

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY ALASKA
Fort Richardson, Alaska 99505-5000

United States Army Alaska Regulation 40-2

1 August 1994

Medical Services

Occupational Health Program

Summary. This regulation prescribes the United States Army Alaska (USARAK) Occupational Health Program (OHP). The OHP is a preventive medicine program that fosters good health and attempts to control or eliminate occupational illness and injury. The program centers around specific preventive measures for personnel exposed or potentially exposed to toxic materials or other hazards in the work environment.

Applicability. This regulation applies to military and civilian personnel, including nonappropriated fund employees, employed within the jurisdictional environs of USARAK.

Impact on New Manning System. This regulation does not contain information that affects the New Manning System.

Supplementation. Supplementation of this regulation is prohibited without prior approval from the United States Army Medical Activity, Alaska (USA MEDDAC AK), Preventive Medicine (PM) Service (Svc), Attention: HSUC-PM-W.

Interim changes. Interim changes to this regulation are not official unless they are authenticated by the USARAK Signal Officer. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested improvements. The proponent of this regulation is USA MEDDAC-AK, PM Svc. Users are invited to send comments and suggested improvements on Department of the Army (DA) Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HSUC-PM-W.

Contents

	Paragraph	Page
Chapter 1		
General		
Purpose	1-1	1-1
References	1-2	1-1
Explanation of abbreviations.....	1-3.....	1-1
Responsibilities.....	1-4.....	1-1
General.....	1-5.....	1-2
Chapter 2		
Medical Evaluations and Immunizations		
Section I		
Medical Evaluations		
Conduction of medical evaluations.....	2-1.....	2-1

*This regulation supersedes 172d Brigade Regulation 40-2, dated 22 January 1985.

United States Army Alaska Regulation 40-2

	Paragraph	Page
Applicability	2-2	2-1
Medical evaluation responsibilities	2-3	2-1
Procedures	2-4	2-1
Section II		
Immunizations		
The immunization and skin testing program	2-5	2-2
Applicability	2-6	2-3
Immunization and skin testing responsibilities	2-7	2-3
Procedures	2-8	2-3
Chapter 3		
Occupational and Non-Occupational Illness and Injury and Absence Monitoring		
Section I		
Treatment of Occupational and Non-Occupational Illness and Injury		
On-the-job illness and injury	3-1	3-1
Applicability	3-2	3-1
General	3-3	3-1
Occupational/non-occupational illness and injury responsibilities	3-4	3-1
Procedures	3-5	3-2
Section II		
Illness Absence Monitoring		
Purpose of illness absence monitoring	3-6	3-3
Applicability	3-7	3-3
Monitoring responsibilities	3-8	3-3
Procedures	3-9	3-4
Chapter 4		
Hearing Conservation		
Hearing Conservation Program	4-1	4-1
Further information	4-2	4-1
Applicability	4-3	4-1
General	4-4	4-1
Hearing conservation responsibilities	4-5	4-2
Procedures	4-6	4-5
Chapter 5		
Occupational Vision Program		
Occupational Vision Program purpose	5-1	5-1
Applicability	5-2	5-1
General	5-3	5-1
Occupational vision responsibilities	5-4	5-1
Procedures	5-5	5-3
Chapter 6		
Radiation Protection Program		
The purpose of radiation protection	6-1	6-1
Applicability	6-2	6-1
General	6-3	6-1
Radiation protection responsibilities	6-4	6-1
Procedures	6-5	6-2

	Paragraph	Page
Chapter 7		
Respiratory Protection Program		
General	7-1	7-1
Further information	7-2	7-1
Applicability	7-3	7-1
Respiratory protection responsibilities	7-4	7-1
Policies	7-5	7-4
Chapter 8		
Worksite visits, inspections surveys and epidemiologic investigations		
Purpose of visits, inspections, surveys and investigations	8-1	8-1
Applicability	8-2	8-1
General	8-3	8-1
Visit, inspection, survey and investigation responsibilities	8-4	8-1
Procedures	8-5	8-1
Chapter 9		
Pregnancy surveillance		
Pregnancy Surveillance Program	9-1	9-1
Applicability	9-2	9-1
General	9-3	9-1
Pregnancy surveillance responsibilities	9-4	9-1
Procedures	9-5	9-2
Chapter 10		
Health Education		
Individual and group health education	10-1	10-1
Applicability	10-2	10-1
Health education responsibilities	10-3	10-1
Procedures	10-4	10-1
Chapter 11		
Records and Reports		
Section I		
Occupational Health Records		
Maintaining medical records	11-1	11-1
Applicability	11-2	11-1
Medical record responsibilities	11-3	11-1
Procedures	11-4	11-1
Section II		
Medical Reports		
Medical report purpose	11-5	11-2
Applicability	11-6	11-2
Medical report responsibilities	11-7	11-2
Appendix		
A. References		A-1
Glossary		Glossary 1

Chapter 1
General

1-1. Purpose

The purpose of this regulation is to establish a comprehensive OHP designed to protect the health and well-being of military and civilian personnel assigned to USARAK, supporting tenant units or those units working within those environs which are the responsibility of the Commander, USARAK. The objectives are to create a safe and healthful work environment; to ensure that all employees are physically, mentally, and physiologically suited to the work to which they are assigned, and that their health and safety are maintained throughout their employment; to ensure that potentially hazardous work environments are controlled to prevent injury or disease to those employed in these environments as well as other individuals who may have temporary exposure to these work environments; and to promote safe, healthful living through health and safety education programs and through the conduct of various disease screening programs.

1-2. References

Required and related references are listed in appendix A. Referenced forms are also listed in appendix A.

1-3. Explanation of abbreviations

Abbreviations used in this regulation are explained in the glossary.

1-4. Responsibilities

- a. Commander, USARAK will—
 - (1) Ensure that all units and activities under the jurisdiction of the USARAK comply with OHP.
 - (2) Ensure coordination with tenant activity commanders concerning compliance with this regulation.
- b. The Commander, USA MEDDAC-AK will—
 - (1) Establish the OHP.
 - (2) Provide health services outlined in this regulation.
- c. The Chief, PM Svc, USA MEDDAC-AK, will—
 - (1) Plan and implement the OHP.
 - (2) Supervise operation of the Occupational Health (OH) Svc.
 - (3) Maintain medical records of civilian employees authorized occupational health services per Army Regulation (AR) 25-400-2.
- d. The USARAK Safety Manager will—
 - (1) Refer all observed potential health risks to the PM Svc, USA MEDDAC-AK surveys and inspections that contain occupational health implications.
 - (2) Coordinate with the PM Svc, USA MEDDAC-AK and unit safety officers to ensure safety of both military and civilian personnel.

United States Army Alaska Regulation 40-2

(3) Compile data on occurrence of occupational injuries and illnesses among military and civilian employees and prepare summary reports as required by military directives (AR 385-10, AR 385-40) and Occupational Safety and Health Act (OSHA).

(4) Exchange data on the occurrence of occupational illness and injury with the OH Office to ensure consistency of data reported on DA Form 3076 (Army Occupational Health Report).

e. The Civilian Personnel Officer (CPO) will—

(1) Disseminate information to employees and supervisors and make necessary administrative arrangements in connection with employee participation to comply with the requirements of the OHP.

(2) Assist activities and employees, as appropriate, concerning compliance with the OHP.

(3) Provide current status information of the hiring, retirement, termination and transfer of civilian employees on a regular basis to the OH Office.

(4) Provide a copy of all Compensation Act (CA) forms filed for inclusion in the medical records.

f. Supervisors of both military and civilian employees will—

(1) Make certain that employees comply with the standards outlined in this regulation.

(2) Prepare those forms and/or reports required in support of the OHP.

(3) Ensure that employees are given appropriate training to perform their jobs safely.

(4) Ensure that employees have access to safety information concerning all potentially hazardous substances they may work with (material safety data sheets and other appropriate sources of information).

g. Employees, per OSHA, Public Law 91-596, will comply with occupational safety and health requirements established in this regulation, designed to assure employee health and job safety.

1-5. General

a. AR 40-5, chapter 5 outlines the essential features of the Army OHP, furnishing guidance to command, medical and management personnel concerned with the implementation of the OHP. AR 40-5 also stipulates that occupational health standards not specifically established within ARs and directives will conform with standards set forth in Title 29, Code of Federal Regulations, Part 1910, under authority of the Williams-Steiger OSHA of 1970 (29 Code of Federal Regulations 1910 and Public Law 91-596).

b. Job-related medical evaluations including preplacement, periodic and administrative examinations, are based on the local health hazard information module (HHIM) and current job descriptions. These items form the core of the OHP. Other essential program elements include industrial hygiene surveys, vision and hearing conservation, radiation protection, job-related immunizations, treatment of occupational illnesses and injuries, pregnancy surveillance and chronic disease surveillance.

Chapter 2
Medical Evaluations and Immunizations

Section I
Medical Evaluations

2-1. Conduction of medical evaluations

Medical evaluations will be conducted per the Office of Personnel Management (OPM) and ARs to ensure that civilian and military personnel are fit to perform the duties of their positions without danger to themselves or others.

2-2. Applicability

a. Preplacement physical examinations will be conducted on certain Civil Service appropriated and nonappropriated fund job applicants who will have special physical standards to meet as specified in their job descriptions. All new employees, regardless of type of duties performed, will receive a health appraisal by the OH Svc, including health history, an audiogram, vision screening, blood pressure reading, immunizations and a safety briefing as part of their in-processing.

b. Employees who are terminating or changing job assignments must clear through the OH Svc. Medical evaluations will be conducted on civilian employees at the request of the CPO.

2-3. Medical evaluation responsibilities

a. The OH Physician assigned at each post to support the OH Svc will—

(1) Conduct preplacement job-related evaluations of civilian personnel when job assignment requires a physician administered examination.

(2) Conduct fitness for duty evaluations on civilian personnel when requested by the CPO.

b. The OH Nurse will—

(1) Make provisions for health appraisals to include health histories, audiograms, vision screenings, and blood pressure determinations and immunizations.

(2) Conduct job-related screening evaluations when a physician-administered examination is not required.

c. Unit commanders and civilian employee supervisors will ensure that specifically identified military and civilian personnel comply with requirements for job-related medical evaluations by the OH Svc.

d. The CPO will assist supervisors in ensuring that all civilian employees comply with OPM and ARs pertaining to job-related, administrative and health certificate evaluations. The CPO will ensure that preplacement examinations are completed, as required, before employment.

2-4. Procedures

a. Preplacement evaluation.

(1) Preplacement evaluations will be conducted per OPM regulations. Physician-administered examinations may be required for new hires, job transfers and overseas assignments. The extent of the examination for new hires or transfers will be determined by the OH Physician on the basis of specific physical requirements of the position. Physical requirements of the position will be identified on Standard

United States Army Alaska Regulation 40-2

Form (SF) 78 (United States Civil Service Commission Certificate of Medical Examination) by the CPO and forwarded to the OH Section.

(2) New civilian hires and transfers must process through the OH Svc. Baseline medical information, including health history, will be recorded in the employee's health record. Baseline audiograms, immunizations, vision screenings and blood pressure determinations will be performed on new hires and transfers per Health Services Command (HSC) Pamphlet 40-2.

(3) The CPO will provide a complete list of new hires and job transfers by name, job series and title, including those for light duty who have completed SF 78 monthly to the OH Svc at each post. The OH Svc will utilize this listing to ensure that employee health records have been generated for each listing.

b. Periodic job-related evaluations.

(1) The HHIM, maintained by the Industrial Hygiene Section, PM Svc, is used to determine OH surveillance requirements of personnel. This listing of the chemical, biological and physical hazards in the work environment, in conjunction with the National Institute for Occupational Safety and Health (NIOSH) Publication 81-123 and Department of Defense (DOD) Manual 6055.5-M will determine the frequency and scope of job-related evaluation.

(2) The OH Svc personnel will schedule job-related medical evaluations. A listing of personnel due to be seen in OH will be sent to the appropriate supervisors and/or unit commanders. A copy of the list will be forwarded to the appropriate commander for civilian employees and military personnel. Supervisors of civilian employees and commanders of military personnel will ensure that appointments are made and kept. Problems with appointment times should be coordinated directly with the OH Svc.

(3) When the medical evaluation findings indicate that an individual's continued performance in a specific job will be hazardous to his/her health or the health of others, the OH Physician will telephonically contact the immediate supervisor, the CPO, Brigade Surgeon and/or unit commanders, and immediately prepare written recommendations concerning the individual. This report will be forwarded to the immediate supervisor, the CPO, or, in the case of military personnel, to the Brigade Surgeon and/or the unit commander, for immediate and appropriate action.

c. Administrative evaluation.

(1) Fitness-for-duty and disability retirement evaluations will be conducted per procedures set forth in Federal Personnel Manual (FPM) and FPM Supplement 831-1, chapter 10.

(2) Administrative evaluations will be conducted only after receipt of a written request for the evaluation from the CPO.

Section II Immunizations

2-5. The immunization and skin testing program

The immunization and tuberculin skin testing program ensures that civilian and military personnel will be protected against the threat of communicable diseases and will not pose any unnecessary risk to the community through the performance of their jobs.

2-6. Applicability

This program is applicable to all military and civilian personnel employed within the jurisdictional environs of USARAK.

2-7. Immunization and skin testing responsibilities

a. The PM Officer will implement and supervise the civilian immunizations and tuberculin skin testing program.

b. The OH Nurse will—

(1) Make provisions for administration of required job-related immunizations to civilian employees as determined by the PM Officer.

(2) Coordinate administration of tuberculin skin tests to appropriate military and civilian personnel.

c. Unit commanders and supervisors of civilian employees will ensure that personnel under their jurisdiction report to the OH Svc for required immunizations and tuberculin skin tests as scheduled.

2-8. Procedures

a. Annual influenza immunizations will be offered to every civilian employee. Military personnel are required to receive basic immunizations including annual influenza per AR 40-562.

b. Additional specific immunizations will be provided for civilian employees with specific occupational risks per United States Army Environmental Hygiene Agency Medical Surveillance Guide and AR 40-562.

c. Tuberculin skin tests will be administered to appropriate military and civilian personnel per Centers for Disease Control and Prevention guidelines and United States Public Law.

Chapter 3
Occupational and Non-Occupational Illness and Injury and Absence Monitoring

Section I
Treatment of Occupational and Non-Occupational Illness and Injury

3-1. On-the-job illness and injury

Medical treatment for on-the-job illness and injury will be provided for military and civilian employees to protect and maintain the health of the workers and to prevent excessive lost man-hours. Civilian employees will be evaluated and cleared by the OH Svc following an absence of 5 or more working days due to any illness or injury before their return to duty, even if cleared to return to work by their private physician. Military personnel will be cleared by their respective medical treatment facility. This program will assist in the identification of personnel with special health problems and will ensure that personnel do not return to a work situation until they are fully able to perform their duties.

3-2. Applicability

This chapter applies to all military personnel and civilian appropriated and nonappropriated fund employees within the jurisdictional environs of the USARAK.

3-3. General

Any employee who sustains an occupational illness or injury will be provided treatment at a military medical treatment facility, if appropriate care is available. Civilian employees have the option of seeking treatment by a private physician.

3-4. Occupational/non-occupational illness and injury responsibilities

a. Installation medical personnel will—

(1) Provide treatment for job-related illness and injury sustained in performance of official duties, if requested by the employee.

(2) Provide immediate emergency treatment of non-occupational illness and injury, if the employee requires medical attention to prevent loss of life or limb or relieve suffering, until placed under the care of a personal physician.

(3) Provide limited palliative treatment of minor non-occupational conditions to reduce absenteeism and enable the employee to complete the current work shift.

(4) Initiate a CA Form 16 (Authorization for Examination and/or Treatment) when appropriate.

b. Unit commanders and supervisors of civilian employees will—

(1) Ensure that personnel under their jurisdiction are provided prompt treatment for job-related illness or injury.

(2) Ensure that military personnel under their jurisdiction requiring definitive treatment of non-occupational health problems are referred to installation medical facilities.

(3) Encourage civilian personnel under their jurisdiction requiring definitive treatment of non-occupational health problems to visit their personal physician or other appropriate health resources.

United States Army Alaska Regulation 40-2

(4) Comply with all required administrative procedures set forth in this section concerning the treatment of occupational and non-occupational illness and injury.

c. Military personnel and civilian employees will—

(1) Report on-the-job illness or injury to the unit commander or civilian supervisor immediately.

(2) Comply with all required administrative procedures concerning treatment of occupational and non-occupational illness or injury.

d. The PM Svc will—

(1) Coordinate with federal and nonfederal medical personnel, the CPO, post safety offices and supervisors concerning the treatment of an administrative procedures related to occupational illness and injury.

(2) Review occupational illness and injury statistics monthly to assist in the identification of illness and injury patterns and recommend preventive measures as indicated.

3-5. Procedures

a. Management of job-related illness or injury

(1) All job-related illnesses or injuries will be reported promptly to the individual's immediate supervisor. If the illness or injury is severe, the individual will be immediately transported to the nearest emergency care facility, unless the individual requests a personal physician or medical facility. Emergency vehicles can be requested if the nature of the illness necessitates transport in an ambulance with emergency equipment.

(2) The employee's supervisor will ensure that the following forms are initiated in the event of a job-related illness or injury:

(a) One copy of CA Form 1 (Federal Employee's Notice of Traumatic Injury and Claim Continuation of Pay/Compensation) (for civilian occupational injuries) or CA Form 2 (Notice of Occupational Disease and Claim for Compensation). This is forwarded to the CPO, who, in turn, forwards a copy to the Post Safety Officer within 48 hours. If the employee is treated at an Army facility, the CPO will forward a copy of the CA Form 1 or CA Form 2 to the OH Svc.

(b) For active duty personnel, one copy of DA Form 285 (U.S. Army Accident Report) if the injury or illness results in lost time beyond the day of injury. Handle DA Forms 285 per AR 385-40.

(c) During normal duty hours, all civilian job-related illnesses or injuries will be routed through the OH Nurse at each post before the civilian receives care at the Army troop medical clinic, unless the severity of the condition makes this unfeasible. At such time, the OH staff will be notified.

(d) The OH Svc or emergency room supervisors completes CA Form 16, Part A. CA Form 16 is used only for civilian personnel. The CA Form 16 (Part B) will be completed by the attending physician at the Medical Treatment Facility or by the patient's private physician if he/she elects to receive care outside of a military health care facility. When completed by the attending physician, the original will be forwarded to the CPO and a copy is maintained in his/her medical record. The CA Form 16 will be retained by the CPO, and when indicated, forwarded to the Office of Worker's Compensation Programs by the CPO. The second copy is kept by the OH Svc.

b. Management of non-occupational illness or injury.

(1) Medical care can be provided by OH Svc or Troop Medical Clinic to—

(a) Save life or limb or alleviate suffering.

(b) Allow the employee a one-time visit in order to complete the work shift in lieu of seeking medical care from his/her private physician necessitating lost time on the job. Follow-up care is not provided at OH Svc or the troop medical clinic.

(2) All other medical care for non-occupational illness or injury will be obtained through the civilian employee's private physician. Guidance can be obtained from OH Svc.

Section II

Illness Absence Monitoring

3-6. Purpose of illness absence monitoring

Medical evaluation of personnel following a significant illness, i.e., an illness that results in absenteeism of 5 work days or more, identifies employees with specific health problems. The decision to return an employee to work after such an illness must be based on the individual's medical condition, nature of the illness, the job situation and job environment.

3-7. Applicability

The program of absence monitoring applies to all appropriated and non-appropriated fund personnel performing duty within the jurisdictional boundaries of the USARAK. Military personnel will be screened and evaluated in their respective troop medical clinic.

3-8. Monitoring responsibilities

a. Civilian employees supervisors will—

(1) Report employees who have been ill for 5 consecutive work days or more to the OH Svc.

(2) Refer any employee who, in their opinion, cannot resume his/her duties after a significant illness or injury of any duration, to the OH Svc.

b. OH Nurse will—

(1) Provide for evaluation of any employee referred to the OH Svc by supervisors or the CPO who is returning to work after a prolonged illness of 5 consecutive work days or more.

(2) Consult with the PM Officer about any indicated limitations of duty.

(3) Recommend any limitations of duty to supervisors and the CPO.

c. The PM Officer will assist the OH Nurse in the evaluation of employees returning to work after a significant illness or injury.

3-9. Procedures

a. Civilian employees with a duration of illness of 5 consecutive work days or more must notify and/or report to the OH Svc before returning to work.

United States Army Alaska Regulation 40-2

b. Supervisors will notify the OH Svc by telephone of employees who have been absent from work due to illness for 5 or more consecutive work days.

c. Military or civilian personnel engaged in food service or patient care activities will require clearance from OH Svc after an illness of any duration due to a communicable disease.

d. Absence monitoring evaluations of civilian employees will be performed at the post OH Section. Military personnel will be evaluated in their respective troop medical clinics.

e. When a civilian employee is determined by the OH Section to be unable to return to full duty, the employee's supervisor and the CPO will be notified by telephone. Specific recommendations on limitation of duty or further convalescence will be made, and final clearance will be necessary before resumption of full duties. Such action will be immediately followed by a written statement to the CPO and the immediate supervisor.

f. All medical information regarding an employee's illness or injury will be handled in a strictly confidential manner.

Chapter 4 Hearing Conservation

4-1. Hearing Conservation Program

This chapter implements the provisions of DA Pamphlet 40-501. It provides guidance for the management of the Hearing Conservation Program. This program is a component of Preventive Medicine. Its purpose is to establish and outline policies of this headquarters for hearing loss prevention among military and civilian personnel.

4-2. Further information

Further information about hearing conservation can be found in the following:

- a. AR 40-5.
- b. AR 385-10.
- c. AR 385-30.
- d. DA Pamphlet 40-501.
- e. Technical Bulletin Medical (TB MED) 503.

4-3. Applicability

This information in this chapter is applicable to all military and civilian personnel in the United States Army Garrison, Alaska and USARAK designation, tenants and transients.

4-4. General

a. DA Pamphlet 40-501 provides guidance for implementing the Hearing Conservation Program at all DA facilities.

b. The high noise levels associated with modern civilian and military equipment used by DA are a cause of concern. This hazard results in adverse effects on the hearing welfare of personnel and their ability to perform safely and efficiently. Noise levels from such equipment as hand or shoulder fired weapons, artillery, power generators, combat vehicles, construction equipment and helicopters, etc., are of such high intensity that they can cause permanent loss of hearing in individuals without suitable hearing protective devices.

c. Individuals may not perceive a permanent hearing loss until it interferes with their ability to understand speech (thus requiring people to repeat phrases over and over again). Without adequate hearing protection, continued exposure to hazardous noise results in further deterioration of hearing acuity. Noise-induced hearing loss is a painless, bloodless and sightless disability. By the time the individual recognizes the problem, the damage is done and is irreversible. An effective hearing conservation program will prevent further deterioration of one's hearing ability due to noise exposure.

d. More than one half of all combat arms troops and a significant number of DA employees lose some degree of hearing before completing their military or Civil Service careers. Unprotected ears exposed to loud noises are partially desensitized so they cannot readily detect sounds essential to a soldier's survival in a combat situation (i.e., the sound of footsteps in grass, movements in brush or the clink of metallic objects). Hearing loss may also require a permanent profile change that frequently prevents an individual from working in her/his primary military occupational speciality or job assignment. The result is costly reclassification and disqualification for reenlistment or retention in Federal service.

United States Army Alaska Regulation 40-2

e. A hearing aid prescription may help individuals suffering from enough hearing loss that it impairs their communication ability. Hearing aids will help overcome the disability, but they will not correct the deficit. A hearing aid will amplify all sound within its frequency spectrum including background noise. In some cases, they can make understanding speech in a noisy environment more difficult.

4-5. Hearing conservation responsibilities

a. The Installation Medical Authority will—

(1) Task an audiologist to act as the Hearing Conservation Officer per DA Pamphlet 40-501.

(2) Task the Industrial Hygiene Service, USA MEDDAC-AK to complete responsibilities outlined in AR 40-5 and DA Pamphlet 40-501.

(3) Inform respective supervisors and unit commanders of new noise hazardous areas noted during surveillance visits.

(4) Ensure that all persons operating audiometers are trained in the techniques of audiometry.

(5) Calibrate all audiometers every year.

(6) Ensure that proper sound attenuation booths are utilized for audiometric testing.

b. PM Svc, USA MEDDAC-AK will—

(1) Coordinate the medical aspects of the Hearing Conservation Program with the USARAK Safety Manager and the CPO, the USA MEDDAC-AK Audiologist, OH Svc, and Environmental Science Officer.

(2) Ensure that the OH Section notifies all civilian employees, through their supervisors, when they are due for audiometric testing.

(3) Maintain a current inventory of all noise-hazardous areas within the jurisdictional boundaries of the USARAK and a file of all surveys performed.

(4) Report hearing conservation deficiencies observed in the course of industrial hygiene surveys to the activity responsible for coordination of corrective action.

(5) Provide assistance to the USARAK Safety Manager when help is requested.

(6) Conduct appropriate surveys of new noise hazard areas or operations throughout the installation. This includes—

(a) Conducting surveys of operations which have changes in exposure status.

(b) Conducting appropriate analysis of a suspected noise-hazardous workplace.

(7) Coordinate with the USARAK Safety Manager in monitoring designated noise-hazardous areas.

(8) Identify to the CPO any positions that require hearing protection, to ensure inclusion of that requirement in the job description.

(9) Make necessary arrangements for obtaining technical assistance in conducting noise level surveys by the United States Army Environmental Hygiene Activity-West, Fitzsimons Army Medical Center, Colorado.

United States Army Alaska Regulation 40-2

c. The Brigade Surgeon will—

- (1) Include hearing conservation as a point of concern in command inspections.
- (2) Inform unit commanders of all inspection results.
- (3) Provide for proper fitting of hearing protective devices, as specified in this regulation, and ensure that all unit medical personnel receive training in the fitting of earplugs.
- (4) Ensure battalion aid stations maintain a stockage of and dispense preformed earplugs and the earplug case.
- (5) Ensure hearing tests are conducted on all incoming personnel.
- (6) Ensure personnel health records are screened during preparation of replacements for overseas movements for completed audiometric evaluations.
- (7) Require the Flight Surgeon to fit the SPH-4 aviators helmet and inspect its' condition annually per DA Pamphlet 40-501, paragraph 6-5c(1)(a) and (b).

d. The CPO will—

- (1) Ensure that all civilian employees process through their installation Occupational Health Clinic for pre-employment evaluation, transferring between jobs or termination of employment.
- (2) Include in the job description, where applicable and when requested by management, the requirement to wear personal protective equipment (hearing protectors).
- (3) Ensure (per AR 385-10) that the following responsibilities are included in a civilian supervisor's performance standards, where applicable.
 - (a) Enforce the use of personal protective equipment.
 - (b) Ensure that employees report for mandatory medical examinations per DA Pamphlet 40-501.
- (4) Require supervisors to obtain termination audiometric evaluations for individuals under their responsibility as part of the outprocessing procedure.
- (5) Inform the Installation Medical Authority and USARAK Safety Officer of all workers' compensation claims for hearing loss.

e. The USARAK Safety Officer will—

- (1) Inform PM Svc, USA MEDDAC-AK of suspected noise-hazardous areas.
- (2) Report deficiencies or failure to comply with the provisions of this regulation through the chain of command and the Installation Medical Authority, USA MEDDAC-AK.
- (3) During scheduled safety inspections, include a review of the Hearing Conservation Program with information on the posting of noise-hazardous areas and equipment and the use of hearing protective equipment.
- (4) Review unit standing operating procedures and availability of hearing protective devices.
- (5) Include noise-hazard abatement projects in the hazard abatement plan.

United States Army Alaska Regulation 40-2

(6) Furnish the PM Svc, USA MEDDAC-AK with a copy of all surveys performed.

f. Unit commanders and civilian personnel supervisors will—

(1) Appoint and oversee a Unit Hearing Conservation Officer. Unit commanders will also inspect helmets and/or noise muffs per DA Pamphlet 40-501.

(2) Prepare a unit standing operating procedure detailing the Hearing Conservation Program.

(3) Purchase new equipment that generates the lowest noise levels feasible per DA Pamphlet 40-501.

(4) Notify the Installation Medical Authority of any suspected hazardous-noise levels or changes in hazardous-noise levels in their work areas.

(5) Ensure that noise-exposed personnel under their supervision—

(a) Are provided hearing protectors and audiometric evaluations.

(b) Are provided annual hearing conservation training per DA Pamphlet 40-501.

(c) Follow recommendations from audiometric examinations, medical evaluations and noise surveys. Commanders will temporarily reassign personnel to work in a nonnoise-hazardous area when follow-up tests are required per DA Pamphlet 40-501.

(d) Wear hearing protectors.

(e) Report for scheduled medical exams.

(f) Notify soldiers of their exposure measurements.

(6) Ensure that all noise-exposed soldiers and civilians under their supervision retain a pair of preformed earplugs as an item of individual equipment. Preformed earplugs must be fitted by trained medical personnel. Earmuffs and foam disposable earplugs may be used as a substitute. Earplugs will be issued to all noise-exposed personnel through the appropriate medical facility.

(7) Provide copies of regulations, technical bulletins and other hearing conservation documents to employees, or their representatives, on request.

(8) Ensure that noise-hazardous areas and equipment are marked with proper danger signs and decals per DA Pamphlet 40-501.

(9) Monitor the use of engineering controls per DA Pamphlet 40-501.

(10) Refer any personnel under their supervision to the medical treatment facility for any hearing problems or complaints associated with the wearing of hearing protectors.

g. Employees, military and civilian, will—

(1) Comply with all aspects of the Hearing Conservation Program, including wearing hearing protective devices when exposed to hazardous noise, attending periodic health education classes and reporting for all scheduled hearing evaluations.

United States Army Alaska Regulation 40-2

(2) Report any hearing problem, changes in noise levels in their work environment which may constitute a new or increased noise hazard or difficulties associated with hearing protective devices currently in use.

4-6. Procedures

a. Detection of noise-hazardous areas. Civilian personnel and military supervisors will assume the existence of a noise hazard if the following conditions exist: (Note: Report such areas to the Industrial Hygiene Section, USA MEDDAC-AK.)

(1) If employees report head noises or ringing of the ears after working in noisy area.

(2) If verbal communication is hampered due to the presence of background noise.

b. The Installation Medical Authority will—

(1) Ensure maximum use of the Hearing Evaluation Automated Recording System (HEARS).

(2) Notify the Management Employee Relations Division, Civilian Personnel Office of an individual sustaining a permanent hearing loss which creates a hazard to the individual and others.

(3) Report significant threshold shift per DA Pamphlet 40-501.

c. Hearing evaluation record keeping and scheduling of appointments.

(1) Unit commanders will maintain an up-to-date and continuing roster of annual hearing test requirements for all personnel under their command. Group appointments will be scheduled throughout the year for this purpose. Commanders will arrange for hearing tests by submitting a written request to Audiology Service, USA MEDDAC-AK. Any specific unit requirements with regard to this scheduling must be presented in the initial request. Audiology Service will provide confirmation of testing dates and instructions for completion of the testing. A roster of personnel to be tested must accompany each request and will be used in reporting "no-shows" to higher headquarters.

(2) OH Svc, USA MEDDAC-AK will schedule the audiometric testing of occupationally exposed civilian personnel, including required follow-up testing. The appropriate medical authority will evaluate personnel exhibiting significant threshold shifts.

(3) Audiology Service at Fort Wainwright will schedule persons, both military and civilian, for clinical evaluation as needed. The patient needing that service will return to the supervisor with the appointment slip. The supervisor and the appropriate personnel section will reassign the patient to work in a nonnoise-hazardous capacity until the completion of the evaluation per DA Pamphlet 40-501.

(4) The Occupational Health Clinic at Fort Greely will schedule patients requiring an audiologic evaluation. Those personnel will be evaluated at Audiology Service, USA MEDDAC-AK, Fort Wainwright.

(5) Personnel requiring a complete evaluation at Fort Richardson will be referred by the Occupational Health Section, PM Svc, to Audiology Service at the Medical Treatment Facility, Elmendorf, Air Force Base.

(6) The hearing conservation technician will review health records for the Department of Defense (DD) Form 2215 (Reference Audiogram) baseline audiogram. If a baseline is not documented in the health record, the technician will use DD Form 2215 to record the hearing test. Results from a hearing test will be recorded on a DD Form 2216 (Hearing Conservation Data), the annual hearing test form, when a DD Form 2215 baseline exists in the health record.

United States Army Alaska Regulation 40-2

d. Frequency of testing.

(1) A pre-employment audiogram will be obtained for all civilian employees during their medical in-processing.

(2) Routine audiograms and evaluations will be conducted on an annual basis for all military regardless of work areas and for civilians working in noise-hazardous areas as identified by the PM Svc.

(3) A pretransfer evaluation will be conducted for all civilian employees transferring from a nonnoise-hazardous area to a noise-hazardous area.

e. Audiometric testing.

(1) Additional audiometric tests, evaluations and/or treatments will be recommended and scheduled when necessary per DA Pamphlet 40-501.

(2) The Audiologist, Bassett Army Community Hospital, Fort Wainwright will train all personnel performing audiometric testing in the techniques of audiometry.

f. Utilization of hearing protective devices.

(1) All personnel, civilian and military, will utilize hearing protective devices when in a noise-hazardous area and/or near a noise-hazardous operation. (See DA Label 172 (Danger - Hearing Protection Required When Operating This Equipment) shown in fig 4-1.)

(2) All personnel will utilize hearing protective devices when firing weapons. All ranges will maintain the posting of noise hazard warning signs.

(3) All personnel will ensure that hearing protection is in serviceable order before each use.

g. Procurement of hearing protective devices.

(1) All personnel, civilian or military, will be provided hearing protection devices when employed in noise-hazardous areas.

(2) All civilian personnel employed in noise-hazardous areas at Fort Wainwright will obtain preformed earplugs from the Audiology Service, USA MEDDAC-AK. Military personnel may go to USA MEDDAC-AK or the troop medical clinic. Appropriate noise reducing earmuffs may be used instead of preformed earplugs. Foam disposable "E.A.R." earplugs may be used as a temporary substitute until replacement preformed earplugs or earmuffs are obtained

(3) Fort Greely personnel can obtain earplugs at the Occupational Health Clinic. Fort Richardson personnel can go to the Audiology Section, Troop Medical Clinic, 0730-1130, Monday through Friday.



Figure 4-1. Hearing protection label

(4) Noise reducing earmuffs are obtainable at self-service supply centers.

(5) Preformed earplugs, a medical supply item, must be fitted by medical personnel. Foam disposable earplugs and earmuffs may be stocked in the workplace.

(6) All military personnel will procure earplugs and be fitted by medical personnel from their own battalion aid station or supporting medical treatment facility.

(7) Medical personnel who are assigned to fit the earplugs will obtain necessary training at the Audiology Clinic, Basset Army Community Hospital, Fort Wainwright.

h. Health Education Program. Each unit commander/civilian supervisor will ensure that their personnel receive annual training in the area of noise hazards, hearing loss and the proper use of hearing protective devices. The Audiology Service, Basset Army Community Hospital, Fort Wainwright battalion medical personnel and medical treatment facility personnel can provide this training.

i. Hearing protection for visitors. Civilian supervisors and/or commanders will have temporary hearing protection available for visitors at all noise-hazardous areas (including the firing ranges). Use the yellow foam disposable earplugs, National Stock Number (NSN) 6515-00-137-6345, or earmuffs for this purpose. (See table 4-1 for NSN information.)

Table 4-1 Hearing protectors¹			
Type of Protector	Requisition Publication²	Nomenclature	National Stock Number (and Size)
Single-flange earplugs	A and B	Earplug, hearing protection, single-flange, 24s	NSN 6615-00-442-4765 (extra small (white)) NSN 6515-00-467-0085 (small (green)) NSN 6515-00-476-0089 (medium (orange)) NSN 6515-00-442-4807 (large (blue)) NSN 6515-00-442-4813 (extra large (red))
Triple-flange earplugs	A and B	Earplug, hearing protection, triple-flange, 24s	NSN 6515-00-442-4821 (small (green)) NSN 6515-00-442-4818 (medium (orange)) NSN 6515-00-467-0092 (large (blue))
Foam earplugs	A and B	Earplug, hearing protection, yellow/white, 400s	NSN 6515-00-137-6345
Ear canal caps	A and B	Ear canal caps, hearing protection	NSN 6515-00-392-0726 NSN 6515-00-181-8058

United States Army Alaska Regulation 40-2

Noise muffs	C	Aural protector, sound Type II	NSN 4240-00-022-2946
Headsets	C	Noise attenuating headset/microphone	NSN 5965-00-168-9624
Headsets	C and D	Helmet, flyers, crash type (SPH-4)	NSN 8415-00-144-4981 (regular) NSN 8415-00-144-4985 (extra large)
Headsets	C and D	Helmet, combat vehicle crewman's (DLH-132)	NSN 8415-00-094-2679 (small) NSN 8415-00-094-2691 (medium) NSN 8415-00-094-2684 (large)
Eyeglass temple adapters	C	Pad, protective ear piece	NSN 6540-01-094-8292
Case and earplug inserter		Plastic, nonreflective, 20s	NSN 6515-01-100-1674
DA Label 172		Danger noise hazard	Self-service supply center (#013531)

¹Authority for purchase and issue is AR 385-10, paragraphs 6-2.

²Codes:

A—Federal Supply Catalog C-6515-IL, B—Common Table of Allowance 8-100; C—Army Master Data File; D—Supply Bulletin 700-20.

Chapter 5
Occupational Vision Program

5-1. Occupational Vision Program purpose

The Occupational Vision Program is designed to ensure the effective utilization and preservation of eyesight in military and civilian personnel.

5-2. Applicability

The information in this chapter applies to all military personnel and civilian personnel employed within the jurisdictional environs of USARAK.

5-3. General

a. An effective occupational vision program requires the combined efforts of command, supervisory and medical personnel. Military and civilian personnel who do not possess the required visual skills for specific duty assignments should be referred for eye evaluation. When it is not possible to correct the visual defect with lenses, the individual should be considered for reassignment to other appropriate duties or other appropriate action.

b. The prevention of eye injury is more profitable than the treatment of eye injuries. Therefore, a comprehensive occupational vision program is both medically and economically sound. Assuming that the individual performing a specific job possesses the required visual skills, the use of eye-protective devices is the key to an effective eye safety program. Safety glasses are the usual means of eye protection, although particular job assignments may require safety glasses with eye shields, or safety goggles and full-face shields.

5-4. Occupational vision responsibilities

a. PM Svc, USA MEDDAC-AK will—

(1) Supervise and coordinate the Occupational Vision Conservation Program with the USA MEDDAC-AK Optometrist, the OH Svc, Industrial Hygienist Safety Manager and the USARAK CPO.

(2) Ensure that OH Svc notifies all civilian and military employees, through their supervisor or unit commander, when they are due for vision testing.

(3) Conduct installation illumination surveys on a routine basis and when specific worksite illumination deficiencies are suspected.

(4) Maintain an inventory of eye-hazardous areas and operations and a file of all surveys performed.

(5) Report eye-safety deficiencies observed during the course of industrial hygiene surveys to the USARAK Safety Manager.

b. USA MEDDAC-AK Optometrist will—

(1) Provide technical expertise on matters pertinent to vision conservation.

(2) Conduct periodic vision screening on civilian employees as indicated in TB MED 506 based upon the job performed and hazards present.

(3) Conduct vision screening, scheduled through OH Svc, on newly appointed civilian employees within the first 2 weeks of beginning employment.

United States Army Alaska Regulation 40-2

(4) Conduct eye examinations, scheduled through OH Svc, on military and civilian personnel when specific job assignments require optometry consultation.

(5) Conduct eye examinations when military or civilian personnel are referred for optometry consultation, including eye injuries.

(6) Conduct standard eye refractions on personnel who are required to wear safety glasses in the performance of their duties.

(7) Verify prescriptions and make frame adjustments after personnel receive safety eyewear.

(8) Submit monthly occupational vision reports to OH Svc on DA Form 3076.

c. The USARAK Safety Manager will—

(1) Monitor proper use of eye protective equipment.

(2) Investigate occupationally related eye injuries to determine if unsafe work practice and/or operations exist.

(3) Procure, post and maintain signs and posters stressing eye safety per AR 385-30.

d. The CPO will—

(1) Ensure current OPM physical requirement standards for vision are utilized in placement of civilian employees.

(2) Refer new hires and transfers for vision screening to OH Svc where coordination for an eye examination by the USA MEDDAC-AK Optometrist will be made.

e. Unit commanders and civilian personnel supervisors will—

(1) Ensure that personnel are not assigned to eye-hazardous jobs without proper eye protection.

(2) Enforce safety discipline and the wearing of protective eye equipment and take appropriate action to correct deficiencies noted on surveys.

(3) Refer all personnel having visual complaints or difficulty meeting visual job requirements to the OH Section.

(4) Encourage civilian employees to participate in the biannual vision screening program.

f. The Directorate of Public Works will utilize engineering control measures, whenever feasible, to reduce or eliminate hazardous vision situations in new and existing facilities.

g. Military and civilian employees will—

(1) Comply with all aspects of the Occupational Vision Program, including wearing protective devices and reporting for scheduled vision examinations.

(2) Report any vision problems or any change in their work environment that may constitute a new or increased vision hazard to the supervisor and OH Section.

5-5. Procedures

a. An inventory of eye hazardous areas (HHIMs) will be maintained by PM Svc and updated at least annually. A copy of this inventory will be provided to the CPO. The degree of eye hazard for each work area and frequency of periodic worksite surveys will be based on the United States Army Environmental Hygiene Activity Occupational Vision Guide, the United States Army Environmental Hygiene Activity Civilian Job-Title Guide, and current guidance from HSC and DA. Protective eye equipment will be procured and issued per AR 385-32.

b. All civilian employees will have a baseline visual record in the employee health record, along with periodically updated examination reports. Employees who fail to meet job-vision criteria for other than refractive errors will be referred to their personal physician. In such cases, eye examinations and treatment will be obtained at the employee's own expense. Military personnel will receive eye examinations and care at the appropriate medical treatment facility.

c. Any occupationally related eye injury will be thoroughly investigated to determine if unsafe work practices or operations exist. Investigations and recommended corrective actions are intended to minimize the chance of recurrence.

d. Contact lenses will normally not be worn in dust work areas, under respiratory protection equipment or during exposure to eye-hazardous chemicals and air contaminants, since use of these lenses in certain hazardous environments may result in serious eye injury.

e. High risk operations using high intensity light sources or non-ionizing (microwave/laser) radiation may require special medical surveillance, to be determined by the Chief, PM Svc and the USA MEDDAC-AK Optometrist.

f. Monthly reports of occupational vision activities will be submitted to OH Svc to be used in completion of the Occupational Health Report.

Chapter 6
Radiation Protection Program

6-1. The purpose of radiation protection

The Radiation Protection Program is established to protect personnel exposed to sources of ionizing and non-ionizing radiation.

6-2. Applicability

The program is applicable to all military and civilian personnel within the jurisdictional boundaries of the United States Army who are exposed to sources of ionizing and non-ionizing radiation.

6-3. General

In recent years there has been an increase in the use of radiation-emitting devices in medicine, industrial operations and in military preparedness systems. The benefits derived from the application of electromagnetic radiation are many; however, the effects of over-exposure are hazardous. Personnel protective devices, engineering protective measures and radiation monitoring systems have been developed to protect workers exposed to radiation. Radiation safeguard requirements are precise, and full compliance is mandatory. All cases of actual or suspected over-exposure must be promptly and thoroughly investigated to protect exposed workers.

6-4. Radiation protection responsibilities

a. The USARAK Radiation Protection Officer (RPO) will—

(1) Maintain a current inventory of ionizing radiation sources in use throughout USARAK. A copy of this inventory will be provided to the PM Svc, USA MEDDAC-AK and the USARAK Safety Manager. The inventory will be incorporated in the HHIM.

(2) Provide technical guidance and assistance related to radiation source storage, handling and shipping.

(3) Coordinate radioactive waste disposal requirements so the inventory of radiation sources is complete and current.

(4) Coordinate regularly with the USA MEDDAC-AK RPO to ensure that the inventory of radiation sources is complete and current.

(5) Conduct periodic surveys of installation areas where sources of ionizing and non-ionizing radiation are present. The Industrial Hygiene Office will identify ionizing radiation sources during worksite evaluations and include this information in the HHIM database.

(6) Ensure that all persons working in or frequenting a radiation controlled area are advised of the potential dangers and required safety precautions through signs and briefings.

b. USA MEDDAC-AK and Dental Activity, Alaska (DENTAC-AK) RPOs will—

(1) Conduct periodic surveys of areas within USA MEDDAC-AK or DENTAC-AK where sources produce ionizing and non-ionizing radiation.

(2) Maintain a current inventory of ionizing and non-ionizing radiation sources within their area of responsibility.

United States Army Alaska Regulation 40-2

(3) Coordinate their film badge programs for monitoring of all military and civilian personnel exposed to ionizing radiation in their facilities.

(4) Administer the Radiation Protection Program for USA MEDDAC-AK and DENTAC-AK per AR 40-14.

c. Chief, Patient Administration Division, USA MEDDAC-AK will prepare and maintain medical records on military personnel exposed to ionizing radiation per AR 40-403 and AR 40-14.

d. The Chief, PM Svc will—

(1) Prepare and maintain medical records on civilian personnel exposed to ionizing radiation per AR 40-400.

(2) Promptly investigate all reports of overexposure to ionizing or non-ionizing radiation in association with the USA MEDDAC-AK and DENTAC-AK RPO and/or appropriate installation RPO per AR 40-5.

6-5. Procedures

a. Identification, maintenance of inventory and inspection of radiation hazardous work environments will be per AR 385-11.

b. Medical surveillance of military and civilian workers exposed to ionizing and/or non-ionizing radiation will be performed by the OH Section at each post and will be conducted per AR 40-14. The radiation absorbed dose for an individual exposed to ionizing radiation will not exceed the limits established in AR 40-14.

c. All incidents and overexposures will be thoroughly investigated by the appropriate authorities.

Chapter 7 Respiratory Protection Program

7-1. General

This chapter describes responsibilities, policies and the essential elements to establish, execute and maintain the USARAK Respiratory Protection Program.

7-2. Further information

For further information on respiratory protection consult the following:

- a. AR 11-34.
- b. AR 40-5.
- c. AR 385-10.
- d. TB MED 501.
- e. Title, 29 Code of Federal Regulations 1910.134.
- f. Title 29, Code of Federal Regulations 1910.146.
- g. USARAK Circular 385-2.

7-3. Applicability

The information in this chapter applies to the active duty Army and DA civilian personnel performing duties requiring respiratory protection.

7-4. Respiratory protection responsibilities

- a. The Director of Army Safety will manage the Army Respiratory Protection Program as prescribed in AR 11-34.
- b. The USARAK Safety Office will—
 - (1) Evaluate the effectiveness of the USARAK Respiratory Protection Program annually.
 - (2) Provide guidance to supervisors in the preparation of a standing operating procedure on respirator use in their particular work area.
 - (3) Review any standing operating procedures prepared for respirator use before it is published.
 - (4) Approve or disapprove routine entry into an immediately dangerous to life or health (IDLH) environment (including confined spaces).
 - (5) Ensure that firefighters using respirators are properly trained.
 - (6) Coordinate with the PM Svc, USA MEDDAC-AK to—
 - (a) Perform worksite inspections to determine the type of respiratory protection best suited for the task involved.

United States Army Alaska Regulation 40-2

(b) Conduct random inspections to determine if respirators are properly selected, used, cleaned, maintained, stored and disposed of.

(c) Designate the type of respirators to be purchased or used.

(d) Deny respirator use if conditions warrant. For example, if use of engineering or administrative controls are feasible to eliminate respiratory hazards, respirators are not the method of choice.

c. The Installation Medical Authority will—

(1) Perform medical evaluations of workers to—

(a) Determine if workers assigned to tasks requiring the use of respirators are physically, psychologically and physiologically able to perform work while wearing prescribed respiratory protection.

(b) Inform supervisors as to whether each employee is able to wear respirators and perform work required and coordinate with the CPO when necessary.

(c) Review worker's medical status annually.

(d) Perform vision screening and testing for corrective lenses inside full-facepiece respirators to ensure proper vision and good fit.

(e) As a courtesy, until a Respirator Specialist position is established per AR 11-34, perform fit testing of negative pressure respirators before respirator users commence wearing them and periodically thereafter. The periods between fitting sessions will be annual, unless required more often by regulation.

(2) Coordinate with the USARAK Safety Office to—

(a) Evaluate the overall effectiveness of the program.

(b) Perform worksite inspections to determine the type of respirators best suited for the task involved.

(c) Perform fitting for corrective lenses inside full-facepiece respirators to ensure proper vision and good fit.

(d) Conduct random inspections to determine if respirators are properly selected, used, cleaned, maintained, stored and disposed of.

(e) Designate the type of respirators to be purchased or used.

d. The Director, Public Works will—

(1) Install and maintain breathing air systems capable of providing Grade D breathing air where required.

(2) Maintain compressed air breathing system alarms in an operable manner.

(3) Install airline couplings which are incompatible with outlets for other gas systems.

(4) Implement a schedule of routine maintenance for servicing and inspecting airline purification panels and changing filters and cartridges as necessary.

(5) Provide engineering controls to replace the use of respirators whenever feasible.

United States Army Alaska Regulation 40-2

e. The CPO will—

- (1) Provide support to supervisors and other individuals responsible for ensuring or enforcing the Respiratory Protection Program requirements.
- (2) Develop job descriptions to address requirements for respirator use and identifying ability to use respirators as a condition of employment when required by the nature of the job.
- (3) Refer all personnel under consideration for employment in areas or operations requiring the use of respirators to OH Section, PM Svc.
- (4) Coordinate with the OH Section to determine pre-employment and periodic examination requirements for employees using respirators.

f. The Director, Contracting will—

- (1) Provide local procurement of respirators and replacement parts, when necessary, to provide adequate fit for employees.
- (2) Obtain only respirators and replacement parts approved by the NIOSH.

g. All unit/activity commanders/supervisors will—

- (1) Write a respiratory protection program to address the needs of that particular shop or operation. The program will include instructions on when to wear the equipment, maintenance of respirators, cleaning and storage.
- (2) Ensure that all personnel exposed to respiratory hazards have received necessary medical evaluations and respirator fitting when needed before issue of respirators and commencement of work.
- (3) Ensure personnel using respirators receive annual medical evaluations and respirator fittings when necessary.
- (4) Ensure personnel wear the equipment properly when respirators are required. This includes being able to obtain a good seal on negative pressure respirators and may entail requiring an employee to shave a beard, and/or long mustache and sideburns.
- (5) Ensure employees inspect, clean, maintain and store the respirators properly.
- (6) Appoint someone to perform monthly inspections on respirators kept for emergency use and keep a log of these inspections.

h. Respirator users will—

- (1) Use respirators according to instructions and training.
- (2) Perform positive and negative pressure tests to ensure satisfactory face-fit and valve function each time respirators are used.
- (3) Perform primary maintenance and cleaning of assigned respirators unless a centralized maintenance and cleaning facility exists. This includes proper storage of the equipment.
- (4) Notify their immediate supervisor of a nonfunctional respirator or if it is suspected that respiratory protection is needed.

United States Army Alaska Regulation 40-2

(5) Change cartridges, when applicable, after 8 hours use or when either the user can smell the chemical or when breathing becomes difficult or as otherwise specified by the manufacturer of the respirator cartridge.

7-5. Policies

a. Engineering control measures are the preferred method of protection against harmful airborne contaminants in the occupational environment. When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators are acceptable.

b. Personnel working in areas where respirators are necessary will receive the equipment and replacement parts without charge to them.

c. Each area where respirators are required shall have a written respiratory protection program, addressing the specific needs of those operations.

d. Respirators shall specifically protect against the hazard to which the employee is exposed.

e. Respirator users shall receive instruction in the proper use of respirators, and in methods of maintenance and care.

f. Respirator users shall receive a fit testing before receiving a respirator when using negative pressure respirators. They shall also receive annual fit testing.

g. Respirator users shall inspect, clean and disinfect respirators on a daily basis. They shall store the respirators in a clean location away from the contaminant against which the equipment provides protection.

h. Each respirator kept for emergency use needs monthly inspections, and inspections after each use.

i. Regular inspections and evaluations are necessary to determine the continued effectiveness of the program, the work area conditions and degree of employee exposure or stress.

j. Respirator users shall receive medical evaluations before using the equipment, and annually thereafter.

k. Only respirators approved by the NIOSH are acceptable for use. Disposable respirators are not acceptable, except to provide comfort (not protection). An example of this would be sweeping a floor of dust, where no hazardous substance such as asbestos is present.

l. Breathing air used in supplied air respirators and self-contained breathing apparatus must meet specifications for Grade D breathing air. The compressor for supplying air must have necessary safety and standby devices. Supplied air must come from a location which provides clean air, away from the contaminant against which it is to protect the user.

m. Military protective masks protect against military chemical agents. They are authorized for that use only, not for use against industrial chemicals.

n. Operations requiring entry into IDLH environments, or into confined spaces, must be conducted per USARAK Circular 385-2 and guidelines provided by the USARAK Safety Office.

o. Contact lenses are not approved for use in conjunction with respirators.

Chapter 8
Worksite Visits, Inspections, Surveys and Epidemiologic Investigations

8-1. Purpose of visits, inspections, surveys and investigations

Periodic worksite visits, inspections and surveys are essential elements of the OHP. Epidemiologic investigations will be conducted when patterns of occupational illness or injury suggest that similar illnesses or injuries will continue to occur unless specific corrective actions are taken.

8-2. Applicability

Specific worksite visits, inspections, surveys and epidemiologic investigations will be conducted at any worksite or location within the jurisdictional environs of USARAK.

8-3. General

a. The HHIM is developed and maintained on the basis of known occupational hazards associated with specific industrial and military operations, supervisory input when unique operations are performed and information obtained from worksite visits. Worksite visits familiarize PM Svc personnel with new or recently changed production methods. Work areas will be visited promptly when job-related illnesses or injuries suggest the presence of unsafe work procedures.

b. Job-related illnesses or injuries can occur as an isolated event or as a series of events over a period of time. An organized investigational effort will often reveal neglected worker safeguards and/or previously undetected worksite health hazards. The enforcement of safety rules and measures and the elimination of the hazards will very likely prevent similar occupational illness or injury.

8-4. Visit, inspection, surveys and investigation responsibilities

a. PM Svc, USA MEDDAC-AK will—

(1) Initiate all special epidemiologic investigations when conditions suggest an immediate occupational health-related problem.

(2) Perform worksite visits and ongoing industrial hygiene surveillance of installation facilities and coordinate special comprehensive surveys to be performed by agencies outside of USARAK.

(3) Provide technical expertise on matters related to sanitation and industrial hygiene.

(4) Investigate any situation which is a recognized or potential source of occupational illness or injury with the support and cooperation of the Safety Manager, Post Safety Officer and appropriate medical authorities.

b. Unit commanders and supervisors will notify the OH Section when active duty or civilian personnel incur significant job-related illnesses or injuries that may require corrective actions or epidemiologic investigations.

8-5. Procedures

a. Worksite visits, inspections and surveys will result in updating of the HHIMs and should be done on a scheduled basis that is convenient for the unit or activity commander. A program of routine worksite visits will be conducted as resources permit.

b. Worksite visits, inspections and surveys will be well documented by the PM Svc and kept on file.

United States Army Alaska Regulation 40-2

c. Special surveys and investigative efforts will be coordinated by the PM Svc, USA MEDDAC-AK and will require the support and cooperation of appropriate medical authorities and unit and activity commanders. A summary of findings of an investigation and recommended corrective actions to be taken will be initiated by the PM Svc, USA MEDDAC-AK and forwarded to respective commanders. Findings and recommendations will normally be presented to the activity commander in an outbriefing within 24 hours of completion of the investigation. This will be followed by a written report within 8 days of the completion of the investigation.

**Chapter 9
Pregnancy Surveillance**

9-1. Pregnancy Surveillance Program

The Pregnancy Surveillance Program preserves the health of mother and fetus by preventing exposure of pregnant personnel to potential hazards in the work environment.

9-2. Applicability

The information in this chapter is applicable to all pregnant military and civilian personnel assigned to duty or employed within the jurisdictional environs of USARAK.

9-3. General

Military and civilian personnel should notify the OH Svc of any pregnancy per AR 40-5. Supervisors will encourage personnel under the jurisdiction to comply with this recommendation. The impact of employment or duty assignment upon the pregnancy will be thoroughly evaluated with resulting recommendations to preserve the health of mother and fetus. Close medical supervision during pregnancy is advised.

9-4. Pregnancy surveillance responsibilities

a. Pregnant active duty military and civilian personnel are encouraged to notify their section chiefs as soon as they know or suspect that they are pregnant or to directly contact OH Svc. This procedure is done to ensure safe working environments and conditions for all pregnant employees.

b. Unit commanders and civilian personnel supervisors will—

(1) Ensure that pregnant personnel under their jurisdiction are referred to the OH Svc for evaluation of their job situation and counseling on proper prenatal care.

(2) Comply with medical recommendations regarding the pregnant employee's status, with adjustment of work schedules and duties as needed.

(3) Report any significant changes in work practices or environmental conditions of identified pregnant employees to OH Svc.

c. The CPO will—

(1) Notify the OH Svc when informed of a pregnant civilian employee.

(2) Implement medical recommendations regarding the pregnant woman's job status.

d. PM Svc, USA MEDDAC-AK, responsibilities.

(1) The OH Nurse will—

(a) Interview all referred pregnant personnel and determine if hazardous conditions exist in the working environment or in the performance of duties, based on a review of the pertinent HHIM and obtain a health history that includes reproductive system history.

(b) Approve continued performance of her assigned duties if no hazardous environmental exposures are identified.

United States Army Alaska Regulation 40-2

(c) Refer pregnant personnel to the OH Physician for further evaluation when any hazardous exposure or condition is identified or suspected.

(d) Ensure that the employee is receiving prenatal care with a physician.

(2) The OH Physician will—

(a) Interview pregnant personnel referred for further evaluation by the OH Nurse.

(b) Request an investigation of the pregnant woman's worksite and working conditions when indicated.

(c) Approve continued performance of her assigned duties when no hazardous environmental exposures are identified.

(d) Notify the pregnant employee's unit commander or supervisor of any health hazard and the necessary adjustment in duties to reduce the hazard.

(e) In the case of civilian employees, notify the CPO of the environmental hazard and of any duty limitations which must be taken.

(3) USA MEDDAC-AK industrial hygiene personnel will—

(a) Make the HHIM available to OH Svc so that environmental hazards can be identified.

(b) Assist the OH Physician in conducting worksite investigations when indicated.

9-5. Procedures

a. Pregnant employees should be referred to the OH Svc for evaluation and counseling whenever they are identified. Supervisors will be contacted if questions arise regarding duty requirements or environmental conditions.

b. Working conditions will be adjusted or modified as much as possible to ensure maximum productivity of the employee with minimum impact on the duty section. Any significant changes in the working environment of pregnant employees will be reported to OH Svc.

Chapter 10
Health Education

10-1. Individual and group health education

A program of individual and group health education is conducted to prevent occupational illness or injury, promote general health and familiarize personnel with available health resources.

10-2. Applicability

a. Health education relating to both occupational and general health is applicable to all military and civilian personnel assigned for duty.

b. The type of work performed and the nature of the hazards in the work environment will determine the scope of the health education program.

10-3. Health education responsibilities

a. The Chief, PM Svc will provide individual and group education to supervisors and employees concerning occupational and general health matters. The Chief, PM Svc will also coordinate educational activities with health education programs already in existence.

b. The OH Nurse will provide individual educational material to supervisors and employees concerning both occupational and general health matters and arrange group meetings during worksite visitations.

c. The Community Health Nurse will coordinate with the OH Nurse to provide group education to supervisors and employees concerning general health matters.

d. The USA MEDDAC-AK Optometrist will provide eye health and safety education while conducting eye examinations and visual screenings.

e. The USA MEDDAC-AK Audiologist will provide individual and group hearing conservation education.

f. The USA MEDDAC-AK Environmental Science Officer will provide food service education in the course of conducting sanitary inspections.

g. The Industrial Hygiene Section will provide education on workplace hazards during worksite surveys or on a scheduled basis.

10-4. Procedures

a. Personnel performing potentially hazardous jobs are to be informed of the health hazards to which they are exposed, symptoms following toxic exposure and the immediate emergency measures in the event of over-exposure. Material safety data sheets must be available for review. Personnel are to be made familiar with the use of protective clothing and equipment. Supervisors will be provided periodic orientation in occupational health matters to ensure that personnel under their jurisdiction comply with all health and safety measures.

b. Health information will be disseminated through job-oriented pamphlets, local publications, audio-visual materials and periodic meetings of the OH Svc staff with employees and supervisors.

Chapter 11
Records and Reports

Section I
Occupational Health Records

11-1. Maintaining medical records

Military and civilian employee medical records are maintained to document medical treatment for occupational and non-occupational illnesses and injuries.

11-2. Applicability

A Civilian Employee Medical Record (CEMR) will be initiated and maintained on each appropriated fund and permanent non-appropriated fund civilian employee working within the jurisdictional environs of the USARAK. Medical reports of civilian personnel that pertain to occupational illness or injury will be inserted into the individual's CEMR. Occupational health-related illnesses or injuries of active duty military personnel are documented in their military health record.

11-3. Medical record responsibilities

a. PM Svc, USA MEDDAC-AK will establish and maintain CEMRs on all civilian employees per AR 25-400-2.

b. Officers in charge of medical treatment facilities treating occupationally related illnesses or injuries will—

(1) Ensure that civilian employee treatment records for occupationally related illnesses or injuries are routed from installation treatment facilities to OH Svc.

(2) For dual-status employees, ensure that copies of treatment records for a significant non-occupational illnesses or injuries having an impact on job performance, or that are aggravated by present job requirements, are routed to OH Svc for inclusion in the CEMRs.

(3) Route any medical information obtained from non-federal physicians or hospitals that has been requested by OH Svc to OH Svc.

11-4. Procedures

a. OH Svc will prepare and maintain CEMRs on civilian employees per AR 40-400, AR 40-403 and AR 25-400-2. Military medical records will be maintained in the appropriate medical treatment facilities.

b. Records will be maintained in a record folder to facilitate filing and appropriately identified for specific medical problems, special hazards and dual-status. CEMRs will be maintained in OH Svc until separation or transfer of the employee. Handling of records upon separation or transfer is per AR 25-400-2.

c. Reports from installation treatment facilities of job-related injuries or illnesses in civilian employees will be forwarded to OH Svc for filing. For dual-status employees, when applicable, copies of the treatment record will be routed to the appropriate medical records repository for inclusion in the family member or retiree health record.

d. For active duty personnel, reports of illnesses and injuries will be filed in the military health record in the appropriate installation medical facility.

United States Army Alaska Regulation 40-2

e. Medical information will not be extracted from the CEMR without the individual's written consent and/or the approval of the Commander, USA MEDDAC-AK or her/his designated representative.

f. Civilian employees refusing recommended medical procedures considered directly related to their occupation and necessary for maintenance of good health will have their refusal noted in the CEMR. The OH Nurse or OH Physician will indicate the refusal after appropriate counseling. Such information will be reported to the CPO (Attention: Chief, Management Employee Relations Branch).

Section II Medical Reports

11-5. Medical report purpose

The compilation and analysis of occupational health data, including illness and injury statistics, will help identify areas where specific corrective measures would reduce or eliminate occupational illnesses or injuries.

11-6. Applicability

The Army Occupational Health Report, periodic supplementary reports (DA Form 3076) and feeder reports provide occupational and non-occupational health information on military and civilian personnel performing duty within the jurisdictional boundaries of the USARAK.

11-7. Medical report responsibilities

a. All facilities providing occupational health services need to provide the OH Nurse with monthly/biannual statistics. At Fort Richardson, the personnel at the Troop Medical Clinic should be included.

b. PM Svc, USA MEDDAC-AK will prepare—

(1) DA Form 3076 on a semiannual basis per AR 40-5.

(2) DA Form AAAA-R (Medical Summary Feeder Worksheet) (a test form) on a monthly basis per AR 40-400.

c. The USA MEDDAC-AK Audiologist will provide reports of hearing conservation activities monthly to the Chief, PM Svc.

d. The USA MEDDAC-AK Optometrist will provide reports of occupational vision activities monthly to the Chief, PM Svc.

e. The USARAK Safety Manager will provide the USA MEDDAC-AK, PM Svc with a copy of accident statistics.

f. The CPO will—

(1) Provide the PM Svc, USA MEDDAC-AK with OSHA Forms 200 (Occupational Injury and Health Log) on a monthly basis. These logs, which list occupational illnesses and injuries to civilian personnel, will be used in compiling statistics for the Army Occupational Health Report.

(2) Provide PM Svc with manpower statistics required for the Army Occupational Health Report.

g. The Military Personnel Officer will provide PM Svc with manpower statistics required for the Army Occupational Health Report.

United States Army Alaska Regulation 40-2

h. The Flight Surgeon will provide the PM Svc with manpower statistics required for the Army Occupational Health Report.

i. Physical Exam Section will provide the PM Svc with manpower statistics required for the Army Occupational Health Report.

j. Industrial Hygiene Section will provide the PM Svc with manpower statistics required for the Army Occupational Health Report.

FOR THE COMMANDER:

OFFICIAL:

WALLACE E. MATTESON
COL, GS
Chief of Staff

//Original Signed//
JEROME E. GRIFFITH
LTC, SC
USARAK Signal Officer

DISTRIBUTION:

A Plus

25 - APVR-IM-ASD-PB

20 - HSUC-PM-R

5 - MOS Library (Bldg 600, Fort Richardson)

3 - APVR-IM-ASD-WB

1 - Commander, United States Army Pacific Command, Attention: APIM-OIR,
Fort Shafter, Hawaii 96858-5000

**Appendix A
References**

**Section I
Required publications**

AR 11-34..... (The Army Respiratory Protection Program). Cited in paragraphs 7-2a, 7-4a and 7-4c(1)(e).

AR 25-400-2 (The Modern Army Recordkeeping System (MARKS)). Cited in paragraphs 1-4c(3), 11-3a and 11-4a.

AR 40-5..... (Preventive Medicine). Cited in paragraphs 1-5a and 4-2 and paragraphs 6-4c(2), 7-2b, 9-3 and 11-7b(1).

AR 40-14..... (Control and Recording Procedures for Exposure to Ionizing Radiation and Radioactive Materials). Cited in paragraphs 6-4b(4) and 6-5b.

AR 40-400..... (Patient Administration). Cited in paragraph 6-4d(1) and paragraphs 11-4 and 11-7b(2).

AR 40-403..... (Health Records). Cited in paragraph 11-4a.

AR 40-562..... (Immunizations and Chemoprophylaxis). Cited in paragraph 2-8.

AR 385-10..... (Army Safety Program). Cited in paragraphs 1-4d(3) and 4-2b and paragraph 4-5d(3), table 4-1, and paragraph 7-2c.

AR 385-11..... (Ionizing Radiation Protection (Licensing, Control, Transportation, Disposal, and Radiation Safety)). Cited in paragraph 6-5a.

AR 385-30..... (Safety Color Code Markings and Signs). Cited in paragraphs 4-2c and 5-4c(3).

AR 385-32..... (Protective Clothing and Equipment). Cited in paragraph 5-5a.

AR 385-40..... (Accident Reporting and Records). Cited in paragraph 1-4d(3) and paragraph 3-5a(2)(b).

DA Pamphlet 40-501 (Hearing Conservation). Cited in paragraphs 4-1, 4-2d and 4-4a and in paragraphs 4-5.

DOD Manual 6055.5-M..... (Occupational Health Surveillance Manual). Cited in paragraph 2-4b(1).

FPM Supplement 831-1..... (Retirement). Cited in paragraph 2-4c(1).

HSC Pamphlet 40-2..... (Occupational Health Program). Cited in paragraph 2-4a(2).

NIOSH Publication 81-123..... (Occupational Health Guidelines for Chemical Hazards). Cited in paragraph 2-4b(1).

United States Army Alaska Regulation 40-2

- Public Law 91-596 (Occupational Safety and Health Act of 1970). Cited in paragraph 1-4g and 1-5a.
- Supply Bulletin 700-20 (Army Adopted/Other Items Selected for Authorization/List of Reportable Items). Cited in table 4-1.
- TB MED 501 (Respiratory Protection Program). Cited in paragraph 7-2d.
- TB MED 503 (The Army Industrial Hygiene Program). Cited in paragraph 4-2e.
- TB MED 506 (Occupational and Environmental Health Occupational Vision). Cited in paragraph 5-4b(2).
- Title 29, Code of Federal Regulations, Part 1910 (Safety and Health Provisions for Federal Employees). Cited in paragraph 1-5a.
- Title 29, Code of Federal Regulations, Part 1910.134 (Occupational Safety and Health Administration). Cited in paragraph 7-2e.
- Title 29, Code of Federal Regulations, Part 1910.146 (Safety and Health Administration, Confined Spaces Standard). Cited in paragraph 7-2f.
- USARAK Circular 385-2 (Installation Confined Space Entry Program). Cited in paragraphs 7-2g and 7-5n.

Section II Related publications

- AR 25-1..... (The Army Information Resources Management Program).
- AR 25-55..... (The Department of the Army Freedom of Information Act Program).
- AR 40-2..... (Army Medical Treatment Facilities General Administration).
- AR 40-3..... (Medical, Dental, and Veterinary Care).
- AR 40-46..... (Control of Health Hazards from Lasers and Other High Intensity Optical Sources).
- AR 40-66..... (Medical Record Administration).
- AR 340-21..... (The Army Privacy Program).
- AR 420-76..... (Pest Management).
- AR 725-1..... (Special Authorization and Procedures for Issues, Sales and Loans).
- Civil Service Handbook (X-118) (Qualification Standards for General Schedule Positions).

United States Army Alaska Regulation 40-2

- FORSCOM Regulation 700-63..... (Logistic Control of Radioactive Material).
- FPM, Chapter 339, Subchapter 1-3..... (Separation for Medical Unfitness).
- FPM Supplement 339-31 (Reviewing and Acting on Medical Information).
- HSC Regulation 11-4..... (Health Services Command Operating Program - Health and Environment Guidelines for Implementation of Health and Environment Program for MEDCEN/MEDDAC).
- Public Law 94-469 (Toxic Substance Control Act).
- Supply Bulletin 11-206..... (Personnel Dosimetry Supply and Service for Technical Radiation Exposure Control).
- TB MED 521 (Management and Control of Diagnostic X-ray, Therapeutic X-ray, and Gamma Beam Equipment Having Energies up to 10 Million Electron Volts).
- TB MED 523 (Control of Hazards to Health from Microwave and Radio Frequency Radiation and Ultrasound).
- TB MED 524 (Control of Hazards to Health from Laser Radiation).
- TB MED 525 (Control of Hazards to Health from Ionizing Radiation used by the Army Medical Department).
- Title 29, Code of Federal Regulations, Part 1910.98-97 (General Industry Standards).
- Technical Guide 001 (United States Army Environmental Hygiene Activity Medical Surveillance Guide).
- United States Army Environmental Hygiene Activity Occupational Vision Guide
- United States Army Environmental Hygiene Activity Civilian Job-Title Guide (Vision and Safety Standards).

**Section III
Referenced Forms**

- CA Form 1 (Federal Employee's Notice of Traumatic Injury and Claim Continuation of Pay/Compensation) Cited in paragraph 3-5a(2)(a).
- CA Form 2 (Notice of Occupational Disease and Claim for Compensation). Cited in paragraph 3-5a(2)(a).
- CA Form 16 (Authorization of Treatment and/or Medical Care). Cited in paragraphs 3-4a(4) and 3-5a(2)(d).

United States Army Alaska Regulation 40-2

- DA Form AAAA-R..... (Medical Summary Feeder Worksheet). Cited in paragraph 11-7b(2).
- DA Form 285 (U.S. Army Accident Report). Cited in paragraph 3-5a(2)(b).
- DA Form 2026 (Recommended Changes to Publications and Blank Forms). Cited in the suggested improvements statement.
- DA Form 3076 (Army Occupational Health Report). Cited in paragraph 1-4d(4) and paragraph 5-4b(8).
- DA Label 172 (Danger - Hearing Protection Required When Operating This Equipment). Cited in paragraph 4-6f(1), figure 4-1 and table 4-1.
- DD Form 2215 (Reference Audiogram). Cited in paragraph 4-5c(6).
- DD Form 2216 (Hearing Conservation Data). Cited in paragraph 4-5c(6).
- OSHA Form 200 (Occupational Injury and Health Log). Cited in paragraph 11-7f(1).
- SF 78 (United States Civil Service Commission Certificate of Medical Examination). Cited in paragraph 2-4a.

Glossary

AR.....	Army Regulation
CA.....	Compensation Act
CEMR	Civilian Employee Medical Record
CPO	Civilian Personnel Officer
DA.....	Department of the Army
DD.....	Department of Defense
DENTAC-AK.....	Dental Activity, Alaska
DOD.....	Department of Defense
fig.....	figure
FPM	Federal Personnel Manual
HEARS	Hearing Evaluation Automated Recording System
HHIM.....	health hazard information module
HSC	Health Services Command
IDHL.....	immediately dangerous to life or health
NIOSH	National Institute for Occupational Safety and Health
NSN	National Stock Number
OH	occupational health
OHP	Occupational Health Program
OPM.....	Office of Personnel Management
OSHA.....	Occupational Safety and Health Act
PM	Preventive Medicine
RPO	Radiation Protection Officer
SF	Standard Form
Svc.....	Service
SB.....	Supply Bulletin
TB MED	Technical Bulletin Medical

United States Army Alaska Regulation 40-2

USARAK..... United States Army Alaska

USA MEDDAC-AK..... United States Army Medical Activity, Alaska