise and provide consultative services to State/Territory OHNs, state officials, and senior management personnel.
- j.* Represent the ARNG in inter-agency meetings and coordinate programs with other military and federal agencies.

2-7. Regional Industrial Hygienist

The Regional Industrial Hygienist will:

- a.* Formulate policies, provide advisory assistance, and conduct program evaluations within their geographic region.
- b.* Identify funding requirements necessary to ensure compliancy.
- c.* Serve as the industrial hygiene technical advisor and assists the States within their regions to ensure baseline/annual/special ARNG-IHP surveys, consultations, and workplace evaluations are conducted IAW federal, DA and state regulations.
- d.* Conduct selected regional ARNG-IHP surveys to review operating, training procedures, and initiate actions necessary for eliminating inherent or accident producing hazards.
- e.* Ensure workplaces with any recognized potential health hazards are evaluated at least annually.
- f.* Ensure regional annual workplace inspections are conducted by ARNG personnel or qualified contractors who have received formal training in workplace hazard recognition and are qualified to identify, document, and analyze the significance of the hazards discovered during the inspection.
- g.* Coordinate and approve IHP support from PHC, contracted organizations, medical activity, medical center, and state or other federal agencies.
- h.* Advise and provide consultative services to State/Territory OHNs, state officials, and senior management personnel regarding IHP requirements within their region.
- i.* Represent the ARNG in inter-agency meetings and coordinate programs with other military and federal

agencies.

j. Mentor the Industrial Hygiene Technicians within their region by providing on the job training opportunities when possible.

2-8. Chief, Health Promotion (ARNG-CSG-P-HP)

ARNG-CSG-P-HP will:

- a.* Develop, implement, standardize, and direct the ARNG-HPWP.
- b.* Formulate policies, provide advisory assistance, and conduct program evaluations.
- c.* Identify funding and manpower requirements necessary to ensure ARNG-HPWPs are adequately resourced.
- d.* Monitor regulations, directives, and training doctrines to ensure adequate HPWP concepts are integrated into all ARNG activities.
- e.* Establish and coordinate ARNG-HPWP directives, to improve mission capability by enhancing stamina, endurance, physical, and mental health through educating health promotion and wellness. Components consist of all activities for members of the Total ARNG Family in the following areas: anti-tobacco, physical conditioning, weight control, nutrition, stress management, substance abuse prevention, early identification of hypertension, suicide prevention, oral health, and injury prevention. Other related activities include physical and dental examinations, health risk appraisals, physical fitness centers, activities, educational activities, as well as initiatives to promote social and emotional well-being.
- f.* Conducts selected evaluations to review operating and training procedures and initiate actions necessary to monitor and improve ARNG-HPWP policy, and campaigns.
- g.* Advise and provide consultative services to State OHN, state Preventive medicine Team/Territory OHNs, state officials, and senior management personnel regarding ARNG-HPWP requirements.
- h.* Represent the ARNG in inter-agency meetings and coordinates programs with other military and federal agencies.

2-9. State/Territory/ Adjutant Generals and the Commanding General of the District of Columbia (D.C.)

State/Territory/ Adjutant Generals and the Commanding General of D.C. will:

IAW 29 Code of Federal Regulation (CFR) 1960.7, Financial Management, "The head of each agency shall ensure that the agency budget submission includes appropriate financial and other resources to effectively implement and administer the agency's occupational safety and health program". State Adjutants General are responsible for determining and identifying Annual Funding Program requirements for the State to ensure integrated, comprehensive, and continuous Joint Force Headquarters-State (JFHQ-S) Preventive medicine programs are properly funded. Additionally, State/Territory/ Adjutant Generals and the Commanding General of D.C. will:

- a.* Ensure full and effective implementation of the ARNG Preventive Medicine Program throughout their State. This includes:
 - (1) Providing a safe and healthy workplace and environment;
 - (2) Establishing Standard Operating Procedures (SOP) that will foster safe practices and procedures;
 - (3) Monitoring workplaces and practices to ensure adherence to established procedures and the prompt correction of unsafe acts and conditions; and,
 - (4) Investigating accidents to determine causes and prevent recurrence.
- b.* Ensure adequate funding is available to provide training for Preventive medicine personnel IAW Army Civilian Training, Education, and Development System, ARs, and state licensing Army requirements.
- c.* Direct commanders to integrate Preventive medicine information into SOPs, training plans, and literature.
- d.* Establish procedures for expeditiously funding and fixing hazards based on risk assessment codes (RACs) on a "worst-first" basis.

2-10. State Surgeon

The State Surgeon will:

- a.* Provide technical guidance to the State Adjutant General and the State Preventive medicine staff for the evaluation and control of actual or potential occupational health hazards in State ARNG organizations and operations.
- b.* Be responsible for the proper medical evaluation and medical surveillance of all military and civilian personnel dependent of workplace exposures. Occupational medicine physicians will provide medical surveillance examinations for civilian personnel with identified occupational hazards.
- c.* Provide overall medical oversight of the following OHP elements: overall OHP oversight, Preventive medicine, Women's Health, Emergency Treatment, First Aid Kit contents and distribution, Acute Respiratory

Disease Outbreak Investigations, Radiation Accident / Incident Investigations, administering of audiometric tests, Automated External Defibrillator (AED) Program implementation and management, and advises on the Light Duty Program.

- d.* Develop comprehensive medical directives for emergency treatment of occupational and non-occupational illnesses and injuries by the nursing or advanced medical staff. Directives will be signed and reviewed annually.
- e.* Support and advocate the ARNG-HPWP IAW NGR 600-63.

2-11. OHN

The OHN will:

- a.* Serve as the technical ARNG-OHP advisor to the State Adjutant General and the State Surgeon and shall be licensed and credentialed as a Registered Nurse in the respective state of practice.
- b.* Collaborate with the State Surgeon in developing written directives and standing orders related to the coordination of ARNG-OHP services and emergency treatment.
- c.* Identify requirements for; determines resources; execute, and manage the OHP budget.
- d.* Manage, at a minimum, the following ARNG-OHP for the Federal Employee Workforce: medical surveillance, injury management, return-to-work, epidemiology, unhealthy working condition abatement, industrial hygiene, ARNG-OHP/IHP design review, ergonomics, health promotion, and AED Management. The Medical Surveillance Program will include pre-placement, periodic, baseline (post-deployment), incidental and termination exams based on actual occupational hazards.
- e.* Ensure JFHQ-S OHP complies with federal, state, and local regulations and identify and report all instances of noncompliance via the appropriate channel respectively.
- f.* Schedule, monitor, and conduct field visits in facilities such as vehicle equipment maintenance shops, weapons / ammunition areas, hazardous material storage areas, firing ranges, training sites, and aircraft repair facilities.
- g.* Serve as the liaison between the Regional Industrial Hygienists (or their contractors) and shop personnel to coordinate industrial hygiene surveys of facilities.
- h.* Evaluate and monitors program outcomes.
- i.* Monitor employee health to determine any adverse health effects that may have occurred which could be attributed to the work environment, and to intervene in cases where these effects may impact workers' continued job assignment compatibility.
- j.* Educate employees on proper preventive measures to protect them from occupational health risk exposures.
- k.* Support and advocates the ARNG-HPWP IAW NGR 600-63.

2-12. State Preventive Medicine Officer

The State Preventive Medicine Officer will:

- a.* Serve as the Chief of the Preventive Medicine Section for the respective state on behalf of the State Surgeon.
- b.* Establish, implement, and direct preventive medicine programs and services described in this regulation.
- c.* Serve as the consultant to the Adjutant General staff and tenant activities.
- d.* Identify requirements for; determine resources; and execute and manage the Environmental Health budget.
- e.* Provide implementing guidance for preventive medicine programs and services described in this regulation.
- f.* Provide Preventive medicine representation to State boards, councils, and committees, as directed by published instructions.
- g.* Provide technical and quality assurance oversight of the Occupational and Environmental Health Program (OEHP), and provide qualifications and competency oversight for preventive medicine and occupational health service providers.
- h.* Work with the state Construction, Facilities, and Maintenance Office and/or Department of Public Works and the Environmental Section on the health aspects of the State Environmental Program, and arrange for medical consultation and support services.
- i.* Coordinate with field units within the state to provide any required or requested supplemental Preventive medicine support.

2-13. State Industrial Hygiene Technician (IHT)

The IHT will:

- a.* Serve as the technical assistant to the State OHN.
- b.* Identify and document actual or potential employee exposures to occupational health hazards; determine the degree of hazard severity using accepted Industrial Hygiene methods, e.g., air sampling, ventilation measurements, noise measurements, surveys and special studies.

- c.* Identify and prioritize workplaces with recognized potential health hazards, which must be evaluated at least annually and will coordinate this information with their Regional Industrial Hygienist.
- d.* Conduct baseline hazard evaluations; follow up, periodic and unscheduled workplace site visits to determine compliance with OSHA and other regulatory requirements.
- e.* Perform Industrial Hygiene services IAW scientific principles at a level appropriate with his/her education, training and professional experience.
- f.* Recognize, evaluate and recommend work practices and processes related to health hazard exposures, e.g., control measures for chemical, environmental, physical, biological and ergonomic conditions.
- g.* Collaborate with Regional Industrial Hygienist to ensure Industrial Hygiene Implementation Plan is effective.

2-14. Human Resource Office

Human Resource Offices will:

- a.* Ensure authorized preventive medicine positions, such as, State OHNs and State IHTs are filled by personnel who meet qualification standards, license and credentials in the respective state of practice.
- b.* Notify State OHN of all new hire, transferring and terminating federal technicians for potential medical surveillance monitoring examination scheduling.
- c.* Ensure the State Injury Compensation Program Administrator collaborates with the State OHN's Return to Work Program.
- d.* Ensure the State OHN is a member of the Federal Employees Compensation Act Council.

2-15. Commanders at all levels

Commanders at all levels will:

- a.* Ensure health of all personnel in their command is sustained and protected in all military activities through aggressive implementation of preventive medicine activities to include:
 - (1) Training.
 - (2) Hazard control.
 - (3) Proper use of personal protective measures to include protective clothing and equipment.
 - (4) Immunization and chemoprophylaxis.
 - (5) Health risk and hazard communication.
 - (6) Worksite, occupational health, and environmental health surveillance.
 - (7) Health Promotion.
 - (8) Workplace violence prevention.
- b.* Budget for resources, and provide training to comply with individual and unit responsibilities for improving and maintaining health and fitness.
- c.* Implement health surveillance requirements ensuring that ARNG Soldiers and civilian employees under their command who are enrolled in an Occupational Medicine Surveillance Program comply with the occupational medicine surveillance requirements including pre and post deployment, periodic and out-processing medical evaluation (see DA Pam 40-11, chap 5, and FM 4-02.17, chap 9).
- d.* Provide leadership and personal examples in improving and sustaining individual and unit health and fitness.
- e.* Establish procedures for expeditiously funding and repairing hazards based on RACs on a "worst-first" basis.
- f.* Ensure that contingency and operational plans include the appropriate elements of Preventive Medicine.
- h.* Adhere to federal, state, and host nation statutory and regulatory laws, directives, licenses, and guidance governing Preventive Medicine in garrison and during training exercises. These statutes and regulations will also apply during military operational deployments and war unless specifically exempted by appropriate authority based on the tactical situation.
- i.* Ensure that contracts provide for adherence to OEHP laws and regulations.

2-16. ARNG managers and supervisors at all levels

ARNG managers and supervisors at all levels will:

- a.* Ensure that the health of all personnel under their supervision is sustained and protected in all Army activities through aggressive implementation of preventive medicine activities, to include:
 - (1) Training.
 - (2) Hazard control.
 - (3) Immunizations and chemoprophylaxis.
 - (4) Health risk and hazard communication.
 - (5) Worksite, OEHP surveillance.

- b.* Budget resources to:
 - (1) Correct workplace deficiencies and control hazards.
 - (2) Provide training to comply with individual and unit responsibilities according to FM 8–55, paragraphs 11–5 and 11–6, and FM 21–10/MCRP 4–11.1D, chapters 1–2 and appendix A.
- c.* Implement health surveillance requirements, ensuring that personnel enrolled in an Occupational Medicine Surveillance Program comply with the occupational medicine surveillance requirements including pre-placement, baseline, periodic, transfer and termination medical evaluations (see DOD 6055.05M, DA Pam 40–11, chap 5, and FM 4–02.17, chap 9).
- d.* Provide leadership and personal examples in improving and sustaining individual and unit health and fitness. Adhere to federal, state, and host nation statutory and regulatory laws, directives, licenses, and guidance governing OEH in garrison and during training exercises. These statutes and regulations will also apply during military operational deployments and war unless specifically exempted by appropriate authority based on the tactical situation.
- e.* With respect to civilian employees—
 - (1) Ensure that essential elements of the job and potential health hazards are identified in the job description.
 - (2) Ensure that any requirements to undergo a medical examination; receive laboratory testing; and use protective clothing and equipment, including respiratory equipment, safety eye and foot wear, and hearing protection, are written in job descriptions and job announcements as conditions of employment.
 - (3) Ensure that employees comply with medical surveillance requirements of their employment.
 - (4) Refer all employees to occupational health services before they return to duty from any absence due to any illness or injury that could impair their job performance according to Equal Employment Opportunity Commission (EEOC) guidelines (see EEOC Notice Number 915.002).
- f.* Establish procedures for expeditiously funding and repairing hazards based on RACs on a “worst-first” basis.
- g.* Be held personally accountable, by appropriate means, for Preventive Medicine compliance of their subordinates.

2-17. ARNG Soldiers and ARNG personnel

ARNG Soldiers and ARNG personnel will:

- a.* Stop unsafe acts detrimental to ARNG operations, other personnel or equipment.
- b.* Comply with this regulation, AR 40-5, the Occupational Safety and Health Act of 1970, safety regulations, safe work practices, and SOPs.
- c.* Use all Personal Protective Equipment and protective clothing provided IAW training, hazard analyses, work instructions, and as required by the task at hand.
- d.* Be expected to conduct physical fitness training year-round to maintain standards of personal fitness and civilians employed by the ARNG are encouraged to engage in a regular program of exercise and positive health practices IAW State’s written Physical Training Program.
- e.* Emphasize positive changes in personal behavior causing positive improvement in ARNG Soldier and personnel wellness.
- f.* Report ARNG accidents, near misses, and hazards in their workplace as soon as possible or within specified times dependent on severity to their supervisor or leader on duty to the State Safety Office.

2-18. Facility Management Office

The Facility Management Office/Officer will:

- a.* Ensure effective new and existing workplace engineering controls, to include ventilation systems.
- b.* Incorporate State Industrial Hygiene and/or OHN expertise into state-managed programs such as asbestos, lead management, hazardous waste, and Indoor Air Quality management programs, etc.
- c.* Ensure State IHT and/or OHN participation in the design review process for proposed new systems and modifications of existing systems. Send the designs that exceed the capabilities of the State IHT and/or OHN to the NGB Regional Industrial Hygiene Office for review.
- d.* Ensure State IHT and/or OHN is part of the facility acceptance process.
- e.* Coordinate with the State Preventive Medicine Officer in all areas where there is a preventive medicine health risk.

2-19. U.S. Property and Fiscal Purchasing and Contracting Office

The U.S. Property and Fiscal Contracting office will:

- a.* Ensure State IHT and/or OHN has the opportunity to review applicable facility contracts and make recommendations to the contracting office to ensure contractors are compliant with preventive medicine programs.
- b.* Alert State IHT and/or OHN when construction, demolition, renovation, and abatement projects are scheduled, and perform inspections to ensure regulatory compliance.
- c.* Ensure deficiencies and recommendations found during inspections are reported directly to the contracting officer representative.

2-20. Others

Coordination among unions, work councils, safety, supervisors, and other workers is essential to ensure Preventive Medicine concerns are addressed and regulatory compliance is accepted at all levels.

Appendix A
References

Required Publications

AR 40-5

Preventive Medicine (Cited in paras 2-1 and 2-17)

DA Pam 40-11

Preventive Medicine (Cited in paras 2-15c and 2-16c)

NGR 600-63

Army National Guard Health Promotion Program (Cited in paras 1-6c, 2-10e, and 2-11k)

DOD 6055.05-M

Occupational Medical Examinations and Surveillance Manual (Cited in para 2-16c)

PL 91-596

Occupational Safety and Health Act (OSHA) of 1970 (Cited in paras 2-1, and 2-17b)

EO 12196

Occupational safety and the health programs for Federal employees (Cited in para 1-5b)

CFR 29-1960

Basic Program Elements for Federal Employee Occupational Safety and Health Program and Related Matters (Cited in para 2-9)

FM 4-02.17

Preventive Medicine services (Cited in paras 2-15c and 2-16c)

FM 8-55

Planning for Health Service Report (Cited in para 2-16 (2))

FM 21-10/MCRP4-11.1

Field Hygiene and Sanitation (Cited in para 2-16 (2))

EEOC Notice Number 915.002

EEOC Enforcement Guidance on Reasonable Accommodation and Undue Hardship under the Americans with Disabilities Act (Cited in para 2-16e (4))

Section II

Related Publications

AR 40-3

Medical, Dental, and Veterinary Care

AR 385-10

The Army Safety Program

AR 600-63

Army Health Promotion

DA Pam 40-501

Hearing Conservation Program

DA Pam 40-503

Industrial Hygiene Program

DA Pam 40-506

The Army Vision Conservation and Readiness Program

NGR 385-10

Army National Guard Safety Program

DODD 1000.3

Safety and Occupational Health Policy for the Department of Defense

DODI 6050.5

DoD Hazard Communication (HAZCOM) Program

DODI 6055.1

DOD Safety and Occupational Health (SOH) Program

DODI 6055.5

Occupational and Environmental Health (OEH)

CFR 29-1910

Occupational Safety and Health Standards

Section III

Prescribed Forms

This section contains no entries.

Section IV

Referenced Forms

DA Form 11-2-R

Management Control Evaluation Certification Statement

DA Form 2028

Recommended Changes to Publications and Blank Forms

Appendix B

Management Control Evaluation

B-1. Function

The function covered by this evaluation is preventive medicine.

B-2. Purpose

The purpose of this evaluation is to assist commanders in evaluating key management controls as 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-3. 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-4. Test Questions

- a.* Are practices and procedures in place and operating to determine adherence to health standards established in pertinent Federal, state, local and host Government statutes and regulations and in ARNG regulations?
- b.* Were sufficient resources requested to accomplish all responsibilities designated in this regulation? Were actual resources received insufficient? Were those resources applied to the highest priority areas? Was the adverse impact of the unfunded requirements communicated to higher headquarters?
- c.* Is medical and OEH surveillance performed as required?
- d.* Are ARNG personnel informed of all health threats and risks and appropriate countermeasures?
- f.* Are health hazards of new equipment and materiel assessed?
- g.* Are the same preventive medicine support services provided to all personnel (for example, military, civilian, and contractor) deployed for military operations?
- h.* Are there standard process outcome metrics applied to evaluate preventive medicine activities?
- i.* Are commanders, supervisors, and preventive medicine staff provided basic, specialized, and sustainment training that will enable them to properly execute their preventive medicine leadership and staff responsibilities?
- j.* Are Defense Health Program structure codes used for preventive medicine budget execution tracking and program analysis review?
- l.* Are preventive medicine workloads documented?
- m.* Are preventive medicine principles incorporated into ARNG officer and enlisted training manuals and Soldier common task training manuals?
- n.* Are medical events reported through a military Medical Event Reporting System in compliance with state and local medical reporting requirements?

B-5. Supersession

This evaluation replaces the checklists (DA Circular 11-88-7) previously published for this regulation.

B-6. Comments

Help make this a better tool for evaluating management controls. Submit comments to ARNG-CSG-P, Arlington Hall Readiness Center, 111 South George Mason Drive, Arlington, VA 22204-1382.

Glossary

Section I

Abbreviations

AED

Automated External Defibrillator

AR

Army Regulation

ARNG

Army National Guard

ARNG-CSG-P

Office of the Chief, Surgeon-Preventive Medicine

ARNG-CSG

Office of the Chief, Surgeon

ARNG-CSG-P

Office of the Chief, Surgeon-Preventive Medicine

ARNG-CSG-P-HP

Chief, Health Promotion

ARNG-CSG-P-IH

Chief, Industrial Hygiene

ARNG-CSG-P-OH

Chief, Occupational Health

ARNG-ZA

Director, Army National Guard

CFR

Code of Federal Regulation

Chief, National Guard Bureau

NGB-ZA

DA

Department of the Army

DA Pam

Department of the Army Pamphlet

DOD

Department of Defense

DODD

Department of Defense Directive

DODI

Department of Defense Instruction

EEOC
Equal Employment Opportunity Commission

EHP
Environmental Health Program

HPWP
Health Promotion and Wellness Program

HRO
Human Resource Office

IAW
in accordance with

IHP
Industrial Hygiene Program

IHT
Industrial Hygiene Technician

JFHQ-S
Joint Force Headquarters-State

NGB
National Guard Bureau

NGR
National Guard Regulation

OEH
Occupational and Environmental Health

OEHP
Occupational and Environmental Health Program

OHN
Occupational Health Nurse

OHP
Occupational Health Program

OSHA
Occupational Safety and Health Administration

PHC
US Public Health Command

RAC
Risk Assessment Code

SOP
Standard Operating Procedure

Section II

Terms

This section contains no entries.

Section III

Special Abbreviations and Terms

This section contains no entries.