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Medical Services

Preventive Medicine

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4-17. Sanitation and hygiene

a. Introduction. The goals of sanitation and hygiene activities in the Army include safeguarding the health of Soldiers, civilian and contractor employees, and other eligible beneficiaries; reducing incidence of communicable diseases; and improving mission readiness. The provisions in this paragraph cover a wide variety of small operations and activities that are used by Soldiers and beneficiaries. Sanitation and hygiene programs and services are based on—

- (1) Identifying and controlling communicable disease hazards.
- (2) Providing adequate housing, child care facilities, recreation, and laundry operations.
- (3) Maintaining Army facilities in clean sanitary condition to reduce spread of communicable diseases.

b. Functions.

(1) Installation commanders contribute to improved sanitation and hygiene through—

(a) Responsible staff officer oversight of troop and Family support operations including troop and Family housing, mobile home parks, recreational areas and facilities, food establishments as defined in TB MED 530, laundry and dry cleaning operations and other operations that affect health. On-post military housing includes those housing units that are privatized.

(b) Disciplinary control board activities to evaluate any off-post facilities that present a potential threat of communicable and infectious disease for service personnel and their families. This board may include representatives of preventive medicine, the Judge Advocate General, military police, and other appropriate staff and community representatives. The scope of the responsibilities of the disciplinary control board includes protecting Soldiers and their families against communicable and infectious diseases.

(c) Compliance with and supervision of compliance by staff with the implementation of the food sanitation requirements in TB MED 530.

(2) The medical commander supervises and resources the preventive medicine portions of the sanitation and hygiene programs including the food sanitation program, recreation and sports and fitness facilities, and housing sanitation.

(3) Preventive medicine personnel support Army objectives for sanitation and hygiene by providing the following services:

(a) Risk-based sanitation and hygiene programs that emphasize training and health education while providing adequate on-site evaluations or surveys to alert the medical commander of any health hazards.

(b) Review and approval of operating instructions, SOPs, and other documents dealing with the sanitary operation of these facilities.

(c) Food service facility inspection information provided annually to the installation point of contact (usually one of the installation resource management staff) for the part III portion of the formal installation status report.

(4) Individual unit commanders and staff officers maintain and operate facilities in a clean, safe, hygienic condition.

c. Programs and services.

(1) *Troop housing sanitation.*

(a) Consider the provision of adequate floor space, temperature control, lighting, ventilation, humidity control, and adequacy of latrine and hand-washing facilities as important health and safety factors for bachelor officer quarters and bachelor-enlisted quarters. Location and construction of new installations and buildings or renovation of existing facilities offer a unique opportunity to provide a healthy and sanitary environment.

(b) Installation preventive medicine personnel can, when requested, assist the installation housing office in the evaluation of on-post quarters. Appendix D provides additional guidance for troop housing sanitation.

(2) *Barber and beauty shops.* Sanitary requirements for barber and beauty shops are detailed in appendix E.

(3) *Dry cleaning operations.* Guidance related to customer-operated and commercial dry-cleaning operations can be obtained from the Commander, USACHPPM, ATTN: MCHB-CS-OSD, Aberdeen Proving Ground, MD 21010-5403.

(4) *Mobile home parks.* Sanitary requirements for mobile home parks are described in appendix F.

(5) *Child development services facilities.*

(a) AR 608-10 contains guidance relative to the sanitary requirements for child development services (CDS) facilities.

(b) Preschool children in CDS facilities are classified as a high-risk population for foodborne illnesses. Requirements for CDS food service are contained in AR 608-10 and TB MED 530.

(6) *Recreational areas.*

(a) Construct and operate recreational areas in a safe and sanitary manner. Provide adequate protection for the environment in the design, construction, and operation of recreational areas.

(b) A comprehensive pre-site selection of recreational areas is required. General requirements for site selection and development are outlined in TM 5-803-12. Additional guidance is presented in appendix D.

(7) *Laundry operations.*

(a) Design and operate fixed laundry operations according to AR 420-1.

(b) Design and operate field laundry operations according to FM 42-414.

(c) Laundry operations should follow commercial laundry processes.

1. Use bleach and/or chemical detergent/sanitizers for laundry with high potential levels of microorganisms, such as gym towels and clothing, and laundry from transient quarters, refugee camps, disaster relief operations, prisons, and field operations.

2. Design and test new field laundries to allow for the washing of field uniforms without the use of bleach. The medical commander or preventive medicine representative determines if chemical sanitizers/bleach are required for specific field laundry operations.

(8) *Confinement facilities.* Sanitary inspection requirements for Army detention and confinement facilities are outlined in AR 190-47.

(9) *Food service sanitation.*

(a) Provide quality food service at all levels of command. The scope of Army food service is defined by TB MED 530 to include all food operations within the Army and areas under its control.

(b) The essential elements for Army food service sanitation are described in TB MED 530. Additional guidance on field food service operations is presented in FM 4-02.56 and FM 21-10/MCRP 4-11.1D.

(c) Preventive medicine personnel provide sanitary inspections of Army food service operations, including cook-chill operations as defined in TB MED 530. Commissary and troop issue subsistence activities, including delicatessen operations in commissaries and storage of food in Army food service operations, are the responsibility of the supporting veterinary activity.

(10) *Sports facilities, gymnasiums, and fitness centers.* Sanitary requirements for sports facilities, gymnasiums and fitness centers can be found in appendix D.

(11) *Tattooing and piercing businesses.*

(a) Tattooing and application of permanent makeup is prohibited on Army installations.

(b) When these operations are legal and operating off the installation, the preventive medicine service coordinates with the local health department having jurisdiction and conducts joint inspections for safety, cleanliness and sterilization of needles, control of bloodborne pathogens and spread of infectious disease organisms including HIV and hepatitis.

(c) The preventive medicine service recommends the commander place "off-limits" any facility that presents a health risk to Service personnel. Specific information can be obtained by contacting the USACHPPM (MCHB-CS-OSD), Aberdeen Proving Ground, MD 21010-5403.

Chapter 5 Occupational Health

Section I The Army Occupational Health Program

5-1. Introduction

a. The Army Occupational Health Program consists of occupational illness and injury prevention and control programs and services provided by a variety of professional disciplines. These programs and services are necessary to anticipate, identify, assess, communicate, mitigate and control occupational disease and injury threats to Army personnel. These threats may occur in a standard worksite or a deployed setting and may include chemical, biological, radiological, psychological and physical hazards. Occupational health services provided are tailored to the hazards that are anticipated or identified for the defined population with a focus on prevention.

b. The Army Occupational Health Program includes services that promote the health and safety of the individual, the unit, the workplace, and the community. Services may focus on education regarding hazards, or medical surveillance to facilitate early detection of adverse outcomes associated with the occupational environment. In the event that adverse injury or illness outcomes occur, services aim to restore health and productivity. These services may be individual, unit-based or population-based.

c. The Deputy Assistant Secretary of the Army for Environment, Safety, and Occupational Health provides policy, goals, guidance, and management oversight of the Army Occupational Health Program, as the Army component of the DOD Safety and Occupational Health Program.

d. The objectives of the Army Occupational Health Program are to—

(1) Ensure that Army personnel are physically, mentally, and psychologically suited to their work at the time of their assignment, and that physical and behavioral health are monitored to detect early signs of job-related injury or illness.

(2) Protect Army personnel from adverse effects of health and safety hazards in the work environment to include field operations, garrison, industrial, and administrative workplaces.

(3) Ensure proper medical care, rehabilitation, and return-to-duty programs for the occupationally ill and injured.