



UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION NEW RIVER
PSC BOX 21001
JACKSONVILLE, NC 28545-1001

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AIR STATION ORDER 5100.13D

From: Commanding Officer, Marine Corps Air Station, New River
To: Distribution List

Subj: OCCUPATIONAL SAFETY AND HEALTH (OSH) PROGRAM

Ref: (a) DODINST 6055.01 DoD Safety and Occupational Health (SOH) Program
(b) SECNAVINST 5100.10K Department of the Navy Safety Program
(c) Public Law 91-596 Occupational Safety and Health Act
(d) 29 CFR 1910 OSHA General Industry Standards
(e) 29 CFR 1960 Basic Program Elements for Federal Employees OSHA
(f) 29 CFR 1926 OSHA Safety and Health Regulations for Construction
(g) MCO 5100.29B Marine Corps Safety Program
(h) NAVMC DIR 5100.8 MARCOR OSH Program Manual
(i) MCO 5100.8 MARCOR OSH Policy Order
(j) MCO P5102.1B Navy & Marine Corps MISHAP & Safety Investigation, Reporting & Record Keeping Manual
(k) MCO 3500.27C Risk Management
(l) OPNAVINST 5100.23G Navy Safety and Occupational Health Program Manual
(m) ACE EM 385-1-1 Safety and Health Requirements Manual
(n) UFC 3-560-01 Electrical Safety

Encl: (1) Occupational Safety and Health (OSH) Program

1. Situation. This Order promulgates Marine Corps Air Station (MCAS) New River's Occupational Safety and Health (OSH) Program and establishes the air station's Voluntary Protection Program (VPP).

2. Cancellation. ASO 5100.13C, ASO 5100.1, ASO 6280.2, and ASO 3750.5B.

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25 APR 2016

3. Mission. MCAS New River utilizes the OSH Program and VPP to enhance readiness by preserving human and material resources.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. MCAS New River will provide a safe and healthful workplace for military and civilian personnel. No unauthorized risk shall be taken to accomplish the installation mission. Elevate risk decisions to the appropriate authority. Endstate: zero (0) personnel injuries, equipment and property damage.

(2) Concept of Operations

(a) Apply the safety standards promulgated by the references and this Order to all operations and workplaces.

(b) Establish an ongoing safety training program for military and civilian personnel. All full time MCAS New River personnel shall attend an OSHA 10 hour safety course to enhance the safety culture and ensure employees are aware of their responsibilities. Supervisors shall attend the OSHA 30 hour training program. Tennant or transient personnel may attend on a space available and cost shared basis.

(c) Review plans, projects, or contracts involving new construction, demolition, renovations, or traffic engineering, and procurement of safety equipment to ensure OSH requirements are met and potential hazards are eliminated or controlled prior to actual purchase or commencement of work.

(d) Identify and abate all hazards to the maximum extent possible by using sound Operational Risk Management principles. Establish detailed procedures for reporting hazards to supervisory and safety personnel without fear of reprisal. If hazards cannot be eliminated then document mitigation procedures and train all personnel to the hazard prior to exposure.

(e) Investigate, analyze, report, and record mishaps, near misses, and property damage.

(f) Recognize superior OSH and VPP performance through evaluations and special awards.

b. Tasks

(1) Executive Officer

(a) Responsible for the execution of the OSH Program and VPP.

(b) Serve as the Chairman of the Command Safety Council.

(2) Safety Manager

(a) Serve as overall coordinator for the MCAS New River OSH Program and VPP.

(b) Establish, administer, monitor, maintain, and review the functions for the effective management of programs in ground safety, occupational safety and health, and explosive safety for the installation.

(c) Act as the safety liaison between tenant units and the station departments.

(d) Perform other duties as required in support of the Installation's OSH Program.

(3) Commanders/OICs

(a) Tenant Commands and Detachments are requested to:

1. Support installation VPP by embracing the principles of "Management Commitment, and Employee Involvement".

2. Per references (g) and (h), ensure all required safety training, assessments, and work center inspections are performed and properly documented.

3. Per reference (k), ensure all echelons identify hazards, take the appropriate actions to mitigate them

to an acceptable level of risk or elevate the acceptance of risk to the appropriate authority.

4. Attend the installation Command Safety Council and Drive Safe Council. Small Units and Detachments may also attend the installation Supervisors Safety Committees and the Safe Driving Working Groups.

(b) Station Commands/Departments are directed to:

1. Embrace the VPP principles of "Management Commitment, and Employee Involvement".

2. Ensure all required safety training, assessments, and work center inspections are performed and properly documented.

3. Ensure all echelons identify hazards, take the appropriate actions to mitigate them to an acceptable level of risk or elevate the acceptance of risk to the appropriate authority.

4. Attend Command Safety Council and Drive Safe Council.

5. Brief the Commanding Officer and Staff on any Mishaps/Near Miss/Property damage to the extent of what happened, why it happened, and what the department is doing to prevent reoccurrence. Also shall ensure incident is properly reported in the Enterprise Safety Applications Management System (ESAMS).

6. Brief the Commanding Officer and Staff on the corrective actions of any outstanding (past 30 days) deficiencies from internal or external inspections or audits and document/update any changes in appropriate system. (i.e. ESAMS, DON TRACKER, etc.).

7. Ensure all MCAS New River assigned military and civilian personnel (not tenants) have an ESAMS account and use this account to document all safety related training, inspections, and for the reporting of all Mishaps, near misses, and property damage.

(4) Station Managers/Supervisors

(a) Ensure all work center hazards are identified and documented. Document all abatement and mitigation efforts. Provide a copy of this annually and when changes to the safety department on or before December 1st. Report all mitigation or residual hazards to the safety department. Train all personnel to any hazard prior to becoming exposed, and record all training in ESAMS.

(b) All safety programs, i.e. electrical, lock-out tag-out, fall protection, respiratory protection, etc., will have a written safety plan submitted by the work center supervisor to the installation safety office for approval and annual review.

(c) Ensure monthly work center inspections are conducted and recorded in ESAMS.

(d) Attend Supervisors Safety Committees and/or the Safe Driving Working Groups.

(e) Ensure all employees (military and civilian), participating in VPP, are counseled by their supervisor on:

1. The duty to provide a safe and healthful work environment.

2. Hazard recognition, reporting, and abatement.

3. The duty to follow safe work practices, administrative controls, safety regulations, and proper use, maintenance, and storage of personal protective equipment.

4. The requirement to be trained to the hazards prior to being exposed to the hazards and to complete all required safety training.

5. The ability to report all safety concerns without fear of reprisal.

Note: Documentation of this counseling for military shall be in official military records and for civilians shall be incorporated into the employees Individual Development Plan.

(5) Military and Civilian Employee's

- (a) Identify all hazards to your supervisor(s).
- (b) Participate in all required safety training.
- (c) Perform your duties safely and per instructions.
- (d) Should PPE be authorized or required for your duties, ensure that you are trained in its use and that it is worn, maintained, and stored properly.
- (e) Immediately cease the use of any equipment or appliance that malfunctions or is in violation of a safety or health standard.
- (f) Alert others believed to be endangered by a known or perceived hazard, then report incident to supervisor or safety personnel.
- (g) Report incidents, mishaps, injuries, or evidence of impaired health to supervisory or safety personnel.

(6) Other Organizations/MCCS/Contractors

- (a) Ensure work center supervisor or safety representatives maintain liaison and current points of contacts with the Installation Safety Department.
- (b) Follow all OSH programs as directed by employer, higher headquarters, State, and/or Federal Agencies.
- (c) All programs, equipment, and areas assigned shall be maintained free from hazards and inspected by a competent person who is qualified by the appropriate entity recognized nationally as the "standard of care" in each respective field. Examples, not limited to, are:
 - 1. Owner/operator of playgrounds shall ensure inspections, at appropriate intervals, are completed by a Certified Playground Safety Inspector.
 - 2. Employee's working on or near water in which hazards exist, shall be provided training, approved personal

25 APR 2016

flotation devices, supervision, and other equipment to eliminate the hazards.

3. All construction, renovation, or contracted projects will follow, at a minimum, per reference (m).

4. All inspections will be documented and a copies will be available and maintained in the work center. Additionally a copy will be forwarded to the installation safety representative assigned to complete OSH inspections for that area or facility.

(d). A copy of all safety plans will be provide to the Installation Safety Office for recommendation and approval.

c. Coordinating Instructions

(1) MCAS New River is considered a "Multiemployer Worksite". In locations where multiple Commands/Units/Employers use or transit the same areas, each are required to communicate hazards in writing so that training or abatement can be accomplished prior to exposure of personnel.

(2) Hazardous areas shall be posted/marked with appropriate signage or markings. Unsafe or defective equipment shall be tagged or labeled and removed from service.

(3) All core safety services per reference (g) shall be provided at no cost to tenant/transient units. Non-core safety services or training may be attended on availability and cost share basis. For more information contact the MCAS New River Safety Department.

(4) Point of contact for this order is the Installation Safety Department at phone (910) 449-5440/5443/5437/4964/4424.

5. Administration and Logistics

a. Submit all recommendations for changes to this Order to the MCAS New River Safety Department. See paragraph 6. For point of contact information.

b. This Order is published electronically and can be accessed online via the MCAS New River intranet site, <https://newriver.mcieast.usmc.mil/Adjutant/>

[Orders%20Policies%20Bulletins%20Templates/Forms/Department%20View.aspx.](#)

6. Command and Signal

a. Command. This Order is applicable to all activities aboard MCAS New River.

b. Signal. This Order is effective the date signed.



T. M. SALMON

DISTRIBUTION: A

TABLE OF CONTENTS

<u>IDENTIFICATION</u>	<u>TITLE</u>	<u>PAGE</u>
Chapter 1	Councils & Committees.....	1-1
Chapter 2	Personal Protective Equipment (PPE).....	2-1
Chapter 3	Mishaps Investigations, Reporting, and Recordkeeping..	3-1
Chapter 4	Personnel Reports of Unsafe/Unhealthful Working Conditions.....	4-1
Chapter 5	Electrical Safety	5-1
Chapter 6	OSH Inspection Program.....	6-1
Chapter 7	OSH Training....	7-1
Chapter 8	Prevention and Control of Workplace Hazards.....	8-1
Chapter 9	Lockout Tagout (LOTO) Program.....	9-1
Chapter 10	Confined Space Program Requirements	10-1
Chapter 11	Exposure Control Plan (ECP) for Blood Borne Pathogens.....	11-1
Chapter 12	Fall Protection Program	12-1
Chapter 13	Occupational Exposure Monitoring	13-1
Appendix A	Respiratory Protection Program Assignment Letter	A-1

25 APR 2016

Chapter 1

Councils and Committees1. Installation Safety Council

a. Purpose. Consider, define, study and establish policies, abatement processes and programs pertinent to safety matters as outlined in references (d) and (h).

b. Membership. The composition of the Safety Council will consist of: Directors/Deputy, Department Heads, Union representatives, and OSH representatives. Commanding Officer, MCAS New River or his designated representative will chair the MCAS New River Safety Council.

c. Meetings. The MCAS New River Safety Council will meet at least quarterly.

d. Meeting Minutes. The MCAS New River ISM will ensure the preparation, publication, and filing of meeting minutes.

2. Supervisors' Safety Committee

a. Purpose. Assist the MCAS New River Safety Council by identifying existing or potential OSH hazards and deficiencies and recommend corrective measures per reference (h). The committee will periodically review the mishap experiences of their particular area of responsibility, including mishap prevention efforts and discussing potential hazards which may result in death, injury, or property damage. Recommendations/suggestions should be brought to the Safety Council. Supervisors shall keep documentation of these meetings and the ISM shall designate a safety representative to chair and maintain minutes.

b. Membership. Committee membership shall consist of military and civilian supervisors, Safety Representatives, and Union representatives. Mandatory attendance is required from all work centers.

c. Meetings. The MCAS New River Supervisors Safety Committee meetings will be held at least quarterly or as directed by recommendations of Command Safety Council.

d. Meeting Minutes. The committee chairperson will ensure accurate minutes are prepared and submitted to the MCAS Safety Council for review and appropriate action.

3. Shop Safety Committee

a. Purpose. Highlight safety concerns at the workers' level and decrease the potential for mishaps by solving problems and raising issues to the safety committee and council through their representatives.

b. Membership. Per reference (h), MCAS New River shop safety committees shall consist of personnel from each work center (e.g. office, shop crew, section, department, etc.) and have a membership of five or more persons.

Each shop safety committee shall include members of the same work center. The shop safety committees shall be chaired by a civilian (journeyman level) or military supervisor.

c. Meetings. One or more committee meetings will be held monthly as scheduled by the chairperson of each shop safety committee. Meetings should be of short duration and have minimal impact on work schedules.

4. Safe Driving Council

a. Purpose. Establish and maintain an effective Traffic Safety Program to reduce accidents and recommend policies. Identify and correct traffic mishap trends through mishap investigations, reporting, and analysis. Liaise with national, state, and local traffic agencies, civil authorities, and neighboring military commands.

b. Membership. The Traffic Safety Manager shall chair the safety driving council. Membership will include Deputy, Department Heads, Union representatives, Safety representatives Provost Marshals Office Liaison, Motor Transportation Chief, tenant representatives and contributing guests.

c. Meetings. The MCAS New River Safe Driving Council will meet quarterly or more frequently if circumstances warrant.

d. Meeting Minutes. The chairperson will ensure the preparation, publication, and file maintenance of the meeting minutes.

5. Safe Driving Working Group

a. Purpose. Assist the MCAS New River Safe Drive Council by enhancing the Traffic Safety Program to reduce accidents through mishap trend investigations, reports, and analysis.

b. Membership. The Traffic Safety Manager shall chair the Working Group and it shall consist of representative from each work center that has employee's whom drive government vehicles. In addition, members shall also include H&HS GSO, Motor Transportation Chief, Military Police Liaison, Tenant representatives and other guests who may enhance the Drive Safe Program.

c. Meetings. The MCAS New River Safe Driving Working Group will be held at least quarterly or as directed by recommendation from the Drive Safety Council.

d. Meeting Minutes. The Working Group chairperson will ensure accurate minutes are prepared and submitted to the Drive Safe Council for review and appropriate action.

Chapter 2

Personal Protective Equipment (PPE)

1. Purpose. Establish the requirements for PPE per the references and reiterate the supervisor's responsibilities for providing, enforcing, using, and maintaining PPE.
2. Policy. The PPE program will be in compliance with references (d) and (h).
3. Procedure. The Naval Hospital Occupational Health will provide Industrial Hygiene (IH) surveys to outline occupational hazards in the workplace. These surveys will be per current standards of practice and will outline the PPE required for specific tasks. A Job Hazard Analysis (JHA) or a written hazard assessment will outline the process hazard with PPE requirements. MCAS New River Safety will assist work center supervisors in assessing workplaces for safety and occupational hazards and determine what PPE is required.
4. Enforcement of Program. It is the responsibility of supervisors to enforce the use/wear of appropriate PPE. Managers will ensure compliance with the prescribed use of PPE and document cases of noncompliance. Per reference (h), managers should consider disciplinary action as a corrective measure against the offender and/or supervisor, as necessary.
5. Personnel Training. Supervisors shall provide and document utilizing ESAMS, or coordinate with MCAS New River Safety to provide PPE training for their personnel. Personnel utilizing PPE shall be trained on the following:
 - a. When PPE is necessary.
 - b. What type of PPE is necessary and why.
 - c. How to don, doff, adjust, and wear PPE properly.
 - d. Limitations or hazards associated with the use of PPE.
 - e. Proper care, maintenance, useful life, and disposal of PPE.
6. Respiratory Protection
 - a. The MCAS New River Respiratory Protection Program shall ensure compliance with policies and procedures established in reference (h).
 - b. Marine Corps personnel working in areas where they may be exposed to harmful levels of airborne dust, fogs, fumes, mists, gases, smokes, sprays, or vapors shall be provided appropriate respiratory protection at government expense. Station Safety will aid in determining the level of protection required.
 - c. The ISM shall designate an Installation Respiratory Protection Program Manager (RPPM) for MCAS New River in writing (example provided at Appendix A). Directors or Department Heads shall establish a Respiratory

Protection Program Managers for work centers which require a program. All Respiratory Protection Programs shall have a completed IH Survey prior to allowing any person to be placed on the program. The installation RPPM shall audit the Department programs annually. The RPPM designated by the ISM will provide consultation on all aspects of the Respiratory Protection Program.

d. RPPMs shall:

(1) Complete one of the following courses before appointment:

(a) OSHA Training Institute Course 2220, Respiratory Protection.

(b) OSHA Training Institute Education Centers Course 2225, Respiratory Protection.

(c) Naval Occupational Safety and Health, and Environmental Training Center RPPM Course (A-493-0072).

(d) Respiratory Protection Course with at least 32 hours of training which covers: minimum program requirements and administration; respirator types, selection, certification, and limitations; respirator cleaning, maintenance, and inspection; fit testing; respirator cartridge change out schedules; and medical considerations. The course must provide training in all aspects of reference (d).

(2) Assist Supervisors in developing written standard operating procedures (SOPs) governing the selection, issue, care, and use of respirators for their respective work centers and ensure they are posted in each general work area. SOPs shall include pertinent regulations, consensus standards, and emergency and rescue guidance, as necessary.

(3) Approve in writing, all purchases of nonstandard respiratory-protective equipment.

(4) Ensure establishment of facilities for respirator storage, issue, cleaning, and maintenance as required.

(5) Conduct and assist with annual training to all respirator users and their supervisors, as needed. Ensure all training is recorded.

(6) Ensure all respirator users receive a medical evaluation prior to being fit-tested. Ensure all medical information is recorded.

(7) Ensure all users of tight-fitting respirators are fit-tested initially and annually. Ensure all fit-testing is recorded.

(8) Maintain all records pertaining to respirator training and fit-testing.

(9) Ensure an annual audit of the Respiratory Protection Program is conducted.

e. Supervisors shall:

(1) Ensure an trained RPPM is assigned in writing to their department if respirators are required (example provided at Appendix A).

(2) Ensure only trained and medically qualified personnel are assigned to tasks requiring the use of respirators.

(3) Supervisors of work centers that utilize respirators shall develop work-site specific SOPs with assistance of their RPPM and post them in the general work area. SOPs shall include pertinent regulations, consensus standards, and emergency and rescue guidance, as necessary.

f. Respirator users shall:

(1) Use respirators per reference (d).

(2) Report work site problems involving use of respirators to their supervisors.

(3) Properly store, maintain, and clean the respirators issued to them.

g. Respirator Selection

(1) Respirators shall be selected by the RPPM in accordance with the guidelines of the IH Survey and reference (d).

(2) The responsible IH shall specify type of respirators.

h. Respirator Use

(1) Respirators shall be used as issued. No modifications or substitutions to the equipment are permitted.

(2) Respirators shall be used only by the person to whom issued. Users shall inspect the respirators before donning.

(3) Respirators with tight-fitting face pieces shall not be worn by individuals with facial hair that interferes with the face piece seal to the face.

(4) Contact lenses worn with a respirator are authorized on a case-by-case basis by the Occupational Health Clinic only.

(5) A positive and negative pressure user seal check shall be performed each time an air-purifying respirator is donned.

(6) While using respiratory protection, if odor or taste from the work process is detected, difficulty in breathing is encountered, or other sign of leakage is present, the user shall leave the area without delay. Reentry shall not be permitted until the problem has been resolved by replacing cartridges or filters, adjusting respirator fit, or by other means, as necessary.

25 APR 2016

(7) When respirators are temporarily removed during breaks in work operations, removal shall be done away from the work area to prevent personnel exposure and keep the interior of the respirator face piece clean. Respirators shall be protected from contamination prior to re-donning.

(8) Chemical cartridge/canister air-purifying respirators may be used (up to their maximum use concentration) for protection against substances without good warning properties, including isocyanates, if a cartridge change out schedule is developed and implemented. Activities shall:

(a) Implement a change out schedule for chemical canisters/cartridges based on objective information or data that will ensure that canisters and cartridges are changed before the end of their service life. Activities must describe this data, along with the logic for relying on the change out schedule, in their respirator programs. The change out schedule should be included in written SOPs.

(b) Change chemical canisters/cartridges according to the manufacturer's directions, or based on objective data obtained as indicated in reference (d).

i. Voluntary Respirator Use. When respirators are not required, voluntary use of respirators are limited to a filtering face piece (Dust Mask), which will be selected by the RPPM. Marine Corps commands will supply the respirators. Personnel must be trained on the proper use and care of respirators; however, they do not have to be placed in the medical surveillance program.

j. Respirator Inspection

(1) Respirators shall be inspected before and after use.

(2) Respirators and self-contained breathing apparatuses kept for emergency use shall be inspected monthly. Records of inspection dates and findings shall be maintained.

k. Respirator Cleaning and Disinfecting. Respirators shall be cleaned and disinfected after each use. Follow procedures provided by the RPPM, manufacturer, or reference (d).

l. Storage of Respirators

(1) Clean respirators shall be stored in sealed plastic bags, away from sunlight, heat, extreme cold, excessive moisture, or damaging chemicals. The storage area shall be kept sanitary.

(2) Respirators shall be stored in such a way as to prevent crushing which can result in deformation of the face piece.

(3) Respirators shall not be stored by hanging from the head straps.

m. Repair and Maintenance

25 APR 2016

(1) Only trained and qualified personnel shall perform respirator assembly and repair.

(2) Repair of respirators shall be accomplished with the appropriate parts designated by the respirator manufacturer. Parts from one manufacturer will not be used on another manufacturer's respirators, including filters and cartridges.

(3) No attempt shall be made to replace, adjust, or repair respirator components beyond the manufacturer's recommendations.

n. Specifications. Breathing air for supplied air and self-contained breathing apparatus (SCBA) respirators must meet Grade D specifications of CGA Pamphlet G-7.1, Compressed Gas Association, Inc., Commodity Specification for Air.

o. Medical Examinations

(1) Activities shall not fit test personnel, or assign them to work in or permit them to enter, areas requiring respiratory protection unless medically evaluated by a physician or other licensed health care professional.

(2) Military personnel who have been confirmed by their command or medical activity as "Fit-for-Full Duty" based on their current periodic military physicals from Occupational Health, and their annual Preventive Health Assessment (PHA) are considered qualified to wear any type of respiratory protection.

(3) Users of prescription eye wear who must wear a full-face respirator shall be fitted with respirator spectacles as recommended by the respirator manufacturer and prescribed by an optometrist or ophthalmologist.

p. Fit-Testing

(1) All users of negative-pressure respirators shall be fit-tested annually in a test atmosphere to ensure proper respirator fit.

(2) All users of negative-pressure air purifying respirators shall be trained in using positive and negative user seal checks prior to donning these respirators.

(3) Individuals with interfering facial hair will not be allowed to use respiratory protection equipment except for positive-pressure supplied air hoods where appropriate. Personnel with facial hair that interferes with the sealing surface of the respirator shall not be fit-tested.

(4) Fit-testing shall be performed per requirements of reference (d) and this Order.

q. Training. Personnel entered into the respiratory protection program shall be trained according to reference (d) which includes the nature and degree of respiratory hazards, respirator selection, donning, and fit-testing procedures, care of respirators (storage, cleaning, maintenance), respirator

ASO 5100.13D
25 APR 2016

cartridge change out schedules, wear of contact lenses, and use and limitations of respirators (including signs and indications of respiratory failure). Personnel training records shall include entries for respirator training and fit testing.

Chapter 3

Mishap Investigation, Reporting, and Recordkeeping

1. Purpose. Standardize mishap requirements and procedures for timely mishap reporting for MCAS New River. The primary objective of the Marine Corps Safety Program is to enhance readiness by preserving human life and material resources. Tenant commands will report through their chain of command.
2. Background. Accurate and complete reporting is essential to meaningful analysis and formulation of corrective action(s). Reporting mishap information provides invaluable data to assess our safety posture and make changes that prevent or mitigate harm in future incidents. A mishap in which there was minor injury or little damage may illuminate a hazard with potential to cause frequent and severe mishaps. A "Near Miss" should be reported to identify possible hazardous conditions. See definitions below.
3. Responsibilities
 - a. Commanders/Directors/OICs will ensure mishaps are reported to the Safety Department as required in reference (j). Notification of death, serious (Class A, B, or C Mishap) injuries or illness will be made by email/phone call via the chain of command with a copy to the ISM as soon as possible. All mishaps and near misses will be entered into ESAMS within three working days of the incident by the supervisor or section designated person.
 - b. The ISM will coordinate safety investigations of all MCAS New River mishaps, maintain records of safety investigation reports, and conduct mishap trend analyses. The ISM will also provide safety specialists to participate in Safety Investigation Boards (SIBs) and assist in preparing Ground Mishap Eight Day Briefs on Class A and B mishaps upon request. Definitions of mishap classifications can be found below.
 - c. Supervisors shall be actively involved in all mishap investigations in order to determine the circumstances of mishap events and prevent their recurrence. For Class A or B Mishaps on board MCAS New River, the incident scene will be secured and kept intact until properly released by the designated Safety Authority/SIB. Control of the accident scene is of paramount importance since SIB members will have to gather relevant evidence (i.e., draw a diagram of the scene, photograph the scene, etc.).
4. Installation Safety Manager (ISM)
 - a. Call the Naval Safety Center to report all Class A mishaps and request support.
 - b. Call the OSHA at 800-321-OSHA and Marine Corps Installations East (MCIEAST) Safety Office at 910-451-2082/9497 to report all civilian, on-duty, or mishap fatalities within eight hours of notification.

5. Definitions

a. Class A Mishap. The resulting total cost of damages to government and other property in an amount of \$2 million or more; a Department of Defense (DoD) aircraft is destroyed; or an injury and/or occupational illness results in a fatality or permanent total disability.

(1) Fatality/Fatal Injury. Mishap or complications of a mishap, that results in a death. When death occurs six months or more following the initial mishap, contact Commandant of the Marine Corps, Safety Division (CMC (SD)) for reporting requirements.

(2) Permanent Total Disability. Is a non-fatal injury or occupational illness, which in the opinion of competent medical authority permanently incapacitates someone. Also, the loss of the following body parts or the use thereof during a single mishap is a permanent total disability:

(a) Both hands.

(c) Both feet.

(d) Both eyes.

(e) A combination of any two of these body parts.

b. Class B Mishap. The resulting total cost of damage is \$500,000 or more, but less than \$2 million. An injury and/or occupational illness results in permanent partial disability or when three or more personnel are hospitalized for inpatient care as a result of a single accident.

(1) Permanent Partial Disability. An injury or occupational illness, that results in a permanent impairment or loss of any part of the body (e.g., loss of the great toe, thumb, or a non-repairable inguinal hernia, traumatic acute hearing loss of 10 dB or greater documented by medical authority).

(2) Exceptions include the following:

(a) Loss of teeth.

(b) Loss of tips of fingers/toes without bone loss.

(c) Repairable hernia.

(d) Disfigurement.

(e) Sprains or strains that do not cause permanent limitation of motion.

c. Class C Mishap. The resulting total cost of property damage is \$50,000 or more, but less than \$500,000; or a nonfatal injury or occupational illness that results in one or more days away from work (Lost Time Case)

beyond the day or shift on which the injury occurred or the illness was diagnosed.

d. OSHA Reportable Mishaps. Mishaps as defined below shall be reported to the Safety Department. This list is not all inclusive, so contact Safety if questions arise at 449-5440/4964/5436/4424/5437/6675.

(1) Class A, B, C, and D government property damage mishaps. This includes property damage caused by a government evolution, operation or vehicle to other government or non-government property.

(2) Class A, B, C, and D on-duty DoD civilian mishaps and military on/off-duty mishaps. For military fatalities and injuries occurring during Permanent Change of Station (PCS) orders, it is the responsibility of the gaining command to submit a mishap report.

(3) Class D Mishap. Any other occupational illness or injuries that involve medical treatment beyond first aid.

(4) Other incidents of interest to the Marine Corps for mishap prevention purposes are reportable mishaps:

(a) All on-duty military fatalities or permanent total disabilities that are the result of a medical event that commenced within one hour of a command-sponsored Physical Training (PT), Physical Readiness Test (PRT), Physical Fitness Test (PFT), Combat Fitness Test (CFT), or Physical Fitness Assessment (PFA) (e.g., chest pains, heart attack, coma, etc.)

(b) Class A and B mishaps occurring as the result of a DoD activity, operation, or evolution that results in the serious injury or death of a guest or military dependent.

(c) All Government Motor Vehicle (GMV) or Government Vehicle Other (GVO) mishaps resulting in \$5,000 or more in government vehicle or government property damage, and/or injury/fatality of DoD-personnel; or a mishap caused by a GMV/GMO resulting in \$5,000 or more in total damage including any private vehicle or private property damage, and/or injuries/fatalities to non-DoD personnel.

(d) All reportable injury and occupational illness mishaps involving a contractor where the Department of the Navy (DON) provided direct supervision of the contractor, the mishap was caused wholly or in part by DoD operations, and DON has the means to affect change to prevent reoccurrence of the mishap.

(e) Any medically diagnosed occupational illness and injury, such as cumulative trauma disorder or musculoskeletal disease, whether or not involving further medical treatment or any time away from work.

(f) Work-Related Significant Threshold Shift (STS) in hearing averaging 10 dB or more at 2000, 3000, and 4000 Hz in one or both ears, and the person's total hearing level is 25 decibels or more above audiometric zero in the same ears (averaged at 2000, 3000, 4000 Hz) when an audiologist, otologist, or occupational medicine physician confirms the shift is toward

deteriorated hearing, is permanent, and is considered to be of occupational origin.

(g) Any on-duty military heat stress or cold injury requiring medical treatment.

(h) Any case requiring a military member or civilian employee to be medically removed under the requirements of an OSH standard

(5) Near Miss. A near miss is an unplanned event that did not result in injury, illness, or damage, but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality, or damage; in other words, a "Close Call."

25 APR 2016

Chapter 4

Personnel Reports of Unsafe/Unhealthful Working Conditions

1. Purpose. Provide guidelines and procedures for submitting reports of unsafe/unhealthful working conditions and to outline the appeal process when disagreeing with corrective actions taken by the command.

2. Policy. Reporting of unsafe/unhealthful working conditions must be in accordance with reference (h). Personnel reporting unsafe/unhealthful working conditions may do so by submitting an oral or written report to the Safety Department at any time. Acceptable means of written reports are NAVMC 11401 Unsafe or Unhealthful Working Conditions form, NAVMC 11509 ANYMOUSE report, ESAMS, or Interactive Customer Evaluation (ICE) system, a link is located on the MCAS New River web page or http://ice.disa.mil/index.cfm?fa=site&site_id=419&dep=DoD. NAVMC 11401 and NAVMC 11509 Forms are found in chapter 9 of reference (h). Personnel are encouraged to participate in the MCAS New River OSH program and will not be subjected to restraint, interference, coercion, discrimination, or reprisal by virtue of their participation per references (d) and (e). Personnel believing they are being subject to coercion, interference, etc., have the right to report such incidents to the CO, MCAS New River using the chain of command. Personnel who do not agree with the corrective actions taken by the command may submit an appeal. Appeal procedures are found in reference (h), Chapter 9.

3. Reporting Procedures

a. All employees shall be encouraged to report unsafe or unhealthful working conditions to their immediate supervisor who will promptly conduct an investigation and take appropriate corrective actions. Supervisors will contact the Safety Department for assistance as necessary. Supervisors will keep the reporting employee informed of all actions taken.

b. Any employee or employee representative may submit a written report of an unsafe/unhealthful working condition directly to the Safety Department. Blank copies of hazard report forms and procedures shall be located in areas convenient to all workplaces. Employees who wish to remain anonymous shall indicate so on the form.

c. If the originator of the hazard report is dissatisfied with the assessment of the alleged hazard made by the safety authority or with actions taken to abate a confirmed hazard, they are encouraged to confer with the Safety Department and/or the unit safety manager/OIC and attempt a resolution. If the originator remains dissatisfied after conferring with the Safety Department, they may submit an appeal to the CO, MCAS New River in writing. The appeal request shall include a detailed description of the hazardous condition and the following:

(1) The OSHA Standard violated (if known).

(2) How and to whom the original report of the hazardous condition was reported.

(3) Actions taken by the immediate chain of command and/or Safety personnel.

(4) An explanation of the dissatisfaction and any recommendations for correction.

d. If the response provided by the first level in the appeal chain does not satisfy the originator, additional appeals may be submitted up the appeal chain. The appeals process is normally coincident with the originator's chain of command. At each level of the appeal process, the originator shall provide complete documentation, including a copy of the initial report, information on actions taken by review authority and reasons why the originator is not satisfied with those actions.

e. The final appeal authority within the Marine Corps is CMC (SD). If the CMC (SD) response does not satisfy the originator, the next level of appeal shall be through the Assistant Secretary of the Navy, Installations and Environment (ASN (I&E)). Final level of appeals within DoD is to the Deputy Under Secretary of Defense, Environmental Security (DUSD (ES)). Copies of all level appeals shall be provided by the originator to CMC (SD) and the originator's commander. Appeals shall describe, in detail, the Marine Corps disposition of the report (i.e., results of the previous appeals) and the originator's objections.

f. As a last resort, if not satisfied with the final DoD disposition, the originator may contact, in writing, the Office of Federal Agency Safety Programs, Department of Labor (OSHA), Washington DC 20210. Appeals must describe in detail the entire processing of the report, contain copies of all previous appeals and describe the originator's objections.

g. The sequence of appeals for military personnel is via the chain of command concluding at the Office of the Secretary of Defense.

h. The originator of the appeal should receive a response within 20 working days. If at any time during the appeal process, the originator does not receive a response within 20 working days, an appeal may be submitted to the next higher reviewing authority without waiting for a reply. An interim reply shall be made to the originator of the report when the 20 working day suspense cannot be met. An interim reply may meet the response time criteria, however, an interim reply shall not take the place of a final reply.

i. Any appeal which bypasses these established procedures will be returned to the originator per reference (h).

25 APR 2016

Chapter 5

Electrical Safety

1. Purpose. Ensure compliance with regulatory requirements applicable to electrical systems. MCAS New River policy is to work on electrical equipment and systems in a de-energized state unless de-energizing the equipment introduces a greater hazard or is infeasible. This is intended to protect employees against electrical shock, burns, and other potential electrical safety hazards and to comply with references (d) and (n).

2. Objective

a. Educate all electrical employees on the potential dangers; avoid arc flash related incidents; reduce exposure of body parts to electrical arc flash in case of accidents; and, to a greater extent, work on electrical equipment, and systems in an electrically-safe condition.

b. Provide safe work practices for working on energized electrical components as well as to provide guidance on PPE and personnel training for working with electrical equipment/systems.

c. Have a written plan with procedures and justification for working on live parts.

d. Have specified training to work on exposed live parts. Training shall be in accordance with reference (n)

e. Use appropriate PPE for working near exposed live parts and equipment rated for the voltage and energy level involved.

3. Commands/Units/Departments. Work centers which have personnel which may be exposed must have a written Electrical Safety Plan approved by the ISM annually. This plan must identify by name employer, supervisory chain, certified workers, authorized employees, competent persons, training required and completed, location of work, scope of work, specific procedures to include postings, signage, barrier/barricade, emergency procedures, and PPE with calibration/certification dates. See also Lockout/Tagout (LOTO).

Chapter 6

Occupational Safety and Health (OSH) Inspection Program

1. Purpose. Provide all personnel with a safe and healthful place of employment per reference (c). This chapter will provide guidance for conducting workplace safety and health inspections. Workplace safety and health inspections will be conducted per references (e) and (h). All recognized hazards shall be eliminated or controlled as quickly as possible, subject to prioritization based upon risk assessment, and assignment of Risk Assessment Codes (RACs) per reference (h).

2. Background. The Installation Safety Department may inspect all units and commands aboard MCAS New River, including tenant activities per references (e) and (h). Tenant Safety Programs will not be inspected by installation safety personnel, this is done via their higher headquarters; however, advice or consultation may be requested.

a. Annual inspections are conducted year-round. Annual OSH Inspections will be coordinated with each unit Safety Representative. The inspector will need to be provided with a copy of unit quarterly inspections and any current work tickets outstanding.

b. The inspector shall provide a written inspection report to the unit within 15 working days of the inspection. This inspection report must describe the findings which form the basis for issuance of any NAVMC 11400 and any recommendations for correction.

c. If required, a NAVMC 11400 shall be issued within 15 days of the inspection. Use of ESAMS is encouraged; however, all discrepancies noted during inspection must be abated within 30 days receipt of report. Commands/Units shall notify the Installation Inspector in writing identifying each deficiency by number assigned, how it was corrected and the date of correction. Any discrepancies that are not abated within 30 days shall be assigned corrective action plans and this shall be relayed, in writing, to the Installation Inspector. These corrective action plans will be annotated with the deficiency's assigned number, corrective action taken, and date that it is projected to be complete. Commands/Units will be required to provide updated corrective actions every 30 days until the deficiency is either corrected or no longer valid. Note: Only the Inspector or ISM can close a deficiency, it is the responsibility of the Command/Unit to correct and/or abate hazards to provide the safe work environment for their personnel.

3. General Procedures. All work centers and facilities onboard the installation, including those of tenant commands shall be inspected at least annually by installation safety personnel. Where a tenant command has a full-time safety and occupational health specialist/manager, the ISM may accept the tenant's safety inspections as outlined in the Inter-Service Support Agreement (ISSA), or Memorandum of Agreement (MOU).

a. A RAC is assigned to all hazardous conditions or unsafe acts observed during the inspection. RACs are not assigned to safety program evaluation findings. A RAC is assigned on hazard severity and probability of occurrence. Reference (a) explains the criteria for RAC assignments.

25 APR 2016

b. A NAVMC 11400 must be posted at or near the site of the hazard for each RAC 1, 2, or 3 hazard found during the inspection which is not corrected immediately. Safety Inspectors will advise the supervisor to post the Deficiency Notice at/near the hazard.

c. Follow-up on open RAC codes or program management findings, shall be updated every 30 days from the date of the inspection receipt, until corrected.

d. The work center supervisor shall:

(1) Ensure work center and program inspections are conducted monthly by the assigned work center safety representative or the supervisor. The inspection and findings are required to be recorded. The work center inspections shall include a review of the SOPs, training manuals (TMs), and all other directives that govern the operations, processes, or management of the facility to assure that guidance materials, orders, regulations, TMs, etc., are present, current, and available.

(2) Ensure the supervisor or the safety representative for the work center is present for any OSH inspection to encourage exchange of information, provide access, answer questions, and develop an immediate record of deficiencies identified.

(3) Review completed inspection reports to determine if any deficiencies are present within their area of responsibility and initiate action as needed.

(4) Within 30 working days of receipt of notification of work center OSH deficiencies, complete the OSH Deficiency Notice in ESAMS. For hazards that cannot be abated within 30 working days, the supervisor of the work center must update the OSH Deficiency Notice every 30 days until corrected.

(5) Ensure changes in work processes or new equipment are identified so a job hazard analysis evaluation can be conducted and written before the new process begins.

25 APR 2016

Chapter 7

Occupational Safety and Health (OSH) Training

1. Purpose. This chapter establishes a safety training plan and working relationship with other departments to fulfill reference (d) requirements.
2. Procedures. The Safety Department will coordinate a schedule of VPP and OSH classes. All Safety training, to include work center safety training, will be documented and maintained in ESAMS.
3. Job Safety Training. All personnel shall receive safety training before their assigned work begins and at least annually. This training is provided and documented by work center supervisors. At a minimum, the training will consist of:
 - a. Employee's OSHA rights.
 - b. Hazards in the work environment.
 - c. Hazards associated with assigned tasks.
 - d. Applicable safety and health standards.
 - e. PPE required for each task and review of and administrative controls or JHA.
 - f. An overview of the local safety and health program with emphasis on individual rights and responsibilities.
 - g. Requirements for prompt reporting of unsafe conditions to management.
 - h. Potential exposure to hazardous chemicals/materials the employee might encounter, location of SDS (HAZCOM/GHS), and familiarization with labeling requirements.
4. Change-in-Work Training. Events creating a change in working environments, processes, or tasks that affect the safe and healthful performance of work require change-in-work training. Some events that may require change-in-work training are: New process, new/change in equipment, relocation of work stations, updated SOP, alteration of control devices, modifications to buildings, or changes in technical manuals. Supervisors will ensure each person affected by a change-in-work is trained and that documentation of such training is maintained.
5. Civilian Employee/Shop Safety Representative Training. Civilian employees of the command who are representatives of employee groups, such as labor organizations that are recognized by the command and shop safety representatives, shall be afforded applicable training. The Safety Department will conduct OSHA Outreach Courses to meet the requirements in reference (g). The OSHA 30 hour will enable each shop or collateral duty safety representative to ensure safe and healthful working conditions and practices. It provides them with the skills and knowledge to effectively participate in work center safety and health inspections.

25 APR 2018

6. Supervisor Safety Training. The ISM shall ensure OSH training is provided to all supervisory personnel. New supervisors shall be scheduled for training within 90 days of appointment.

7. Supervisor's Safety Training Annual Refresher. The ISM shall ensure supervisors receive annual refresher training. The ISM shall determine subject matter and duration of the training based on needs of the supervisors receiving training. Training will be directed at supervisor's job tasks with the goal of progressively enhancing skills in providing a safe and healthful work center.

8. Safety and Occupational Health Specialists (SOHS). The ISM will ensure personnel filling safety and health positions are fully trained and an Individual Development Plan (IDP) is established for their career development. SOHS shall receive a minimum of eight Continuing Education Units (CEU) or equivalent per year. The career development program should provide safety and health personnel the necessary background to become a fully qualified journey-level safety specialist.

25 APR 2016

Chapter 8

Prevention and Control of Workplace Hazards

1. Purpose. Identify, eliminate, or control recognized safety and health hazards within the workspace prior to exposing employees to a safety or health hazard.
2. Policy. Prevention and control of workplace hazards will comply with reference (h). Supervisors will ensure all hazards shall be eliminated or controlled as quickly as possible subject to prioritization based upon RAC assigned thru the Risk Management (RM) process.
3. Job Hazard Analysis (JHA). The JHA process begins with identification of the potential hazards or risks associated with a particular job. Once the hazards are understood, the consequences of those hazards are then identified and followed by control measures to eliminate or mitigate the hazards. The JHA should include a risk assessment of each hazard occurring and the severity of the consequences using the RAC to analyze the level of risk associated with each job step. The JHA can be used to help refine safe work procedures and will act as a tool for training new employees.
 - a. Workers and management need to understand that documentation will not make the job safe. Supervisors will use the documented JHA to ensure workers understand the risks and hazards associated with the job and know how to use the chosen controls in such a way as to eliminate or mitigate those risks. The JHA documents the decisions of this process. JHA's shall be entered in ESAMS.
 - b. The OSHA Job Hazard Analysis Handbook is guidance when completing a JHA. The IH survey and Safety Department are valuable resources in identifying hazards and methods to reduce hazards.
 - c. The JHA shall be reviewed annually and modified as necessary to address changing conditions, operations, or personnel.

25 APR 2016

Chapter 9

Lockout/Tagout (LOTO) Program

1. Purpose. Ensures MCAS New River personnel are protected from injury during any servicing or maintenance done on machinery or equipment where the unexpected energization, start-up, or release of any type of energy (e.g., electricity, steam, hydraulic, pneumatic, gravity) could occur. The machinery or equipment will be rendered safe to work on by being locked or tagged out under requirements of references (d) and (n). MCAS New River personnel operating or attempting to operate any switch, valve, or other energy isolating device that is locked or tagged-out may be subject to disciplinary action.

2. Energy-Isolating Devices. An energy-isolating device is considered capable of being locked-out in one of two ways. It is capable of being locked-out if designed with a hasp, other attachment, or integral part to which, or through which, a lock can be affixed. Also, it is capable of being locked-out if it has a locking mechanism built into it. Other energy isolating devices are also considered capable of being locked-out if lockout can be achieved without need to dismantle, rebuild, or replace the energy-isolating device or permanently alter its energy control capability.

3. The LOTO Program does not apply to the following:

a. Work on cord and plug-connected electric equipment where exposure to hazards of the unexpected energization or start-up of equipment is controlled by unplugging the plug which is under exclusive control of the person performing the servicing or maintenance.

b. Hot-tap operations involving transmission and distribution systems for substances such as gas, steam, water, or petroleum products when performed on pressurized pipelines, provided the following is demonstrated:

(1) Continuity of service is essential.

(2) Shutdown of system is impractical.

(3) Documented procedures are followed, and special equipment is used which will provide proven effective protection for employees.

c. Exposure to electrical hazards from work on, near, or with conductors or equipment in electric utilization as defined by reference (d).

d. Minor tool changes and adjustments, and other minor servicing activities which occur during normal production operations; are routine, repetitive, and integral to use of the equipment for production; or use other safeguards that provide effective protection.

4. MCAS New River personnel who could be exposed to hazardous energy sources shall be instructed in the LOTO procedure. Supervisors shall ensure that new or transferred employees be instructed in the purpose and use of LOTO procedures before starting work. Training shall be conducted per references (d) and (n).

25 APR 2016

a. Supervisors and individuals will be held accountable for any failure to comply with the LOTO Program, and overriding or removing any LOTO device without authorization.

b. Departments will assign a LOTO Coordinator in writing who is delegated the responsibility and authority for controlling and administering the LOTO Program for their area of cognizance. Send a copy of appointment letters to the Installation LOTO Program Manager.

5. ISM or LOTO Program Manager shall:

a. Coordinate for initial and annual LOTO training.

b. Evaluate the LOTO Program annually.

c. Provide technical assistance in drafting specific energy control procedures for each piece of affected equipment.

6. LOTO coordinators shall:

a. Coordinate with Installation LOTO Program Manager to Administer the LOTO Program within their respective organizations/department.

b. Maintain a LOTO record of devices (log) per reference (n).

c. Ensure padlocks are utilized as the primary lockout device. Padlocks shall be singularly identifiable (not used for other purposes) and standardized for color, shape, or size.

d. LOTO identification tags are used in conjunction with the locking device when performing a lockout. The tag identifies the person applying the lock. It shall be singularly identifiable and capable of withstanding the environment to which exposed without becoming deteriorated or illegible. The tag shall bear the name and shop/code of the authorized worker, authorized worker's telephone number, and date of lockout.

e. Tagout devices are used in situations where equipment must be worked on and a lock cannot be applied. Equipment will not be operated, worked on, or removed when tagged-out. The tag and its means of attachment shall be strong enough to prevent inadvertent or accidental removal. Attachment devices shall be non-reusable, attachable by hand (no tools required), self-locking, and non-releasable with a minimum unlocking strength of 50 pounds.

7. Supervisors are responsible to fully investigate and report LOTO mishaps and incidents via ESAMS. Safety will assist in the investigation of mishaps. If a mishap involves control of hazardous energy with a single lockout source, a specific procedure will be written and included in the SOP before work is continued. If a mishap involves a specific procedure for a piece of equipment, the LOTO SOP will be re-evaluated and modified (if necessary) prior to authorizing work to continue. Incidents (e.g., improper removal of lockouts) will be reported to the Safety Office.

25 APR 2016

Chapter 10

Confined Space Program Requirements

1. Purpose. Prescribe policy and procedures, specific authority, and responsibility for those delegated to administer the confined space program.
2. Scope. Conduct the confined space program operations per reference (d). This section provides information and guidance for confined space operations aboard MCAS New River. It is not inclusive and does not contain all conceivable operations and conditions that may be encountered. Therefore, it is essential that personnel engaged in confined space operations clearly understand the intent and fundamental concepts of this instruction.
3. Policy. This section pertains to military, civilian, and contractors operating aboard MCAS New River. Guidance and requirements stated herein shall be applied to the maximum extent possible under the direct control and supervision of the designated Confined Space Program Manager (CSPM) for MCAS New River. Entry into confined, closed, or enclosed spaces is prohibited until the space has been tested and determined to be safe. All permit-required confined space procedures contained in references (d) and (h) shall be followed by all Marine Corps personnel, tenant commands, and contract personnel as per paragraph 1400I(2) of reference (h). A CSPM or a Competent Person will authorize entry into a confined space (see para 4.c for definition).
4. Responsibilities. The CSPM is physically located at AS-211 2nd Deck Rm 213. Personnel requiring CSPM services or permits shall contact the CSPM at 449-5041/5440/4964/5436/5437/6675.
 - a. Except as outlined in paragraph 1004.1 of reference (h), personnel assigned to other commands or activities must also meet the qualifications and training requirements of this order.
 - b. Contractors and other non-DoD agencies shall implement their own Confined Space Entry Program that meets all pertinent OSHA standards, Installation regulations, and procedures. Competent personnel must be assigned in writing. Note: An OSHA "Competent Person" is defined as one who is capable of identifying existing and predictable hazards and who has authorization to take prompt corrective measures to eliminate them.

25 APR 2016

Chapter 11

EXPOSURE CONTROL PLAN (ECP) FOR BLOODBORNE PATHOGENS1. Purpose

a. The ECP is implemented to meet the letter and intent of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard. ECP is a policy to prevent or reduce the risk of personnel occupationally contracting Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne diseases.

b. The ECP sets forth procedures, engineering controls, personal protective equipment, work practices, and other methods designed to protect personnel, and meet the requirements stipulated in the OSHA Bloodborne Pathogens Standard.

2. Policy. The ECP for Bloodborne Pathogens will comply with reference (d) and (g).

3. Applicability. Applicable personnel are encouraged to study provisions of the ECP. Direct questions and/or comments to the Safety Department. The input and involvement of applicable personnel is needed to ensure this ECP continues to provide adequate workplace safety. The ECP is subject to an annual review and revision, as needed.

4. Definitions

a. Biohazard Label. A label affixed to containers of regulated waste and other containers used to transport blood and other potentially infectious materials. The label must be fluorescent orange-red with the biohazard symbol and the word "biohazard" on the lower part of the label.

b. Blood. Human blood, human blood components, and products made from human blood.

c. Bloodborne Pathogens. Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

d. Contaminated. The presence or the reasonably anticipated presence of blood or other potentially infectious materials, on an item or surface.

e. Contaminated Sharps. Contaminated objects that can penetrate the skin including, but not limited to, needles and broken glass.

f. Decontamination. The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

25 APR 2016

g. Personnel. An individual employed in a health care, industrial or other facility or operation that may be exposed to bloodborne pathogens in the course of their assignments.

h. Engineering Controls. Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

i. Exposure Control Officer. Personnel designated by the employer, and who is qualified by training or experience, to provide technical guidance in the development and implementation of the facility's ECP.

j. Exposure Incident. A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from personnel performing their duties.

k. Hand Washing Facilities. A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

l. Hepatitis B Virus (HBV) The disease can produce mild to chronic infection, liver damage such as cirrhosis, liver cancer, or death due to liver failure.

m. Human Immunodeficiency Virus (HIV) The precursor to the Acquired Immunodeficiency Syndrome (AIDS). AIDS results in the breakdown of the immune system, so the body does not have the ability to fight off other diseases. Currently no vaccination exists to prevent infection of HIV, and there is no known cure.

n. Licensed Health Care Professional. A person whose legally permitted scope of practice allows them to independently perform the activities required by reference (d), Section 1030, Para f, "Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up" of OSHA Bloodborne Pathogen Standard.

o. Medical Consultation. A consultation which takes place between personnel and a licensed medical professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.

p. NIOSH. National Institute for Occupational Safety and Health of the Public Service, of the U.S. Department of Health and Human Services; the Federal agency which assists OSHA in occupational safety and health investigations and research.

q. Occupational Exposure. Reasonably anticipated skin, eye, mucous membrane, parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

r. Other Potentially Infectious Materials (OPIM)

(1) Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and body fluids in

situations where it is difficult or impossible to differentiate between body fluids.

(2) Unfixed tissue or organ (other than intact skin) from a human (living or dead).

s. Percutaneous. Piercing mucous membrane of the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

t. Personal Protective Equipment (PPE). Is specialized clothing or equipment worn by personnel for protection against a hazard. General work clothes (i.e., uniforms, scrub suits, pants, shirts or blouses) are not intended to function as protection against a hazard. These work clothes are not considered to be PPE.

u. Regulated Waste. Liquid or semi-liquid blood or other potentially infectious materials that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items caked with dried blood, other potentially infectious materials capable of releasing materials during handling, to include contaminated sharps.

v. Source Individual. Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to personnel. Examples include, but are not limited to, trauma victims and human remains.

w. Universal Precautions. An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens.

x. Work Practice Controls. Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

5. Exposure Determination. For the following MCAS New River job classifications, it is reasonable to anticipate occupational exposure to bloodborne pathogens while performing certain jobs or tasks as identified in periodic Industrial Hygiene (IH) Surveys:

<u>Department</u>	<u>Job Title</u>	<u>Procedure</u>	<u>Location</u>
OPS	ARFF	First responder	Flightline
Facilities	Housekeeping	Clean up	VOQ/New River

6. Engineering Controls. Whenever possible, utilize engineering controls to reduce potential exposure (e.g., dustpan and broom, tongs for cleaning up broken glass, etc.).

7. Required Work Practices (General)

a. Wash hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or Other Potentially Infectious Materials (OPIM).

b. If conditions are such that hand washing facilities are not available, use antiseptic hand cleaners and wash hands at the first available opportunity.

c. Remove PPE immediately upon leaving the work area or as soon as possible and place in an appropriately designated leak proof bag and transport to the MCAS New River Branch Medical Clinic, Building AS-100 White Street for proper disposal.

d. Do not eat, drink, smoke, apply cosmetics/lip balm, or handle contact lenses in work areas where there is a potential occupational exposure.

8. Personal Protective Equipment (PPE)

a. Where there is potential occupational exposure, personnel will be provided with proper PPE at no cost to the individual. Required PPE including, but not limited to, gloves, glasses with side shields, and face shields. When necessary, provide hypoallergenic, powderless or other alternative gloving to personnel who are allergic to the types normally provided.

b. Obtain PPE through the worksite immediate supervisor.

c. Do not decontaminate or wash single-use (disposable) gloves for reuse.

d. Remove and dispose of PPE prior to leaving the work area.

e. Appropriate PPE does not permit blood or OPIM to pass through or contact the clothing, skin, mouth, or mucous membranes.

f. Listed below are types of PPE available for use and circumstances under which to use them:

<u>Item</u>	<u>Procedure</u>
One-way valve disposable rescue breather	Rescue breathing/CPR
Disposable gloves	Rescue breathing/CPR

9. Housekeeping

a. Work Surfaces. Decontaminate work surfaces with an appropriate disinfectant immediately after blood spills or OPIM and at the end of the work shift.

b. Equipment. Check equipment routinely for blood or OPIM contamination and decontaminate as necessary.

c. Receptacles. Inspect, clean and disinfect bins, pails, cans, and similar receptacles intended for reuse which have a potential for becoming contaminated with blood or Other Potentially Infectious Materials (OPIM) immediately, or as soon as possible upon visible contamination.

d. Glassware. When cleaning up potentially contaminated broken glass, use a brush and dustpan. Do not use your hands.

e. Responsibilities. The supervisor is responsible for providing a clean and sanitary worksite.

10. Waste Disposal

a. Place infectious waste disposal material in a closed, leak proof container or bag; color-coded or labeled. Deliver containers/bags to the MCAS New River Medical Clinic for proper disposal.

b. The worksite supervisor shall ensure that waste is properly eliminated and that the following is observed:

(1) If outside contamination of the container/bag is likely to occur, use a second leak proof container/bag, color-coded or labeled, over the outside of the first and close to prevent leakage during handling, storage and/or transport.

(2) Observe disposal procedures concerning medical waste in accordance with other applicable Federal, state and local regulations.

11. Communication of Hazards to Personnel

a. Labels

(1) Affix warning labels to containers of infectious waste and contaminated PPE.

(2) Labels shall bear the legend described in reference (d), Subpart Z 29CFR1910.1030. They shall be fluorescent orange or orange-red or predominately so, with lettering or symbols in the contrasting color.

(3) Labels shall be an integral part of the container or affixed as close as safely possible to the container by string, wire, adhesive, or any other method that prevents their loss or unintentional removal.

(4) Substitute red bags or red containers for labels on containers of infectious waste.

(5) The worksite supervisor is responsible for ensuring that containers of biohazardous waste are properly labeled.

b. Information and Training

(1) Personnel with occupational exposure shall participate in Exposure Control Training prior to their initial assignment and at least annually thereafter. Coordinate training through the NRAS Safety Department.

25 APR 2016

(2) Personnel shall receive information and training in the following areas:

- (a) Regulatory standards.
- (b) Epidemiology and symptoms of bloodborne diseases.
- (c) Modes of transmission of bloodborne pathogens.
- (d) Exposure Control Plan.
- (e) Appropriate methods for recognizing tasks and procedures that may involve exposure to blood or OPIM.
- (f) Use and limitations to prevent or reduce exposure, including appropriate engineering controls and work practices.
- (g) Personal protective equipment.
- (h) Selection of personal protective equipment.
- (i) Hepatitis B vaccine.
- (j) Appropriate actions and contact personnel in the event of an emergency.
- (k) Procedures if an exposure incident occurs including reporting method.
- (l) Medical Counseling.
- (m) Signs, labels, and/or color-coding.
- (n) Questions and answers.

12. Medical Surveillance

a. General Information

(1) Individuals possibly exposed to potentially infectious materials shall report to the Naval Medical Clinic, Occupational Health, for initial screen. After normal day time working hours, weekends and holidays, personnel are to report to the medical treatment facility (MTF) off base (i.e., MCBCL Naval Hospital or Onslow Memorial Hospital Jacksonville where the incident victim(s) are being directed to and/or transported by Emergency Medical Services (EMS) personnel for further screening. The employee's supervisor is responsible for providing a Worker's Compensation (CA-1 Form) to cover off base medical treatment service expenses.

(2) Individuals possibly exposed to potentially infectious materials shall be offered, at no cost, a vaccination for Hepatitis B, unless previously vaccinated or antibody testing reveals immunity.

25 APR 2016

(3) Individuals must sign a waiver if declining vaccination (Hepatitis B Vaccine Declination Form, page 11 of Enclosure (12)).

b. Post Exposure Procedures

(1) Should an exposure occur to a potentially infectious material (via needle stick, splash, etc.), provide a post-exposure evaluation as described herein.

(2) Following a report of an exposure incident, provide a confidential medical evaluation and follow-up, including:

(a) Documentation of the route(s) of exposure, Hepatitis B Virus (HBV) or Human Immunodeficiency Virus (HIV) and antibody status of the source individual's blood (if known), and the circumstances under which the exposure occurred.

(b) If the source individual can be determined and permission obtained, collect and test the source individual's blood to determine the presence of Hepatitis B Virus (HBV) or Human Immunodeficiency Virus (HIV) infection.

(c) Collect blood from the exposed individual as soon as possible after the exposure incident for determination of Hepatitis B Virus (HBV) or Human Immunodeficiency Virus (HIV) status. Actual antibody or antigen testing of the blood or serum sample may be done at that time or at a later date, if requested by the exposed individual. Preserve samples for at least 90 days.

(d) Follow-up of the exposed individual to include antibody or antigen testing, counseling, illness reporting, and safe and effective post-exposure prophylaxis, according to standard recommendations for medical practices.

c. Information Supplied to Medical. Provide the attending health care professional the following information:

(1) A copy of reference (d), Subpart Z 29 CFR 1910. 1030, including appendices.

(2) A description of the affected individual's duties as they relate to the occupational exposure.

(3) Results of the source individual's blood testing, if available.

(4) Other pertinent medical records, including vaccination records relevant to the treatment of the exposed individual.

d. Health Care Professional's Report. The attending health care professional shall provide a written opinion to the individual's command concerning the following:

25 APR 2016

(1) The health care professional's recommended limitations upon the exposed individual's ability to receive the HBV vaccination.

(2) A statement that personnel have been informed of the results of the medical evaluation and have been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

(3) Related specific findings or diagnoses to the individual's ability to receive the HBV vaccination. Any other findings and diagnoses shall remain confidential.

e. Report to Exposed Individual. For each evaluation under this section, provide the exposed individual a copy of the attending health care professional's written opinion within 15 days of the completion of the evaluation.

13. Recordkeeping

a. Medical Records. Medical records shall be kept for the length of the individual's employment plus 50 years per reference (d), Subpart Z 29CFR1910. 1030. Maintain records at the designated medical treatment facility supporting the command or activity or transferred to the archives according to current regulations.

b. Training Records

(1) Keep training records for 3 years.

(2) The work center shall maintain records.

(3) Forward a copy of the training records to the Installation Safety Manager for compliance monitoring of the program.

25 APR 2016

Chapter 12

Fall Protection Program

1. Purpose. Establish a Fall Protection Program for MCAS New River that applies to all personnel, civilian, military, and contractors aboard MCAS New River.

2. Responsibilitiesa. Installation Safety Specialist, Tactical Safety Specialist (TSS) or Unit Safety Personnel

- (1) Provide fall protection training material and instruction for supervisors and workers as required.
- (2) Provide recommendations for appropriate fall protection.
- (3) Stop any work operations that are not in compliance with safety guidelines.
- (4) Review all written fall protection plans or SOPs.

b. Supervisors

- (1) Request assistance from the Installation/Unit Safety office when assessing potential fall hazards.
- (2) Provide personnel with a written fall protection plan or SOP, approved by the Installation/Unit Safety Manager, detailing steps necessary to control fall hazards.
- (3) Ensure competent persons are identified in the plan and have the required training.
- (3) Provide personnel with a stable work platform.
- (4) Provide personnel with appropriate personal fall protection equipment.
- (5) Require personnel to use fall protection equipment properly.
- (6) Install barriers or debris nets below elevated work surfaces to protect personnel from falling objects.

c. MCAS New River Personnel

- (1) Comply with the requirements of the Fall Protection Program.
- (2) Request assistance, if required, when assessing potential fall hazards.
- (3) Use appropriate fall protection equipment and techniques when fall hazards are present.

25 APR 2016

(4) Inspect fall protection equipment before use and maintain the equipment per the manufacturer's recommendations. All equipment that is damaged will be immediately removed from service. Any personal fall arrest protection equipment that has been subjected to shock will be removed from service until inspected by the manufacturer or other competent person.

(5) Report unsafe conditions and equipment to supervisors and/or safety personnel.

3. Training

a. Fall protection training is required for all personnel who may be exposed to fall hazards. Training shall enable each person to recognize hazards of falling, as well as understand procedures used to minimize these hazards. Training rosters will be maintained in the work center. All competent persons for work centers shall provide a copy of their training certificate to the Installation Safety Manager.

b. All Fall Protection Training shall be conducted by a competent person and shall include:

- (1) Nature of fall hazards in work area(s).
- (2) Correct procedures for erecting, inspecting, and disassembling fall protection systems to be used.
- (3) Use and operation of guardrail systems, personal fall arrest systems, safety net systems, warning line systems, safety monitoring systems, controlled access zones, and/or any other protection used.
- (4) Role of each individual in safety monitoring system used.
- (5) Limitations on the use of mechanical equipment during performance of roof work on low-sloped roofs.
- (6) Correct procedures for handling and storage of equipment and materials, and erection of overhead protection.

c. Retraining will be conducted when there are changes to the work, or fall protection techniques render previous training ineffective, or personnel who have received training cannot demonstrate adequate knowledge of fall protection procedures.

d. Training requirements for personnel using ladders and stairways are provided in reference (f). The training program must enable each user to recognize hazards related to ladders and stairways and use proper procedures, including fall protection systems, to minimize these hazards.

25 APR 2016

Chapter 13

Occupational Exposure Monitoring

1. Overview. The Occupational Health Program element is divided into two major specialties, IH and occupational medicine. Each of these specialties has a long-term surveillance program. IH involves anticipation, recognition, evaluation, and control of health hazards affecting workers in the occupational environment and is the focus of this chapter.

2. Workplace Monitoring. Each work center must be thoroughly evaluated to identify and quantify potential health hazards. The following subparagraphs provide basic requirements for workplace monitoring. Periodic surveys are completed by the Naval Hospital, Occupational Health, Industrial Hygiene.

a. Workplace Assessment. The Industrial Hygienist personnel shall conduct a baseline survey that includes:

(1) A description of operations and work practices that take place in the work center (e.g., welding, spray-painting), to include a layout sketch incorporating relevant aspects of the tasks. The time course of events and step-by-step details of the events taking place within each work center must be carefully described.

(2) A list of HMs (including biological hazards and radioactive material) used, handled, stored, or produced in the work center in terms of quantity per unit time including a brief description of how the materials are used in the operations.

(3) A list of potentially harmful physical agents (e.g., noise, radiation, vibration, etc.) and a brief description of their sources.

(4) A brief description of existing controls (e.g., ventilation hoods, hearing protection devices), and an evaluation of their use and effectiveness.

b. The IH shall ensure that individual monitoring and exposure data is provided to the medical department for entry into personnel medical records.

3. Workcenter Supervisors

a. The Supervisors shall ensure each affected employee is listed on the Occupational Exposure Records (OER) and that a copy is provided to the ISM annually (due Dec 1st) or when changes occur. Note: Hearing Conservation OERs are due semiannually the 1st of June and Dec.

b. Ensure that employee's attend their examinations.

c. Coordinate with ISM all IH surveys or audits.



APPENDIX A

UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION NEW RIVER
PSC BOX 21001
JACKSONVILLE, NC 28545-1001

SSIC
SECTION
DD Mon YY

From: Department Head, _____
To: Employee _____

Subj: ASSIGNMENT AS (SHOP/UNIT/DEPARTMENT) RESPIRATORY
PROTECTION PROGRAM MANAGER (RPPM)

Ref: (a) ASO 5100.13D
(b) NAVMC DIR 5100.8 series Chap.13
(c) OPNAVINST 5100.23 series Chap.15
(d) OSHA 29CFR 1910.134

1. Per reference (a) I certify that you meet the prerequisites and you are hereby designated as the RPPM for (SHOP/UNIT/DEPARTMENT). This designation is effective until notified otherwise in writing.

2. You shall become familiar with the contents of the above references in order to perform the duties required of this position.

3. You are authorized to provide training, fit testing and all duties required to effectively manage and administer the Respiratory Protection Program within the (SHOP/UNIT/DEPARTMENT) under the direct guidance and authority of the Installation RPPM.

4. You will ensure all records are properly maintained and coordinate an annual audit from the Installation RPPM or other appropriate authority.

Supervisor/Dept. Head