



CP-12

SAFETY & OCCUPATIONAL HEALTH

Spring 2016 Edition



Thank you all for your continued efforts in support of our Army, its Soldiers, families, civilians and contractors. Your dedication as Safety and Occupational Health (SOH) professionals plays an integral role in executing our

Message from Mr. Collins

Deputy Assistant Secretary of the Army, ESOH and Functional Chief, CP-12

Eugene Collins, a member of the Senior Executive Service, is Deputy Assistant Secretary of the Army for Environment, Safety and Occupational Health (DASA - ESOH).

Safety and occupational health professionals key to Army success.

various missions and exercising good stewardship of the resources with which we are entrusted. As SOH professionals, you directly influence all three of Gen. Mark A. Milley's priorities conveyed in his initial message to the Army as our 39th Chief of Staff: You ensure our Army's readiness in its current fight by providing leaders with key information they need to make informed decisions on

SOH issues impacting operations in the continental United States and overseas. You safeguard our Army's future operations by driving increased effectiveness and efficiencies in SOH activities through continued innovation and collaboration. You protect our personnel (Soldiers, civilians and their families) through your ongoing efforts to minimize risk and mitigate preventable hazards.



U.S. Army Ebola Treatment Center



As your functional chief, I am excited to share this winter edition of the CP-12 newsletter with you. My primary message focuses on the U.S. Army Public Health Center's (USAPHC Provisional) timely and relevant articles that highlight just a few of the areas in which our SOH community positively supports Gen. Milley's priorities.

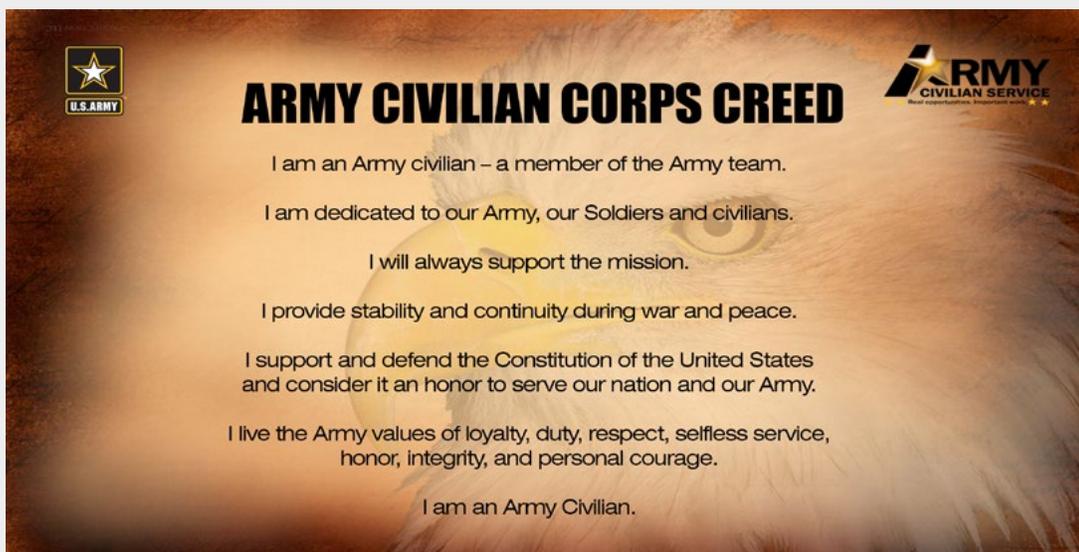
They are:

1. "Building Your Installation's Ergonomic Risk Factor Reduction Strategy" outlines new ways to leverage existing resources to reduce ergonomic exposures and the high costs associated with work-related musculoskeletal disorders.
2. "USAPHC Utilizes Industrial Hygienists to Support the Army's Ebola Readiness" describes how industrial hygienists prepare healthcare workers and others if or when a patient infected with Ebola is seen at an Army medical treatment facility.

3. "The Army's Industrial Hygiene Core Competencies" reminds us of the critical work industrial hygienists perform and how leaders may support careerists in developing a "roadmap" of appropriate training and developmental opportunities that enhances achievement of their professional career goals.
4. "New Frontier" acknowledges the hard work undertaken by past and current SOH professionals. Today's interns reap the benefits of these SOH pioneers and use new technologies and innovation to keep people safe in a challenging world.
5. "An Intern's Perspective" transcends SOH and reinforces the age-old lesson that there are always unintended consequences in everything we do and that collaboration is essential to resolve today's challenges without inadvertently creating another challenge tomorrow.
6. Finally, "Vision Conservation and Readiness Team Roles

How It's Supposed to Work" explains how a cross-functional team composed of experts in occupational health, industrial hygiene, optometry/ ophthalmology, and safety works together to mitigate workplace vision hazards and ensures employees are visually capable of working safely and efficiently. I trust you will learn something new in each of these articles as I did. These articles, this newsletter, the Army Safety Office and the U.S. Army Combat Readiness Center's ongoing efforts are meaningful ways in which we promote our development as SOH professionals and directly support the CSA's priorities of Readiness, Future Fight, and Taking Care of Each Other. I look forward to meeting you as I continue to visit installations and commands. For details of these topics and additional information, visit <https://phc.amedd.army.mil>.

Army Safe is Army Strong! ■





MESSAGE FROM THE DIRECTOR OF ARMY SAFETY (DASAF)

Jeffrey A. Farnsworth BG, USA
Director of Army Safety and Commanding General, USACRC
Fort Rucker, Ala.

ASOHMS/ASOHEIMS: The future of the Army SOH Program



an emergent SOH management system undergoing continual refinement. The overarching

In December 2014, the Assistant Secretary of the Army (Installations, Energy and Environment) directed me, in my capacity as Director of Army Safety and in coordination with the Army Surgeon General and Deputy Assistant Secretary of the Army (Environment, Safety and Occupational Health), to modernize the Army's Safety and Occupational Health Management System and better integrate SOH in both the institutional and operational Army.

In the months since, we — ODASAF, OTSG, Army Public Health Center (Provisional) and DASA (ESOH) — have collaboratively assessed our business needs across the Army and developed

system (tentatively titled the Army Safety and Occupational Health Management System, or ASOHMS) is centered around five key areas: leadership engagement and personnel/Soldier participation; training and promotion; inspections and assessments; mishap/incident/illness reporting and investigation; and hazard analysis/countermeasures. We are also deriving requirements for an enterprise-level IT solution (the Army Safety and Occupational Health Enterprise Information Management System, or ASOHEIMS) to perform unfulfilled functions across the force, including trends analysis, inspections and hazard management. Refining and implementing the

system in totality will take time, but I'm confident we're on the right track and have the right teams in place.

In addition to collaboration at the senior leader level, we are currently convening a series of community working groups with a focus on re-engineering our SOH business practices and re-scoping policy. Some of you may be asked to participate in these working groups to provide feedback as the process unfolds. We will also be working closely with APHC to align existing medical and accident reporting databases in an effort to eliminate redundancies and enhance information quality. Select SOH personnel expected to access medical data are required to complete additional training and will be notified as such by their senior directors.

While this might seem



a generic overview short on specifics, please remember these are still the early days of this monumental undertaking. The road to ultimate success will be paved with small yet important steps, and your patience and cooperation are critical. In the meantime, continue to do what the Army does best: vigorously and proactively managing risk at every level to enhance readiness and save lives, whether on or off duty.

Army Safe is Army Strong! ■

JEFFREY A. FARNSWORTH
BG, USA
Director of Army Safety



MESSAGE FROM THE FUNCTIONAL CHIEF REPRESENTATIVE

Dr. Brenda Miller
Senior Safety Advisor,
CP-12 Functional Chief Representative
Fort Rucker, Ala.

Training is important for your career.

Why should we be concerned about talent management? Because we need the best processes in place to attract, develop, motivate, and retain our best, most productive, and most engaged careerists to support the Army mission and advise Army leaders. Human capital planning strategies include anticipating the need for human capital and planning accordingly! If you don't already have a career program underway, what should you be thinking about and what are some of the tools in place to help you?

■ First, ensure you are aware of these opportunities:

- Enterprise talent management
- Senior enterprise talent management

■ Develop yourself through our career program! Planned training and development are essential elements to building a successful

career. Consider the opportunities available to you and your staff:

- Short term training: Formal classroom and self-directed training includes formal classroom training, courses, workshops, seminars and conferences offered by Army, DOD, colleges and universities, training organizations and professional associations.

- On-the-job training (OJT) is the primary means of training and development for you. In the job setting, you learn skills and duties aligned to your position description. Typically a supervisor or senior director provides instruction and guidance on the task and feedback when the work is completed. Most of our experiences and skills are acquired through OJT.

- Developmental assignments are a great opportunity to broaden your skills. They include a temporary work assignment or detail allowing you to gain competencies that you cannot easily obtain in your current position. This training opportunity varies and can include a 14-120 day rotation in a new position or new organization.

- Self-development is an employee-initiated activity to advance their knowledge or skill set. Apart from reading books or journals, you may participate in or complete:

- An online course
- A course at a local college or university
- A professional organization or association

- Long-term training or training with industry is an opportunity for you to learn from an organization outside the Army.

- Shadowing assignments involve spending time with a seasoned expert or observing a leader at work. Shadowing allows you the opportunity to watch someone "in action," to ask questions of someone while they are actually doing work, and the opportunity to check out some assumptions about leadership. Our career program has numerous leaders with vast experience.

- Professional Certificate Program – there are many opportunities to broaden professional skills in your discipline to include obtaining a Professional Certificate in Safety



and Occupational Health (CP-12), Explosives Safety (Level I), industry certificate programs, and college and university certificate programs.

- Certification - you may also want to consider obtaining a credential that validates your knowledge and experience. Each series has an industry gold standard certification program that is widely respected.

- Academic Degree Training - obtaining an academic degree if the training meets identified organizational training needs; resolves an identified staffing problem or accomplishes organizational goals in the strategic plan. Academic degree training is defined as training or education with the stated objective of obtaining an academic degree (Title 5 USC 4107). The academic degree training program MUST be

related to the performance of the employee's official duties and part of a planned, systematic and coordinated program of professional development endorsed by the Army. Training must be accredited and provided by a nationally recognized accredited college or university. All academic degree training applications must be approved by the command, FCR and MR&A. Approximately 40 ADT applications are approved annually.

- Civilian Education System (CES) – CES courses provide the foundation for the Army's leader development program for all Army civilians, providing progressive and sequential education courses throughout their careers. CES is centrally funded by HQDA G-37/ Training Directorate for most permanent Army civilians, including but not limited to general schedule (GS),

non-appropriated fund (NAF), local national (LN) and wage grade (WG) employees. CES leadership courses are required for all Army civilians. More information can be obtained at <http://www.civiliantraining.army.mil/leader/Pages/default.aspx>.

- Senior Safety Summit (SSS) is an opportunity for extensive professional development and training, receiving messages from key Army leaders and an opportunity for peer-to-peer best practice sharing. This year the SSS will be held 23-26 May at the Mark Center, Alexandria. More information is available from your senior director or functional POC.

Each year we solicit requirements from each Army ACOM/ASCC/DRU. We submit a consolidated list of requirements to the Army G3/5/7 for inclusion in the POM. Once we receive our FY funding letter, we begin processing training applications. Don't be left behind! Make sure your requirements are submitted to the ACOM/ASCC/DRU senior directors.

We are here to serve you! Don't hesitate to let us know how we can better support your mission requirements and career development.

To learn more about what the CP-12 program has to offer, visit: <https://safety.army.mil/CP-12>. ■

APHC (PROV) UTILIZES INDUSTRIAL HYGIENISTS TO SUPPORT THE ARMY'S EBOLA READINESS

Carla Simon
Industrial Hygienist,
Army Public Health Center (Provisional),
Aberdeen Proving Ground, Md.



Blockbuster movies and cable TV shows about highly contagious viral infections have helped actualize the concept of apocalyptic, global outbreaks.

Ebola Virus Disease (EVD) has become the latest scourge to follow travelers returning from other parts of the world. For now, the immediate EVD crisis has diminished in faraway places like Liberia and Sierra Leone; however industrial hygienists at the Army Public Health Center (Provisional) are part of

the behind-the-scenes effort to prepare healthcare workers and others for the possibility of an EVD patient seeking treatment at a DA medical treatment facility. A team of industrial hygienists and environmental scientists have visited MTFs to ensure that health, safety, and infection control safeguards are utilized optimally to protect DA personnel.

Healthcare workers who contracted Ebola in the U.S. have drawn particular scrutiny to individual MTF's response

procedures and protocols. Few references exist on how long the Ebola virus survives on surfaces. Viruses survive longer in liquid, within solids such as dried blood, in darkness and in cold environments. The ultimate goal is to contain the Ebola virus and limit exposure to healthcare personnel. The team from APHC (Prov) focused on three areas: personal protective equipment (PPE) readiness, waste management and terminal cleaning.



According to the Centers for Disease Control and Prevention, ambiguity about PPE use as it pertains to infection control guidance for healthcare workers has been a problem throughout the healthcare system. Our industrial hygienists evaluated PPE selection and training, with a particular hard look at the MTF's procedures for donning and doffing. Updated guidance by the CDC recommends that healthcare providers are trained on the protocol they are going to follow, practice it rigorously in advance and utilize a trained observer to ensure oversight and safety. The IHs assessed those procedures and made recommendations where improvements were needed.

Exposure to Ebola does not stop with patient contact; it extends to Ebola-associated

waste. The team also accessed how the healthcare facility would handle, transport, and dispose of waste generated by the care of suspected or confirmed EVD patients. The facility's waste management practices must comply with local, state and federal regulations.

MTFs provided an EVD waste management SOP and each portion of the SOP was demonstrated to the environmental scientists for evaluation.

The last item evaluated was terminal disinfection and cleaning of EVD patient treatment areas. The team assessed the MTF's cleaning procedures after an EVD patient was removed in order to protect cleaning personnel who were preparing the room for future patient care. The type of cleaning distinguishes between

rooms briefly exposed to EVD patients or spills during transport and isolation rooms used for prolonged EVD patient treatment.

MEDCOM OPORD 15-03 and USAPHC Technical Information Paper No. 13-033-1114 provide guidance on terminal cleaning for EVD contaminated patient care areas. Although the IH's efforts have been behind the scene, the significance of establishing safety procedures on U.S. soil for exotic diseases is an on-going issue.

Note: The views expressed in this article are those of the author and do not necessarily reflect the official policy of the Department of Defense, Department of the Army, U.S. Army Medical Department or the U.S. ■



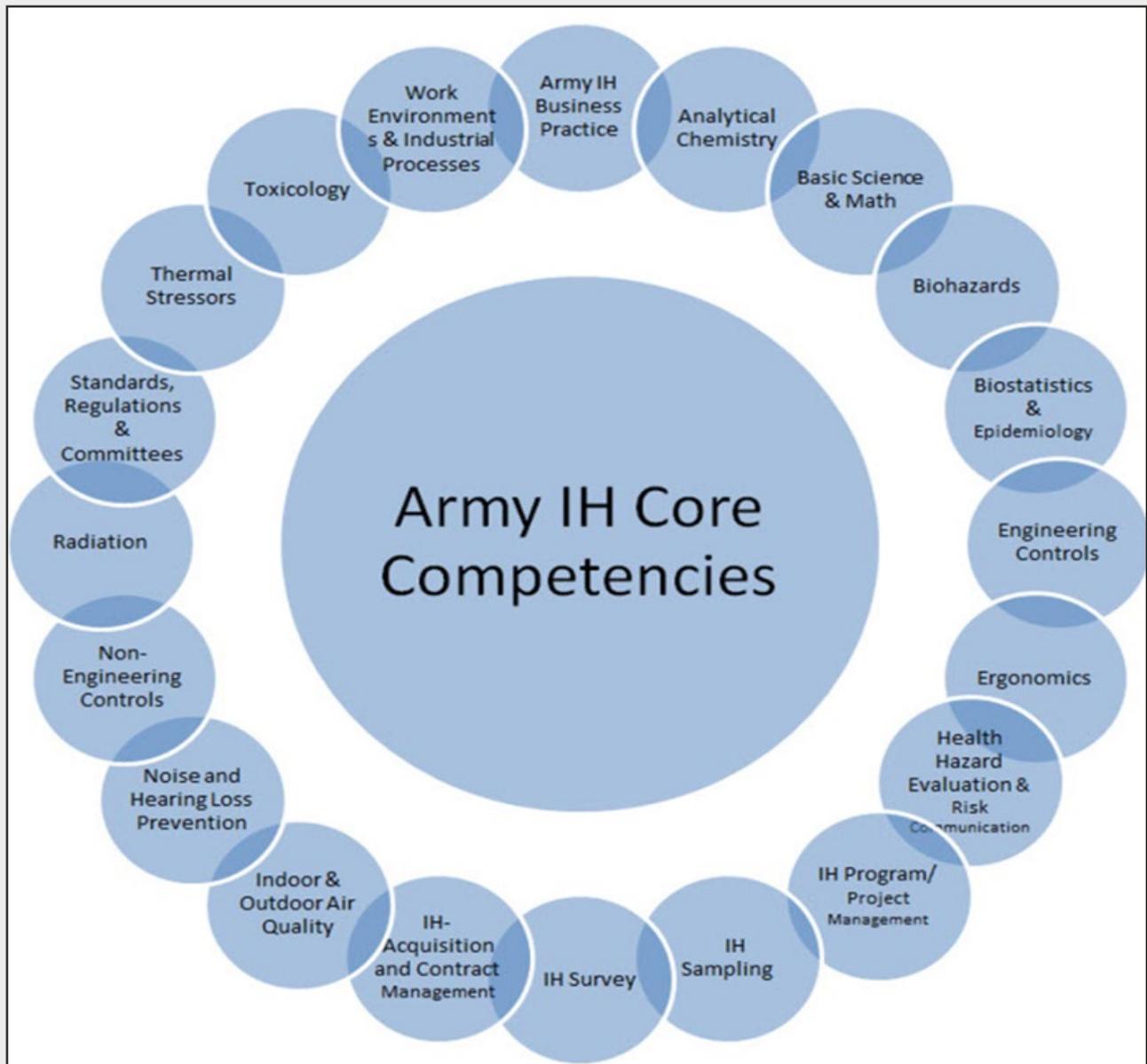
THE ARMY'S INDUSTRIAL HYGIENE CORE COMPETENCIES

A rmy Industrial Hygiene subject matter experts participated in the Civilian Workforce Transformation (CWT) with a detailed review of six different sets of IH core competencies used by other organizations,

including the American Industrial Hygiene Association and the American Board of Industrial Hygiene. These experts created Army IH competencies that reflect those established by professional organizations.

Paula Steven
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The CWT, established by the Assistant Secretary of the Army Manpower and Reserve Affairs, is chartered to look at existing civilian workforce programs and offer recommendations and modifications to realize the Army's vision of a civilian workforce



management program able to attract and retain top talent and to prepare the civilian workforce to succeed in leadership positions throughout the Army. The CWT's efforts are focused on ensuring the civilian cohort is a trained and ready professional workforce with increased capabilities to execute the Army's current and future missions. The CWT's primary goal

is to produce a more "flexible and adaptable" civilian cohort to better support Army goals and missions today and in the future.

With new, well-defined IH competencies, Army civilian careerists can plot a "roadmap" with appropriate training and development opportunities to facilitate the achievement of career goals.

Guidance on career management may be found on the Army Public Health Center's IH website:

<https://phccm.amedd.army.mil/topics/workplacehealth/ih/Pages/IHCareerManagement.aspx>. The list of Army IH competencies may also be found on this website: <https://phccm.amedd.army.mil/topics/workplacehealth/ih/Pages/>



IH%20Competencies.aspx. Because of the changes brought by CWT, careerists may self-develop based on skill gaps and weaknesses rather than check off a list of prescribed courses.

The new Army IH core competencies align with related knowledge skills and abilities (KSA). For each KSA, there is one or more terminal learning objective (TLO). Training course content supports the TLOs. Every course, lecture, or class has a set of objectives called enabling learning objectives that directly align with the TLO which in turn supports a KSA which aligns with a core competency. For example, analytical chemistry has the below core competencies.

The knowledge Skills and Abilities are:

1. Applies knowledge of types and limitations of analytical sampling methods for specific contaminants.
2. Ability to interpret and apply detection limits to hazardous substances.
3. Ability to communicate with analytical laboratories to ensure integrity of sampling data.

The terminal learning objectives are:

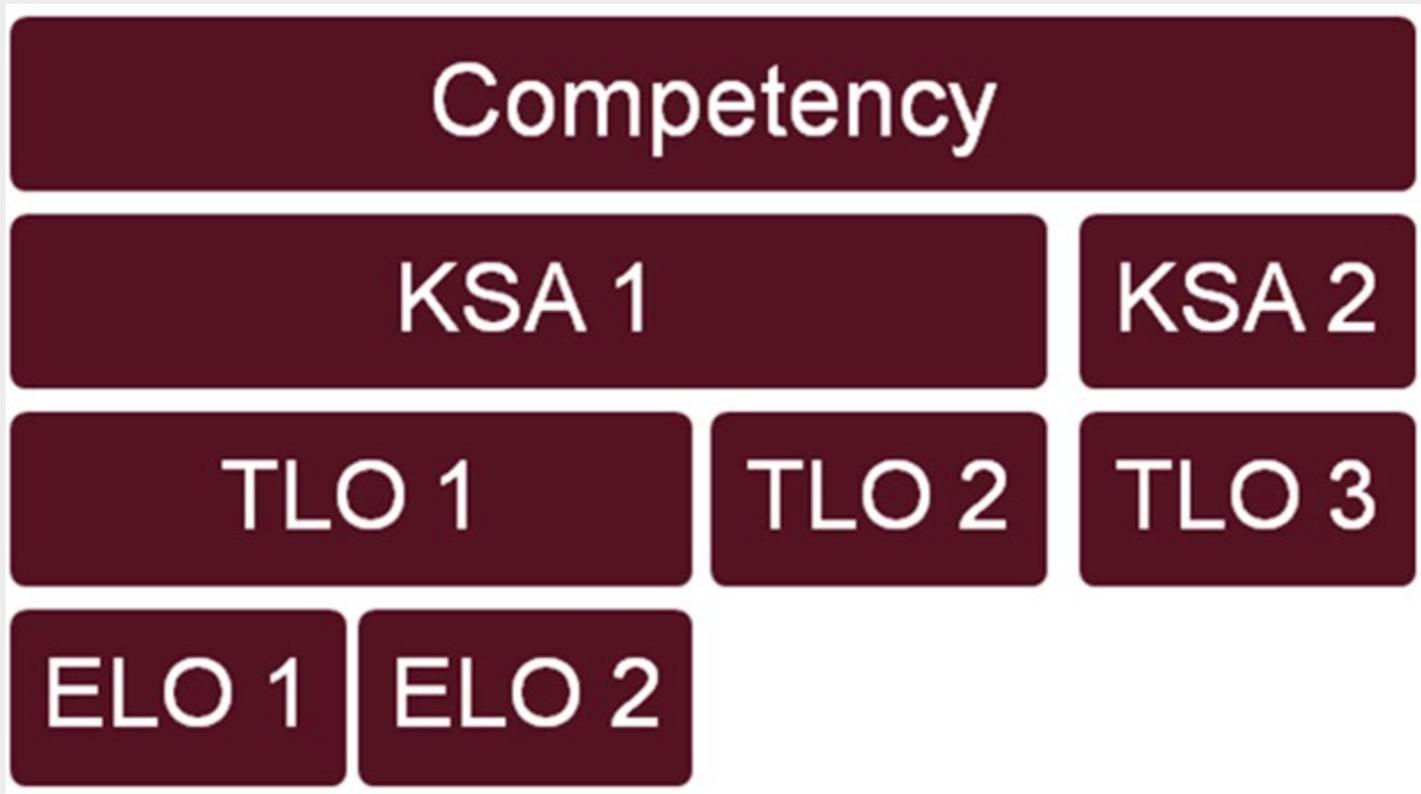
1. Identify types and limitations of analytical sampling methods for specific contaminants.
2. Communicate with analytical

laboratories to ensure integrity of sampling data.

The enabling learning objectives are (after taking this class students will be able to...):

1. Identify benefits and limitations of APHC's analytical lab.
2. Identify IH mistakes often found by APHC's lab.
3. Recognize when to communicate with analytical laboratories to ensure integrity of sampling data.
4. Ability to calculate sample volume and number of blanks.

Careerists can also address skill gaps with on-the-job training and mentoring. Taking ownership



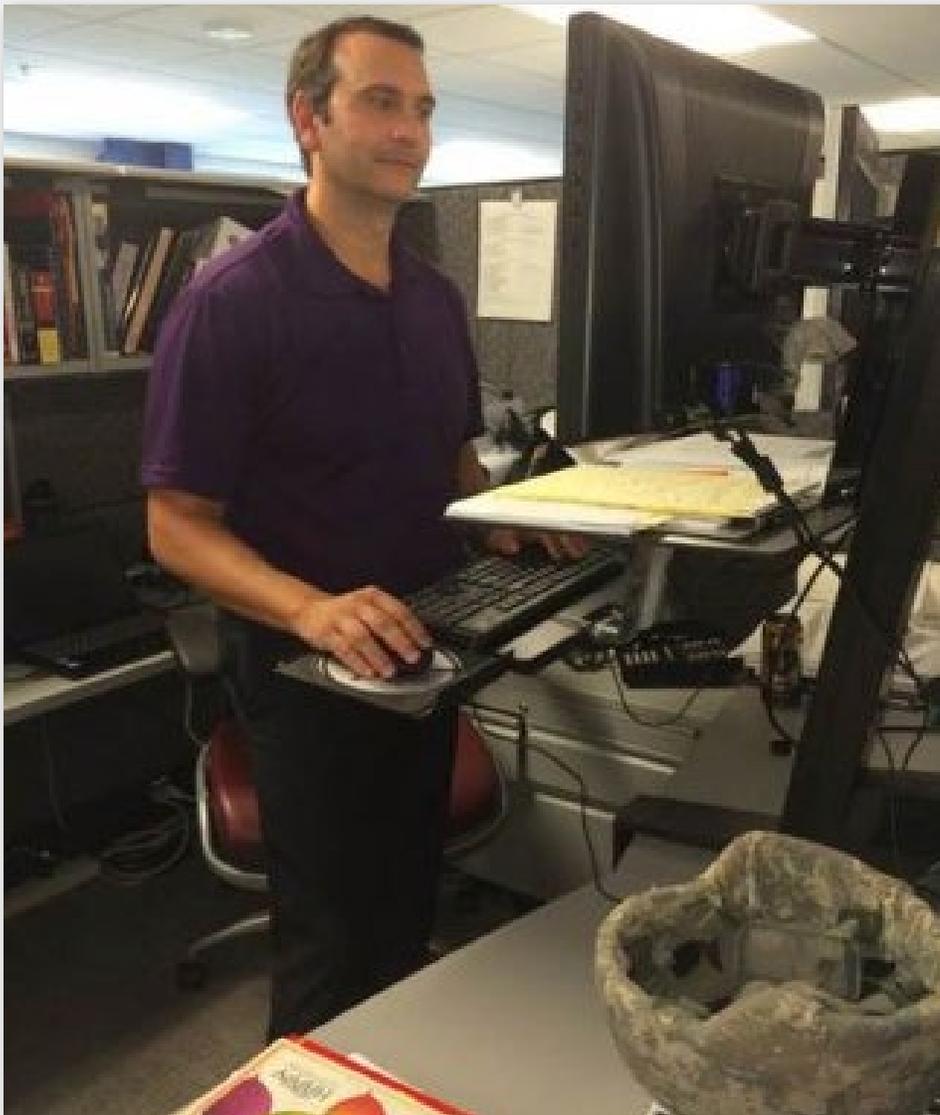
of your own career is imperative for Army civilians. The evolving field of industrial hygiene requires that professionals stay relevant and maintain related KSAs to

competently perform their duties. **Note:** The views expressed in this article are those of the author and do not necessarily reflect the official policy of the Department

of Defense, Department of the Army, U.S. Army Medical Department or the U.S. ■

BUILDING YOUR INSTALLATION'S ERGONOMIC RISK FACTOR REDUCTION STRATEGY

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In executing the mission of the U.S. Army, Soldiers and the civilian workforce are exposed to ergonomic risk factors, such as awkward and static posture, exertion, and repetitive motion. It is evident from a study conducted by the RAND Corporation (Kirin, 1992) that Soldiers are subjected to significant ergonomic stressors since over 43 percent of Army military occupational specialties are classified in the “very heavy” physical demands category that involves handling loads in excess of 100 pounds.

Civilians working in physically demanding occupations, such as those found at Army depots, may also perform heavy lifting tasks. Additionally, our civilian and military personnel are performing sedentary work and assume static postures for long durations, a work style that is coming under increasing scrutiny for potential adverse health effects.

Chronic exposure to ergonomic risk factors may result in work-



related musculoskeletal disorders (WMSDs) that reduce productivity, increase lost time and medical costs. The impact of these exposures is evident in civilian Bureau of Labor Statistics injury data as well as DoD sources from both CONUS and deployed environments. The high costs of these disorders may be reduced if these exposures are addressed in conjunction with other exposures, as part of a comprehensive safety or industrial hygiene program.

Building an ergonomic risk factor reduction strategy can be accomplished by leveraging existing resources and, like building a house, requires three elements: a foundation, a frame and finishing. Command support is the foundation of every ergonomics program. Tangible indicators of command support

include: ensuring installation safety and industrial hygiene personnel have successfully completed ergonomics training, maintaining a log of identified ergonomic hazards prioritized by severity, identifying injuries suspected to be caused by ergonomics exposures on the commander's dashboard, and maintaining a separate log to track and document funding for ergonomic interventions.

To ensure a more comprehensive overview of the costs associated with ergonomic hazards, the commander's dashboard should list new injuries as well as active workers' compensation cases. Expenditures for ergonomic interventions can include equipment purchases and material and labor costs

associated with designing and fabricating custom interventions.

An installation may also want to display funds secured through the computer/electronic accommodations program, CAP, in the dashboard to depict a more accurate cost of ergonomic interventions. The CAP program is an excellent resource that provides select equipment to active duty and non-contract civilian personnel diagnosed with conditions requiring accommodation in order to perform office (non-industrial) type work.

Application for these resources can be made online by either the worker or worker's supervisor at: <http://www.cap.mil/>. If approved, CAP purchases equipment and provides it to the worker at no cost to the command. With this foundation in place, you are ready to build the frame of your installation's ergonomic risk factor reduction strategy. The frame involves constructing a sound methodology for the installation ergonomics program function. This is best accomplished by writing a local instruction outlining how ergonomic exposures will be handled.

Consider including the following elements in your local instruction.

Hazard Identification: Develop and describe an installation surveillance plan that identifies indicators that may be associated

with overuse injuries in existing processes. Be as specific as possible. Common indicators include: installation injury data, lost time and workers' compensation claims. Consider including both historic and current data in order to identify trends. If your installation hosts a medical treatment facility (MTF), consider citing specific International Statistical Classification of Diseases (ICD-9 or ICD-10) diagnostic codes in the instruction that can be used for data queries designed to identify high-risk operations. Concentrate on overuse disorders, particularly tendonitis, bursitis, enthesopathy and intervertebral disc lesions that occur as a result of cumulative trauma over time. Don't forget to describe how new or changing processes will be reviewed to identify potential ergonomic problem areas before they are implemented. Include provisions for conducting a virtual task analysis or a simulation of the new or changed process to identify awkward postures, static loads, or heavy exertions that may increase injury risk.

Hazard Assessment: Identify and standardize tools that can be used to assess administrative and industrial work processes. Standard measures enable comparison of assessment findings between workstations and enable prioritization of control implementation. Ergonomic assessment tools

are available within the Defense Occupational and Environmental Health Readiness System-Industrial Hygiene which also documents the presence of these stressors to the workforce. Due to the complexity of human work, specialized assessments may be needed. Consult the Army Public Health Center (Provisional) Ergonomics program for assistance, if needed. Since it is unreasonable to evaluate all of the work processes that expose workers to ergonomic risk factors, the instruction should include a method for using surveillance data or other criteria to identify areas to be evaluated first. Consider assigning high priority to assessment of every work process associated with a work-related musculoskeletal disorder. Include assessing ergonomic stressors in conjunction with routine safety and/or industrial hygiene shop surveys.

Hazard Control: In order to effectively control the ergonomic stress identified during your assessments, describe a method for compiling and prioritizing exposures using assessment results. A useful approach may involve specifying criteria for separating results into three groups based upon severity and/or problem complexity. By following this approach, low severity/complexity problems could be addressed early and provide some easy wins. Shops identified as having high severity/complexity problems will require more detailed evaluation or deliberation and should be targeted for additional assessment. The instruction should recommend using the hierarchy of controls (preferring engineering controls over administrative ones) when devising mitigation strategies.





With the foundation and frame done, it's time to finish your strategy by identifying the rest of the installation ergonomics team and developing a process-improvement strategy. The solution to ergonomic problems tends to cross many disciplines. Solicit members from industrial hygiene, safety, occupational medicine or medical treatment facility clinicians, and other personnel to round out the skills you need. If your installation has a Lean Six Sigma initiative, consider initiating a project designed to establish a systematic approach that enables the

sharing of information about problematic work processes and the development of solutions. Develop descriptions of team members' roles and responsibilities and include other administrative guidance that facilitate conducting meetings and routing reports.

The guidance contained in this article should help you begin to develop your installation ergonomic strategy from the foundation up. Additional help can be obtained from the U.S. Army Public Health Center's Ergonomics Program.

Computer/Electronic Accommodations Program
<http://www.cap.mil/>

U.S. Army Public Health Center Ergonomics Program
<http://phc.amedd.army.mil/topics/workplacehealth/ergo/Pages/default.aspx>

Note: The views expressed in this article are those of the author and do not necessarily reflect the official policy of the Department of Defense, Department of the Army, U.S. Army Medical Department or the U.S. ■

VISION CONSERVATION AND READINESS TEAM ROLES – HOW IT'S SUPPOSED TO WORK

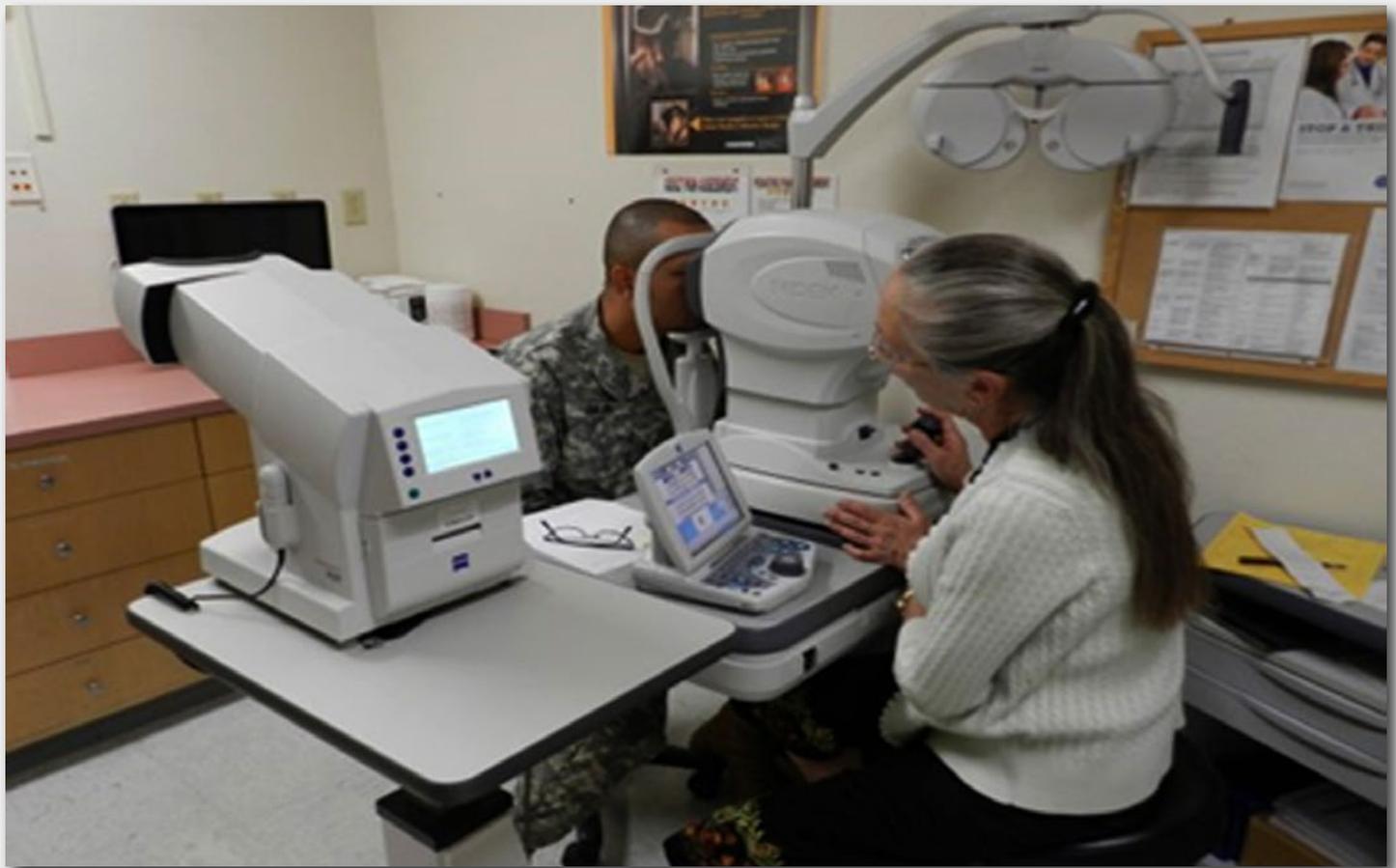
Lt. Col. James Auvil
Program Manager,
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Aberdeen Proving Ground, Md.



The Vision Conservation and Readiness team typically consists of professionals from four major disciplines: Occupational Health, Industrial Hygiene, Optometry/Ophthalmology and Safety.

Occupational Health professionals focus on employee health screening, surveillance and preventive medicine training. They conduct and document health screenings before, during and after employment; factors considered are job performance requirements, qualifying physical standards and job hazards that certain employees face during the course of employment. The emphasis for Industrial Hygiene professionals tends to be workplace environment, equipment, facilities and regulatory compliance. They identify employees who require medical surveillance as a result of workplace hazards and in

turn, IH professionals share this information with Occupational Health so they can track this surveillance. For example, an employee of a "shoot house" would be identified for medical surveillance as a result of potential lead exposure. In this case, Industrial Hygienists would identify the risk or hazard, recommend controls (filtration, processes, barriers, protective equipment) and notify Occupational Health about each employee (by name) who requires periodical blood lead-level monitoring. The last two specialties act in a consulting role. Optometry/Ophthalmology supports Occupational Health by



providing subject matter expertise on vision and vision testing. This does not mean an Optometry/Ophthalmology clinic will examine every patient who fails to pass Occupational Health clinic vision screenings. In some cases, the Optometry/Ophthalmology clinic may perform advanced tests for authorized beneficiaries, i.e. for employment purposes or to determine if the employee meets or does not meet qualifying standards. However, in some cases, many civilian employees are not authorized care at a Military Treatment Facility. Eye care professionals typically advise Occupational Health professionals and supervisors

when an employee fails to meet vision standards required for the job. Eye care professionals are not the decision authority for workplace accommodations or job reassignment – that authority rests with the supervisor and commander. Finally, safety professionals provide another layer of oversight and typically focus efforts on processes, procedures, compliance, training and investigation. Safety professionals should work closely with Industrial Hygiene professionals and other members of the team to provide input from the installation or unit perspective, independent from the medical command

perspective. The medical command's perspective dominates the approach by Occupational Health, Industrial Hygiene and Optometry/Ophthalmology. The Vision Conservation and Readiness team mitigates workplace vision hazards and ensures employees are visually capable of working safely and efficiently.

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NEW FRONTIER

Kelly Holmes-Smith
CP-12 Safety Engineer Intern,
Washington, D.C.

During my three years with Civil Air Patrol, an auxiliary organization of the Air Force, I was a mission scanner doing aviation-related search and rescue, a cadet flight commander teaching Air Force military customs and drill, and an assistant safety officer giving safety briefings.

I am just starting out in the Army and in Career Program 12 Safety and Occupational Health. For those who have been pioneers in the Army's SOH fields, I want to thank you. I am one of the many SOH professionals reaping the benefits of those hard efforts.

When I was offered this position, the point that sold me was a promise that I would always have something meaningful to do. I would have access to courses and developmental assignments that would make me an asset to the Army and contributor to the Army mission. Gone were the days of interns being used as cheap labor to fetch coffee, vacuum, do supervisors' taxes, etc. I could expand and apply my knowledge of engineering and problem-solving skills through an SOH lens. The opportunities

to make connections with peers and potential mentors in SOH fields would be expansive. My internship would allow me to reach the caliber of expertise I sought to possess in my field.

I am originally from Oahu, Hawaii. I graduated from the University of Arkansas with a Bachelor of Science in biomedical engineering with minors in Japanese and physics in May 2014. While pursuing my degree, I led biomedical engineering research projects and worked well design/water sanitation projects in Belize with Engineers Without Borders and Arkansas Engineers Abroad. Safety engineering was a natural fit. Safety engineers use engineering controls as the first line of defense against accidents by designing out hazards early or by redesigning machinery and equipment to keep service members safe and retain critical resources. While hazard analysis should be an aspect of every engineer's portfolio, safety engineers have an advantage because of their specific knowledge and skills gained on SOH-related standards, management and practical applications. With my biomedical engineering background, I focus on the human-device interface of designing machinery or equipment by defining technical constraints as determined by user

needs.

The more I learn about CP-12, the more I realize how vital safety is to Army readiness. After arriving at my duty station and completing 168 hours of prerequisite training courses, I traveled to Fort Rucker, Alabama, the "Home of Army Aviation" and location of the United States Army Combat Readiness Center, for CP-12 Phase 1 Resident training. One of the most valuable aspects of the 10-week training was the comradery with other SOH professionals. It is encouraging to go through courses with professionals of differing backgrounds and experiences who care as much as you do about the safety and welfare of our Soldiers — and who you genuinely enjoy working with. Throughout my training thus far, I also learned more about other CP-12 occupational series such as industrial hygiene, health physics and emergency management and the contributions their work makes to the Army as a whole. I also gained the ability to navigate through many federal and industry standards documents such as the 29 Code of Federal Regulations 1910, National Fire Protection Association Life Safety Code and Army Regulation 385-10.

One great aspect about the Army is the ability to explore

different parts of the country and world. In the Washington, D.C., area especially, Army professional development and collaboration opportunities are boundless as some of the greatest minds in the world are headquartered nearby from other agencies and institutions. I recently attended the 2015 Association of the United States Army Annual Meeting & Exposition and heard Secretary of the Army John M. McHugh speak. Where else do you have those kinds of opportunities? As leadership is so prominent in D.C., it is only appropriate that the history of our nation's leadership is so emphasized as well. Recently, when my sister was visiting from out of state, we went to a concert at the Kennedy Center and afterward listened to the audio of some of President John F. Kennedy's speeches. I was reminded of a charge of leadership and message of encouragement he gave in one of his speeches, "But I believe the

times demand new invention, innovation, imagination, decision. I am asking each of you to be pioneers on that New Frontier ... For courage — not complacency — is our need today — leadership — not salesmanship."

One of the areas that particularly drew me to this career program was the leadership training. I would be trained to be a leader in my field, both from a technical and interpersonal standpoint. In my role, I complete leadership courses and work with our Environment, Safety, and Occupational Health team to accomplish leadership priorities concurrently with completing my CP-12 post-requisite courses and assignments. One of the printouts I have on the wall near my desk is the Army Civilian Corps Creed. One of the final lines reads, "I live the Army values of Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage," spelling out LDRSHIP. It is a daily reminder to me to follow the

principles I took an oath to follow when I became a civil servant. The example from supervisors, class managers and instructors from training, professional mentors from our occupational series and peers in this profession should all reflect those values. But it starts with each one of us.

Every innovation comes with unknowns. Engineers mitigate risk by reducing unknowns through the application of engineering controls. I try to remind myself daily that keeping our Soldiers and other civilians safe and, ultimately, the country safe is the goal of what we do. New technologies and innovative processes are emerging daily in a challenging world. Keeping our people safe is now, more than ever, a New Frontier. I am excited to join the Army Team and look forward to using my experiences, knowledge and skills to help accomplish the Army mission. Army Safe is Army Strong! ■



AN INTERN'S PERSPECTIVE

Elizabeth M.S. Bramhall
Industrial Hygienist Intern,
HQDA, ASA-IE&E, DASA-ESOH,
Washington, D.C.

When I received the phone call to negotiate my start date, it finally hit me: I will be working in THE building — the Pentagon!

As a former Department of Defense contractor researching military injuries, I already had some perceptions about the Pentagon. I knew the Pentagon as one of the

targets on Sept. 11. The Pentagon is the place where our nation's military decisions are made. It is more than 17 miles of corridors full of history. I could not believe I would be working there in a matter of weeks. Once I came on board, everything exceeded my expectations.

The Pentagon is immense. It is the largest low-rise office building in the world and houses all of the services



within DOD. Several hundred, if not over a thousand, meetings occur every day that impact people around the world. In the field, it felt like every major decision took forever because it had to be approved by a higher headquarters. Since walking in these doors, I soon realized why things take time. I quickly learned that almost every action has numerous unintended consequences that may impact key stakeholders between different Army organizations, other services, other government organizations and communities. Each of these requires consideration. When looking at strategic-level policies, you need to identify who may be impacted and collaborate beforehand to find common ground and develop possible solutions that accomplish the mission. This is often easier said than done; everyone, especially key leaders, have more demands on their time than hours in a day and deconflicting schedules is challenging.

Developing professional relationships, collaboration and communication is quintessential to making an impact in the Pentagon. Within the realm of safety and occupational health, what the Army is facing is not unique. Other services are either currently dealing with the same issues or they may already have a solution that can be applied to the Army. Since the issue

is probably not new, why reinvent the wheel? Collaboration is essential to resolving today's challenges without inadvertently creating another challenge tomorrow. Within my experience as an intern in the Secretariat, the collaboration across departments and specialties is imperative to accomplishing anything. What we often forget at the higher or lower levels are the impacts that decisions can have on each other. Individuals in the field might develop a procedure that is specific to the organization they represent or the task at hand, but is not repeatable to other similar organizations facing similar problems at other locations. On the other hand, policies at the headquarters level may be written too broad or generic to apply in the field and therefore lose effectiveness if the field is not kept in mind while creating the policy.

Even in hierarchical military organizations, there is a time and a place to discuss and work through issues. The most effective leaders have the willingness to compromise and ask for people's ideas and opinions in order to build an overall consensus to improve processes and enact change. A practical example of this is Mark Zuckerberg, founder of Facebook. He is known for his willingness to take consumer and employee ideas to better the overall

product and services Facebook provides. Not only do they (as a team) use the ideas, but it makes those who contributed to the end product feel as though their opinions matter and they have a significant role in the end product. On the contrary, an individual or small group who is working an item may become so focused and invested in the project that they are reluctant or unwilling to consider constructive feedback because they feel as though it is a personal attack rather than a change for the bigger picture. An effective leader understands the big picture. They support the mission and the changes that come with the future.

This opportunity has allowed me to get a greater understanding of the Army as a whole. I'm happy to say I have a better understanding and deeper appreciation for all the contributions made by military service members, civilians and contractors. I work daily with people who help oversee and develop policy for Army base housing, environmental compliance, restoration, safety, occupational health, resource management, sustainability, etc. Everyone has a key role that is critical to the overall mission. I am ecstatic over what I have learned thus far and excited for the collaboration opportunities still to come in my internship. ■



What's New

Army Public Health Center (Provisional)

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The Army Medical Command (MEDCOM) regionally re-aligned recently in effort to support the Army's current operations and global engagement, and the Army of the future. The reorganization aimed to create a single point of accountability for health readiness in every region (Atlantic, Central, Europe and Pacific); it also supports the Surgeon General's system for health by providing

local access to public health services. As part of the MEDCOM reorganization, the U.S. Army Public Health Command transitioned to the Army Public Health Center (Provisional). MEDCOM's Public Health mission will not change; our professionals remain committed to promoting health and preventing disease and injury in Soldiers, retirees, their families, Army civilians and our military working animals. ■



Laser Videos

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Health physicists at the Army Public Health Center (Provisional) collaborated with U.S. Army Training and Doctrine Command (TRADOC) video production specialists and Department of the Army Safety Offices to update several laser safety videos. The result – videos that depict seven different scenarios designed to help Soldiers understand nonionizing radiation safety. The short videos,

meant to be educational as well as entertaining, are award winning. "Laser Safety: Chapter One—Introduction to Lasers and Their Safe Use (Laser Wars)" took first place in the Army Video Production Awards. Another laser video, "Laser Safety: Chapter Three-Biological Effects of Lasers (Seeing Eye to Eye)," placed third in the same competition. Both videos are contenders in the Department of Defense-wide

video competition. To view these videos, visit milTube at <https://www.milsuite.mil>.

Note: The views expressed in this article are those of the author and do not necessarily reflect the official policy of the Department of Defense, Department of the Army, U.S. Army Medical Department or the U.S. ■



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