Army Safety and Occupational Health Strategic Plan

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The United States Army has long recognized that our mission is accomplished only because America entrusts us with its most precious resources-fathers, mothers, brothers, sisters, sons, and daughters. Although a career in the Army brings with it inherent risks, injuries resulting from accidents are not acceptable. It is our obligation to ensure that our Soldiers, civilian employees, family members and contractors have a safe, healthy working and living environment.

The Army made great progress in reducing accidental deaths, occupational injuries and illnesses, and equipment losses in the 1990s. With the exception of aviation accidents, all accident and occupational injury and illness statistics were on a downward trend until the last three years, when these injuries and illnesses increased. Soldier accidental fatalities increased from an average of 167 per year in fiscal years 1997-2001 to 267 in fiscal year 2004. Army Class A flight accident rates increased more than four times since fiscal year 2001. The cost of serious accidents is estimated at 2 billion dollars per year. The impact of serious accidents on unit and individual readiness, morale, retention, and well-being is not easily quantified.

Concerned about increased accident rates across the Department of Defense, the Secretary of Defense set goals to reduce accident rates by 75 percent by the end of fiscal year 2008 (using fiscal year 2002 as the baseline). Sharing the Secretary's concerns, we have published the Army Safety and Occupational Health Strategic Plan, which integrates the previous separate strategies of the Army Safety Program and the Army Industrial Hygiene Program, to communicate the Army's vision and goals for safety and occupational health.

This plan outlines the Army's vision, goals, and objectives for increasing operational and workplace safety and health and reducing accidents, and offers strategic planning and direction for Army safety and occupational health programs. It also offers a basis for action plans to provide safe and healthful operations, equipment, and work environments that will reduce injuries and occupational illnesses.

In accordance with this plan, no mission or job will be initiated until risk or hazard analysis has been completed and risk reduction performed. We expect commanders to lead in these efforts and Soldiers and Army civilians to integrate safety and occupational health and risk management into every operation they plan, train, and execute.

Progress towards achieving the goals and objectives of the Army Safety and Occupational Health Strategic Plan will be tracked and reported to Army leadership on a periodic basis. We are committed to the safety of our Soldiers, civilian employees and contractors, and are confident that the actions outlined in this plan will reduce accidents and improve readiness, force stability, and well-being.

Peter J. Schoomaker
General, United States Army
Chief of Staff

Francis J. Harvey
Secretary of the Army

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, civilians, families, and contractors.
- Provide a single, integrated framework for the Army safety and occupational health mission, vision, goals, and objectives.
- Emphasize composite risk management and integration of safety and occupational health into Army culture in support of the Army vision, mission, and senior leadership goals.

ARMY VISION

In order to remain the preeminent landpower on Earth and meet the challenges of the 21st century security environment, the Army's Safety and Occupational Health (SOH) programs must be prepared to support the Army Vision. How are we, as leaders responsible for shaping the SOH program, meeting that challenge?

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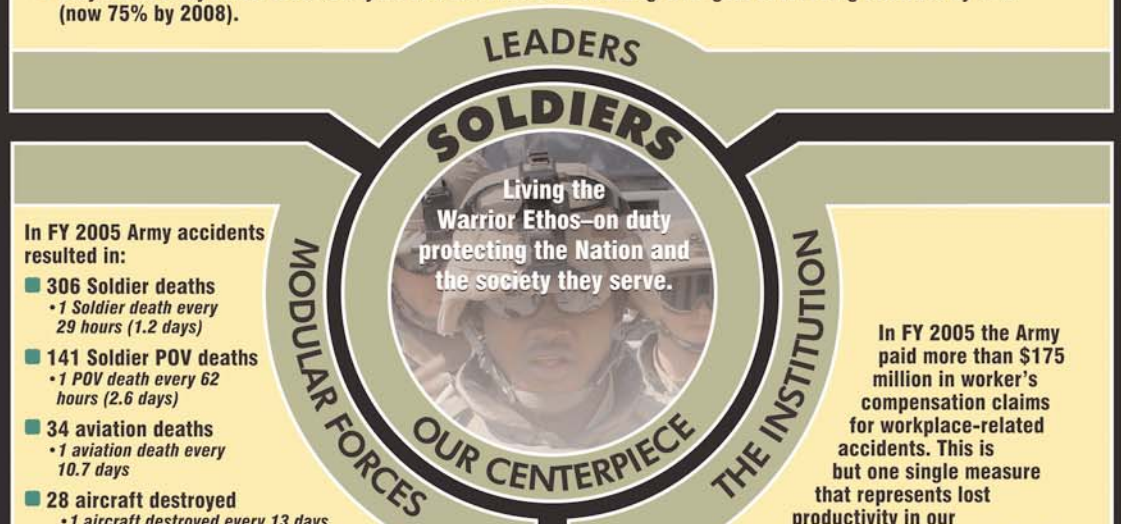
Leaders must establish and maintain a culture and command climate that emphasizes the preservation of combat power. According to DOD IG Findings, 2005:

- **"Leaders think we have it – Soldiers know we don't."**
- **Leaders and supervisors rate safety and occupational health programs stronger than do Soldiers and employees.**
- **Only 7% of Army senior leaders say we can meet the SecDef's long-term goal of reducing fatalities by 50% (now 75% by 2008).**



In FY 2005 Army accidents resulted in:

- **306 Soldier deaths**
  - *1 Soldier death every 29 hours (1.2 days)*
- **141 Soldier POV deaths**
  - *1 POV death every 62 hours (2.6 days)*
- **34 aviation deaths**
  - *1 aviation death every 10.7 days*
- **28 aircraft destroyed**
  - *1 aircraft destroyed every 13 days*
- **$924,288 a day in aviation Class A-C accident losses**
  - *($337,365,117 for fiscal 2005)*
- **110 ground Class A accidents and 103 Soldiers killed in on-duty ground accidents**
- **141 Soldier fatalities in privately owned vehicle accidents (including motorcycles)**
- **28 Soldier fatalities in off-duty non-POV accidents**

In FY 2005 the Army paid more than $175 million in worker's compensation claims for workplace-related accidents. This is but one single measure that represents lost productivity in our industrial base, interruptions in services at our Army bases, reductions in our Soldiers', Department of the Army civilians', and family members' quality of life, and a degradation in the Army infrastructure.

Principles:

The following principles are the foundation for the Army safety and occupational health programs and a guide to 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, well-being, and morale.
- Leaders, supervisors, Soldiers, civilian employees and contractors are responsible and accountable for taking necessary actions to provide safe and healthful operations, equipment, and workplaces.
- Decision makers at every level will employ the Army composite risk management process to avoid unacceptable residual 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.
- Safety, occupational health, and composite risk management processes, tactics and techniques will be integrated into Army planning, doctrine, operations, and training.
- The Army Safety and Occupational Health Strategic Plan and associated action plans and metrics will be used to determine resource requirements for safety and occupational health aspects of Army programs.
- Army safety, occupational health, and composite risk management initiatives will be developed and coordinated to create a synergistic effort with other Department of Defense Services and Agencies.

Responsibilities:

Responsibilities for execution of the Army Safety and Occupational Health Strategic Plan are:

- 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)) provides safety and occupational health and composite risk management policy, strategic direction, and oversight. The ASA (I&E), through the Assistant Chief of Staff for Installation Management and the Chief of Engineers, provides policy, direction, and oversight to ensure the acquisition, operations and maintenance, rehabilitation and modernization of facilities employ construction and facility system safety engineering and management to optimize safety and health throughout the life cycle.
- The Assistant Secretary of the Army for Acquisition, Logistics and Technology provides policy, direction, and oversight to ensure the acquisition of materiel employs system safety engineering and management, health hazard assessments, and human factors engineering to optimize safety and health throughout the life cycle.
- The Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health), advises 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 advises and supports the Secretary of the Army and the Chief of Staff, Army on occupational health issues.
- The Director of Army Safety advises, supports and oversees execution of the Army safety program; synchronizes composite risk management integration efforts across the Army; and serves as the composite risk management advocate to the senior Army leadership.
- HQDA Principal Officials, provide safety and occupational health leadership and ensure composite risk management integration within their areas of responsibility to direct, acquire, and resource the force.
- 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 composite risk management concepts and strategic safety and occupational health plans into their functional or geographic areas. In addition, Commanders of Training and Doctrine Command, Forces Command, Army Materiel Command, and the Assistant Chief of Staff for Installation Management, through the Director of the Installation Management Agency (IMA), are specially designated to coordinate activities across the Army to integrate safety and occupational health and composite risk management into programs to develop, project, sustain, and garrison the force, respectively.
- The Army Safety Coordinating Panel facilitates coordination and communication between the Army Secretariat, Army Staff and Army Headquarters regarding safety, occupational health, and composite risk management integration and oversees Army safety and occupational health and composite risk management initiatives and performance.
- AR 385-10 and AR 40-5 provide more detailed safety and occupational health program responsibilities.

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 landpower 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 warfighting capabilities and enhance the force by providing a safe and healthy environment for Soldiers, civilians, families, 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 the Army safety and occupational health goals and objectives will provide a sustainable culture where safety and occupational health and composite risk management are enablers of Army relevance, 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 well-being, 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. 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.

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.

Proponents: *Lead: Office of the Chief, Public Affairs*

Support: Army Safety Office, US Army Combat Readiness Center, Office of the Surgeon General

Objective 1.2: Ensure accountability for leader, individual and organization responsibilities in safety and occupational health.

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

Support: Army Safety Office, Office of the Surgeon General

Objective 1.3: 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 and Occupational Health)*

Support: Army Safety Office, Office of the Surgeon General, Office of the Chief of Public Affairs, US Army Training and Doctrine Command, Forces Command

Objective 1.4: Establish a Safety and Occupational Health Plan at every level from Army Command, Army Service Component Command, and Direct Reporting Unit down to brigade level to improve workplace safety and promote accident reduction.

Proponents: *Lead: US Army Combat Readiness Center*

Support: Army Commands, Army Service Component Commands, and Direct Reporting Units

Goal #2: Ensure systematic management of risk.

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

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

Support: US Army Combat Readiness Center, US Army Center for Health Promotion and Preventive Medicine

Objective 2.2: Ensure timely reporting, investigation and after action review of all reportable accidents and loss.

Proponents: *Lead: US Army Combat Readiness Center, Army Commands, Army Service Component Commands, and Direct Reporting Units*

Support: US Army Center for Health Promotion and Preventive Medicine, Army G-1, Army G-3

Objective 2.3: Mitigate the effects of hazards and reduce losses through effective application of composite risk management.

Proponents: *Lead: US Army Combat Readiness Center*

Support: US Army Center for Health Promotion and Preventive Medicine, US Army Training and Doctrine Command, US Army Materiel Command, G-1

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 (Resource Analysis and Business Practices)

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 Center, US Army Center for Health Promotion and Preventive Medicine, G-1, G-3, G-8, US Army Medical Command, Army Safety Office

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, US Army Center for Health Promotion and Preventive Medicine, US Army Medical Command

Goal #4: Reduce accident rates by 75 percent by fiscal year 2008, using fiscal year 2002 as the baseline.

Objective 4.1: Develop annual Army safety and occupational health program objectives to support reduction of accidents.

Proponents: *Lead: Office of the Assistant Secretary of the Army for Installations and Environment*
Support: US Army Combat Readiness Center, Office of the Surgeon General

Objective 4.2: Deploy system for accident reporting and analysis of Army Class A-D accidents (Soldier, civilian and contractor) to identify accident demographic and causal factors and trends and to develop countermeasures.

Proponents: *Lead: US Army Combat Readiness Center*

Support: US Army Center for Health Promotion and Preventive Medicine

Objective 4.3: Develop and implement policies and procedures 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 Center for Health Promotion and Preventive Medicine

Army Safety Coordinating Panel Charter

1. Name of Committee: Army Safety Coordinating Panel.

2. Date Established: 1 October 2003.

3. Date to be Terminated: 31 May 2008.

4. Category and Type of Committee: Departmental.

5. Mission or Purpose: The Army Safety Coordinating Panel (ASCP) oversees Army safety and occupational health strategic planning, initiatives, performance, and composite risk management integration in synchronization with the Army vision. The functions of the panel are to:

a. Identify opportunities for integrating safety, occupational health, and composite risk management.

b. Oversee and assist in coordination of action plans that support Army safety and occupational health goals and objectives.

c. Assess progress of actions specified in action plans that support Army safety and occupational health goals and objectives.

6. Direction and Control: The ASCP will be co-chaired by the Director of the Army Staff (DAS) and the Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health) (DASA ESOH). The ASCP will report through the Vice Chief of Staff, Army, to the Chief of Staff, Army and through the Under Secretary of the Army to the Secretary of the Army.

7. Authority: AR 385-10, The Army Safety Program, 29 February 2000, AR 15-1, Committee Management, 27 November 1992.

8. Composition and Operation.

a. The Army Safety Coordinating Panel will be comprised of the following individuals:

(1) Director of Army Staff (Co-Chair)
(2) Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health) (Co-Chair)
(3) Deputy Assistant Secretary of the Army (Resource Analysis and Business Practices)
(4) Deputy Assistant Secretary of the Army (Human Resources)
(5) Deputy Assistant Secretary of the Army (Policy and Procurement)
(6) CIO/G-6
(7) Chief of Public Affairs
(8) Provost Marshal General
(9) Sergeant Major of the Army
(10) Chief of Staff, U.S. Army Test and Evaluation Command
(11) Director of Army Safety
(12) Assistant Deputy Chief of Staff, G1
(13) Assistant Deputy Chief of Staff, G3/5/7
(14) Assistant Deputy Chief of Staff, G4
(15) Director of Program Analysis and Evaluation, G8
(16) Deputy Surgeon General/Chief of Staff, US Army Medical Command
(17) Judge Advocate General
(18) Deputy Director, Army National Guard
(19) Deputy Assistant Chief of Staff for Installations Management
(20) Deputy Chief of Staff for Personnel and Installation Management, Forces Command
(21) Deputy Commanding General, US Army Reserve
(22) Deputy Chief of Staff, G-1, US Army Europe
(23) Chief of Staff, Eighth US Army
(24) Chief of Staff, US Army Training and Doctrine Command
(25) Chief of Staff, G-1, US Army Materiel Command
(26) Deputy Chief of Staff for Personnel, US Army Pacific
(27) Deputy Chief of Staff for Personnel, US Army Special Operations Command
(28) Deputy Commander, US Army Corps of Engineers
(29) Commander, US Army Intelligence and Security Command

(30) Deputy Commanding General, Surface Deployment and Distribution Command
(31) Deputy to the Commander for Operations, US Army Space and Missile Defense Command/US Army Forces Strategic Command
(32) Deputy Commanding General, Third US Army
(33) Commanding General, US Army South
(34) Director, Installation Management Agency
(35) Commanding General, US Army North
(36) Commanding General, Military District of Washington

b. The Army Safety Coordinating panel will meet twice a year or as called by the co-chairs. Issues requiring a decision will be presented and the panel will make recommendations to the co-chairs for decision. Twenty members are considered a quorum for meetings.

c. The Army Safety Coordinating Panel will establish standing and ad hoc subgroups as needed to work long-term taskings and specific issues and to support the Army Safety and Occupational Health Strategic Plan and support development of action plans. In establishing a standing or ad hoc subgroup, the following will be clearly defined: purpose of the subgroup, the product expected from the subgroup, the date the product is required, and the subgroup chair and members. The subgroup chair is responsible for determining the subgroup's mode of operation, coordinating subgroup activities, accomplishing assigned tasks within requested timeframes, and is comprised of representatives from ASCP member organizations.

d. Council of Colonels. The ASCP Council of Colonels (ASCP CoC) will review issues brought up, or to be brought up, before the ASCP. The ASCP CoC will analyze issues, discuss possible courses of action, and prepare recommendations for the ASCP. The ASCP CoC will be co-chaired by the Office of the Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health) and the Army Safety Office and is comprised of a representative from ASCP member organization. CoC members are expected to coordinate ASCP issues with their agency as well as present their agency's position on issues.

9. Administration: The Office of the Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health) and the Office of the Director of Army Safety will provide administrative support to the co-chairs of the Army Safety Coordination Panel. The Office of the Director of Army Safety, supported by DASA (ESOH), will:

a. Arrange and provide administrative and logistical support for meetings.

b. Provide a non-voting Secretary to record and distribute minutes of meetings.

c. Track assigned tasks from meetings.

d. Program funding for activities and support. (Funding for travel for participants will be the responsibility of the parent organization).

10. Correspondence: Correspondence for the ASCP should be directed to the Office of the Director of Army Safety, 223 23rd Street, Crystal Plaza 5, Room 980, Arlington, VA 22202.

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General, United States Army
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