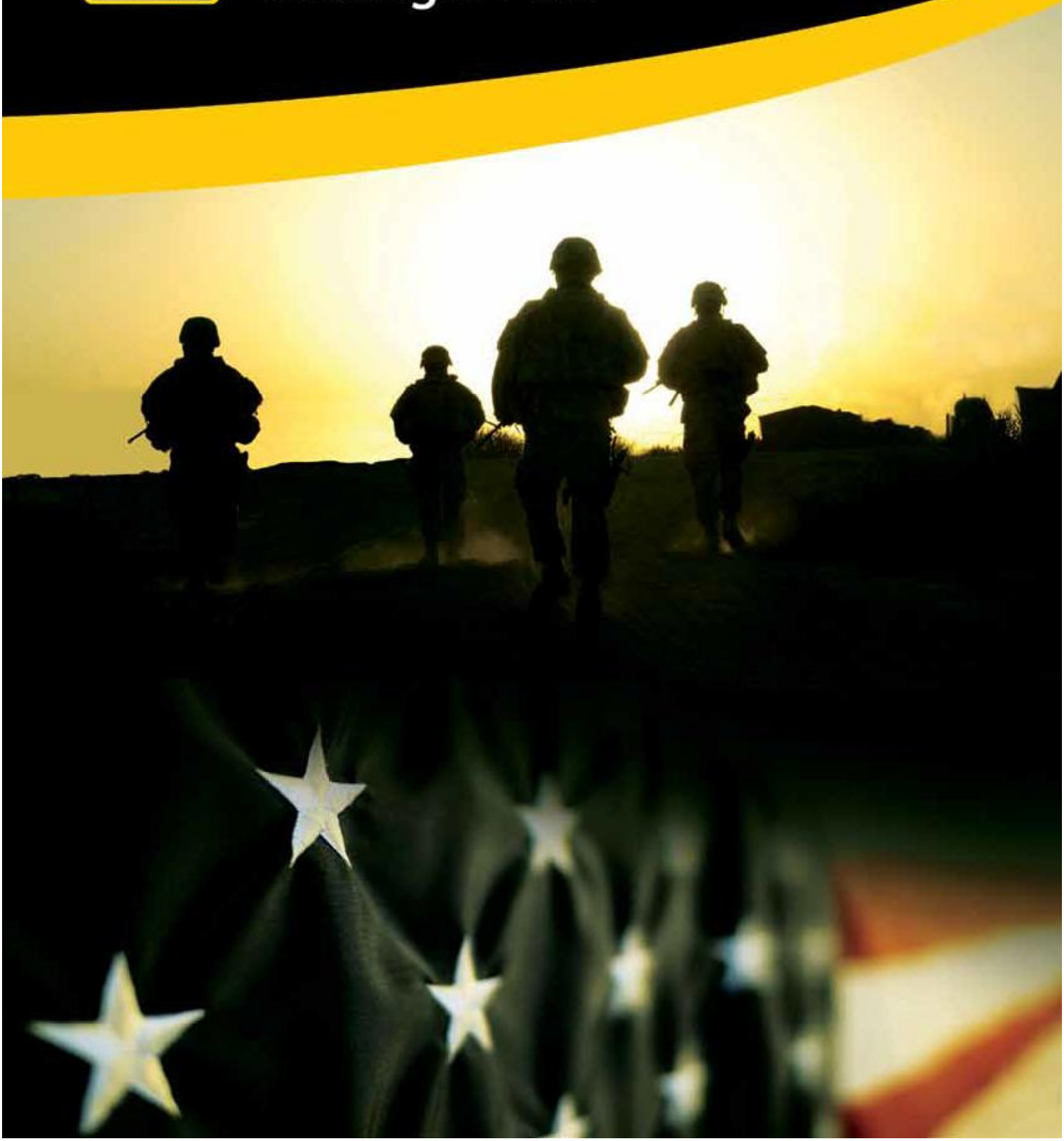
Army Safety and Occupational Health Strategic Plan



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Safety & Occupational Health

January 27, 2010

Soldiers, our Families and Civilians are our most cherished assets. Ensuring their safety and health is a top priority – and everyone's responsibility.

After more than a decade of decreases, accidents increased across the services with the onset of the wars in Iraq and Afghanistan. The Army aggressively attacked the causes of the increase and was able to reverse the trend. The Army deployed an array of tools and achieved improvements across the board. These included: the Army Traffic Safety Training Program (ATSTP) to improve driver safety; weapons immersion to counter unintentional discharge; Ground Risk Assessment Tool; Travel Risk Planning System (TRiPS); Rollover Trainers; vehicle safety enhancements; Driver's Training Toolbox; and Family and peer-to peer engagement kits.

Commanders, leaders, supervisors and NCO's at every level "get it." The Army continues to make great progress in reducing accidental deaths, occupational injuries and illnesses, and equipment losses. In aviation, we have seen a thirty-seven percent decrease in Class A-C accidents in 2009 from the previous year.

Safety is about standards – setting standards and enforcing standards. The Army Safety and Occupational Health Strategic Plan integrates our efforts and communicates the Army's vision and goals for safety and occupational health. This plan outlines our objectives for increasing operational and workplace safety and health and provides strategic planning and direction for Army safety and occupational health programs. It requires development of action plans to achieve the Army's safety and occupational health goals and objectives. Progress towards achieving the goals and objectives of the Army Safety and Occupational Health Strategic Plan will be tracked and periodically reported to the Army leadership.

We are reaffirming Composite Risk Management (CRM) as the basis for the Army safety and occupational health program. CRM has proven its value as a decision-making tool for the analysis and control of risks associated with an activity and has been crucial in controlling risk and enhancing readiness. We direct commanders to lead these efforts and Soldiers and Army Civilians to integrate safety and occupational health and CRM into every operation they plan, train, and execute. We will ask for annual assessments to ensure that this plan generates positive results for all our activities.

The Army is committed to the safety and health of its Soldiers, Families, Army Civilians, and contractors, and is confident the actions outlined in this plan will reduce accidents, illness and loss, while improving readiness, force stability, and well-being.

George W. Casey, Jr.
General, United States Army
Chief of Staff

John M. McHugh
Secretary of the Army

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Purpose

The purpose of the Army Safety and Occupational Health Strategic Plan is to:

- Communicate the Army leadership's commitment to the safety and health of our Soldiers, Families, Civilians, and contractors and the Secretary of Defense's efforts to reduce accidents.
- Provide a single, integrated framework for the Army safety and occupational health mission, vision, goals, and objectives.
- Emphasize Composite Risk Management (CRM) and integration of safety and occupational health into Army culture in support of the Army vision, mission, and senior leadership goals.

CRM = Composite Risk Management

Our goal is to sustain the reduction in on-duty accidents while shifting the focus to off-duty reduction– by 20 percent from fiscal 2007 as outlined in the Fiscal 2009 Safety & Occupational Health Objectives] with an increased emphasis on motorcycle safety. This will be accomplished by continually looking for new and innovative ways to address off-duty, risky behavior and through the sharing of best practices to leverage the power of lessons learned, which is an effective prevention tool.

Through a renewed emphasis on safety by the Army's leaders and Soldiers, the implementation of safety program improvements and initiatives targeted at leading accident causal factors, the Army achieved significant accident reductions in FY 2008.

In FY 2008, 209 Soldiers were killed in accidents.
On duty:
Fifty-seven Soldiers were killed in on-duty accidents, compared to 107 in FY 2007.

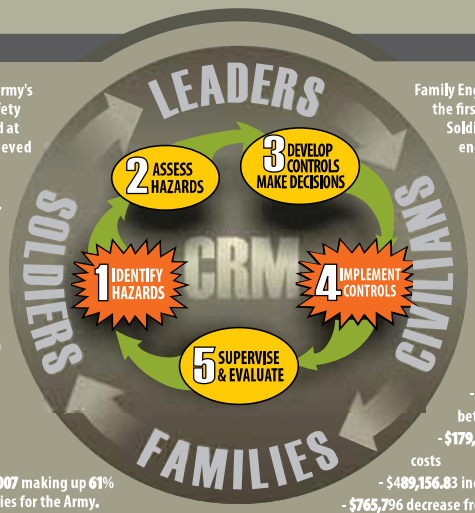
On-duty accidents reduced by 53 percent:
- Aviation saw a 64.9% decrease in accidents from FY 2007
- Ground saw a 37.1% decrease in accidents from from FY 2007

Off duty:
One hundred fifty-three Soldiers were killed in off-duty accidents, compared to 143 in FY 2007.

Off-duty accidents increased by seven percent:
- Driving fatalities saw a 17% increase over FY 2007 making up 61% of the total number of accident-related fatalities for the Army.
- Motorcycle fatalities represent 33% of the total number.

Key strategies:
Engaged leadership – Arming Leaders with the tools and information necessary to maintain a positive safety climate and enforce composite risk management practices.

Accountability – Soldiers taking personal responsibility for their own safety as well as looking out for their fellow Soldiers, protecting the Band of Brothers and Sisters.



Family Engagement – Acknowledging Families are often the first line of defense when it comes to protecting Soldier's during the off-duty hours and their engagement is as effective as Leaders on duty.

In FY 2008 Army Civilian Accidents resulted in:
Two Department of the Army Civilian (DAC) deaths

9,167 DAC Total Cases Injury/Illnesses
- 3.53 Total Case Rate
- 1% decrease in rate between 2007-2008
4,532 DAC Lost Time Cases
- 1.69 Lost Time Case Rate
- 1% decrease in rate between 2007-2008
- 14% decrease in Lost Work Day Rate (per 100) between 2007-2008
- $179,482,380 Total Worker's Compensation chargeback costs
- $489,156.83 increase from FY 2007
- $765,796 decrease from FY 2006

Key strategies:
Increase momentum for implementing OSHA Voluntary Protection Program (VPP)
- Over 30 sites actively pursuing VPP criteria

Actively engage in Return-to-Work programs and decrease the overall cost of the workers' compensation program.

ESOH

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Principles

The Army has adopted the following principles as the foundation for the Army Safety and Occupational Health programs and to guide the execution of the Army Safety and Occupational Health Strategic Plan:

- Army safety and occupational health plans, directives, and resources will support the Army mission and vision.
- Accidents, occupational injuries, and illnesses are unacceptable impediments to Army missions, readiness, quality of life, and morale.
- Leaders, supervisors, Soldiers, and employees are responsible and accountable for taking necessary actions to provide a safe workplace, equipment, and operations.
- Decision makers at every level will employ the Army CRM process to avoid unacceptable risk to missions, personnel, equipment, and the environment.
- The acquisition of facilities and materiel will employ system safety engineering and management, health hazard assessments, and human factors engineering to optimize safety and health throughout the life cycle.
- Army planning, doctrine, operations, and training will integrate safety, occupational health, and CRM processes, tactics and techniques.
- The Army Safety and Occupational Health Strategic Plan and associated action plans and metrics will assist in determining resource requirements for safety and occupational health aspects of Army safety programs.
- Army safety, occupational health, and CRM initiatives will be developed and coordinated to create a synergistic effort with Families, installation organizations, and the surrounding communities.

The Army serves as a model for leadership, values, and commitment to mission. We are applying the same commitment to the ongoing integration of occupational health into the Army culture.

- Army 2009 Trisignature Summer Safety Message

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Responsibilities

Responsibilities for Execution of the ASOH Plan

(see AR 385-10 and AR 40-5 for more detailed safety & occupational health program responsibilities):

- The Secretary of the Army and Chief of Staff, Army lead the Army safety and occupational health programs.
- The Assistant Secretary of the Army (Installations and Environment) (ASA(I&E)) has the principal responsibility for all Army matters related to safety and occupational health. The ASA(I&E) also sets the strategic direction, determines objectives, establishes policy, sets standards, and proposes programming and funding for these programs. Included in these responsibilities are providing policy, programming, and oversight of the safety and occupational health programs, including technology for all safety and occupational health related research, development, test, and evaluation (RDT&E) activities.
- The Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health), as the Army Secretariat's proponent for safety and occupational health, advises the Secretary of the Army and the ASA(I&E) on safety and occupational health matters, and establishes and oversees execution of the Army Safety and Occupational Health Strategic Plan.
- The Army Surgeon General is the advisor to the Chief of Staff, Army on occupational health issues and supports the Secretary of the Army and the Chief of Staff, Army on occupational health issues.
- The Director of Army Safety is the principal advisor to the Chief of Staff, Army and Army staff elements on safety issues; supports the Secretary of the Army and the Chief of Staff, Army; oversees execution of the Army Safety Program; synchronizes CRM integration efforts across the Army; and serves as the CRM advocate to the senior Army leadership.
- Headquarters, Department of the Army (HQDA) Principal Officials, as functional proponents, provide safety and occupational health leadership and ensure CRM integration within their areas of responsibility.
- Integrating Agents - defined as HQDA Principal Officials and Commanders of Army Commands, Army Service Component Commands, and Direct Reporting Units - manage a comprehensive safety and occupational health program that properly implements CRM concepts and strategic safety and occupational health plans into their functional or geographic areas. In addition, commanders in Training and Doctrine Command (TRADOC), Forces Command (FORSCOM), Army Materiel Command (AMC), and the Installation Management Command (IMCOM) are specially designated to coordinate activities across the Army to integrate safety and occupational health and CRM into programs to develop, project, equip and sustain, and garrison the force, respectively.
- The Army Safety Coordinating Panel oversees Army safety and occupational health strategic planning, initiatives, performance, and CRM integration in synchronization with the Army vision. The functions of the panel are to: identify opportunities for integrating safety, occupational health, and CRM; oversee and assist in coordination of action plans that support Army safety and occupational health goals and objectives; and assess progress of actions specified in action plans that support Army safety and occupational health goals and objectives.

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Mission and Vision

Army Mission and Vision Statements

The Army Mission: To provide necessary forces and capabilities to the Combatant Commanders in support of the National Security and Defense Strategies.

The Army Vision: To remain the preeminent land power on earth – the ultimate instrument of national resolve – that is both ready to meet and relevant to the challenges of the dangerous and complex 21st century security environment.

Army Safety and Occupational Health Mission and Vision Statements

The Army Safety and Occupational Health Mission: To preserve war fighting capabilities and enhance the force by providing a safe and healthy environment for Soldiers, Families, Civilians, and contractors.

The Army Safety and Occupational Health Vision: A culture where safety and occupational health are enablers of Army readiness and quality of life.

Army Safety and Occupational Health Goals, Objectives, and Action Plans

Achievement of Army safety and occupational health goals and objectives will provide a sustainable culture where safety and occupational health and CRM are enablers of Army readiness and quality of life. These institutional goals are designed to promote Army safety and occupational health program successes, support transformation, improve combat readiness and effectiveness, improve morale and quality of life, and enable the Army to meet senior leadership accident reduction goals. Each objective has lead and support proponents. Proponents are responsible for developing and managing execution of action plans, with assistance from other designated organizations as necessary, targeted at accomplishment of the objective. Action plans must be specific, relevant, achievable, and measurable. Development of action plans will be facilitated by subgroups of the Army Safety Coordinating Panel. The Army Safety Coordinating Panel will approve and periodically review execution of action plans and, as required, provide feedback to the lead proponent.

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Goal 1

Goal 1: Incorporate safety and occupational health into Army culture.

Objective 1.1: Increase awareness of the value and necessity of safety and occupational health through efforts such as the Department of Defense Inspector General safety culture survey.

Proponents: Lead: Office of the Deputy Assistant Secretary of the Army (Environment, Safety & Occupational Health)

Support: Army Safety Office, US Army Combat Readiness/Safety Center, Office of The Surgeon General/US Army Medical Command, Office of the Chief of Public Affairs

Objective 1.2: Develop a process to improve the integration of safety and occupational health principles and programs into Army policy, doctrine, training and operations.

Proponents: Lead: Office of the Deputy Assistant Secretary of the Army (Environment, Safety & Occupational Health)

Support: Army Safety Office, Office of The Surgeon General/US Army Medical Command, Office of the Chief of Public Affairs, US Army Training and Doctrine Command, US Army Forces Command, US Army Materiel Command, Installation Management Command, Army G-3

Objective 1.3: Develop annual safety and occupational health action plans, with supporting objectives, at Army Commands, Army Service Component Commands, and Direct Reporting Units to improve safety and health and reduce accidents and illness. Ensure subordinate commands include safety planning in appropriate documents, such as annual training guidance.

Proponents: Lead: Army Commands, Army Service Component Commands, and Direct Reporting Units

Support: US Army Combat Readiness/Safety Center, Army G-3

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Goal 2: Ensure proactive and systematic management of risk.

Objective 2.1: Improve processes for the identification and quantification of safety and occupational health hazards.

Proponents: Lead: Office of the Deputy Assistant Secretary of the Army (Environment, Safety & Occupational Health)

Support: US Army Combat Readiness/Safety Center, Office of The Surgeon General/US Army Medical Command

Objective 2.2: Improve mitigation of on and off duty safety and health hazards through instruction in and application of CRM.

Proponents: Lead: US Army Combat Readiness/Safety Center

Support: Office of The Surgeon General/US Army Medical Command, US Army Training and Doctrine Command, US Army Materiel Command, Army G-1

Objective 2.3: Leverage technological solutions for accident and loss prevention.

Proponents: Lead: Office of the Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health)

Support: US Army Combat Readiness/Safety Center and Office of The Surgeon General/US Army Medical Command

Objective 2.4: Develop and use Environment Safety and Occupational Health management system in mission planning and execution across all military operations and activities, including acquisition, procurement, logistics and facility management.

Proponents: Lead: Office of the Deputy Assistant Secretary of the Army (Environment, Safety & Occupational Health)

Support: US Army Combat Readiness/Safety Center, Office of The Surgeon General/ US Army Medical Command, US Army Forces Command, US Army Training and Doctrine Command, Office of the Deputy Assistant Secretary of the Army (Acquisitions, Logistics and Technology), US Army Materiel Command, Army G-3, Army G-4, and Office of Assistant Chief of Staff for Installation Management

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Goal 3

Goal 3: Manage Army safety and occupational health program efficiently and effectively.

Objective 3.1: Improve business processes.

Proponents: Lead: Office of the Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health)

Support: Office of the Deputy Assistant Secretary of the Army (Cost And Economics)

Objective 3.2: Ensure appropriate safety manning and organization structure, and improve professional development of Army Safety and Occupational Health personnel.

Proponents: Lead: Office of the Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health)

Support: US Army Combat Readiness/Safety Center, Office of The Surgeon General/ US Army Medical Command, US Army Forces Command, US Army Training and Doctrine Command, Office of the Deputy Assistant Secretary of the Army (Acquisitions, Logistics and Technology), US Army Materiel Command, Army G-3, Army G-4, and Office of Assistant Chief of Staff for Installation Management

Objective 3.3: Improve communication and synchronization of safety and occupational health efforts across the Army and within the Department of Defense.

Proponents: Lead: Office of the Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health)

Support: Army Safety Office, US Army Combat Readiness Center, Office of The Surgeon General/ US Army Medical Command; All Army Commands, Army Service Component Commands, and Direct Reporting Units

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Goal 4: Reduce accident and illness rates in the Army.

Objective 4.1: Improve Army system for injury, occupational illness, loss and near-miss reporting and analysis of Army Class A-D accidents (Soldier, Civilian and contractor) to identify accident demographic, causal factors and trends, and to develop countermeasures.

Proponents: Lead: US Army Combat Readiness/Safety Center

Support: Office of the Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health), Office of the Surgeon General/US Army Medical Command

Objective 4.2: Develop and implement policies and procedure plans to reduce lost workdays resulting from employees injured at work so they may return to productive status as soon as possible.

Proponents: Lead: Office of the Assistant Secretary of the Army for Manpower and Reserve Affairs

Support: Office of the Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health), Army Safety Office, Office of The Surgeon General/US Army Medical Command, Army G-1

Objective 4.3: Develop and implement plans and programs tailored to address the loss history of the organization. Develop the appropriate metrics to assess program effectiveness and modify as necessary to target the greatest organizational risks.

Proponents: Lead: Office of the Deputy Assistant Secretary of the Army (Environment, Safety & Occupational Health)

Support: Army Safety Office, US Army Combat Readiness Center, Office of The Surgeon General/US Army Medical Command; All Army Commands, Army Service Component Commands, and Direct Reporting Units

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"The Army continues to make great progress in reducing accidental deaths, occupational injuries and illnesses, and equipment losses... We expect commanders to lead these efforts and Soldiers and Army Civilians to integrate safety and occupational health and composite risk management into every operation they plan, train and execute."

George W. Casey, Jr.
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