DEPARTMENT OF THE ARMY
WASHINGTON DC 20310-0200

21 OCT 2015

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Army Safety and Occupational Health Objectives for Fiscal Year 2016

1. We are pleased to report the number of accidental Army Soldier fatalities continued to decline again last year to an all-time low of 127 at the end of fiscal year (FY) 2014. In the last 10 years, the number of Soldiers lost to mishaps has declined a remarkable 58 percent. At the end of 2nd Quarter FY 2015, the Army was on pace to further reduce this number by 14 percent. These facts prove that leaders can and do have a direct impact on reducing risk. We commend you for making safety and health an imperative in every operation. The Army's safety culture is continually improving because the message is reaching our junior leaders.

2. Our future force will depend upon innovative and adaptive leaders and cohesive teams that can thrive in conditions of complexity and uncertainty. These same traits are necessary to identify and mitigate the risk caused by accidental hazards facing our Soldiers, Civilians and Family members, both on and off duty. Managing risk is both an art and a science. In order to continue the positive change in safety culture, the Army must mentor leaders to think critically about risk and make prudent decisions without becoming risk averse.

3. We designed the enclosed objectives to focus our efforts on areas where we can achieve short term gains in meeting our strategic goals. Across the Army, four-wheeled private motor vehicle mishaps are our deadliest killer, while motorcycle mishaps claim a disproportionate number of our Soldiers. More than half of these events involve some form of indiscipline. We must coach our junior leaders to identify the precursors to mishaps involving Soldiers failing to follow standards and intervene early.

4. We encourage you to incorporate these objectives as part of your annual program. The Deputy Assistant Secretary for Environment, Safety and Occupational Health, along with the Director of Army Safety and U.S. Army Combat Readiness Center, stand ready to assist you in developing your plan. Army Safe is Army Strong!

Encl

Mark A. Milley
General, United States Army
Chief of Staff

John M. McHugh
Secretary of the Army

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FISCAL YEAR 2016 SAFETY AND OCCUPATIONAL HEALTH OBJECTIVES

1. Objective One: Risk Management. Today's rapidly changing operational environment requires commanders, leaders, and Soldiers at every level to continuously incorporate risk management when planning and conducting all activities on and off duty. All units must know how to operationalize risk management utilizing a host of tools, programs and processes that enable mission command while maximizing all the elements of combat power. The security cooperation efforts of our Nation combined with our multinational partners encompasses a magnitude of risk to the force and to the mission that must be managed at the strategic, operational and tactical levels. The continuum of financial accountability and scrutiny will constrict but not limit our goals of preventing loss and minimizing injury or illness to our professional force of Soldiers, Department of the Army (DA) Civilians and Families.

As we expand our engagement with other nations' forces both at home and abroad, the potential for mishaps in training environments increases. Ensure subordinate commands have adequate tactical standard operating procedures in place that address risk management, especially during combined operations. Confirm that risk management is conducted in conjunction with the Military Decision Making Process and Troop Leading Procedures. Remind leaders that the completion of a risk management worksheet does not complete the process; execution of all five steps is critical.

2. Objective Two: Aviation. Develop aviation leaders and optimize aircrew performance to increase capabilities necessary to safely operate and fight in complex environments. The strategies to accomplish this objective are as follows:

a. Continue improving solutions to close the capability gaps identified in the Aviation Capabilities Portfolio Review.

b. Reinforce Aircrew Coordination Training program elements focused on recognition and prevention of hazardous attitudes and behaviors that are precursors to human error mishaps.

c. For manned aviation, continue leader focus to enhance maintaining situational awareness during flight in degraded visual environments (DVE) and to improve aviator recognition of the effects of DVE. Units should maximize the use of simulation and environmental training to improve proficiency within DVE. Research, Development and Engineering Command (RDECOM) and Program Executive Office (PEO)-Aviation will continue to research and field materiel solutions to operate in DVE.

d. For unmanned aircraft systems, leaders emphasize home station training to increase operator and maintainer proficiency. RDECOM and PEO-Aviation will continue to resource and field material solutions to improve Unmanned Arial System (UAS) reliability and the human/machine interface.

e. Leaders continue to emphasize reducing unnecessary cognitive loading for aircrews during mission execution. Training and evaluations of aircrew members must focus on doctrinal tasks required to fight and win in a complex environment.

3. Objective Three: Motorcycle Mentorship Programs (MMPs). Promote an increase in organizational MMPs across the Army through an aggressive campaign to promote its value and success. The purpose of the MMP is to establish voluntary installation or unit-level motorcycle riding organizations where less experienced riders and seasoned riders can create a supportive environment of responsible motorcycle riding and enjoyment. Such an environment can create positive conduct and behavior and serve as a force multiplier that supports a commander's mishap prevention program. A key support service that U.S. Army Combat Readiness Center (USACRC) will provide is the availability of online tools and resources and staff assistance visits with a long-term goal to have MMPs in 90% of the units Army wide by 2020.

4. Objective Four: Presidential Protecting Our Workers and Ensuring Reemployment (POWER) Goals. Sustain efforts to reduce total injury and illness case rates and lost time injury and illness case rates by 4 percent or 1 percent, commensurate with the POWER goals. Utilize Safety and Occupational Health Councils and Federal Employee Compensation Act Working Groups to target prevention efforts in order to reduce rates.

5. Objective Five: Mishap Reporting. A review of sample data from medical sources, casualty reports, significant incident reports and malfunction reports indicates underreporting of Class C and D accidents. In order to address the issue of underreporting, USACRC worked with the Department of Defense (DOD) to provide safety professionals access through the Army Safety Management Information System (ASMIS) to limited medical data. The data will enable local safety officers to determine whether injuries should be reported as mishaps. In order to facilitate this process in FY 2016, units should:

a. Have selected safety professionals enroll and complete Health Insurance Portability and Accountability Act training at https://jkodirect.jten.mil/Atlas2/faces/page/login/Login.seam. The goal is to have the safety personnel selected by their commands trained no later than 1 January 2016. Users must also have a Risk Management Information System account.

b. Review all cases assigned to your command and either accept or reject them as mishaps on a monthly basis. The goal is to have all records provided by the medical injury data reviewed by a competent safety authority to ensure accuracy in reporting. The medical injury data will be available in ASMIS beginning 1 October 2015. A tutorial will be released prior to that date to guide appointed safety personnel in this task.

6. Objective Six: Career Program (CP) 12 (Safety and Occupational Health).

a. Determine the CP12 safety and occupational health critical skills and competencies needed to execute current and future mission requirements, develop skill

gap closure strategies, identify and develop unique job series training and professional development, and build a workforce equipped to advise Commanders and Leaders on risk to the force.

b. Expand the CP12 Credentialing Program to include Explosives Safety Level II, Contractor Safety Level I and Professional Certificate in Safety and Occupational Health Level II.

c. Develop the safety and occupational health business case and collaborate with Army, DOD, and Office of Personnel Management to revise the qualification standards for the GS-0018, GS-0690, and GS-0081.

d. Risk Management, Safety, and Occupational Health are mission critical functions that directly enable readiness. Ensure Brigade, Division, Corps, and Garrison staff CP-12 personnel authorization levels are commensurate with the growing demands of policy and the Army Operating Concept.

7. Objective Seven: Hearing Loss Rates.

a. Reduce the incidence rate of significant threshold shifts (STS) in the DA Civilian population at risk to fewer than 4 percent. STS incidence rates have decreased from 9 percent in 2005 to 7 percent in 2014. Several installations report STS rates at or below 5 percent in the last 5 years.

b. Reduce the STS incident rate in the Soldier population at risk to fewer than 3 percent. STS rates have steadily decreased from 13 percent in 2005 to 7 percent in 2014. Several installations with active STS follow-up programs report STS rates at or below 4 percent.

c. Achieve a 95 percent overall testing compliance rate. Audiometric testing compliance has improved from below 60 percent prior to 2004 to consistently over 80 percent since 2006. Mean compliance in the last 5 years was 89 percent with 93 percent reported in CY14. Measuring true compliance is dependent on accurately identifying the personnel who require testing. This has been a topic of concern and was emphasized by a Government Accountability Office report in 2011 and an Army Audit Agency report in 2014.

d. Achieve a 70 percent follow-up rate. Follow-up testing rates for STS have historically been low (9-14 percent) with some installations achieving over 50 percent. Follow-up rates have steadily improved from 14 percent in 2011 to 19 percent in 2014 for DA Civilians but remain below 11percent for Soldiers. A lack of follow-up testing prevents accurate measurement of STS incidence and effective counseling of preventative measures to avoid further hearing injury. Installations with active follow-up programs often demonstrate lower STS rates.