

Medical Services
VISION CONSERVATION PROGRAM

History. This supersedes Fort Hood Regulation 40-7, dated 31 January 1992.

Applicability. This regulation applies to active duty military assigned to Fort Hood. It also applies to appropriated fund and non-appropriated fund civilian employees assigned to Fort Hood.

Army Management Control Process. This regulation does not contain management control provisions.

Changes. Changes to this regulation are not official unless they are authenticated by the

Directorate of Information Management.

Supplementation. Local supplementation of this regulation is prohibited unless specifically approved by the Medical Department Activity.

Suggested Improvements: The proponent of this regulation is the Medical Department Activity. Send comments and suggested improvements to Commander, III Corps and Fort Hood, ATTN: MCXI-PMS-OH, Fort Hood, Texas 76544-5000.

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OVERVIEW

1

Purpose This regulation establishes a comprehensive vision conservation program designed to promote the effective use, protection, and preservation of eye sight in military and civilian personnel.

- Reduce the number and severity of eye injuries.
- Reduce compensation claims.
- Reduce accidents resulting from faulty vision.
- Increase productivity.
- Eliminate waste by improving visual comfort and performance.
- Improve employee morale.

1a

References Appendix A lists required and related references.

1b

Abbreviations and Terms The glossary explains abbreviations and terms.

1c

General An effective vision conservation program requires combined efforts and cooperation from

- Commanders.
- Supervisors.
- Safety personnel.
- Medical personnel.

To determine inherent and manmade eye hazards, commanders and supervisors must ensure each industrial operation under their control is analyzed by

- The Installation Safety Office.
- Industrial Hygiene Section, United States Army Medical Department Activity (USAMEDDAC).
- Technically qualified personnel.

Unit standing operating procedures (SOPs) should reflect the results of operation analysis by requiring the use of appropriate eye protective equipment including, but not limited to,

- Safety spectacles (prescription and plano).

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**General
(continued)**

- Goggles.
- Face shields with safety glasses.

Activities will conduct periodic external reviews to maintain regulatory standards of vision safety.

1d

PROGRAM

2

Surveys

Surveys assess the degree of eye hazard for

- Work areas.
- Frequency and type of periodic vision surveillance.
- Work site surveys.
- Racquetball courts.
- TB MED 506 (Occupational and Environmental Health Occupational Vision), Appendix D, and the recommendation of
 - Installation Safety Office.
 - Industrial Hygiene Section.
 - Chief, Occupational Health Section.
 - Chief, Optometry Services.
 - Chief, Preventive Medicine Service, USAMEDDAC.

2a

**Priority
Examinations**

Priority dxaminations are given to employees in high risk industrial operations using

- High intensity light sources.
- Battery acids.
- Ionizing and non-ionizing radiation sources.
- High-speed machinery (grinding, cutting, or drilling).
- Lawn care (weed-whacking).

2b

**Eye
Protection**

Appropriate eye protection equipment is the key to an effective eye safety program.

- Require eye protection equipment when there is a reasonable probability of an occupationally related eye injury that could be prevented with proper use of such equipment.

Units and directorates must provide personnel assigned to hazardous areas with free eye protection equipment.

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Eye Protection Equipment (continued)	<p>Note: Appendix B contains procedures for obtaining prescriptive wear. Habitual nonuse of protective equipment in eye hazardous areas is grounds for disciplinary action.</p>	2c
Contact Lenses	<p>Contact lenses are <u>not</u> eye protection in industrial areas.</p> <p>Contact lens use is prohibited during</p> <ul style="list-style-type: none"> • Gas chamber exercises. • Field training exercises. • Painting. • Contaminated atmosphere respirator use. • Swimming. 	2d
Monocular Personnel	<p>Provide protective eyewear for monocular military personnel (active duty and retired) working in non-eye hazardous areas.</p> <p>Monocular civilian employees working in non-eye hazardous occupations must get protective eyewear at their own expense.</p>	2e
Industrial Safety Eye Wear	<p>Obtain industrial safety eyewear under the provisions of AR 385-10 (The Army Safety Program).</p> <p>Provide safety eyewear examinations under the provisions of</p> <ul style="list-style-type: none"> • AR 40-5 (Preventive Medicine). • AR 40-63 (Ophthalmic Services). <p>Industrial safety eyewear (plano prescription) must meet</p> <ul style="list-style-type: none"> • The criteria of 29 CFR 1910.133. • Standards in ANSI Z87.1, 1989. 	2f
Safe and Effective Vision Use	<p>Safe and effective vision use depends on an effective vision program that includes</p> <ul style="list-style-type: none"> • Determining visual skills necessary for a particular occupation and using this determination for job placement. • Determining eye hazardous jobs and areas. • Periodic surveys of work areas to promote adequate illumination. 	

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- Safe and Effective Vision Use (continued)**
- An evaluation of other aspects of the work environment related to visual performance and eye safety.
 - Initial and periodic eye tests.
 - Refer personnel with less than expected ocular health assessment for professional eye care.
 - Ocular medical surveillance programs for laser, microwave hazards, and potentially eye-hazardous job positions.
 - Periodic health education to employees, including a contact lens safe use review.
 - First aid and medical care.
 - Reporting occupational eye injuries and illnesses.

2g

-
- Referrals**
- Optometrists notify the Chief, Occupational Health, if employees do not meet the required visual skills for their position.
- The Chief, Occupational Health, provides written communications concerning the individual and their job to the
 - Civilian Personnel Advisory Center (CPAC).
 - Unit commander.

2h

RESPONSIBILITIES

3

-
- Unit Commanders and Directors**
- Unit commanders and directors will
- Have industrial operations and areas evaluated for eye hazards by the
 - Installation Safety Officer.
 - Industrial Hygiene Section (if not already done).
 - Authorize the procurement of protective eyewear.
 - Ensure personnel working in eye hazardous operations and areas wear appropriate eye protection.
 - Refer personnel having difficulty meeting visual job requirements to their supporting
 - Optometry Service.
 - Occupational Health Section.
 - Provide personnel time to undergo job related vision screening and examinations.
 - Investigate occupational related eye injuries or illnesses to determine if unsafe work practices or operations exist and determine corrective actions for minimizing chances of recurrence.

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**Unit
Commanders
and Directors
(continued)**

NOTE: Assigned units report injuries to military personnel that result in loss of workday (other than the day of the accident) to the III Corps Safety Office using a DA Form 285 (U.S. Army Accident Investigation Report).

- Supervisors report injuries to civilian personnel to the III Corps Safety Office.
- Complete and submit a CA-1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay or Compensation).
- Coordinate with the Installation Safety Office or Industrial Hygiene Section to reduce or eliminate eye hazardous operations or area.
- Include safety and health procedures as an integral part of shop SOPs.
- Procure, post, and maintain appropriate vision safety signs outside or adjacent to eye hazardous operations or area.

Note: Appendix B contains examples for wording caution and danger signs.

- Get and maintain stock of non-prescriptive (plano) protective eyewear for use by visitors.
- Brief new personnel on the use and care of protective eyewear and on the Vision Conservation Program.
- Include the use and care of protective eyewear in routine safety training.
- Enforce
 - Safety discipline.
 - Use of protective eyewear.
- Take appropriate action to correct deficiencies noted on surveys.
- Inspect and task emergency eyewash equipment.
- Keep emergency eyewash equipment visible and unobstructed in the workplace.
- Train personnel in the difference between
 - Industrial protective eyewear.
 - "Street type" eyewear (glasses).

3a

**Installation
Safety
Office**

The Installation Safety Office will

- Conduct vision surveys in industrial areas to determine eye-hazardous operations or exposure to specific eye hazards.
- Make recommendations for appropriate types of protective eyewear for personnel exposed to specific eye hazards.

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**Installation
Safety Office
(continued)**

-
- Make recommendations for engineering controls to reduce and eliminate eye hazards operations or areas.
 - Monitor the proper use of protective eyewear and report deficiencies to the commander or director.
 - Investigate occupationally related eye injuries or illnesses to
 - Determine if unsafe work practices or operations exist.
 - Make recommendations for improvements to prevent recurrence.

3b

**Chief,
Optometry
Service**

Chief, Optometry Service, USAMEDDAC, will

- Coordinate the Installation Vision Conservation Program as the Vision Conservation Consultant to the Director of Health Services.
- Assist the Installation Safety Officer, Chief, Industrial Hygiene, and Chief, Occupational Health in identifying eye hazardous
 - Operations.
 - Areas.
 - Occupations.
- Determine the type of protective eyewear needed.
- Monitor eye hazardous operations and areas.
- Conduct refractive and ocular health examinations where required by job
 - Performance.
 - Assignments.
- Provide ocular health and safety education in support of the
 - Vision Conservation Program.
 - Employee Health Hazards Education Program.
- Coordinate procurement activities for prescription protective eyewear.
- Verify eyeglass prescription and facilitate frame adjustments within standards.
- Assist the Installation Safety Office and Industrial Hygiene Section with work site evaluations as requested.

3c

**Division
Surgeons**

Division Surgeons will provide

- Refractive and ocular health examinations for soldiers when job performance and assignments dictate.
-

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**Division
Surgeons
(continued)**

- Ocular health and safety education in support of the Vision Conservation Program.
- Verification of
 - Prescriptions.
 - Facilitate frame adjustments according to standards.
- Work site evaluation assistance to the
 - Installation Safety Office.
 - Industrial Hygiene Section.
- Coordinate divisional unit Vision Conservation Programs with
 - Chief, Occupational Health.
 - Chief, Optometry.

3d

**Chief,
Occupational
Health**

Chief, Occupational Health will

- Perform vision screening for personnel referred by CPAC for
 - Pre-employment evaluation.
 - Periodic ocular surveillance.
 - Job related vision complaints or difficulty doing their job due to visual difficulties.
- Determine if personnel screened meet the vision standards for the job.
- Coordinate eye examinations with Optometry Services.
- Provide the surveillance for personnel requiring prescriptive protective eyewear.

NOTES: Military and civilian personnel may use a civilian optometrist service to obtain a prescription at their own expense. Personnel with a current vision prescription (less than one year old) are not required to get a new prescription. Personnel must provide a copy of the civilian optometrist prescription to the Occupational Health Section to get safety spectacles.

- Conduct work site evaluations of eye-hazardous operations and areas.
- Provide ocular health education.
- Maintain a list of eye-hazardous operations and areas.

3e

**Chief,
Industrial
Hygiene**

The Chief, Industrial Hygiene, will

- Analyze operations and areas for eye hazards.
- Recommend engineering controls to reduce and eliminate eye hazardous operations and areas.
- Recommend appropriate protective eyewear.

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- Chief, Industrial Hygiene (continued)**
- Maintain a list of eye hazardous operations and areas.
 - Conduct illumination surveys
 - Routinely.
 - When specific work site illumination deficiencies are suspected.
 - Industrial type operations and areas have priority.
 - Prepare a report for the commander or director of any eye safety deficiencies observed during surveys.
 - Provide an information copy of the report to the Installation Safety Office.
- 3f
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- CPAC** CPAC will
- Refer new hires for vision screening to the Occupational Health Section.
 - Coordinate periodic vision screening for employees in the medical surveillance program.
 - Provide job title lists, including the vision standard and eye protection requirements, to the Occupational Health Section for the employees in the medical surveillance program.
 - Use the job vision standard and pre-placement ocular screening as a guide for employee placement.
- 3g
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- Officers in Charge (OICs), Battalion Aid Stations, Troop Medical Clinics, and Emergency Rooms** OICs, Battalion Aid Stations, Troop Medical Clinics, and Emergency Rooms will
- Provide emergency treatment, first aid, and follow-up care for occupational related eye diseases and injuries.
 - Refer personnel to Optometry/Ophthalmology Services for consultation as necessary.
 - Report eye injuries or diseases (except those that require only first aid) to unit commanders.
- 3h
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- Soldiers and Civilian Employees** Soldiers and civilian employees will
- Participate in the Vision Conservation Program.
 - Properly use the safety equipment provided to them.
 - Report any unsafe practices or areas to their supervisor or Installation Safety Office.
 - Keep emergency eyewash equipment visible and unobstructed in the workplace.
 - Be aware of the difference between industrial protective eyewear and “street type” eyewear (glasses).

NOTE: Wear only industrial protective eyewear in eye hazardous operations and areas.

3i

**APPENDIX A
REFERENCES**

Section I. Required References

AR 40-5, Preventive Medicine

AR 40-63, Ophthalmic Services

AR 385-10, The Army Safety Program

AR 385-30, Safety Color Code Markings and Signs

TB MED 506, Occupational and Environmental Health Occupational Vision

Title 29, CFR, Occupational Safety and Health Standards Part 1910

ANSI Standard A87.1, Practice for Occupational and Educational Eye and Face Protection, 1989

Section II. Related References

This section not used

Section III. Referenced Forms

DA Form 285, U.S. Army Accident Report

DA Form 2765-1, Request for Issue or Turn-In

DA Form 3076, Army Occupational Health Report

CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

**APPENDIX B
DANGER AND WARNING SAFETY SIGNS**

HAZARD SIGNS

Guidelines Post physical hazard signs and symbols for the protection of all workers.
Army Regulation 385-30 outlines procedures for designing and displaying warning signs.

C-1

Sample Following are examples of wording caution and danger signs.

- “Caution - wear eye protection while operating.”
- “Caution - eye protection required when operating.”
- “Caution - eye hazard - wear your safety glasses.”
- “Caution - you must wear a face shield when operating this machine.”
- “Caution - wear goggles while operating this machine.”
- “Caution - high intensity energy - protect your eyes.”
- “Caution - do not enter this shop without eye protection.”
- “Caution - do not enter without wearing eye protection.”
- “Goggles area.”

C-2

Glossary

ABBREVIATIONS

ANSI	American National Standard Institute
CFR	Code of Federal Regulations
CPAC	Civilian Personnel Advisory Center
DA	Department of the Army
SOP	Standing Operating Procedure
USAMEDDAC	United States Army Medical Department Activity

TERMS

Eye hazardous Operation or Area	An operation or area where there is a reasonable probability of an occupational related eye injury or illness occurring.
First Aid	Any one-time treatment, and any follow up visit for the purpose of observation, of minor scratches, cuts, burns, splints, and so forth, which do not ordinarily require medical care. Such one-time treatment, and follow up visit for the purpose of observations considered first aid even though provided by a physician or registers professional personnel.
Medical Surveillance	Monitoring selective medical data on employees to compare their test values to the expected normal, and look for deviations from the expected normal on their selective physical examination(s). This helps to detect small deviations as early as possible.
Vision Screening	An evaluation to determine visual acuity (far and near), depth perception, and color vision. Can be performed by health technicians or other health care providers.
Vision Examination	A more exhaustive evaluation that includes, but is <u>not</u> limited to, refractive and retinal evaluation that must be performed by an ophthalmologist or optometrist.
Protective Eyewear	Personal protective equipment that meets or exceeds ANSI Z87.1, 1979 criteria. Can be prescriptive or plano spectacles or goggles. Each have specific use and limitations.
Industrial Areas	Work areas that include operations such as welding, soldering, battery repair, sand blasting, spray painting, grinding, drilling, and weed whacking.
Sport Areas	Racquetball and other high speed ball games.
Engineering Controls	Preventive measure that remove hazards either by initial design specifications or by applying various methods of substitution, isolation, or ventilation after design implementation.
